

**Kaiser Permanente Insurance Company  
(KPIC)  
PPO and Out-of- Area Indemnity (OOA) Drug  
Formulary with Specialty Drug Tier**

**This Drug Formulary was updated: January 1, 2026**

**NOTE:** This drug formulary is updated often and is subject to change. Upon revision, all previous versions of the drug formulary are no longer in effect.

This document contains information regarding the drugs that are covered when you participate in the California Nongrandfathered PPO and Out-of- Area Indemnity (OOA) Health Insurance Plans with specialty drug tier offered by Kaiser Permanente Insurance Company (KPIC) and fill your prescription at a MedImpact network pharmacy.

Access to the most current version of the Formulary can be obtained by visiting **[kp.org/kpic-ca-rx-ppo-ngf](https://kp.org/kpic-ca-rx-ppo-ngf)**.

For help understanding your KPIC insurance plan benefits, including cost sharing for drugs under the prescription drug benefit and under the medical benefit, please call **1-800-788-0710 or 711 (TTY)** Monday through Friday, 7a.m. to 7p.m.

For help with this Formulary, including the processes for submitting an exception request and requesting prior authorization and step therapy exceptions, please call MedImpact 24 hours a day, 7 days a week, at **1-800-788-2949 or 711 (TTY)**.

For cost sharing information for the outpatient prescription drug benefits in your specific plan, please visit: **[kp.org/kpic-ca-rx-ppo-ngf](https://kp.org/kpic-ca-rx-ppo-ngf)**.

For help in your preferred language, please see the Kaiser Permanente Insurance Company Notice of Language Assistance in this document.

## FORMULARY INFORMATION

**Notice:** The Formulary is updated with changes on a monthly basis. Updates will be effective on the first day of the month. During the policy year, the following types of changes may be made:

- Removal of a drug or dosage form of a drug from the Formulary;
- A change in tier placement of a drug that results in an increase or decrease in cost sharing; and
- Adding or changing utilization management procedures applicable to a drug.

### How to Use This Document

This Formulary provides a list of the approved prescription medications covered under the Outpatient Prescription Drug benefit of your KPIC Nongrandfathered PPO or OOA health insurance plan including both generic and brand name drugs. This document applies only to prescribed outpatient prescription drugs obtained through a retail pharmacy within the MedImpact pharmacy network. This document does not apply to medications administered in the doctor's office or in the hospital which are covered under your medical benefit. For information on drugs covered under your medical benefit, please see the General Benefits section of your *Certificate of Insurance*.

The Formulary may be accessed using either the categorical list of drugs or the alphabetical index. The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB), a widely-accepted independent drug classification system.

A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the brand or generic name of the drug in the alphabetical index. A drug is listed alphabetically by the brand and generic name in the therapeutic category and class to which it belongs. The generic name for a brand name drug is included after the brand name in parentheses and all lowercase italicized letters. If a generic equivalent for a brand name drug is both available and covered, the generic drug will be listed separately from the brand name drug in all lowercase italicized letters. If a generic drug is marketed under a proprietary, trademark protected brand name, the brand name will be listed after the generic name in parentheses and regular typeface with the first letter of each word capitalized. If a generic equivalent for a brand name drug is not available on the market or is not covered, the drug will not be separately listed by its generic name.

#### EXAMPLE of how drugs are listed on the Formulary:

Brand name drug. The brand name antibiotic drug "Moxatag" would be listed as follows:

Under the Prescription Drug Name Column, therapeutic category "ANTI-INFECTIVE AGENTS", drug class "AMINOPENICILLIAN ANTIBIOTIC – ANTIBIOTICS", the prescription brand name drug is listed in all capital letters, "MOXATAG" followed by the generic equivalent of the drug shown in parenthesis, all lower case italicized "(amoxicillin)".

|                                                               |   |
|---------------------------------------------------------------|---|
| ANTI-INFECTIVE AGENTS – DRUGS FOR INFECTIONS                  |   |
| AMINOPENICILLIAN ANTIBIOTIC – ANTIBIOTICS                     |   |
| MOXATAG ORAL TABLET, ER MULITPHASE 24 HR 775 MG (amoxicillin) | 2 |

Generic drug. The generic antibiotic drug "amoxicillin" would be listed as follows:

Under the therapeutic category "ANTI-INFECTIVE AGENTS", drug class "AMINOPENICILLIAN ANTIBIOTIC – ANTIBIOTICS", the prescription generic drug is listed in lower case italics "amoxicillin".

|                                              |   |
|----------------------------------------------|---|
| ANTI-INFECTIVE AGENTS – DRUGS FOR INFECTIONS |   |
| AMINOPENICILLIAN ANTIBIOTIC – ANTIBIOTICS    |   |
| amoxicillin oral capsule 250 mg, 500 mg      | 1 |

## Drug Tiers

### Tier Benefit Design

The Formulary applies to a tier benefit design, where the insured shares the cost of prescription drug therapy based on the drug's tier and copay or coinsurance. In most instances, generically available drugs will be covered in a separate lower tier (lower copay), and branded drugs listed on the Formulary will be covered under a higher tier (higher copay). Specialty drugs will be covered under the highest tier (coinsurance with prescription maximum). Federal Affordable Care Act (ACA) preventative medications will be eligible for coverage without cost sharing (zero copay or zero coinsurance).

If you request a brand-name drug when a generic drug is prescribed, you may be responsible for paying the brand-name copay plus the difference in cost between the generic drug and the brand-name drug. Please see your *Certificate of Insurance* for details.

For all drugs within the Drug Formulary table, the tier level is denoted throughout the document using the following symbols (*refer to table below*).

### Tier Definition:

| Symbol | Guideline            | Description                                                                                                                        |
|--------|----------------------|------------------------------------------------------------------------------------------------------------------------------------|
| T0     | Tier 0               | Preventive Drugs required under the Affordable Care Act (ACA) at no cost                                                           |
| T1     | Tier 1               | Generic Drugs                                                                                                                      |
| T2     | Tier 2               | Brand Name Drugs                                                                                                                   |
| T3     | Tier 3               | Specialty Drugs                                                                                                                    |
| DME    | Other pharmacy items | Other pharmacy items and certain DME, such as test strips and lancets, available at the pharmacy and through your medical benefit. |

### Maintaining and Updating the Formulary

The MedImpact Healthcare Systems Pharmacy and Therapeutics (P&T) and Formulary Committees provide physicians and pharmacists with a method to evaluate the safety, efficacy and competitive prices for commercially available drug products. The MedImpact P&T and Formulary Committees meet quarterly and more often as warranted to ensure clinical relevancy of the Formulary.

The Formulary is updated by the MedImpact P&T and Formulary Committees using a structured approach to the drug selection process to ensure continuing patient access to rational drug therapies.

The MedImpact P&T and Formulary Committees use the following criteria in the evaluation of drug selection for the Formulary:

- Drug safety profile
- Drug efficacy
- Comparison of relevant therapeutic benefits to current formulary drugs of similar use, and to minimize therapeutic duplication where possible
- Lower costs relative to comparable therapies

### What medications are covered?

Your prescription drug benefit will generally cover prescribed generic and brand-name drugs listed on the Formulary if the drug is medically necessary, the prescription is filled by a MedImpact network pharmacy provider, and other coverage rules are followed. Over-the-counter (OTC) medications are not generally covered, however, certain preventive OTC medications are covered when prescribed by a physician, such as aspirin, iron supplementation and smoking cessation drugs. Durable medical equipment, prescribed by a physician to treat diabetes or to assist with inhalation devices, is also covered.

The Formulary lists the pharmacy benefits covered under your outpatient prescription drug benefit and obtained from a MedImpact network participating retail pharmacy. This Formulary does not apply to drugs and devices that are obtained through the medical benefit portion of your coverage, for example, medications provided or administered in the doctor's office or in the hospital or, unless specifically stated otherwise, devices covered under the Durable Medical Equipment benefit that are obtained at the doctor's office or through a Durable Medical Equipment vendor.

Diabetes medication and equipment. Your outpatient prescription drug coverage includes the following prescription items for the management and treatment of diabetes:

- Insulin
- Needles and syringes for injecting insulin
- Prescriptive medications for the treatment of diabetes
- Glucagon

Other pharmacy items. Some Durable Medical Equipment that is covered through your medical benefit is also available at the pharmacy: disposable blood glucose and ketone urine test strips; blood glucose monitors; lancets and lancet puncture devices; pen delivery systems for the administration of insulin; visual aids excluding eyewear to assist in insulin dosing; and peak flow meters.

Contraceptives. Your outpatient prescription drug coverage includes all prescribed FDA-approved contraceptive drugs, including over the counter FDA-approved female contraceptive methods at no cost-share when prescribed by a licensed health care professional authorized to prescribe drugs. All such medications require a prescription from your doctor.

ACA Preventive drugs at no cost. All medications, even over-the-counter (OTC) drugs, included under the federal Patient Affordable Care Act (ACA) as preventive medications are eligible for coverage with no cost-share if the insured has a prescription from his or her doctor. However, some medications are only covered at no cost for patients who meet the criteria listed in the Formulary.

Weight loss drugs and sexual dysfunction drugs (Small Group PPO plans only). On our Small Group PPO plans, weight loss drugs and sexual dysfunction drugs are also covered. They are not covered on our Large Group PPO or Out-of-Area plans. These drugs are identified on the Formulary with the symbol "SG".

**Note:** The presence of a prescription drug on the Formulary does not guarantee that you will be prescribed that prescription drug by your prescribing provider for a particular medical condition.

**Note:** The copayment or coinsurance for a covered outpatient prescription drug for an individual prescription shall not exceed \$250 (or \$500 for the Bronze PPO plan) for a 30-day supply after satisfaction of the deductible, if any.

**Note:** The cost share for covered prescribed orally administered anti-cancer drugs shall not exceed \$200 for a 30-day supply.

## **What drugs are not covered?**

### **General Exclusions**

- Over the Counter (OTC) medications or their equivalents, except for those OTC medications included in this Formulary.
- Any drug products used for cosmetic purposes.
- Experimental drug products or any drug product used in an experimental manner. Refer to your *Certificate of Insurance* for additional information.
- Replacement of lost or stolen medication.
- Foreign sourced drugs or drugs not approved by the United States Food & Drug Administration, except in certain cases of drug shortage, when allowed under the individual's pharmacy benefit.
- Weight loss drugs (covered under Small Group PPO plans only)
- Sexual dysfunction drugs (covered under Small Group PPO plans only)



## Non-formulary drugs

Non-formulary drugs are covered when medically necessary.

### How do I request an exception for a drug not on to the Formulary?

You can request an exception to obtain coverage of a drug that is not on the Formulary by calling MedImpact at **1-800-788-2949**. Upon receipt of your exception request, MedImpact will notify you within 72 hours for non-urgent requests and within 24 hours if urgent circumstances exist, of the request approval or other outcome. (Urgent circumstances exist when an insured is suffering from a health condition that may seriously jeopardize the insured's life, health or ability to regain maximum function or when you are using a drug while undergoing a current course of treatment.) If a standard exception request is granted, coverage of the non-formulary drug will be granted for the duration of the prescription, including refills. If an exception based on urgent circumstances is granted, coverage of the non-formulary drug will be granted for the duration of the urgency.

### Are there any restrictions on the drugs covered on the KPIC Formulary?

Yes, for certain agents within the Formulary, a recommended prescribing guideline may apply. These are denoted throughout the document using the following symbols (*refer to table below*).

**Note:** Pursuant to Health and Safety Code section 1367.22, as then constituted and later amended, coverage for a prescription drug shall not be limited or excluded if the drug was previously approved for coverage for you under your plan for a medical condition and the prescribing provider continues to prescribe the drug for the medical condition, provided that the drug is appropriately prescribed and is considered safe and effective for treating the medical condition.

#### Guideline Symbol Table:

| Symbol | Guidelines           | Description                                                                                                                                                       |
|--------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AGE    | Age Edit             | Coverage depends on patient age.                                                                                                                                  |
| PA     | Prior Authorization  | Requires a prior authorization based on specific clinical criteria.<br><i>See “What is a Prior Authorization?” below for additional</i>                           |
| QL     | Quantity Limit       | Coverage is limited to specific quantities per prescription and/or time period. Prior authorization is required for quantities exceeding the restriction.         |
| ST     | Step Therapy         | Coverage depends on previous use of another drug.<br>Prior authorization may be required.<br><i>See “What is Step Therapy?” below for additional information.</i> |
| SG     | Small Group PPO only | Weight Loss Drugs & Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only                                                                          |

### What is a Prior Authorization?

A prior authorization (“PA”) is a technique that is used to encourage safe and competitively priced medication use. Many drugs have multiple indications, so PAs are placed on drugs to make sure the drug is appropriate and safe for the insured.

### How does the program work?

Drugs marked with a PA mean that your prescriber must first show that you have a medically necessary need for that particular drug. This means that to receive coverage your prescriber will need to work with MedImpact to receive pre-approval of the drug. Prior authorized drugs have specific clinical criteria that you must meet in order to obtain coverage. Refer to Prior Authorization / Limits column in the Formulary for drugs that require a PA.

Upon receipt of your prior authorization request, MedImpact will notify the licensed prescribing provider within 72 hours for non-urgent requests and within 24 hours if urgent circumstances exist of the request approval or other outcome. If MedImpact fails to respond within 72 hours for non-urgent requests and within 24 hours if urgent circumstances exist from receipt of a request form from a licensed prescribing provider; the request shall be deemed to have been approved. If you are not satisfied with the outcome, you can request a waiver by calling MedImpact at **1-800-788-2949**.

### **What are Quantity Limits?**

Coverage for certain drugs may be limited to specific quantities per prescription and/or time period. Prior authorization is required for quantities exceeding the quantity limit guideline.

### **What is Step Therapy?**

Selected prescription drugs require step therapy. The step therapy program encourages safe and competitively priced medication use. Under this program, a “step” approach is required to receive coverage for certain high-cost medications. This means that to receive coverage you may need to first try a proven, lower cost medication before using a more costly treatment.

**How does the program work?** The step therapy program requires that you have a prescription history for a “first-line” medication before your benefit plan will cover a “second-line” medication. A first-line medication is recognized as safe and effective in treating a specific medical condition, as well as keeping costs down. A second-line medication is a less-preferred or sometimes more costly treatment option. Refer to Step Therapy Edits in the Index section at the end of the Formulary for a complete list of medications requiring step therapy and their criteria.

When possible, your doctor should prescribe a first-line medication appropriate for your condition. If your doctor determines that a first-line drug is not appropriate for you or is not effective for you, your prescription drug benefit will cover a second-line drug when certain conditions are met. Prior authorization may be required. Upon receipt of your request for a second-line drug, MedImpact will notify the licensed prescribing provider within 72 hours for non-urgent requests and within 24 hours if exigent circumstances exist of the request approval or other outcome. If you are not satisfied with the outcome, you can request a waiver by calling MedImpact at **1-800-788-2949**.

**Note:** If you have transitioned from a prior health insurance coverage to a new KPIC health insurance policy, any prescription drug that is currently being prescribed and considered safe and effective to treat a medical condition may not be subject to step therapy if, under your prior coverage:

- 1) The drug was not previously subject to step therapy; or
- 2) Step therapy was already obtained.

This does not apply if MedImpact’s P&T Committee and/or your provider determines that such drug is no longer safe or effective to treat your medical condition. Prior authorization may be required for the continued coverage of a prescription drug prescribed pursuant to step therapy imposed under your prior coverage, and the prescribing provider is not precluded from prescribing another drug covered by the new policy that is medically appropriate for your condition.

### **The Pharmacy Network**

This drug Formulary only applies to prescribed drugs, medicines and supplies purchased from a MedImpact network retail pharmacy. To fill your covered prescriptions, please visit a MedImpact network pharmacy. When visiting a MedImpact network pharmacy, please give the pharmacist your KPIC ID card with the MedImpact logo. The network of MedImpact pharmacies includes over 60,000 chain and independent pharmacies nationwide. To find a MedImpact network pharmacy near you, call **1-800-788-2949**.

### **What drugs are eligible to be mailed from the mail-order pharmacy?**

Most maintenance drugs can be mailed from our mail-order pharmacy. Drugs eligible for mail order, however, cannot be mailed outside the United States. You can order refills through our mail-order service online at [walgreens.com/mailservice](https://www.walgreens.com/mailservice) or by phone, **1-866-525-1590** or **1-877-924-7889 (TTY)**. There is no extra charge for mail order. The appropriate out-of-pocket cost according to your prescription drug benefit will apply.

Please refer to your *Certificate of Insurance* for complete details of your prescription drug benefit or call KPIC Customer Service at **1-800-788-0710**.

### **Benefit Coverage and Limitations**

This printed Formulary does not provide information regarding the specific coverage and limitations you may be subject to. Specific benefit inclusions, exclusions, and cost shares are not reflected in the Formulary.

### **Definition of Terms**

The following terms apply to your prescription drug coverage and the drug Formulary.

**“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 benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

**“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.

**“Deductible”** means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.

**“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.

**“Exception request”** means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.

**“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 list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.

**“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. The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Group Policy.

**“Non-formulary drug”** means a prescription drug that is not listed on this Formulary.

**“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.

**“Over-the-counter (OTC) drugs”** are medicines sold directly to a consumer without requiring a prescription from a healthcare professional. For purposes of this Formulary, OTC drugs that are covered under your outpatient prescription drug benefit require a prescription from your doctor.

**“Prescribing provider”** means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

**“Prescription”** means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

**“Prescription drug”** means a drug that by law requires a prescription.

**“Prior Authorization”** means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this Formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take 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.

**“Specialty drug”** means high-cost prescription medications that are used to treat complex and chronic conditions, such as multiple sclerosis, rheumatoid arthritis, and hepatitis C. Specialty drugs often require special handling, administration, or monitoring.

The Formulary applies only to outpatient drugs provided to you and does not apply to medications used in an inpatient setting. For specific questions regarding your coverage, please call KPIC Customer Service at **1-800-788-0710**.

## **Nondiscrimination Notice**

Kaiser Permanente Insurance Company (KPIC) does not discriminate based on race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Language assistance services are available from our Member Services Contact Center 24 hours a day, seven days a week (except closed holidays). We can provide no cost aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats; large print, audio, and accessible electronic formats. We also provide no cost language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages. To request these services, please call **1-800-788-0710** (TTY users call **711**).

If you believe that KPIC failed to provide these services or there is a concern of discrimination based on race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability you can file a complaint by phone or mail with the KPIC Civil Rights Coordinator. If you need help filing a grievance, the KPIC Civil Rights Coordinator is able to help you.

**KPIC Civil Rights Coordinator  
P.O. Box 1809  
Pleasanton, CA 94566  
Phone: 1-800-788-0710**

You may also contact the California Department of Insurance regarding your complaint.

**By Phone:  
California Department of Insurance  
1-800-927-HELP  
(1-800-927-4357)  
TDD: 1-800-482-4  
TDD (1-800-482-4833)**

**By Mail:  
California Department of Insurance  
Consumer Communications Bureau  
300 S. Spring Street  
Los Angeles, CA 90013**

**Electronically:  
[www.insurance.ca.gov](http://www.insurance.ca.gov)**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, age, disability, or sex. You can file the complaint electronically through the Office for Civil Rights Complaint Portal, available at:

<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, DC 20201  
Phone: 1-800-368-1019, 1-800-537-7697 (TDD).**

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>.

## Notice of Language Assistance

**No Cost Language Services.** You can get an interpreter and get documents read to you in your language. You may also request for materials to be translated into your language or alternative formats sent to you. For help, call us at the number listed on your ID card or 1-800-788-0710. For more help call the CA Dept. of Insurance at 1-800-927-4357. TTY users call 711. English

**Servicios de idioma sin costo.** Puede obtener servicios de un intérprete y que le lea documentos en su idioma. También puede solicitar que se traduzcan materiales a su idioma o que se le envíen en formatos alternativos. Si necesita ayuda, llámenos al número que aparece en su tarjeta de identificación o al 1-800-788-0710. Para obtener más información, llame al Departamento de Seguros de California al 1-800-927-4357. Los usuarios de TTY deben llamar al 711. Spanish

**免費語言服務。** 您可使用口譯員並請人使用您的語言將文件唸給您聽。您也可以要求將資料翻譯成您的語言或以替代格式寄給您。如需幫助，請致電您會員證上所列的電話號碼或致電1-800-788-0710與我們聯絡。如需進一步幫助，請致電1-800-927-4357與加州保險部聯絡。TTY使用者請致電711。Chinese

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**Bizaad bee áko t'áá íiyisí bá oolzinígíí.** Díí bizaad bee naaltsoos nihá ályaaígíí t'áá íiyisí yíníłta'go bee hane' doo naaltsoos nihá níłtsá. Díí naaltsoos nihá bááħ yáhoot'éeł doo t'oh yáti'ígíí éí nihá bááħ yáhoot'éełígíí t'áá íiyisí bee ná'áłkidgo nihá dah naashá. Ákót'éego baa ahééh ná'idíłwo', doo bik'ehgo naaltsoos bee naaznilígíí bikáá' dah naashá ID béesh bee hane'gi t'áá ájít'éego bee hodiłłnih doo 1-800-788-0710 áłtsé. Díkwíí hóló holne'go, California Béeso Bee Hane' Áłchíní Bá Hooghan bee 1-800-927-4357 bibeeso biká anilyeed. TTY yáhoot'éeł nihá shikaad 711. Navajo

**Dịch Vụ Ngôn Ngữ Miễn Phí.** Quý vị có thể được bố trí thông dịch viên và người đọc thông tin giấy tờ, tài liệu bằng ngôn ngữ quý vị dùng cho quý vị nghe. Quý vị cũng có thể yêu cầu dịch tài liệu sang ngôn ngữ của quý vị hoặc gửi đến quý vị các định dạng thay thế. Để được giúp đỡ, hãy gọi chúng tôi theo số điện thoại ghi trên thẻ Nhận Dạng (thẻ ID) của quý vị hoặc số 1-800-788-0710. Để được giúp đỡ thêm, vui lòng gọi Sở Bảo Hiểm CA theo số 1-800-927-4357. Người dùng TTY gọi số 711. Vietnamese

**무료 언어 서비스.** 통역사를 통해 사용하시는 언어로 서류를 읽어드립니다. 또한 사용하시는 언어로 자료를 번역해달라고 요청하거나 대체 형식으로 보내달라고 요청하셔도 됩니다. 도움이 필요한 경우, 회원 신분증에 적힌 번호나 1-800-788-0710 번으로 문의하십시오. 추가로 도움이 필요한 경우, 캘리포니아주 보험국 전화번호 1-800-927-4357번으로 문의하시기를 바랍니다. TTY 사용자는 711번으로 전화하십시오. Korean

**Walang Gastos na Mga Serbisyo sa Wika.** Maaari kayong kumuha ng interpreter at ipabasa ang mga dokumento sa inyong wika. Maaari rin kayong humiling na ang mga materyal ay isalin sa inyong wika o ipadala sa inyo sa mga alternatibong format. Para sa tulong, tawagan kami sa numero na nakalista sa inyong card ng pagkakakilanlan o sa 1-800-788-0710. Para sa higit pang tulong tumawag sa Departamento ng Insurance ng California sa 1-800-927-4357. Ang mga gumagamit ng TTY ay dapat tumawag sa 711. Tagalog

**Անվճար լեզվական ծառայություններ:** Դուք կարող եք բանավոր թարգմանիչ ստանալ, և փաստաթղթերը կարող են ընթերցել ձեզ համար ձեր լեզվով: Կարող եք նաև խնդրել, որ նյութերը թարգմանվեն ձեր լեզվով կամ ուղարկվեն ձեզ այլընտրանքային ձևաչափերով: Օգնության համար զանգահարեք մեզ ձեր նույնականացման քարտի վրա նշված համարով կամ 1-800-788-0710 հեռախոսահամարով: Լրացուցիչ օգնության համար զանգահարեք Կալիֆոռնիայի Ապահովագրության վարչություն 1-800-927-4357 հեռախոսահամարով: TTY-ից օգտվողները պետք է զանգահարեն 711: Armenian

**Бесплатные услуги переводчика.** Вы можете воспользоваться услугами переводчика, и документы будут прочтены для вас на вашем языке. Вы также можете подать запрос о переводе материалов на ваш язык или в альтернативные форматы. Если вам требуется помощь, звоните нам по телефону, указанному на вашей идентификационной карте, или по телефону 1-800-788-0710. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния по телефону 1-800-927-4357. Пользователям линии TTY следует звонить по телефону 711. Russian

**無料の言語サービス。** 通訳を手配し、書類をあなたの言語で読み上げてもらうことができます。また、ご希望があれば資料をあなたの言語に翻訳したり、別の形式でお届けすることも可能です。サポートが必要な場合は、身分証明カードに記載されている電話番号、または1-800-788-0710にお電話ください。さらにサポートが必要な場合は、カリフォルニア州保険局まで1-800-927-4357にご連絡ください。TTYユーザーの方は、711までお電話にてご連絡ください。Japanese

**خدمات زبانی رایگان.** می‌توانید یک مترجم شفاهی داشته باشید و ترتیبی بدهید تا اسناد به زبان خودتان برای شما خوانده شود. همچنین می‌توانید درخواست کنید که مطالب به زبان شما ترجمه شود یا در قالب‌های جایگزین برای شما ارسال گردد. برای دریافت کمک و راهنمایی، با شماره مندرج در کارت شناسایی یا 1-800-788-0710 با ما تماس بگیرید. برای دریافت راهنمایی بیشتر با اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تماس بگیرید. کاربران TTY می‌توانند با شماره 711 تماس بگیرند. Farsi

**ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ।** ਤੁਸੀਂ ਦੁਬਾਈ ਦੇ ਸਹਾਇਤਾ ਨਾਲ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ ਪੜ੍ਹ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਮੱਗਰੀ ਦੇ ਅਨੁਵਾਦ ਜਾਂ ਵਿਕਲਪਿਕ ਫਾਰਮੇਟਾਂ ਦੀ ਵੀ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਸਹਾਇਤਾ ਲਈ, ਸਾਨੂੰ ਤੁਹਾਡੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਗਏ ਨੰਬਰ ਜਾਂ 1-800-788-0710 'ਤੇ ਕਾਲ ਕਰੋ। ਹੋਰ ਮਦਦ ਲਈ ਕੈਲੀਫੋਰਨੀਆ ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ 1-800-927-4357 'ਤੇ ਕਾਲ ਕਰੋ। TTY ਦੇ ਉਪਯੋਗਕਰਤਾ 711 'ਤੇ ਫੋਨ ਕਰੋ। ਪੰਜਾਬੀ Punjabi

**សេវាភាសាភាគីត្រី។** អ្នកអាចទទួលបានអ្នកបកប្រែនិងទទួលបានឯកសារអានជូនអ្នក ក្នុងភាសារបស់អ្នក។ អ្នកក៏អាចស្នើសុំឯកសារដើម្បីបកប្រែក្នុងភាសារបស់អ្នក ឬទម្រង់ផ្សេងទៀត ត្រូវបានផ្ញើទៅអ្នក។ សម្រាប់ជំនួយ សូមទូរសព្ទមកលេខដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក ឬទៅលេខ 1-800-788-0710។ សម្រាប់ជំនួយបន្ថែម សូមទូរសព្ទទៅនាយកដ្ឋានធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ាលេខ 1-800-927-4357។ អ្នកប្រើប្រាស់ TTY សូមហៅទៅលេខ 711។ Khmer

**خدمات لغوية بدون تكلفة.** يمكنك الحصول على مترجم وقراءة الوثائق لك بلغتك. يحق لك أيضاً طلب إرسال وثائق مترجمة بلغتك أو صيغ بديلة للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية الخاصة بك أو 1-866-213-3062. لمزيد من المساعدة اتصل بقسم التأمين في كاليفورنيا على الرقم 1-800-927-4357. على مستخدمي TTY الاتصال على الرقم 711. العربية Arabic

**Kev Pab Txhais Lus Dawb.** Koj tuaj yeem txais ib tug kws txhais lus thiab txais kev nyeem cov ntaub ntawv ua koj hom lus. Koj tuaj kheev thov kom muab cov ntaub ntawv txhais mus ua koj hom lus los sis xa ua lwm hom ntawv tuaj rau koj huv si. Yog xav tau kev pab, hu rau pab ntawm tus xov tooj uas sau nyob rau ntawm koj daim npav cim thawj los sis 1-800-788-0710. Rau kev pab ntxiv, hu rau CA Chaw Ua Hauj Lwm Tswj Kev Tuav Pov Hwm ntawm 1-800-927-4357. Cov neeg siv TTY hu rau 711. Hmong

**बिना किसी लागत के भाषा सेवाएँ।** आप एक दुभाषिया प्राप्त कर सकते हैं और दस्तावेज़ आपको आपकी भाषा में पढ़ कर सुनाए जा सकते हैं। आप सामग्रियों को अपनी भाषा या आपको भेजे जाने वाले वैकल्पिक प्रारूप में अनुवाद करवाने के लिए भी अनुरोध कर सकते हैं। सहायता के लिए, अपने आईडी कार्ड पर दिये नम्बर या 1-800-788-0710 पर हमें कॉल करें। अधिक सहायता के लिए कैलिफोर्निया डिपार्टमेंट ऑफ़ इंशोरेंस को 1-800-927-4357 पर कॉल करें। TTY प्रयोक्ता 711 पर कॉल करें। हिंदी: Hindi

**บริการด้านภาษาที่ไม่คิดค่าบริการ** คุณสามารถขอใช้บริการล่ามและบริการอ่านเอกสารให้ฟังเป็นภาษาของคุณได้ คุณอาจขอเอกสารที่แปลเป็นภาษาของคุณหรือในรูปแบบอื่นที่ส่งถึงคุณได้ หากต้องการความช่วยเหลือ โปรดติดต่อหมายเลขโทรศัพท์ที่ปรากฏบนบัตรประจำตัวของคุณหรือติดต่อหมายเลข 1-800-788-0710 หากต้องการความช่วยเหลือเพิ่มเติม โปรดติดต่อกรมการประกันภัยของรัฐบาลแคลิฟอร์เนียที่หมายเลข 1-800-927-4357 ผู้ใช้เครื่อง TTY โปรดติดต่อหมายเลข 711 Thai



## Table of Contents

|                                                                                                            |     |
|------------------------------------------------------------------------------------------------------------|-----|
| Informational Section.....                                                                                 | 1   |
| Alternative Therapy - Vitamins And Minerals.....                                                           | 1   |
| Analgesic, Anti-Inflammatory Or Antipyretic.....                                                           | 11  |
| Analgesic, Anti-Inflammatory Or Antipyretic - Drugs For Pain And Fever.....                                | 12  |
| Anesthetics - Drugs For Pain And Fever.....                                                                | 42  |
| Anorectal Preparations - Rectal Preparations.....                                                          | 43  |
| Antidotes And Other Reversal Agents - Drugs For Overdose Or Poisoning.....                                 | 45  |
| Anti-Infective Agents.....                                                                                 | 48  |
| Anti-Infective Agents - Drugs For Infections.....                                                          | 48  |
| Antineoplastics.....                                                                                       | 80  |
| Antineoplastics - Drugs For Cancer.....                                                                    | 82  |
| Antiseptics And Disinfectants - Antiseptics And Disinfectants.....                                         | 107 |
| Biologicals.....                                                                                           | 109 |
| Biologicals - Biological Agents.....                                                                       | 109 |
| Cardiovascular Therapy Agents.....                                                                         | 122 |
| Cardiovascular Therapy Agents - Drugs For The Heart.....                                                   | 123 |
| Central Nervous System Agents.....                                                                         | 159 |
| Central Nervous System Agents - Drugs For The Nervous System.....                                          | 159 |
| Chemical Dependency, Agents To Treat - Drugs For Addiction.....                                            | 237 |
| Chemicals-Pharmaceutical Adjuvants.....                                                                    | 240 |
| Cognitive Disorder Therapy.....                                                                            | 243 |
| Cognitive Disorder Therapy - Drugs For The Nervous System.....                                             | 243 |
| Contraceptives - Drugs For Women.....                                                                      | 245 |
| Dermatological.....                                                                                        | 262 |
| Dermatological - Drugs For The Skin.....                                                                   | 262 |
| Drugs To Treat Erectile Dysfunction - Drugs For The Urinary System.....                                    | 351 |
| Electrolyte Balance-Nutritional Products.....                                                              | 352 |
| Electrolyte Balance-Nutritional Products - Drugs For Nutrition.....                                        | 352 |
| Endocrine.....                                                                                             | 420 |
| Endocrine - Hormones.....                                                                                  | 421 |
| Fdb Class Obsolete-Not Used.....                                                                           | 461 |
| Gastrointestinal Therapy Agents.....                                                                       | 461 |
| Gastrointestinal Therapy Agents - Drugs For The Stomach.....                                               | 462 |
| Genitourinary Therapy - Drugs For The Urinary System.....                                                  | 506 |
| Gout And Hyperuricemia Therapy - Drugs For Pain And Fever.....                                             | 517 |
| Hematological Agents.....                                                                                  | 518 |
| Hematological Agents - Drugs For The Blood.....                                                            | 519 |
| Hepatobiliary System Treatment Agents.....                                                                 | 538 |
| Hepatobiliary System Treatment Agents - Drugs For The Liver.....                                           | 538 |
| Immunosuppressive Agents - Drugs For Organ Transplants.....                                                | 539 |
| Locomotor System.....                                                                                      | 541 |
| Locomotor System - Drugs For Muscles, Ligaments, Tendons, And Bones.....                                   | 541 |
| Medical Supplies And Durable Medical Equipment (Dme) - Medical Supplies And Durable Medical Equipment..... | 547 |
| Medical Supply, Fdb Superset.....                                                                          | 677 |
| Metabolic Disease Enzyme Replacement Agents - Drugs For Metabolic Disease.....                             | 808 |

|                                                                          |     |
|--------------------------------------------------------------------------|-----|
| Metabolic Modifiers.....                                                 | 809 |
| Metabolic Modifiers - Drugs That Alter Metabolism.....                   | 809 |
| Mouth-Throat-Dental - Preparations - Drugs For The Mouth And Throat..... | 813 |
| Multiple Sclerosis Agents - Drugs For The Nervous System.....            | 818 |
| Ophthalmic Agents.....                                                   | 821 |
| Ophthalmic Agents - Drugs For The Eye.....                               | 821 |
| Otic (Ear) - Drugs For The Ear.....                                      | 841 |
| Respiratory Therapy Agents.....                                          | 843 |
| Respiratory Therapy Agents - Drugs For The Lungs.....                    | 843 |
| Vaginal Products - Drugs For Women.....                                  | 865 |
| Weight Loss/Gain Agents.....                                             | 868 |
| Weight Loss/Gain Agents - Drugs For Eating Disorders.....                | 868 |

| Prescription Drug Name                                                                                                          | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Alternative Therapy - Vitamins And Minerals</b>                                                                              |           |                                  |
| <b>Alternative Therapy - Androgenic Agents - Vitamins And Minerals</b>                                                          |           |                                  |
| DHEA ORAL TABLET 25 MG (prasterone (DHEA))                                                                                      | Tier 1    |                                  |
| <i>prasterone (dhea) oral capsule 25 mg</i>                                                                                     | Tier 1    |                                  |
| <i>prasterone (dhea) oral tablet 10 mg</i>                                                                                      | Tier 2    |                                  |
| <i>prasterone (dhea) oral tablet 25 mg</i>                                                                                      | Tier 1    |                                  |
| <b>Alternative Therapy - Antiarthritics - Vitamins And Minerals</b>                                                             |           |                                  |
| <i>gluc-chon-msm-col-hy-bos-c-min oral tablet 750-551.5-50-30 mg</i>                                                            | Tier 1    |                                  |
| <i>glucosam su dip-chondroit-c-mn oral capsule 500-400-66-3 mg</i>                                                              | Tier 1    |                                  |
| <i>glucosam-chondr-msm-c-manganes oral capsule 375-300-75-15 mg</i>                                                             | Tier 1    |                                  |
| <i>glucosam-chondr-vit c-mn-boron oral tablet 750-600-30-1 mg</i>                                                               | Tier 1    |                                  |
| <i>glucosamine 2kcl-msm-chondroit oral tablet 500-166.6-400 mg</i>                                                              | Tier 2    |                                  |
| <i>glucosamine sulfate oral capsule 500 mg</i>                                                                                  | Tier 1    |                                  |
| <i>glucosamine sulfate oral tablet 1,000 mg</i>                                                                                 | Tier 1    |                                  |
| GLUCOSAMINE-CHONDR-D3 (C-MANG) ORAL CAPSULE 500-400-667 MG-MG-UNIT (glucosamine/chondr-collagen complex/vit D3/vit C/manganese) | Tier 2    |                                  |
| <i>glucosamine-chondroitin oral capsule 500-400 mg</i>                                                                          | Tier 1    |                                  |
| <i>glucosamine-chondroitin oral tablet 250-200 mg</i>                                                                           | Tier 1    |                                  |
| <i>glucosamine-d3-boswellia serr oral tablet 1,500-400-100 mg-unit-mg</i>                                                       | Tier 1    |                                  |

Tier 0 = Preventive Drugs required under the Affordable Care Act at no cost

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Specialty Drugs

DME = Other pharmacy items and certain DME

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SG = Weight Loss Drugs & Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                                                     | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>glucosamine-d3-hyaluronic acid oral tablet 1,000 mg- 25 mcg-1.65 mg</i>                                                 | Tier 1    |                                  |
| <i>glucosamine-msm-chondr-d3-bosw oral tablet 25 mcg-937.5 mg</i>                                                          | Tier 1    |                                  |
| <i>glucosam-msm-chond-hrb149-hyal oral tablet 500-500-66.7 mg</i>                                                          | Tier 1    |                                  |
| MOVE FREE PLUS MSM-VIT D3 ORAL TABLET 750 MG-100 MG- 25 MCG<br>(glucosamine/chondroitin/msm/D3/hyaluronic acid/cal borate) | Tier 2    |                                  |
| SUPERIOR JOINT SUPPORT ORAL TABLET 300-100-100-50 MG<br>(glucosam/chondr/msm/collag/Boswell/turmeric/pancr/querc /brom)    | Tier 2    |                                  |
| SYNOVX DJD ORAL CAPSULE 150 MG-150 MG- 250 MG-19 MG (glucosamin/chondroitin/msm/vit C/manganese/hyaluronic/mussel)         | Tier 2    |                                  |
| SYNOVX RECOVERY ORAL CAPSULE 375-300-237.5 MG (glucosamine sulfate sodium/chondroitin sulfate sodium/msm)                  | Tier 2    |                                  |
| <b>Alternative Therapy - Antidepressants - Vitamins And Minerals</b>                                                       |           |                                  |
| <i>st. john's wort oral capsule 300 mg</i>                                                                                 | Tier 1    |                                  |
| <b>Alternative Therapy - Antioxidant - Vitamins And Minerals</b>                                                           |           |                                  |
| ADULT 50 PLUS EYE HEALTH ORAL CAPSULE 250-5-1 MG (vit C,E,copper,zinc 11/omega-3/dha/epa/fish/lutein/zeaxanth)             | Tier 1    |                                  |
| ALAMAX CR ORAL TABLET EXTENDED RELEASE 600 MG- 450 MCG (alpha lipoic acid/biotin)                                          | Tier 2    |                                  |
| ALAMAX PROTECT ORAL CAPSULE 125 MG-95 MCG-250 MG (alpha lipoic acid/biotin/berberine chloride)                             | Tier 2    |                                  |

Tier 0 = Preventive Drugs required under the Affordable Care Act at no cost

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Specialty Drugs

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PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SG = Weight Loss Drugs & Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                                                                    | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>alpha lipoic acid oral capsule 100 mg</i>                                                                                              | Tier 2    |                                  |
| <i>alpha lipoic acid oral capsule 200 mg</i>                                                                                              | Tier 1    |                                  |
| <i>alpha lipoic acid oral tablet 600 mg</i>                                                                                               | Tier 1    |                                  |
| <i>alpha lipoic acid oral tablet extended release 600 mg</i>                                                                              | Tier 2    |                                  |
| <i>alpha lipoic acid-biotin oral capsule 300 mg- 333 mcg</i>                                                                              | Tier 1    |                                  |
| ANTIOXIDANT FORMULA (SELENIUM) ORAL TABLET 8,333-167-133 UNIT-MG-UNIT (beta-carotene/ascorbic acid/vitE ac/selenium yeast)                | Tier 2    |                                  |
| EYE HEALTH AREDS-2 ORAL CAPSULE 250-90-40-1 MG (vit C/vit E acetate/zinc oxid/cupric oxide/lutein/zeaxanthin)                             | Tier 1    |                                  |
| EYE HEALTH PLUS LUTEIN ORAL TABLET 300 MCG-200 MG-27 MG-2 MG (beta-carotene(A) w-C and E/lutein/minerals)                                 | Tier 1    |                                  |
| EYE MULTIVITAMIN ORAL TABLET 2,148 MCG-113 MG-45 MG-17.4MG (beta-carotene/ascorbic acid/vitE ac/zinc oxide/cupric oxide)                  | Tier 1    |                                  |
| <i>glutathione (bulk) powder 100 %</i>                                                                                                    | Tier 2    |                                  |
| HEALTHY EYES LUTEIN-ZEAXANTHIN ORAL CAPSULE 60 MG-13.5 MG- 15 MG-2 MG-6 MG (vit C/vit E acetate/zinc oxid/cupric oxide/lutein/zeaxanthin) | Tier 1    |                                  |
| HEALTHY EYES SUPERVISION2 ORAL CAPSULE 250-90-10-1 MG (vit C/vit E acetate/zinc oxid/cupric oxide/lutein/zeaxanthin)                      | Tier 2    |                                  |
| I-SIGHT ORAL CAPSULE 15 MG-100 MG-75 MG-50 MG (lutein/a-cysteine/ALA/quercet/zinc/taurine/bilberry/lycopene)                              | Tier 2    |                                  |
| LIVER PROTECT ORAL CAPSULE 200-200-262.5 MG (acetylcysteine/alpha lipoic/milk thistle/selenomethionine)                                   | Tier 2    |                                  |
| <i>lutein oral capsule 20 mg</i>                                                                                                          | Tier 1    |                                  |
| LUTEIN PLUS WITH ZEAXANTHIN ORAL TABLET 1,500 MCG-60 MG -20 MG-15 MG (betacarotene/vit C/vit E/zinc ox/cupric ox/lutein/zeaxanthin)       | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                         | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>lutein-zeaxanthin oral capsule 25-5 mg</i>                                                                                  | Tier 1    |                                  |
| <i>lutein-zeaxanthin oral capsule 40-1,600 mg-mcg</i>                                                                          | Tier 1    |                                  |
| <i>lutein-zeaxanthin oral tablet, chewable 10-2 mg</i>                                                                         | Tier 1    |                                  |
| <i>lutein-zeaxanthin-bilberry ext oral capsule 20-1-2.2 mg</i>                                                                 | Tier 2    |                                  |
| MITOPRIME ORAL CAPSULE 12.5 MG (ergothioneine)                                                                                 | Tier 2    |                                  |
| PRESERVISION AREDS 2 PLUS MV ORAL CAPSULE 200 MCG-15 MCG- 5 MG-1 MG (multivitamin-minerals/folic acid/vit K/lutein/zeaxanthin) | Tier 2    |                                  |
| PRESERVISION AREDS-2 ORAL CAPSULE 250-90-40-1 MG (vit C/vit E acetate/zinc oxid/cupric oxide/lutein/zeaxanthin)                | Tier 1    |                                  |
| PRESERVISION AREDS-2 ORAL TABLET,CHEWABLE 250-90-40-1 MG (vit C/vit E acetate/zinc oxid/cupric oxide/lutein/zeaxanthin)        | Tier 2    |                                  |
| PUREVITA ALPHA LIPOIC ACID ORAL DROPS 1 MG/2 ML (alpha lipoic acid)                                                            | Tier 1    |                                  |
| VISION HEALTH ORAL CAPSULE 250-90-40-2-5 MG (vit C/vit E acetate/zinc oxid/cupric oxide/lutein/zeaxanthin)                     | Tier 1    |                                  |
| VISION OPTIMIZER ORAL CAPSULE 66.6MG-3.33MCG-3.33 MG-0.66 MG (vitamin B complex/vit C/selenium/lutein/zeaxanthin/herb 253)     | Tier 2    |                                  |
| VISTA ADVANCED AREDS2 ORAL CAPSULE 250-137.5-12.5 MG (vit C/vit E/zinc/copper/selen/lutein/zeaxanthin/glutathione)             | Tier 2    |                                  |
| <b>Alternative Therapy - Cough And Cold Agents - Vitamins And Minerals</b>                                                     |           |                                  |
| BABY COUGH ORAL SYRUP 4 GRAM-45 MG- 9 MG/3 ML (agave extract/thyme leaf extract/English ivy extract)                           | Tier 2    |                                  |
| BABY COUGH-MUCUS ORAL SYRUP 4 GRAM- 21 MG/3 ML (blue agave extract/English ivy extract)                                        | Tier 2    |                                  |
| KINDERMED INFANTS COUGH PLUS ORAL SYRUP 4 GRAM- 21 MG/3 ML (blue agave extract/English ivy extract)                            | Tier 2    |                                  |

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|---------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| KINDERMED INFANTS NIGHT COUGH ORAL LIQUID 4 GRAM-21 MG- 4 MG/3 ML (blue agave extract/English ivy extract/chamomile flower ext) | Tier 2    |                                  |
| <b>Alternative Therapy - Laxatives And Cathartics - Vitamins And Minerals</b>                                                   |           |                                  |
| HERBAL COLON CLEANSER ORAL CAPSULE 500 MG (cascara/psyllium husk/bentonite/alfalfa/aloe/herbs)                                  | Tier 1    |                                  |
| <b>Alternative Therapy - Pineal Hormone Agents - Vitamins And Minerals</b>                                                      |           |                                  |
| <i>melatonin oral drops 1 mg/4 ml</i>                                                                                           | Tier 2    |                                  |
| <i>melatonin oral drops 10 mg/ml, 3 mg/4 ml</i>                                                                                 | Tier 1    |                                  |
| <i>melatonin oral lozenge 5 mg</i>                                                                                              | Tier 2    |                                  |
| <i>melatonin oral tablet extended release 10 mg</i>                                                                             | Tier 1    |                                  |
| <b>Alternative Therapy - Sedative/Hypnotics - Vitamins And Minerals</b>                                                         |           |                                  |
| SLEEP TONITE VALERIAN ORAL TABLET 750-100-25 MG (valerian xt/passion flower/hops/chamomile flower/skullcap)                     | Tier 2    |                                  |
| SYNOVX CALM ORAL CAPSULE 100-30-15-40 MG (valerian rt/passion flower/hops/cherry/magnesium comb/potass)                         | Tier 2    |                                  |
| <b>Alternative Therapy - Unclassified - Vitamins And Minerals</b>                                                               |           |                                  |
| ACAI BERRY DIET ORAL CAPSULE 250 MG-20 MCG- 80 MG-50 MG (acai berry extract/chromium/green tea/caffeine/enzymes)                | Tier 2    |                                  |
| ADVANCED HERBALS GINGER ORAL TABLET,CHEWABLE 15 MG (ginger root extract)                                                        | Tier 2    |                                  |
| ALFA-MAX ALFALFA ORAL CAPSULE 525 MG (alfalfa)                                                                                  | Tier 2    |                                  |

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|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| AM-PM MENOPAUSE FORMULA ORAL TABLETS, SEQUENTIAL 20-250-100(D)/ 20-200-100MG(N) (black cohosh/green tea/Panax ginseng/valerian/hops/theanine) | Tier 2    |                                  |
| ARTICHOKE PREMIUM EXTRACT ORAL CAPSULE 150-300 MG (milk thistle seed extract/artichoke leaf extract)                                          | Tier 2    |                                  |
| <i>ashwagandha extract oral capsule 120 mg</i>                                                                                                | Tier 1    |                                  |
| <i>ashwagandha extract oral capsule 500 mg</i>                                                                                                | Tier 2    |                                  |
| <i>ashwagandha root extract oral capsule 500 mg</i>                                                                                           | Tier 1    |                                  |
| <i>ashwagandha root extract oral tablet 300 mg</i>                                                                                            | Tier 1    |                                  |
| ASHWAGANDHA ROOT LEAF EXTRACT ORAL TABLET,CHEWABLE 62.5 MG (ashwagandha extract)                                                              | Tier 2    |                                  |
| <i>astragalus root oral capsule 470 mg</i>                                                                                                    | Tier 2    |                                  |
| ATRANTIL ORAL CAPSULE 275 MG (tannic acid/horse chestnut seed xt/peppermint leaf xt)                                                          | Tier 2    |                                  |
| AZO CRANBERRY PLUS PROBIOTIC ORAL TABLET 250-30-15 MG (cranberry fruit concentrate/ascorbic acid/Bacillus coagulans)                          | Tier 2    |                                  |
| AZO CRANBERRY PLUS VIT C ORAL CAPSULE 250-60 MG (cranberry fruit extract/ascorbic acid)                                                       | Tier 2    |                                  |
| BERGACOR ORAL TABLET 650 MG (bergamot extract)                                                                                                | Tier 2    |                                  |
| BERGACOR PLUS ORAL TABLET 400-250 MG (bergamot extract/Indian gooseberry extract)                                                             | Tier 2    |                                  |
| <i>bitter melon extract oral tablet 750 mg</i>                                                                                                | Tier 2    |                                  |
| <i>black cohosh oral capsule 540 mg</i>                                                                                                       | Tier 2    |                                  |
| <i>black walnut hull oral capsule 450 mg</i>                                                                                                  | Tier 2    |                                  |
| <i>boswellia serrata extract oral tablet 307 mg</i>                                                                                           | Tier 2    |                                  |
| BOWEL SUPPORT-IRRITABLE BOWEL ORAL CAPSULE,DELAYED RELEASE(DR/EC) (peppermint oil)                                                            | Tier 2    |                                  |
| BP MANAGER ORAL TABLET 519 MG (hawthorn extract/herbal drugs)                                                                                 | Tier 2    |                                  |

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|-------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| BRONCHIAL SOOTHE ORAL SYRUP 43 MG/5 ML (English ivy extract)                                                            | Tier 1    |                                  |
| CALMAID ORAL CAPSULE 80 MG (lavender oil)                                                                               | Tier 2    |                                  |
| CANDICIDAL ORAL CAPSULE 100 MG-150 MG- 50 MG-150 MG (turmeric/ginger/olive/oregano/sodium caprylate)                    | Tier 2    |                                  |
| <i>chamomile flower oral capsule 350 mg</i>                                                                             | Tier 2    |                                  |
| <i>chaste tree fruit oral capsule 400 mg</i>                                                                            | Tier 2    |                                  |
| <i>cinnamon bark extract oral tablet 500 mg</i>                                                                         | Tier 2    |                                  |
| <i>cinnamon bark oral capsule 500 mg</i>                                                                                | Tier 2    |                                  |
| CORTISOLV ORAL CAPSULE 150-250-50-50 MG (ashwagandha/magnolia brk/Phellod/banaba lf/maral rt/theanine)                  | Tier 2    |                                  |
| <i>cranberry conc-ascorbic acid oral capsule 300-100 mg, 4,200-20 mg</i>                                                | Tier 2    |                                  |
| <i>cranberry extract oral capsule 500 mg</i>                                                                            | Tier 2    |                                  |
| <i>cranberry extract oral tablet 500 mg</i>                                                                             | Tier 2    |                                  |
| <i>cranberry fruit concentrate oral capsule 450 mg</i>                                                                  | Tier 2    |                                  |
| <i>cranberry fruit concentrate oral tablet,disintegrating 125 mg</i>                                                    | Tier 2    |                                  |
| <i>cranberry fruit oral capsule 465 mg</i>                                                                              | Tier 2    |                                  |
| CRANBERRY URINARY TRACT HEALTH ORAL TABLET 250-30-3.5 MG (cranberry fruit concentrate/ascorbic acid/Bacillus coagulans) | Tier 2    |                                  |
| CURCUPLEX-95 ORAL CAPSULE 500 MG (turmeric root extract)                                                                | Tier 2    |                                  |
| <i>dandelion root oral capsule 525 mg</i>                                                                               | Tier 2    |                                  |
| DIGESTIVE SUPPORT ORAL CAPSULE,DELAYED RELEASE(DR/EC) 100-21.5 MG (caraway seed extract/levomenthol)                    | Tier 1    |                                  |
| DRAMAMINE GINGER ORAL TABLET,CHEWABLE 15 MG (ginger root extract)                                                       | Tier 2    |                                  |

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|--------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| DRAMAMINE NON-DROWSY ORAL CAPSULE 500 MG (ginger)                                                                  | Tier 2    |                                  |
| <i>echinacea oral capsule 125 mg</i>                                                                               | Tier 2    |                                  |
| <i>echinacea oral capsule 400 mg</i>                                                                               | Tier 1    |                                  |
| <i>echinacea purp aerial part ext oral capsule 65 mg</i>                                                           | Tier 2    |                                  |
| EMERGEN-C APPLE CIDER VINEGAR ORAL TABLET,CHEWABLE 83.3 MG (ascorbic acid/multivitamin with minerals/herbal drugs) | Tier 2    |                                  |
| ESTROVEN CMPLT MENOPAUSE RLF ORAL TABLET 4 MG (rhubarb root extract)                                               | Tier 2    |                                  |
| <i>evening primrose oil oral capsule 1,300 mg</i>                                                                  | Tier 2    |                                  |
| <i>fenugreek seed oral capsule 610 mg</i>                                                                          | Tier 2    |                                  |
| FLASHARREST ORAL CAPSULE 96.5 MG (hops extract/spruce fir extract)                                                 | Tier 2    |                                  |
| <i>flaxseed oil oral capsule 1,000 mg</i>                                                                          | Tier 2    |                                  |
| <i>gamma-aminobutyric acid oral capsule 250 mg</i>                                                                 | Tier 1    |                                  |
| <i>garlic extract oral capsule 500 mg</i>                                                                          | Tier 2    |                                  |
| <i>garlic extract oral tablet 400 mg</i>                                                                           | Tier 2    |                                  |
| <i>garlic oral capsule 1,000 mg</i>                                                                                | Tier 1    |                                  |
| GARLICIN CARDIO ORAL TABLET 350 MG (garlic)                                                                        | Tier 2    |                                  |
| GARLIX ORAL CAPSULE 650 MG (garlic extract)                                                                        | Tier 2    |                                  |
| <i>gelatin oral capsule 650 mg</i>                                                                                 | Tier 1    |                                  |
| GENNAMD ORAL CAPSULE 130 MG (cranberry fruit concentrate)                                                          | Tier 2    |                                  |
| <i>ginger (zingiber officinalis) oral capsule 550 mg</i>                                                           | Tier 2    |                                  |
| <i>ginger root-ginger root ext oral capsule 262.5 mg</i>                                                           | Tier 2    |                                  |
| <i>ginkgo biloba leaf extract oral capsule 120 mg, 125 mg</i>                                                      | Tier 2    |                                  |
| GINKGO BILOBA PLUS (BACOPA) ORAL CAPSULE 120-40 MG (ginkgo biloba leaf extract/bacopa leaf extract)                | Tier 2    |                                  |

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|------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| GLUCOSA IMMUNE BOOSTER ORAL CAPSULE (herbal complex no.306)                                          | Tier 2    |                                  |
| <i>goldenseal root oral capsule 333 mg</i>                                                           | Tier 2    |                                  |
| <i>grape seed extract oral capsule 100 mg</i>                                                        | Tier 2    |                                  |
| GREEN TEA-600 ORAL CAPSULE 600 MG (green tea leaf extract)                                           | Tier 2    |                                  |
| HORMONE PROTECT ORAL CAPSULE 150-30 MG (diindolylmethane/broccoli seed extract)                      | Tier 2    |                                  |
| HORNY GOAT WEED PLUS ORAL CAPSULE 250-125 MG (barrenwort/maca extract/herbal drugs)                  | Tier 2    |                                  |
| JOINT COMFORT AND MOVEMENT ORAL CAPSULE 100-500 MG (Boswellia serrata extract/turmeric root extract) | Tier 2    |                                  |
| KOREAN GINSENG ORAL TABLET 1,000 MG (Panax ginseng root)                                             | Tier 2    |                                  |
| <i>licorice root (g.glabra) oral capsule 450 mg</i>                                                  | Tier 1    |                                  |
| <i>maca oral capsule 525 mg</i>                                                                      | Tier 2    |                                  |
| MEDCAPS MENOPAUSE ORAL CAPSULE (herbal complex no.321)                                               | Tier 2    |                                  |
| <i>melatonin-pyridoxine (vit b6) oral tablet 5-1 mg</i>                                              | Tier 1    |                                  |
| <i>melatonin-pyridoxine hcl (b6) oral tablet extended release 5-10 mg</i>                            | Tier 1    |                                  |
| <i>melatonin-pyridoxine hcl (b6) oral tablet, ir and er, biphasic 10-10 mg, 5-10 mg</i>              | Tier 1    |                                  |
| MENOFEM ORAL CAPSULE (herbal complex no.323)                                                         | Tier 2    |                                  |
| <i>milk thistle oral capsule 500 mg</i>                                                              | Tier 2    |                                  |
| <i>milk thistle sd ext-blessed th oral capsule 175-120 mg</i>                                        | Tier 2    |                                  |
| <i>milk thistle seed extract oral capsule 250 mg, 87.5 mg</i>                                        | Tier 2    |                                  |
| MIND AND MEMORY ORAL CAPSULE 100-100 MG (coffee extract/phosphatidyl serine)                         | Tier 2    |                                  |
| <i>moringa oleifera oral capsule 500 mg</i>                                                          | Tier 2    |                                  |
| MYROSINASE ORAL CAPSULE 287.5 MG (mustard seed)                                                      | Tier 2    |                                  |

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|--------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| NEURIVA ORIGINAL ORAL CAPSULE 100-100 MG (coffee extract/phosphatidyl serine)                          | Tier 2    |                                  |
| NEURIVA ORIGINAL ORAL TABLET,CHEWABLE 50-50 MG (coffee extract/phosphatidyl serine)                    | Tier 2    |                                  |
| NRF2 ACTIVATOR ORAL CAPSULE 200-200-50-30 MG (turmeric xt/green tea xt/pterostilbene/broccoli seed xt) | Tier 2    |                                  |
| NUMOISYN MUCOUS MEMBRANE LIQUID (flaxseed)                                                             | Tier 2    |                                  |
| ONCOPLEX ES ORAL CAPSULE 100 MG (broccoli seed extract)                                                | Tier 2    |                                  |
| ONCOPLEX ORAL CAPSULE 30 MG (broccoli seed extract)                                                    | Tier 2    |                                  |
| ORAXINOL ORAL CAPSULE 500 MG (herbal complex no.319)                                                   | Tier 2    |                                  |
| <i>oregano oil-flaxseed oil oral capsule 50-25 mg</i>                                                  | Tier 2    |                                  |
| PMS SOOTHE ORAL CAPSULE (herbal complex no.327)                                                        | Tier 2    |                                  |
| <i>red beet oral capsule 500 mg</i>                                                                    | Tier 2    |                                  |
| <i>red beet-sour cherry extract oral tablet,chewable 250-0.5 mg</i>                                    | Tier 2    |                                  |
| <i>red yeast rice extract oral capsule 55 mg</i>                                                       | Tier 2    |                                  |
| <i>red yeast rice oral capsule 600 mg</i>                                                              | Tier 2    |                                  |
| REMIFEMIN MENOPAUSE ORAL TABLET 2.5 MG (black cohosh root extract)                                     | Tier 2    |                                  |
| SALOXICIN ORAL CAPSULE 60-25-20 MG (willow bark ext/Boswellia serrata ext/herbal complex no. 322)      | Tier 2    |                                  |
| SAMBUCUS ELDERBERRY ORIGINAL ORAL SYRUP 50 MG/5 ML (elderberry fruit)                                  | Tier 2    |                                  |
| <i>saw palmetto oral capsule 450 mg, 585 mg</i>                                                        | Tier 2    |                                  |
| <i>saw palmetto-zinc picolinate oral capsule 450-15 mg</i>                                             | Tier 2    |                                  |
| <i>schisandra oral capsule 580 mg</i>                                                                  | Tier 2    |                                  |

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|-------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| SUPER ENERGY HERBAL COMPLEX ORAL TABLET 300-162.5-8 MG (guarana extract/Panax ginseng/alfalfa/herbal drugs) | Tier 2    |                                  |
| SYNOVX RELIEF ORAL CAPSULE 500 MG (Boswellia serrata extract/turmeric root extract)                         | Tier 2    |                                  |
| TESTOPLEX PLUS ORAL CAPSULE 250-100 MG (shilajit/Eurycoma longifolia extract)                               | Tier 2    |                                  |
| <i>turmeric root extract oral capsule 500 mg</i>                                                            | Tier 2    |                                  |
| <i>turmeric root extract oral tablet 500 mg</i>                                                             | Tier 2    |                                  |
| <i>turmeric root ext-sour cherry oral capsule 100-1,000 mg</i>                                              | Tier 2    |                                  |
| <i>turmeric root-ginger root ext oral tablet,chewable 150-25 mg</i>                                         | Tier 2    |                                  |
| <i>turmeric-ginger-black pepper oral tablet,chewable 125 mg-6 mg- 50 mcg</i>                                | Tier 2    |                                  |
| <i>turmeric-turmeric ext-pepper oral capsule 500-5 mg</i>                                                   | Tier 2    |                                  |
| <i>turmeric-turmeric root extract oral capsule 450-50 mg</i>                                                | Tier 2    |                                  |
| <i>valerian oral capsule 530 mg</i>                                                                         | Tier 2    |                                  |
| <i>valerian root oral capsule 450 mg, 500 mg</i>                                                            | Tier 2    |                                  |
| VIRAGRAPHIS ORAL CAPSULE 187.5-150-79.2 MG (Andrographis ext/Isatis root xt/licorice root xt)               | Tier 2    |                                  |
| <i>vit c-echinacea purpurea xt oral tablet,chewable 75-3 mg</i>                                             | Tier 1    |                                  |
| VITALVASC ORAL CAPSULE 75-250-125 MG (grape seed extract/hesperidin/olive extract)                          | Tier 2    |                                  |
| <b>Analgesic, Anti-Inflammatory Or Antipyretic</b>                                                          |           |                                  |
| <b>Analgesic - Opioid Antagonists</b>                                                                       |           |                                  |
| LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG (naltrexone HCl)                                                      | Tier 2    |                                  |
| NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG (naltrexone HCl)                                                        | Tier 2    |                                  |
| <b>Analgesic - Selective Sodium Channel Blockers</b>                                                        |           |                                  |
| JOURNAVX ORAL TABLET 50 MG (suzetrigine)                                                                    | Tier 2    | PA                               |

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|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------|
| <b>Anti-Inflammatory - Antimitotics</b>                                                                                                 |           |                                          |
| LODOCO ORAL TABLET 0.5 MG (colchicine)                                                                                                  | Tier 2    |                                          |
| <b>Analgesic, Anti-Inflammatory Or Antipyretic - Drugs For Pain And Fever</b>                                                           |           |                                          |
| <b>Analgesic Opioid Agonists - Arthritis And Pain Drugs</b>                                                                             |           |                                          |
| <i>codeine sulfate oral tablet 15 mg, 30 mg</i>                                                                                         | Tier 1    | QL (12 EA per 1 day); Age (Min 12 Years) |
| <i>codeine sulfate oral tablet 60 mg</i>                                                                                                | Tier 1    | QL (6 EA per 1 day); Age (Min 12 Years)  |
| DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML (meperidine HCl/PF)                                              | Tier 2    |                                          |
| DEMEROL INJECTION SOLUTION 50 MG/ML (meperidine HCl)                                                                                    | Tier 2    |                                          |
| DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (hydromorphone HCl/PF)                                         | Tier 2    |                                          |
| DILAUDID ORAL LIQUID 1 MG/ML (hydromorphone HCl)                                                                                        | Tier 2    |                                          |
| DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (hydromorphone HCl)                                                                               | Tier 2    |                                          |
| DISKETTS ORAL TABLET,SOLUBLE 40 MG (methadone HCl)                                                                                      | Tier 2    | QL (1 EA per 1 day)                      |
| DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG (sufentanil citrate)                                                                      | Tier 2    |                                          |
| <i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>                                     | Tier 1    |                                          |
| <i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)</i> | Tier 1    |                                          |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg</i>                                                                   | Tier 1    |                                          |

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| Prescription Drug Name                                                                                                  | Drug Tier | Coverage Requirements and Limits                                                                         |
|-------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------|
| <i>fentanyl citrate buccal tablet, effervescent 400 mcg, 600 mcg, 800 mcg</i>                                           | Tier 1    |                                                                                                          |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>                        | Tier 1    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription                      |
| <i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>                                   | Tier 1    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription                      |
| <i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>                 | Tier 1    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| <i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> | Tier 1    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day) |
| <i>hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml</i>                                                      | Tier 1    |                                                                                                          |
| <i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>                   | Tier 1    |                                                                                                          |
| <i>hydromorphone oral liquid 1 mg/ml</i>                                                                                | Tier 1    |                                                                                                          |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>                                                                       | Tier 1    |                                                                                                          |
| <i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>                                       | Tier 1    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription                      |
| <i>hydromorphone rectal suppository 3 mg</i>                                                                            | Tier 1    |                                                                                                          |

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|--------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------|
| HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (hydrocodone bitartrate) | Tier 2    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day) |
| <i>levorphanol tartrate oral tablet 2 mg</i>                                                                       | Tier 1    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription                      |
| <i>levorphanol tartrate oral tablet 3 mg</i>                                                                       | Tier 1    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription                      |
| <i>meperidine (pf) injection solution 100 mg/ml, 50 mg/ml</i>                                                      | Tier 1    |                                                                                                          |
| <i>meperidine (pf) injection solution 25 mg/ml</i>                                                                 | Tier 1    |                                                                                                          |
| <i>meperidine oral solution 50 mg/5 ml</i>                                                                         | Tier 1    | QL (30 ML per 1 day)                                                                                     |
| <i>meperidine oral tablet 50 mg</i>                                                                                | Tier 1    | QL (6 EA per 1 day)                                                                                      |
| <i>methadone injection solution 10 mg/ml</i>                                                                       | Tier 1    | QL (4 ML per 1 day)                                                                                      |
| methadone HCl (Methadone Intensol Oral Concentrate 10 Mg/ML)                                                       | Tier 1    | QL (4 ML per 1 day)                                                                                      |
| <i>methadone oral concentrate 10 mg/ml</i>                                                                         | Tier 1    | QL (4 ML per 1 day)                                                                                      |
| <i>methadone oral solution 10 mg/5 ml</i>                                                                          | Tier 1    | QL (20 ML per 1 day)                                                                                     |
| <i>methadone oral solution 5 mg/5 ml</i>                                                                           | Tier 1    | QL (40 ML per 1 day)                                                                                     |
| <i>methadone oral tablet 10 mg</i>                                                                                 | Tier 1    | QL (4 EA per 1 day)                                                                                      |
| <i>methadone oral tablet 5 mg</i>                                                                                  | Tier 1    | QL (8 EA per 1 day)                                                                                      |
| <i>methadone oral tablet,soluble 40 mg</i>                                                                         | Tier 1    | QL (1 EA per 1 day)                                                                                      |
| METHADOSE ORAL CONCENTRATE 10 MG/ML (methadone HCl)                                                                | Tier 2    | QL (4 ML per 1 day)                                                                                      |
| methadone HCl (Methadose Oral Tablet,Soluble 40 Mg)                                                                | Tier 1    | QL (1 EA per 1 day)                                                                                      |
| <i>morphine (pf) intravenous syringe 1 mg/2 ml</i>                                                                 | Tier 1    |                                                                                                          |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>                                                   | Tier 1    |                                                                                                          |

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|-------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------|
| <i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml</i>                                    | Tier 1    |                                                                                                          |
| <i>morphine in 0.9 % sodium chlor intravenous solution 5 mg/ml</i>                                    | Tier 1    |                                                                                                          |
| <i>morphine intramuscular pen injector 10 mg/0.7 ml</i>                                               | Tier 1    |                                                                                                          |
| <i>morphine oral capsule, er multiphase 24 hr 120 mg</i>                                              | Tier 1    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| <i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>                   | Tier 1    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day) |
| <i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i> | Tier 1    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| <i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>                                        | Tier 1    |                                                                                                          |
| <i>morphine oral tablet 15 mg, 30 mg</i>                                                              | Tier 2    |                                                                                                          |
| <i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>                      | Tier 1    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day) |
| <i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>                                          | Tier 1    |                                                                                                          |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG (morphine sulfate)         | Tier 2    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day) |

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| Prescription Drug Name                                                                                     | Drug Tier | Coverage Requirements and Limits                                                                         |
|------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------|
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (tapentadol HCl)       | Tier 2    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (tapentadol HCl)                                                  | Tier 2    | QL (6 EA per 1 day)                                                                                      |
| <i>oxycodone oral capsule 5 mg</i>                                                                         | Tier 1    |                                                                                                          |
| <i>oxycodone oral concentrate 20 mg/ml</i>                                                                 | Tier 1    |                                                                                                          |
| <i>oxycodone oral solution 5 mg/5 ml</i>                                                                   | Tier 1    |                                                                                                          |
| <i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>                                              | Tier 1    |                                                                                                          |
| <i>oxycodone oral tablet, oral only 10 mg, 15 mg, 30 mg, 5 mg</i>                                          | Tier 1    |                                                                                                          |
| <i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 20 mg, 40 mg</i>                               | Tier 1    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| <i>oxycodone oral tablet, oral only, ext. rel. 12 hr 80 mg</i>                                             | Tier 1    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day) |
| OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG (oxycodone HCl) | Tier 2    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 80 MG (oxycodone HCl)                                    | Tier 2    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day) |
| <i>oxymorphone oral tablet 10 mg, 5 mg</i>                                                                 | Tier 1    |                                                                                                          |

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| Prescription Drug Name                                                                  | Drug Tier | Coverage Requirements and Limits                                                                                             |
|-----------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------|
| <i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i> | Tier 1    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)                     |
| <i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>                      | Tier 1    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)                     |
| QDOLO ORAL SOLUTION 5 MG/ML (tramadol HCl)                                              | Tier 2    |                                                                                                                              |
| ROXICODONE ORAL TABLET 15 MG, 30 MG (oxycodone HCl)                                     | Tier 2    |                                                                                                                              |
| ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG (oxycodone HCl)               | Tier 2    |                                                                                                                              |
| <i>tramadol oral capsule,er biphase 24 hr 17-83 300 mg</i>                              | Tier 1    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years) |
| <i>tramadol oral capsule,er biphase 24 hr 25-75 100 mg, 200 mg</i>                      | Tier 1    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years) |
| <i>tramadol oral solution 5 mg/ml</i>                                                   | Tier 1    |                                                                                                                              |
| <i>tramadol oral tablet 100 mg</i>                                                      | Tier 1    | QL (4 EA per 1 day); Age (Min 12 Years)                                                                                      |
| <i>tramadol oral tablet 25 mg, 75 mg</i>                                                | Tier 1    |                                                                                                                              |
| <i>tramadol oral tablet 50 mg</i>                                                       | Tier 1    | QL (8 EA per 1 day); Age (Min 12 Years)                                                                                      |

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| Prescription Drug Name                                                                    | Drug Tier | Coverage Requirements and Limits                                                                                             |
|-------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------|
| <i>tramadol oral tablet extended release 24 hr 100 mg</i>                                 | Tier 1    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years) |
| <i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>                         | Tier 1    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years) |
| <i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>                                   | Tier 1    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years) |
| <i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>                           | Tier 1    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG (oxycodone myristate) | Tier 2    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)                     |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG (oxycodone myristate)                | Tier 2    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)                     |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG (oxycodone myristate)                | Tier 2    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)                     |

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| Prescription Drug Name                                                                                   | Drug Tier | Coverage Requirements and Limits                                                                                                     |
|----------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>Analgesic Opioid Codeine Combinations - Arthritis And Pain Drugs</b>                                  |           |                                                                                                                                      |
| <i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>                     | Tier 1    | QL (150 ML per 1 day); Age (Min 12 Years)                                                                                            |
| <i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>                                         | Tier 1    | Age (Min 12 Years)                                                                                                                   |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>                                            | Tier 1    | QL (12 EA per 1 day); Age (Min 12 Years)                                                                                             |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i>                                                       | Tier 1    | QL (6 EA per 1 day); Age (Min 12 Years)                                                                                              |
| <i>codeine phosphate/butalbital/aspirin/caffeine (Ascomp With Codeine Oral Capsule 30-50-325-40 Mg)</i>  | Tier 1    | QL (6 EA per 1 day); Age (Min 12 Years)                                                                                              |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>                       | Tier 1    | QL (6 EA per 1 day); Age (Min 12 Years)                                                                                              |
| <i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>                                          | Tier 1    | QL (6 EA per 1 day); Age (Min 12 Years)                                                                                              |
| FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG (butalbital/acetaminophen/caffeine/codeine phosphate) | Tier 2    | QL (6 EA per 1 day); Age (Min 12 Years)                                                                                              |
| <b>Analgesic Opioid Dihydrocodeine Combinations - Arthritis And Pain Drugs</b>                           |           |                                                                                                                                      |
| <i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>                                         | Tier 1    | ST: Requires prior prescription for Acetaminophen/Codeine tablets within the past 120 days; QL (10 EA per 1 day); Age (Min 12 Years) |

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| Prescription Drug Name                                                                                | Drug Tier | Coverage Requirements and Limits                                                                                                     |
|-------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>Analgesic Opioid Dihydrocodeine, Non-Salicylate Analgesic, Xanthine - Arthritis And Pain Drugs</b> |           |                                                                                                                                      |
| <i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>                                      | Tier 1    | ST: Requires prior prescription for Acetaminophen/Codeine tablets within the past 120 days; QL (10 EA per 1 day); Age (Min 12 Years) |
| <b>Analgesic Opioid Hydrocodone And Non-Salicylate Combinations - Arthritis And Pain Drugs</b>        |           |                                                                                                                                      |
| APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (benzhydrocodone HCl/acetaminophen)          | Tier 2    | ST: Requires prior prescription for generic Norco (Hydrocodone/Acetaminophen) tablets within the past 120 days; QL (12 EA per 1 day) |
| <i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>                | Tier 1    | ST: Requires prior prescription for generic Norco (Hydrocodone/Acetaminophen) tablets within the past 120 days; QL (12 EA per 1 day) |
| <i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i>                                        | Tier 1    | QL (200 ML per 1 day)                                                                                                                |
| <i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>                                 | Tier 1    | QL (184 ML per 1 day)                                                                                                                |
| <i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>                      | Tier 1    | QL (184 ML per 1 day)                                                                                                                |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>                          | Tier 1    | QL (13 EA per 1 day)                                                                                                                 |

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|-----------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>      | Tier 1    | QL (12 EA per 1 day)                                                                                                                               |
| <b>Analgesic Opioid Hydrocodone And Nsaid Combinations - Arthritis And Pain Drugs</b>         |           |                                                                                                                                                    |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>                      | Tier 1    |                                                                                                                                                    |
| <b>Analgesic Opioid Hydrocodone Combinations - Arthritis And Pain Drugs</b>                   |           |                                                                                                                                                    |
| <i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i>                                | Tier 1    | QL (200 ML per 1 day)                                                                                                                              |
| <i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>                         | Tier 1    | QL (184 ML per 1 day)                                                                                                                              |
| <i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>              | Tier 1    | QL (184 ML per 1 day)                                                                                                                              |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>                  | Tier 1    | QL (13 EA per 1 day)                                                                                                                               |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>      | Tier 1    | QL (12 EA per 1 day)                                                                                                                               |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>                      | Tier 1    |                                                                                                                                                    |
| <b>Analgesic Opioid Oxycodone And Non-Salicylate Combinations - Arthritis And Pain Drugs</b>  |           |                                                                                                                                                    |
| oxycodone HCl/acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg) | Tier 1    | QL (12 EA per 1 day)                                                                                                                               |
| oxycodone HCl/acetaminophen (Nalocet Oral Tablet 2.5-300 Mg)                                  | Tier 1    | ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (12 EA per 1 day) |
| <i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>                                   | Tier 1    | QL (66 ML per 1 day)                                                                                                                               |

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|------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>                                     | Tier 1    | QL (61 ML per 1 day)                                                                                                                               |
| <i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>                     | Tier 1    | ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (13 EA per 1 day) |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>         | Tier 1    | QL (12 EA per 1 day)                                                                                                                               |
| <i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>                                          | Tier 1    | ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (12 EA per 1 day) |
| oxycodone HCl/acetaminophen (Percocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg) | Tier 1    | QL (12 EA per 1 day)                                                                                                                               |
| oxycodone HCl/acetaminophen (Primlev Oral Tablet 10-300 Mg)                                    | Tier 1    | ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (13 EA per 1 day) |
| oxycodone HCl/acetaminophen (Primlev Oral Tablet 5-300 Mg, 7.5-300 Mg)                         | Tier 2    | ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (13 EA per 1 day) |
| oxycodone HCl/acetaminophen (Prolate Oral Solution 10-300 Mg/5 MI)                             | Tier 2    | QL (66 ML per 1 day)                                                                                                                               |

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| Prescription Drug Name                                                                        | Drug Tier | Coverage Requirements and Limits                                                                                                                   |
|-----------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| oxycodone HCl/acetaminophen (Prolate Oral Tablet 10-300 Mg, 5-300 Mg, 7.5-300 Mg)             | Tier 1    | ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (13 EA per 1 day) |
| <b>Analgesic Opioid Oxycodone Combinations - Arthritis And Pain Drugs</b>                     |           |                                                                                                                                                    |
| oxycodone HCl/acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg) | Tier 1    | QL (12 EA per 1 day)                                                                                                                               |
| oxycodone HCl/acetaminophen (Nalocet Oral Tablet 2.5-300 Mg)                                  | Tier 1    | ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (12 EA per 1 day) |
| <i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>                                   | Tier 1    | QL (66 ML per 1 day)                                                                                                                               |
| <i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>                                    | Tier 1    | QL (61 ML per 1 day)                                                                                                                               |
| <i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>                    | Tier 1    | ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (13 EA per 1 day) |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>        | Tier 1    | QL (12 EA per 1 day)                                                                                                                               |

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| Prescription Drug Name                                                                         | Drug Tier | Coverage Requirements and Limits                                                                                                                   |
|------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>                                          | Tier 1    | ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (12 EA per 1 day) |
| oxycodone HCl/acetaminophen (Percocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg) | Tier 1    | QL (12 EA per 1 day)                                                                                                                               |
| oxycodone HCl/acetaminophen (Primlev Oral Tablet 10-300 Mg)                                    | Tier 1    | ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (13 EA per 1 day) |
| oxycodone HCl/acetaminophen (Primlev Oral Tablet 5-300 Mg, 7.5-300 Mg)                         | Tier 2    | ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (13 EA per 1 day) |
| oxycodone HCl/acetaminophen (Prolate Oral Solution 10-300 Mg/5 ML)                             | Tier 2    | QL (66 ML per 1 day)                                                                                                                               |
| oxycodone HCl/acetaminophen (Prolate Oral Tablet 10-300 Mg, 5-300 Mg, 7.5-300 Mg)              | Tier 1    | ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (13 EA per 1 day) |

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| Prescription Drug Name                                                                                           | Drug Tier | Coverage Requirements and Limits                                                                           |
|------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------|
| <b>Analgesic Opioid Partial-Mixed Agonists - Arthritis And Pain Drugs</b>                                        |           |                                                                                                            |
| BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine HCl)             | Tier 2    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)   |
| <i>buprenorphine hcl injection solution 0.3 mg/ml</i>                                                            | Tier 1    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription                        |
| <i>buprenorphine hcl injection syringe 0.3 mg/ml</i>                                                             | Tier 1    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription                        |
| <i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>    | Tier 1    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days) |
| <i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>                                                           | Tier 1    |                                                                                                            |
| <i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>                                                              | Tier 1    |                                                                                                            |
| BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR (buprenorphine) | Tier 2    | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days) |
| <i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>                                                          | Tier 1    |                                                                                                            |
| <i>pentazocine-naloxone oral tablet 50-0.5 mg</i>                                                                | Tier 1    |                                                                                                            |
| <b>Analgesic Opioid Tramadol And Non-Salicylate Combinations - Arthritis And Pain Drugs</b>                      |           |                                                                                                            |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>                                                            | Tier 1    | QL (10 EA per 1 day); Age (Min 12 Years)                                                                   |

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| Prescription Drug Name                                                                      | Drug Tier | Coverage Requirements and Limits                                                                                                                  |
|---------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Analgesic Opioid Tramadol And Nsaid Combinations - Arthritis And Pain Drugs</b>          |           |                                                                                                                                                   |
| SEGLENTIS ORAL TABLET 44-56 MG (tramadol HCl/celecoxib)                                     | Tier 2    |                                                                                                                                                   |
| <b>Analgesic Opioid Tramadol Combinations - Arthritis And Pain Drugs</b>                    |           |                                                                                                                                                   |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>                                       | Tier 1    | QL (10 EA per 1 day); Age (Min 12 Years)                                                                                                          |
| <b>Analgesic Or Antipyretic Non-Opioid/Sedative Combinations - Arthritis And Pain Drugs</b> |           |                                                                                                                                                   |
| <i>butalbital-acetaminophen oral capsule 50-300 mg</i>                                      | Tier 1    | QL (6 EA per 1 day)                                                                                                                               |
| <i>butalbital-acetaminophen oral tablet 50-300 mg</i>                                       | Tier 1    | ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day) |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i>                                       | Tier 1    |                                                                                                                                                   |
| <i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>                | Tier 1    |                                                                                                                                                   |
| <i>butalbital-acetaminophen-caff oral solution 50-325-40 mg/15 ml</i>                       | Tier 1    |                                                                                                                                                   |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>                               | Tier 1    |                                                                                                                                                   |
| butalbital/acetaminophen/cafeine (Esgic Oral Tablet 50-325-40 Mg)                           | Tier 2    |                                                                                                                                                   |
| butalbital/acetaminophen/cafeine (Fioricet Oral Capsule 50-300-40 Mg)                       | Tier 1    |                                                                                                                                                   |
| butalbital/acetaminophen (Tencon Oral Tablet 50-325 Mg)                                     | Tier 1    |                                                                                                                                                   |
| <b>Anti-Inflammatory - Complement (C5) Receptor Inhibitors - Arthritis And Pain Drugs</b>   |           |                                                                                                                                                   |
| TAVNEOS ORAL CAPSULE 10 MG (avacopan)                                                       | Tier 3    | PA                                                                                                                                                |

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| Prescription Drug Name                                                                                   | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Anti-Inflammatory - Interleukin-1 Receptor Antagonist - Arthritis And Pain Drugs</b>                  |           |                                  |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG (rilonacept)                                                     | Tier 3    | PA                               |
| <b>Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Non-Selective - Arthritis And Pain Drugs</b> |           |                                  |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (etanercept)                                          | Tier 3    | PA                               |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (etanercept)                                                   | Tier 3    | PA                               |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (etanercept)                             | Tier 3    | PA                               |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (etanercept)                                  | Tier 3    | PA                               |
| <b>Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Tnf-Alpha Sel - Arthritis And Pain Drugs</b> |           |                                  |
| <i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml</i>                              | Tier 3    | PA                               |
| <i>adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml</i>                     | Tier 3    | PA                               |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)                | Tier 3    | PA                               |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)             | Tier 3    | PA                               |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)                         | Tier 3    | PA                               |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)                                       | Tier 3    | PA                               |

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| Prescription Drug Name                                                                                 | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (adalimumab)                                              | Tier 3    | PA                               |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)                    | Tier 3    | PA                               |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)    | Tier 3    | PA                               |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab)                   | Tier 3    | PA                               |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)              | Tier 3    | PA                               |
| SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-ryvk) | Tier 3    | PA                               |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-ryvk)       | Tier 3    | PA                               |
| SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (golimumab)                                               | Tier 2    |                                  |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (golimumab)                                  | Tier 2    | PA                               |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (golimumab)                                       | Tier 2    | PA                               |
| ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (infliximab-dyyb)                                    | Tier 3    | PA                               |
| ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (infliximab-dyyb)                                         | Tier 3    | PA                               |
| <b>Dmard - Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis And Pain Drugs</b>    |           |                                  |
| <i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml</i>                            | Tier 3    | PA                               |

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| Prescription Drug Name                                                                                 | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml</i>                   | Tier 3    | PA                               |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)              | Tier 3    | PA                               |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)           | Tier 3    | PA                               |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)                       | Tier 3    | PA                               |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (etanercept)                                        | Tier 3    | PA                               |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (etanercept)                                                 | Tier 3    | PA                               |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (etanercept)                           | Tier 3    | PA                               |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (etanercept)                                | Tier 3    | PA                               |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)                                     | Tier 3    | PA                               |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (adalimumab)                                              | Tier 3    | PA                               |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)                    | Tier 3    | PA                               |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)    | Tier 3    | PA                               |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab)                   | Tier 3    | PA                               |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)              | Tier 3    | PA                               |
| SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-ryvk) | Tier 3    | PA                               |

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| Prescription Drug Name                                                                           | Drug Tier | Coverage Requirements and Limits                     |
|--------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-ryvk) | Tier 3    | PA                                                   |
| SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (golimumab)                                         | Tier 2    |                                                      |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (golimumab)                            | Tier 2    | PA                                                   |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (golimumab)                                 | Tier 2    | PA                                                   |
| <b>Dmard - Antimalarials - Arthritis And Pain Drugs</b>                                          |           |                                                      |
| <i>hydroxychloroquine oral tablet 100 mg</i>                                                     | Tier 1    | QL (180 EA per 30 days)                              |
| <i>hydroxychloroquine oral tablet 200 mg</i>                                                     | Tier 1    | QL (100 EA per 30 days)                              |
| <i>hydroxychloroquine oral tablet 300 mg</i>                                                     | Tier 1    | QL (60 EA per 30 days)                               |
| <i>hydroxychloroquine oral tablet 400 mg</i>                                                     | Tier 1    | QL (60 EA per 30 days)                               |
| PLAQUENIL ORAL TABLET 200 MG (hydroxychloroquine sulfate)                                        | Tier 2    | QL (100 EA per 30 days)                              |
| SOVUNA ORAL TABLET 200 MG (hydroxychloroquine sulfate)                                           | Tier 2    | QL (100 EA per 30 days)                              |
| SOVUNA ORAL TABLET 300 MG (hydroxychloroquine sulfate)                                           | Tier 2    | QL (60 EA per 30 days)                               |
| <b>Dmard - Antimetabolites - Arthritis And Pain Drugs</b>                                        |           |                                                      |
| JYLAMVO ORAL SOLUTION 2 MG/ML (methotrexate)                                                     | Tier 2    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i>                                      | Tier 1    |                                                      |
| <i>methotrexate sodium injection solution 25 mg/ml</i>                                           | Tier 1    |                                                      |
| <i>methotrexate sodium oral tablet 2.5 mg</i>                                                    | Tier 1    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY     |

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|--------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML (methotrexate/PF)    | Tier 2    | QL (0.8 ML per 28 days)                                                                                                                                                                                         |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML (methotrexate/PF) | Tier 2    | QL (1 ML per 28 days)                                                                                                                                                                                           |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML (methotrexate/PF)    | Tier 2    | QL (1.2 ML per 28 days)                                                                                                                                                                                         |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML (methotrexate/PF) | Tier 2    | QL (1.4 ML per 28 days)                                                                                                                                                                                         |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML (methotrexate/PF)    | Tier 2    | QL (1.6 ML per 28 days)                                                                                                                                                                                         |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML (methotrexate/PF) | Tier 2    | QL (1.8 ML per 28 days)                                                                                                                                                                                         |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML (methotrexate/PF)    | Tier 2    | QL (2 ML per 28 days)                                                                                                                                                                                           |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML (methotrexate/PF)    | Tier 2    | QL (2.4 ML per 28 days)                                                                                                                                                                                         |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML (methotrexate/PF)  | Tier 2    | QL (0.6 ML per 28 days)                                                                                                                                                                                         |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)     | Tier 2    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY                                                                                                                                                                |
| XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)                            | Tier 2    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days) |

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|----------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Dmard - Antinflammatory, Select. Costimulation Modulator,T-Cell Inhib. - Arthritis And Pain Drugs</b> |           |                                                  |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML (abatacept)                                       | Tier 3    | PA                                               |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML (abatacept)                         | Tier 3    | PA                                               |
| <b>Dmard - Gold Compounds - Arthritis And Pain Drugs</b>                                                 |           |                                                  |
| <i>auranofin oral capsule 3 mg</i>                                                                       | Tier 1    |                                                  |
| RIDAURA ORAL CAPSULE 3 MG (auranofin)                                                                    | Tier 2    |                                                  |
| <b>Dmard - Immunosuppressives - Arthritis And Pain Drugs</b>                                             |           |                                                  |
| azathioprine (Azasan Oral Tablet 100 Mg, 75 Mg)                                                          | Tier 2    |                                                  |
| <i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>                                                     | Tier 1    |                                                  |
| CELLCEPT ORAL CAPSULE 250 MG (mycophenolate mofetil)                                                     | Tier 2    |                                                  |
| CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML (mycophenolate mofetil)                            | Tier 2    |                                                  |
| CELLCEPT ORAL TABLET 500 MG (mycophenolate mofetil)                                                      | Tier 2    |                                                  |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i>                                                        | Tier 1    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i>                                                         | Tier 1    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>                                           | Tier 1    |                                                  |
| <i>cyclosporine modified oral solution 100 mg/ml</i>                                                     | Tier 1    |                                                  |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i>                                                           | Tier 1    |                                                  |

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| Prescription Drug Name                                                                                  | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)                                             | Tier 1    |                                  |
| cyclosporine, modified (Gengraf Oral Solution 100 Mg/ML)                                                | Tier 1    |                                  |
| IMURAN ORAL TABLET 50 MG (azathioprine)                                                                 | Tier 2    |                                  |
| <i>mycophenolate mofetil oral capsule 250 mg</i>                                                        | Tier 1    |                                  |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>                               | Tier 1    |                                  |
| <i>mycophenolate mofetil oral tablet 500 mg</i>                                                         | Tier 1    |                                  |
| NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine, modified)                                              | Tier 2    |                                  |
| NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine, modified)                                                 | Tier 2    |                                  |
| SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)                                                    | Tier 2    |                                  |
| <b>Dmard - Interleukin-1 Receptor Antagonist (IL-1Ra) - Arthritis And Pain Drugs</b>                    |           |                                  |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (anakinra)                                                  | Tier 3    | PA                               |
| <b>Dmard - Interleukin-6 (IL-6) Receptor Inhibitors, Monoclonal Antibody - Arthritis And Pain Drugs</b> |           |                                  |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (tocilizumab)                                    | Tier 3    | PA                               |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (tocilizumab)                                                | Tier 3    | PA                               |
| KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML (sarilumab)                            | Tier 3    | PA                               |
| KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML (sarilumab)                                 | Tier 3    | PA                               |
| TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (tocilizumab-aazg)                          | Tier 3    |                                  |

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| TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (tocilizumab-aazg)                    | Tier 3    |                                  |
| <b>Dmard - Janus Kinase (Jak) Inhibitors - Arthritis And Pain Drugs</b>         |           |                                  |
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (baricitinib)                             | Tier 3    | PA                               |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML (upadacitinib)                                  | Tier 3    | PA                               |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG (upadacitinib)    | Tier 3    | PA                               |
| XELJANZ ORAL SOLUTION 1 MG/ML (tofacitinib citrate)                             | Tier 3    | PA                               |
| XELJANZ ORAL TABLET 5 MG (tofacitinib citrate)                                  | Tier 3    | PA                               |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (tofacitinib citrate)       | Tier 3    | PA                               |
| <b>Dmard - Other - Arthritis And Pain Drugs</b>                                 |           |                                  |
| AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG (sulfasalazine)   | Tier 2    |                                  |
| AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)                                   | Tier 2    |                                  |
| CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)                                   | Tier 2    | PA                               |
| DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)                              | Tier 2    | PA                               |
| D-PENAMINE ORAL TABLET 125 MG (penicillamine)                                   | Tier 3    | PA                               |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>                            | Tier 1    |                                  |
| <i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>                             | Tier 1    |                                  |
| <i>penicillamine oral capsule 250 mg</i>                                        | Tier 1    | PA                               |
| <i>penicillamine oral tablet 250 mg</i>                                         | Tier 1    | PA                               |
| <i>sulfasalazine oral tablet 500 mg</i>                                         | Tier 1    |                                  |
| <i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>                | Tier 1    |                                  |
| <b>Dmard - Phosphodiesterase-4 (Pde4) Inhibitors - Arthritis And Pain Drugs</b> |           |                                  |
| OTEZLA ORAL TABLET 20 MG, 30 MG (apremilast)                                    | Tier 3    | PA                               |

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|----------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------|
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) (apremilast) | Tier 3    | PA                                                                                                                                           |
| <b>Dmard - Pyrimidine Synthesis Inhibitors - Arthritis And Pain Drugs</b>                                |           |                                                                                                                                              |
| ARAVA ORAL TABLET 10 MG, 20 MG (leflunomide)                                                             | Tier 2    |                                                                                                                                              |
| LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 % (leflunomide/diclofenac sodium)                                 | Tier 2    |                                                                                                                                              |
| <i>leflunomide oral tablet 10 mg, 20 mg</i>                                                              | Tier 1    |                                                                                                                                              |
| <b>Immunomodulator - Rho Kinase Inhibitor - Arthritis And Pain Drugs</b>                                 |           |                                                                                                                                              |
| REZUROCK ORAL TABLET 200 MG (belumosudil mesylate)                                                       | Tier 3    | PA                                                                                                                                           |
| <b>Immunomodulator B-Lymphocyte Stimulator (Blys)-Specific Inhibitor Mcab - Arthritis And Pain Drugs</b> |           |                                                                                                                                              |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML (belimumab)                                                | Tier 3    | PA                                                                                                                                           |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML (belimumab)                                                      | Tier 3    | PA                                                                                                                                           |
| <b>Nsaid Analgesic And Histamine H2 Receptor Antagonist Combinations - Arthritis And Pain Drugs</b>      |           |                                                                                                                                              |
| <i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>                                                      | Tier 1    | ST: Requires prior prescription for generic prescription strength ibuprofen 400, 600, or 800mg within the past 120 days; QL (3 EA per 1 day) |

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| Prescription Drug Name                                                                                          | Drug Tier | Coverage Requirements and Limits                                              |
|-----------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------|
| <b>Nsaid Analgesic And Non-Salicylate Analgesic Combination - Arthritis And Pain Drugs</b>                      |           |                                                                               |
| COMBOGESIC ORAL TABLET 97.5-325 MG (ibuprofen/acetaminophen)                                                    | Tier 2    |                                                                               |
| <b>Nsaid Analgesic And Prostaglandin Analog Combinations - Arthritis And Pain Drugs</b>                         |           |                                                                               |
| ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG (diclofenac sodium/misoprostol)                  | Tier 2    |                                                                               |
| ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG (diclofenac sodium/misoprostol)                  | Tier 2    |                                                                               |
| <i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>                  | Tier 1    |                                                                               |
| <b>Nsaid Analgesic And Proton Pump Inhibitor Combinations - Arthritis And Pain Drugs</b>                        |           |                                                                               |
| <i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg, 500-20 mg</i>                           | Tier 1    | ST: Requires prior prescription for generic Naproxen within the past 120 days |
| <b>Nsaid Analgesic And Topical Irritant Counter-Irritant Combinations - Arthritis And Pain Drugs</b>            |           |                                                                               |
| INFLAMMACIN KIT 75 MG- 0.025 % (diclofenac sodium/capsicum oleoresin)                                           | Tier 2    |                                                                               |
| INFLATHERM(DICLOFENAC-MENTHOL) KIT, GEL AND TABLET DELAY REL 75 MG-3 %- 3 % (diclofenac sodium/menthol/camphor) | Tier 2    |                                                                               |
| NAPROTIN KIT 500 MG- 0.025 % (naproxen/capsicum oleoresin)                                                      | Tier 2    |                                                                               |

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| Prescription Drug Name                                                                               | Drug Tier | Coverage Requirements and Limits                                                                                                  |
|------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>Nsaid Analgesic, Cyclooxygenase-2 (Cox-2) Selective Inhibitors - Arthritis And Pain Drugs</b>     |           |                                                                                                                                   |
| CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (celecoxib)                                      | Tier 2    |                                                                                                                                   |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>                                          | Tier 1    |                                                                                                                                   |
| <b>Nsaid Analgesics (Cox Non-Specific) - Anthranilic Acid Derivatives - Arthritis And Pain Drugs</b> |           |                                                                                                                                   |
| <i>meclofenamate oral capsule 100 mg, 50 mg</i>                                                      | Tier 1    |                                                                                                                                   |
| <i>mefenamic acid oral capsule 250 mg</i>                                                            | Tier 1    |                                                                                                                                   |
| <b>Nsaid Analgesics (Cox Non-Specific) - Other - Arthritis And Pain Drugs</b>                        |           |                                                                                                                                   |
| <i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>                                        | Tier 1    |                                                                                                                                   |
| <i>ketorolac injection solution 30 mg/ml</i>                                                         | Tier 1    |                                                                                                                                   |
| <i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>                                                | Tier 1    |                                                                                                                                   |
| <i>ketorolac intramuscular solution 60 mg/2 ml</i>                                                   | Tier 1    |                                                                                                                                   |
| <i>ketorolac intramuscular syringe 60 mg/2 ml</i>                                                    | Tier 1    |                                                                                                                                   |
| <i>ketorolac oral tablet 10 mg</i>                                                                   | Tier 1    | QL (20 EA per 5 days)                                                                                                             |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>                                                         | Tier 1    |                                                                                                                                   |
| RELAFEN DS ORAL TABLET 1,000 MG (nabumetone)                                                         | Tier 2    | ST: Requires prior prescription for generic Nabumetone tablets within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)  |
| SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY (ketorolac tromethamine)                               | Tier 2    | ST: Requires prior prescription for a generic nonsteroidal anti-inflammatory drug within the past 120 days; QL (5 EA per 30 days) |

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| Prescription Drug Name                                                                                | Drug Tier | Coverage Requirements and Limits                                                                                            |
|-------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------|
| <i>sulindac oral tablet 150 mg, 200 mg</i>                                                            | Tier 1    |                                                                                                                             |
| <i>tolmetin oral capsule 400 mg</i>                                                                   | Tier 1    |                                                                                                                             |
| <i>tolmetin oral tablet 600 mg</i>                                                                    | Tier 1    |                                                                                                                             |
| TORONOVA II SUIK KIT 30 MG/ML (ketorolac/norflurane and pentafluoropropane (HFC 245fa))               | Tier 2    |                                                                                                                             |
| TORONOVA SUIK KIT 30 MG/ML (ketorolac/norflurane and pentafluoropropane (HFC 245fa))                  | Tier 2    |                                                                                                                             |
| <b>Nsaid Analgesics (Cox Non-Specific) - Oxicam Derivatives - Arthritis And Pain Drugs</b>            |           |                                                                                                                             |
| FELDENE ORAL CAPSULE 20 MG (piroxicam)                                                                | Tier 2    |                                                                                                                             |
| <i>meloxicam oral suspension 7.5 mg/5 ml</i>                                                          | Tier 1    |                                                                                                                             |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i>                                                            | Tier 1    |                                                                                                                             |
| <i>meloxicam submicronized oral capsule 10 mg, 5 mg</i>                                               | Tier 1    | ST: Requires prior prescriptions for generic Meloxicam and Diclofenac tablets within the past 365 days; QL (1 EA per 1 day) |
| <i>piroxicam oral capsule 10 mg, 20 mg</i>                                                            | Tier 1    |                                                                                                                             |
| <b>Nsaid Analgesics (Cox Non-Specific) - Phenylacetic Acid Derivatives - Arthritis And Pain Drugs</b> |           |                                                                                                                             |
| <i>diclofenac potassium oral capsule 25 mg</i>                                                        | Tier 1    | ST: Requires prior prescription for Diclofenac Sodium within the past 120 days; QL (4 EA per 1 day)                         |
| <i>diclofenac potassium oral powder in packet 50 mg</i>                                               | Tier 1    |                                                                                                                             |
| <i>diclofenac potassium oral tablet 25 mg</i>                                                         | Tier 1    | QL (8 EA per 1 day)                                                                                                         |
| <i>diclofenac potassium oral tablet 50 mg</i>                                                         | Tier 1    |                                                                                                                             |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>                                    | Tier 1    |                                                                                                                             |

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|----------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------|
| <i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i>                  | Tier 1    |                                                                                                     |
| <i>diclofenac submicronized oral capsule 35 mg</i>                                                 | Tier 1    | ST: Requires prior prescription for Diclofenac Sodium within the past 120 days; QL (3 EA per 1 day) |
| diclofenac potassium (Lofena Oral Tablet 25 Mg)                                                    | Tier 1    | QL (8 EA per 1 day)                                                                                 |
| TRESNI RECTAL SUPPOSITORY 100 MG (diclofenac sodium)                                               | Tier 2    |                                                                                                     |
| ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (diclofenac submicronized)                                      | Tier 2    | ST: Requires prior prescription for Diclofenac Sodium within the past 120 days; QL (3 EA per 1 day) |
| <b>Nsaid Analgesics (Cox Non-Specific) - Propionic Acid Derivatives - Arthritis And Pain Drugs</b> |           |                                                                                                     |
| ANAPROX DS ORAL TABLET 550 MG (naproxen sodium)                                                    | Tier 2    |                                                                                                     |
| COXANTO ORAL CAPSULE 300 MG (oxaprozin)                                                            | Tier 1    |                                                                                                     |
| DAYPRO ORAL TABLET 600 MG (oxaprozin)                                                              | Tier 2    |                                                                                                     |
| EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)                         | Tier 2    |                                                                                                     |
| EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)                         | Tier 1    |                                                                                                     |
| <i>fenoprofen oral capsule 200 mg, 400 mg</i>                                                      | Tier 1    |                                                                                                     |
| <i>fenoprofen oral tablet 600 mg</i>                                                               | Tier 1    |                                                                                                     |
| FENOPRON ORAL CAPSULE 300 MG (fenoprofen calcium)                                                  | Tier 2    |                                                                                                     |
| <i>flurbiprofen oral tablet 100 mg</i>                                                             | Tier 1    |                                                                                                     |
| ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)                                                 | Tier 1    |                                                                                                     |
| IBUPAK ORAL KIT 600 MG (ibuprofen/glycerin)                                                        | Tier 2    |                                                                                                     |
| <i>ibuprofen oral suspension 100 mg/5 ml</i>                                                       | Tier 1    |                                                                                                     |

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|---------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>ibuprofen oral tablet 300 mg, 400 mg, 600 mg, 800 mg</i>                                             | Tier 1    |                                  |
| <i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>                                                      | Tier 1    |                                  |
| <i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>                                            | Tier 1    |                                  |
| ketoprofen (Kiprofen Oral Capsule 25 Mg)                                                                | Tier 1    |                                  |
| flurbiprofen (Lurbipr Oral Tablet 100 Mg)                                                               | Tier 1    |                                  |
| flurbiprofen (Lurbiro Oral Tablet 100 Mg)                                                               | Tier 1    |                                  |
| NAPROSYN ORAL TABLET 500 MG (naproxen)                                                                  | Tier 2    |                                  |
| <i>naproxen oral suspension 125 mg/5 ml</i>                                                             | Tier 1    |                                  |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>                                                      | Tier 1    |                                  |
| <i>naproxen oral tablet,delayed release (drlec) 375 mg, 500 mg</i>                                      | Tier 1    |                                  |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>                                                       | Tier 1    |                                  |
| <i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg</i>                          | Tier 1    |                                  |
| <i>oxaprozin oral capsule 300 mg</i>                                                                    | Tier 1    |                                  |
| <i>oxaprozin oral tablet 600 mg</i>                                                                     | Tier 1    |                                  |
| <b>Nsaid Analgesics (Cyclooxygenase Inhibitors-Non-Selective) - Arthritis And Pain Drugs</b>            |           |                                  |
| <i>diclofenac potassium oral powder in packet 50 mg</i>                                                 | Tier 1    |                                  |
| <b>Nsaid Analgesics, (Cox Non-Specific) - Indole Acetic Acid Derivatives - Arthritis And Pain Drugs</b> |           |                                  |
| <i>etodolac oral capsule 200 mg, 300 mg</i>                                                             | Tier 1    |                                  |
| <i>etodolac oral tablet 400 mg, 500 mg</i>                                                              | Tier 1    |                                  |
| <i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>                               | Tier 1    |                                  |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>                                                           | Tier 1    |                                  |
| <i>indomethacin oral capsule, extended release 75 mg</i>                                                | Tier 1    |                                  |
| <i>indomethacin oral suspension 25 mg/5 ml</i>                                                          | Tier 1    |                                  |

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| <i>indomethacin rectal suppository 100 mg</i>                                    | Tier 1    |                                  |
| <i>indomethacin rectal suppository 50 mg</i>                                     | Tier 1    |                                  |
| etodolac (Lodine Oral Tablet 400 Mg)                                             | Tier 2    |                                  |
| <b>Salicylate Analgesic And Sedative Combinations - Arthritis And Pain Drugs</b> |           |                                  |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>                     | Tier 1    |                                  |
| <i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>                      | Tier 1    |                                  |
| <b>Salicylate Analgesic Combinations - Arthritis And Pain Drugs</b>              |           |                                  |
| <i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i>                      | Tier 1    |                                  |
| <b>Salicylate Analgesics - Arthritis And Pain Drugs</b>                          |           |                                  |
| ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)        | Tier 0    |                                  |
| ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)       | Tier 0    |                                  |
| ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (aspirin)                           | Tier 0    |                                  |
| <i>aspirin oral tablet 325 mg</i>                                                | Tier 0    |                                  |
| <i>aspirin oral tablet,chewable 81 mg</i>                                        | Tier 0    |                                  |
| <i>aspirin oral tablet,delayed release (drlec) 325 mg, 81 mg</i>                 | Tier 0    |                                  |
| BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)                                       | Tier 0    |                                  |
| BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)               | Tier 0    |                                  |
| BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)       | Tier 0    |                                  |
| CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)                          | Tier 0    |                                  |
| <i>diflunisal oral tablet 500 mg</i>                                             | Tier 1    |                                  |
| DISALCID ORAL TABLET 500 MG, 750 MG (salsalate)                                  | Tier 2    |                                  |

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|-----------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| DOLOBID ORAL TABLET 250 MG (diflunisal)                                                             | Tier 2    |                                  |
| DOLOBID ORAL TABLET 375 MG (diflunisal)                                                             | Tier 1    |                                  |
| DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR 162.5 MG (aspirin)                                       | Tier 2    | PA                               |
| ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)                                        | Tier 0    |                                  |
| <i>salsalate oral tablet 500 mg, 750 mg</i>                                                         | Tier 1    |                                  |
| ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)                                              | Tier 0    |                                  |
| ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)                              | Tier 0    |                                  |
| <b>Anesthetics - Drugs For Pain And Fever</b>                                                       |           |                                  |
| <b>Anesthetic, Non-Parenteral-Benzodiazepine-Anti-Emetic Combinations - Drugs For Sedation</b>      |           |                                  |
| MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG (midazolam/ketamine HCl/ondansetron HCl) | Tier 1    |                                  |
| <b>General Anesthetic - Inhalant Volatile - Drugs For Sedation</b>                                  |           |                                  |
| <i>desflurane inhalation liquid 100 %</i>                                                           | Tier 1    |                                  |
| FORANE INHALATION LIQUID 99.9 % (isoflurane)                                                        | Tier 2    |                                  |
| <i>isoflurane inhalation liquid 99.9 %</i>                                                          | Tier 1    |                                  |
| <i>sevoflurane inhalation liquid 99.97 %</i>                                                        | Tier 1    |                                  |
| SUPRANE INHALATION LIQUID 100 % (desflurane)                                                        | Tier 2    |                                  |
| isoflurane (Terrell Inhalation Liquid 99.9 %)                                                       | Tier 1    |                                  |
| ULTANE INHALATION LIQUID 99.97 % (sevoflurane)                                                      | Tier 2    |                                  |
| <b>General Anesthetic - Parenteral, Benzodiazepines - Drugs For Sedation</b>                        |           |                                  |
| <i>midazolam (pf) injection solution 5 mg/ml</i>                                                    | Tier 1    |                                  |

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|------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>midazolam injection solution 5 mg/ml</i>                                                          | Tier 1    |                                  |
| <b>General Anesthetic Adjuncts - Opioid - Drugs For Sedation</b>                                     |           |                                  |
| <i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>  | Tier 1    |                                  |
| <b>Local Anesthetic - Amides - Drugs For Sedation</b>                                                |           |                                  |
| ACCUCAINE KIT KIT 10 MG/ML (1 %) (lidocaine HCl/PF/norflurane/pentafluoropropane (HFC 245fa))        | Tier 2    |                                  |
| <i>lidocaine hcl laryngotracheal solution 4 %</i>                                                    | Tier 1    |                                  |
| LIDOMARK 1-5 KIT 10 MG/ML (1 %) (lidocaine HCl/PF/adhesive bandage)                                  | Tier 2    |                                  |
| LIDOMARK 2-5 KIT 20 MG/ML (2 %) (lidocaine HCl/PF/adhesive bandage)                                  | Tier 2    |                                  |
| MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML) (bupivacaine HCl/PF/norflurane/pentafluoropropane (HFC 245fa)) | Tier 2    |                                  |
| <b>Anorectal Preparations - Rectal Preparations</b>                                                  |           |                                  |
| <b>Anal Fissure Pain/Treatment Agents - Nitrates - Rectal Preparations</b>                           |           |                                  |
| <i>nitroglycerin rectal ointment 0.4 % (w/w)</i>                                                     | Tier 1    |                                  |
| RECTIV RECTAL OINTMENT 0.4 % (W/W) (nitroglycerin)                                                   | Tier 2    |                                  |
| <b>Anorectal - Glucocorticoids - Rectal Preparations</b>                                             |           |                                  |
| ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)                                         | Tier 1    |                                  |
| ANUSOL-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)                                          | Tier 2    |                                  |
| hydrocortisone (Anusol-Hc Topical Cream With Perineal Applicator 2.5 %)                              | Tier 2    |                                  |

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| HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG (hydrocortisone acetate)                              | Tier 2    |                                  |
| <i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>                                     | Tier 1    |                                  |
| <i>hydrocortisone acetate topical cream with perineal applicator 2.5 %</i>                        | Tier 1    |                                  |
| <i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>                           | Tier 1    |                                  |
| MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone acetate)                   | Tier 1    |                                  |
| hydrocortisone acetate (Proctocort Rectal Suppository 30 Mg)                                      | Tier 2    |                                  |
| hydrocortisone (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)                       | Tier 1    |                                  |
| hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)                        | Tier 1    |                                  |
| hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)                       | Tier 1    |                                  |
| <b>Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations</b> |           |                                  |
| hydrocortisone acetate/pramoxine HCl (Analpram-Hc Rectal Cream 1-1 %)                             | Tier 2    |                                  |
| ANALPRAM-HC RECTAL CREAM 2.5-1 % (hydrocortisone acetate/pramoxine HCl)                           | Tier 2    |                                  |
| <i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)</i>                         | Tier 1    |                                  |
| <i>hydrocortisone-pramoxine rectal suppository 25-18 mg</i>                                       | Tier 1    |                                  |
| <i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>                                        | Tier 1    |                                  |
| <i>lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)</i>                               | Tier 1    |                                  |
| <i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram)</i>                                 | Tier 1    |                                  |

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| <i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)</i>                      | Tier 1    |                                  |
| <i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>                                                      | Tier 1    |                                  |
| PROCORT RECTAL CREAM 1.85-1.15 % (hydrocortisone acetate/pramoxine HCl)                                         | Tier 2    |                                  |
| PROCTOFOAM HC RECTAL FOAM 1-1 % (hydrocortisone acetate/pramoxine HCl)                                          | Tier 2    |                                  |
| ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 % (hydrocortisone acetate/pramoxine HCl/skin cleanser no.16)      | Tier 2    |                                  |
| <b>Antidotes And Other Reversal Agents - Drugs For Overdose Or Poisoning</b>                                    |           |                                  |
| <b>Antidote - Acetaminophen Poisoning - Drugs For Overdose Or Poisoning</b>                                     |           |                                  |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>                                               | Tier 1    |                                  |
| <b>Antidote - Anticholinesterase Agents - Drugs For Overdose Or Poisoning</b>                                   |           |                                  |
| <i>pyridostigmine bromide oral tablet extended release 105 mg</i>                                               | Tier 2    |                                  |
| <b>Antidote - Cholinesterase Reactivating Agent - Drugs For Overdose Or Poisoning</b>                           |           |                                  |
| <i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>                                                       | Tier 2    |                                  |
| <b>Antidote - Cholinesterase Reactivating Agent And Muscarinic Antagonist - Drugs For Overdose Or Poisoning</b> |           |                                  |
| DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML (pralidoxime chloride/atropine sulfate)              | Tier 2    |                                  |
| <b>Antidote - Radioactive Agents - Drugs For Overdose Or Poisoning</b>                                          |           |                                  |
| RADIOGARDASE ORAL CAPSULE 0.5 GRAM (prussian blue (insoluble))                                                  | Tier 2    |                                  |

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|----------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antidote Others - Drugs For Overdose Or Poisoning</b>             |           |                                  |
| GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) (zinc acetate)        | Tier 2    |                                  |
| RADIOGARDASE ORAL CAPSULE 0.5 GRAM (prussian blue (insoluble))       | Tier 2    |                                  |
| <b>Chelating Agents - Copper - Drugs For Overdose Or Poisoning</b>   |           |                                  |
| CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)                        | Tier 2    | PA                               |
| CUVRIOR ORAL TABLET 300 MG (trientine tetrahydrochloride)            | Tier 3    | PA                               |
| DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)                   | Tier 2    | PA                               |
| D-PENAMINE ORAL TABLET 125 MG (penicillamine)                        | Tier 3    | PA                               |
| <i>penicillamine oral capsule 250 mg</i>                             | Tier 1    | PA                               |
| <i>penicillamine oral tablet 250 mg</i>                              | Tier 1    | PA                               |
| SYPRINE ORAL CAPSULE 250 MG (trientine HCl)                          | Tier 3    | PA                               |
| <i>trientine oral capsule 250 mg</i>                                 | Tier 3    | PA                               |
| <i>trientine oral capsule 500 mg</i>                                 | Tier 3    | PA                               |
| <b>Chelating Agents - Iron - Drugs For Overdose Or Poisoning</b>     |           |                                  |
| <i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>     | Tier 3    | PA                               |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>                 | Tier 3    | PA                               |
| <i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>   | Tier 3    | PA                               |
| <i>deferiprone oral tablet 1,000 mg, 500 mg</i>                      | Tier 3    | PA                               |
| <i>deferoxamine injection recon soln 2 gram, 500 mg</i>              | Tier 1    | PA                               |
| DESFERAL INJECTION RECON SOLN 500 MG (deferoxamine mesylate)         | Tier 2    | PA                               |
| EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG (deferasirox) | Tier 3    | PA                               |

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|----------------------------------------------------------------------------------------------|-----------|----------------------------------|
| FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG (deferiprone)               | Tier 3    | PA                               |
| FERRIPROX ORAL SOLUTION 100 MG/ML (deferiprone)                                              | Tier 3    | PA                               |
| FERRIPROX ORAL TABLET 1,000 MG, 500 MG (deferiprone)                                         | Tier 3    | PA                               |
| JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (deferasirox)                                       | Tier 3    | PA                               |
| JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG (deferasirox)                  | Tier 3    | PA                               |
| <b>Chelating Agents - Lead Poisoning - Drugs For Overdose Or Poisoning</b>                   |           |                                  |
| CHEMET ORAL CAPSULE 100 MG (succimer)                                                        | Tier 2    |                                  |
| <b>Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs For Overdose Or Poisoning</b> |           |                                  |
| <i>alvimopan oral capsule 12 mg</i>                                                          | Tier 1    |                                  |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG (naloxegol oxalate)                                      | Tier 2    | QL (1 EA per 1 day)              |
| RELISTOR ORAL TABLET 150 MG (methylnaltrexone bromide)                                       | Tier 2    | PA                               |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (methylnaltrexone bromide)                       | Tier 2    | PA                               |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (methylnaltrexone bromide)           | Tier 2    | PA                               |
| SYMPROIC ORAL TABLET 0.2 MG (naldemedine tosylate)                                           | Tier 2    | QL (1 EA per 1 day)              |
| <b>Opioid Reversal Agents - Opioid Antagonists - Drugs For Overdose Or Poisoning</b>         |           |                                  |
| KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION (naloxone HCl)                              | Tier 2    | QL (4 EA per 30 days)            |
| <i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>                                         | Tier 1    |                                  |
| <i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>                                      | Tier 1    | QL (4 EA per 30 days)            |

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|-----------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (naloxone HCl)                                                         | Tier 2    | QL (4 EA per 30 days)            |
| OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION (nalmefene HCl)                                                       | Tier 2    | QL (4 EA per 30 days)            |
| REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (naloxone HCl)                                                        | Tier 2    | QL (4 EA per 30 days)            |
| ZIMHI INJECTION SYRINGE 5 MG/0.5 ML (naloxone HCl)                                                                    | Tier 2    | QL (2 ML per 30 days)            |
| <b>Anti-Infective Agents</b>                                                                                          |           |                                  |
| <b>Antiretroviral - Capsid Inhibitors</b>                                                                             |           |                                  |
| SUNLENCA ORAL TABLET 300 MG (lenacapavir sodium)                                                                      | Tier 2    | PA                               |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML (lenacapavir sodium)                                                         | Tier 2    | PA                               |
| YEZTUGO ORAL TABLET 300 MG (lenacapavir sodium)                                                                       | Tier 0    |                                  |
| YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML (lenacapavir sodium)                                                          | Tier 0    |                                  |
| <b>Penem Antibiotic Combinations</b>                                                                                  |           |                                  |
| ORLYNVAH ORAL TABLET 500-500 MG (sulopenem etzadroxil/probenecid)                                                     | Tier 2    | QL (2 EA per 1 day)              |
| <b>Anti-Infective Agents - Drugs For Infections</b>                                                                   |           |                                  |
| <b>Aminoglycoside Antibiotic - Antibiotics</b>                                                                        |           |                                  |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (amikacin sulfate liposomal with nebulizer accessories) | Tier 3    |                                  |
| <i>neomycin oral tablet 500 mg</i>                                                                                    | Tier 1    |                                  |
| <b>Aminomethylcycline Antibiotics - Antibiotics</b>                                                                   |           |                                  |
| NUZYRA ORAL TABLET 150 MG (omadacycline tosylate)                                                                     | Tier 2    |                                  |
| <b>Aminopenicillin Antibiotic - Antibiotics</b>                                                                       |           |                                  |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i>                                                                        | Tier 1    |                                  |

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|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------|
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>                                   | Tier 1    |                                                                                                                          |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>                                                                                              | Tier 1    |                                                                                                                          |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>                                                                                    | Tier 1    |                                                                                                                          |
| <i>ampicillin oral capsule 500 mg</i>                                                                                                      | Tier 1    |                                                                                                                          |
| MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (amoxicillin)                                                                              | Tier 2    |                                                                                                                          |
| <b>Aminopenicillin Antibiotic - Beta-Lactamase Inhibitor Combinations - Antibiotics</b>                                                    |           |                                                                                                                          |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i> | Tier 1    |                                                                                                                          |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>                                                          | Tier 1    |                                                                                                                          |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>                                                        | Tier 1    |                                                                                                                          |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>                                                            | Tier 1    |                                                                                                                          |
| AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML (amoxicillin/potassium clavulanate)                                   | Tier 2    |                                                                                                                          |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML (amoxicillin/potassium clavulanate)                                         | Tier 2    | ST: Requires prior prescriptions for a different strength of Augmentin within the past 120 days; QL (150 ML per 30 days) |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML (amoxicillin/potassium clavulanate)                                          | Tier 2    |                                                                                                                          |
| AUGMENTIN ORAL TABLET 500-125 MG (amoxicillin/potassium clavulanate)                                                                       | Tier 2    |                                                                                                                          |

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| AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG (amoxicillin/potassium clavulanate) | Tier 2    |                                  |
| <b>Anthelmintic Agents - Benzimidazole Derivatives - Drugs For Parasites</b>                      |           |                                  |
| <i>albendazole oral tablet 200 mg</i>                                                             | Tier 1    |                                  |
| EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)                                                  | Tier 2    | PA                               |
| <b>Anthelmintic Agents - Macrocyclic Lactones - Drugs For Parasites</b>                           |           |                                  |
| <i>ivermectin oral tablet 3 mg, 6 mg</i>                                                          | Tier 1    |                                  |
| STROMEKTOL ORAL TABLET 3 MG (ivermectin)                                                          | Tier 2    |                                  |
| <b>Anthelmintic Agents Other - Drugs For Parasites</b>                                            |           |                                  |
| BILTRICIDE ORAL TABLET 600 MG (praziquantel)                                                      | Tier 2    |                                  |
| <i>praziquantel oral tablet 600 mg</i>                                                            | Tier 1    |                                  |
| <b>Antibacterial Folate Antagonist - Other Combinations - Antibiotics</b>                         |           |                                  |
| BACTRIM DS ORAL TABLET 800-160 MG (sulfamethoxazole/trimethoprim)                                 | Tier 2    |                                  |
| BACTRIM ORAL TABLET 400-80 MG (sulfamethoxazole/trimethoprim)                                     | Tier 2    |                                  |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>                               | Tier 1    |                                  |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>                            | Tier 1    |                                  |
| SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole/trimethoprim)                          | Tier 1    |                                  |
| <b>Antibacterial Folate Antagonist Others - Antibiotics</b>                                       |           |                                  |
| PRIMSOL ORAL SOLUTION 50 MG/5 ML (trimethoprim)                                                   | Tier 2    |                                  |

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| <i>trimethoprim oral tablet 100 mg</i>                                     | Tier 1    |                                  |
| <b>Antibacterial Nitrofurantoin Derivatives - Antibiotics</b>              |           |                                  |
| FURADANTIN ORAL SUSPENSION 25 MG/5 ML (nitrofurantoin)                     | Tier 2    | PA                               |
| MACROBID ORAL CAPSULE 100 MG (nitrofurantoin monohydrate/macrocrystals)    | Tier 2    |                                  |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>              | Tier 1    |                                  |
| <i>nitrofurantoin macrocrystal oral capsule 25 mg</i>                      | Tier 1    | QL (4 EA per 1 day)              |
| <i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i>                 | Tier 1    |                                  |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i>                           | Tier 1    | PA                               |
| <i>nitrofurantoin oral suspension 50 mg/5 ml</i>                           | Tier 1    |                                  |
| <b>Antibacterial Other - Antibiotics</b>                                   |           |                                  |
| <i>fosfomicin tromethamine oral packet 3 gram</i>                          | Tier 1    |                                  |
| MONUROL ORAL PACKET 3 GRAM (fosfomicin tromethamine)                       | Tier 2    |                                  |
| <b>Antifungal - Allylamines - Drugs For Fungus</b>                         |           |                                  |
| <i>terbinafine hcl oral tablet 250 mg</i>                                  | Tier 1    |                                  |
| <b>Antifungal - Amphoteric Polyene Macrolides - Drugs For Fungus</b>       |           |                                  |
| <i>nystatin oral tablet 500,000 unit</i>                                   | Tier 1    |                                  |
| <b>Antifungal - Fluorinated Pyrimidine-Type Agents - Drugs For Fungus</b>  |           |                                  |
| ANCOBON ORAL CAPSULE 250 MG, 500 MG (flucytosine)                          | Tier 2    |                                  |
| <i>flucytosine oral capsule 250 mg, 500 mg</i>                             | Tier 1    |                                  |
| <b>Antifungal - Glucan Synthesis Inhibitor, Triterpenoid - Antibiotics</b> |           |                                  |
| BREXAFEMME ORAL TABLET 150 MG (ibrexafungerp citrate)                      | Tier 2    | PA                               |

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| Prescription Drug Name                                                   | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antifungal - Glucan Synthesis Inhibitors - Antibiotics</b>            |           |                                  |
| BREXAFEMME ORAL TABLET 150 MG (ibrexafungerp citrate)                    | Tier 2    | PA                               |
| <b>Antifungal - Imidazoles - Drugs For Fungus</b>                        |           |                                  |
| <i>ketoconazole oral tablet 200 mg</i>                                   | Tier 1    |                                  |
| ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG (miconazole)             | Tier 2    |                                  |
| <b>Antifungal - Tetrazoles - Drugs For Fungus</b>                        |           |                                  |
| VIVJOA ORAL CAPSULE 150 MG (oteseconazole)                               | Tier 2    | PA                               |
| <b>Antifungal - Triazoles - Drugs For Fungus</b>                         |           |                                  |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (isavuconazonium sulfate)          | Tier 2    | PA                               |
| DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (fluconazole)       | Tier 2    |                                  |
| DIFLUCAN ORAL TABLET 100 MG (fluconazole)                                | Tier 2    |                                  |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> | Tier 1    |                                  |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>             | Tier 1    |                                  |
| <i>itraconazole oral capsule 100 mg</i>                                  | Tier 1    |                                  |
| <i>itraconazole oral solution 10 mg/ml</i>                               | Tier 1    |                                  |
| NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG (posaconazole)        | Tier 2    | PA                               |
| NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) (posaconazole)            | Tier 2    | PA                               |
| NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG (posaconazole)        | Tier 2    | PA                               |
| <i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>               | Tier 1    | PA                               |
| <i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>          | Tier 1    | PA                               |
| SPORANOX ORAL CAPSULE 100 MG (itraconazole)                              | Tier 2    |                                  |

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|----------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| SPORANOX ORAL SOLUTION 10 MG/ML (itraconazole)                                   | Tier 2    |                                                      |
| TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG (itraconazole)                      | Tier 2    | PA                                                   |
| VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML) (voriconazole)   | Tier 2    |                                                      |
| VFEND ORAL TABLET 50 MG (voriconazole)                                           | Tier 2    |                                                      |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>    | Tier 1    |                                                      |
| <i>voriconazole oral tablet 200 mg, 50 mg</i>                                    | Tier 1    |                                                      |
| <b>Antifungal Other - Drugs For Fungus</b>                                       |           |                                                      |
| griseofulvin ultramicrosize (Fulvicin P/G Oral Tablet 165 Mg)                    | Tier 1    |                                                      |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i>                        | Tier 1    |                                                      |
| <i>griseofulvin microsize oral tablet 500 mg</i>                                 | Tier 1    |                                                      |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg</i>            | Tier 1    |                                                      |
| <b>Anti-Infective Immunologic Adjuvants - Interferons - Drugs For Infections</b> |           |                                                      |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (interferon gamma-1b, recomb.)    | Tier 3    | PA                                                   |
| <b>Antileprotic - Immunomodulators - Antibiotics</b>                             |           |                                                      |
| THALOMID ORAL CAPSULE 100 MG, 50 MG (thalidomide)                                | Tier 2    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antileprotic - Sulfone Agents - Antibiotics</b>                               |           |                                                      |
| <i>dapsone oral tablet 100 mg, 25 mg</i>                                         | Tier 1    |                                                      |
| <b>Antimalarial Combinations - Drugs For Parasites</b>                           |           |                                                      |
| <i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>                   | Tier 1    |                                                      |

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|----------------------------------------------------------------------|-----------|----------------------------------|
| COARTEM ORAL TABLET 20-120 MG (artemether/lumefantrine)              | Tier 2    |                                  |
| MALARONE ORAL TABLET 250-100 MG (atovaquone/proguanil HCl)           | Tier 2    |                                  |
| MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG (atovaquone/proguanil HCl) | Tier 2    |                                  |
| <b>Antimalarials - Drugs For Parasites</b>                           |           |                                  |
| ARAKODA ORAL TABLET 100 MG (tafenoquine succinate)                   | Tier 2    |                                  |
| <i>chloroquine phosphate oral tablet 250 mg</i>                      | Tier 1    | QL (36 EA per 16 days)           |
| <i>chloroquine phosphate oral tablet 500 mg</i>                      | Tier 1    | QL (18 EA per 16 days)           |
| DARAPRIM ORAL TABLET 25 MG (pyrimethamine)                           | Tier 3    | PA                               |
| <i>hydroxychloroquine oral tablet 100 mg</i>                         | Tier 1    | QL (180 EA per 30 days)          |
| <i>hydroxychloroquine oral tablet 200 mg</i>                         | Tier 1    | QL (100 EA per 30 days)          |
| <i>hydroxychloroquine oral tablet 300 mg</i>                         | Tier 1    | QL (60 EA per 30 days)           |
| <i>hydroxychloroquine oral tablet 400 mg</i>                         | Tier 1    | QL (60 EA per 30 days)           |
| KRINTAFEL ORAL TABLET 150 MG (tafenoquine succinate)                 | Tier 2    | QL (2 EA per 1 FILL)             |
| <i>mefloquine oral tablet 250 mg</i>                                 | Tier 1    |                                  |
| PLAQUENIL ORAL TABLET 200 MG (hydroxychloroquine sulfate)            | Tier 2    | QL (100 EA per 30 days)          |
| <i>primaquine oral tablet 26.3 mg (15 mg base)</i>                   | Tier 2    |                                  |
| <i>pyrimethamine oral tablet 25 mg</i>                               | Tier 3    | PA                               |
| QUALAQUIN ORAL CAPSULE 324 MG (quinine sulfate)                      | Tier 2    |                                  |
| <i>quinine sulfate oral capsule 324 mg</i>                           | Tier 1    |                                  |
| SOVUNA ORAL TABLET 200 MG (hydroxychloroquine sulfate)               | Tier 2    | QL (100 EA per 30 days)          |
| SOVUNA ORAL TABLET 300 MG (hydroxychloroquine sulfate)               | Tier 2    | QL (60 EA per 30 days)           |

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| Prescription Drug Name                                                                             | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antiprotozoal Agents - Nitrofuran Derivatives - Drugs For Parasites</b>                         |           |                                  |
| LAMPIT ORAL TABLET 120 MG, 30 MG (nifurtimox)                                                      | Tier 2    |                                  |
| <b>Antiprotozoal Agents - Nitroimidazole Derivatives - Drugs For Parasites</b>                     |           |                                  |
| <i>benznidazole oral tablet 100 mg, 12.5 mg</i>                                                    | Tier 1    |                                  |
| <b>Antiprotozoal Agents - Other - Drugs For Parasites</b>                                          |           |                                  |
| <i>atovaquone oral suspension 750 mg/5 ml</i>                                                      | Tier 1    |                                  |
| IMPAVIDO ORAL CAPSULE 50 MG (miltefosine)                                                          | Tier 2    | PA                               |
| MEPRON ORAL SUSPENSION 750 MG/5 ML (atovaquone)                                                    | Tier 2    |                                  |
| <b>Antiprotozoal Agents (Antiparasitic) - 5-Nitrothiazolyl Derivatives - Drugs For Parasites</b>   |           |                                  |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (nitazoxanide)                               | Tier 2    | QL (50 ML per 1 day)             |
| ALINIA ORAL TABLET 500 MG (nitazoxanide)                                                           | Tier 2    | QL (2 EA per 1 day)              |
| <i>nitazoxanide oral tablet 500 mg</i>                                                             | Tier 1    | QL (2 EA per 1 day)              |
| <b>Antiprotozoal-Antibacterial 1St Generation 2-Methyl-5-Nitroimidazole - Drugs For Infections</b> |           |                                  |
| LIKMEZ ORAL SUSPENSION 500 MG/5 ML (metronidazole)                                                 | Tier 2    |                                  |
| <i>metronidazole oral capsule 375 mg</i>                                                           | Tier 1    |                                  |
| <i>metronidazole oral tablet 125 mg</i>                                                            | Tier 1    |                                  |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>                                                    | Tier 1    |                                  |

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| Prescription Drug Name                                                                             | Drug Tier | Coverage Requirements and Limits                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Antiprotozoal-Antibacterial 2Nd Generation 2-Methyl-5-Nitroimidazole - Drugs For Infections</b> |           |                                                                                                                                                                                             |
| SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM (secnidazole)                                   | Tier 2    | ST: At least 2 prior prescriptions for Clindamycin, vaginal Clindamycin cream, oral Metronidazole, vaginal Metronidazole gel, or Tinidazole within the past 365 days; QL (1 EA per 30 days) |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>                                                       | Tier 1    |                                                                                                                                                                                             |
| <b>Antiretroviral - Ccr5 Co-Receptor Antagonist - Drugs For Viral Infections</b>                   |           |                                                                                                                                                                                             |
| <i>maraviroc oral tablet 150 mg, 300 mg</i>                                                        | Tier 1    |                                                                                                                                                                                             |
| SELZENTRY ORAL SOLUTION 20 MG/ML (maraviroc)                                                       | Tier 2    |                                                                                                                                                                                             |
| SELZENTRY ORAL TABLET 150 MG, 300 MG (maraviroc)                                                   | Tier 2    |                                                                                                                                                                                             |
| <b>Antiretroviral - Cd4 Attachment Inhibitors - Drugs For Viral Infections</b>                     |           |                                                                                                                                                                                             |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG (fostemsavir tromethamine)                       | Tier 2    | PA                                                                                                                                                                                          |
| <b>Antiretroviral - Hiv-1 Fusion Inhibitors - Drugs For Viral Infections</b>                       |           |                                                                                                                                                                                             |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG (enfuvirtide)                                                 | Tier 2    |                                                                                                                                                                                             |

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| Prescription Drug Name                                                                          | Drug Tier | Coverage Requirements and Limits                                                                                                        |
|-------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <b>Antiretroviral - Hiv-1 Integrase Strand Transfer Inhibitors - Drugs For Viral Infections</b> |           |                                                                                                                                         |
| APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)       | Tier 2    | \$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; Age (Min 12 Years) |
| ISENTRESS HD ORAL TABLET 600 MG (raltegravir potassium)                                         | Tier 2    |                                                                                                                                         |
| ISENTRESS ORAL POWDER IN PACKET 100 MG (raltegravir potassium)                                  | Tier 2    |                                                                                                                                         |
| ISENTRESS ORAL TABLET 400 MG (raltegravir potassium)                                            | Tier 2    |                                                                                                                                         |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG (raltegravir potassium)                            | Tier 2    |                                                                                                                                         |
| TIVICAY ORAL TABLET 50 MG (dolutegravir sodium)                                                 | Tier 2    |                                                                                                                                         |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG (dolutegravir sodium)                                | Tier 2    |                                                                                                                                         |
| <b>Antiretroviral - Integrase Inhibitor And Nrti Combinations - Drugs For Viral Infections</b>  |           |                                                                                                                                         |
| JULUCA ORAL TABLET 50-25 MG (dolutegravir sodium/rilpivirine HCl)                               | Tier 2    |                                                                                                                                         |
| <b>Antiretroviral - Integrase Inhibitor And Nrti Combinations - Drugs For Viral Infections</b>  |           |                                                                                                                                         |
| DOVATO ORAL TABLET 50-300 MG (dolutegravir sodium/lamivudine)                                   | Tier 2    |                                                                                                                                         |

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| Prescription Drug Name                                                                                  | Drug Tier | Coverage Requirements and Limits                                                             |
|---------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------|
| <b>Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (Nnrti) - Drugs For Viral Infections</b> |           |                                                                                              |
| EDURANT ORAL TABLET 25 MG (rilpivirine HCl)                                                             | Tier 2    |                                                                                              |
| EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG (rilpivirine HCl)                                         | Tier 2    |                                                                                              |
| <i>efavirenz oral tablet 600 mg</i>                                                                     | Tier 1    |                                                                                              |
| <i>etravirine oral tablet 100 mg, 200 mg</i>                                                            | Tier 1    |                                                                                              |
| INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG (etravirine)                                                | Tier 2    |                                                                                              |
| <i>nevirapine oral suspension 50 mg/5 ml</i>                                                            | Tier 1    |                                                                                              |
| <i>nevirapine oral tablet 200 mg</i>                                                                    | Tier 1    |                                                                                              |
| <i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>                                     | Tier 1    |                                                                                              |
| PIFELTRO ORAL TABLET 100 MG (doravirine)                                                                | Tier 2    |                                                                                              |
| <b>Antiretroviral - Nucleoside And Nucleotide Analog Rtis Combinations - Drugs For Viral Infections</b> |           |                                                                                              |
| CIMDUO ORAL TABLET 300-300 MG (lamivudine/tenofovir disoproxil fumarate)                                | Tier 2    |                                                                                              |
| DESCOVY ORAL TABLET 120-15 MG (emtricitabine/tenofovir alafenamide fumarate)                            | Tier 2    |                                                                                              |
| DESCOVY ORAL TABLET 200-25 MG (emtricitabine/tenofovir alafenamide fumarate)                            | Tier 2    | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>                     | Tier 1    |                                                                                              |

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| Prescription Drug Name                                                                                           | Drug Tier | Coverage Requirements and Limits                                                             |
|------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------|
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>                                                      | Tier 1    | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (emtricitabine/tenofovir disoproxil fumarate) | Tier 2    |                                                                                              |
| <b>Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (Nrti) - Drugs For Viral Infections</b>          |           |                                                                                              |
| <i>abacavir oral solution 20 mg/ml</i>                                                                           | Tier 1    |                                                                                              |
| <i>abacavir oral tablet 300 mg</i>                                                                               | Tier 1    |                                                                                              |
| <i>emtricitabine oral capsule 200 mg</i>                                                                         | Tier 1    | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS |
| EMTRIVA ORAL CAPSULE 200 MG (emtricitabine)                                                                      | Tier 2    |                                                                                              |
| EMTRIVA ORAL SOLUTION 10 MG/ML (emtricitabine)                                                                   | Tier 2    |                                                                                              |
| EPIVIR ORAL SOLUTION 10 MG/ML (lamivudine)                                                                       | Tier 2    |                                                                                              |
| EPIVIR ORAL TABLET 150 MG, 300 MG (lamivudine)                                                                   | Tier 2    |                                                                                              |
| <i>lamivudine oral solution 10 mg/ml</i>                                                                         | Tier 1    |                                                                                              |
| <i>lamivudine oral tablet 150 mg, 300 mg</i>                                                                     | Tier 1    |                                                                                              |
| RETROVIR ORAL CAPSULE 100 MG (zidovudine)                                                                        | Tier 2    |                                                                                              |
| RETROVIR ORAL SYRUP 10 MG/ML (zidovudine)                                                                        | Tier 2    |                                                                                              |
| <i>stavudine oral capsule 15 mg, 20 mg</i>                                                                       | Tier 1    |                                                                                              |
| ZIAGEN ORAL SOLUTION 20 MG/ML (abacavir sulfate)                                                                 | Tier 2    |                                                                                              |
| <i>zidovudine oral capsule 100 mg</i>                                                                            | Tier 1    |                                                                                              |

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|---------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------|
| <i>zidovudine oral syrup 10 mg/ml</i>                                                                   | Tier 1    |                                                                                              |
| <i>zidovudine oral tablet 300 mg</i>                                                                    | Tier 1    |                                                                                              |
| <b>Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs For Viral Infections</b> |           |                                                                                              |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i>                                                 | Tier 1    | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (tenofovir disoproxil fumarate)                             | Tier 2    |                                                                                              |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (tenofovir disoproxil fumarate)                       | Tier 2    |                                                                                              |
| <b>Antiretroviral Combinations - Protease Inhibitors - Drugs For Viral Infections</b>                   |           |                                                                                              |
| EVOTAZ ORAL TABLET 300-150 MG (atazanavir sulfate/cobicistat)                                           | Tier 2    |                                                                                              |
| KALETRA ORAL SOLUTION 400-100 MG/5 ML (lopinavir/ritonavir)                                             | Tier 2    |                                                                                              |
| KALETRA ORAL TABLET 100-25 MG, 200-50 MG (lopinavir/ritonavir)                                          | Tier 2    |                                                                                              |
| <i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>                                             | Tier 1    |                                                                                              |
| PREZCOBIX ORAL TABLET 675-150 MG (darunavir ethanolate/cobicistat)                                      | Tier 3    | QL (1 EA per 1 day)                                                                          |
| PREZCOBIX ORAL TABLET 800-150 MG-MG (darunavir ethanolate/cobicistat)                                   | Tier 2    |                                                                                              |

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|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antiretroviral- Nucleoside And Nucleotide Analogs, Protease Inhibitors - Drugs For Viral Infections</b>     |           |                                  |
| SYMTUZA ORAL TABLET 800-150-200-10 MG (darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide)           | Tier 2    |                                  |
| <b>Antiretroviral-Integrase Inhibitor, Nucleoside And Nucleotide Rti's Comb - Drugs For Viral Infections</b>   |           |                                  |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (bictegravir sodium/emtricitabine/tenofovir alafenamide fumar) | Tier 2    |                                  |
| GENVOYA ORAL TABLET 150-150-200-10 MG (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide)            | Tier 2    |                                  |
| STRIBILD ORAL TABLET 150-150-200-300 MG (elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil)           | Tier 2    |                                  |
| <b>Antiretroviral-Nucleoside Analogs And Integrase Inhibitor Combinations - Drugs For Viral Infections</b>     |           |                                  |
| TRIUMEQ ORAL TABLET 600-50-300 MG (abacavir sulfate/dolutegravir sodium/lamivudine)                            | Tier 2    |                                  |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG (abacavir sulfate/dolutegravir sodium/lamivudine)             | Tier 2    |                                  |
| <b>Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (Nrti) Comb - Drugs For Viral Infections</b>     |           |                                  |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i>                                                              | Tier 1    |                                  |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i>                                                            | Tier 1    |                                  |

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|----------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antiretroviral-Nucleoside, Nucleotide Analogs And Non-Nucleoside Rti - Drugs For Viral Infections</b> |           |                                  |
| COMPLERA ORAL TABLET 200-25-300 MG (emtricitabine/rilpivirine HCl/tenofovir disoproxil fumarate)         | Tier 2    |                                  |
| DELSTRIGO ORAL TABLET 100-300-300 MG (doravirine/lamivudine/tenofovir disoproxil fumarate)               | Tier 2    |                                  |
| <i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>                                         | Tier 1    |                                  |
| <i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i>                         | Tier 1    |                                  |
| <i>emtricitita-rilpivirine-tenof df oral tablet 200-25-300 mg</i>                                        | Tier 1    |                                  |
| ODEFSEY ORAL TABLET 200-25-25 MG (emtricitabine/rilpivirine HCl/tenofovir alafenamide fumarate)          | Tier 2    |                                  |
| SYMFI LO ORAL TABLET 400-300-300 MG (efavirenz/lamivudine/tenofovir disoproxil fumarate)                 | Tier 2    |                                  |
| SYMFI ORAL TABLET 600-300-300 MG (efavirenz/lamivudine/tenofovir disoproxil fumarate)                    | Tier 2    |                                  |
| <b>Antitubercular - Aminobenzoic Acid Analogs - Antibiotics</b>                                          |           |                                  |
| PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM (aminosalicylic acid)                                   | Tier 2    |                                  |
| <b>Antitubercular - D-Alanine Analogs - Antibiotics</b>                                                  |           |                                  |
| <i>cycloserine oral capsule 250 mg</i>                                                                   | Tier 1    |                                  |
| <b>Antitubercular - Diarylquinoline Antibiotics - Antibiotics</b>                                        |           |                                  |
| SIRTURO ORAL TABLET 100 MG, 20 MG (bedaquiline fumarate)                                                 | Tier 3    | PA                               |
| <b>Antitubercular - Isonicotinic Acid Derivatives - Antibiotics</b>                                      |           |                                  |
| <i>isoniazid oral solution 50 mg/5 ml</i>                                                                | Tier 1    |                                  |

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|-------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>isoniazid oral tablet 100 mg, 300 mg</i>                                   | Tier 1    |                                  |
| <b>Antitubercular - Niacinamide Derivatives - Antibiotics</b>                 |           |                                  |
| <i>pyrazinamide oral tablet 500 mg</i>                                        | Tier 1    |                                  |
| <b>Antitubercular - Nitroimidazole Derivatives - Antibiotics</b>              |           |                                  |
| <i>pretomanid oral tablet 200 mg</i>                                          | Tier 2    | QL (1 EA per 1 day)              |
| <b>Antitubercular - Rifamycin And Derivatives - Antibiotics</b>               |           |                                  |
| PRIFTIN ORAL TABLET 150 MG (rifapentine)                                      | Tier 2    |                                  |
| <i>rifabutin oral capsule 150 mg</i>                                          | Tier 1    |                                  |
| <i>rifampin oral capsule 150 mg, 300 mg</i>                                   | Tier 1    |                                  |
| <b>Antitubercular Agents Other - Antibiotics</b>                              |           |                                  |
| <i>ethambutol oral tablet 100 mg, 400 mg</i>                                  | Tier 1    |                                  |
| TRECATOR ORAL TABLET 250 MG (ethionamide)                                     | Tier 2    |                                  |
| <b>Cephalosporin Antibiotics - 1St Generation - Antibiotics</b>               |           |                                  |
| <i>cefadroxil oral capsule 500 mg</i>                                         | Tier 1    |                                  |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i> | Tier 1    |                                  |
| <i>cefadroxil oral tablet 1 gram</i>                                          | Tier 1    |                                  |
| <i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>                         | Tier 1    |                                  |
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | Tier 1    |                                  |
| <i>cephalexin oral tablet 250 mg, 500 mg</i>                                  | Tier 1    |                                  |
| <b>Cephalosporin Antibiotics - 2Nd Generation - Antibiotics</b>               |           |                                  |
| <i>cefaclor oral capsule 250 mg, 500 mg</i>                                   | Tier 1    |                                  |

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|------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | Tier 1    |                                  |
| <i>cefaclor oral tablet extended release 12 hr 500 mg</i>                                | Tier 1    |                                  |
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>             | Tier 1    |                                  |
| <i>cefprozil oral tablet 250 mg, 500 mg</i>                                              | Tier 1    |                                  |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>                                      | Tier 1    |                                  |
| <b>Cephalosporin Antibiotics - 3Rd Generation - Antibiotics</b>                          |           |                                  |
| <i>cefdinir oral capsule 300 mg</i>                                                      | Tier 1    |                                  |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>              | Tier 1    |                                  |
| <i>cefixime oral capsule 400 mg</i>                                                      | Tier 1    |                                  |
| <i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>              | Tier 1    |                                  |
| <i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>            | Tier 1    |                                  |
| <i>cefpodoxime oral tablet 100 mg, 200 mg</i>                                            | Tier 1    |                                  |
| SPECTRACEF ORAL TABLET 400 MG (cefditoren pivoxil)                                       | Tier 2    |                                  |
| SUPRAX ORAL CAPSULE 400 MG (cefixime)                                                    | Tier 2    |                                  |
| SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML, 500 MG/5 ML (cefixime)            | Tier 2    |                                  |
| SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG (cefixime)                                    | Tier 2    |                                  |
| <b>Cmv Antiviral Agent - Nucleoside Analogs - Drugs For Viral Infections</b>             |           |                                  |
| VALCYTE ORAL RECON SOLN 50 MG/ML (valganciclovir HCl)                                    | Tier 2    |                                  |
| VALCYTE ORAL TABLET 450 MG (valganciclovir HCl)                                          | Tier 2    |                                  |
| <i>valganciclovir oral recon soln 50 mg/ml</i>                                           | Tier 1    |                                  |

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|----------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>valganciclovir oral tablet 450 mg</i>                                               | Tier 1    |                                  |
| <b>Cmv Antiviral Agent - Protein Kinase Inhibitors - Drugs For Viral Infections</b>    |           |                                  |
| LIVTENCITY ORAL TABLET 200 MG (maribavir)                                              | Tier 3    | PA                               |
| <b>Cmv Antiviral Agent - Terminase Complex Inhibitors - Drugs For Viral Infections</b> |           |                                  |
| PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG (letermovir)                             | Tier 2    | PA                               |
| PREVYMIS ORAL TABLET 240 MG, 480 MG (letermovir)                                       | Tier 2    | PA                               |
| <b>Fluoroquinolone Antibiotics - Antibiotics</b>                                       |           |                                  |
| BAXDELA ORAL TABLET 450 MG (delafloxacin meglumine)                                    | Tier 2    |                                  |
| CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (ciprofloxacin)      | Tier 2    |                                  |
| CIPRO ORAL TABLET 250 MG, 500 MG (ciprofloxacin HCl)                                   | Tier 2    |                                  |
| <i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>                    | Tier 1    |                                  |
| <i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>       | Tier 1    |                                  |
| <i>levofloxacin oral solution 250 mg/10 ml</i>                                         | Tier 1    |                                  |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>                                 | Tier 1    |                                  |
| <i>moxifloxacin oral tablet 400 mg</i>                                                 | Tier 1    |                                  |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i>                                            | Tier 1    |                                  |
| <b>Glycopeptide Antibiotics - Antibiotics</b>                                          |           |                                  |
| FIRVANQ ORAL RECON SOLN 25 MG/ML (vancomycin HCl)                                      | Tier 2    | QL (300 ML per 1 FILL)           |
| FIRVANQ ORAL RECON SOLN 50 MG/ML (vancomycin HCl)                                      | Tier 2    | QL (600 ML per 1 FILL)           |
| VANCOCIN ORAL CAPSULE 125 MG (vancomycin HCl)                                          | Tier 2    | QL (56 EA per 1 FILL)            |
| VANCOCIN ORAL CAPSULE 250 MG (vancomycin HCl)                                          | Tier 2    | QL (112 EA per 1 FILL)           |

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|-------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------|
| <i>vancomycin oral capsule 125 mg</i>                                                     | Tier 1    | QL (56 EA per 1 FILL)                                                                        |
| <i>vancomycin oral capsule 250 mg</i>                                                     | Tier 1    | QL (112 EA per 1 FILL)                                                                       |
| <i>vancomycin oral recon soln 25 mg/ml</i>                                                | Tier 1    | QL (300 ML per 1 FILL)                                                                       |
| <i>vancomycin oral recon soln 50 mg/ml</i>                                                | Tier 1    | QL (600 ML per 1 FILL)                                                                       |
| <b>Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs For Viral Infections</b> |           |                                                                                              |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML (entecavir)                                            | Tier 2    | QL (630 ML per 30 days)                                                                      |
| BARACLUDE ORAL TABLET 0.5 MG, 1 MG (entecavir)                                            | Tier 2    | QL (1 EA per 1 day)                                                                          |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i>                                                 | Tier 1    | QL (1 EA per 1 day)                                                                          |
| <i>lamivudine oral tablet 100 mg</i>                                                      | Tier 1    | QL (1 EA per 1 day)                                                                          |
| <b>Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs For Viral Infections</b> |           |                                                                                              |
| <i>adefovir oral tablet 10 mg</i>                                                         | Tier 1    | QL (1 EA per 1 day)                                                                          |
| HEPSERA ORAL TABLET 10 MG (adefovir dipivoxil)                                            | Tier 2    | QL (1 EA per 1 day)                                                                          |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i>                                   | Tier 1    | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS |
| VEMLIDY ORAL TABLET 25 MG (tenofovir alafenamide)                                         | Tier 2    | QL (1 EA per 1 day)                                                                          |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (tenofovir disoproxil fumarate)               | Tier 2    |                                                                                              |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (tenofovir disoproxil fumarate)         | Tier 2    |                                                                                              |
| <b>Hepatitis C - Interferons - Drugs For Viral Infections</b>                             |           |                                                                                              |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (peginterferon alfa-2a)                          | Tier 2    | PA                                                                                           |

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|------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (peginterferon alfa-2a)                                        | Tier 2    | PA                               |
| <b>Hepatitis C - Ns5a Inhibitor And Ns3/4A Protease Inhibitor Combination - Drugs For Viral Infections</b> |           |                                  |
| MAVYRET ORAL PELLETS IN PACKET 50-20 MG (glecaprevir/pibrentasvir)                                         | Tier 3    | PA                               |
| MAVYRET ORAL TABLET 100-40 MG (glecaprevir/pibrentasvir)                                                   | Tier 3    | PA                               |
| ZEPATIER ORAL TABLET 50-100 MG (elbasvir/grazoprevir)                                                      | Tier 3    | PA                               |
| <b>Hepatitis C - Ns5a, Ns3/4A Protease, Nucleo.Ns5b Polymerase Inhib Comb - Drugs For Viral Infections</b> |           |                                  |
| VOSEVI ORAL TABLET 400-100-100 MG (sofosbuvir/velpatasvir/voxilaprevir)                                    | Tier 3    | PA                               |
| <b>Hepatitis C - Ns5b Polymerase And Ns5a Inhibitor Combinations - Drugs For Viral Infections</b>          |           |                                  |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG (sofosbuvir/velpatasvir)                             | Tier 2    | PA                               |
| EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (sofosbuvir/velpatasvir)                                         | Tier 2    | PA                               |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG (ledipasvir/sofosbuvir)                             | Tier 2    | PA                               |
| HARVONI ORAL TABLET 45-200 MG, 90-400 MG (ledipasvir/sofosbuvir)                                           | Tier 2    | PA                               |

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|---------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Hepatitis C - Nucleos(T)ide Analog Ns5b Polymerase Inhibitors - Drugs For Viral Infections</b>                   |           |                                  |
| SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG (sofosbuvir)                                                          | Tier 3    | PA                               |
| SOVALDI ORAL TABLET 200 MG, 400 MG (sofosbuvir)                                                                     | Tier 3    | PA                               |
| <b>Hepatitis C - Nucleoside Analogs - Drugs For Viral Infections</b>                                                |           |                                  |
| <i>ribavirin oral capsule 200 mg</i>                                                                                | Tier 1    |                                  |
| <i>ribavirin oral tablet 200 mg</i>                                                                                 | Tier 1    |                                  |
| <b>Hepatitis C- Ns5a, Ns3/4A Protease And Non-Nucleo.Ns5b Poly Inh. Comb - Drugs For Viral Infections</b>           |           |                                  |
| VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG (ombitasvir/paritaprevir/ritonavir/dasabuvir sodium) | Tier 3    |                                  |
| <b>Herpes Antiviral Agent - Purine Analogs - Drugs For Viral Infections</b>                                         |           |                                  |
| <i>acyclovir oral capsule 200 mg</i>                                                                                | Tier 1    |                                  |
| <i>acyclovir oral suspension 200 mg/5 ml</i>                                                                        | Tier 1    |                                  |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>                                                                         | Tier 1    |                                  |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i>                                                                      | Tier 1    |                                  |
| VALTREX ORAL TABLET 1 GRAM, 500 MG (valacyclovir HCl)                                                               | Tier 2    |                                  |
| ZOVIRAX ORAL SUSPENSION 200 MG/5 ML (acyclovir)                                                                     | Tier 2    |                                  |
| <b>Herpes Antiviral Agent - Thymidine Analogs - Drugs For Viral Infections</b>                                      |           |                                  |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>                                                               | Tier 1    |                                  |

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|--------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Influenza Antiviral Agents - Neuraminidase Inhibitors - Drugs For Viral Infections</b>  |           |                                  |
| <i>oseltamivir oral capsule 30 mg</i>                                                      | Tier 1    | QL (40 EA per 180 days)          |
| <i>oseltamivir oral capsule 45 mg, 75 mg</i>                                               | Tier 1    | QL (20 EA per 180 days)          |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>                              | Tier 1    | QL (360 ML per 180 days)         |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (zanamivir)                | Tier 2    | QL (40 EA per 180 days)          |
| TAMIFLU ORAL CAPSULE 30 MG (oseltamivir phosphate)                                         | Tier 2    | QL (40 EA per 180 days)          |
| TAMIFLU ORAL CAPSULE 45 MG, 75 MG (oseltamivir phosphate)                                  | Tier 2    | QL (20 EA per 180 days)          |
| TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML (oseltamivir phosphate)                 | Tier 2    | QL (360 ML per 180 days)         |
| <b>Influenza Antiviral Agents - Pa Endonuclease Inhibitor - Drugs For Viral Infections</b> |           |                                  |
| XOFLUZA ORAL TABLET 40 MG (baloxavir marboxil)                                             | Tier 2    | QL (4 EA per 180 days)           |
| XOFLUZA ORAL TABLET 80 MG (baloxavir marboxil)                                             | Tier 2    | QL (2 EA per 180 days)           |
| <b>Influenza-A Antiviral Agents - Drugs For Viral Infections</b>                           |           |                                  |
| <i>rimantadine oral tablet 100 mg</i>                                                      | Tier 1    |                                  |
| <b>Lincosamide Antibiotics - Antibiotics</b>                                               |           |                                  |
| CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG (clindamycin HCl)                           | Tier 2    |                                  |
| clindamycin palmitate HCl (Cleocin Pediatric Oral Recon Soln 75 Mg/5 MI)                   | Tier 2    |                                  |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>                                  | Tier 1    |                                  |
| <i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>                                | Tier 1    |                                  |
| clindamycin palmitate HCl (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 MI)               | Tier 1    |                                  |

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|------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Macrolide Antibiotics - Antibiotics</b>                                                     |           |                                  |
| <i>azithromycin oral packet 1 gram</i>                                                         | Tier 1    |                                  |
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>                | Tier 1    |                                  |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>                                         | Tier 1    |                                  |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>              | Tier 1    |                                  |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i>                                               | Tier 1    |                                  |
| <i>clarithromycin oral tablet extended release 24 hr 500 mg</i>                                | Tier 1    |                                  |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (fidaxomicin)                              | Tier 2    | QL (10 ML per 1 day)             |
| DIFICID ORAL TABLET 200 MG (fidaxomicin)                                                       | Tier 1    | QL (20 EA per 10 days)           |
| erythromycin ethylsuccinate (E.E.S. 400 Oral Tablet 400 Mg)                                    | Tier 1    |                                  |
| ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML (erythromycin ethylsuccinate)        | Tier 2    |                                  |
| erythromycin base (Ery-Tab Oral Tablet,Delayed Release (Dr/Ec) 250 Mg, 500 Mg)                 | Tier 1    |                                  |
| erythromycin base (Ery-Tab Oral Tablet,Delayed Release (Dr/Ec) 333 Mg)                         | Tier 2    |                                  |
| ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (erythromycin stearate)                            | Tier 1    |                                  |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i> | Tier 1    |                                  |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i>                                          | Tier 1    |                                  |
| <i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>                                | Tier 1    |                                  |
| <i>erythromycin oral tablet 250 mg, 500 mg</i>                                                 | Tier 1    |                                  |
| <i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>                | Tier 1    |                                  |
| <i>fidaxomicin oral tablet 200 mg</i>                                                          | Tier 1    | QL (20 EA per 10 days)           |

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|----------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ZITHROMAX ORAL PACKET 1 GRAM (azithromycin)                                                              | Tier 2    |                                  |
| ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML (azithromycin)                     | Tier 2    |                                  |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG (azithromycin)                                                      | Tier 2    |                                  |
| ZITHROMAX TRI-PAK ORAL TABLET 500 MG (azithromycin)                                                      | Tier 2    |                                  |
| ZITHROMAX Z-PAK ORAL TABLET 250 MG (azithromycin)                                                        | Tier 2    |                                  |
| <b>Misc Anti-Infective - Drugs For Infections</b>                                                        |           |                                  |
| <i>methenamine hippurate oral tablet 1 gram</i>                                                          | Tier 1    |                                  |
| <i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>                                                | Tier 1    |                                  |
| NEBUPENT INHALATION RECON SOLN 300 MG (pentamidine isethionate)                                          | Tier 2    |                                  |
| <i>pentamidine inhalation recon soln 300 mg</i>                                                          | Tier 1    |                                  |
| UROQID-ACID NO.2 ORAL TABLET 500-500 MG (methenamine mandelate/sodium phosphate,monobasic)               | Tier 2    |                                  |
| <b>Misc Anti-Infective Combinations - Drugs For Infections</b>                                           |           |                                  |
| <i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>                                      | Tier 1    |                                  |
| URELLE ORAL TABLET 81-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)        | Tier 2    |                                  |
| URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine) | Tier 2    |                                  |
| URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG (methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin) | Tier 2    |                                  |

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| Prescription Drug Name                                                                                       | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG<br>(methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)     | Tier 2    |                                  |
| URIMAR-T ORAL TABLET 120-10.8-0.12 MG<br>(methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)      | Tier 2    |                                  |
| URNEVA ORAL CAPSULE 120-10.8-40.8 MG<br>(methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)       | Tier 2    |                                  |
| UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG<br>(methenamine/sod phosph,monobasic/methylene blue/hyoscyamine) | Tier 1    |                                  |
| URO-MP ORAL CAPSULE 118-10-40.8-36 MG<br>(methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)      | Tier 1    |                                  |
| URO-SP ORAL CAPSULE 118-10-40.8-36 MG<br>(methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)      | Tier 2    |                                  |
| URLY ORAL TABLET 81.6-40.8-0.12 MG<br>(methenamine/sod phosph,monobasic/methylene blue/hyoscyamine)          | Tier 2    |                                  |
| <b>Oxazolidinone Antibiotics - Antibiotics</b>                                                               |           |                                  |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>                                              | Tier 1    |                                  |
| <i>linezolid oral tablet 600 mg</i>                                                                          | Tier 1    |                                  |
| SIVEXTRO ORAL TABLET 200 MG (tedizolid phosphate)                                                            | Tier 2    |                                  |
| ZYVOX ORAL SUSPENSION FOR RECONSTITUTION<br>100 MG/5 ML (linezolid)                                          | Tier 2    |                                  |
| ZYVOX ORAL TABLET 600 MG (linezolid)                                                                         | Tier 2    |                                  |
| <b>Penicillin Antibiotic - Natural - Antibiotics</b>                                                         |           |                                  |
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>                                       | Tier 1    |                                  |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i>                                                     | Tier 1    |                                  |

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|---------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Penicillin Antibiotic - Penicillinase-Resistant - Antibiotics</b>                  |           |                                  |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i>                                      | Tier 1    |                                  |
| <b>Pleuromutilin Antibiotics - Antibiotics</b>                                        |           |                                  |
| XENLETA ORAL TABLET 600 MG (lefamulin acetate)                                        | Tier 2    | PA                               |
| <b>Protease Inhibitors (Non-Peptidic) Antiretroviral - Drugs For Viral Infections</b> |           |                                  |
| APTIVUS ORAL CAPSULE 250 MG (tipranavir)                                              | Tier 2    |                                  |
| <i>darunavir oral tablet 600 mg, 800 mg</i>                                           | Tier 1    |                                  |
| PREZCOBIX ORAL TABLET 675-150 MG (darunavir ethanolate/cobicistat)                    | Tier 3    | QL (1 EA per 1 day)              |
| PREZCOBIX ORAL TABLET 800-150 MG-MG (darunavir ethanolate/cobicistat)                 | Tier 2    |                                  |
| PREZISTA ORAL SUSPENSION 100 MG/ML (darunavir)                                        | Tier 2    |                                  |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG (darunavir)                        | Tier 2    |                                  |
| <b>Protease Inhibitors (Peptidic) Antiretroviral - Drugs For Viral Infections</b>     |           |                                  |
| <i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>                                 | Tier 1    |                                  |
| EVOTAZ ORAL TABLET 300-150 MG (atazanavir sulfate/cobicistat)                         | Tier 2    |                                  |
| <i>fosamprenavir oral tablet 700 mg</i>                                               | Tier 1    |                                  |
| NORVIR ORAL CAPSULE 100 MG (ritonavir)                                                | Tier 2    |                                  |
| NORVIR ORAL POWDER IN PACKET 100 MG (ritonavir)                                       | Tier 2    |                                  |
| NORVIR ORAL TABLET 100 MG (ritonavir)                                                 | Tier 2    |                                  |
| REYATAZ ORAL CAPSULE 200 MG, 300 MG (atazanavir sulfate)                              | Tier 2    |                                  |
| REYATAZ ORAL POWDER IN PACKET 50 MG (atazanavir sulfate)                              | Tier 2    |                                  |

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|----------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>ritonavir oral tablet 100 mg</i>                                                                      | Tier 1    |                                            |
| VIRACEPT ORAL TABLET 250 MG, 625 MG (nelfinavir mesylate)                                                | Tier 2    |                                            |
| <b>Quaternary Protoberberine Alkaloids - Antibiotics</b>                                                 |           |                                            |
| <i>berberine chloride oral capsule 500 mg</i>                                                            | Tier 1    |                                            |
| BERBERINE ES-5 ORAL CAPSULE 200 MG (dihydroberberine)                                                    | Tier 2    |                                            |
| <b>Respiratory Syncytial Virus (Rsv) Antiviral Agents - Drugs For Viral Infections</b>                   |           |                                            |
| <i>ribavirin inhalation recon soln 6 gram</i>                                                            | Tier 1    |                                            |
| VIRAZOLE INHALATION RECON SOLN 6 GRAM (ribavirin)                                                        | Tier 2    |                                            |
| <b>Rifamycins And Related Derivative Antibiotics - Antibiotics</b>                                       |           |                                            |
| PRIFTIN ORAL TABLET 150 MG (rifapentine)                                                                 | Tier 2    |                                            |
| <i>rifabutin oral capsule 150 mg</i>                                                                     | Tier 1    |                                            |
| <i>rifampin oral capsule 150 mg, 300 mg</i>                                                              | Tier 1    |                                            |
| XIFAXAN ORAL TABLET 200 MG, 550 MG (rifaximin)                                                           | Tier 2    | PA                                         |
| <b>Sars-Cov-2 Antiviral Agent - Main Protease (Mpro) Inhibitors - Drugs For Infections</b>               |           |                                            |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)-100 MG (10), 150 MG (6)- 100 MG (5) (nirmatrelvir/ritonavir) | Tier 0    | QL (20 EA per 28 days); Age (Min 12 Years) |
| PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG (nirmatrelvir/ritonavir)                      | Tier 0    | QL (30 EA per 28 days); Age (Min 12 Years) |
| <b>Sars-Cov-2 Antiviral Agent - Rna Polymerase Inhibitors - Drugs For Viral Infections</b>               |           |                                            |
| LAGEVRIO (EUA) ORAL CAPSULE 200 MG (molnupiravir)                                                        | Tier 0    | QL (40 EA per 29 days); Age (Min 18 Years) |

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| Prescription Drug Name                                                                           | Drug Tier | Coverage Requirements and Limits                                                                                                   |
|--------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------|
| VEKLURY INTRAVENOUS RECON SOLN 100 MG (remdesivir)                                               | Tier 0    | MEDICAL BENEFIT; QL (11 EA per 10 days)                                                                                            |
| <b>Sulfonamide Antibiotic - Antibiotics</b>                                                      |           |                                                                                                                                    |
| <i>sulfadiazine oral tablet 500 mg</i>                                                           | Tier 1    |                                                                                                                                    |
| <b>Tetracycline And Tetracycline Antibiotic Combinations - Antibiotics</b>                       |           |                                                                                                                                    |
| AVIDOXY DK KIT 100 MG-2 % -SPF 30 (doxycycline monohydrate/salicylic acid/octinoxate/zinc oxide) | Tier 2    | ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days) |
| BENZODOX 30 KIT, CLEANSER ER AND TABLET 100-4.4 MG-% (doxycycline monohydrate/benzoyl peroxide)  | Tier 2    | ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days) |
| BENZODOX 60 KIT, CLEANSER ER AND TABLET 100-4.4 MG-% (doxycycline monohydrate/benzoyl peroxide)  | Tier 2    | ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days) |
| <b>Tetracycline Antibiotics - Antibiotics</b>                                                    |           |                                                                                                                                    |
| doxycycline monohydrate (Avidoxy Oral Tablet 100 Mg)                                             | Tier 2    | QL (2 EA per 1 day)                                                                                                                |
| <i>demeclocycline oral tablet 150 mg, 300 mg</i>                                                 | Tier 1    |                                                                                                                                    |

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| Prescription Drug Name                                                    | Drug Tier | Coverage Requirements and Limits                                                                                                                                        |
|---------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG (doxycycline hyclate) | Tier 2    | ST: Requires prior prescription for Doxycycline Hyclate/Monohydrate 50mg/100mg IR tablets/capsules within the past 120 days; QL (2 EA per 1 day)                        |
| DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG (doxycycline hyclate)     | Tier 2    | ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)                                          |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>                     | Tier 1    | QL (2 EA per 1 day)                                                                                                                                                     |
| <i>doxycycline hyclate oral tablet 100 mg</i>                             | Tier 1    |                                                                                                                                                                         |
| <i>doxycycline hyclate oral tablet 150 mg</i>                             | Tier 1    | ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)                                         |
| <i>doxycycline hyclate oral tablet 50 mg</i>                              | Tier 1    | ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day) |
| <i>doxycycline hyclate oral tablet 75 mg</i>                              | Tier 1    | ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)                                          |

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| Prescription Drug Name                                                       | Drug Tier | Coverage Requirements and Limits                                                                                                                                    |
|------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg</i>       | Tier 1    | ST: Requires prior prescription for Doxycycline Hyclate/Monohydrate 100mg capsule or tablets within the past 120 days; QL (2 EA per 1 day)                          |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 150 mg</i>       | Tier 1    | ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)                                     |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg</i>       | Tier 1    | ST: Requires prior prescription for Doxycycline Hyclate/Monohydrate 100mg capsule or tablets within the past 120 days; QL (1 EA per 1 day)                          |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 50 mg</i>        | Tier 1    | ST: Requires prior prescription for Doxycycline Hyclate 50mg tablets or Doxycycline Monohydrate 50mg capsules/tablets within the past 120 days; QL (2 EA per 1 day) |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 75 mg, 80 mg</i> | Tier 1    | ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)                                      |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>                    | Tier 1    |                                                                                                                                                                     |
| <i>doxycycline monohydrate oral capsule 150 mg</i>                           | Tier 1    | QL (2 EA per 1 day)                                                                                                                                                 |

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| Prescription Drug Name                                                                                          | Drug Tier | Coverage Requirements and Limits                                                                                               |
|-----------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------|
| <i>doxycycline monohydrate oral capsule 75 mg</i>                                                               | Tier 1    | ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day) |
| <i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>                                        | Tier 1    |                                                                                                                                |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>                                    | Tier 1    |                                                                                                                                |
| <i>doxycycline monohydrate oral tablet 100 mg, 150 mg</i>                                                       | Tier 1    | QL (2 EA per 1 day)                                                                                                            |
| <i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>                                                         | Tier 1    |                                                                                                                                |
| EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG (minocycline HCl)                                              | Tier 2    |                                                                                                                                |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>                                                            | Tier 1    |                                                                                                                                |
| <i>minocycline oral capsule,extended release 24hr 135 mg, 45 mg, 90 mg</i>                                      | Tier 1    | ST: Requires prior prescription for generic Minocycline IR within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)   |
| <i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>                                                             | Tier 1    |                                                                                                                                |
| <i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i> | Tier 1    | ST: Requires prior prescription for generic Minocycline IR within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)   |
| doxycycline monohydrate (Mondoxylene NI Oral Capsule 100 Mg)                                                    | Tier 1    |                                                                                                                                |

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|---------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------|
| doxycycline monohydrate (Mondoxyme NI Oral Capsule 75 Mg)                       | Tier 1    | ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)             |
| MORGIDOX 1X 50 KIT 50 MG (doxycycline hyclate/skin cleanser combination no.19)  | Tier 2    | ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days)         |
| MORGIDOX 1X100 KIT 100 MG (doxycycline hyclate/skin cleanser combination no.19) | Tier 2    | ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days)         |
| MORGIDOX 2X100 KIT 100 MG (doxycycline hyclate/skin cleanser combination no.19) | Tier 2    | ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days)         |
| doxycycline hyclate (Morgidox Oral Capsule 50 Mg)                               | Tier 2    | QL (2 EA per 1 day)                                                                                                                        |
| NUZYRA ORAL TABLET 150 MG (omadacycline tosylate)                               | Tier 2    |                                                                                                                                            |
| ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG (doxycycline monohydrate)      | Tier 2    |                                                                                                                                            |
| SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (sarecycline HCl)                     | Tier 2    | ST: Requires prior prescription for generic Doxycycline or Minocycline IR within the past 120 days; QL (1 EA per 1 day); Age (Min 9 Years) |

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|----------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| doxycycline hyclate (Targadox Oral Tablet 50 Mg)                                 | Tier 2    | ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day) |
| <i>tetracycline oral capsule 250 mg, 500 mg</i>                                  | Tier 1    |                                                                                                                                                                         |
| <i>tetracycline oral tablet 250 mg, 500 mg</i>                                   | Tier 1    |                                                                                                                                                                         |
| XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG (minocycline HCl) | Tier 2    | ST: Requires prior prescription for generic Minocycline IR within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)                                            |
| <b>Variola (Smallpox) Virus Antiviral Agents - Drugs For Viral Infections</b>    |           |                                                                                                                                                                         |
| TEMBEXA ORAL SUSPENSION 10 MG/ML (brincidofovir)                                 | Tier 2    |                                                                                                                                                                         |
| TEMBEXA ORAL TABLET 100 MG (brincidofovir)                                       | Tier 2    |                                                                                                                                                                         |
| TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG (tecovirimat)                     | Tier 2    |                                                                                                                                                                         |
| <b>Antineoplastics</b>                                                           |           |                                                                                                                                                                         |
| <b>Antineoplastic - Akt (Protein Kinase B (Pkb)) Inhibitor</b>                   |           |                                                                                                                                                                         |
| TRUQAP ORAL TABLET 160 MG, 200 MG (capivasertib)                                 | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY                                                                                                                    |

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|-----------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------|
| <b>Antineoplastic - Caseinolytic Protease P (Clpp) Activators</b>                 |           |                                                                              |
| MODEYSO ORAL CAPSULE 125 MG (dordaviprone HCl)                                    | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (20 EA per 28 days) |
| <b>Antineoplastic - Gamma-Secretase Inhibitor (Gsi)</b>                           |           |                                                                              |
| OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG (nirogacestat hydrobromide)             | Tier 3    | PA                                                                           |
| <b>Antineoplastic - Janus Kinase (Jak), Acvr1/Alk2 Inhibitors</b>                 |           |                                                                              |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (momelotinib dihydrochloride)          | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY                         |
| <b>Antineoplastic - Menin Inhibitors</b>                                          |           |                                                                              |
| REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG (revumenib citrate)                    | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY                         |
| <b>Antineoplastic - Ornithine Decarboxylase (Odc) Inhibitors</b>                  |           |                                                                              |
| IWILFIN ORAL TABLET 192 MG (eflornithine HCl)                                     | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY                         |
| <b>Antineoplastic - Parp Inhibitor And Antiandrogen Combinations</b>              |           |                                                                              |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (niraparib tosylate/abiraterone acetate) | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY                         |

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|--------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| <b>Antineoplastic - Systemic Enzyme Inhibitors Combinations</b>                                  |           |                                                      |
| AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG (avutometinib potassium/defactinib hydrochloride)    | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic-Isocitrate Dehydrogenase-1 And -2 (Idh1 And Idh2) Inhib</b>                    |           |                                                      |
| VORANIGO ORAL TABLET 10 MG, 40 MG (vorasidenib citrate)                                          | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastics - Drugs For Cancer</b>                                                        |           |                                                      |
| <b>Antineoplastic-Epiderm.Growth Factor-Egfr (ErbB1),Her-2 (ErbB2)R.Inhib - Drugs For Cancer</b> |           |                                                      |
| <i>lapatinib oral tablet 250 mg</i>                                                              | Tier 1    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| TYKERB ORAL TABLET 250 MG (lapatinib ditosylate)                                                 | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Cyp17 (17 Alpha-Hydroxylase/C17,20-Lyase) Inhibitor - Drugs For Cancer</b>   |           |                                                      |
| <i>abiraterone oral tablet 250 mg, 500 mg</i>                                                    | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| abiraterone acetate (Abirtega Oral Tablet 250 Mg)                                                | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| YONSA ORAL TABLET 125 MG (abiraterone acetate, submicronized)                                    | Tier 2    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |

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|------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| ZYTIGA ORAL TABLET 250 MG, 500 MG (abiraterone acetate)                                  | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - 1St Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer</b> |           |                                                      |
| <i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>                                       | Tier 1    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <i>gefitinib oral tablet 250 mg</i>                                                      | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| IRESSA ORAL TABLET 250 MG (gefitinib)                                                    | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| TARCEVA ORAL TABLET 100 MG (erlotinib HCl)                                               | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - 2Nd Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer</b> |           |                                                      |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (afatinib dimaleate)                            | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| NERLYNX ORAL TABLET 40 MG (neratinib maleate)                                            | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (dacomitinib)                                   | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                   | Drug Tier | Coverage Requirements and Limits                     |
|------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| <b>Antineoplastic - 3Rd Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer</b> |           |                                                      |
| LAZCLUZE ORAL TABLET 240 MG, 80 MG (lazertinib mesylate)                                 | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| TAGRISSE ORAL TABLET 40 MG, 80 MG (osimertinib mesylate)                                 | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs For Cancer</b>           |           |                                                      |
| MYLERAN ORAL TABLET 2 MG (busulfan)                                                      | Tier 2    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY     |
| <b>Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs For Cancer</b>           |           |                                                      |
| MATULANE ORAL CAPSULE 50 MG (procarbazine HCl)                                           | Tier 3    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY     |
| <b>Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs For Cancer</b>          |           |                                                      |
| ALKERAN ORAL TABLET 2 MG (melphalan)                                                     | Tier 2    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY     |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i>                                        | Tier 1    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY     |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i>                                         | Tier 1    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY     |
| HEPZATO (50 MM CATHETER) INTRA-ARTERIAL RECON SOLN 50 MG (melphalan HCl)                 | Tier 3    |                                                      |

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| Prescription Drug Name                                                                 | Drug Tier | Coverage Requirements and Limits                     |
|----------------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| HEPZATO (62 MM CATHETER) INTRA-ARTERIAL RECON SOLN 50 MG (melphalan HCl)               | Tier 3    |                                                      |
| LEUKERAN ORAL TABLET 2 MG (chlorambucil)                                               | Tier 2    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY     |
| <b>Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs For Cancer</b>             |           |                                                      |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)                                | Tier 2    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY     |
| <b>Antineoplastic - Alkylating Agent - Triazenes - Drugs For Cancer</b>                |           |                                                      |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>           | Tier 2    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY     |
| <b>Antineoplastic - Anaplastic Lymphoma Kinase (Alk) Inhibitors - Drugs For Cancer</b> |           |                                                      |
| ALECENSA ORAL CAPSULE 150 MG (alectinib HCl)                                           | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (brigatinib)                                 | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) (brigatinib)                    | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| ENSACOVE ORAL CAPSULE 100 MG, 25 MG (ensartinib hydrochloride)                         | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| LORBRENA ORAL TABLET 100 MG, 25 MG (lorlatinib)                                        | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |

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| Prescription Drug Name                                   | Drug Tier | Coverage Requirements and Limits                     |
|----------------------------------------------------------|-----------|------------------------------------------------------|
| XALKORI ORAL CAPSULE 200 MG, 250 MG (crizotinib)         | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG (crizotinib)    | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| ZYKADIA ORAL TABLET 150 MG (ceritinib)                   | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Antiadrenals - Drugs For Cancer</b>  |           |                                                      |
| LYSODREN ORAL TABLET 500 MG (mitotane)                   | Tier 2    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY     |
| <b>Antineoplastic - Antiandrogens - Drugs For Cancer</b> |           |                                                      |
| <i>abiraterone oral tablet 250 mg, 500 mg</i>            | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| abiraterone acetate (Abitrega Oral Tablet 250 Mg)        | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <i>bicalutamide oral tablet 50 mg</i>                    | Tier 1    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY     |
| CASODEX ORAL TABLET 50 MG (bicalutamide)                 | Tier 2    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY     |
| ERLEADA ORAL TABLET 240 MG, 60 MG (apalutamide)          | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |

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| Prescription Drug Name                                                         | Drug Tier | Coverage Requirements and Limits                     |
|--------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| NILANDRON ORAL TABLET 150 MG (nilutamide)                                      | Tier 2    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY     |
| <i>nilutamide oral tablet 150 mg</i>                                           | Tier 1    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY     |
| NUBEQA ORAL TABLET 300 MG (darolutamide)                                       | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| XTANDI ORAL CAPSULE 40 MG (enzalutamide)                                       | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| XTANDI ORAL TABLET 40 MG, 80 MG (enzalutamide)                                 | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| YONSA ORAL TABLET 125 MG (abiraterone acetate, submicronized)                  | Tier 2    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| ZYTIGA ORAL TABLET 250 MG, 500 MG (abiraterone acetate)                        | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs For Cancer</b> |           |                                                      |
| JYLAMVO ORAL SOLUTION 2 MG/ML (methotrexate)                                   | Tier 2    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <i>methotrexate sodium (pf) injection recon soln 1 gram</i>                    | Tier 1    |                                                      |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i>                    | Tier 1    |                                                      |
| <i>methotrexate sodium injection solution 25 mg/ml</i>                         | Tier 1    |                                                      |
| <i>methotrexate sodium oral tablet 2.5 mg</i>                                  | Tier 1    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY     |

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| Prescription Drug Name                                                     | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                |
|----------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)       | Tier 2    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY                                                                                                                                                                |
| XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)                              | Tier 2    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days) |
| <b>Antineoplastic - Antimetabolite - Purine Analogs - Drugs For Cancer</b> |           |                                                                                                                                                                                                                 |
| <i>mercaptopurine oral suspension 20 mg/ml</i>                             | Tier 3    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; ST: Requires prior prescription for Mercaptopurine tablets within the past 120 days                                                                           |
| <i>mercaptopurine oral tablet 50 mg</i>                                    | Tier 1    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY                                                                                                                                                                |
| PURIXAN ORAL SUSPENSION 20 MG/ML (mercaptopurine)                          | Tier 3    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; ST: Requires prior prescription for Mercaptopurine tablets within the past 120 days                                                                           |
| TABLOID ORAL TABLET 40 MG (thioguanine)                                    | Tier 3    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY                                                                                                                                                                |

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| Prescription Drug Name                                                                      | Drug Tier | Coverage Requirements and Limits                     |
|---------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| <b>Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs For Cancer</b>              |           |                                                      |
| <i>capecitabine oral tablet 150 mg, 500 mg</i>                                              | Tier 1    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| ONUREG ORAL TABLET 200 MG, 300 MG (azacitidine)                                             | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| XELODA ORAL TABLET 150 MG, 500 MG (capecitabine)                                            | Tier 2    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Antimetabolite - Urea Derivatives - Drugs For Cancer</b>                |           |                                                      |
| HYDREA ORAL CAPSULE 500 MG (hydroxyurea)                                                    | Tier 2    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY     |
| <i>hydroxyurea oral capsule 500 mg</i>                                                      | Tier 1    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY     |
| <b>Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations - Drugs For Cancer</b> |           |                                                      |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (trifluridine/tipiracil HCl)                     | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Aromatase Inhibitors - Drugs For Cancer</b>                             |           |                                                      |
| <i>anastrozole oral tablet 1 mg</i>                                                         | Tier 0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY                     |
| ARIMIDEX ORAL TABLET 1 MG (anastrozole)                                                     | Tier 0    |                                                      |
| AROMASIN ORAL TABLET 25 MG (exemestane)                                                     | Tier 0    |                                                      |

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| Prescription Drug Name                                                                                        | Drug Tier | Coverage Requirements and Limits                     |
|---------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| <i>exemestane oral tablet 25 mg</i>                                                                           | Tier 0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY                     |
| FEMARA ORAL TABLET 2.5 MG (letrozole)                                                                         | Tier 2    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY     |
| <i>letrozole oral tablet 2.5 mg</i>                                                                           | Tier 1    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY     |
| <b>Antineoplastic - Asparaginase Enzyme Therapy Agents - Drugs For Cancer</b>                                 |           |                                                      |
| RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML (asparaginase Erwinia chrysanthemi (recombinant)-rywn)             | Tier 3    |                                                      |
| <b>Antineoplastic - B-Cell Lymphoma-2 (Bcl-2) Inhibitors - Drugs For Cancer</b>                               |           |                                                      |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (venetoclax)                                                       | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (venetoclax)                               | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Braf Kinase Inhibitors - Drugs For Cancer</b>                                             |           |                                                      |
| BRAFTOVI ORAL CAPSULE 75 MG (encorafenib)                                                                     | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML (tovorafenib)                                              | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) (tovorafenib) | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |

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| Prescription Drug Name                                                              | Drug Tier | Coverage Requirements and Limits                     |
|-------------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG (dabrafenib mesylate)                            | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG (dabrafenib mesylate)                     | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| ZELBORAF ORAL TABLET 240 MG (vemurafenib)                                           | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Bruton's Tyrosine Kinase (Btk) Inhibitor - Drugs For Cancer</b> |           |                                                      |
| BRUKINSA ORAL CAPSULE 80 MG (zanubrutinib)                                          | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| BRUKINSA ORAL TABLET 160 MG (zanubrutinib)                                          | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (acalabrutinib maleate)            | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (ibrutinib)                                    | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML (ibrutinib)                                      | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (ibrutinib)                            | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| JAYPIRCA ORAL TABLET 100 MG, 50 MG (pirtobrutinib)                                  | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |

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| Prescription Drug Name                                                                                               | Drug Tier | Coverage Requirements and Limits                                          |
|----------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------|
| <b>Antineoplastic - Cyclin-Dependent Kinase (Cdk) 4/6 Inhibitors - Drugs For Cancer</b>                              |           |                                                                           |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (palbociclib)                                                             | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY                      |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (palbociclib)                                                              | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY                      |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) (ribociclib succinate) | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY                      |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (abemaciclib)                                                     | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY                      |
| <b>Antineoplastic - Epidermal Growth Factor Receptor-2 (Her2) Inhibitor - Drugs For Cancer</b>                       |           |                                                                           |
| HERNEXEOS ORAL TABLET 60 MG (zongertinib)                                                                            | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (3 EA per 1 day) |
| TUKYSA ORAL TABLET 150 MG, 50 MG (tucatinib)                                                                         | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY                      |
| <b>Antineoplastic - Epipodophyllotoxins - Drugs For Cancer</b>                                                       |           |                                                                           |
| <i>etoposide oral capsule 50 mg</i>                                                                                  | Tier 1    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY                          |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| <b>Antineoplastic - Exportin-1 (Xpo1) Inhibitors - Drugs For Cancer</b>                                                                                                                                                                           |           |                                                      |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) (selinexor) | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Ezh2 Histone Methyltransferase (Hmt) Inhibitor - Drugs For Cancer</b>                                                                                                                                                         |           |                                                      |
| TAZVERIK ORAL TABLET 200 MG (tazemetostat hydrobromide)                                                                                                                                                                                           | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Fibroblast Growth Factor Receptor (Fgfr) Kinase Inhib - Drugs For Cancer</b>                                                                                                                                                  |           |                                                      |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (erdafitinib)                                                                                                                                                                                               | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) (futibatinib)                                                                                                                                                | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (pemigatinib)                                                                                                                                                                                          | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Fms-Like Tyrosine Kinase 3 (Flt3) Inhibitors - Drugs For Cancer</b>                                                                                                                                                           |           |                                                      |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (quizartinib dihydrochloride)                                                                                                                                                                               | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |

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|--------------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| XOSPATA ORAL TABLET 40 MG (gilteritinib fumarate)                                    | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Hedgehog Pathway Inhibitor - Drugs For Cancer</b>                |           |                                                      |
| DAURISMO ORAL TABLET 100 MG, 25 MG (glasdegib maleate)                               | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| ERIVEDGE ORAL CAPSULE 150 MG (vismodegib)                                            | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| ODOMZO ORAL CAPSULE 200 MG (sonidegib phosphate)                                     | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Histone Deacetylase (Hdac) Inhibitors - Drugs For Cancer</b>     |           |                                                      |
| ZOLINZA ORAL CAPSULE 100 MG (vorinostat)                                             | Tier 3    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY     |
| <b>Antineoplastic - Hypoxia Inducible Factor (Hif) Inhibitors - Drugs For Cancer</b> |           |                                                      |
| WELIREG ORAL TABLET 40 MG (belzutifan)                                               | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Interferons - Drugs For Cancer</b>                               |           |                                                      |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML (ropeginterferon alfa-2b-njft)               | Tier 3    | PA                                                   |

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| Prescription Drug Name                                                                           | Drug Tier | Coverage Requirements and Limits                                          |
|--------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------|
| <b>Antineoplastic - Janus Kinase (Jak) Inhibitors - Drugs For Cancer</b>                         |           |                                                                           |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (ruxolitinib phosphate)                      | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (2 EA per 1 day) |
| <b>Antineoplastic - Janus Kinase(Jak),Fms-Like Tyrosine Kinase(Flt) Inhib - Drugs For Cancer</b> |           |                                                                           |
| INREBIC ORAL CAPSULE 100 MG (fedratinib dihydrochloride)                                         | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (4 EA per 1 day) |
| VONJO ORAL CAPSULE 100 MG (pacritinib citrate)                                                   | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (4 EA per 1 day) |
| <b>Antineoplastic - Kirsten Rat Sarcoma (Kras) Protein Inhibitor - Drugs For Cancer</b>          |           |                                                                           |
| KRAZATI ORAL TABLET 200 MG (adagrasib)                                                           | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY                      |
| LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG (sotorasib)                                          | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY                      |
| <b>Antineoplastic - Lhrh (Gnrh) Agonist Analog Pituitary Suppressants - Drugs For Cancer</b>     |           |                                                                           |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (leuprolide acetate)                                | Tier 3    | PA                                                                        |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (leuprolide acetate)                               | Tier 3    | PA                                                                        |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>                                                   | Tier 1    | PA                                                                        |

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| Prescription Drug Name                                                                       | Drug Tier | Coverage Requirements and Limits                     |
|----------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| <b>Antineoplastic - Lhrh (Gnrh) Antagonist<br/>Pituitary Suppressants - Drugs For Cancer</b> |           |                                                      |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG (degarelix acetate)            | Tier 2    | QL (2 EA per 365 days)                               |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG (degarelix acetate)             | Tier 2    | QL (1 EA per 30 days)                                |
| ORGOVYX ORAL TABLET 120 MG (relugolix)                                                       | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Mast Cell Stabilizers - Drugs For Cancer</b>                             |           |                                                      |
| <i>cromolyn oral concentrate 100 mg/5 ml</i>                                                 | Tier 1    |                                                      |
| GASTROCROM ORAL CONCENTRATE 100 MG/5 ML (cromolyn sodium)                                    | Tier 2    |                                                      |
| <b>Antineoplastic - Mek Kinase Inhibitors - Drugs For Cancer</b>                             |           |                                                      |
| COTELLIC ORAL TABLET 20 MG (cobimetinib fumarate)                                            | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| GOMEKLI ORAL CAPSULE 1 MG, 2 MG (mirdametinib)                                               | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG (mirdametinib)                                       | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG (selumetinib sulfate)                                     | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML (trametinib dimethyl sulfoxide)                          | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |

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| Prescription Drug Name                                                                                                                | Drug Tier | Coverage Requirements and Limits                     |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| MEKINIST ORAL TABLET 0.5 MG, 2 MG (trametinib dimethyl sulfoxide)                                                                     | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| MEKTOVI ORAL TABLET 15 MG (binimetinib)                                                                                               | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Mtor Kinase Inhibitors - Drugs For Cancer</b>                                                                     |           |                                                      |
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG (everolimus)                                                             | Tier 2    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (everolimus)                                                                         | Tier 2    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>                                                            | Tier 1    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>                                                        | Tier 1    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| everolimus (Torpenz Oral Tablet 10 Mg, 2.5 Mg, 5 Mg, 7.5 Mg)                                                                          | Tier 1    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Multikinase Inhibitors - Drugs For Cancer</b>                                                                     |           |                                                      |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (cabozantinib s-malate)                                                                     | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) (cabozantinib s-malate) | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |

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| Prescription Drug Name                                                                         | Drug Tier | Coverage Requirements and Limits                     |
|------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (ponatinib HCl)                                 | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| NEXAVAR ORAL TABLET 200 MG (sorafenib tosylate)                                                | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <i>sorafenib oral tablet 200 mg</i>                                                            | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| STIVARGA ORAL TABLET 40 MG (regorafenib)                                                       | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (Mdh1) Inhibitors - Drugs For Cancer</b> |           |                                                      |
| REZLIDHIA ORAL CAPSULE 150 MG (olutasidenib)                                                   | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| TIBSOVO ORAL TABLET 250 MG (ivosidenib)                                                        | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (Mdh2) Inhibitors - Drugs For Cancer</b> |           |                                                      |
| IDHIFA ORAL TABLET 100 MG, 50 MG (enasidenib mesylate)                                         | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors - Drugs For Cancer</b>     |           |                                                      |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG (duvelisib)                                                 | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |

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| Prescription Drug Name                                                                                           | Drug Tier | Coverage Requirements and Limits                     |
|------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| ZYDELIG ORAL TABLET 100 MG, 150 MG (idelalisib)                                                                  | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Pi3k-Alpha Inhibitors - Drugs For Cancer</b>                                                 |           |                                                      |
| ITOVEBI ORAL TABLET 3 MG, 9 MG (inavolisib)                                                                      | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) (alpelisib) | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Pi3k-Delta And Gamma Inhibitors - Drugs For Cancer</b>                                       |           |                                                      |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG (duvelisib)                                                                   | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Pi3k-Delta Inhibitors - Drugs For Cancer</b>                                                 |           |                                                      |
| ZYDELIG ORAL TABLET 100 MG, 150 MG (idelalisib)                                                                  | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Poly (Adp-Ribose) Polymerase (Parp) Inhibitors - Drugs For Cancer</b>                        |           |                                                      |
| LYNPARZA ORAL TABLET 100 MG, 150 MG (olaparib)                                                                   | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (rucaparib camsylate)                                                 | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (talazoparib tosylate)                     | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |

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| Prescription Drug Name                                                        | Drug Tier | Coverage Requirements and Limits                     |
|-------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (niraparib tosylate)                | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Progestins - Drugs For Cancer</b>                         |           |                                                      |
| <i>megestrol oral tablet 20 mg, 40 mg</i>                                     | Tier 1    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY     |
| <b>Antineoplastic - Proteasome Enzyme Inhibitors - Drugs For Cancer</b>       |           |                                                      |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (ixazomib citrate)                    | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs For Cancer</b> |           |                                                      |
| AUGTYRO ORAL CAPSULE 160 MG, 40 MG (repotrectinib)                            | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (avapritinib)        | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| BOSULIF ORAL CAPSULE 100 MG, 50 MG (bosutinib)                                | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (bosutinib)                        | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| BRUKINSA ORAL CAPSULE 80 MG (zanubrutinib)                                    | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| BRUKINSA ORAL TABLET 160 MG (zanubrutinib)                                    | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |

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|--------------------------------------------------------------------------|-----------|------------------------------------------------------|
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (acalabrutinib maleate) | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)                         | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| DANZITEN ORAL TABLET 71 MG, 95 MG (nilotinib tartrate)                   | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>  | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (tivozanib HCl)                    | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (fruquintinib)                          | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| GLEEVEC ORAL TABLET 100 MG, 400 MG (imatinib mesylate)                   | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| IBTROZI ORAL CAPSULE 200 MG (taletrectinib adipate)                      | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <i>imatinib oral tablet 100 mg, 400 mg</i>                               | Tier 1    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (ibrutinib)                         | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML (ibrutinib)                           | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |

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| Prescription Drug Name                                                                                                                                                                                                                | Drug Tier | Coverage Requirements and Limits                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (ibrutinib)                                                                                                                                                                              | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| IMKELDI ORAL SOLUTION 80 MG/ML (imatinib mesylate)                                                                                                                                                                                    | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| INLYTA ORAL TABLET 1 MG, 5 MG (axitinib)                                                                                                                                                                                              | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| JAYPIRCA ORAL TABLET 100 MG, 50 MG (pirtobrutinib)                                                                                                                                                                                    | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) (lenvatinib mesylate) | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>                                                                                                                                                                               | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib esylate)                                                                                                                                                                                 | Tier 3    | PA                                                   |
| <i>pazopanib oral tablet 200 mg</i>                                                                                                                                                                                                   | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| QINLOCK ORAL TABLET 50 MG (ripretinib)                                                                                                                                                                                                | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG (vimseltinib)                                                                                                                                                                               | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (entrectinib)                                                                                                                                                                                   | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |

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| Prescription Drug Name                                                     | Drug Tier | Coverage Requirements and Limits                     |
|----------------------------------------------------------------------------|-----------|------------------------------------------------------|
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG (entrectinib)                       | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| RYDAPT ORAL CAPSULE 25 MG (midostaurin)                                    | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG (asciminib hydrochloride)        | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (dasatinib) | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>        | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (sunitinib malate)      | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| TABRECTA ORAL TABLET 150 MG, 200 MG (capmatinib hydrochloride)             | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (nilotinib HCl)                 | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| TEPMETKO ORAL TABLET 225 MG (tepotinib HCl)                                | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| TURALIO ORAL CAPSULE 125 MG (pexidartinib hydrochloride)                   | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| VOTRIENT ORAL TABLET 200 MG (pazopanib HCl)                                | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |

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| Prescription Drug Name                                                                                                                                                                                                                            | Drug Tier | Coverage Requirements and Limits                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| <b>Antineoplastic - Retinoids - Drugs For Cancer</b>                                                                                                                                                                                              |           |                                                      |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i>                                                                                                                                                                                              | Tier 1    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY     |
| <b>Antineoplastic - Selective Estrogen Receptor Degradars (Serds) - Drugs For Cancer</b>                                                                                                                                                          |           |                                                      |
| ORSERDU ORAL TABLET 345 MG, 86 MG (elacestrant HCl)                                                                                                                                                                                               | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Selective Estrogen Receptor Modulators (Serms) - Drugs For Cancer</b>                                                                                                                                                         |           |                                                      |
| FARESTON ORAL TABLET 60 MG (toremifene citrate)                                                                                                                                                                                                   | Tier 3    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY     |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML (tamoxifen citrate)                                                                                                                                                                                            | Tier 2    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY     |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i>                                                                                                                                                                                                         | Tier 0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY                     |
| <i>toremifene oral tablet 60 mg</i>                                                                                                                                                                                                               | Tier 1    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY     |
| <b>Antineoplastic - Selective Inhibitors Of Nuclear Export (Sine) - Drugs For Cancer</b>                                                                                                                                                          |           |                                                      |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) (selinexor) | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                            | Drug Tier | Coverage Requirements and Limits                     |
|-----------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| <b>Antineoplastic - Selective Ret Kinase Inhibitor - Drugs For Cancer</b>         |           |                                                      |
| GAVRETO ORAL CAPSULE 100 MG (pralsetinib)                                         | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG (selpercatinib)                  | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs For Cancer</b> |           |                                                      |
| <i>bexarotene oral capsule 75 mg</i>                                              | Tier 1    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| TARGRETIN ORAL CAPSULE 75 MG (bexarotene)                                         | Tier 2    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antineoplastic - Thalidomide Analogs - Drugs For Cancer</b>                    |           |                                                      |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>         | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)                       | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)     | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| THALOMID ORAL CAPSULE 100 MG, 50 MG (thalidomide)                                 | Tier 2    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |

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|--------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------|
| <b>Antineoplastic - Topoisomerase I Inhibitors - Drugs For Cancer</b>                            |           |                                                                          |
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (topotecan HCl)                                              | Tier 3    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY                         |
| <b>Antineoplastic - Tropomyosin Receptor Kinase (Trk) Inhibitor - Drugs For Cancer</b>           |           |                                                                          |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG (larotrectinib sulfate)                                      | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY                     |
| VITRAKVI ORAL SOLUTION 20 MG/ML (larotrectinib sulfate)                                          | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY                     |
| <b>Antineoplastic Antibiotic - Others - Drugs For Cancer</b>                                     |           |                                                                          |
| JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2 (mitomycin)                                            | Tier 3    | PA                                                                       |
| <b>Antineoplastic-Pyrimidine Analog And Cytidine Deaminase Inhibitor Comb - Drugs For Cancer</b> |           |                                                                          |
| INQOVI ORAL TABLET 35-100 MG (decitabine/cedazuridine)                                           | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY                     |
| <b>Fluorouracil And Related Rescue Agents - Drugs For Cancer</b>                                 |           |                                                                          |
| VISTOGARD ORAL GRANULES IN PACKET 10 GRAM (uridine triacetate)                                   | Tier 3    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY; QL (24 EA per 14 days) |

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| Prescription Drug Name                                                                                                       | Drug Tier | Coverage Requirements and Limits                 |
|------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <b>Methotrexate Rescue Agents - Drugs For Cancer</b>                                                                         |           |                                                  |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg</i>                                                                           | Tier 1    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <i>leucovorin calcium oral tablet 25 mg, 5 mg</i>                                                                            | Tier 1    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs For Cancer</b>                                            |           |                                                  |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg</i>                                                                           | Tier 1    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <i>leucovorin calcium oral tablet 25 mg, 5 mg</i>                                                                            | Tier 1    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Urinary Tract Protective Agents Used In Conjunction With Chemotherapy - Drugs For Cancer</b>                              |           |                                                  |
| <i>mesna oral tablet 400 mg</i>                                                                                              | Tier 1    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| MESNEX ORAL TABLET 400 MG (mesna)                                                                                            | Tier 2    | COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| <b>Antiseptics And Disinfectants - Antiseptics And Disinfectants</b>                                                         |           |                                                  |
| <b>Antiseptic - Chlorine Releasing - Antiseptics And Disinfectants</b>                                                       |           |                                                  |
| ATRAPRO DERMAL SPRAY TOPICAL SPRAY, NON-AEROSOL 0.003-0.004 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water) | Tier 2    |                                                  |

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| Prescription Drug Name                                                                                                            | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| DELUO TOPICAL SPRAY, NON-AEROSOL 0.018 %-0.004 % -0.06 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)           | Tier 2    |                                  |
| HYCLODEX TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)       | Tier 2    |                                  |
| HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (hypochlorous acid/sodhypochlor/sod chlor/sodmagfluo/e.water)                      | Tier 2    |                                  |
| HYPOCYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water) | Tier 2    |                                  |
| MICROCYN TOPICAL SPRAY, NON-AEROSOL 0.003 %-0.004 % -0.023 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)       | Tier 2    |                                  |
| RENOVAR IRRIGATION IRRIGATION SOLUTION (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)                             | Tier 2    |                                  |
| RENOVAR TOPICAL SOLUTION (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)                                           | Tier 2    |                                  |
| <b>Antiseptic - Iodine/Iodophores - Antiseptics And Disinfectants</b>                                                             |           |                                  |
| IODOFLEX TOPICAL PADS, MEDICATED 0.9 % (cadexomer iodine)                                                                         | Tier 2    |                                  |
| IODOSORB TOPICAL GEL 0.9 % (cadexomer iodine)                                                                                     | Tier 2    |                                  |
| LUGOLS TOPICAL SOLUTION 5-10 % (iodine/potassium iodide)                                                                          | Tier 1    |                                  |
| STRONG IODINE TOPICAL SOLUTION 5-10 % (iodine/potassium iodide)                                                                   | Tier 1    |                                  |
| <b>Antiseptic - Others - Antiseptics And Disinfectants</b>                                                                        |           |                                  |
| <i>glutaraldehyde solution 25 %</i>                                                                                               | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                               | Drug Tier | Coverage Requirements and Limits                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------|
| <b>Antiseptic - Oxidizing Agents - Antiseptics And Disinfectants</b>                                                                 |           |                                                                  |
| <i>hydrogen peroxide (bulk) solution 30 %</i>                                                                                        | Tier 2    |                                                                  |
| <b>Antiseptic - Phenol Derivatives - Antiseptics And Disinfectants</b>                                                               |           |                                                                  |
| <i>phenol liquid</i>                                                                                                                 | Tier 2    |                                                                  |
| <b>Biologicals</b>                                                                                                                   |           |                                                                  |
| <b>Vaccine Viral - Respiratory Syncytial Virus (Rsv)</b>                                                                             |           |                                                                  |
| ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML (respiratory syncytial virus vaccine, preF A and B/PF)                          | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML (respiratory syncytial virus vacc. antigen/AS01E adjuvant/PF) | Tier 2    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (respiratory syncytial virus vaccine, preF protein, mRNA/PF)                        | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| <b>Biologicals - Biological Agents</b>                                                                                               |           |                                                                  |
| <b>Allergenic Extracts - Grass Pollen - Biological Agents</b>                                                                        |           |                                                                  |
| GRASTEK SUBLINGUAL TABLET 2,800 BAU (allergenic extract,grass pollen-timothy,standard)                                               | Tier 2    | PA                                                               |
| ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY (grass pollen-orchard/sweet vernal/rye/Kentucky/timothy, std.)                         | Tier 2    | PA                                                               |

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|-------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------|
| <b>Allergenic Extracts - Mite Extracts - Biological Agents</b>                                                    |           |                                                                  |
| ODACTRA SUBLINGUAL TABLET 12 SQ-HDM (allergenic extract, mite-D.farinae-D.pteronysinus,standard)                  | Tier 2    | PA                                                               |
| <b>Allergenic Extracts - Weed Pollen - Biological Agents</b>                                                      |           |                                                                  |
| RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT (allergenic extract-weed pollen-short ragweed)                         | Tier 2    | PA                                                               |
| <b>Antivenoms - Scorpion Antivenoms - Biological Agents</b>                                                       |           |                                                                  |
| ANASCORP INTRAVENOUS RECON SOLN 120 MG (centruroides (scorpion) polyvalent antivenom)                             | Tier 2    |                                                                  |
| <b>Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (Rsv) - Drugs For Viral Infections</b>           |           |                                                                  |
| BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML (nirsevimab-alip)                                         | Tier 2    |                                                                  |
| <b>Chemicals, Foods, Irritant/Allergenic - Biological Agents</b>                                                  |           |                                                                  |
| T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED (chemical allergens)                                      | Tier 2    |                                                                  |
| <b>Hepatitis A And Hepatitis B Vaccine Combinations - Vaccines</b>                                                |           |                                                                  |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (hepatitis A virus and hepatitis B virus vaccine/PF) | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |

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|--------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------|
| <b>Hepatitis A Vaccine - Single Agents - Vaccines</b>                                                              |           |                                                                  |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML (hepatitis A virus vaccine/PF)                               | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML (hepatitis A virus vaccine/PF)                                      | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML (hepatitis A virus vaccine/PF)                                         | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| <b>Hepatitis B Vaccines - Single Agents - Vaccines</b>                                                             |           |                                                                  |
| ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (hepatitis B virus vaccine recombinant/PF)                        | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (hepatitis B virus vaccine recombinant/PF)                           | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (hepatitis B vaccine recombinant/vaccine adjuvant CpG 1018/PF) | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML (hepatitis B virus vaccine recombinant/PF)        | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML (hepatitis B virus vaccine recombinant/PF)                      | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |

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| Prescription Drug Name                                                                                                                                                                                                       | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Immune Globulin - Gamma Globulin (Igg), Human - Biological Agents</b>                                                                                                                                                     |           |                                  |
| CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 % (immune globulin,gamma(IgG)-hipp human/maltose)                                                                                                                                        | Tier 3    | PA                               |
| CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %) (immune globulin,gamm(IgG)/glycine/IgA greater than 50 mcg/mL)                         | Tier 3    | PA                               |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 % (immune globulin,gamm(IgG)/glycine/IgA greater than 50 mcg/mL)                                                                                                                      | Tier 3    | PA                               |
| GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) (immune globulin,gamma(IgG)/glycine/IgA average 46 mcg/mL)                                                | Tier 3    | PA                               |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) (immune globulin,gamma(IgG)/glycine/IgA average 46 mcg/mL) | Tier 3    | PA                               |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (immune globulin,gamma (IgG)/proline/IgA 0 to 50 mcg/mL)                                                   | Tier 3    | PA                               |
| HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (immune globulin,gamma (IgG)/proline/IgA 0 to 50 mcg/mL)                                                    | Tier 3    | PA                               |
| HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) (immune globulin,gamma(IgG) human/hyaluronidase, human recomb)             | Tier 3    | PA                               |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------|
| XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (immune globulin,gamma (IgG)-klhw human) | Tier 3    | PA                                                               |
| <b>Live Vaccine And Live Virus Formulations - Vaccines</b>                                                                                                |           |                                                                  |
| FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (influenza vaccine trivalent live 2025-2026 (2 yrs-49 yrs))                       | Tier 2    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (influenza vaccine trivalent live 2025-2026 (2 yrs-49 yrs))     | Tier 2    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (measles, mumps, and rubella vaccine live/PF)                                            | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (measles, mumps, and rubella vaccine live/PF)                       | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (rotavirus vaccine, live oral attenuated,89-12 strain, G1P(8))                                              | Tier 2    |                                                                  |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML (rotavirus vaccine, live oral pentavalent)                                                                             | Tier 2    |                                                                  |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (varicella virus vaccine live/PF)                                               | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (cholera vaccine, live)                                                 | Tier 2    |                                                                  |

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|----------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT (typhoid vacc, live, attenuated)            | Tier 2    |                                  |
| <b>Peanut Desensitization Agents - Biological Agents</b>                                                 |           |                                  |
| PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG (peanut allergen powder-dnfp)                            | Tier 3    | PA                               |
| PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3) (peanut allergen powder-dnfp)                 | Tier 3    | PA                               |
| PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6) (peanut allergen powder-dnfp)                 | Tier 3    | PA                               |
| PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1) (peanut allergen powder-dnfp)     | Tier 3    | PA                               |
| PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG (peanut allergen powder-dnfp)                           | Tier 3    | PA                               |
| PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2) (peanut allergen powder-dnfp)               | Tier 3    | PA                               |
| PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4) (peanut allergen powder-dnfp)               | Tier 3    | PA                               |
| PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1) (peanut allergen powder-dnfp)  | Tier 3    | PA                               |
| PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X 1) (peanut allergen powder-dnfp)  | Tier 3    | PA                               |
| PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2) (peanut allergen powder-dnfp)             | Tier 3    | PA                               |
| PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) (peanut allergen powder-dnfp) | Tier 3    | PA                               |
| PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG (peanut allergen powder-dnfp)                  | Tier 3    | PA                               |
| PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG (peanut allergen powder-dnfp)          | Tier 3    | PA                               |

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|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------|
| PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG (peanut allergen powder-dnfp)                                              | Tier 3    | PA                                                               |
| PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG (peanut allergen powder-dnfp)                                                       | Tier 3    | PA                                                               |
| <b>Toxoid Vaccine Combinations - Vaccines</b>                                                                                                   |           |                                                                  |
| ADACEL(TDAP ADOLESN/ADULT)(PF)<br>INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (diphtheria,pertussis(acellular),tetanus vaccine/PF) | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| ADACEL(TDAP ADOLESN/ADULT)(PF)<br>INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (diphtheria,pertussis(acellular),tetanus vaccine/PF)    | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (diphtheria,pertussis(acellular),tetanus vaccine)                                   | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (tetanus and diphtheria toxoids, adsorbed, adult/PF)                           | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (tetanus and diphtheria toxoids, adsorbed, adult/PF)                                      | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| <b>Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric) - Vaccines</b>                                                                       |           |                                                                  |
| VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (typhoid vacc,live,attenuated)                                                       | Tier 2    |                                                                  |

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| Prescription Drug Name                                                                                                           | Drug Tier | Coverage Requirements and Limits                                 |
|----------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------|
| <b>Vaccine Bacterial - Gram Negative Cocci - Vaccines</b>                                                                        |           |                                                                  |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML (meningococcal vaccine A,C,Y and W-135,conj tetanus toxoid/PF)               | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML (meningococcal vaccine A,C,Y,W-135,diphtheria toxoid conj/PF)      | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML (meningococcal vaccine A,C,Y,W-135,diphtheria toxoid conj/PF) | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML (meningococ A,C,Y,W-135,TT comp/N. mening B,fHBP rec comp/PF)                   | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| <b>Vaccine Bacterial - Gram Positive Cocci - Vaccines</b>                                                                        |           |                                                                  |
| CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML (pneumococcal 21-valent conjugate vaccine (Diphtheria crm)/PF)                            | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (pneumococcal 23-valent polysaccharide vaccine)                                     | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (pneumococcal 20-valent conjugate vaccine (Diphtheria crm)/PF)                      | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |

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|-----------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------|
| VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML (pneumococcal 15-valent conjugate vaccine (Diphtheria crm)/PF)          | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| <b>Vaccine Bacterial - Meningococcal Group B Vaccines - Vaccines</b>                                                  |           |                                                                  |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (meningococcal group B vaccine, 4-component)                     | Tier 2    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (Neisseria meningitidis group B, lipidated fHBP recombinant)            | Tier 2    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| <b>Vaccine Bacterial - Toxin-Producing Bacilli - Vaccines</b>                                                         |           |                                                                  |
| VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (cholera vaccine, live)             | Tier 2    |                                                                  |
| <b>Vaccine Viral - Covid-19 (Sars-Cov-2) - Vaccines</b>                                                               |           |                                                                  |
| COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML (COVID vacc 2025-2026 (5-11 years) (Pfizer)/PF) | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML (COVID vaccine 2025-2026 (12 yrs up) (Pfizer)/PF)  | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML (COVID vaccine 2025-2026 (12 years up) (Moderna)/PF)     | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |

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|-------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------|
| MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML (COVID vaccine 2024-2025 (6 months-11 years)(Moderna)/PF)  | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML (COVID vaccine 2024-2025 (12 yrs up)/adjuvant-Matrix/PF)    | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| NUVAXOVID 2025-2026 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML (COVID vaccine 2025-2026 (12 yrs up)/adjuvant-Matrix/PF)          | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (COVID vaccine 2024-2025 (12 yrs up) (Moderna)/PF)         | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| SPIKEVAX 2025-2026(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (COVID vaccine 2025-2026 (12 years up) (Moderna)/PF)       | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| SPIKEVAX 2025-26 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML (COVID vaccine 2025-2026 (6 months-11 years)(Moderna)/PF) | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| <b>Vaccine Viral - Human Papillomavirus (Hpv)<br/>Vaccines - Vaccines</b>                                                     |           |                                                                  |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (human papillomavirus vaccine, 9-valent/PF)                                   | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (human papillomavirus vaccine, 9-valent/PF)                                      | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |

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|------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------|
| <b>Vaccine Viral - Influenza A And B - Vaccines</b>                                                                                            |           |                                                                  |
| AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (influenza virus vaccine trival split 2025-26 (36 mos up)/PF)  | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (influenza virus vaccine trivalent 2025-26 (6 mos and older))   | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (influenza vaccine tvs 2025-26 (65 yr up)/adjuvant MF59C.1/PF) | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (influenza virus vaccine tvs 2025-2026(6 months and older)/PF)         | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML (influenza virus vaccine tv 2025-26(9 yrs and older)rcmb/PF)          | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (flu vaccine tri 2025-2026(6 month and older)cell derived/PF)        | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (flu vaccine triv 2025-2026(6 month and older)cell derived)            | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (influenza virus vaccine tvs 2025-2026(6 months and older)/PF)        | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |

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| Prescription Drug Name                                                                                                                                | Drug Tier | Coverage Requirements and Limits                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------|
| FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (influenza vaccine trivalent live 2025-2026 (2 yrs-49 yrs))                   | Tier 2    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (influenza vaccine trivalent live 2025-2026 (2 yrs-49 yrs)) | Tier 2    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (influenza virus vaccine tvs 2025-2026(6 months and older)/PF)                | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (influenza virus vaccine trivalent 2025-26 (6 mos and older))                   | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML (influenza virus vaccine trival split 2025-2026(65 yr up)/PF)                     | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| <b>Vaccine Viral - Measles - Vaccines</b>                                                                                                             |           |                                                                  |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (measles, mumps, and rubella vaccine live/PF)                                        | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (measles, mumps, and rubella vaccine live/PF)                   | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| <b>Vaccine Viral - Mumps And Related - Vaccines</b>                                                                                                   |           |                                                                  |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (measles, mumps, and rubella vaccine live/PF)                                        | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |

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| Prescription Drug Name                                                                                                                | Drug Tier | Coverage Requirements and Limits                                 |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------|
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (measles, mumps, and rubella vaccine live/PF)   | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| <b>Vaccine Viral - Poliomyelitis - Vaccines</b>                                                                                       |           |                                                                  |
| IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML (poliomyelitis vaccine, killed)                                                         | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| <b>Vaccine Viral - Rotavirus - Vaccines</b>                                                                                           |           |                                                                  |
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (rotavirus vaccine, live oral attenuated,89-12 strain, G1P(8))                          | Tier 2    |                                                                  |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML (rotavirus vaccine, live oral pentavalent)                                                         | Tier 2    |                                                                  |
| <b>Vaccine Viral - Rubella - Vaccines</b>                                                                                             |           |                                                                  |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (measles, mumps, and rubella vaccine live/PF)                        | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (measles, mumps, and rubella vaccine live/PF)   | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| <b>Vaccine Viral - Varicella - Vaccines</b>                                                                                           |           |                                                                  |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (varicella-zoster virus glycoprotein E,rec/AS01B adjuvant/PF) | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (varicella virus vaccine live/PF)                           | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |

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|-------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------|
| <b>Vaccine Viral Combinations - Vaccines</b>                                                                                        |           |                                                                  |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (measles, mumps, and rubella vaccine live/PF)                      | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (measles, mumps, and rubella vaccine live/PF) | Tier 0    | \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| <b>Cardiovascular Therapy Agents</b>                                                                                                |           |                                                                  |
| <b>Antihyperlipidemic - Apolipoprotein C-III Synthesis Inhibitors</b>                                                               |           |                                                                  |
| TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML (olezarsen sodium)                                                                | Tier 3    | PA                                                               |
| <b>Endothelin Receptor Antagonists</b>                                                                                              |           |                                                                  |
| TRYVIO ORAL TABLET 12.5 MG (aprocitentan)                                                                                           | Tier 3    | PA                                                               |
| VANRAFIA ORAL TABLET 0.75 MG (atrasentan hydrochloride)                                                                             | Tier 3    | PA                                                               |
| <b>Endothelin-Angiotensin Receptor Antagonist</b>                                                                                   |           |                                                                  |
| FILSPARI ORAL TABLET 200 MG, 400 MG (sparsentan)                                                                                    | Tier 3    | PA                                                               |
| <b>Factor XII Inhibitors</b>                                                                                                        |           |                                                                  |
| ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML (garadacimab-gxii)                                                   | Tier 3    | PA                                                               |
| <b>Pah-Endothelin Receptor Antagonist-Selective Cgmp Pde5 Inhibitor Comb</b>                                                        |           |                                                                  |
| OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (macitentan/tadalafil)                                                                       | Tier 3    | PA                                                               |

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|----------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------|
| <b>Plasma Kallikrein Inhibitor Agents, Antisense Oligonucleotide (Aso)</b>                               |           |                                                                                                                    |
| DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML (donidalorsen sodium)                                   | Tier 3    | PA; QL (0.8 ML per 28 days)                                                                                        |
| <b>Pulmonary Antihypertensive Agent - Activin Receptor lia-Fc (Actriia)</b>                              |           |                                                                                                                    |
| WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) (sotatercept-csrk)        | Tier 3    |                                                                                                                    |
| <b>Cardiovascular Therapy Agents - Drugs For The Heart</b>                                               |           |                                                                                                                    |
| <b>Ace Inhibitor And Calcium Channel Blocker Combinations - Drugs For High Blood Pressure</b>            |           |                                                                                                                    |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>       | Tier 1    |                                                                                                                    |
| amlodipine besylate/benazepril HCl (Lotrel Oral Capsule 10-20 Mg)                                        | Tier 2    |                                                                                                                    |
| LOTREL ORAL CAPSULE 10-40 MG, 5-10 MG, 5-20 MG (amlodipine besylate/benazepril HCl)                      | Tier 2    |                                                                                                                    |
| PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (perindopril arginine/amlodipine besylate)            | Tier 2    | ST: Requires prior prescriptions for Amlodipine and an ACE Inhibitor within the past 365 days; QL (1 EA per 1 day) |
| <i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i> | Tier 1    |                                                                                                                    |
| <b>Ace Inhibitor And Diuretic Combinations - Drugs For High Blood Pressure</b>                           |           |                                                                                                                    |
| ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (quinapril HCl/hydrochlorothiazide)               | Tier 2    |                                                                                                                    |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>            | Tier 1    |                                                                                                                    |

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|------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>        | Tier 1    |                                  |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>                           | Tier 1    |                                  |
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>                       | Tier 1    |                                  |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>             | Tier 1    |                                  |
| LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril HCl/hydrochlorothiazide) | Tier 2    |                                  |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>              | Tier 1    |                                  |
| VASERETIC ORAL TABLET 10-25 MG (enalapril maleate/hydrochlorothiazide)                         | Tier 2    |                                  |
| ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (lisinopril/hydrochlorothiazide)       | Tier 2    |                                  |
| <b>Ace Inhibitors - Drugs For High Blood Pressure</b>                                          |           |                                  |
| ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (quinapril HCl)                                 | Tier 2    |                                  |
| ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (ramipril)                                    | Tier 2    |                                  |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                                        | Tier 1    |                                  |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>                                     | Tier 1    |                                  |
| <i>enalapril maleate oral solution 1 mg/ml</i>                                                 | Tier 1    | PA                               |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>                                | Tier 1    |                                  |
| EPANED ORAL SOLUTION 1 MG/ML (enalapril maleate)                                               | Tier 2    | PA                               |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>                                              | Tier 1    |                                  |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>                         | Tier 1    |                                  |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (benazepril HCl)                                      | Tier 2    |                                  |

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| Prescription Drug Name                                                                       | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>moexipril oral tablet 15 mg, 7.5 mg</i>                                                   | Tier 1    |                                  |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>                                     | Tier 1    |                                  |
| QBRELIS ORAL SOLUTION 1 MG/ML (lisinopril)                                                   | Tier 2    | PA                               |
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                                       | Tier 1    |                                  |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>                                    | Tier 1    |                                  |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>                                             | Tier 1    |                                  |
| VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (enalapril maleate)                           | Tier 2    |                                  |
| ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (lisinopril)                    | Tier 2    |                                  |
| <b>Aldosterone Receptor Antagonists - Drugs For High Blood Pressure</b>                      |           |                                  |
| ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (spironolactone)                                  | Tier 2    |                                  |
| CAROSPIR ORAL SUSPENSION 25 MG/5 ML (spironolactone)                                         | Tier 2    | PA                               |
| <i>eplerenone oral tablet 25 mg, 50 mg</i>                                                   | Tier 1    |                                  |
| INSPIRA ORAL TABLET 25 MG, 50 MG (eplerenone)                                                | Tier 2    |                                  |
| KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG (finerenone)                                        | Tier 2    | PA                               |
| <i>spironolactone oral suspension 25 mg/5 ml</i>                                             | Tier 1    | PA                               |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>                                       | Tier 1    |                                  |
| <b>Alpha-Beta Blockers - Drugs For High Blood Pressure</b>                                   |           |                                  |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>                              | Tier 1    |                                  |
| <i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>     | Tier 1    | QL (1 EA per 1 day)              |
| COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG (carvedilol phosphate) | Tier 2    | QL (1 EA per 1 day)              |

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| Prescription Drug Name                                                                                                                                  | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (carvedilol)                                                                                        | Tier 2    |                                  |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>                                                                                                     | Tier 1    |                                  |
| <i>labetalol oral tablet 400 mg</i>                                                                                                                     | Tier 1    |                                  |
| <b>Angiotensin II Receptor Blocker (Arb)-Calcium Channel Blocker Comb. - Drugs For High Blood Pressure</b>                                              |           |                                  |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>                                                                           | Tier 1    |                                  |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>                                                                        | Tier 1    |                                  |
| AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (amlodipine besylate/olmesartan medoxomil)                                                        | Tier 2    |                                  |
| EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (amlodipine besylate/valsartan)                                                            | Tier 2    |                                  |
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>                                                                          | Tier 1    |                                  |
| <b>Angiotensin II Receptor Blocker (Arb)-Calcium Channel Blocker-Diuretic - Drugs For High Blood Pressure</b>                                           |           |                                  |
| <i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>                               | Tier 1    |                                  |
| EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (amlodipine besylate/valsartan/hydrochlorothiazide)      | Tier 2    |                                  |
| <i>olmesartan-amlodipin-hcthiiazid 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>                                   | Tier 1    |                                  |
| TRIBENZOR 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 (olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide) | Tier 2    |                                  |

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| Prescription Drug Name                                                                                            | Drug Tier | Coverage Requirements and Limits                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations - Drugs For High Blood Pressure</b>                |           |                                                                                                                                   |
| ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (candesartan cilexetil/hydrochlorothiazide)              | Tier 2    |                                                                                                                                   |
| AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (irbesartan/hydrochlorothiazide)                                     | Tier 2    |                                                                                                                                   |
| BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (olmesartan medoxomil/hydrochlorothiazide)               | Tier 2    |                                                                                                                                   |
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>                                | Tier 1    |                                                                                                                                   |
| DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (valsartan/hydrochlorothiazide) | Tier 2    |                                                                                                                                   |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (azilsartan medoxomil/chlorthalidone)                                 | Tier 2    | ST: Requires prior prescription for an ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination within the past 120 days |
| HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (losartan potassium/hydrochlorothiazide)                    | Tier 2    |                                                                                                                                   |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>                                        | Tier 1    |                                                                                                                                   |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>                                | Tier 1    |                                                                                                                                   |
| MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (telmisartan/hydrochlorothiazide)                       | Tier 2    |                                                                                                                                   |
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>                                | Tier 1    |                                                                                                                                   |
| <i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>                                | Tier 1    |                                                                                                                                   |

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| Prescription Drug Name                                                                                      | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> | Tier 1    |                                  |
| <b>Angiotensin II Receptor Blocker-Neprilysin Inhibitor Comb. (Arni) - Drugs For High Blood Pressure</b>    |           |                                  |
| ENTRESTO ORAL TABLET 24-26 MG (sacubitril/valsartan)                                                        | Tier 2    | QL (6 EA per 1 day)              |
| ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG (sacubitril/valsartan)                                             | Tier 2    | QL (2 EA per 1 day)              |
| ENTRESTO SPRINKLE ORAL PELLETS 15-16 MG, 6-6 MG (sacubitril/valsartan)                                      | Tier 2    | QL (8 EA per 1 day)              |
| <i>sacubitril-valsartan oral tablet 24-26 mg</i>                                                            | Tier 1    | QL (6 EA per 1 day)              |
| <i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>                                                 | Tier 1    | QL (2 EA per 1 day)              |
| <b>Angiotensin II Receptor Blockers (Arbs) - Drugs For High Blood Pressure</b>                              |           |                                  |
| ARBLI ORAL SUSPENSION 10 MG/ML (losartan potassium)                                                         | Tier 2    | PA                               |
| ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (candesartan cilexetil)                                        | Tier 2    |                                  |
| AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (irbesartan)                                                       | Tier 2    |                                  |
| BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (olmesartan medoxomil)                                               | Tier 2    |                                  |
| <i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>                                                     | Tier 1    |                                  |
| COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (losartan potassium)                                                | Tier 2    |                                  |
| DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (valsartan)                                                 | Tier 2    |                                  |

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| Prescription Drug Name                                                   | Drug Tier | Coverage Requirements and Limits                                                                                                  |
|--------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------|
| EDARBI ORAL TABLET 40 MG, 80 MG (azilsartan medoxomil)                   | Tier 2    | ST: Requires prior prescription for an ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination within the past 120 days |
| <i>eprosartan oral tablet 600 mg</i>                                     | Tier 1    |                                                                                                                                   |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>                      | Tier 1    |                                                                                                                                   |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>                         | Tier 1    |                                                                                                                                   |
| MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (telmisartan)                   | Tier 2    |                                                                                                                                   |
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>                         | Tier 1    |                                                                                                                                   |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>                       | Tier 1    |                                                                                                                                   |
| <i>valsartan oral solution 4 mg/ml</i>                                   | Tier 1    | ST: Requires prior prescription for Valsartan tablets within the past 120 days                                                    |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>                | Tier 1    |                                                                                                                                   |
| <b>Antianginal - Coronary Vasodilators (Nitrates) - Drugs For Angina</b> |           |                                                                                                                                   |
| GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG (nitroglycerin)              | Tier 2    | ST: Requires prior prescriptions for two generic sublingual Nitroglycerin products within the past 365 days                       |
| ISORDIL ORAL TABLET 40 MG (isosorbide dinitrate)                         | Tier 2    |                                                                                                                                   |
| ISORDIL TITRADOSE ORAL TABLET 5 MG (isosorbide dinitrate)                | Tier 2    |                                                                                                                                   |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> | Tier 1    |                                                                                                                                   |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>                   | Tier 1    |                                                                                                                                   |

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| Prescription Drug Name                                                                                               | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>                                | Tier 1    |                                  |
| nitroglycerin (Nitro-Bid Transdermal Ointment 2 %)                                                                   | Tier 2    |                                  |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (nitroglycerin) | Tier 2    |                                  |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>                                                        | Tier 1    |                                  |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>                            | Tier 1    |                                  |
| <i>nitroglycerin translingual spray,non-aerosol 400 mcg/spray</i>                                                    | Tier 1    |                                  |
| NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY (nitroglycerin)                                            | Tier 2    |                                  |
| NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY (nitroglycerin)                                                   | Tier 2    |                                  |
| NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG (nitroglycerin)                                                   | Tier 2    |                                  |
| NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)                                       | Tier 1    |                                  |
| <b>Antianginal And Anti-Ischemic Agents - Drugs For Angina</b>                                                       |           |                                  |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (vericiguat)                                                                 | Tier 2    | PA                               |
| <b>Antianginal And Anti-Ischemic Agents, Non-Hemodynamic - Drugs For Angina</b>                                      |           |                                  |
| ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG, 500 MG (ranolazine)                                  | Tier 2    | PA                               |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>                                                        | Tier 1    | QL (60 EA per 30 days)           |
| <i>ranolazine oral tablet extended release 12 hr 500 mg</i>                                                          | Tier 1    | QL (120 EA per 30 days)          |
| <b>Antiarrhythmic - Class Ia - Drugs For Abnormal Heart Rhythms</b>                                                  |           |                                  |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>                                                            | Tier 1    |                                  |

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| Prescription Drug Name                                                            | Drug Tier | Coverage Requirements and Limits                                                                       |
|-----------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------|
| NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG (disopyramide phosphate) | Tier 2    |                                                                                                        |
| NORPACE ORAL CAPSULE 100 MG, 150 MG (disopyramide phosphate)                      | Tier 2    |                                                                                                        |
| <i>quinidine gluconate oral tablet extended release 324 mg</i>                    | Tier 1    |                                                                                                        |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i>                               | Tier 1    |                                                                                                        |
| <b>Antiarrhythmic - Class Ib - Drugs For Abnormal Heart Rhythms</b>               |           |                                                                                                        |
| <i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>                             | Tier 1    |                                                                                                        |
| <b>Antiarrhythmic - Class Ic - Drugs For Abnormal Heart Rhythms</b>               |           |                                                                                                        |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>                               | Tier 1    |                                                                                                        |
| <i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>    | Tier 1    |                                                                                                        |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>                             | Tier 1    |                                                                                                        |
| <b>Antiarrhythmic - Class Ii - Drugs For Abnormal Heart Rhythms</b>               |           |                                                                                                        |
| BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol HCl)                       | Tier 2    |                                                                                                        |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG (sotalol HCl)                  | Tier 2    |                                                                                                        |
| sotalol HCl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)                        | Tier 1    |                                                                                                        |
| <i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>                          | Tier 1    |                                                                                                        |
| SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol HCl)                                      | Tier 2    | QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol tablets within the past 120 days |

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|----------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------|
| <b>Antiarrhythmic - Class Iii - Drugs For Abnormal Heart Rhythms</b>                   |           |                                                                             |
| <i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>                                   | Tier 1    |                                                                             |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>                               | Tier 1    |                                                                             |
| MULTAQ ORAL TABLET 400 MG (dronedarone HCl)                                            | Tier 2    |                                                                             |
| amiodarone HCl (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)                           | Tier 1    |                                                                             |
| TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (dofetilide)                            | Tier 2    |                                                                             |
| <b>Antiarrhythmic - Class Iv - Drugs For Abnormal Heart Rhythms</b>                    |           |                                                                             |
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>                                      | Tier 1    |                                                                             |
| <b>Antihyperlipidemic - Apolipoprotein Inhibitors - Drugs For Cholesterol</b>          |           |                                                                             |
| TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML (olezarsen sodium)                   | Tier 3    | PA                                                                          |
| <b>Antihyperlipidemic - Atp-Citrate Lyase (Acly) Inhibitor - Drugs For Cholesterol</b> |           |                                                                             |
| NEXLETOL ORAL TABLET 180 MG (bempedoic acid)                                           | Tier 2    | ST: Requires prior prescription for generic statin within the past 120 days |
| <b>Antihyperlipidemic - Bile Acid Sequestrants - Drugs For Cholesterol</b>             |           |                                                                             |
| <i>cholestyramine (with sugar) oral powder 4 gram</i>                                  | Tier 1    |                                                                             |
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i>                        | Tier 1    |                                                                             |
| cholestyramine (Cholestyramine Light Oral Powder 4 Gram)                               | Tier 1    |                                                                             |
| cholestyramine (Cholestyramine Light Oral Powder In Packet 4 Gram)                     | Tier 1    |                                                                             |
| <i>colesevelam oral powder in packet 3.75 gram</i>                                     | Tier 1    |                                                                             |

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|----------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------|
| <i>colesevelam oral tablet 625 mg</i>                                                  | Tier 1    |                                                                                                 |
| COLESTID ORAL GRANULES 5 GRAM (colestipol HCl)                                         | Tier 2    |                                                                                                 |
| COLESTID ORAL TABLET 1 GRAM (colestipol HCl)                                           | Tier 2    |                                                                                                 |
| <i>colestipol oral granules 5 gram</i>                                                 | Tier 1    |                                                                                                 |
| <i>colestipol oral packet 5 gram</i>                                                   | Tier 1    |                                                                                                 |
| <i>colestipol oral tablet 1 gram</i>                                                   | Tier 1    |                                                                                                 |
| cholestyramine (Prevalite Oral Powder 4 Gram)                                          | Tier 1    |                                                                                                 |
| cholestyramine (Prevalite Oral Powder In Packet 4 Gram)                                | Tier 1    |                                                                                                 |
| cholestyramine (Questran Light Oral Powder 4 Gram)                                     | Tier 2    |                                                                                                 |
| cholestyramine (with sugar) (Questran Oral Powder 4 Gram)                              | Tier 2    |                                                                                                 |
| cholestyramine (with sugar) (Questran Oral Powder In Packet 4 Gram)                    | Tier 2    |                                                                                                 |
| WELCHOL ORAL POWDER IN PACKET 3.75 GRAM (colesevelam HCl)                              | Tier 2    |                                                                                                 |
| WELCHOL ORAL TABLET 625 MG (colesevelam HCl)                                           | Tier 2    |                                                                                                 |
| <b>Antihyperlipidemic - Fibric Acid Derivatives - Drugs For Cholesterol</b>            |           |                                                                                                 |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg, 90 mg</i> | Tier 1    |                                                                                                 |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>                          | Tier 1    |                                                                                                 |
| <i>fenofibrate oral capsule 150 mg, 50 mg</i>                                          | Tier 1    |                                                                                                 |
| <i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i>                            | Tier 1    |                                                                                                 |
| <i>fenofibric acid (choline) oral capsule, delayed release (drlec) 135 mg, 45 mg</i>   | Tier 1    |                                                                                                 |
| <i>fenofibric acid oral tablet 105 mg, 35 mg</i>                                       | Tier 1    |                                                                                                 |
| FENOGLIDE ORAL TABLET 120 MG, 40 MG (fenofibrate)                                      | Tier 2    | ST: Requires prior prescription for generic Fenofibrate or Gemfibrozil within the past 120 days |

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This Drug Formulary was updated: 01/01/2026

| Prescription Drug Name                                                                     | Drug Tier | Coverage Requirements and Limits                                                                                                                       |
|--------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIBRICOR ORAL TABLET 105 MG, 35 MG (fenofibric acid)                                       | Tier 2    |                                                                                                                                                        |
| <i>gemfibrozil oral tablet 600 mg</i>                                                      | Tier 1    |                                                                                                                                                        |
| LIPOFEN ORAL CAPSULE 150 MG, 50 MG (fenofibrate)                                           | Tier 2    | ST: Requires prior prescription for generic Fenofibrate or Gemfibrozil within the past 120 days                                                        |
| LOPID ORAL TABLET 600 MG (gemfibrozil)                                                     | Tier 2    |                                                                                                                                                        |
| TRICOR ORAL TABLET 145 MG, 48 MG (fenofibrate nanocrystallized)                            | Tier 2    |                                                                                                                                                        |
| <b>Antihyperlipidemic - Hmg Coa Reductase Inhibitors (Statins) - Drugs For Cholesterol</b> |           |                                                                                                                                                        |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG (lovastatin)               | Tier 2    | ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day)             |
| ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (atorvastatin calcium)                      | Tier 2    | PA                                                                                                                                                     |
| <i>atorvastatin oral tablet 10 mg, 20 mg</i>                                               | Tier 1    | \$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |
| <i>atorvastatin oral tablet 40 mg, 80 mg</i>                                               | Tier 1    | QL (1 EA per 1 day)                                                                                                                                    |
| CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (rosuvastatin calcium)                       | Tier 2    | QL (1 EA per 1 day)                                                                                                                                    |

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| Prescription Drug Name                                                                   | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (rosuvastatin calcium) | Tier 2    | ST: Requires prior prescription for generic Rosuvastatin within the past 120 days; QL (1 EA per 1 day)                                                                                                                                                                        |
| FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) (simvastatin)        | Tier 2    | PA                                                                                                                                                                                                                                                                            |
| <i>fluvastatin oral capsule 20 mg</i>                                                    | Tier 1    | ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day) |
| <i>fluvastatin oral capsule 40 mg</i>                                                    | Tier 1    | ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 2 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day) |

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| Prescription Drug Name                                                | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>fluvastatin oral tablet extended release 24 hr 80 mg</i>           | Tier 1    | ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |
| LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (atorvastatin calcium) | Tier 2    | QL (1 EA per 1 day)                                                                                                                                                                                                                                                           |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)            | Tier 2    | QL (1 EA per 1 day)                                                                                                                                                                                                                                                           |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>                     | Tier 1    | \$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)                                                                                                                        |
| <i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>              | Tier 1    | \$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)                                                                                                                        |

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| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits                                                                                                                       |
|-----------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | Tier 1    | \$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |
| <i>rosuvastatin oral tablet 10 mg, 5 mg</i>               | Tier 1    | \$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |
| <i>rosuvastatin oral tablet 20 mg, 40 mg</i>              | Tier 1    | QL (1 EA per 1 day)                                                                                                                                    |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>  | Tier 1    | \$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |
| <i>simvastatin oral tablet 80 mg</i>                      | Tier 1    | PA; QL (1 EA per 1 day)                                                                                                                                |
| ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (simvastatin)       | Tier 2    | QL (1 EA per 1 day)                                                                                                                                    |
| ZYPITAMAG ORAL TABLET 2 MG, 4 MG (pitavastatin magnesium) | Tier 2    | ST: Requires prior prescription for Livalo within the past 120 days; QL (1 EA per 1 day)                                                               |

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| Prescription Drug Name                                                                                 | Drug Tier | Coverage Requirements and Limits                                                                      |
|--------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------|
| <b>Antihyperlipidemic - Nicotinic Acid Derivatives<br/>- Drugs For Cholesterol</b>                     |           |                                                                                                       |
| <i>niacin oral tablet 500 mg</i>                                                                       | Tier 1    |                                                                                                       |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>                              | Tier 1    |                                                                                                       |
| niacin (Niacor Oral Tablet 500 Mg)                                                                     | Tier 1    |                                                                                                       |
| <b>Antihyperlipidemic - Omega-3 Fatty Acid Type -<br/>Drugs For Cholesterol</b>                        |           |                                                                                                       |
| <i>icosapent ethyl oral capsule 0.5 gram</i>                                                           | Tier 1    | QL (8 EA per 1 day)                                                                                   |
| <i>icosapent ethyl oral capsule 1 gram</i>                                                             | Tier 1    | QL (4 EA per 1 day)                                                                                   |
| omega-3 acid ethyl esters (Lovaza Oral Capsule 1 Gram)                                                 | Tier 2    | ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day) |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i>                                                   | Tier 1    | ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day) |
| VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)                                                        | Tier 2    | QL (8 EA per 1 day)                                                                                   |
| VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)                                                          | Tier 2    | QL (4 EA per 1 day)                                                                                   |
| <b>Antihyperlipidemic - Pcsk9 Inhibitor,<br/>Monoclonal Antibody (Mab) - Drugs For<br/>Cholesterol</b> |           |                                                                                                       |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (alirocumab)                                | Tier 2    | ST: Requires prior prescription for Repatha within the past 120 days                                  |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (evolocumab)                           | Tier 2    | ST: Requires prior prescription for generic statin within the past 120 days                           |

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| Prescription Drug Name                                                                         | Drug Tier | Coverage Requirements and Limits                                            |
|------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------|
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (evolocumab)                             | Tier 2    | ST: Requires prior prescription for generic statin within the past 120 days |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (evolocumab)                                    | Tier 2    | ST: Requires prior prescription for generic statin within the past 120 days |
| <b>Antihyperlipidemic - Pcsk9 Inhibitors - Drugs For Cholesterol</b>                           |           |                                                                             |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (alirocumab)                        | Tier 2    | ST: Requires prior prescription for Repatha within the past 120 days        |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (evolocumab)                   | Tier 2    | ST: Requires prior prescription for generic statin within the past 120 days |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (evolocumab)                             | Tier 2    | ST: Requires prior prescription for generic statin within the past 120 days |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (evolocumab)                                    | Tier 2    | ST: Requires prior prescription for generic statin within the past 120 days |
| <b>Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs For Cholesterol</b> |           |                                                                             |
| <i>ezetimibe oral tablet 10 mg</i>                                                             | Tier 1    | QL (1 EA per 1 day)                                                         |
| ZETIA ORAL TABLET 10 MG (ezetimibe)                                                            | Tier 2    | QL (1 EA per 1 day)                                                         |
| <b>Antihyperlipidemic Agents - Dietary Source - Drugs For Cholesterol</b>                      |           |                                                                             |
| <i>choline bitartrate oral tablet 500 mg</i>                                                   | Tier 1    |                                                                             |

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| Prescription Drug Name                                                                                                                    | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>lecithin, soy oral capsule 1,200 mg</i>                                                                                                | Tier 1    |                                  |
| PHOSPHALINE ORAL CAPSULE 900 MG<br>(phosphatidylcholine)                                                                                  | Tier 2    |                                  |
| PHOSPHALINE ORAL LIQUID 3 GRAM/5 ML<br>(phosphatidylcholine)                                                                              | Tier 2    |                                  |
| <b>Antihyperlipidemic Agents - Dietary Source Combinations - Drugs For Cholesterol</b>                                                    |           |                                  |
| COQMAX OMEGA ORAL CAPSULE 174-50-115-250 MG,<br>348-500-100 MG (omega-3 fatty acids/dha/epa/fish<br>oil/coenzyme Q-10)                    | Tier 2    |                                  |
| FISH OIL ORAL CAPSULE 1,000 (120-180) MG, 1,200<br>(144-216) MG, 300-1,000 MG (omega-3 fatty<br>acids/docosahexaenoic acid/epa/fish oil)  | Tier 1    |                                  |
| FISH OIL ORAL CAPSULE 300-500 MG, 360-1,200 MG<br>(omega-3 fatty acids/fish oil)                                                          | Tier 1    |                                  |
| FISH OIL ORAL CAPSULE, DELAYED RELEASE (DR/EC)<br>300-1,000 MG (omega-3 fatty acids/docosahexaenoic<br>acid/epa/fish oil)                 | Tier 1    |                                  |
| <i>inositol-choline bitartrate oral capsule 250-250 mg</i>                                                                                | Tier 1    |                                  |
| <i>krill-om-3-dha-epa-phospho-ast oral capsule 350-90-24-50<br/>mg, 500-115-30-64 mg</i>                                                  | Tier 1    |                                  |
| LIPOCHOL PLUS ORAL TABLET 0.5 MG<br>(methionine/inositol/choline/folic acid)                                                              | Tier 2    |                                  |
| MEGARED ADV TOTAL BODY REFRESH ORAL<br>CAPSULE 375-350-500-30 MG (omega-3 fatty<br>acids/dha/epa/fish oil/krill/lutein/zeaxanth)          | Tier 2    |                                  |
| MEGARED ADVANCED 4-IN-1 ORAL CAPSULE 339 MG-<br>314 MG- 500 MG, 700 MG-600 MG- 900 MG (omega-3 fatty<br>acids/dha/epa/fish oil/krill oil) | Tier 2    |                                  |
| MEGARED ADVANCED TOTAL BODY ORAL CAPSULE<br>339-314-500-24 MG (omega-3 fatty acids/dha/epa/fish<br>oil/krill/lutein/zeaxanth)             | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                                                  | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| MEGARED OMEGA-3 KRILL OIL ORAL CAPSULE 1,000-230-60 MG, 350-90-24-50 MG, 500-115-30-64 MG (krill oil/omega-3 fatty acids/dha/epa/phospholipids/astaxan) | Tier 2    |                                  |
| <i>omega 3-dha-epa-fish oil oral capsule 1,000 (120-180) mg, 200-300-1,000 mg, 300-1,000 mg, 60-90-500 mg</i>                                           | Tier 1    |                                  |
| <i>omega 3-dha-epa-fish oil oral capsule 100-400-1,000 mg, 415-670 mg</i>                                                                               | Tier 1    |                                  |
| <i>omega 3-dha-epa-fish oil oral capsule 300 mg (120 mg-180mg)-1,000 mg</i>                                                                             | Tier 2    |                                  |
| <i>omega 3-dha-epa-fish oil oral capsule, delayed release(dr/ec) 300 mg (120 mg- 180mg)-1,000 mg, 450 mg (128 mg- 322 mg)-650 mg</i>                    | Tier 1    |                                  |
| OMEGA MONOPURE DHA EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 790 MG-675 MG-118 MG-1,300 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)        | Tier 2    |                                  |
| OMEGA MONOPURE EPA EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 910-1,300 MG (omega-3 fatty acids/eicosapentaenoic acid (epa)/fish oil)                      | Tier 2    |                                  |
| OMEGA MONOPURE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 430-130-650 MG, 860-260-1,300 MG (omega-3 fatty acids/dha/epa/dpa/fish oil)                         | Tier 2    |                                  |
| <i>omega-3 fatty acids-fish oil oral capsule 300-1,000 mg</i>                                                                                           | Tier 1    |                                  |
| <i>omega-3 fatty acids-fish oil oral capsule 360-1,200 mg</i>                                                                                           | Tier 1    |                                  |
| OMEGA-3 KRILL OIL ORAL CAPSULE 350-90-24-50 MG (krill oil/omega-3 fatty acids/dha/epa/phospholipids/astaxan)                                            | Tier 1    |                                  |
| <i>omega-3s-dha-epa-fish oil oral capsule 360-600 mg</i>                                                                                                | Tier 1    |                                  |
| OMEGAPURE 900-TG ORAL CAPSULE 964-257-643 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)                                                    | Tier 2    |                                  |
| OMEGAPURE PRM ORAL CAPSULE 590-195-245-800 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)                                                   | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                                      | Drug Tier | Coverage Requirements and Limits                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------|
| OMEGAPURE-600 EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 650 MG-240 MG- 360 MG-1,000 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil) | Tier 2    |                                                                             |
| OMEGAPURE-780 EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 910 MG-330 MG- 450 MG-1,400 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil) | Tier 2    |                                                                             |
| OMEGAPURE-820 ORAL CAPSULE 937.5 MG-320 MG - 500 MG-1,250MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)                         | Tier 2    |                                                                             |
| OMEGAPURE-900 EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 967 MG-385 MG- 515 MG-1,290 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil) | Tier 2    |                                                                             |
| OVEGA-3 ORAL CAPSULE 250-140-47.5 MG (omega-3 fatty acids/dha/epa/Schizochytrium algal oil)                                                 | Tier 2    |                                                                             |
| OVEGA-3 ORAL CAPSULE 500-270-135 MG (omega-3 fatty acids/docosahexaenoic acid/epa)                                                          | Tier 2    |                                                                             |
| SUPERIOR OMEGA3 WITH VIT D ORAL CAPSULE 1,250 MG-1,375 MG-25 MCG (omega-3/dha/epa/other omega-3s/fish oil/vitamin D3)                       | Tier 2    |                                                                             |
| TRIPLE OMEGA 3-6-9 ORAL CAPSULE 400-400-400 MG (fish oil/borage oil/flaxseed oil/omega 3,6,9 combination no1)                               | Tier 1    |                                                                             |
| <b>Antihyperlipidemic- Atp-Citrate Lyase And Cholesterol Absorption Inhib - Drugs For Cholesterol</b>                                       |           |                                                                             |
| NEXLIZET ORAL TABLET 180-10 MG (bempedoic acid/ezetimibe)                                                                                   | Tier 2    | ST: Requires prior prescription for generic statin within the past 120 days |

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| Prescription Drug Name                                                                                                                                 | Drug Tier | Coverage Requirements and Limits                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------|
| <b>Antihyperlipidemic Hmg Coa Reduct Inhib And Calcium Channel Blocker - Drugs For Cholesterol</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> | Tier 1    | QL (1 EA per 1 day)                                                                                                      |
| CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (amlodipine besylate/atorvastatin calcium)               | Tier 2    | QL (1 EA per 1 day)                                                                                                      |
| <b>Antihyperlipidemic-Hmg Coa Reduct Inhib And Cholesterol Absorp Inhibit - Drugs For Cholesterol</b>                                                  |           |                                                                                                                          |
| <i>ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg</i>                                                                        | Tier 1    | ST: Requires prior prescriptions for Atorvastatin and Rosuvastatin tablets within the past 365 days; QL (1 EA per 1 day) |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>                                                                                  | Tier 1    | QL (1 EA per 1 day)                                                                                                      |
| <i>ezetimibe-simvastatin oral tablet 10-80 mg</i>                                                                                                      | Tier 1    | PA; QL (1 EA per 1 day)                                                                                                  |
| ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (ezetimibe/rosuvastatin calcium)                                                              | Tier 2    | ST: Requires prior prescriptions for Atorvastatin and Rosuvastatin tablets within the past 365 days; QL (1 EA per 1 day) |
| VYTORIN 10-10 ORAL TABLET 10-10 MG (ezetimibe/simvastatin)                                                                                             | Tier 2    | QL (1 EA per 1 day)                                                                                                      |
| VYTORIN 10-20 ORAL TABLET 10-20 MG (ezetimibe/simvastatin)                                                                                             | Tier 2    | QL (1 EA per 1 day)                                                                                                      |
| VYTORIN 10-40 ORAL TABLET 10-40 MG (ezetimibe/simvastatin)                                                                                             | Tier 2    | QL (1 EA per 1 day)                                                                                                      |

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|-------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| VYTORIN 10-80 ORAL TABLET 10-80 MG (ezetimibe/simvastatin)                                            | Tier 2    | PA; QL (1 EA per 1 day)          |
| <b>Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (Mtp)Inhib - Drugs For Cholesterol</b> |           |                                  |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (lomitapide mesylate)                                 | Tier 3    | PA                               |
| <b>Beta Blockers Cardiac Selective - Drugs For High Blood Pressure</b>                                |           |                                  |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>                                                      | Tier 1    |                                  |
| <i>betaxolol oral tablet 10 mg, 20 mg</i>                                                             | Tier 1    |                                  |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>                                                    | Tier 1    |                                  |
| <i>bisoprolol fumarate oral tablet 2.5 mg</i>                                                         | Tier 1    |                                  |
| BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (nebivolol HCl)                                       | Tier 2    |                                  |
| KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)  | Tier 2    |                                  |
| LOPRESSOR ORAL SOLUTION 10 MG/ML (metoprolol tartrate)                                                | Tier 2    | PA                               |
| LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)                                             | Tier 2    |                                  |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>           | Tier 1    |                                  |
| <i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>                                                  | Tier 1    |                                  |
| <i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>                                          | Tier 1    |                                  |
| <i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>                                               | Tier 1    |                                  |
| TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (atenolol)                                                  | Tier 2    |                                  |
| TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)      | Tier 2    |                                  |

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This Drug Formulary was updated:01/01/2026



| Prescription Drug Name                                                                                       | Drug Tier | Coverage Requirements and Limits                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity - Drugs For High Blood Pressure</b>   |           |                                                                                                                                                    |
| <i>acebutolol oral capsule 200 mg, 400 mg</i>                                                                | Tier 1    |                                                                                                                                                    |
| <b>Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity - Drugs For High Blood Pressure</b> |           |                                                                                                                                                    |
| <i>pindolol oral tablet 10 mg, 5 mg</i>                                                                      | Tier 1    |                                                                                                                                                    |
| <b>Beta Blockers Non-Cardiac Selective - Drugs For High Blood Pressure</b>                                   |           |                                                                                                                                                    |
| BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol HCl)                                                  | Tier 2    |                                                                                                                                                    |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG (sotalol HCl)                                             | Tier 2    |                                                                                                                                                    |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol HCl)                                                         | Tier 2    | ST: Requires prior prescription for generic Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days) |
| INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG (propranolol HCl)                | Tier 2    |                                                                                                                                                    |
| INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG (propranolol HCl)                                | Tier 2    | ST: Requires prior prescription for Inderal LA within the past 120 days                                                                            |
| INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG (propranolol HCl)                               | Tier 2    | ST: Requires prior prescription for Inderal LA within the past 120 days                                                                            |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>                                                               | Tier 1    |                                                                                                                                                    |
| <i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>                          | Tier 1    |                                                                                                                                                    |

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| Prescription Drug Name                                                                                        | Drug Tier | Coverage Requirements and Limits                                                                       |
|---------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------|
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>                                   | Tier 1    |                                                                                                        |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>                                              | Tier 1    |                                                                                                        |
| sotalol HCl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)                                                    | Tier 1    |                                                                                                        |
| <i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>                                                      | Tier 1    |                                                                                                        |
| SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol HCl)                                                                  | Tier 2    | QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol tablets within the past 120 days |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>                                                         | Tier 1    |                                                                                                        |
| <b>Bradykinin B2 Receptor Antagonists - Drugs For The Heart</b>                                               |           |                                                                                                        |
| FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML (icatibant acetate)                                                   | Tier 3    | PA                                                                                                     |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i>                                                              | Tier 3    | PA                                                                                                     |
| icatibant acetate (Sajazir Subcutaneous Syringe 30 Mg/3 MI)                                                   | Tier 3    | PA                                                                                                     |
| <b>Calcium Channel Blocker - Nsaid, Cox-2 Selective Inhibitor Combination - Drugs For High Blood Pressure</b> |           |                                                                                                        |
| CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG (amlodipine besylate/celecoxib)                          | Tier 2    |                                                                                                        |
| <b>Calcium Channel Blockers - Benzothiazepines - Drugs For High Blood Pressure</b>                            |           |                                                                                                        |
| CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (diltiazem HCl)         | Tier 2    |                                                                                                        |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem HCl) | Tier 2    |                                                                                                        |

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| Prescription Drug Name                                                                                         | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (diltiazem HCl)                                                      | Tier 2    |                                  |
| diltiazem HCl (Cartia Xt Oral Capsule, Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)                   | Tier 1    |                                  |
| <i>diltiazem hcl oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>                              | Tier 1    |                                  |
| <i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>                                 | Tier 1    |                                  |
| <i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>       | Tier 1    |                                  |
| <i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>                | Tier 1    |                                  |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>                                                   | Tier 1    |                                  |
| <i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>         | Tier 1    |                                  |
| DILT-XR ORAL CAPSULE, EXT. REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (diltiazem HCl)                           | Tier 1    |                                  |
| diltiazem HCl (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)            | Tier 1    |                                  |
| diltiazem HCl (Tiadylt Er Oral Capsule, Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg) | Tier 1    |                                  |
| TIAZAC ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem HCl)     | Tier 2    |                                  |
| <b>Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific - Drugs For High Blood Pressure</b>  |           |                                  |
| <i>nimodipine oral capsule 30 mg</i>                                                                           | Tier 1    |                                  |
| <i>nimodipine oral solution 60 mg/20 ml</i>                                                                    | Tier 3    | PA                               |
| NYMALIZE ORAL SOLUTION 60 MG/10 ML (nimodipine)                                                                | Tier 2    | PA                               |

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| Prescription Drug Name                                                                                   | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML (nimodipine)                                               | Tier 2    | PA                               |
| <b>Calcium Channel Blockers - Dihydropyridines - Drugs For High Blood Pressure</b>                       |           |                                  |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                        | Tier 1    |                                  |
| CONJUPRI ORAL TABLET 2.5 MG, 5 MG (levamlodipine maleate)                                                | Tier 2    | PA                               |
| <i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>                                 | Tier 1    |                                  |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i>                                                              | Tier 1    |                                  |
| KATERZIA ORAL SUSPENSION 1 MG/ML (amlodipine benzoate)                                                   | Tier 2    | PA                               |
| <i>levamlodipine oral tablet 2.5 mg, 5 mg</i>                                                            | Tier 1    | PA                               |
| <i>nicardipine oral capsule 20 mg, 30 mg</i>                                                             | Tier 1    |                                  |
| <i>nifedipine oral capsule 10 mg, 20 mg</i>                                                              | Tier 1    |                                  |
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>                                  | Tier 1    |                                  |
| <i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>                                       | Tier 1    |                                  |
| <i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i> | Tier 1    |                                  |
| NORLIQVA ORAL SOLUTION 1 MG/ML (amlodipine besylate)                                                     | Tier 2    | PA                               |
| NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (amlodipine besylate)                                            | Tier 2    |                                  |
| PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG (nifedipine)                          | Tier 2    |                                  |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG (nisoldipine)                              | Tier 2    |                                  |

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| Prescription Drug Name                                                                                          | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Calcium Channel Blockers - Phenylalkylamines - Drugs For High Blood Pressure</b>                             |           |                                  |
| <i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>                                        | Tier 1    |                                  |
| <i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>                            | Tier 1    |                                  |
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>                                                               | Tier 1    |                                  |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>                                            | Tier 1    |                                  |
| <b>Cardiac Myosin Inhibitor - Drugs For The Heart</b>                                                           |           |                                  |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (mavacamten)                                                    | Tier 3    | PA                               |
| <b>Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb. - Drugs For High Blood Pressure</b>       |           |                                  |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>                                                  | Tier 1    |                                  |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>                            | Tier 1    |                                  |
| <i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>                                | Tier 1    |                                  |
| TENORETIC 100 ORAL TABLET 100-25 MG (atenolol/chlorthalidone)                                                   | Tier 2    |                                  |
| TENORETIC 50 ORAL TABLET 50-25 MG (atenolol/chlorthalidone)                                                     | Tier 2    |                                  |
| <b>Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs For Serious Allergic Reaction</b> |           |                                  |
| AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML (epinephrine)                      | Tier 2    | QL (2 EA per 365 days)           |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>                       | Tier 1    | QL (4 EA per 1 FILL)             |

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| Prescription Drug Name                                                                              | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (epinephrine)                                    | Tier 2    | QL (4 EA per 1 FILL)             |
| EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (epinephrine)                                          | Tier 2    | QL (4 EA per 1 FILL)             |
| EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)                                | Tier 2    | QL (4 EA per 1 FILL)             |
| EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)                                      | Tier 2    | QL (4 EA per 1 FILL)             |
| NEFFY NASAL SPRAY, NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML) (epinephrine)               | Tier 2    | QL (4 EA per 1 FILL)             |
| <b>Cardiovascular Sympathomimetics - Drugs For Serious Allergic Reaction</b>                        |           |                                  |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>                                                | Tier 3    | PA                               |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                    | Tier 1    |                                  |
| NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (droxidopa)                                            | Tier 3    | PA                               |
| <b>Central Alpha-2 Agonists-Thiazide Diuretic And Related Comb. - Drugs For High Blood Pressure</b> |           |                                  |
| <i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>                              | Tier 1    |                                  |
| <b>Central Alpha-2 Receptor Agonists - Drugs For High Blood Pressure</b>                            |           |                                  |
| CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR (clonidine)                                    | Tier 2    |                                  |
| CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR (clonidine)                                    | Tier 2    |                                  |
| CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR (clonidine)                                    | Tier 2    |                                  |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>                                             | Tier 1    |                                  |
| <i>clonidine hcl oral tablet extended release 24 hr 0.17 mg</i>                                     | Tier 1    |                                  |

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|--------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>               | Tier 1    |                                  |
| <i>guanfacine oral tablet 1 mg, 2 mg</i>                                                         | Tier 1    |                                  |
| <i>methyldopa oral tablet 250 mg, 500 mg</i>                                                     | Tier 1    |                                  |
| <b>Digitalis Glycosides - Drugs For The Heart</b>                                                |           |                                  |
| digoxin (Digitek Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg))                              | Tier 1    |                                  |
| <i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>                                              | Tier 2    |                                  |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>                                 | Tier 1    |                                  |
| <i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>                                                  | Tier 1    | PA                               |
| LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)                              | Tier 2    |                                  |
| LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (digoxin)                                               | Tier 2    | PA                               |
| <b>Direct Acting Vasodilators - Drugs For High Blood Pressure</b>                                |           |                                  |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                                       | Tier 1    |                                  |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>                                                       | Tier 1    |                                  |
| <b>Diuretic - Aldosterone Receptor Antagonist, Non-Selective - Drugs For High Blood Pressure</b> |           |                                  |
| ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (spironolactone)                                      | Tier 2    |                                  |
| CAROSPIR ORAL SUSPENSION 25 MG/5 ML (spironolactone)                                             | Tier 2    | PA                               |
| <i>spironolactone oral suspension 25 mg/5 ml</i>                                                 | Tier 1    | PA                               |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>                                           | Tier 1    |                                  |
| <b>Diuretic - Aldosterone Receptor Antagonist, Selective - Drugs For High Blood Pressure</b>     |           |                                  |
| <i>eplerenone oral tablet 25 mg, 50 mg</i>                                                       | Tier 1    |                                  |
| INSPIRA ORAL TABLET 25 MG, 50 MG (eplerenone)                                                    | Tier 2    |                                  |

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|---------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Diuretic - Carbonic Anhydrase Inhibitors - Drugs For High Blood Pressure</b> |           |                                  |
| <i>acetazolamide oral capsule, extended release 500 mg</i>                      | Tier 1    |                                  |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i>                                 | Tier 1    |                                  |
| <i>dichlorophenamide oral tablet 50 mg</i>                                      | Tier 3    | PA                               |
| <i>methazolamide oral tablet 25 mg, 50 mg</i>                                   | Tier 1    |                                  |
| <b>Diuretic - Loop - Drugs For High Blood Pressure</b>                          |           |                                  |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>                                | Tier 1    |                                  |
| EDECRIN ORAL TABLET 25 MG (ethacrynic acid)                                     | Tier 2    | PA                               |
| <i>ethacrynic acid oral tablet 25 mg</i>                                        | Tier 1    | PA                               |
| FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML (furosemide)                              | Tier 3    | PA                               |
| <i>furosemide oral solution 10 mg/ml</i>                                        | Tier 1    |                                  |
| <i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>                            | Tier 1    |                                  |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>                               | Tier 1    |                                  |
| LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (furosemide)                              | Tier 2    |                                  |
| SOAANZ ORAL TABLET 40 MG (torsemide)                                            | Tier 2    | PA                               |
| <i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>                         | Tier 1    |                                  |
| <b>Diuretic - Osmotic - Drugs For High Blood Pressure</b>                       |           |                                  |
| UREAPRO ORAL POWDER 15 GRAM/SCOOP (urea)                                        | Tier 2    |                                  |
| <b>Diuretic - Potassium Sparing - Drugs For High Blood Pressure</b>             |           |                                  |
| <i>amiloride oral tablet 5 mg</i>                                               | Tier 1    |                                  |
| DYRENIUM ORAL CAPSULE 100 MG, 50 MG (triamterene)                               | Tier 2    |                                  |
| <i>triamterene oral capsule 100 mg, 50 mg</i>                                   | Tier 1    |                                  |

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|----------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Diuretic - Potassium Sparing-Thiazide And Related Combinations - Drugs For High Blood Pressure</b>    |           |                                  |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>                                                 | Tier 1    |                                  |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>                                               | Tier 1    |                                  |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>                                            | Tier 1    |                                  |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>                                   | Tier 1    |                                  |
| <b>Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists - Drugs For High Blood Pressure</b> |           |                                  |
| SAMSCA ORAL TABLET 15 MG (tolvaptan)                                                                     | Tier 3    | QL (30 EA per 365 days)          |
| SAMSCA ORAL TABLET 30 MG (tolvaptan)                                                                     | Tier 3    | QL (60 EA per 365 days)          |
| <i>tolvaptan oral tablet 15 mg</i>                                                                       | Tier 3    | QL (30 EA per 365 days)          |
| <i>tolvaptan oral tablet 30 mg</i>                                                                       | Tier 3    | QL (60 EA per 365 days)          |
| <b>Diuretic - Thiazides And Related - Drugs For High Blood Pressure</b>                                  |           |                                  |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                                                           | Tier 1    |                                  |
| DIURIL ORAL SUSPENSION 250 MG/5 ML (chlorothiazide)                                                      | Tier 2    |                                  |
| HEMICLOR ORAL TABLET 12.5 MG (chlorthalidone)                                                            | Tier 2    |                                  |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>                                                          | Tier 1    |                                  |
| <i>hydrochlorothiazide oral tablet 12.5 mg</i>                                                           | Tier 1    |                                  |
| <i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>                                                      | Tier 1    |                                  |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>                                                            | Tier 1    |                                  |
| INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML (hydrochlorothiazide)                                | Tier 2    | PA                               |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                        | Tier 1    |                                  |
| THALITONE ORAL TABLET 15 MG (chlorthalidone)                                                             | Tier 2    |                                  |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                                        | Drug Tier | Coverage Requirements and Limits                                                                                                  |
|---------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>Ganglionic Blocking, Non-Depolarizing - Drugs For High Blood Pressure</b>                                  |           |                                                                                                                                   |
| VECAMYL ORAL TABLET 2.5 MG (mecamylamine HCl)                                                                 | Tier 3    | PA                                                                                                                                |
| <b>Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors - Drugs For High Blood Pressure</b> |           |                                                                                                                                   |
| CORLANOR ORAL SOLUTION 5 MG/5 ML (ivabradine HCl)                                                             | Tier 2    | QL (20 ML per 1 day)                                                                                                              |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine HCl)                                                            | Tier 2    | ST: Requires prior prescription for Bisoprolol, Carvedilol, or Metoprolol Succinate within the past 120 days; QL (2 EA per 1 day) |
| <i>ivabradine oral tablet 5 mg, 7.5 mg</i>                                                                    | Tier 1    | ST: Requires prior prescription for Bisoprolol, Carvedilol, or Metoprolol Succinate within the past 120 days; QL (2 EA per 1 day) |
| <b>Hypertrophic Cardiomyopathy Treatment Agents, Ablative - Drugs For The Heart</b>                           |           |                                                                                                                                   |
| ABLYSINOL INTRA-ARTERIAL SOLUTION 99 % (ethyl alcohol)                                                        | Tier 2    |                                                                                                                                   |
| <i>ethyl alcohol intra-arterial solution 99 %</i>                                                             | Tier 1    |                                                                                                                                   |
| <b>Muscarinic Receptor Antagonists (Anticholinergic) - Drugs For Abnormal Heart Rhythms</b>                   |           |                                                                                                                                   |
| ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML (atropine sulfate)                              | Tier 2    |                                                                                                                                   |

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|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Non-Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb. - Drugs For High Blood Pressure</b>  |           |                                  |
| <i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>                                           | Tier 1    |                                  |
| <b>Pah Agents - Selective Prostacyclin Receptor (Ip) Agonists - Drugs For High Blood Pressure</b>              |           |                                  |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (selexipag) | Tier 3    | PA                               |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (selexipag)                                          | Tier 3    | PA                               |
| <b>Peripheral Alpha-1 Receptor Blockers - Drugs For High Blood Pressure</b>                                    |           |                                  |
| CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (doxazosin mesylate)                                                | Tier 2    |                                  |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG (doxazosin mesylate)                                   | Tier 2    |                                  |
| DIBENZYLINE ORAL CAPSULE 10 MG (phenoxybenzamine HCl)                                                          | Tier 3    | PA                               |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>                                                            | Tier 1    |                                  |
| <i>phenoxybenzamine oral capsule 10 mg</i>                                                                     | Tier 3    | PA                               |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>                                                                  | Tier 1    |                                  |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                                                          | Tier 1    |                                  |
| TEZRULY ORAL SOLUTION 1 MG/ML (terazosin HCl)                                                                  | Tier 2    | PA                               |
| <b>Peripheral Vasodilators, Single Agents - Drugs For High Blood Pressure</b>                                  |           |                                  |
| <i>papaverine injection solution 30 mg/ml</i>                                                                  | Tier 1    |                                  |

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|----------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Pheochromocytoma, Agents To Treat - Drugs For High Blood Pressure</b>                                                   |           |                                  |
| DEMSEER ORAL CAPSULE 250 MG (metyrosine)                                                                                   | Tier 3    | PA                               |
| <i>metyrosine oral capsule 250 mg</i>                                                                                      | Tier 3    | PA                               |
| <b>Plasma Kallikrein Inhibitor Agents, Recombinant Monoclonal Antibody - Drugs For The Heart</b>                           |           |                                  |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) (lanadelumab-flyo)                                                  | Tier 3    | PA                               |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML) (lanadelumab-flyo)                                        | Tier 3    | PA                               |
| <b>Plasma Kallikrein Inhibitor Agents, Small Molecule - Drugs For The Heart</b>                                            |           |                                  |
| EKTERLY ORAL TABLET 300 MG (sebetralstat)                                                                                  | Tier 3    | PA; QL (4 EA per 1 day)          |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG (berotralstat hydrochloride)                                                          | Tier 3    | PA                               |
| <b>Pulmonary Antihypertensive Agents - Prostacyclin-Type - Drugs For High Blood Pressure</b>                               |           |                                  |
| ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42) (treprostinil diolamine)    | Tier 3    | PA                               |
| ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210) (treprostinil diolamine)   | Tier 3    | PA                               |
| ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG (treprostinil diolamine) | Tier 3    | PA                               |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (treprostinil diolamine)                      | Tier 3    | PA                               |

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| Prescription Drug Name                                                                                                      | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (treprostinil sodium)                                    | Tier 3    | PA                               |
| <i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>                                         | Tier 3    | PA                               |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG (treprostinil)     | Tier 3    | PA                               |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (treprostinil)                                       | Tier 3    | PA                               |
| TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (treprostinil/nebulizer and accessories) | Tier 3    | PA                               |
| TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (treprostinil/nebulizer accessories)      | Tier 3    | PA                               |
| TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (treprostinil/nebulizer and accessories)             | Tier 3    | PA                               |
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (iloprost tromethamine)                                  | Tier 3    | PA                               |
| YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG (treprostinil sodium)                  | Tier 3    | PA                               |
| <b>Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator - Drugs For High Blood Pressure</b>               |           |                                  |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (riociguat)                                                          | Tier 3    | PA                               |
| <b>Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs For High Blood Pressure</b>                    |           |                                  |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i>                                                                                  | Tier 3    | PA                               |

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| Prescription Drug Name                                                                                  | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>bosentan oral tablet 125 mg, 62.5 mg</i>                                                             | Tier 3    | PA                               |
| <i>bosentan oral tablet for suspension 32 mg</i>                                                        | Tier 3    | PA                               |
| LETAIRIS ORAL TABLET 10 MG, 5 MG (ambrisentan)                                                          | Tier 3    | PA                               |
| OPSUMIT ORAL TABLET 10 MG (macitentan)                                                                  | Tier 3    | PA                               |
| TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)                                                         | Tier 3    | PA                               |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (bosentan)                                                    | Tier 3    | PA                               |
| <b>Pulmonary Arterial Hypertension - Selective Cgmp-Pde5 Inhibitors - Drugs For High Blood Pressure</b> |           |                                  |
| ADCIRCA ORAL TABLET 20 MG (tadalafil)                                                                   | Tier 3    | PA; QL (2 EA per 1 day)          |
| tadalafil (Alyq Oral Tablet 20 Mg)                                                                      | Tier 3    | PA; QL (2 EA per 1 day)          |
| LIQREV ORAL SUSPENSION 10 MG/ML (sildenafil citrate)                                                    | Tier 3    | PA                               |
| REVATIO ORAL TABLET 20 MG (sildenafil citrate)                                                          | Tier 2    | PA                               |
| <i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>                       | Tier 1    | PA                               |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>                                                 | Tier 1    | PA                               |
| <i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>                                                 | Tier 3    | PA; SG; QL (2 EA per 1 day)      |
| TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (tadalafil)                                                 | Tier 3    | PA                               |
| <b>Renin Inhibitor, Direct - Drugs For High Blood Pressure</b>                                          |           |                                  |
| <i>aliskiren oral tablet 150 mg, 300 mg</i>                                                             | Tier 1    |                                  |
| TEKTURNAL ORAL TABLET 150 MG, 300 MG (aliskiren hemifumarate)                                           | Tier 2    |                                  |
| <b>Vasodilator Combinations - Drugs For High Blood Pressure</b>                                         |           |                                  |
| BIDIL ORAL TABLET 20-37.5 MG (isosorbide dinitrate/hydralazine HCl)                                     | Tier 2    |                                  |

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| Prescription Drug Name                                                                                        | Drug Tier | Coverage Requirements and Limits                                                                                                        |
|---------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>                                                          | Tier 1    |                                                                                                                                         |
| <b>Central Nervous System Agents</b>                                                                          |           |                                                                                                                                         |
| <b>Antipsychotic - Muscarinic Agonist/Antagonist Combinations</b>                                             |           |                                                                                                                                         |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (xanomeline tartrate/trospium chloride)                   | Tier 2    | ST: Requires prior prescription for a generic atypical Antipsychotic, Rexulti, or Vraylar within the past 120 days; QL (2 EA per 1 day) |
| COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG (xanomeline tartrate/trospium chloride) | Tier 2    | ST: Requires prior prescription for a generic atypical Antipsychotic, Rexulti, or Vraylar within the past 120 days                      |
| <b>Migraine Therapy - Serotonin Agonist 5-Ht(1) And Nsaid Cox-2 Comb</b>                                      |           |                                                                                                                                         |
| SYMBRAVO ORAL TABLET 10-20 MG (rizatriptan benzoate/meloxicam)                                                | Tier 2    |                                                                                                                                         |
| <b>Central Nervous System Agents - Drugs For The Nervous System</b>                                           |           |                                                                                                                                         |
| <b>Agents To Treat Episodic Cluster Headaches - Drugs For Migraine Headaches</b>                              |           |                                                                                                                                         |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) (galcanezumab-gnlm)                         | Tier 2    | PA; QL (3 ML per 30 days)                                                                                                               |
| <b>Antianxiety Agent - Antihistamine Type - Drugs For Anxiety</b>                                             |           |                                                                                                                                         |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i>                                                               | Tier 1    |                                                                                                                                         |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                                        | Tier 1    |                                                                                                                                         |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>                                                  | Tier 1    |                                                                                                                                         |

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| Prescription Drug Name                                                              | Drug Tier | Coverage Requirements and Limits                                               |
|-------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------|
| <b>Antianxiety Agent - Benzodiazepines - Drugs For Anxiety</b>                      |           |                                                                                |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (alprazolam)                           | Tier 2    |                                                                                |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                           | Tier 1    |                                                                                |
| <i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>       | Tier 1    |                                                                                |
| <i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>           | Tier 1    |                                                                                |
| ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (lorazepam)                                   | Tier 2    |                                                                                |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>                         | Tier 1    |                                                                                |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>                                    | Tier 1    |                                                                                |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | Tier 1    |                                                                                |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>                   | Tier 1    |                                                                                |
| diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)                               | Tier 1    |                                                                                |
| <i>diazepam oral concentrate 5 mg/ml</i>                                            | Tier 1    |                                                                                |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>                                   | Tier 1    |                                                                                |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>                                       | Tier 1    |                                                                                |
| KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (clonazepam)                                | Tier 2    |                                                                                |
| lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/ML)                             | Tier 1    |                                                                                |
| <i>lorazepam oral concentrate 2 mg/ml</i>                                           | Tier 1    |                                                                                |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>                                     | Tier 1    |                                                                                |
| LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 2 MG, 3 MG (lorazepam)          | Tier 2    |                                                                                |
| LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1.5 MG (lorazepam)                    | Tier 2    | ST: Requires prior prescription for Lorazepam tablets within the past 120 days |

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| Prescription Drug Name                                                                                                 | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>                                                                       | Tier 1    |                                  |
| VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (diazepam)                                                                        | Tier 2    |                                  |
| XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (alprazolam)                                                             | Tier 2    |                                  |
| XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG (alprazolam)                                      | Tier 2    |                                  |
| <b>Antianxiety Agent - Dicarbamate Type - Drugs For Anxiety</b>                                                        |           |                                  |
| <i>meprobamate oral tablet 200 mg, 400 mg</i>                                                                          | Tier 1    |                                  |
| <b>Antianxiety Agent - Non-Benzodiazepine - Drugs For Anxiety</b>                                                      |           |                                  |
| BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 7.5 MG (buspirone HCl)                                                             | Tier 1    |                                  |
| <i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>                                                         | Tier 1    |                                  |
| <b>Anticonvulsant - Ampa-Type Glutamate Receptor Antagonists - Drugs For Seizures /Personality Disorder/Nerve Pain</b> |           |                                  |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML (perampanel)                                                                         | Tier 2    | QL (680 ML per 28 days)          |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG (perampanel)                                                                    | Tier 2    | QL (30 EA per 30 days)           |
| FYCOMPA ORAL TABLET 2 MG (perampanel)                                                                                  | Tier 2    | QL (120 EA per 30 days)          |
| FYCOMPA ORAL TABLET 4 MG, 6 MG (perampanel)                                                                            | Tier 2    | QL (60 EA per 30 days)           |
| <i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>                                                                       | Tier 1    | QL (30 EA per 30 days)           |
| <i>perampanel oral tablet 2 mg</i>                                                                                     | Tier 1    | QL (120 EA per 30 days)          |
| <i>perampanel oral tablet 4 mg, 6 mg</i>                                                                               | Tier 1    | QL (60 EA per 30 days)           |
| <b>Anticonvulsant - Barbiturates And Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain</b>             |           |                                  |
| MYSOLINE ORAL TABLET 250 MG, 50 MG (primidone)                                                                         | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                                              | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>                                                                                               | Tier 1    |                                  |
| <i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>                                                                         | Tier 1    |                                  |
| <i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>                                                                                                | Tier 1    |                                  |
| <i>primidone oral tablet 125 mg</i>                                                                                                                 | Tier 1    |                                  |
| <i>primidone oral tablet 250 mg, 50 mg</i>                                                                                                          | Tier 1    |                                  |
| <b>Anticonvulsant - Benzodiazepines - Drugs For Seizures /Personality Disorder/Nerve Pain</b>                                                       |           |                                  |
| <i>clobazam oral suspension 2.5 mg/ml</i>                                                                                                           | Tier 1    | QL (480 ML per 30 days)          |
| <i>clobazam oral tablet 10 mg, 20 mg</i>                                                                                                            | Tier 1    | QL (2 EA per 1 day)              |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                                                    | Tier 1    |                                  |
| <i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                                                                  | Tier 1    |                                  |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>                                                                                  | Tier 1    |                                  |
| KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (clonazepam)                                                                                                | Tier 2    |                                  |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (diazepam)                                                                                | Tier 2    | QL (10 EA per 30 days)           |
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) (midazolam)                                                                                   | Tier 2    | QL (10 EA per 30 days)           |
| ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)                                                                                                           | Tier 2    | QL (480 ML per 30 days)          |
| ONFI ORAL TABLET 10 MG, 20 MG (clobazam)                                                                                                            | Tier 2    | QL (2 EA per 1 day)              |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (clobazam)                                                                                                    | Tier 2    |                                  |
| VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (diazepam) | Tier 2    | QL (10 EA per 30 days)           |

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| Prescription Drug Name                                                                                    | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Anticonvulsant - Cannabinoid Type - Drugs For Seizures /Personality Disorder/Nerve Pain</b>            |           |                                  |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML (cannabidiol (CBD))                                                     | Tier 3    |                                  |
| <b>Anticonvulsant - Carbamates - Drugs For Seizures /Personality Disorder/Nerve Pain</b>                  |           |                                  |
| <i>felbamate oral suspension 600 mg/5 ml</i>                                                              | Tier 1    |                                  |
| <i>felbamate oral tablet 400 mg, 600 mg</i>                                                               | Tier 1    |                                  |
| FELBATOL ORAL TABLET 400 MG, 600 MG (felbamate)                                                           | Tier 2    |                                  |
| <b>Anticonvulsant - Carboxylic Acid Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain</b> |           |                                  |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex sodium)                         | Tier 2    |                                  |
| DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (divalproex sodium)                  | Tier 2    |                                  |
| DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex sodium)                          | Tier 2    |                                  |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>                                               | Tier 1    |                                  |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>                                       | Tier 1    |                                  |
| <i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>                             | Tier 1    |                                  |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>                                           | Tier 1    |                                  |
| <i>valproic acid oral capsule 250 mg</i>                                                                  | Tier 1    |                                  |
| <b>Anticonvulsant - Functionalized Amino Acid - Drugs For Seizures /Personality Disorder/Nerve Pain</b>   |           |                                  |
| <i>lacosamide oral solution 10 mg/ml</i>                                                                  | Tier 1    |                                  |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>                                               | Tier 1    |                                  |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                                                             | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG (lacosamide)                                                  | Tier 2    | PA                               |
| VIMPAT ORAL SOLUTION 10 MG/ML (lacosamide)                                                                                         | Tier 2    |                                  |
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (lacosamide)                                                                      | Tier 2    |                                  |
| <b>Anticonvulsant - Gaba Analogs - Drugs For Seizures /Personality Disorder/Nerve Pain</b>                                         |           |                                  |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>                                                                              | Tier 1    |                                  |
| <i>gabapentin oral solution 250 mg/5 ml</i>                                                                                        | Tier 1    |                                  |
| <i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>                                                             | Tier 1    |                                  |
| <i>gabapentin oral tablet 600 mg, 800 mg</i>                                                                                       | Tier 1    |                                  |
| GABARONE ORAL TABLET 100 MG, 400 MG (gabapentin)                                                                                   | Tier 1    |                                  |
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (pregabalin)                                       | Tier 2    |                                  |
| LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)                                                                                         | Tier 2    |                                  |
| NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (gabapentin)                                                                         | Tier 2    |                                  |
| NEURONTIN ORAL SOLUTION 250 MG/5 ML (gabapentin)                                                                                   | Tier 2    |                                  |
| NEURONTIN ORAL TABLET 600 MG, 800 MG (gabapentin)                                                                                  | Tier 2    |                                  |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>                                         | Tier 1    |                                  |
| <i>pregabalin oral solution 20 mg/ml</i>                                                                                           | Tier 1    |                                  |
| <b>Anticonvulsant - Gaba Re-Uptake Inhibitor, Nipecotic Acid Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain</b> |           |                                  |
| <i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>                                                                                     | Tier 1    | QL (4 EA per 1 day)              |
| <i>tiagabine oral tablet 16 mg</i>                                                                                                 | Tier 1    | QL (3 EA per 1 day)              |

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| Prescription Drug Name                                                                                             | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Anticonvulsant - Gaba Transaminase (Gaba-T) Inhibitor - Drugs For Seizures /Personality Disorder/Nerve Pain</b> |           |                                  |
| SABRIL ORAL POWDER IN PACKET 500 MG (vigabatrin)                                                                   | Tier 2    | PA                               |
| SABRIL ORAL TABLET 500 MG (vigabatrin)                                                                             | Tier 2    | PA                               |
| <i>vigabatrin oral powder in packet 500 mg</i>                                                                     | Tier 1    | PA                               |
| <i>vigabatrin oral tablet 500 mg</i>                                                                               | Tier 1    | PA                               |
| vigabatrin (Vigadrone Oral Powder In Packet 500 Mg)                                                                | Tier 1    | PA                               |
| vigabatrin (Vigadrone Oral Tablet 500 Mg)                                                                          | Tier 1    | PA                               |
| VIGAFYDE ORAL SOLUTION 100 MG/ML (vigabatrin)                                                                      | Tier 3    | PA                               |
| vigabatrin (Vigpoder Oral Powder In Packet 500 Mg)                                                                 | Tier 1    | PA                               |
| <b>Anticonvulsant - Hydantoins - Drugs For Seizures /Personality Disorder/Nerve Pain</b>                           |           |                                  |
| phenytoin sodium extended (Dilantin Extended Oral Capsule 100 Mg)                                                  | Tier 2    |                                  |
| phenytoin (Dilantin Infatabs Oral Tablet,Chewable 50 Mg)                                                           | Tier 2    |                                  |
| phenytoin sodium extended (Dilantin Oral Capsule 30 Mg)                                                            | Tier 2    |                                  |
| DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (phenytoin)                                                               | Tier 2    |                                  |
| phenytoin sodium extended (Phenytek Oral Capsule 200 Mg, 300 Mg)                                                   | Tier 2    |                                  |
| <i>phenytoin oral suspension 125 mg/5 ml</i>                                                                       | Tier 1    |                                  |
| <i>phenytoin oral tablet,chewable 50 mg</i>                                                                        | Tier 1    |                                  |
| <i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>                                               | Tier 1    |                                  |
| <b>Anticonvulsant - Iminostilbene Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain</b>            |           |                                  |
| APTOM ORAL TABLET 200 MG, 400 MG (eslicarbazepine acetate)                                                         | Tier 2    | QL (1 EA per 1 day)              |

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| Prescription Drug Name                                                             | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                      |
|------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| APTOM ORAL TABLET 600 MG, 800 MG (eslicarbazepine acetate)                         | Tier 2    | QL (2 EA per 1 day)                                                                                                                                                                                                   |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>      | Tier 1    |                                                                                                                                                                                                                       |
| <i>carbamazepine oral suspension 100 mg/5 ml</i>                                   | Tier 1    |                                                                                                                                                                                                                       |
| <i>carbamazepine oral tablet 200 mg</i>                                            | Tier 1    |                                                                                                                                                                                                                       |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>     | Tier 1    |                                                                                                                                                                                                                       |
| <i>carbamazepine oral tablet, chewable 100 mg</i>                                  | Tier 1    |                                                                                                                                                                                                                       |
| <i>carbamazepine oral tablet, chewable 200 mg</i>                                  | Tier 1    |                                                                                                                                                                                                                       |
| CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine) | Tier 2    |                                                                                                                                                                                                                       |
| carbamazepine (Epilex Oral Tablet 200 Mg)                                          | Tier 1    |                                                                                                                                                                                                                       |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)   | Tier 2    |                                                                                                                                                                                                                       |
| <i>eslicarbazepine oral tablet 200 mg, 400 mg</i>                                  | Tier 1    | QL (1 EA per 1 day)                                                                                                                                                                                                   |
| <i>eslicarbazepine oral tablet 600 mg, 800 mg</i>                                  | Tier 1    | QL (2 EA per 1 day)                                                                                                                                                                                                   |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>                        | Tier 1    |                                                                                                                                                                                                                       |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>                            | Tier 1    |                                                                                                                                                                                                                       |
| <i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i>             | Tier 1    | ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (3 EA per 1 day) |

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| Prescription Drug Name                                                                | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i>                        | Tier 1    | ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day) |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG (oxcarbazepine)         | Tier 2    | ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (3 EA per 1 day) |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG (oxcarbazepine)                 | Tier 2    | ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day) |
| TEGRETOL ORAL SUSPENSION 100 MG/5 ML (carbamazepine)                                  | Tier 2    |                                                                                                                                                                                                                       |
| TEGRETOL ORAL TABLET 200 MG (carbamazepine)                                           | Tier 2    |                                                                                                                                                                                                                       |
| TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (carbamazepine) | Tier 2    |                                                                                                                                                                                                                       |

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| Prescription Drug Name                                                                                   | Drug Tier | Coverage Requirements and Limits                                                                                                         |
|----------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------|
| TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML) (oxcarbazepine)                                         | Tier 2    |                                                                                                                                          |
| TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (oxcarbazepine)                                             | Tier 2    |                                                                                                                                          |
| <b>Anticonvulsant - Monosaccharide Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain</b> |           |                                                                                                                                          |
| EPRONTIA ORAL SOLUTION 25 MG/ML (topiramate)                                                             | Tier 2    | PA                                                                                                                                       |
| QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG (topiramate)                                              | Tier 2    | ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (3 EA per 1 day) |
| QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 150 MG, 200 MG (topiramate)                                      | Tier 2    | ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (2 EA per 1 day) |
| QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 25 MG (topiramate)                                               | Tier 2    | ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (1 EA per 1 day) |
| QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 50 MG (topiramate)                                               | Tier 2    | ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (7 EA per 1 day) |
| TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG (topiramate)                                                 | Tier 2    |                                                                                                                                          |

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| Prescription Drug Name                                           | Drug Tier | Coverage Requirements and Limits                                                                                                         |
|------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------|
| TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (topiramate)    | Tier 2    |                                                                                                                                          |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>            | Tier 1    |                                                                                                                                          |
| <i>topiramate oral capsule, sprinkle 50 mg</i>                   | Tier 1    |                                                                                                                                          |
| <i>topiramate oral capsule, extended release 24hr 100 mg</i>     | Tier 1    | QL (3 EA per 1 day)                                                                                                                      |
| <i>topiramate oral capsule, extended release 24hr 200 mg</i>     | Tier 1    | QL (2 EA per 1 day)                                                                                                                      |
| <i>topiramate oral capsule, extended release 24hr 25 mg</i>      | Tier 1    | QL (8 EA per 1 day)                                                                                                                      |
| <i>topiramate oral capsule, extended release 24hr 50 mg</i>      | Tier 1    | QL (7 EA per 1 day)                                                                                                                      |
| <i>topiramate oral capsule, sprinkle, er 24hr 100 mg</i>         | Tier 1    | ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (3 EA per 1 day) |
| <i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i> | Tier 1    | ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (2 EA per 1 day) |
| <i>topiramate oral capsule, sprinkle, er 24hr 25 mg</i>          | Tier 1    | ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (1 EA per 1 day) |
| <i>topiramate oral capsule, sprinkle, er 24hr 50 mg</i>          | Tier 1    | ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (7 EA per 1 day) |
| <i>topiramate oral solution 25 mg/ml</i>                         | Tier 1    | PA                                                                                                                                       |

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| Prescription Drug Name                                                                                                      | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                                                                  | Tier 1    |                                  |
| TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG (topiramate)                                                          | Tier 2    | QL (3 EA per 1 day)              |
| TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG (topiramate)                                                          | Tier 2    | QL (2 EA per 1 day)              |
| TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 25 MG (topiramate)                                                           | Tier 2    | QL (8 EA per 1 day)              |
| TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 50 MG (topiramate)                                                           | Tier 2    | QL (7 EA per 1 day)              |
| <b>Anticonvulsant - Neuroactive Steroid Gaba-A Receptor Modulator - Drugs For Seizures /Personality Disorder/Nerve Pain</b> |           |                                  |
| ZTALMY ORAL SUSPENSION 50 MG/ML (ganaxolone)                                                                                | Tier 3    | PA                               |
| <b>Anticonvulsant - Phenyltriazine Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain</b>                    |           |                                  |
| LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG (lamotrigine)                                          | Tier 2    |                                  |
| LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7) (lamotrigine)                         | Tier 2    |                                  |
| LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14) (lamotrigine)                      | Tier 2    |                                  |
| LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7) (lamotrigine)             | Tier 2    |                                  |
| LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)                                                            | Tier 2    |                                  |
| LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG (lamotrigine)                                                        | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                                   | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35) (lamotrigine)                                                              | Tier 2    |                                  |
| LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) (lamotrigine)                                                | Tier 2    |                                  |
| LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) (lamotrigine)                                                | Tier 2    |                                  |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (lamotrigine)                                 | Tier 2    |                                  |
| LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7) (lamotrigine)                                        | Tier 2    |                                  |
| LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) (lamotrigine)                             | Tier 2    |                                  |
| LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7) (lamotrigine)                             | Tier 2    |                                  |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>                                                                             | Tier 1    |                                  |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) - 100 mg (14)</i> | Tier 1    |                                  |
| <i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>                                        | Tier 1    |                                  |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>                                                                         | Tier 1    |                                  |
| <i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>                                                               | Tier 1    |                                  |
| <i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) - 100 mg (7), 25 mg (84) -100 mg (14)</i>                                   | Tier 1    |                                  |
| lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)                                                                        | Tier 2    |                                  |

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|---------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------|
| lamotrigine (Subvenite Starter (Blue) Kit Oral Tablets,Dose Pack 25 Mg (35))                                  | Tier 2    |                                                                                                                                |
| lamotrigine (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))                    | Tier 2    |                                                                                                                                |
| lamotrigine (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))                    | Tier 2    |                                                                                                                                |
| <b>Anticonvulsant - Pyrrolidine Derivatives -<br/>Drugs For Seizures /Personality<br/>Disorder/Nerve Pain</b> |           |                                                                                                                                |
| BRIVIACT ORAL SOLUTION 10 MG/ML (brivaracetam)                                                                | Tier 2    | QL (600 ML per 30 days)                                                                                                        |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (brivaracetam)                                        | Tier 2    | QL (2 EA per 1 day)                                                                                                            |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG (levetiracetam)                                        | Tier 2    | ST: Requires prior prescription for generic Levetiracetam ER within the past 120 days; QL (3 EA per 1 day); Age (Min 12 Years) |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG (levetiracetam)                                        | Tier 2    | ST: Requires prior prescription for generic Levetiracetam ER within the past 120 days; QL (2 EA per 1 day); Age (Min 12 Years) |
| KEPPRA ORAL SOLUTION 100 MG/ML (levetiracetam)                                                                | Tier 2    |                                                                                                                                |
| KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG (levetiracetam)                                           | Tier 2    |                                                                                                                                |
| KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG (levetiracetam)                                   | Tier 2    |                                                                                                                                |
| <i>levetiracetam oral solution 100 mg/ml</i>                                                                  | Tier 1    |                                                                                                                                |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>                                             | Tier 1    |                                                                                                                                |

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| Prescription Drug Name                                                                                | Drug Tier | Coverage Requirements and Limits                                                                                          |
|-------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------|
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>                                | Tier 1    |                                                                                                                           |
| levetiracetam (Roweepra Oral Tablet 500 Mg)                                                           | Tier 2    |                                                                                                                           |
| levetiracetam (Roweepra Xr Oral Tablet Extended Release 24 Hr 500 Mg, 750 Mg)                         | Tier 2    |                                                                                                                           |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG (levetiracetam)                   | Tier 2    | PA                                                                                                                        |
| <b>Anticonvulsant - Succinimides - Drugs For Seizures /Personality Disorder/Nerve Pain</b>            |           |                                                                                                                           |
| CELONTIN ORAL CAPSULE 300 MG (methsuximide)                                                           | Tier 2    |                                                                                                                           |
| <i>ethosuximide oral capsule 250 mg</i>                                                               | Tier 1    |                                                                                                                           |
| <i>ethosuximide oral solution 250 mg/5 ml</i>                                                         | Tier 1    |                                                                                                                           |
| <i>methsuximide oral capsule 300 mg</i>                                                               | Tier 1    |                                                                                                                           |
| ZARONTIN ORAL CAPSULE 250 MG (ethosuximide)                                                           | Tier 2    |                                                                                                                           |
| ethosuximide (Zarontin Oral Solution 250 Mg/5 Ml)                                                     | Tier 2    |                                                                                                                           |
| <b>Anticonvulsant - Sulfonamide Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain</b> |           |                                                                                                                           |
| ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (zonisamide)                                                      | Tier 2    |                                                                                                                           |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML (zonisamide)                                                     | Tier 2    | PA                                                                                                                        |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>                                                   | Tier 1    |                                                                                                                           |
| <b>Anticonvulsant - Triazole Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain</b>    |           |                                                                                                                           |
| BANZEL ORAL SUSPENSION 40 MG/ML (rufinamide)                                                          | Tier 2    | ST: Requires prior prescription for Valproic Acid, Divalproex, or Clobazam within the past 120 days; QL (80 ML per 1 day) |

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| Prescription Drug Name                                                             | Drug Tier | Coverage Requirements and Limits                                                                                          |
|------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------|
| BANZEL ORAL TABLET 200 MG (rufinamide)                                             | Tier 2    | ST: Requires prior prescription for Valproic Acid, Divalproex, or Clobazam within the past 120 days; QL (16 EA per 1 day) |
| BANZEL ORAL TABLET 400 MG (rufinamide)                                             | Tier 2    | ST: Requires prior prescription for Valproic Acid, Divalproex, or Clobazam within the past 120 days; QL (8 EA per 1 day)  |
| <i>rufinamide oral suspension 40 mg/ml</i>                                         | Tier 1    | ST: Requires prior prescription for Valproic acid, Divalproex, or Clobazam within the past 120 days; QL (80 ML per 1 day) |
| <i>rufinamide oral tablet 200 mg</i>                                               | Tier 1    | ST: Requires prior prescription for Valproic Acid, Divalproex, or Clobazam within the past 120 days; QL (16 EA per 1 day) |
| <i>rufinamide oral tablet 400 mg</i>                                               | Tier 1    | ST: Requires prior prescription for Valproic Acid, Divalproex, or Clobazam within the past 120 days; QL (8 EA per 1 day)  |
| <b>Anticonvulsant Others - Drugs For Seizures /Personality Disorder/Nerve Pain</b> |           |                                                                                                                           |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG (stiripentol)                                 | Tier 3    | PA                                                                                                                        |

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| Prescription Drug Name                                                                                                                | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (stiripentol)                                                                           | Tier 3    | PA                               |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML (fenfluramine HCl)                                                                                   | Tier 3    | PA                               |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) (cenobamate)                       | Tier 2    | QL (2 EA per 1 day)              |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG (cenobamate)                                                                          | Tier 2    | QL (1 EA per 1 day)              |
| XCOPRI ORAL TABLET 200 MG (cenobamate)                                                                                                | Tier 2    | QL (2 EA per 1 day)              |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) (cenobamate) | Tier 2    | QL (1 EA per 1 day)              |
| <b>Antidepressant - Alpha-2 Receptor Antagonists (Nassa) - Drugs For Depression</b>                                                   |           |                                  |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>                                                                                    | Tier 1    |                                  |
| <i>mirtazapine oral tablet 7.5 mg</i>                                                                                                 | Tier 1    |                                  |
| <i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>                                                                     | Tier 1    |                                  |
| REMERON ORAL TABLET 15 MG, 30 MG (mirtazapine)                                                                                        | Tier 2    |                                  |
| REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG (mirtazapine)                                                           | Tier 2    |                                  |
| <b>Antidepressant - Mao Inhibitor Nonselective And Irreversible-Types A,B - Drugs For Depression</b>                                  |           |                                  |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR (selegiline)                                                      | Tier 2    | QL (1 EA per 1 day)              |
| MARPLAN ORAL TABLET 10 MG (isocarboxazid)                                                                                             | Tier 2    |                                  |
| NARDIL ORAL TABLET 15 MG (phenelzine sulfate)                                                                                         | Tier 2    |                                  |
| PARNATE ORAL TABLET 10 MG (tranylcypromine sulfate)                                                                                   | Tier 2    |                                  |
| <i>phenelzine oral tablet 15 mg</i>                                                                                                   | Tier 1    |                                  |

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|------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>tranylcypromine oral tablet 10 mg</i>                                                       | Tier 1    |                                                                                                                                                                                                            |
| <b>Antidepressant - Nmda Receptor Antagonist And Ndri Combinations - Drugs For Depression</b>  |           |                                                                                                                                                                                                            |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG (dextromethorphan HBr/bupropion HCl)       | Tier 2    | ST: Requires prior prescription for Bupropion, Citalopram, Desvenlafaxine, Duloxetine, Escitalopram, Fluoxetine, Fluvoxamine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 120 days |
| <b>Antidepressant - Neuroactive Steroid Gaba-A Receptor Modulator - Drugs For Depression</b>   |           |                                                                                                                                                                                                            |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (zuranolone)                                         | Tier 3    | PA                                                                                                                                                                                                         |
| <b>Antidepressant - N-Methyl D-Aspartate (Nmda) Receptor Antagonist - Drugs For Depression</b> |           |                                                                                                                                                                                                            |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3) (esketamine HCl)        | Tier 3    | PA                                                                                                                                                                                                         |
| <b>Antidepressant - Selective Serotonin Reuptake Inhibitors (Ssris) - Drugs For Depression</b> |           |                                                                                                                                                                                                            |
| CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (citalopram hydrobromide)                               | Tier 2    |                                                                                                                                                                                                            |
| <i>citalopram oral capsule 30 mg</i>                                                           | Tier 1    |                                                                                                                                                                                                            |
| <i>citalopram oral solution 10 mg/5 ml</i>                                                     | Tier 1    |                                                                                                                                                                                                            |
| <i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>                                              | Tier 1    |                                                                                                                                                                                                            |
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i>                                            | Tier 1    |                                                                                                                                                                                                            |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>                                     | Tier 1    |                                                                                                                                                                                                            |
| <i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>                                             | Tier 1    |                                                                                                                                                                                                            |
| <i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>                                   | Tier 1    |                                                                                                                                                                                                            |

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|--------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>                                 | Tier 1    |                                  |
| <i>fluoxetine oral tablet 10 mg, 20 mg</i>                                           | Tier 1    |                                  |
| <i>fluoxetine oral tablet 60 mg</i>                                                  | Tier 1    |                                  |
| <i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>                | Tier 1    | QL (2 EA per 1 day)              |
| <i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>                                  | Tier 1    |                                  |
| LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (escitalopram oxalate)                        | Tier 2    |                                  |
| <i>paroxetine hcl oral suspension 10 mg/5 ml</i>                                     | Tier 1    |                                  |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>                         | Tier 1    |                                  |
| <i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>     | Tier 1    |                                  |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG (paroxetine HCl) | Tier 2    |                                  |
| PAXIL ORAL SUSPENSION 10 MG/5 ML (paroxetine HCl)                                    | Tier 2    |                                  |
| PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (paroxetine HCl)                        | Tier 2    |                                  |
| PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (fluoxetine HCl)                             | Tier 2    |                                  |
| <i>sertraline oral capsule 150 mg, 200 mg</i>                                        | Tier 2    | QL (1 EA per 1 day)              |
| <i>sertraline oral concentrate 20 mg/ml</i>                                          | Tier 1    |                                  |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>                                   | Tier 1    |                                  |
| ZOLOFT ORAL CONCENTRATE 20 MG/ML (sertraline HCl)                                    | Tier 2    |                                  |
| ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (sertraline HCl)                             | Tier 2    |                                  |

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| Prescription Drug Name                                                                              | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (Saris) - Drugs For Depression</b>   |           |                                                                                                                                                                                                             |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>                                 | Tier 1    |                                                                                                                                                                                                             |
| RALDESY ORAL SOLUTION 10 MG/ML (trazodone HCl)                                                      | Tier 2    | PA                                                                                                                                                                                                          |
| <i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>                                          | Tier 1    |                                                                                                                                                                                                             |
| <b>Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (Snris) - Drugs For Depression</b> |           |                                                                                                                                                                                                             |
| CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG, 30 MG, 60 MG (duloxetine HCl)                  | Tier 2    |                                                                                                                                                                                                             |
| <i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>                              | Tier 1    | ST: At least 2 prior prescriptions for generic Paroxetine HCL, Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Sertraline, or Venlafaxine ER/IR within the past 365 days; QL (1 EA per 1 day) |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>             | Tier 1    |                                                                                                                                                                                                             |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (duloxetine HCl)    | Tier 2    |                                                                                                                                                                                                             |
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>                          | Tier 1    |                                                                                                                                                                                                             |
| <i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>                                        | Tier 1    | ST: Requires prior prescription for two generic Duloxetine 20mg capsules within the past 120 days; QL (1 EA per 1 day)                                                                                      |

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| Prescription Drug Name                                                                        | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DULOXICAINE KIT 30 MG- 4% (duloxetine HCl/lidocaine HCl)                                      | Tier 2    |                                                                                                                                                                                                                                           |
| EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG (venlafaxine HCl)        | Tier 2    |                                                                                                                                                                                                                                           |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) (levomilnacipran HCl)       | Tier 2    | QL (1 EA per 1 day)                                                                                                                                                                                                                       |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG (levomilnacipran HCl) | Tier 2    | QL (1 EA per 1 day)                                                                                                                                                                                                                       |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG (desvenlafaxine succinate)    | Tier 2    |                                                                                                                                                                                                                                           |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (milnacipran HCl)                           | Tier 2    | ST: At least 2 prior prescriptions for Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine 20/30/60mg capsules, generic Gabapentin IR tablets/capsules, or Pregabalin IR capsules within the past 365 days; QL (2 EA per 1 day) |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (milnacipran HCl)               | Tier 2    | ST: At least 2 prior prescriptions for Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine 20/30/60mg capsules, generic Gabapentin IR tablets/capsules, or Pregabalin IR capsules within the past 365 days; QL (2 EA per 1 day) |

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|---------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>                      | Tier 1    | ST: Requires prior prescription for Venlafaxine HCL ER capsules within the past 120 days; QL (1 EA per 1 day)                                                           |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>               | Tier 1    |                                                                                                                                                                         |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                         | Tier 1    |                                                                                                                                                                         |
| <i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>         | Tier 1    |                                                                                                                                                                         |
| <b>Antidepressant - Ssri And 5Ht1a Partial Agonist - Drugs For Depression</b>               |           |                                                                                                                                                                         |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (vilazodone HCl)                                    | Tier 2    | ST: Requires prior prescription for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine IR/ER within the past 120 days |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>                                           | Tier 1    | ST: Requires prior prescription for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine IR/ER within the past 120 days |
| <b>Antidepressant - Ssri And Serotonin (5-Ht) Receptor Modulator - Drugs For Depression</b> |           |                                                                                                                                                                         |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (vortioxetine hydrobromide)                       | Tier 2    | QL (1 EA per 1 day)                                                                                                                                                     |

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| Prescription Drug Name                                                                               | Drug Tier | Coverage Requirements and Limits                                                                    |
|------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------|
| <b>Antidepressant - Tricyclic And Antipsychotic, Phenothiazine Comb - Drugs For Depression</b>       |           |                                                                                                     |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>            | Tier 1    |                                                                                                     |
| <b>Antidepressant - Tricyclic-Benzodiazepine Combinations - Drugs For Depression</b>                 |           |                                                                                                     |
| <i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>                                | Tier 1    |                                                                                                     |
| <b>Antidepressant- Ssri And Atypical Antipsych,Dopamine,Serotonin Antagon - Drugs For Depression</b> |           |                                                                                                     |
| <i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>              | Tier 1    | QL (1 EA per 1 day)                                                                                 |
| <b>Antidepressant-Norepinephrine And Dopamine Reuptake Inhibitors (Ndris) - Drugs For Depression</b> |           |                                                                                                     |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG (bupropion HBr)                   | Tier 2    | ST: Requires prior prescription for Bupropion HCL within the past 120 days; QL (1 EA per 1 day)     |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>                                                       | Tier 1    |                                                                                                     |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>                               | Tier 1    |                                                                                                     |
| <i>bupropion hcl oral tablet extended release 24 hr 450 mg</i>                                       | Tier 1    | ST: Requires prior prescription for generic Bupropion within the past 120 days; QL (1 EA per 1 day) |
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>                      | Tier 1    |                                                                                                     |

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|------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG (bupropion HCl)             | Tier 2    |                                  |
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG (bupropion HCl)                      | Tier 2    |                                  |
| <b>Antidepressant-Tricyclics And Related (Non-Select Reuptake Inhibitors) - Drugs For Depression</b> |           |                                  |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                          | Tier 1    |                                  |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>                                            | Tier 1    |                                  |
| ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (clomipramine HCl)                                        | Tier 2    |                                  |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>                                                 | Tier 1    |                                  |
| <i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                            | Tier 1    |                                  |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                               | Tier 1    |                                  |
| <i>doxepin oral concentrate 10 mg/ml</i>                                                             | Tier 1    |                                  |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                                | Tier 1    |                                  |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>                                 | Tier 1    |                                  |
| NORPRAMIN ORAL TABLET 10 MG, 25 MG (desipramine HCl)                                                 | Tier 2    |                                  |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>                                         | Tier 1    |                                  |
| <i>nortriptyline oral solution 10 mg/5 ml</i>                                                        | Tier 1    |                                  |
| PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (nortriptyline HCl)                                  | Tier 2    |                                  |
| <i>protriptyline oral tablet 10 mg, 5 mg</i>                                                         | Tier 1    |                                  |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>                                                | Tier 1    |                                  |

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|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------|
| <b>Antiparkinson - Dopaminergic-Periph Comt-Dopa-Decarboxylase Inhib Comb - Drugs For Parkinson</b>                                               |           |                                                                                                                  |
| <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> | Tier 1    |                                                                                                                  |
| <b>Antiparkinson - Dopaminerg-Peripheral Dopa-Decarboxylase Inhibit Comb - Drugs For Parkinson</b>                                                |           |                                                                                                                  |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>                                                                             | Tier 1    |                                                                                                                  |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>                                                                       | Tier 1    |                                                                                                                  |
| <i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>                                                              | Tier 1    |                                                                                                                  |
| CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 35-140 MG (carbidopa/levodopa)                                                                        | Tier 2    | ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (4 EA per 1 day)  |
| CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 52.5-210 MG (carbidopa/levodopa)                                                                      | Tier 2    | ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (10 EA per 1 day) |
| CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 70-280 MG (carbidopa/levodopa)                                                                        | Tier 2    | ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (7 EA per 1 day)  |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                                           | Drug Tier | Coverage Requirements and Limits                                                                                 |
|------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------|
| CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 87.5-350 MG (carbidopa/levodopa)                                     | Tier 2    | ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (6 EA per 1 day)  |
| DHIVY ORAL TABLET 25-100 MG (carbidopa/levodopa)                                                                 | Tier 2    |                                                                                                                  |
| DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML (carbidopa/levodopa)                                       | Tier 3    | PA                                                                                                               |
| RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (carbidopa/levodopa) | Tier 2    | ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (10 EA per 1 day) |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG (carbidopa/levodopa)                                                    | Tier 2    |                                                                                                                  |
| VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML (foscarbidopa/foslevodopa)                            | Tier 3    | PA                                                                                                               |
| <b>Antiparkinson Adjuvant - Adenosine Receptor Antagonist - Drugs For Parkinson</b>                              |           |                                                                                                                  |
| NOURIANZ ORAL TABLET 20 MG, 40 MG (istradefylline)                                                               | Tier 3    | PA                                                                                                               |
| <b>Antiparkinson Adjuvant - Central/Peripheral Comt Inhibitors - Drugs For Parkinson</b>                         |           |                                                                                                                  |
| TASMAR ORAL TABLET 100 MG (tolcapone)                                                                            | Tier 2    | ST: Requires prior prescription for Comtan (Entacapone) within the past 120 days; QL (3 EA per 1 day)            |
| <i>tolcapone oral tablet 100 mg</i>                                                                              | Tier 1    | ST: Requires prior prescription for Comtan (Entacapone) within the past 120 days; QL (3 EA per 1 day)            |

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| Prescription Drug Name                                                                         | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antiparkinson Adjuvant - Peripheral Comt Inhibitors - Drugs For Parkinson</b>               |           |                                  |
| <i>entacapone oral tablet 200 mg</i>                                                           | Tier 1    |                                  |
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG (opicapone)                                                 | Tier 2    | PA                               |
| <b>Antiparkinson Adjuvant - Peripheral Dopa-Decarboxylase Inhibitors - Drugs For Parkinson</b> |           |                                  |
| <i>carbidopa oral tablet 25 mg</i>                                                             | Tier 1    |                                  |
| LODOSYN ORAL TABLET 25 MG (carbidopa)                                                          | Tier 2    |                                  |
| <b>Antiparkinson Therapy - Anticholinergic Agents - Drugs For Parkinson</b>                    |           |                                  |
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>                                              | Tier 1    |                                  |
| <i>trihexyphenidyl oral elixir 0.4 mg/ml</i>                                                   | Tier 1    |                                  |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>                                                  | Tier 1    |                                  |
| <b>Antiparkinson Therapy - Dopamine Precursors - Drugs For Parkinson</b>                       |           |                                  |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG (levodopa)                               | Tier 3    | PA                               |
| <b>Antiparkinson Therapy - Ergot Alkaloids And Derivatives - Drugs For Parkinson</b>           |           |                                  |
| <i>bromocriptine oral capsule 5 mg</i>                                                         | Tier 1    |                                  |
| <i>bromocriptine oral tablet 2.5 mg</i>                                                        | Tier 1    |                                  |
| <b>Antiparkinson Therapy - Monoamine Oxidase Inhibitor(Mao-B) - Drugs For Parkinson</b>        |           |                                  |
| AZILECT ORAL TABLET 0.5 MG, 1 MG (rasagiline mesylate)                                         | Tier 2    | QL (1 EA per 1 day)              |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i>                                                     | Tier 1    | QL (1 EA per 1 day)              |
| <i>selegiline hcl oral capsule 5 mg</i>                                                        | Tier 1    |                                  |
| <i>selegiline hcl oral tablet 5 mg</i>                                                         | Tier 1    |                                  |

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| Prescription Drug Name                                                                            | Drug Tier | Coverage Requirements and Limits                                                                                                                         |
|---------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| XADAGO ORAL TABLET 100 MG, 50 MG (safinamide mesylate)                                            | Tier 2    | ST: Requires prior prescription for Carbidopa/Levodopa (Duopa, Parcopa, Rytary, Sinemet IR, or Sinemet CR) within the past 120 days; QL (1 EA per 1 day) |
| ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG (selegiline HCl)                                       | Tier 2    | ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)                                 |
| <b>Antiparkinson Therapy - Non-Ergot Dopamine Agonist Agents - Drugs For Parkinson</b>            |           |                                                                                                                                                          |
| <i>amantadine hcl oral capsule 100 mg</i>                                                         | Tier 1    |                                                                                                                                                          |
| <i>amantadine hcl oral solution 50 mg/5 ml</i>                                                    | Tier 1    |                                                                                                                                                          |
| <i>amantadine hcl oral tablet 100 mg</i>                                                          | Tier 1    |                                                                                                                                                          |
| APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML (apomorphine HCl)                                          | Tier 3    | PA                                                                                                                                                       |
| <i>apomorphine subcutaneous cartridge 10 mg/ml</i>                                                | Tier 3    | PA                                                                                                                                                       |
| GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG (amantadine HCl)                       | Tier 3    | PA                                                                                                                                                       |
| MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 1.5 MG, 2.25 MG, 3 MG, 3.75 MG (pramipexole di-HCl) | Tier 2    | ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)                                        |

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| Prescription Drug Name                                                                                                           | Drug Tier | Coverage Requirements and Limits                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------|
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR (rotigotine) | Tier 2    | ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day) |
| ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML (apomorphine HCl)                                                                       | Tier 3    | PA                                                                                                                |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1) (amantadine HCl)           | Tier 2    | PA                                                                                                                |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>                                                  | Tier 1    |                                                                                                                   |
| <i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>                  | Tier 1    | ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day) |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>                                                      | Tier 1    |                                                                                                                   |
| <i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>                                               | Tier 1    | ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day) |
| <b>Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles - Drugs For Severe Mental Disorders</b>                |           |                                                                                                                   |
| <i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>                                                                   | Tier 1    | QL (2 EA per 1 day)                                                                                               |
| SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG (asenapine maleate)                                                                | Tier 2    | QL (2 EA per 1 day)                                                                                               |

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| Prescription Drug Name                                                                                            | Drug Tier | Coverage Requirements and Limits                                                                                       |
|-------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------|
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR (asenapine)                      | Tier 2    | ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (1 EA per 1 day) |
| <b>Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones - Drugs For Severe Mental Disorders</b>  |           |                                                                                                                        |
| GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (ziprasidone HCl)                                                  | Tier 2    |                                                                                                                        |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG (lurasidone HCl)                                                   | Tier 2    | QL (30 EA per 30 days)                                                                                                 |
| LATUDA ORAL TABLET 80 MG (lurasidone HCl)                                                                         | Tier 2    | QL (60 EA per 30 days)                                                                                                 |
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>                                                         | Tier 1    | QL (30 EA per 30 days)                                                                                                 |
| <i>lurasidone oral tablet 80 mg</i>                                                                               | Tier 1    | QL (60 EA per 30 days)                                                                                                 |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>                                                    | Tier 1    |                                                                                                                        |
| <b>Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv - Drugs For Severe Mental Disorders</b> |           |                                                                                                                        |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (iloperidone)                                       | Tier 2    | QL (2 EA per 1 day)                                                                                                    |
| FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2) (iloperidone)                         | Tier 2    | QL (8 EA per 28 days)                                                                                                  |
| FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) (iloperidone)                      | Tier 2    | QL (12 EA per 28 days)                                                                                                 |
| FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2) (iloperidone)                            | Tier 2    | QL (8 EA per 28 days)                                                                                                  |
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG (paliperidone)                                                | Tier 2    | QL (1 EA per 1 day)                                                                                                    |

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| Prescription Drug Name                                                                                            | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG (paliperidone)                                                      | Tier 2    | QL (2 EA per 1 day)              |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>                                          | Tier 1    | QL (1 EA per 1 day)              |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i>                                                        | Tier 1    | QL (2 EA per 1 day)              |
| RISPERDAL ORAL SOLUTION 1 MG/ML (risperidone)                                                                     | Tier 2    |                                  |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone)                                                | Tier 2    |                                  |
| <i>risperidone oral solution 1 mg/ml</i>                                                                          | Tier 1    |                                  |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                                            | Tier 1    |                                  |
| <i>risperidone oral tablet,disintegrating 0.25 mg</i>                                                             | Tier 1    |                                  |
| <i>risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                                      | Tier 1    |                                  |
| <b>Antipsychotic - Atypical Dopamine-Serotonin Antag-Butyrophenone Deriv - Drugs For Severe Mental Disorders</b>  |           |                                  |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (lumeperone tosylate)                                                  | Tier 2    | QL (1 EA per 1 day)              |
| <b>Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der - Drugs For Severe Mental Disorders</b> |           |                                  |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                                                         | Tier 1    |                                  |
| <i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>                                | Tier 1    | QL (3 EA per 1 day)              |
| CLOZARIL ORAL TABLET 100 MG, 25 MG (clozapine)                                                                    | Tier 2    |                                  |

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| Prescription Drug Name                                                                         | Drug Tier | Coverage Requirements and Limits                                                                                        |
|------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------|
| VERSACLOZ ORAL SUSPENSION 50 MG/ML (clozapine)                                                 | Tier 2    | ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (18 ML per 1 day) |
| <b>Antipsychotic - Butyrophenone Derivatives - Drugs For Severe Mental Disorders</b>           |           |                                                                                                                         |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i>                                            | Tier 1    |                                                                                                                         |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>                          | Tier 1    |                                                                                                                         |
| <b>Antipsychotic - Dibenzoxazepine Derivatives - Drugs For Severe Mental Disorders</b>         |           |                                                                                                                         |
| ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG (loxapine)                             | Tier 3    |                                                                                                                         |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>                               | Tier 1    |                                                                                                                         |
| <b>Antipsychotic - Dihydroindolones - Drugs For Severe Mental Disorders</b>                    |           |                                                                                                                         |
| <i>molindone oral tablet 10 mg</i>                                                             | Tier 1    | QL (8 EA per 1 day)                                                                                                     |
| <i>molindone oral tablet 25 mg</i>                                                             | Tier 1    | QL (9 EA per 1 day)                                                                                                     |
| <i>molindone oral tablet 5 mg</i>                                                              | Tier 1    |                                                                                                                         |
| <b>Antipsychotic - Diphenylbutylpiperidine Derivatives - Drugs For Severe Mental Disorders</b> |           |                                                                                                                         |
| <i>pimozide oral tablet 1 mg, 2 mg</i>                                                         | Tier 1    |                                                                                                                         |
| <b>Antipsychotic - Phenothiazines, Aliphatic - Drugs For Severe Mental Disorders</b>           |           |                                                                                                                         |
| <i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>                                     | Tier 1    |                                                                                                                         |
| <i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>                          | Tier 1    |                                                                                                                         |

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|-------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antipsychotic - Phenothiazines, Piperazine - Drugs For Severe Mental Disorders</b>                             |           |                                  |
| prochlorperazine maleate (Compazine Oral Tablet 10 Mg, 5 Mg)                                                      | Tier 2    |                                  |
| fluphenazine hcl oral concentrate 5 mg/ml                                                                         | Tier 1    |                                  |
| fluphenazine hcl oral elixir 2.5 mg/5 ml                                                                          | Tier 1    |                                  |
| fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg                                                            | Tier 1    |                                  |
| perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg                                                                  | Tier 1    |                                  |
| prochlorperazine maleate oral tablet 10 mg, 5 mg                                                                  | Tier 1    |                                  |
| trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg                                                               | Tier 1    |                                  |
| <b>Antipsychotic - Phenothiazines, Piperidine - Drugs For Severe Mental Disorders</b>                             |           |                                  |
| thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg                                                              | Tier 1    |                                  |
| <b>Antipsychotic - Thioxanthenes - Drugs For Severe Mental Disorders</b>                                          |           |                                  |
| thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg                                                                  | Tier 1    |                                  |
| <b>Antipsychotic -Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der - Drugs For Severe Mental Disorders</b> |           |                                  |
| quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg                                               | Tier 1    |                                  |
| quetiapine oral tablet 150 mg                                                                                     | Tier 1    | QL (1 EA per 1 day)              |
| quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg                               | Tier 1    |                                  |
| SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (quetiapine fumarate)                           | Tier 2    |                                  |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (quetiapine fumarate)        | Tier 2    |                                  |

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|-------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------|
| <b>Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines - Drugs For Severe Mental Disorders</b> |           |                                                                                                                  |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (olanzapine/samidorphan malate)                         | Tier 2    | ST: Requires prior prescription for generic atypical antipsychotic within the past 365 days; QL (1 EA per 1 day) |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>                                           | Tier 1    |                                                                                                                  |
| <i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>                                            | Tier 1    |                                                                                                                  |
| <i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>                           | Tier 1    | QL (1 EA per 1 day)                                                                                              |
| ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG (olanzapine)                                                              | Tier 2    |                                                                                                                  |
| <b>Antipsychotic-Atyp Selective Serotonin 5-Ht2a Inverse Agonists (Ssia) - Drugs For Severe Mental Disorders</b>  |           |                                                                                                                  |
| NUPLAZID ORAL CAPSULE 34 MG (pimavanserin tartrate)                                                               | Tier 3    | PA                                                                                                               |
| NUPLAZID ORAL TABLET 10 MG (pimavanserin tartrate)                                                                | Tier 3    | PA                                                                                                               |
| <b>Antipsychotic-Atypical,D2 Receptor Partial Agonist-5Ht Serotonin Mixed - Drugs For Severe Mental Disorders</b> |           |                                                                                                                  |
| ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)                                         | Tier 2    |                                                                                                                  |
| <i>aripiprazole oral solution 1 mg/ml</i>                                                                         | Tier 1    |                                                                                                                  |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>                                            | Tier 1    |                                                                                                                  |
| <i>aripiprazole oral tablet,disintegrating 10 mg</i>                                                              | Tier 1    | QL (3 EA per 1 day)                                                                                              |
| <i>aripiprazole oral tablet,disintegrating 15 mg</i>                                                              | Tier 1    | QL (2 EA per 1 day)                                                                                              |

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| Prescription Drug Name                                                                                             | Drug Tier | Coverage Requirements and Limits                                                                                 |
|--------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------|
| OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (aripiprazole)                                                                  | Tier 2    |                                                                                                                  |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (brexpiprazole)                                        | Tier 2    | QL (1 EA per 1 day)                                                                                              |
| <b>Antipsychotic-Atypical,D3/D2 Receptor Partial Agonist-Serotonin Mixed - Drugs For Severe Mental Disorders</b>   |           |                                                                                                                  |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (cariprazine HCl)                                                  | Tier 2    | QL (1 EA per 1 day)                                                                                              |
| <b>Antipsychotics,Atypical,Dopamine,Serotonin Antag And Opioid Antag Comb - Drugs For Severe Mental Disorders</b>  |           |                                                                                                                  |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (olanzapine/samidorphan malate)                          | Tier 2    | ST: Requires prior prescription for generic atypical antipsychotic within the past 365 days; QL (1 EA per 1 day) |
| <b>Attention Deficit-Hyperact. Disorder (Adhd)-Alpha-2 Receptor Agonist - Drugs For Attention Deficit Disorder</b> |           |                                                                                                                  |
| <i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>                                                     | Tier 1    |                                                                                                                  |
| <i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>                                        | Tier 1    |                                                                                                                  |
| INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG (guanfacine HCl)                              | Tier 2    |                                                                                                                  |
| ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML (clonidine HCl)                                             | Tier 2    | ST: Requires prior prescription for Clonidine 0.1mg ER tablets within the past 120 days; QL (4 ML per 1 day)     |

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DME = Other pharmacy items and certain DME

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The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                                                                | Drug Tier | Coverage Requirements and Limits                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------|
| <b>Attention Deficit-Hyperactivity (Adhd) Therapy, Stimulant-Type - Drugs For Attention Deficit Disorder</b>                          |           |                                                                                                                   |
| dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (Adderall Oral Tablet 10 Mg, 12.5 Mg, 15 Mg, 20 Mg, 30 Mg, 5 Mg, 7.5 Mg) | Tier 2    | QL (2 EA per 1 day)                                                                                               |
| ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG (dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate)      | Tier 2    | QL (1 EA per 1 day)                                                                                               |
| ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG (dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate)     | Tier 2    | QL (2 EA per 1 day)                                                                                               |
| ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (amphetamine)                    | Tier 2    | ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)           |
| <i>amphetamine oral tablet,disinteg er biphas 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg</i>                               | Tier 2    | ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)           |
| <i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>                                                                                    | Tier 1    | QL (4 EA per 1 day)                                                                                               |
| APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (methylphenidate HCl)                 | Tier 2    | ST: Requires prior prescription for Methylphenidate HCL or Relexxii within the past 120 days; QL (1 EA per 1 day) |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                                                           | Drug Tier | Coverage Requirements and Limits                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG (serdexmethylphenidate chloride/dexmethylphenidate HCl) | Tier 2    | ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day) |
| CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG (methylphenidate HCl)                                             | Tier 2    | QL (1 EA per 1 day)                                                                                                                                                          |
| CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG (methylphenidate HCl)                                                           | Tier 2    | QL (2 EA per 1 day)                                                                                                                                                          |
| COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG (methylphenidate)                                            | Tier 2    | ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)                                                                      |
| COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG (methylphenidate)                                                    | Tier 2    | ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (2 EA per 1 day)                                                                      |
| DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR (methylphenidate)                              | Tier 2    | ST: Requires prior prescription for oral Methylphenidate CD/ER/LA formulation or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)           |
| DESOXYN ORAL TABLET 5 MG (methamphetamine HCl)                                                                                   | Tier 2    | QL (150 EA per 30 days)                                                                                                                                                      |
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG (dextroamphetamine sulfate)                                              | Tier 2    | QL (4 EA per 1 day)                                                                                                                                                          |

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| Prescription Drug Name                                                                                          | Drug Tier | Coverage Requirements and Limits                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG (dextroamphetamine sulfate)                             | Tier 2    | QL (120 EA per 30 days)                                                                                                                                     |
| <i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> | Tier 1    | QL (1 EA per 1 day)                                                                                                                                         |
| <i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                       | Tier 1    | QL (2 EA per 1 day)                                                                                                                                         |
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i>                                           | Tier 1    | QL (4 EA per 1 day)                                                                                                                                         |
| <i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>                                           | Tier 1    | QL (120 EA per 30 days)                                                                                                                                     |
| <i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>                                            | Tier 1    | QL (60 EA per 30 days)                                                                                                                                      |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>                                                        | Tier 1    | QL (4 EA per 1 day)                                                                                                                                         |
| <i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg</i>                                              | Tier 1    | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (4 EA per 1 day) |
| <i>dextroamphetamine sulfate oral tablet 20 mg</i>                                                              | Tier 1    | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day) |
| <i>dextroamphetamine sulfate oral tablet 30 mg</i>                                                              | Tier 1    | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day) |

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| Prescription Drug Name                                                                                                     | Drug Tier | Coverage Requirements and Limits                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>                       | Tier 1    | QL (1 EA per 1 day)                                                                                                                                                          |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>                                | Tier 1    | QL (1 EA per 1 day)                                                                                                                                                          |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>                               | Tier 1    | QL (2 EA per 1 day)                                                                                                                                                          |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>                         | Tier 1    | QL (2 EA per 1 day)                                                                                                                                                          |
| DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (amphetamine)                                                    | Tier 2    | ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (240 ML per 30 days)                                                                  |
| DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG (amphetamine)                                    | Tier 2    | ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)                                                                      |
| amphetamine sulfate (Evekeo Oral Tablet 10 Mg, 5 Mg)                                                                       | Tier 2    | QL (4 EA per 1 day)                                                                                                                                                          |
| FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (dexamethylphenidate HCl)                                                          | Tier 2    | QL (2 EA per 1 day)                                                                                                                                                          |
| FOCALIN XR ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (dexamethylphenidate HCl) | Tier 2    | QL (1 EA per 1 day)                                                                                                                                                          |
| JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (methylphenidate HCl)                   | Tier 2    | ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day) |

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| Prescription Drug Name                                                                                           | Drug Tier | Coverage Requirements and Limits                                                                                  |
|------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------|
| <i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>                             | Tier 1    | QL (1 EA per 1 day)                                                                                               |
| <i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>                           | Tier 1    | QL (1 EA per 1 day)                                                                                               |
| METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 40 MG, 50 MG, 60 MG (methylphenidate HCl)              | Tier 2    | QL (1 EA per 1 day)                                                                                               |
| METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 30 MG (methylphenidate HCl)                                          | Tier 2    | QL (2 EA per 1 day)                                                                                               |
| methylphenidate HCl (Metadate Er Oral Tablet Extended Release 20 Mg)                                             | Tier 1    | QL (90 EA per 30 days)                                                                                            |
| <i>methamphetamine oral tablet 5 mg</i>                                                                          | Tier 1    | QL (150 EA per 30 days)                                                                                           |
| METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML (methylphenidate HCl)                                               | Tier 2    |                                                                                                                   |
| <i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | Tier 2    | ST: Requires prior prescription for Methylphenidate HCL or Relexxii within the past 120 days; QL (1 EA per 1 day) |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>                     | Tier 1    | QL (1 EA per 1 day)                                                                                               |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>                                                 | Tier 1    | QL (2 EA per 1 day)                                                                                               |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg</i>                            | Tier 1    | QL (1 EA per 1 day)                                                                                               |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i>                                                 | Tier 1    | QL (2 EA per 1 day)                                                                                               |
| <i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>                                                   | Tier 1    |                                                                                                                   |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>                                                        | Tier 1    | QL (90 EA per 30 days)                                                                                            |
| <i>methylphenidate hcl oral tablet extended release 10 mg</i>                                                    | Tier 1    | QL (3 EA per 1 day)                                                                                               |
| <i>methylphenidate hcl oral tablet extended release 20 mg</i>                                                    | Tier 1    | QL (90 EA per 30 days)                                                                                            |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 45 mg, 54 mg, 63 mg</i>                   | Tier 1    | QL (1 EA per 1 day)                                                                                               |
| <i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>                                               | Tier 1    | QL (2 EA per 1 day)                                                                                               |

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This Drug Formulary was updated:01/01/2026



| Prescription Drug Name                                                                                                                 | Drug Tier | Coverage Requirements and Limits                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i>                                                                     | Tier 1    | ST: At least 2 prior prescriptions for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, Concerta, or Adderall XR within the past 365 days; QL (1 EA per 1 day)            |
| <i>methylphenidate hcl oral tablet, chewable 10 mg</i>                                                                                 | Tier 1    | QL (6 EA per 1 day)                                                                                                                                                          |
| <i>methylphenidate hcl oral tablet, chewable 2.5 mg, 5 mg</i>                                                                          | Tier 1    | QL (90 EA per 30 days)                                                                                                                                                       |
| <i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>                                        | Tier 1    | ST: Requires prior prescription for oral Methylphenidate CD/ER/LA formulation or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)           |
| MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG (dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate) | Tier 2    | QL (1 EA per 1 day)                                                                                                                                                          |
| QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC 24HR 20 MG, 40 MG (methylphenidate HCl)                                               | Tier 2    | ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day) |

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| Prescription Drug Name                                                        | Drug Tier | Coverage Requirements and Limits                                                                                                                                                               |
|-------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG (methylphenidate HCl) | Tier 2    | ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (2 EA per 1 day)                   |
| QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (methylphenidate HCl)      | Tier 2    | 120mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (240 ML per 30 days) |
| QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (methylphenidate HCl)      | Tier 2    | 150mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (300 ML per 30 days) |

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| Prescription Drug Name                                                               | Drug Tier | Coverage Requirements and Limits                                                                                                                                                               |
|--------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (methylphenidate HCl)             | Tier 2    | 180mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (360 ML per 30 days) |
| QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (methylphenidate HCl)             | Tier 2    | 60mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (60 ML per 30 days)   |
| RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG (methylphenidate HCl) | Tier 2    | QL (1 EA per 1 day)                                                                                                                                                                            |
| RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 36 MG (methylphenidate HCl)               | Tier 2    | QL (2 EA per 1 day)                                                                                                                                                                            |
| RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 72 MG (methylphenidate HCl)               | Tier 2    | ST: At least 2 prior prescriptions for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, Concerta, or Adderall XR within the past 365 days; QL (1 EA per 1 day)                              |
| RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 40 MG (methylphenidate HCl)  | Tier 2    | QL (1 EA per 1 day)                                                                                                                                                                            |

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| Prescription Drug Name                                                                                          | Drug Tier | Coverage Requirements and Limits                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 30 MG (methylphenidate HCl)                                          | Tier 2    | QL (2 EA per 1 day)                                                                                                                                         |
| RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (methylphenidate HCl)                                                    | Tier 2    | QL (90 EA per 30 days)                                                                                                                                      |
| VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine dimesylate)              | Tier 2    | QL (1 EA per 1 day)                                                                                                                                         |
| VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (lisdexamfetamine dimesylate)            | Tier 2    | QL (1 EA per 1 day)                                                                                                                                         |
| XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR (dextroamphetamine) | Tier 2    | ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)                                                     |
| dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg, 5 Mg)                                                     | Tier 2    | QL (4 EA per 1 day)                                                                                                                                         |
| dextroamphetamine sulfate (Zenzedi Oral Tablet 15 Mg, 2.5 Mg, 7.5 Mg)                                           | Tier 2    | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (4 EA per 1 day) |
| dextroamphetamine sulfate (Zenzedi Oral Tablet 20 Mg)                                                           | Tier 2    | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day) |

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| Prescription Drug Name                                                                                          | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| dextroamphetamine sulfate (Zenzedi Oral Tablet 30 Mg)                                                           | Tier 2    | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)                                                                     |
| <b>Attention Deficit-Hyperactivity Disorder (Adhd) Therapy, Nri-Type - Drugs For Attention Deficit Disorder</b> |           |                                                                                                                                                                                                                                 |
| <i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>                                | Tier 1    |                                                                                                                                                                                                                                 |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG (viloxazine HCl)                                              | Tier 2    | ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (1 EA per 1 day) |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG (viloxazine HCl)                                              | Tier 2    | ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (2 EA per 1 day) |

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| Prescription Drug Name                                                                    | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG (viloxazine HCl)                        | Tier 2    | ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (3 EA per 1 day) |
| STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG (atomoxetine HCl) | Tier 2    |                                                                                                                                                                                                                                 |
| <b>Benzodiazepines - Drugs For Seizures /Personality Disorder/Nerve Pain</b>              |           |                                                                                                                                                                                                                                 |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (alprazolam)                                 | Tier 2    |                                                                                                                                                                                                                                 |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                                 | Tier 1    |                                                                                                                                                                                                                                 |
| <i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>             | Tier 1    |                                                                                                                                                                                                                                 |
| <i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                  | Tier 1    |                                                                                                                                                                                                                                 |
| <i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>                     | Tier 1    |                                                                                                                                                                                                                                 |
| ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (lorazepam)                                         | Tier 2    |                                                                                                                                                                                                                                 |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>                               | Tier 1    |                                                                                                                                                                                                                                 |
| <i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>                                   | Tier 1    |                                                                                                                                                                                                                                 |
| <i>clobazam oral suspension 2.5 mg/ml</i>                                                 | Tier 1    | QL (480 ML per 30 days)                                                                                                                                                                                                         |
| <i>clobazam oral tablet 10 mg, 20 mg</i>                                                  | Tier 1    | QL (2 EA per 1 day)                                                                                                                                                                                                             |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>                                          | Tier 1    |                                                                                                                                                                                                                                 |
| <i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>        | Tier 1    |                                                                                                                                                                                                                                 |

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| Prescription Drug Name                                                             | Drug Tier | Coverage Requirements and Limits                                                                                                                                   |
|------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>                  | Tier 1    |                                                                                                                                                                    |
| diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)                              | Tier 1    |                                                                                                                                                                    |
| <i>diazepam oral concentrate 5 mg/ml</i>                                           | Tier 1    |                                                                                                                                                                    |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>                                  | Tier 1    |                                                                                                                                                                    |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>                                      | Tier 1    |                                                                                                                                                                    |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>                 | Tier 1    |                                                                                                                                                                    |
| DORAL ORAL TABLET 15 MG (quazepam)                                                 | Tier 2    | ST: Requires prior prescription for one of the following oral generics: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets within the past 120 days |
| <i>estazolam oral tablet 1 mg, 2 mg</i>                                            | Tier 1    |                                                                                                                                                                    |
| <i>flurazepam oral capsule 15 mg, 30 mg</i>                                        | Tier 1    |                                                                                                                                                                    |
| HALCION ORAL TABLET 0.25 MG (triazolam)                                            | Tier 2    |                                                                                                                                                                    |
| KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (clonazepam)                               | Tier 2    |                                                                                                                                                                    |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (diazepam)               | Tier 2    | QL (10 EA per 30 days)                                                                                                                                             |
| LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG (chlordiazepoxide/clidinium bromide) | Tier 2    |                                                                                                                                                                    |
| lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/ML)                            | Tier 1    |                                                                                                                                                                    |
| <i>lorazepam oral concentrate 2 mg/ml</i>                                          | Tier 1    |                                                                                                                                                                    |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>                                    | Tier 1    |                                                                                                                                                                    |
| LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 2 MG, 3 MG (lorazepam)         | Tier 2    |                                                                                                                                                                    |
| LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1.5 MG (lorazepam)                   | Tier 2    | ST: Requires prior prescription for Lorazepam tablets within the past 120 days                                                                                     |

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| Prescription Drug Name                                                                                                                              | Drug Tier | Coverage Requirements and Limits                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>midazolam (pf) injection solution 5 mg/ml</i>                                                                                                    | Tier 1    |                                                                                                                                                                    |
| <i>midazolam injection solution 5 mg/ml</i>                                                                                                         | Tier 1    |                                                                                                                                                                    |
| <i>midazolam oral syrup 2 mg/ml</i>                                                                                                                 | Tier 1    |                                                                                                                                                                    |
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) (midazolam)                                                                                   | Tier 2    | QL (10 EA per 30 days)                                                                                                                                             |
| ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)                                                                                                           | Tier 2    | QL (480 ML per 30 days)                                                                                                                                            |
| ONFI ORAL TABLET 10 MG, 20 MG (clobazam)                                                                                                            | Tier 2    | QL (2 EA per 1 day)                                                                                                                                                |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>                                                                                                    | Tier 1    |                                                                                                                                                                    |
| <i>quazepam oral tablet 15 mg</i>                                                                                                                   | Tier 1    | ST: Requires prior prescription for one of the following oral generics: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets within the past 120 days |
| RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (temazepam)                                                                                     | Tier 2    |                                                                                                                                                                    |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (clobazam)                                                                                                    | Tier 2    |                                                                                                                                                                    |
| <i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>                                                                                         | Tier 1    |                                                                                                                                                                    |
| <i>triazolam oral tablet 0.125 mg, 0.25 mg</i>                                                                                                      | Tier 1    |                                                                                                                                                                    |
| VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (diazepam)                                                                                                     | Tier 2    |                                                                                                                                                                    |
| VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (diazepam) | Tier 2    | QL (10 EA per 30 days)                                                                                                                                             |
| XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (alprazolam)                                                                                          | Tier 2    |                                                                                                                                                                    |
| XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG (alprazolam)                                                                   | Tier 2    |                                                                                                                                                                    |

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| Prescription Drug Name                                                                                        | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Bipolar Therapy Agents - Anticonvulsant Type<br/>- Drugs For Seizures /Personality Disorder/Nerve Pain</b> |           |                                  |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>                                 | Tier 1    |                                  |
| <i>carbamazepine oral suspension 100 mg/5 ml</i>                                                              | Tier 1    |                                  |
| <i>carbamazepine oral tablet 200 mg</i>                                                                       | Tier 1    |                                  |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>                                | Tier 1    |                                  |
| <i>carbamazepine oral tablet,chewable 100 mg</i>                                                              | Tier 1    |                                  |
| <i>carbamazepine oral tablet,chewable 200 mg</i>                                                              | Tier 1    |                                  |
| CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)                            | Tier 2    |                                  |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex sodium)                             | Tier 2    |                                  |
| DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (divalproex sodium)                       | Tier 2    |                                  |
| DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex sodium)                              | Tier 2    |                                  |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>                                                   | Tier 1    |                                  |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>                                           | Tier 1    |                                  |
| <i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>                                 | Tier 1    |                                  |
| carbamazepine (Epitol Oral Tablet 200 Mg)                                                                     | Tier 1    |                                  |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)                              | Tier 2    |                                  |
| LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG (lamotrigine)                            | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                                   | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7) (lamotrigine)                                      | Tier 2    |                                  |
| LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14) (lamotrigine)                                   | Tier 2    |                                  |
| LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7) (lamotrigine)                          | Tier 2    |                                  |
| LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35) (lamotrigine)                                                              | Tier 2    |                                  |
| LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) (lamotrigine)                                                | Tier 2    |                                  |
| LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) (lamotrigine)                                                | Tier 2    |                                  |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) - 100 mg (14)</i> | Tier 1    |                                  |
| <i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>                                                               | Tier 1    |                                  |
| <i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) - 100 mg (7), 25 mg (84) -100 mg (14)</i>                                   | Tier 1    |                                  |
| lamotrigine (Subvenite Starter (Blue) Kit Oral Tablets,Dose Pack 25 Mg (35))                                                             | Tier 2    |                                  |
| lamotrigine (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))                                               | Tier 2    |                                  |
| lamotrigine (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))                                               | Tier 2    |                                  |
| TEGRETOL ORAL SUSPENSION 100 MG/5 ML (carbamazepine)                                                                                     | Tier 2    |                                  |
| TEGRETOL ORAL TABLET 200 MG (carbamazepine)                                                                                              | Tier 2    |                                  |

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|---------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------|
| TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (carbamazepine)       | Tier 2    |                                                                                                                  |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>                             | Tier 1    |                                                                                                                  |
| <i>valproic acid oral capsule 250 mg</i>                                                    | Tier 1    |                                                                                                                  |
| <b>Bipolar Therapy Agents - Atypical Antipsychotics - Drugs For Severe Mental Disorders</b> |           |                                                                                                                  |
| ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)                   | Tier 2    |                                                                                                                  |
| <i>aripiprazole oral solution 1 mg/ml</i>                                                   | Tier 1    |                                                                                                                  |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>                      | Tier 1    |                                                                                                                  |
| <i>aripiprazole oral tablet,disintegrating 10 mg</i>                                        | Tier 1    | QL (3 EA per 1 day)                                                                                              |
| <i>aripiprazole oral tablet,disintegrating 15 mg</i>                                        | Tier 1    | QL (2 EA per 1 day)                                                                                              |
| <i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>                              | Tier 1    | QL (2 EA per 1 day)                                                                                              |
| GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (ziprasidone HCl)                            | Tier 2    |                                                                                                                  |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (olanzapine/samidorphan malate)   | Tier 2    | ST: Requires prior prescription for generic atypical antipsychotic within the past 365 days; QL (1 EA per 1 day) |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>                     | Tier 1    |                                                                                                                  |
| <i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>                      | Tier 1    |                                                                                                                  |
| <i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>     | Tier 1    | QL (1 EA per 1 day)                                                                                              |
| OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (aripiprazole)                                           | Tier 2    |                                                                                                                  |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>                  | Tier 1    |                                                                                                                  |

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|------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>quetiapine oral tablet 150 mg</i>                                                                       | Tier 1    | QL (1 EA per 1 day)              |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>                 | Tier 1    |                                  |
| RISPERDAL ORAL SOLUTION 1 MG/ML (risperidone)                                                              | Tier 2    |                                  |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone)                                         | Tier 2    |                                  |
| <i>risperidone oral solution 1 mg/ml</i>                                                                   | Tier 1    |                                  |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                                     | Tier 1    |                                  |
| <i>risperidone oral tablet,disintegrating 0.25 mg</i>                                                      | Tier 1    |                                  |
| <i>risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                               | Tier 1    |                                  |
| SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG (asenapine maleate)                                          | Tier 2    | QL (2 EA per 1 day)              |
| SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (quetiapine fumarate)                    | Tier 2    |                                  |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (quetiapine fumarate) | Tier 2    |                                  |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (cariprazine HCl)                                          | Tier 2    | QL (1 EA per 1 day)              |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>                                             | Tier 1    |                                  |
| ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG (olanzapine)                                                       | Tier 2    |                                  |
| <b>Bipolar Therapy Agents - Lithium - Drugs For Severe Mental Disorders</b>                                |           |                                  |
| <i>lithium carbonate oral capsule 150 mg, 600 mg</i>                                                       | Tier 1    |                                  |
| <i>lithium carbonate oral capsule 300 mg</i>                                                               | Tier 1    |                                  |
| <i>lithium carbonate oral tablet 300 mg</i>                                                                | Tier 1    |                                  |
| <i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>                                       | Tier 1    |                                  |

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|---------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------|
| <i>lithium citrate oral solution 8 meq/5 ml</i>                                                                                       | Tier 1    |                                                                                                         |
| LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (lithium carbonate)                                                                      | Tier 2    |                                                                                                         |
| <b>Cannabis And Cannabinoids - Drugs For Seizures /Personality Disorder/Nerve Pain</b>                                                |           |                                                                                                         |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>                                                                                    | Tier 1    | QL (2 EA per 1 day)                                                                                     |
| MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (dronabinol)                                                                                 | Tier 2    | QL (2 EA per 1 day)                                                                                     |
| SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)                                                                                            | Tier 2    | QL (60 ML per 30 days)                                                                                  |
| <b>Cns Stimulant - Amphetamine Combinations - Drugs For Attention Deficit Disorder</b>                                                |           |                                                                                                         |
| dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (Adderall Oral Tablet 10 Mg, 12.5 Mg, 15 Mg, 20 Mg, 30 Mg, 5 Mg, 7.5 Mg) | Tier 2    | QL (2 EA per 1 day)                                                                                     |
| ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG (dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate)      | Tier 2    | QL (1 EA per 1 day)                                                                                     |
| ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG (dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate)     | Tier 2    | QL (2 EA per 1 day)                                                                                     |
| ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (amphetamine)                    | Tier 2    | ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day) |
| <i>amphetamine oral tablet,disinteg er biphasic 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg</i>                             | Tier 2    | ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day) |
| <i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>                                  | Tier 1    | QL (1 EA per 1 day)                                                                                     |

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| Prescription Drug Name                                                                                                                 | Drug Tier | Coverage Requirements and Limits                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------|
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>                                            | Tier 1    | QL (1 EA per 1 day)                                                                                         |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>                                           | Tier 1    | QL (2 EA per 1 day)                                                                                         |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>                                     | Tier 1    | QL (2 EA per 1 day)                                                                                         |
| DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (amphetamine)                                                                | Tier 2    | ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (240 ML per 30 days) |
| DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG (amphetamine)                                                | Tier 2    | ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)     |
| MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG (dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate) | Tier 2    | QL (1 EA per 1 day)                                                                                         |
| <b>Cns Stimulant - Amphetamines - Drugs For Attention Deficit Disorder</b>                                                             |           |                                                                                                             |
| <i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>                                                                                     | Tier 1    | QL (4 EA per 1 day)                                                                                         |
| DESOXYN ORAL TABLET 5 MG (methamphetamine HCl)                                                                                         | Tier 2    | QL (150 EA per 30 days)                                                                                     |
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG (dextroamphetamine sulfate)                                                    | Tier 2    | QL (4 EA per 1 day)                                                                                         |
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG (dextroamphetamine sulfate)                                                    | Tier 2    | QL (120 EA per 30 days)                                                                                     |
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i>                                                                  | Tier 1    | QL (4 EA per 1 day)                                                                                         |
| <i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>                                                                  | Tier 1    | QL (120 EA per 30 days)                                                                                     |

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|-----------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>                                            | Tier 1    | QL (60 EA per 30 days)                                                                                                                                      |
| <i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>                                                        | Tier 1    | QL (1800 ML per 30 days)                                                                                                                                    |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>                                                        | Tier 1    | QL (4 EA per 1 day)                                                                                                                                         |
| <i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg</i>                                              | Tier 1    | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (4 EA per 1 day) |
| <i>dextroamphetamine sulfate oral tablet 20 mg</i>                                                              | Tier 1    | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day) |
| <i>dextroamphetamine sulfate oral tablet 30 mg</i>                                                              | Tier 1    | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day) |
| amphetamine sulfate (Evekeo Oral Tablet 10 Mg, 5 Mg)                                                            | Tier 2    | QL (4 EA per 1 day)                                                                                                                                         |
| <i>methamphetamine oral tablet 5 mg</i>                                                                         | Tier 1    | QL (150 EA per 30 days)                                                                                                                                     |
| dextroamphetamine sulfate (Procentra Oral Solution 5 Mg/5 MI)                                                   | Tier 2    | QL (1800 ML per 30 days)                                                                                                                                    |
| XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR (dextroamphetamine) | Tier 2    | ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)                                                     |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                | Drug Tier | Coverage Requirements and Limits                                                                                                                            |
|---------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg, 5 Mg)                           | Tier 2    | QL (4 EA per 1 day)                                                                                                                                         |
| dextroamphetamine sulfate (Zenzedi Oral Tablet 15 Mg, 2.5 Mg, 7.5 Mg)                 | Tier 2    | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (4 EA per 1 day) |
| dextroamphetamine sulfate (Zenzedi Oral Tablet 20 Mg)                                 | Tier 2    | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day) |
| dextroamphetamine sulfate (Zenzedi Oral Tablet 30 Mg)                                 | Tier 2    | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day) |
| <b>Cns Stimulant - Analeptics, Methylxanthine-Type - Drugs For The Nervous System</b> |           |                                                                                                                                                             |
| <i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>                           | Tier 1    |                                                                                                                                                             |
| <i>caffeine oral tablet 200 mg</i>                                                    | Tier 1    |                                                                                                                                                             |

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| Prescription Drug Name                                                                             | Drug Tier | Coverage Requirements and Limits                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Diabetic Peripheral Neuropathy Agents - Drugs For Seizures /Personality Disorder/Nerve Pain</b> |           |                                                                                                                                                                                              |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG (pregabalin)                          | Tier 2    | ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (3 EA per 1 day) |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG (pregabalin)                                   | Tier 2    | ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (2 EA per 1 day) |
| <i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>                               | Tier 1    | ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (3 EA per 1 day) |
| <i>pregabalin oral tablet extended release 24 hr 330 mg</i>                                        | Tier 1    | ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (2 EA per 1 day) |

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| Prescription Drug Name                                                                                                             | Drug Tier | Coverage Requirements and Limits                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------|
| <b>Fibromyalgia Agents - Gaba Analogs - Drugs For Seizures /Personality Disorder/Nerve Pain</b>                                    |           |                                                                                                                        |
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (pregabalin)                                       | Tier 2    |                                                                                                                        |
| LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)                                                                                         | Tier 2    |                                                                                                                        |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>                                         | Tier 1    |                                                                                                                        |
| <i>pregabalin oral solution 20 mg/ml</i>                                                                                           | Tier 1    |                                                                                                                        |
| <b>Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (Snris) - Drugs For Seizures /Personality Disorder/Nerve Pain</b> |           |                                                                                                                        |
| CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 30 MG, 60 MG (duloxetine HCl)                                                  | Tier 2    |                                                                                                                        |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (duloxetine HCl)                                   | Tier 2    |                                                                                                                        |
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>                                                         | Tier 1    |                                                                                                                        |
| <i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>                                                                       | Tier 1    | ST: Requires prior prescription for two generic Duloxetine 20mg capsules within the past 120 days; QL (1 EA per 1 day) |
| DULOXICAINE KIT 30 MG- 4% (duloxetine HCl/lidocaine HCl)                                                                           | Tier 2    |                                                                                                                        |

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| Prescription Drug Name                                                          | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (milnacipran HCl)             | Tier 2    | ST: At least 2 prior prescriptions for Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine 20/30/60mg capsules, generic Gabapentin IR tablets/capsules, or Pregabalin IR capsules within the past 365 days; QL (2 EA per 1 day) |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (milnacipran HCl) | Tier 2    | ST: At least 2 prior prescriptions for Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine 20/30/60mg capsules, generic Gabapentin IR tablets/capsules, or Pregabalin IR capsules within the past 365 days; QL (2 EA per 1 day) |
| <b>Hypnotics - Melatonin - Single Agents - Drugs For Insomnia</b>               |           |                                                                                                                                                                                                                                           |
| CHILDREN'S MELATONIN ORAL TABLET,CHEWABLE 1 MG (melatonin)                      | Tier 1    |                                                                                                                                                                                                                                           |
| CHILDREN'S SLEEP (MELATONIN) ORAL LIQUID 1 MG/ML (melatonin)                    | Tier 2    |                                                                                                                                                                                                                                           |
| KIDS MELATONIN ORAL TABLET,CHEWABLE 1 MG (melatonin)                            | Tier 1    |                                                                                                                                                                                                                                           |
| MAX SLEEP JUNIOR ORAL LIQUID 1 MG/ML (melatonin)                                | Tier 1    |                                                                                                                                                                                                                                           |
| <i>melatonin oral capsule 10 mg</i>                                             | Tier 2    |                                                                                                                                                                                                                                           |
| <i>melatonin oral drops 1 mg/4 ml</i>                                           | Tier 2    |                                                                                                                                                                                                                                           |
| <i>melatonin oral drops 10 mg/ml, 3 mg/4 ml</i>                                 | Tier 1    |                                                                                                                                                                                                                                           |

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| Prescription Drug Name                                                                                                                    | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>melatonin oral liquid 2.5 mg/10 ml</i>                                                                                                 | Tier 2    |                                  |
| <i>melatonin oral lozenge 5 mg</i>                                                                                                        | Tier 2    |                                  |
| <i>melatonin oral tablet 1 mg, 10 mg, 12 mg, 5 mg</i>                                                                                     | Tier 1    |                                  |
| <i>melatonin oral tablet 3 mg</i>                                                                                                         | Tier 1    |                                  |
| <i>melatonin oral tablet extended release 10 mg</i>                                                                                       | Tier 1    |                                  |
| <i>melatonin oral tablet, chewable 1 mg, 2.5 mg</i>                                                                                       | Tier 1    |                                  |
| <i>melatonin oral tablet, chewable 5 mg</i>                                                                                               | Tier 1    |                                  |
| <i>melatonin oral tablet, disintegrating 1 mg, 10 mg, 12 mg, 3 mg</i>                                                                     | Tier 1    |                                  |
| <i>melatonin oral tablet, disintegrating 5 mg</i>                                                                                         | Tier 2    |                                  |
| MELATONINMAX ORAL TABLET, CHEWABLE 10 MG (melatonin)                                                                                      | Tier 1    |                                  |
| <b>Hypnotics - Melatonin Combinations - Drugs For Insomnia</b>                                                                            |           |                                  |
| AZO MENOPAUSE NIGHT-MELATONIN ORAL TABLET, CHEWABLE 1-30 MG (melatonin/genistein)                                                         | Tier 2    |                                  |
| COMPLETE BALANCE MENOPAUSE RLF ORAL CAPSULE, SEQUENTIAL 175-62-1 MG (NIGHT) (vit B/folic acid/calcium/soy xt/black cohosh xt/melatonin)   | Tier 1    |                                  |
| KIDS SLEEP CALM ORAL TABLET, CHEWABLE 0.5-25-12.5 MG (melatonin/theanine/lemon balm/chamomile flower/lavender)                            | Tier 1    |                                  |
| KIDS SLEEP IMMUNE HEALTH ORAL TABLET, CHEWABLE 0.5 MG-45 MG- 12.5 MCG-3.75MG (melatonin/ascorbic acid/vitamin D3/zinc citrate/elderberry) | Tier 1    |                                  |
| <i>melatonin-pyridoxine (vit b6) oral tablet 5-1 mg</i>                                                                                   | Tier 1    |                                  |
| <i>melatonin-pyridoxine hcl (b6) oral tablet extended release 5-10 mg</i>                                                                 | Tier 1    |                                  |
| <i>melatonin-pyridoxine hcl (b6) oral tablet, ir and er, biphasic 10-10 mg, 5-10 mg</i>                                                   | Tier 1    |                                  |
| <i>melatonin-theanine oral tablet 10-5.5 mg</i>                                                                                           | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                            | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>melatonin-theanine oral tablet,disintegrating 3-50 mg</i>                                                                      | Tier 1    |                                  |
| RELAX NIGHT CALM ORAL TABLET,CHEWABLE 1.5-12.5-50-0.5 MG (melatonin/5-hydroxytryptophan/theanine/lemon balm leaf xt)              | Tier 1    |                                  |
| REPOZEN SLEEP AID ORAL CAPSULE 5-30-50 MG (melatonin/gamma-aminobutyric acid/valerian)                                            | Tier 2    |                                  |
| SAMBUCUS HONEYBERRY NIGHT ORAL SYRUP 0.5 MG-3.5 GRAM -35 MG/7.5 ML (melatonin/honey/English ivy/elderberry/cider vinegar/C/zinc)  | Tier 2    |                                  |
| SLEEP CALM ORAL TABLET,CHEWABLE 3-50-12.5 MG (melatonin/theanine/lemon balm/chamomile flower/lavender)                            | Tier 1    |                                  |
| SLEEP IMMUNE HEALTH ORAL TABLET,CHEWABLE 3 MG-45 MG-12.5 MCG-3.75 MG (melatonin/ascorbic acid/vitamin D3/zinc citrate/elderberry) | Tier 1    |                                  |
| SLEEP SUPPORT (MELATONIN-HERB) ORAL TABLET, CHEWABLE DISPERSIBLE 1.5-22 MG-MCG (melatonin/herbal complex no.233)                  | Tier 1    |                                  |
| SOOTHING NIGHT ORAL POWDER 3-350-250 MG/8.3 GRAM (melatonin/mag carbonate,glycinate/pot bic/GABA/glycine/lemon)                   | Tier 2    |                                  |
| SOPORDREN ORAL CAPSULE 1-50-25-200 MG (melatonin/GABA/5-HTP/theanine/magnesium citrate,oxide/herbs)                               | Tier 2    |                                  |
| SUPERIOR SLEEP ORAL CAPSULE 5-50-50 MG (melatonin/5-HTP/tryptophan/theanine/magnesium/vit B6/herbal)                              | Tier 2    |                                  |
| UNISOM SIMPLE SLUMBERS ORAL TABLET,CHEWABLE 2.5 MG (melatonin/passion flower/lemon balm)                                          | Tier 2    |                                  |
| <b>Hypnotics - Melatonin M1/M2 Receptor Agonists - Drugs For Insomnia</b>                                                         |           |                                  |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (tasimelteon)                                                                                  | Tier 3    | PA                               |

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| Prescription Drug Name                                                                            | Drug Tier | Coverage Requirements and Limits                                                                                               |
|---------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------|
| HETLIOZ ORAL CAPSULE 20 MG (tasimelteon)                                                          | Tier 3    | PA                                                                                                                             |
| <i>ramelteon oral tablet 8 mg</i>                                                                 | Tier 1    | ST: Requires prior prescription for Eszopiclone (Lunesta), Zaleplon (Sonata), or Zolpidem IR (Ambien) within the past 120 days |
| ROZEREM ORAL TABLET 8 MG (ramelteon)                                                              | Tier 2    | ST: Requires prior prescription for Eszopiclone (Lunesta), Zaleplon (Sonata), or Zolpidem IR (Ambien) within the past 120 days |
| <i>tasimelteon oral capsule 20 mg</i>                                                             | Tier 3    | PA                                                                                                                             |
| <b>Migraine Therapy - Carboxylic Acid Derivatives<br/>- Drugs For Migraine Headaches</b>          |           |                                                                                                                                |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex sodium)                 | Tier 2    |                                                                                                                                |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>                               | Tier 1    |                                                                                                                                |
| <b>Migraine Therapy - Cgrp Ligand Blocker, Monoclonal Antibody - Drugs For Migraine Headaches</b> |           |                                                                                                                                |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML (fremanezumab-vfrm)                   | Tier 2    | PA; QL (1.5 ML per 30 days)                                                                                                    |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (fremanezumab-vfrm)                              | Tier 2    | PA; QL (1.5 ML per 30 days)                                                                                                    |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (galcanezumab-gnlm)                              | Tier 2    | PA; QL (1 ML per 30 days)                                                                                                      |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (galcanezumab-gnlm)                               | Tier 2    | PA; QL (1 ML per 30 days)                                                                                                      |

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|---------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------|
| <b>Migraine Therapy - Cgrp Receptor Blockers (Gepants And Mab) - Drugs For Migraine Headaches</b> |           |                                                                                                                     |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (erenumab-aooe)               | Tier 2    | PA; QL (1 ML per 30 days)                                                                                           |
| NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG (rimegepant sulfate)                                  | Tier 2    | PA; QL (18 EA per 30 days)                                                                                          |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (atogepant)                                               | Tier 2    | PA; QL (1 EA per 1 day)                                                                                             |
| UBRELVY ORAL TABLET 100 MG, 50 MG (ubrogepant)                                                    | Tier 2    | PA; QL (16 EA per 30 days)                                                                                          |
| ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION (zavegepant HCl)                                | Tier 2    | PA; QL (8 EA per 30 days)                                                                                           |
| <b>Migraine Therapy - Ergot Alkaloids And Derivatives - Drugs For Migraine Headaches</b>          |           |                                                                                                                     |
| <i>dihydroergotamine injection solution 1 mg/ml</i>                                               | Tier 1    | QL (15 ML per 14 days)                                                                                              |
| <i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>                      | Tier 1    | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (8 ML per 28 days) |
| ERGOMAR SUBLINGUAL TABLET 2 MG (ergotamine tartrate)                                              | Tier 2    | QL (10 EA per 7 days)                                                                                               |
| MIGRANAL NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML) (dihydroergotamine mesylate)         | Tier 2    | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (8 ML per 28 days) |

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|--------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------|
| TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML) (dihydroergotamine mesylate)            | Tier 2    | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (12 ML per 28 days); Age (Min 18 Years) |
| <b>Migraine Therapy - Ergot Combinations - Drugs For Migraine Headaches</b>                            |           |                                                                                                                                          |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i>                                                        | Tier 1    | QL (10 EA per 7 days)                                                                                                                    |
| MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine tartrate/caffeine)                                    | Tier 2    | PA                                                                                                                                       |
| <b>Migraine Therapy - Nsaid Analgesics (Cyclooxygenase Inhibitor) - Drugs For Migraine Headaches</b>   |           |                                                                                                                                          |
| <i>diclofenac potassium oral powder in packet 50 mg</i>                                                | Tier 1    |                                                                                                                                          |
| ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML) (celecoxib)                                              | Tier 2    | PA                                                                                                                                       |
| <b>Migraine Therapy - Selective Serotonin Agonists 5-HT<sub>1</sub> - Drugs For Migraine Headaches</b> |           |                                                                                                                                          |
| <i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>                                                 | Tier 1    | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)                     |
| <i>eletriptan oral tablet 20 mg, 40 mg</i>                                                             | Tier 1    | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)                     |

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|-------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------|
| FROVA ORAL TABLET 2.5 MG (frovatriptan succinate)                                               | Tier 2    | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days) |
| <i>frovatriptan oral tablet 2.5 mg</i>                                                          | Tier 1    | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days) |
| IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (sumatriptan succinate)                                | Tier 2    | QL (18 EA per 30 days)                                                                                               |
| IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML (sumatriptan succinate) | Tier 2    | QL (18 ML per 30 days)                                                                                               |
| IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML (sumatriptan succinate) | Tier 2    | QL (18 ML per 30 days)                                                                                               |
| MAXALT ORAL TABLET 10 MG (rizatriptan benzoate)                                                 | Tier 2    | QL (27 EA per 30 days)                                                                                               |
| MAXALT-MLT ORAL TABLET, DISINTEGRATING 10 MG (rizatriptan benzoate)                             | Tier 2    | QL (27 EA per 30 days)                                                                                               |
| MIGRANOW KIT, GEL AND TABLET 50 MG- 10 %-4 % (sumatriptan succinate/menthol/camphor)            | Tier 2    |                                                                                                                      |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i>                                                     | Tier 1    | QL (18 EA per 30 days)                                                                                               |
| ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG (sumatriptan succinate)                | Tier 2    | ST: Requires prior prescription for generic Sumatriptan nasal spray within the past 120 days; QL (32 EA per 30 days) |
| RELPAK ORAL TABLET 20 MG, 40 MG (eletriptan hydrobromide)                                       | Tier 2    | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days) |

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| Prescription Drug Name                                                          | Drug Tier | Coverage Requirements and Limits                                                                                     |
|---------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------|
| <i>rizatriptan oral tablet 10 mg, 5 mg</i>                                      | Tier 1    | QL (27 EA per 30 days)                                                                                               |
| <i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>                      | Tier 1    | QL (27 EA per 30 days)                                                                                               |
| <i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>                     | Tier 1    | QL (18 EA per 30 days)                                                                                               |
| <i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>                      | Tier 1    | QL (36 EA per 30 days)                                                                                               |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>                   | Tier 1    | QL (18 EA per 30 days)                                                                                               |
| <i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>    | Tier 1    | QL (18 ML per 30 days)                                                                                               |
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> | Tier 1    | QL (18 ML per 30 days)                                                                                               |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>                  | Tier 1    | QL (18 ML per 30 days)                                                                                               |
| <i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>                   | Tier 1    | QL (18 ML per 30 days)                                                                                               |
| TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION (sumatriptan)                  | Tier 2    | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (24 EA per 30 days) |
| ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (sumatriptan succinate) | Tier 2    | ST: Requires prior prescription for generic Sumatriptan injection within the past 120 days; QL (18 ML per 30 days)   |
| <i>zolmitriptan nasal spray, non-aerosol 2.5 mg, 5 mg</i>                       | Tier 1    | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days) |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>                                    | Tier 1    | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days) |

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| Prescription Drug Name                                                                             | Drug Tier | Coverage Requirements and Limits                                                                                     |
|----------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------|
| <i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>                                       | Tier 1    | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days) |
| ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG, 5 MG (zolmitriptan)                                         | Tier 2    | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days) |
| zolmitriptan (Zomig Oral Tablet 2.5 Mg, 5 Mg)                                                      | Tier 1    | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days) |
| <b>Migraine Therapy - Selective Serotonin Agonists 5-Ht(1F) - Drugs For Migraine Headaches</b>     |           |                                                                                                                      |
| REYVOW ORAL TABLET 100 MG, 50 MG (lasmiditan succinate)                                            | Tier 2    | PA; QL (8 EA per 30 days)                                                                                            |
| <b>Migraine Therapy - Serotonin Agonist 5-Ht(1) And Nsaid Comb. - Drugs For Migraine Headaches</b> |           |                                                                                                                      |
| <i>sumatriptan-naproxen oral tablet 85-500 mg</i>                                                  | Tier 1    | ST: Requires prior prescription for Sumatriptan within the past 180 days; QL (18 EA per 30 days)                     |
| <b>Movement Disorder Drug Therapy - Drugs For The Nervous System</b>                               |           |                                                                                                                      |
| AUSTEDO ORAL TABLET 12 MG, 9 MG (deutetrabenazine)                                                 | Tier 3    | PA; QL (4 EA per 1 day)                                                                                              |
| AUSTEDO ORAL TABLET 6 MG (deutetrabenazine)                                                        | Tier 3    | PA; QL (2 EA per 1 day)                                                                                              |

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| Prescription Drug Name                                                                                                 | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (deutetrabenazine) | Tier 3    | PA; QL (1 EA per 1 day)          |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG (deutetrabenazine)                   | Tier 3    | PA                               |
| INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (valbenazine tosylate)                     | Tier 3    | PA; QL (1 EA per 1 day)          |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (valbenazine tosylate)                                                       | Tier 3    | PA; QL (1 EA per 1 day)          |
| INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (valbenazine tosylate)                                    | Tier 3    | PA; QL (1 EA per 1 day)          |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>                                                                        | Tier 3    | PA                               |
| XENAZINE ORAL TABLET 12.5 MG, 25 MG (tetrabenazine)                                                                    | Tier 3    | PA                               |
| <b>Movement Disorder Therapy - Huntington's Disease - Drugs For The Nervous System</b>                                 |           |                                  |
| AUSTEDO ORAL TABLET 12 MG, 9 MG (deutetrabenazine)                                                                     | Tier 3    | PA; QL (4 EA per 1 day)          |
| AUSTEDO ORAL TABLET 6 MG (deutetrabenazine)                                                                            | Tier 3    | PA; QL (2 EA per 1 day)          |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (deutetrabenazine) | Tier 3    | PA; QL (1 EA per 1 day)          |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG (deutetrabenazine)                   | Tier 3    | PA                               |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (valbenazine tosylate)                                                       | Tier 3    | PA; QL (1 EA per 1 day)          |
| INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (valbenazine tosylate)                                    | Tier 3    | PA; QL (1 EA per 1 day)          |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>                                                                        | Tier 3    | PA                               |

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| Prescription Drug Name                                                                                                 | Drug Tier | Coverage Requirements and Limits                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| XENAZINE ORAL TABLET 12.5 MG, 25 MG (tetrabenazine)                                                                    | Tier 3    | PA                                                                                                                                                              |
| <b>Movement Disorder Therapy - Restless Legs Syndrome - Drugs For The Nervous System</b>                               |           |                                                                                                                                                                 |
| HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG (gabapentin enacarbil)                                                    | Tier 2    | ST: Requires prior prescription for Gabipentin (Neurontin-generic available), Pramipexole IR, or Ropinirole IR within the past 120 days; QL (30 EA per 30 days) |
| HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG (gabapentin enacarbil)                                                    | Tier 2    | ST: Requires prior prescription for Gabipentin (Neurontin-generic available), Pramipexole IR, or Ropinirole IR within the past 120 days; QL (2 EA per 1 day)    |
| <b>Movement Disorder Therapy - Tardive Dyskinesia - Drugs For The Nervous System</b>                                   |           |                                                                                                                                                                 |
| AUSTEDO ORAL TABLET 12 MG, 9 MG (deutetrabenazine)                                                                     | Tier 3    | PA; QL (4 EA per 1 day)                                                                                                                                         |
| AUSTEDO ORAL TABLET 6 MG (deutetrabenazine)                                                                            | Tier 3    | PA; QL (2 EA per 1 day)                                                                                                                                         |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (deutetrabenazine) | Tier 3    | PA; QL (1 EA per 1 day)                                                                                                                                         |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG (deutetrabenazine)                   | Tier 3    | PA                                                                                                                                                              |
| INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (valbenazine tosylate)                     | Tier 3    | PA; QL (1 EA per 1 day)                                                                                                                                         |

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| Prescription Drug Name                                                                                  | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (valbenazine tosylate)                                        | Tier 3    | PA; QL (1 EA per 1 day)          |
| INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (valbenazine tosylate)                     | Tier 3    | PA; QL (1 EA per 1 day)          |
| <b>Narcolepsy And Cataplexy Therapy Agents - Sedative-Type - Drugs For Sleep Disorder</b>               |           |                                  |
| LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM (sodium oxybate)          | Tier 3    | PA                               |
| LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM (sodium oxybate)                  | Tier 3    | PA                               |
| <i>sodium oxybate oral solution 500 mg/ml</i>                                                           | Tier 3    | PA                               |
| XYREM ORAL SOLUTION 500 MG/ML (sodium oxybate)                                                          | Tier 3    | PA                               |
| XYWAV ORAL SOLUTION 0.5 GRAM/ML (sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate)          | Tier 3    | PA                               |
| <b>Narcolepsy Therapy Agents - Dopamine And Ne Reuptake Inhibitor (Dnri) - Drugs For Sleep Disorder</b> |           |                                  |
| SUNOSI ORAL TABLET 150 MG, 75 MG (solriamfetol HCl)                                                     | Tier 2    | PA                               |
| <b>Narcolepsy Therapy Agents - H3-Receptor Antagonist/Inverse Agonist - Drugs For Sleep Disorder</b>    |           |                                  |
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG (pitolisant HCl)                                                     | Tier 3    | PA                               |
| <b>Narcolepsy Therapy Agents - Non-Sympathomimetic - Drugs For Sleep Disorder</b>                       |           |                                  |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>                                                   | Tier 1    | QL (1 EA per 1 day)              |
| <i>armodafinil oral tablet 50 mg</i>                                                                    | Tier 1    | QL (3 EA per 1 day)              |
| <i>modafinil oral tablet 100 mg, 200 mg</i>                                                             | Tier 1    | QL (2 EA per 1 day)              |
| NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG (armodafinil)                                                | Tier 2    | QL (1 EA per 1 day)              |
| NUVIGIL ORAL TABLET 50 MG (armodafinil)                                                                 | Tier 2    | QL (3 EA per 1 day)              |

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| Prescription Drug Name                                                                                                                | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| PROVIGIL ORAL TABLET 100 MG, 200 MG (modafinil)                                                                                       | Tier 2    | QL (2 EA per 1 day)              |
| <b>Narcolepsy Therapy Agents - Stimulant-Type, Piperidine Derivative - Drugs For Sleep Disorder</b>                                   |           |                                  |
| METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML (methylphenidate HCl)                                                                    | Tier 2    |                                  |
| <i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>                                                                        | Tier 1    |                                  |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>                                                                             | Tier 1    | QL (90 EA per 30 days)           |
| <i>methylphenidate hcl oral tablet, chewable 10 mg</i>                                                                                | Tier 1    | QL (6 EA per 1 day)              |
| <i>methylphenidate hcl oral tablet, chewable 2.5 mg, 5 mg</i>                                                                         | Tier 1    | QL (90 EA per 30 days)           |
| RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (methylphenidate HCl)                                                                          | Tier 2    | QL (90 EA per 30 days)           |
| <b>Narcolepsy Therapy Agents- Stimulant-Type, Sympathomimetic, Amphetamines - Drugs For Sleep Disorder</b>                            |           |                                  |
| dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (Adderall Oral Tablet 10 Mg, 12.5 Mg, 15 Mg, 20 Mg, 30 Mg, 5 Mg, 7.5 Mg) | Tier 2    | QL (2 EA per 1 day)              |
| <i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>                                                                                    | Tier 1    | QL (4 EA per 1 day)              |
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG (dextroamphetamine sulfate)                                                   | Tier 2    | QL (4 EA per 1 day)              |
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG (dextroamphetamine sulfate)                                                   | Tier 2    | QL (120 EA per 30 days)          |
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i>                                                                 | Tier 1    | QL (4 EA per 1 day)              |
| <i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>                                                                 | Tier 1    | QL (120 EA per 30 days)          |
| <i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>                                                                  | Tier 1    | QL (60 EA per 30 days)           |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>                                                                              | Tier 1    | QL (4 EA per 1 day)              |

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| Prescription Drug Name                                                                             | Drug Tier | Coverage Requirements and Limits                                                                                                                            |
|----------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg</i>                                 | Tier 1    | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (4 EA per 1 day) |
| <i>dextroamphetamine sulfate oral tablet 20 mg</i>                                                 | Tier 1    | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day) |
| <i>dextroamphetamine sulfate oral tablet 30 mg</i>                                                 | Tier 1    | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day) |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> | Tier 1    | QL (2 EA per 1 day)                                                                                                                                         |
| amphetamine sulfate (Evekeo Oral Tablet 10 Mg, 5 Mg)                                               | Tier 2    | QL (4 EA per 1 day)                                                                                                                                         |
| dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg, 5 Mg)                                        | Tier 2    | QL (4 EA per 1 day)                                                                                                                                         |
| dextroamphetamine sulfate (Zenzedi Oral Tablet 15 Mg, 2.5 Mg, 7.5 Mg)                              | Tier 2    | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (4 EA per 1 day) |

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|---------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| dextroamphetamine sulfate (Zenzedi Oral Tablet 20 Mg)                                 | Tier 2    | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)                                  |
| dextroamphetamine sulfate (Zenzedi Oral Tablet 30 Mg)                                 | Tier 2    | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)                                  |
| <b>Neuropathic Pain Therapy - Drugs For Seizures /Personality Disorder/Nerve Pain</b> |           |                                                                                                                                                                                              |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG (pregabalin)             | Tier 2    | ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (3 EA per 1 day) |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG (pregabalin)                      | Tier 2    | ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (2 EA per 1 day) |

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|--------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>                       | Tier 1    | ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (3 EA per 1 day) |
| <i>pregabalin oral tablet extended release 24 hr 330 mg</i>                                | Tier 1    | ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (2 EA per 1 day) |
| <b>Postherpetic Neuralgia Agents - Drugs For Seizures /Personality Disorder/Nerve Pain</b> |           |                                                                                                                                                                                              |
| DULOXICaine KIT 30 MG- 4% (duloxetine HCl/lidocaine HCl)                                   | Tier 2    |                                                                                                                                                                                              |
| <i>gabapentin oral tablet extended release 24 hr 300 mg</i>                                | Tier 1    | ST: Requires prior prescription for Gabapentin IR within the past 120 days; QL (1 EA per 1 day)                                                                                              |
| <i>gabapentin oral tablet extended release 24 hr 600 mg</i>                                | Tier 1    | ST: Requires prior prescription for Gabapentin IR within the past 120 days; QL (2 EA per 1 day)                                                                                              |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG (gabapentin)                             | Tier 2    | ST: Requires prior prescription for Gabapentin IR within the past 120 days; QL (1 EA per 1 day)                                                                                              |

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|------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR<br>750 MG, 900 MG (gabapentin)    | Tier 2    | ST: Requires prior prescription for Gabapentin IR within the past 120 days; QL (2 EA per 1 day)                                                                                              |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR<br>165 MG, 82.5 MG (pregabalin) | Tier 2    | ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (3 EA per 1 day) |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR<br>330 MG (pregabalin)          | Tier 2    | ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (2 EA per 1 day) |
| <i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>         | Tier 1    | ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (3 EA per 1 day) |
| <i>pregabalin oral tablet extended release 24 hr 330 mg</i>                  | Tier 1    | ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (2 EA per 1 day) |

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|----------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Pseudobulbar Affect (Pba) Agents, Nmda Antagonists Type - Drugs For Severe Mental Disorders</b> |           |                                                                                                                                                                   |
| NUDEXTA ORAL CAPSULE 20-10 MG (dextromethorphan Hbr/quinidine sulfate)                             | Tier 2    | PA                                                                                                                                                                |
| <b>Sedative-Hypnotic - Barbiturates - Drugs For Insomnia</b>                                       |           |                                                                                                                                                                   |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>                                              | Tier 1    |                                                                                                                                                                   |
| <i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>                        | Tier 1    |                                                                                                                                                                   |
| <i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>                                               | Tier 1    |                                                                                                                                                                   |
| <b>Sedative-Hypnotic - Benzodiazepines - Drugs For Insomnia</b>                                    |           |                                                                                                                                                                   |
| DORAL ORAL TABLET 15 MG (quazepam)                                                                 | Tier 2    | ST: Requires prior prescription for oe of the following oral generics: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets within the past 120 days |
| <i>estazolam oral tablet 1 mg, 2 mg</i>                                                            | Tier 1    |                                                                                                                                                                   |
| <i>flurazepam oral capsule 15 mg, 30 mg</i>                                                        | Tier 1    |                                                                                                                                                                   |
| HALCION ORAL TABLET 0.25 MG (triazolam)                                                            | Tier 2    |                                                                                                                                                                   |
| <i>midazolam oral syrup 2 mg/ml</i>                                                                | Tier 1    |                                                                                                                                                                   |
| <i>quazepam oral tablet 15 mg</i>                                                                  | Tier 1    | ST: Requires prior prescription for oe of the following oral generics: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets within the past 120 days |

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| Prescription Drug Name                                                            | Drug Tier | Coverage Requirements and Limits                                                                                              |
|-----------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------|
| RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (temazepam)                   | Tier 2    |                                                                                                                               |
| <i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>                       | Tier 1    |                                                                                                                               |
| <i>triazolam oral tablet 0.125 mg, 0.25 mg</i>                                    | Tier 1    |                                                                                                                               |
| <b>Sedative-Hypnotic - Gaba-Receptor Modulators - Drugs For Insomnia</b>          |           |                                                                                                                               |
| AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG (zolpidem tartrate) | Tier 2    | QL (1 EA per 1 day)                                                                                                           |
| AMBIEN ORAL TABLET 10 MG, 5 MG (zolpidem tartrate)                                | Tier 2    | QL (1 EA per 1 day)                                                                                                           |
| EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG (zolpidem tartrate)                          | Tier 2    | ST: Requires prior prescription for Zolpidem IR (Ambien) within the past 180 days; QL (1 EA per 1 day)                        |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>                                   | Tier 1    | QL (1 EA per 1 day)                                                                                                           |
| LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (eszopiclone)                                | Tier 2    | QL (1 EA per 1 day)                                                                                                           |
| <i>zaleplon oral capsule 10 mg, 5 mg</i>                                          | Tier 1    | QL (1 EA per 1 day)                                                                                                           |
| <i>zolpidem oral capsule 7.5 mg</i>                                               | Tier 1    |                                                                                                                               |
| <i>zolpidem oral tablet 10 mg, 5 mg</i>                                           | Tier 1    | QL (1 EA per 1 day)                                                                                                           |
| <i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>               | Tier 1    | QL (1 EA per 1 day)                                                                                                           |
| <i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>                                 | Tier 1    | QL (1 EA per 1 day)                                                                                                           |
| <b>Sedative-Hypnotic - Orexin Receptor Antagonist - Drugs For Insomnia</b>        |           |                                                                                                                               |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (suvorexant)                       | Tier 2    | ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 130 days; QL (1 EA per 1 day) |

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| Prescription Drug Name                                                                   | Drug Tier | Coverage Requirements and Limits                                                                                                                                 |
|------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DAYVIGO ORAL TABLET 10 MG, 5 MG (lemborexant)                                            | Tier 2    | ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 130 days; QL (1 EA per 1 day)                                    |
| QUVIVIQ ORAL TABLET 25 MG, 50 MG (daridorexant HCl)                                      | Tier 2    | ST: Requires prior prescription of Zolpidem Tartrate, Eszopiclone, or Zaleplon within the last 130 days; QL (1 EA per 1 day)                                     |
| <b>Sedative-Hypnotic - Selective Alpha2-Adrenoreceptor Agonists - Drugs For Insomnia</b> |           |                                                                                                                                                                  |
| IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (dexmedetomidine HCl)                            | Tier 2    | PA                                                                                                                                                               |
| <b>Sedative-Hypnotic - Tricyclic Antidepressant Type - Drugs For Insomnia</b>            |           |                                                                                                                                                                  |
| <i>doxepin oral tablet 3 mg, 6 mg</i>                                                    | Tier 1    | ST: Requires prior prescription for Doxepin solution or 10mg capsules, Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day) |
| SILENOR ORAL TABLET 3 MG, 6 MG (doxepin HCl)                                             | Tier 2    | ST: Requires prior prescription for Doxepin solution or 10mg capsules, Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day) |

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| Prescription Drug Name                                                                                                                | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Chemical Dependency, Agents To Treat - Drugs For Addiction</b>                                                                     |           |                                  |
| <b>Agents For Opioid Withdrawal, Central Alpha-2 Adrenergic Agonist-Type - Drugs For Opioid Addiction</b>                             |           |                                  |
| <i>lofexidine oral tablet 0.18 mg</i>                                                                                                 | Tier 2    | PA                               |
| LUCEMYRA ORAL TABLET 0.18 MG (lofexidine HCl)                                                                                         | Tier 2    | PA                               |
| <b>Agents For Opioid Withdrawal, Opioid-Type - Drugs For Opioid Addiction</b>                                                         |           |                                  |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>                                                                                 | Tier 1    |                                  |
| <i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>                                                       | Tier 1    |                                  |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>                                                                      | Tier 1    |                                  |
| SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (buprenorphine HCl/naloxone HCl)                                           | Tier 2    |                                  |
| ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (buprenorphine HCl/naloxone HCl) | Tier 2    |                                  |
| <b>Alcohol Abstinence Therapy - Glutamate And Gaba System Type - Drugs For Alcohol Addiction</b>                                      |           |                                  |
| <i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>                                                                        | Tier 1    |                                  |
| <b>Alcohol Abstinence Therapy - Opioid Receptor Antagonist-Type - Drugs For Alcohol Addiction</b>                                     |           |                                  |
| <i>naltrexone oral tablet 50 mg</i>                                                                                                   | Tier 1    |                                  |
| <b>Alcohol Deterrents - Drugs For Alcohol Addiction</b>                                                                               |           |                                  |
| <i>disulfiram oral tablet 250 mg, 500 mg</i>                                                                                          | Tier 1    |                                  |

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| Prescription Drug Name                                                                                   | Drug Tier | Coverage Requirements and Limits                                                            |
|----------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------|
| <b>Smoking Deterrents - Ne And Dopamine Reuptake Inhibitor (Ndri)-Type - Drugs For Smoking Addiction</b> |           |                                                                                             |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>                           | Tier 1    | \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER   |
| <b>Smoking Deterrents - Nicotine-Type - Drugs For Smoking Addiction</b>                                  |           |                                                                                             |
| <i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>                                                       | Tier 0    | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER |
| <i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>                                                   | Tier 0    | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER |
| <i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>                                              | Tier 0    | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER |
| <i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>                           | Tier 0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER  |

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| Prescription Drug Name                                                   | Drug Tier | Coverage Requirements and Limits                                                            |
|--------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------|
| <i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i> | Tier 0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER  |
| NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML (nicotine)                 | Tier 2    | \$0 COPAY IF 18 YEARS OF AGE OR OLDER                                                       |
| QUIT 2 BUCCAL GUM 2 MG (nicotine polacrilex)                             | Tier 0    | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER |
| QUIT 2 BUCCAL LOZENGE 2 MG (nicotine polacrilex)                         | Tier 0    | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER |
| QUIT 4 BUCCAL GUM 4 MG (nicotine polacrilex)                             | Tier 0    | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER |
| QUIT 4 BUCCAL LOZENGE 4 MG (nicotine polacrilex)                         | Tier 0    | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER |
| STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (nicotine polacrilex)         | Tier 0    | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER |

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| Prescription Drug Name                                                                                    | Drug Tier | Coverage Requirements and Limits                                                                                |
|-----------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------|
| <b>Smoking Deterrents - Nicotinic Receptor Partial Agonist, Alpha4beta2 - Drugs For Smoking Addiction</b> |           |                                                                                                                 |
| <i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>                                                      | Tier 1    | \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)  |
| <i>varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i>                                 | Tier 1    | \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day) |
| <b>Chemicals-Pharmaceutical Adjuvants</b>                                                                 |           |                                                                                                                 |
| <b>Bulk Chemicals</b>                                                                                     |           |                                                                                                                 |
| <i>alum, ammonium (bulk) powder</i>                                                                       | Tier 2    |                                                                                                                 |
| <i>ascorbic acid(vitamin c)(bulk) granules 100 %</i>                                                      | Tier 2    |                                                                                                                 |
| <i>benzoin (bulk) topical tincture</i>                                                                    | Tier 2    |                                                                                                                 |
| <i>glutathione (bulk) powder 100 %</i>                                                                    | Tier 2    |                                                                                                                 |
| <i>guaiacol liquid</i>                                                                                    | Tier 2    |                                                                                                                 |
| <i>hydrogen peroxide (bulk) solution 30 %</i>                                                             | Tier 2    |                                                                                                                 |
| <i>hydroxyethyl methacrylate,bulk liquid 96 %</i>                                                         | Tier 2    |                                                                                                                 |
| <i>sodium bicarb-sodium chloride powder</i>                                                               | Tier 2    |                                                                                                                 |
| SWEET OIL OIL (olive oil)                                                                                 | Tier 1    |                                                                                                                 |
| TECHNA NAT UNSWT TROCHE BASEG2 POWDER (troche base no.247)                                                | Tier 2    |                                                                                                                 |
| <i>vitamin e acetate (bulk) liquid 125 unit/ml</i>                                                        | Tier 2    |                                                                                                                 |
| <b>Chemicals - Cryopreservative Agents</b>                                                                |           |                                                                                                                 |
| CRYOSERV SOLUTION 99 % (dimethyl sulfoxide)                                                               | Tier 2    |                                                                                                                 |

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| Prescription Drug Name                                                                     | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Chemicals - Fixed Oils</b>                                                              |           |                                  |
| <i>olive oil oil</i>                                                                       | Tier 1    |                                  |
| SWEET OIL OIL (olive oil)                                                                  | Tier 1    |                                  |
| <b>Chemicals - Solvents</b>                                                                |           |                                  |
| <i>isopropyl alcohol solution 70 %, 91 %, 99 %</i>                                         | Tier 2    |                                  |
| MURI-LUBE OIL (mineral oil, light sterile)                                                 | Tier 2    |                                  |
| <i>sesame oil oil</i>                                                                      | Tier 2    |                                  |
| <i>sodium succinate powder</i>                                                             | Tier 2    |                                  |
| <b>Pharmaceutical Adjuvant - Anticorrosive Agents</b>                                      |           |                                  |
| <i>butylated hydroxytoluene powder</i>                                                     | Tier 2    |                                  |
| <b>Pharmaceutical Adjuvant - Capsule Excipients</b>                                        |           |                                  |
| CAPSUBLEND-H POWDER (cellulose/silica gel/mannitol/magnesium stearate)                     | Tier 2    |                                  |
| <b>Pharmaceutical Adjuvant - Coloring Agents</b>                                           |           |                                  |
| <i>methylene blue (bulk-solid) powder</i>                                                  | Tier 2    |                                  |
| <b>Pharmaceutical Adjuvant - Flavoring Agents</b>                                          |           |                                  |
| <i>ethyl acetate liquid</i>                                                                | Tier 2    |                                  |
| SWEET OIL OIL (olive oil)                                                                  | Tier 1    |                                  |
| <b>Pharmaceutical Adjuvant - Hypromellose Capsules (Empty)</b>                             |           |                                  |
| CAPSULE #3 (HYPROMELLOSE) ORAL CAPSULE (hypromellose capsules (empty))                     | Tier 2    |                                  |
| <b>Pharmaceutical Adjuvant - Inhalation Vehicles</b>                                       |           |                                  |
| HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 % (sodium chloride for inhalation) | Tier 2    |                                  |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (sodium chloride for inhalation)          | Tier 1    |                                  |

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|-----------------------------------------------------------------------------------------|-----------|----------------------------------|
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (sodium chloride for inhalation)       | Tier 2    |                                  |
| PULMOSAL INHALATION SOLUTION FOR NEBULIZATION 7 % (sodium chloride for inhalation)      | Tier 2    |                                  |
| <i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>       | Tier 1    |                                  |
| <b>Pharmaceutical Adjuvant - Liquid Vehicles</b>                                        |           |                                  |
| <b>Other</b>                                                                            |           |                                  |
| PCCA SUSPENDIT ANHYDROUS LIQUID (liquid base no.261)                                    | Tier 2    |                                  |
| <b>Pharmaceutical Adjuvant - Oral Thickening Agents</b>                                 |           |                                  |
| GELMIX ORAL POWDER (maltodextrin/carob)                                                 | Tier 2    |                                  |
| GELMIX ORAL POWDER IN PACKET (maltodextrin/carob)                                       | Tier 2    |                                  |
| SIMPLYTHICK ORAL GEL IN PACKET 4 GRAM (xanthan gum)                                     | Tier 2    |                                  |
| THICK AND EASY ORAL POWDER IN PACKET (starch)                                           | Tier 2    |                                  |
| <b>Pharmaceutical Adjuvant - Oral Vehicles</b>                                          |           |                                  |
| <i>sorbitol solution 70 %</i>                                                           | Tier 2    |                                  |
| UNISPEND ANHYDROUS SWEET ORAL SUSPENSION (compound vehicle suspension sugar-free no.24) | Tier 2    |                                  |
| <b>Pharmaceutical Adjuvant - Surfactants</b>                                            |           |                                  |
| <i>polysorbate 80 solution</i>                                                          | Tier 2    |                                  |
| <b>Pharmaceutical Adjuvant - Suspending Agents</b>                                      |           |                                  |
| <i>hydroxypropyl cellulose powder</i>                                                   | Tier 2    |                                  |
| <i>hypromellose powder</i>                                                              | Tier 2    |                                  |
| METHOCEL E 4 M POWDER (hypromellose)                                                    | Tier 2    |                                  |
| <b>Pharmaceutical Adjuvant - Tableting</b>                                              |           |                                  |
| <i>cellulose (bulk) powder</i>                                                          | Tier 2    |                                  |

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|-----------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Pharmaceutical Adjuvant - Troche/Soft Lozenge Base</b>                                                 |           |                                  |
| TECHNA NAT UNSWT TROCHE BASEG2 POWDER (troche base no.247)                                                | Tier 2    |                                  |
| <b>Cognitive Disorder Therapy</b>                                                                         |           |                                  |
| <b>Rett Syndrome Agents - Glypromate (Gpe) Analogs</b>                                                    |           |                                  |
| DAYBUE ORAL SOLUTION 200 MG/ML (trofinetide)                                                              | Tier 3    | PA                               |
| <b>Cognitive Disorder Therapy - Drugs For The Nervous System</b>                                          |           |                                  |
| <b>Alzheimer's Disease Therapy - Amyloid Directed Monoclonal Antibody - Drugs For Alzheimer's Disease</b> |           |                                  |
| LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML (lecanemab-irmb)                                   | Tier 3    |                                  |
| <b>Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs For Alzheimer's Disease</b>            |           |                                  |
| ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR (donepezil HCl)                             | Tier 2    | PA                               |
| ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (donepezil HCl)                                                    | Tier 2    |                                  |
| <i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>                                                           | Tier 1    |                                  |
| <i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>                                                  | Tier 1    |                                  |
| EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR (rivastigmine)     | Tier 2    | QL (30 EA per 30 days)           |
| <i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>                                | Tier 1    | QL (30 EA per 30 days)           |
| <i>galantamine oral solution 4 mg/ml</i>                                                                  | Tier 1    | QL (200 ML per 30 days)          |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>                                                          | Tier 1    | QL (60 EA per 30 days)           |

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| Prescription Drug Name                                                                         | Drug Tier | Coverage Requirements and Limits                                                                                                         |
|------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------|
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>                           | Tier 1    |                                                                                                                                          |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>  | Tier 1    | QL (30 EA per 30 days)                                                                                                                   |
| ZUNVEYL ORAL TABLET, DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG (benzgalantamine gluconate)    | Tier 2    | ST: Requires prior prescription for generic Galantamine tablets or Galantamine ER capsules within the past 120 days; QL (2 EA per 1 day) |
| <b>Alzheimer's Disease Therapy - Nmda Receptor Antagonists - Drugs For Alzheimer's Disease</b> |           |                                                                                                                                          |
| <i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>                     | Tier 1    | ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)                 |
| <i>memantine oral solution 2 mg/ml</i>                                                         | Tier 1    | QL (300 ML per 30 days)                                                                                                                  |
| <i>memantine oral tablet 10 mg, 5 mg</i>                                                       | Tier 1    | QL (60 EA per 30 days)                                                                                                                   |
| <i>memantine oral tablets, dose pack 5-10 mg</i>                                               | Tier 1    | QL (49 EA per 28 days)                                                                                                                   |
| NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK 5-10 MG (memantine HCl)                          | Tier 2    | QL (49 EA per 28 days)                                                                                                                   |
| NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG (memantine HCl)                 | Tier 2    | ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (28 EA per 28 days)                 |
| NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR 7 MG (memantine HCl)                                | Tier 2    | ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)                 |

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| Prescription Drug Name                                                                                       | Drug Tier | Coverage Requirements and Limits                                                                           |
|--------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------|
| <b>Alzheimer's Thx - Nmda Receptor Antag. And Cholinesterase Inhib. Comb - Drugs For Alzheimer's Disease</b> |           |                                                                                                            |
| <i>memantine-donepezil oral capsule, sprinkle, er 24hr 14-10 mg, 21-10 mg, 28-10 mg</i>                      | Tier 1    | ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day) |
| NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (memantine HCl/donepezil HCl) | Tier 2    | ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day) |
| <b>Cognitive Disorder Therapy - Cerebral Vasodilators - Drugs For Alzheimer's Disease</b>                    |           |                                                                                                            |
| <i>ergoloid oral tablet 1 mg</i>                                                                             | Tier 1    |                                                                                                            |
| <b>Contraceptives - Drugs For Women</b>                                                                      |           |                                                                                                            |
| <b>Contraceptive - Vaginal Ph Modulator - Medical Supplies And Durable Medical Equipment</b>                 |           |                                                                                                            |
| PHEXXI VAGINAL GEL 1.8-1-0.4 % (lactic acid/citric acid/potassium bitartrate)                                | Tier 0    |                                                                                                            |
| <b>Contraceptive Implant - Progestin - Birth Control Pills</b>                                               |           |                                                                                                            |
| NEXPLANON SUBDERMAL IMPLANT 68 MG (etonogestrel)                                                             | Tier 0    |                                                                                                            |
| <b>Contraceptive Injectable - Progestin - Birth Control Pills</b>                                            |           |                                                                                                            |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (medroxyprogesterone acetate)                                | Tier 2    |                                                                                                            |
| DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML (medroxyprogesterone acetate)                                   | Tier 2    |                                                                                                            |

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|--------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (medroxyprogesterone acetate)                                        | Tier 0    |                                  |
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>                                                                  | Tier 0    |                                  |
| <i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>                                                                     | Tier 0    |                                  |
| <b>Contraceptive Intrauterine - Copper IUD - Birth Control Pills</b>                                                           |           |                                  |
| MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM (copper)                                                               | Tier 0    |                                  |
| PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (copper)                                                        | Tier 0    |                                  |
| PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (copper)                                           | Tier 0    |                                  |
| <b>Contraceptive Intrauterine - Progesterone IUD - Birth Control Pills</b>                                                     |           |                                  |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG (levonorgestrel)                                       | Tier 0    |                                  |
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG (levonorgestrel)                                         | Tier 0    |                                  |
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG (levonorgestrel)                                       | Tier 0    |                                  |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG (levonorgestrel)                                           | Tier 0    |                                  |
| <b>Contraceptive Oral - Biphaseic - Birth Control Pills</b>                                                                    |           |                                  |
| levonorgestrel/ethinyl estradiol and ethinyl estradiol (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7)) | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol and ethinyl estradiol (Ashlyna Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7)) | Tier 0    |                                  |

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|---------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| desogestrel-ethinyl estradiol/ethinyl estradiol (Azurette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)                              | Tier 0    |                                  |
| CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) (levonorgestrel/ethinyl estradiol and ethinyl estradiol)      | Tier 0    |                                  |
| CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (levonorgestrel/ethinyl estradiol and ethinyl estradiol)        | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol and ethinyl estradiol (Daysee Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))         | Tier 0    |                                  |
| <i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                                                         | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol and ethinyl estradiol (Jaimiess Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))       | Tier 0    |                                  |
| desogestrel-ethinyl estradiol/ethinyl estradiol (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)                                | Tier 0    |                                  |
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i> | Tier 0    |                                  |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (norethindrone acetate-ethinyl estradiol/ferrous fumarate)                     | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol and ethinyl estradiol (Lojaimiess Oral Tablets,Dose Pack,3 Month 0.1 Mg-20 Mcg (84)/10 Mcg (7))      | Tier 0    |                                  |
| desogestrel-ethinyl estradiol/ethinyl estradiol (Pimtrea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)                               | Tier 0    |                                  |
| desogestrel-ethinyl estradiol/ethinyl estradiol (Simliya (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)                               | Tier 0    |                                  |

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|--------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| levonorgestrel/ethinyl estradiol and ethinyl estradiol (Simpele Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7)) | Tier 0    |                                  |
| desogestrel-ethinyl estradiol/ethinyl estradiol (Viorele (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)                        | Tier 0    |                                  |
| desogestrel-ethinyl estradiol/ethinyl estradiol (Volnea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)                         | Tier 0    |                                  |
| <b>Contraceptive Oral - Monophasic - Birth Control Pills</b>                                                                   |           |                                  |
| levonorgestrel/ethinyl estradiol (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)                                                         | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol (Altavera (28) Oral Tablet 0.15-0.03 Mg)                                                      | Tier 0    |                                  |
| norethindrone-ethinyl estradiol (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)                                                    | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol (Amethyst (28) Oral Tablet 90-20 Mcg (28))                                                    | Tier 0    |                                  |
| desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-0.03 Mg)                                                                  | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)                                                          | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol (Aubra Oral Tablet 0.1-20 Mg-Mcg)                                                             | Tier 0    |                                  |
| norethindrone acetate/ethinyl estradiol (Aurovela 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)                                       | Tier 0    |                                  |
| norethindrone acetate/ethinyl estradiol (Aurovela 1/20 (21) Oral Tablet 1-20 Mg-Mcg)                                           | Tier 0    |                                  |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))               | Tier 0    |                                  |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))    | Tier 0    |                                  |

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|----------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1-20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))    | Tier 0    |                                  |
| AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7) (desogestrel/ethinyl estradiol/ferrous bis-glycinate chelate)            | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol (Aviane Oral Tablet 0.1-20 Mg-Mcg)                                                        | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol (Ayuna Oral Tablet 0.15-0.03 Mg)                                                          | Tier 0    |                                  |
| BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7) (levonorgestrel/ethinyl estradiol/iron)                                 | Tier 2    |                                  |
| norethindrone-ethinyl estradiol (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg)                                                   | Tier 0    |                                  |
| BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4) (drospirenone/ethinyl estradiol/levomefolate calcium)                           | Tier 0    |                                  |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))            | Tier 0    |                                  |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7)) | Tier 0    |                                  |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))     | Tier 0    |                                  |
| norethindrone-ethinyl estradiol (Briellyn Oral Tablet 0.4-35 Mg-Mcg)                                                       | Tier 0    |                                  |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Charlotte 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24)/75 Mg (4))  | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol (Chateal Eq (28) Oral Tablet 0.15-0.03 Mg)                                                | Tier 0    |                                  |
| norgestrel-ethinyl estradiol (Cryselle (28) Oral Tablet 0.3-30 Mg-Mcg)                                                     | Tier 0    |                                  |

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|----------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-0.03 Mg)                                                                      | Tier 0    |                                  |
| desogestrel-ethinyl estradiol (Cyred Oral Tablet 0.15-0.03 Mg)                                                                         | Tier 0    |                                  |
| norethindrone-ethinyl estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)                                                            | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol (Dolishale Oral Tablet 90-20 Mcg (28))                                                                | Tier 0    |                                  |
| <i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>                                   | Tier 0    |                                  |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>                                                                 | Tier 0    |                                  |
| norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)                                                                       | Tier 0    |                                  |
| desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-0.03 Mg)                                                                       | Tier 0    |                                  |
| norgestimate-ethinyl estradiol (Estarylla Oral Tablet 0.25-0.035 Mg)                                                                   | Tier 0    |                                  |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>                                                              | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol (Falmina (28) Oral Tablet 0.1-20 Mg-Mcg)                                                              | Tier 0    |                                  |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Feirza Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7), 1.5 Mg-30 Mcg (21)/75 Mg (7)) | Tier 0    |                                  |
| FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG (norethindrone acetate/ethinyl estradiol)                                               | Tier 0    |                                  |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Finzala Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))                     | Tier 0    |                                  |
| norethindrone-ethinyl estradiol/ferrous fumarate (Galbriela Oral Tablet,Chewable 0.8Mg-25Mcg(24) And 75 Mg (4))                        | Tier 0    |                                  |

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|---------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Gemmily Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))                | Tier 0    |                                  |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))            | Tier 0    |                                  |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7)) | Tier 0    |                                  |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))     | Tier 0    |                                  |
| norethindrone acetate/ethinyl estradiol (Hailey Oral Tablet 1.5-30 Mg-Mcg)                                                | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol (Iclevia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))                             | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol (Introvale Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))                           | Tier 0    |                                  |
| desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-0.03 Mg)                                                         | Tier 0    |                                  |
| ethinyl estradiol/drospirenone (Jasmiel (28) Oral Tablet 3-0.02 Mg)                                                       | Tier 0    |                                  |
| JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel/ethinyl estradiol)                             | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol/iron (Joyeaux Oral Tablet 0.1 Mg-0.02 Mg (21)/Iron (7))                                  | Tier 0    |                                  |
| desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-0.03 Mg)                                                          | Tier 0    |                                  |
| norethindrone acetate/ethinyl estradiol (Junel 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)                                     | Tier 0    |                                  |
| norethindrone acetate/ethinyl estradiol (Junel 1/20 (21) Oral Tablet 1-20 Mg-Mcg)                                         | Tier 0    |                                  |

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|--------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7)) | Tier 0    |                                  |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))     | Tier 0    |                                  |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 24 Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))            | Tier 0    |                                  |
| norethindrone-ethinyl estradiol/ferrous fumarate (Kaitlib Fe Oral Tablet, Chewable 0.8Mg-25Mcg(24) And 75 Mg (4))        | Tier 0    |                                  |
| desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-0.03 Mg)                                                         | Tier 0    |                                  |
| ethynodiol diacetate-ethinyl estradiol (Kelnor 1/35 (28) Oral Tablet 1-35 Mg-Mcg)                                        | Tier 0    |                                  |
| ethynodiol diacetate-ethinyl estradiol (Kelnor 1/50 (28) Oral Tablet 1-50 Mg-Mcg)                                        | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol (Kurvelo (28) Oral Tablet 0.15-0.03 Mg)                                                 | Tier 0    |                                  |
| norethindrone acetate/ethinyl estradiol (Larin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)                                    | Tier 0    |                                  |
| norethindrone acetate/ethinyl estradiol (Larin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)                                        | Tier 0    |                                  |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))            | Tier 0    |                                  |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7)) | Tier 0    |                                  |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))     | Tier 0    |                                  |
| LAYOLIS FE ORAL TABLET, CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) (norethindrone-ethinyl estradiol/ferrous fumarate)        | Tier 0    |                                  |

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|---------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| levonorgestrel/ethinyl estradiol (Lessina Oral Tablet 0.1-20 Mg-Mcg)                                                            | Tier 0    |                                  |
| <i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>                                                  | Tier 0    |                                  |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>                                    | Tier 0    |                                  |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>                                         | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol (Levora-28 Oral Tablet 0.15-0.03 Mg)                                                           | Tier 0    |                                  |
| norethindrone acetate/ethinyl estradiol (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)                                        | Tier 2    |                                  |
| norethindrone acetate/ethinyl estradiol (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)                                            | Tier 2    |                                  |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Loestrin Fe 1.5/30 (28-Day) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7)) | Tier 2    |                                  |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Loestrin Fe 1/20 (28-Day) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))     | Tier 2    |                                  |
| ethinyl estradiol/drospirenone (Loryna (28) Oral Tablet 3-0.02 Mg)                                                              | Tier 0    |                                  |
| norgestrel-ethinyl estradiol (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)                                                      | Tier 0    |                                  |
| ethinyl estradiol/drospirenone (Lo-Zumandimine (28) Oral Tablet 3-0.02 Mg)                                                      | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg)                                                        | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol (Marlissa (28) Oral Tablet 0.15-0.03 Mg)                                                       | Tier 0    |                                  |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Merzee Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))                       | Tier 0    |                                  |

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|--------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Mibelas 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))       | Tier 0    |                                  |
| norethindrone acetate/ethinyl estradiol (Microgestin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)                                    | Tier 0    |                                  |
| norethindrone acetate/ethinyl estradiol (Microgestin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)                                        | Tier 0    |                                  |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7)) | Tier 0    |                                  |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))     | Tier 0    |                                  |
| norgestimate-ethinyl estradiol (Mili Oral Tablet 0.25-0.035 Mg)                                                                | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol/iron (Minzoya Oral Tablet 0.1 Mg-0.02 Mg (21)/Iron (7))                                       | Tier 0    |                                  |
| norgestimate-ethinyl estradiol (Mono-Linyah Oral Tablet 0.25-0.035 Mg)                                                         | Tier 0    |                                  |
| norethindrone-ethinyl estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)                                                  | Tier 0    |                                  |
| NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28) (drospirenone/estetrol)                                                             | Tier 0    |                                  |
| ethinyl estradiol/drospirenone (Nikki (28) Oral Tablet 3-0.02 Mg)                                                              | Tier 0    |                                  |
| <i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>         | Tier 0    |                                  |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>                                                   | Tier 0    |                                  |
| <i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>                                                  | Tier 0    |                                  |

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| Prescription Drug Name                                                                             | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>                     | Tier 0    |                                  |
| <i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>              | Tier 0    |                                  |
| <i>norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg</i>                                    | Tier 0    |                                  |
| norethindrone-ethinyl estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)                    | Tier 0    |                                  |
| NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) (norethindrone-ethinyl estradiol)                   | Tier 0    |                                  |
| norethindrone-ethinyl estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)                        | Tier 0    |                                  |
| norethindrone-ethinyl estradiol (Nylia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)                          | Tier 0    |                                  |
| OCELLA ORAL TABLET 3-0.03 MG (ethinyl estradiol/drospirenone)                                      | Tier 0    |                                  |
| norethindrone-ethinyl estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)                                | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol (Portia 28 Oral Tablet 0.15-0.03 Mg)                              | Tier 0    |                                  |
| desogestrel-ethinyl estradiol (Reclipsen (28) Oral Tablet 0.15-0.03 Mg)                            | Tier 0    |                                  |
| SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7) (drospirenone/ethinyl estradiol/levomefolate calcium) | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol (Setlakin Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))     | Tier 0    |                                  |
| norgestimate-ethinyl estradiol (Sprintec (28) Oral Tablet 0.25-0.035 Mg)                           | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol (Sronyx Oral Tablet 0.1-20 Mg-Mcg)                                | Tier 0    |                                  |
| ethinyl estradiol/drospirenone (Syeda Oral Tablet 3-0.03 Mg)                                       | Tier 0    |                                  |

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| Prescription Drug Name                                                                                                   | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))           | Tier 0    |                                  |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))    | Tier 0    |                                  |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1-20 Eq (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7)) | Tier 0    |                                  |
| TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (norethindrone acetate-ethinyl estradiol/ferrous fumarate)              | Tier 0    |                                  |
| norgestrel-ethinyl estradiol (Turqoz (28) Oral Tablet 0.3-30 Mg-Mcg)                                                     | Tier 0    |                                  |
| TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG (levonorgestrel/ethinyl estradiol)                                           | Tier 0    |                                  |
| drospirenone/ethinyl estradiol/levomefolate calcium (Tydemy Oral Tablet 3-0.03-0.451 Mg (21) (7))                        | Tier 0    |                                  |
| ethynodiol diacetate-ethinyl estradiol (Valtya Oral Tablet 1-50 Mg-Mcg)                                                  | Tier 0    |                                  |
| ethinyl estradiol/drospirenone (Vestura (28) Oral Tablet 3-0.02 Mg)                                                      | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol (Vienva Oral Tablet 0.1-20 Mg-Mcg)                                                      | Tier 0    |                                  |
| norethindrone-ethinyl estradiol (Vyfemla (28) Oral Tablet 0.4-35 Mg-Mcg)                                                 | Tier 0    |                                  |
| norgestimate-ethinyl estradiol (Vylibra Oral Tablet 0.25-0.035 Mg)                                                       | Tier 0    |                                  |
| norethindrone-ethinyl estradiol (Wera (28) Oral Tablet 0.5-35 Mg-Mcg)                                                    | Tier 0    |                                  |
| norethindrone-ethinyl estradiol/ferrous fumarate (Wymzya Fe Oral Tablet,Chewable 0.4Mg-35Mcg(21) And 75 Mg (7))          | Tier 0    |                                  |
| norethindrone-ethinyl estradiol/ferrous fumarate (Xelria Fe Oral Tablet,Chewable 0.4Mg-35Mcg(21) And 75 Mg (7))          | Tier 0    |                                  |

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|----------------------------------------------------------------------------------|-----------|----------------------------------|
| YASMIN (28) ORAL TABLET 3-0.03 MG (ethinyl estradiol/drospirenone)               | Tier 2    |                                  |
| YAZ (28) ORAL TABLET 3-0.02 MG (ethinyl estradiol/drospirenone)                  | Tier 2    |                                  |
| ethinyl estradiol/drospirenone (Zarah Oral Tablet 3-0.03 Mg)                     | Tier 0    |                                  |
| ethynodiol diacetate-ethinyl estradiol (Zovia 1-35 (28) Oral Tablet 1-35 Mg-Mcg) | Tier 0    |                                  |
| ethinyl estradiol/drospirenone (Zumandimine (28) Oral Tablet 3-0.03 Mg)          | Tier 0    |                                  |
| <b>Contraceptive Oral - Progestin - Birth Control Pills</b>                      |           |                                  |
| norethindrone (Camila Oral Tablet 0.35 Mg)                                       | Tier 0    |                                  |
| norethindrone (Deblitane Oral Tablet 0.35 Mg)                                    | Tier 0    |                                  |
| norethindrone (Emzahh Oral Tablet 0.35 Mg)                                       | Tier 0    |                                  |
| norethindrone (Errin Oral Tablet 0.35 Mg)                                        | Tier 0    |                                  |
| norethindrone (Heather Oral Tablet 0.35 Mg)                                      | Tier 0    |                                  |
| norethindrone (Incassia Oral Tablet 0.35 Mg)                                     | Tier 0    |                                  |
| norethindrone (Jencycla Oral Tablet 0.35 Mg)                                     | Tier 0    |                                  |
| norethindrone (Lyleq Oral Tablet 0.35 Mg)                                        | Tier 0    |                                  |
| norethindrone (Lyza Oral Tablet 0.35 Mg)                                         | Tier 0    |                                  |
| norethindrone (Meleya Oral Tablet 0.35 Mg)                                       | Tier 0    |                                  |
| NORA-BE ORAL TABLET 0.35 MG (norethindrone)                                      | Tier 0    |                                  |
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i>                         | Tier 0    |                                  |
| OPILL ORAL TABLET 0.075 MG (norgestrel)                                          | Tier 0    |                                  |
| norethindrone (Orquidea Oral Tablet 0.35 Mg)                                     | Tier 0    |                                  |
| norethindrone (Sharobel Oral Tablet 0.35 Mg)                                     | Tier 0    |                                  |
| SLYND ORAL TABLET 4 MG (28) (drospirenone)                                       | Tier 0    |                                  |
| norethindrone (Tulana Oral Tablet 0.35 Mg)                                       | Tier 0    |                                  |

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|--------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Contraceptive Oral - Quadruphasic - Birth Control Pills</b>                                                                 |           |                                  |
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>                         | Tier 0    |                                  |
| NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG (estradiol valerate/dienogest)                                              | Tier 0    |                                  |
| RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (levonorgestrel/ethinyl estradiol and ethinyl estradiol) | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol and ethinyl estradiol (Rosyrax Oral Tablets,Dose Pack,3 Month 0.15 Mg-20 Mcg/ 0.15 Mg-25 Mcg) | Tier 0    |                                  |
| <b>Contraceptive Oral - Triphasic - Birth Control Pills</b>                                                                    |           |                                  |
| norethindrone-ethinyl estradiol (Alyacen 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)                                         | Tier 0    |                                  |
| norethindrone-ethinyl estradiol (Aranelle (28) Oral Tablet 0.5/1/0.5-35 Mg-Mcg)                                                | Tier 0    |                                  |
| desogestrel-ethinyl estradiol (Caziant (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)                                                | Tier 0    |                                  |
| norethindrone-ethinyl estradiol (Dasetta 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)                                         | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol (Enpresse Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))                                         | Tier 0    |                                  |
| LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG (norethindrone-ethinyl estradiol)                                                     | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol (Levonest (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))                                    | Tier 0    |                                  |
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>                                                | Tier 0    |                                  |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28)</i>                 | Tier 0    |                                  |

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|---------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| norethindrone-ethinyl estradiol (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)                              | Tier 0    |                                  |
| norethindrone-ethinyl estradiol (Nylia 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)                                | Tier 0    |                                  |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))      | Tier 0    |                                  |
| norgestimate-ethinyl estradiol (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))                          | Tier 0    |                                  |
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9)) | Tier 0    |                                  |
| norgestimate-ethinyl estradiol (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))                             | Tier 0    |                                  |
| norgestimate-ethinyl estradiol (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)                           | Tier 0    |                                  |
| norgestimate-ethinyl estradiol (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)                              | Tier 0    |                                  |
| norgestimate-ethinyl estradiol (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)                                | Tier 0    |                                  |
| norgestimate-ethinyl estradiol (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)                            | Tier 0    |                                  |
| norgestimate-ethinyl estradiol (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))                               | Tier 0    |                                  |
| norgestimate-ethinyl estradiol (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))                      | Tier 0    |                                  |
| levonorgestrel/ethinyl estradiol (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))                          | Tier 0    |                                  |
| norgestimate-ethinyl estradiol (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)                             | Tier 0    |                                  |
| norgestimate-ethinyl estradiol (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))                            | Tier 0    |                                  |
| desogestrel-ethinyl estradiol (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)                   | Tier 0    |                                  |

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|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| norethindrone acetate-ethinyl estradiol/ferrous fumarate (Xarah Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9)) | Tier 0    |                                  |
| <b>Contraceptive Transdermal Combinations - Estrogen And Progestin Comb. - Birth Control Pills</b>             |           |                                  |
| <i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>                                | Tier 0    |                                  |
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR (levonorgestrel/ethinyl estradiol)                            | Tier 0    |                                  |
| norelgestromin/ethinyl estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24 Hr)                            | Tier 0    |                                  |
| norelgestromin/ethinyl estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24 Hr)                            | Tier 0    |                                  |
| <b>Contraceptives - Intravaginal, Systemic - Estrogen And Progestin Comb. - Birth Control Pills</b>            |           |                                  |
| ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR (segesterone acetate/ethinyl estradiol)                            | Tier 0    |                                  |
| etonogestrel/ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24 Hr)                                      | Tier 0    |                                  |
| etonogestrel/ethinyl estradiol (Enilloring Vaginal Ring 0.12-0.015 Mg/24 Hr)                                   | Tier 0    |                                  |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>                                         | Tier 0    |                                  |
| etonogestrel/ethinyl estradiol (Haloette Vaginal Ring 0.12-0.015 Mg/24 Hr)                                     | Tier 0    |                                  |
| NUVARING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel/ethinyl estradiol)                                     | Tier 2    |                                  |
| <b>Emergency Contraceptives - Birth Control Pills</b>                                                          |           |                                  |
| AFTER PILL ORAL TABLET 1.5 MG (levonorgestrel)                                                                 | Tier 0    |                                  |
| AFTERA ORAL TABLET 1.5 MG (levonorgestrel)                                                                     | Tier 0    |                                  |

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|----------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)                                               | Tier 0    |                                  |
| ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)                                         | Tier 0    |                                  |
| ELLA ORAL TABLET 30 MG (ulipristal acetate)                                                  | Tier 0    |                                  |
| HER STYLE ORAL TABLET 1.5 MG (levonorgestrel)                                                | Tier 0    |                                  |
| <i>levonorgestrel oral tablet 1.5 mg</i>                                                     | Tier 0    |                                  |
| MY CHOICE ORAL TABLET 1.5 MG (levonorgestrel)                                                | Tier 0    |                                  |
| MY WAY ORAL TABLET 1.5 MG (levonorgestrel)                                                   | Tier 0    |                                  |
| NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)                                                  | Tier 0    |                                  |
| OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)                                         | Tier 0    |                                  |
| OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)                                                 | Tier 0    |                                  |
| TAKE ACTION ORAL TABLET 1.5 MG (levonorgestrel)                                              | Tier 0    |                                  |
| <b>Emergency Contraceptives - Progesterone Agonist/Antagonist Type - Birth Control Pills</b> |           |                                  |
| ELLA ORAL TABLET 30 MG (ulipristal acetate)                                                  | Tier 0    |                                  |
| <b>Emergency Contraceptives - Progestin Type - Birth Control Pills</b>                       |           |                                  |
| AFTER PILL ORAL TABLET 1.5 MG (levonorgestrel)                                               | Tier 0    |                                  |
| AFTERA ORAL TABLET 1.5 MG (levonorgestrel)                                                   | Tier 0    |                                  |
| ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)                                               | Tier 0    |                                  |
| ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)                                         | Tier 0    |                                  |
| HER STYLE ORAL TABLET 1.5 MG (levonorgestrel)                                                | Tier 0    |                                  |
| <i>levonorgestrel oral tablet 1.5 mg</i>                                                     | Tier 0    |                                  |
| MY CHOICE ORAL TABLET 1.5 MG (levonorgestrel)                                                | Tier 0    |                                  |
| MY WAY ORAL TABLET 1.5 MG (levonorgestrel)                                                   | Tier 0    |                                  |
| NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)                                                  | Tier 0    |                                  |

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|-------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------|
| OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)                          | Tier 0    |                                                                                             |
| OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)                                  | Tier 0    |                                                                                             |
| TAKE ACTION ORAL TABLET 1.5 MG (levonorgestrel)                               | Tier 0    |                                                                                             |
| <b>Spermicides - Birth Control Pills</b>                                      |           |                                                                                             |
| VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (nonoxynol 9)                    | Tier 0    |                                                                                             |
| VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (nonoxynol 9)                        | Tier 0    |                                                                                             |
| VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (nonoxynol 9)                           | Tier 0    |                                                                                             |
| <b>Dermatological</b>                                                         |           |                                                                                             |
| <b>Dermatitis Agents, Systemic - IL-31 Receptor Alpha Antagonist Mab</b>      |           |                                                                                             |
| NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG (nemolizumab-ilto)                   | Tier 3    | PA                                                                                          |
| <b>Dermatological - Nitric Oxide Releasing Agents</b>                         |           |                                                                                             |
| ZELSUVM TOPICAL GEL 10.3 % (berdazimer sodium)                                | Tier 2    | PA                                                                                          |
| <b>Hair Growth Agents - Kinase Inhibitor</b>                                  |           |                                                                                             |
| LEQSELVI ORAL TABLET 8 MG (deuruxolitinib phosphate)                          | Tier 3    | PA                                                                                          |
| LITFULO ORAL CAPSULE 50 MG (ritlecitinib tosylate)                            | Tier 3    | PA                                                                                          |
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (baricitinib)                           | Tier 3    | PA                                                                                          |
| <b>Dermatological - Drugs For The Skin</b>                                    |           |                                                                                             |
| <b>Acne Therapy Systemic - Retinoids And Derivatives - Drugs For The Skin</b> |           |                                                                                             |
| ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (isotretinoin, micronized) | Tier 2    | ST: Requires prior prescription for preferred generic Isotretinoin within the past 120 days |

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|-----------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------|
| isotretinoin (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)                                                 | Tier 1    |                                                                                                                                            |
| isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)                                                | Tier 1    |                                                                                                                                            |
| isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)                                                 | Tier 1    |                                                                                                                                            |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>                                                     | Tier 1    |                                                                                                                                            |
| <i>isotretinoin oral capsule 25 mg, 35 mg</i>                                                                   | Tier 1    | ST: Requires prior prescription for preferred generic Isotretinoin within the past 120 days                                                |
| isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)                                                 | Tier 1    |                                                                                                                                            |
| <b>Acne Therapy Systemic - Tetracycline Antibiotic - Drugs For The Skin</b>                                     |           |                                                                                                                                            |
| <i>minocycline oral capsule,extended release 24hr 135 mg, 45 mg, 90 mg</i>                                      | Tier 1    | ST: Requires prior prescription for generic Minocycline IR within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)               |
| <i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i> | Tier 1    | ST: Requires prior prescription for generic Minocycline IR within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)               |
| SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (sarecycline HCl)                                                     | Tier 2    | ST: Requires prior prescription for generic Doxycycline or Minocycline IR within the past 120 days; QL (1 EA per 1 day); Age (Min 9 Years) |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                              | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR<br>135 MG, 45 MG, 90 MG (minocycline HCl) | Tier 2    | ST: Requires prior prescription for generic Minocycline IR within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)                                                                                                                         |
| <b>Acne Therapy Topical - Androgen Receptor Inhibitors - Drugs For The Skin</b>     |           |                                                                                                                                                                                                                                                      |
| WINLEVI TOPICAL CREAM 1 % (clascoterone)                                            | Tier 2    | PA; QL (60 GM per 30 days)                                                                                                                                                                                                                           |
| <b>Acne Therapy Topical - Anti-Infective - Drugs For The Skin</b>                   |           |                                                                                                                                                                                                                                                      |
| ABENOR HP TOPICAL LOTION 15-4 % (sulfacetamide sodium/niacinamide)                  | Tier 2    |                                                                                                                                                                                                                                                      |
| ABENOR TOPICAL CREAM 10-4 % (sulfacetamide sodium/niacinamide)                      | Tier 2    |                                                                                                                                                                                                                                                      |
| ACIOXIAY TOPICAL CREAM 15-4 % (azelaic acid/niacinamide)                            | Tier 2    |                                                                                                                                                                                                                                                      |
| ACZONE TOPICAL GEL 5 % (dapsone)                                                    | Tier 2    |                                                                                                                                                                                                                                                      |
| ACZONE TOPICAL GEL WITH PUMP 7.5 % (dapsone)                                        | Tier 2    |                                                                                                                                                                                                                                                      |
| AMZEEQ TOPICAL FOAM 4 % (minocycline HCl)                                           | Tier 2    | ST: At least 2 prior prescriptions for generic topicals:<br>Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur, or Tretinoin within the past 365 days; Age (Min 9 Years) |
| APORIX TOPICAL GEL 1-4 % (clindamycin/niacinamide)                                  | Tier 2    |                                                                                                                                                                                                                                                      |

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| Prescription Drug Name                                        | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                           |
|---------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>azelaic acid topical gel 15 %</i>                          | Tier 1    |                                                                                                                                                                                                                            |
| AZELEX TOPICAL CREAM 20 % (azelaic acid)                      | Tier 2    | ST: Requires prior prescription for one generic topicals: sulfacetamide+/- sulfur, clindamycin+/- benzoyl peroxide, erythromycin+/- benzoyl peroxide, adapalene+/- benzoyl peroxide, or tretinoin within the past 120 days |
| CLEOCIN T TOPICAL LOTION 1 % (clindamycin phosphate)          | Tier 2    |                                                                                                                                                                                                                            |
| CLEOCIN T TOPICAL SOLUTION 1 % (clindamycin phosphate)        | Tier 2    | QL (180 ML per 1 FILL)                                                                                                                                                                                                     |
| clindamycin phosphate (Clindacin Etz Topical Swab 1 %)        | Tier 2    |                                                                                                                                                                                                                            |
| clindamycin phosphate (Clindacin P Topical Swab 1 %)          | Tier 2    |                                                                                                                                                                                                                            |
| clindamycin phosphate (Clindacin Topical Foam 1 %)            | Tier 2    |                                                                                                                                                                                                                            |
| CLINDAGEL TOPICAL GEL, ONCE DAILY 1 % (clindamycin phosphate) | Tier 2    | ST: Requires prior prescription for Clindamycin Phosphate 1% gel within the past 120 days                                                                                                                                  |
| <i>clindamycin phosphate topical foam 1 %</i>                 | Tier 1    |                                                                                                                                                                                                                            |
| <i>clindamycin phosphate topical gel 1 %</i>                  | Tier 1    |                                                                                                                                                                                                                            |
| <i>clindamycin phosphate topical gel, once daily 1 %</i>      | Tier 1    | ST: Requires prior prescription for Clindamycin Phosphate 1% gel within the past 120 days                                                                                                                                  |
| <i>clindamycin phosphate topical lotion 1 %</i>               | Tier 1    |                                                                                                                                                                                                                            |
| <i>clindamycin phosphate topical solution 1 %</i>             | Tier 1    | QL (180 ML per 1 FILL)                                                                                                                                                                                                     |

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|--------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>clindamycin phosphate topical swab 1 %</i>                                        | Tier 1    |                                  |
| <i>dapsone topical gel 5 %</i>                                                       | Tier 1    |                                  |
| <i>dapsone topical gel 7.5 %</i>                                                     | Tier 1    |                                  |
| <i>dapsone topical gel with pump 7.5 %</i>                                           | Tier 1    |                                  |
| DEOXIA TOPICAL GEL 1-4 % (clindamycin/niacinamide)                                   | Tier 2    |                                  |
| ECEOXIA TOPICAL CREAM 10-4 % (sulfacetamide sodium/niacinamide)                      | Tier 2    |                                  |
| erythromycin base in ethanol (Ery Pads Topical Swab 2 %)                             | Tier 1    |                                  |
| ERYGEL TOPICAL GEL 2 % (erythromycin base in ethanol)                                | Tier 2    |                                  |
| <i>erythromycin with ethanol topical gel 2 %</i>                                     | Tier 1    |                                  |
| <i>erythromycin with ethanol topical solution 2 %</i>                                | Tier 1    | QL (180 ML per 1 FILL)           |
| EVOCLIN TOPICAL FOAM 1 % (clindamycin phosphate)                                     | Tier 2    |                                  |
| FINACEA TOPICAL FOAM 15 % (azelaic acid)                                             | Tier 2    |                                  |
| KLARON TOPICAL SUSPENSION 10 % (sulfacetamide sodium)                                | Tier 2    |                                  |
| OXIAICE TOPICAL LOTION 15-4 % (sulfacetamide sodium/niacinamide)                     | Tier 2    |                                  |
| RUMILO TOPICAL CREAM 15-4 % (azelaic acid/niacinamide)                               | Tier 2    |                                  |
| <i>sulfacetamide sodium (acne) topical suspension 10 %</i>                           | Tier 1    |                                  |
| <b>Acne Therapy Topical - Anti-Infective Combinations Other - Drugs For The Skin</b> |           |                                  |
| ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 % (dapsone/spironolactone/niacinamide)            | Tier 2    |                                  |
| ADMIRAZOL TOPICAL CREAM 6-5-2 % (dapsone/spironolactone/niacinamide)                 | Tier 2    |                                  |
| ALIXI HP TOPICAL CREAM 8.5-4 % (dapsone/niacinamide)                                 | Tier 2    |                                  |
| ALIXI TOPICAL CREAM 6-4 % (dapsone/niacinamide)                                      | Tier 2    |                                  |

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| Prescription Drug Name                                                                     | Drug Tier | Coverage Requirements and Limits                                                                      |
|--------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------|
| APORIX TOPICAL LOTION 1-4 %<br>(clindamycin/niacinamide)                                   | Tier 2    |                                                                                                       |
| CLINDACIN ETZ TOPICAL KIT 1 % (clindamycin phosphate/skin cleanser comb no.19)             | Tier 2    |                                                                                                       |
| CLINDACIN PAC TOPICAL KIT 1 % (clindamycin phosphate/skin cleanser comb no.19)             | Tier 2    |                                                                                                       |
| DEOXIA TOPICAL LOTION 1-4 %<br>(clindamycin/niacinamide)                                   | Tier 2    |                                                                                                       |
| DIADIMAXIA TOPICAL CREAM 6-5-2 %<br>(dapson/spironolactone/niacinamide)                    | Tier 2    |                                                                                                       |
| DIADIMAXIA TOPICAL GEL 6-5-2 %<br>(dapson/spironolactone/niacinamide)                      | Tier 2    |                                                                                                       |
| DIAOXIA TOPICAL CREAM 6-4 % (dapson/niacinamide)                                           | Tier 2    |                                                                                                       |
| DIAOXIA TOPICAL GEL 6-4 % (dapson/niacinamide)                                             | Tier 2    |                                                                                                       |
| DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %<br>(dapson/spironolactone/niacinamide)                 | Tier 2    |                                                                                                       |
| DIASDIMAXIA TOPICAL GEL 8.5-5-2 %<br>(dapson/spironolactone/niacinamide)                   | Tier 2    |                                                                                                       |
| DIASOXIA TOPICAL CREAM 8.5-4 %<br>(dapson/niacinamide)                                     | Tier 2    |                                                                                                       |
| DIASOXIA TOPICAL GEL 8.5-4 % (dapson/niacinamide)                                          | Tier 2    |                                                                                                       |
| <b>Acne Therapy Topical - Anti-Infective-Keratolytic Combinations - Drugs For The Skin</b> |           |                                                                                                       |
| ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %<br>(clindamycin phosphate/benzoyl peroxide)         | Tier 2    | ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days |
| APEXOL HP TOPICAL SUSPENSION 5-10 % (salicylic acid/sulfacetamide sodium)                  | Tier 2    |                                                                                                       |
| APEXOL TOPICAL SUSPENSION 2-8 % (salicylic acid/sulfacetamide sodium)                      | Tier 2    |                                                                                                       |

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| Prescription Drug Name                                                                   | Drug Tier | Coverage Requirements and Limits                                                                      |
|------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------|
| ARTILIS HP TOPICAL GEL 5-1-4 % (benzoyl peroxide/clindamycin phosphate/niacinamide)      | Tier 2    |                                                                                                       |
| ARTILIS TOPICAL GEL 2.5-1-4 % (benzoyl peroxide/clindamycin phosphate/niacinamide)       | Tier 1    |                                                                                                       |
| AVAR LS TOPICAL CLEANSER 10-2 % (sulfacetamide sodium/sulfur)                            | Tier 2    |                                                                                                       |
| AVAR TOPICAL CLEANSER 10-5 % (W/W) (sulfacetamide sodium/sulfur)                         | Tier 2    | QL (1419 GM per 1 FILL)                                                                               |
| BENZAMYCIN TOPICAL GEL 3-5 % (erythromycin base/benzoyl peroxide)                        | Tier 2    |                                                                                                       |
| BP 10-1 TOPICAL CLEANSER 10-1 % (sulfacetamide sodium/sulfur)                            | Tier 1    |                                                                                                       |
| CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sodium/sulfur/urea)             | Tier 1    |                                                                                                       |
| <i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>              | Tier 1    |                                                                                                       |
| <i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>                      | Tier 1    | ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days |
| <i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %</i> | Tier 1    |                                                                                                       |
| DRAXACE TOPICAL SUSPENSION 2-8 % (salicylic acid/sulfacetamide sodium)                   | Tier 2    |                                                                                                       |
| DRAXACEY TOPICAL SUSPENSION 2-8 % (salicylic acid/sulfacetamide sodium)                  | Tier 2    |                                                                                                       |
| DRIXECE TOPICAL SUSPENSION 5-10 % (salicylic acid/sulfacetamide sodium)                  | Tier 2    |                                                                                                       |
| <i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>                                   | Tier 1    |                                                                                                       |
| INZDEOXIA TOPICAL GEL 2.5-1-4 % (benzoyl peroxide/clindamycin phosphate/niacinamide)     | Tier 2    |                                                                                                       |

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| Prescription Drug Name                                                                                            | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 % (clindamycin phosphate/benzoyl peroxide/emollient comb no.94) | Tier 2    |                                  |
| clindamycin phosphate/benzoyl peroxide (Neuac Topical Gel 1.2 % (1 % Base) -5 %)                                  | Tier 1    |                                  |
| ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) - 3.75 % (clindamycin phosphate/benzoyl peroxide)                  | Tier 2    |                                  |
| ONZDEOXIA TOPICAL GEL 5-1-4 % (benzoyl peroxide/clindamycin phosphate/niacinamide)                                | Tier 2    |                                  |
| PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 % (sulfacetamide sodium/sulfur)                          | Tier 2    |                                  |
| PLEXION TOPICAL CLEANSER 9.8-4.8 % (sulfacetamide sodium/sulfur)                                                  | Tier 2    |                                  |
| ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (sulfacetamide sodium/sulfur)                              | Tier 1    |                                  |
| ROSULA TOPICAL CLEANSER 10-4.5 % (sulfacetamide sodium/sulfur)                                                    | Tier 2    |                                  |
| SSS 10-5 TOPICAL CREAM 10-5 % (W/W) (sulfacetamide sodium/sulfur)                                                 | Tier 1    |                                  |
| SSS 10-5 TOPICAL FOAM 10-5 % (sulfacetamide sodium/sulfur)                                                        | Tier 1    |                                  |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i>                             | Tier 1    |                                  |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>                                                  | Tier 1    | QL (1419 GM per 1 FILL)          |
| <i>sulfacetamide sodium-sulfur topical cleanser 8-4 %</i>                                                         | Tier 1    |                                  |
| <i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>                                  | Tier 1    |                                  |
| <i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>                           | Tier 1    |                                  |
| <i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>                                                 | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                            | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %, 9-4.25 %</i>                                                     | Tier 1    |                                  |
| <i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>                                                                   | Tier 1    | QL (1419 ML per 1 FILL)          |
| SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 % (sulfacetamide sodium/sulfur)                                                           | Tier 1    |                                  |
| SUMADAN TOPICAL CLEANSER 9-4.5 % (sulfacetamide sodium/sulfur)                                                                    | Tier 2    |                                  |
| SUMADAN TOPICAL KIT 9-4.5 % (sulfacetamide sodium/sulfur/skin cleanser comb no.23)                                                | Tier 2    |                                  |
| SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (sulfacetamide sodium/sulfur/avobenzone/octinoxate/octyl sal) | Tier 2    |                                  |
| SUMAXIN CP TOPICAL KIT 10-4 % (sulfacetamide sodium/sulfur/skin cleanser comb no.23)                                              | Tier 2    |                                  |
| SUMAXIN TOPICAL CLEANSER 9-4 % (sulfacetamide sodium/sulfur)                                                                      | Tier 2    |                                  |
| ZMA CLEAR TOPICAL SUSPENSION 9-4.5 % (sulfacetamide sodium/sulfur)                                                                | Tier 1    |                                  |
| <b>Acne Therapy Topical - Anti-Infective-Retinoid Combinations - Drugs For The Skin</b>                                           |           |                                  |
| ADEINZDE TOPICAL GEL 0.1-2.5-1 % (adapalene/benzoyl peroxide/clindamycin phosphate)                                               | Tier 2    |                                  |
| ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)                             | Tier 2    |                                  |
| ADERMICA TOPICAL GEL 0.025-2.5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)                               | Tier 2    |                                  |
| ALOMIRA HP TOPICAL GEL 0.1-5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)                                 | Tier 2    |                                  |

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|--------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------|
| ALOMIRA LP TOPICAL GEL 0.025-5-1-2 %<br>(tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide) | Tier 2    |                                                                                                      |
| ALOMIRA TOPICAL GEL 0.05-5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)        | Tier 2    |                                                                                                      |
| ALUXOF HP TOPICAL GEL 0.1-10-2-4-4 %<br>(tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin) | Tier 2    |                                                                                                      |
| ALUXOF TOPICAL GEL 0.05-10-2-4-4 % (tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin)      | Tier 2    |                                                                                                      |
| AUGUSTIL TOPICAL GEL 0.025-1-2-4 %<br>(tretinoin/clindamycin phosphate/spironolactone/niacinamide)     | Tier 2    |                                                                                                      |
| AVIDORA HP TOPICAL CREAM 0.05-1-4 %<br>(tretinoin/clindamycin phosphate/niacinamide)                   | Tier 2    |                                                                                                      |
| AVIDORA TOPICAL CREAM 0.025-1-4 %<br>(tretinoin/clindamycin phosphate/niacinamide)                     | Tier 2    |                                                                                                      |
| AVIDORA TOPICAL SOLUTION 0.025-1-4 %<br>(tretinoin/clindamycin phosphate/niacinamide)                  | Tier 2    |                                                                                                      |
| AWANIS TOPICAL CREAM 0.025-8.5-2 %<br>(tretinoin/dapsone/niacinamide)                                  | Tier 2    |                                                                                                      |
| CABTREO TOPICAL GEL 0.15-3.1-1.2 %<br>(adapalene/benzoyl peroxide/clindamycin phosphate)               | Tier 2    | PA                                                                                                   |
| <i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>                                                   | Tier 1    | ST: Requires prior prescription for Clindamycin gel or Tretinoin 0.025% gel within the past 120 days |
| DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 %<br>(tretinoin/clindamycin phosphate/spironolactone/niacinamide) | Tier 2    |                                                                                                      |
| DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %<br>(tretinoin/clindamycin phosphate/niacinamide)                | Tier 2    |                                                                                                      |

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|-----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| DEOXIAVAR TOPICAL CREAM 0.05-1-4 %<br>(tretinoin/clindamycin phosphate/niacinamide)                             | Tier 2    |                                  |
| DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %<br>(tretinoin/dapsone/niacinamide)                                      | Tier 2    |                                  |
| DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %<br>(tretinoin/dapsone/niacinamide)                                        | Tier 2    |                                  |
| INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 %<br>(tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)      | Tier 2    |                                  |
| INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 %<br>(tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)       | Tier 2    |                                  |
| LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 %<br>(tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin) | Tier 2    |                                  |
| ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %<br>(tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin)   | Tier 2    |                                  |
| ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %<br>(tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin)    | Tier 2    |                                  |
| ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 %<br>(tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)        | Tier 2    |                                  |
| ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 %<br>(tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)         | Tier 2    |                                  |
| ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %<br>(tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)          | Tier 2    |                                  |
| TARDEOXIA TOPICAL CREAM 0.025-1-4 %<br>(tretinoin/clindamycin phosphate/niacinamide)                            | Tier 2    |                                  |

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|--------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| UNZDOMDIOXIAZAR TOPICAL GEL 0.1-10-2-4-4 %<br>(tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin) | Tier 2    |                                  |
| <b>Acne Therapy Topical - Keratolytic - Drugs For The Skin</b>                                               |           |                                  |
| BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 % (benzoyl peroxide microspheres)                                 | Tier 1    |                                  |
| BENZEPRO TOPICAL TOWELETTE 6 % (benzoyl peroxide)                                                            | Tier 1    |                                  |
| <i>benzoyl peroxide topical cleanser 7 %</i>                                                                 | Tier 1    |                                  |
| <i>benzoyl peroxide topical foam 9.8 %</i>                                                                   | Tier 1    |                                  |
| BPO TOPICAL GEL 8 % (benzoyl peroxide)                                                                       | Tier 1    |                                  |
| PACNEX HP TOPICAL PADS, MEDICATED 7 % (benzoyl peroxide)                                                     | Tier 2    |                                  |
| PACNEX LP TOPICAL PADS, MEDICATED 4.25 % (benzoyl peroxide)                                                  | Tier 2    |                                  |
| PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 % (benzoyl peroxide microspheres)                                     | Tier 1    |                                  |
| <b>Acne Therapy Topical - Keratolytic-Glucocorticoid Combinations - Drugs For The Skin</b>                   |           |                                  |
| VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % (benzoyl peroxide/hydrocortisone)                                     | Tier 2    |                                  |
| <b>Acne Therapy Topical - Retinoid Combinations Other - Drugs For The Skin</b>                               |           |                                  |
| ADAINZOXIA TOPICAL GEL 0.3-2.5-4 % (adapalene/benzoyl peroxide/niacinamide)                                  | Tier 2    |                                  |
| <i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %</i>                                 | Tier 1    |                                  |
| ALURIS HP PLUS TOPICAL CREAM 0.1-0.5-4 % (tretinoin/hyaluronate sodium/niacinamide)                          | Tier 2    |                                  |

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|------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ALURIS HP TOPICAL CREAM 0.1-4 %<br>(tretinoin/niacinamide)                               | Tier 2    |                                  |
| ALURIS LP PLUS TOPICAL CREAM 0.025-0.5-4 %<br>(tretinoin/hyaluronate sodium/niacinamide) | Tier 2    |                                  |
| ALURIS LP TOPICAL CREAM 0.025-4 %<br>(tretinoin/niacinamide)                             | Tier 2    |                                  |
| ALURIS PLUS TOPICAL CREAM 0.05-0.5-4 %<br>(tretinoin/hyaluronate sodium/niacinamide)     | Tier 2    |                                  |
| ALURIS TOPICAL CREAM 0.05-4 % (tretinoin/niacinamide)                                    | Tier 2    |                                  |
| ALURIS TOPICAL GEL 0.05-4 % (tretinoin/niacinamide)                                      | Tier 2    |                                  |
| APHORIA TOPICAL GEL 0.3-2.5-4 % (adapalene/benzoyl peroxide/niacinamide)                 | Tier 2    |                                  |
| AZALTA HP TOPICAL GEL 0.05-5-2 %<br>(tretinoin/spironolactone/niacinamide)               | Tier 2    |                                  |
| AZALTA TOPICAL GEL 0.025-5-2 %<br>(tretinoin/spironolactone/niacinamide)                 | Tier 2    |                                  |
| EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %<br>(adapalene/benzoyl peroxide)             | Tier 2    |                                  |
| EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 %<br>(adapalene/benzoyl peroxide)                   | Tier 2    |                                  |
| IDYYXIATAR TOPICAL GEL 0.025-5 %<br>(tretinoin/niacinamide)                              | Tier 2    |                                  |
| OXIATAR TOPICAL CREAM 0.025-0.5-4 %<br>(tretinoin/hyaluronate sodium/niacinamide)        | Tier 2    |                                  |
| OXIAVARRY TOPICAL CREAM 0.05-0.5-4 %<br>(tretinoin/hyaluronate sodium/niacinamide)       | Tier 2    |                                  |
| OXIAVARY TOPICAL CREAM 0.1-4 %<br>(tretinoin/niacinamide)                                | Tier 2    |                                  |
| OXIAZAR TOPICAL CREAM 0.1-0.5-4 %<br>(tretinoin/hyaluronate sodium/niacinamide)          | Tier 2    |                                  |
| SAROXIA TOPICAL CREAM 0.05-4 %<br>(tretinoin/niacinamide)                                | Tier 2    |                                  |

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|------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------|
| SIRVANA TOPICAL GEL 0.025-5 % (tretinoin/niacinamide)                        | Tier 2    |                                                                                                      |
| SORIXIA TOPICAL CREAM 0.05-4 % (tretinoin/niacinamide)                       | Tier 2    |                                                                                                      |
| TARDIMAXIA TOPICAL GEL 0.025-5-2 % (tretinoin/spironolactone/niacinamide)    | Tier 2    |                                                                                                      |
| TAROXIA TOPICAL CREAM 0.025-4 % (tretinoin/niacinamide)                      | Tier 2    |                                                                                                      |
| TAROXIA TOPICAL GEL 0.025-4 % (tretinoin/niacinamide)                        | Tier 2    |                                                                                                      |
| TWYNEO TOPICAL CREAM 0.1-3 % (tretinoin/benzoyl peroxide)                    | Tier 2    |                                                                                                      |
| VARDIMAXIA TOPICAL GEL 0.05-5-2 % (tretinoin/spironolactone/niacinamide)     | Tier 2    |                                                                                                      |
| VAROXIA TOPICAL CREAM 0.05-4 % (tretinoin/niacinamide)                       | Tier 2    |                                                                                                      |
| VAROXIA TOPICAL GEL 0.05-4 % (tretinoin/niacinamide)                         | Tier 2    |                                                                                                      |
| <b>Acne Therapy Topical - Retinoids And Derivatives - Drugs For The Skin</b> |           |                                                                                                      |
| <i>adapalene topical cream 0.1 %</i>                                         | Tier 1    |                                                                                                      |
| <i>adapalene topical gel 0.3 %</i>                                           | Tier 1    |                                                                                                      |
| <i>adapalene topical gel with pump 0.3 %</i>                                 | Tier 1    |                                                                                                      |
| <i>adapalene topical lotion 0.1 %</i>                                        | Tier 1    | Age (Max 39 Years)                                                                                   |
| <i>adapalene topical solution 0.1 %</i>                                      | Tier 1    | ST: Requires prior prescription for Adapalene 0.1% gel within the past 120 days                      |
| <i>adapalene topical swab 0.1 %</i>                                          | Tier 1    | ST: Requires prior prescription for Adapalene 0.1% gel within the past 120 days; QL (1 EA per 1 day) |

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|---------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AKLIEF TOPICAL CREAM 0.005 % (trifarotene)                                      | Tier 2    | ST: Requires prior prescription for one of the following generic topicals: Tazarotene, Tretinoin, or Adapalene (gel, cream, lotion, or solution) within the past 120 days; Age (Max 39 Years) |
| ALTRENO TOPICAL LOTION 0.05 % (tretinoin)                                       | Tier 2    |                                                                                                                                                                                               |
| ALVOX HP TOPICAL CREAM 0.1-4 % (tazarotene/niacinamide)                         | Tier 2    |                                                                                                                                                                                               |
| ALVOX TOPICAL CREAM 0.05-4 % (tazarotene/niacinamide)                           | Tier 2    |                                                                                                                                                                                               |
| ARAZLO TOPICAL LOTION 0.045 % (tazarotene)                                      | Tier 2    | ST: Requires prior prescription for one of the following generic topicals: Tazarotene, Tretinoin, or Adapalene (gel, cream, lotion, or solution) within the past 120 days                     |
| ATRALIN TOPICAL GEL 0.05 % (tretinoin)                                          | Tier 2    |                                                                                                                                                                                               |
| AVITA TOPICAL CREAM 0.025 % (tretinoin)                                         | Tier 1    |                                                                                                                                                                                               |
| AVITA TOPICAL GEL 0.025 % (tretinoin)                                           | Tier 1    |                                                                                                                                                                                               |
| DIFFERIN TOPICAL CREAM 0.1 % (adapalene)                                        | Tier 2    |                                                                                                                                                                                               |
| DIFFERIN TOPICAL GEL WITH PUMP 0.3 % (adapalene)                                | Tier 2    |                                                                                                                                                                                               |
| DIFFERIN TOPICAL LOTION 0.1 % (adapalene)                                       | Tier 2    | Age (Max 39 Years)                                                                                                                                                                            |
| ETHOXIA TOPICAL CREAM 0.05-4 % (tazarotene/niacinamide)                         | Tier 2    |                                                                                                                                                                                               |
| ITHOXIA TOPICAL CREAM 0.1-4 % (tazarotene/niacinamide)                          | Tier 2    |                                                                                                                                                                                               |
| RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 % (tretinoin microspheres) | Tier 2    | Age (Max 39 Years)                                                                                                                                                                            |

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|----------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 % (tretinoin microspheres) | Tier 2    | ST: Requires prior prescriptions for generic Tretinoin Microspheres 0.04% and 0.10% within the past 365 days; Age (Max 39 Years)                                          |
| RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 % (tretinoin microspheres)                 | Tier 2    | Age (Max 39 Years)                                                                                                                                                        |
| RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 % (tretinoin)                         | Tier 2    |                                                                                                                                                                           |
| RETIN-A TOPICAL GEL 0.01 %, 0.025 % (tretinoin)                                  | Tier 2    |                                                                                                                                                                           |
| <i>tazarotene topical foam 0.1 %</i>                                             | Tier 1    | ST: Requires prior prescription for one of the following generic topicals: Tazarotene, Tretinoin, or Adapalene (gel, cream, lotion, or solution) within the past 120 days |
| <i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>                          | Tier 1    | Age (Max 39 Years)                                                                                                                                                        |
| <i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>                | Tier 1    | Age (Max 39 Years)                                                                                                                                                        |
| <i>tretinoin microspheres topical gel with pump 0.08 %</i>                       | Tier 1    | ST: Requires prior prescriptions for generic Tretinoin Microspheres 0.04% and 0.10% within the past 365 days; Age (Max 39 Years)                                          |
| <i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>                            | Tier 1    |                                                                                                                                                                           |
| <i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>                             | Tier 1    |                                                                                                                                                                           |
| <b>Acne Therapy Topical Combinations Other - Drugs For The Skin</b>              |           |                                                                                                                                                                           |
| ADALINA TOPICAL GEL 5-4 % (spironolactone/niacinamide)                           | Tier 2    |                                                                                                                                                                           |

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| Prescription Drug Name                                                                           | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DIMOXIA TOPICAL GEL 5-4 %<br>(spironolactone/niacinamide)                                        | Tier 2    |                                                                                                                                                                                                                                                                                          |
| <b>Antipsoriatic - Retinoid (Vitamin A Derivative) -<br/>Glucocorticoid - Drugs For The Skin</b> |           |                                                                                                                                                                                                                                                                                          |
| DUOBRII TOPICAL LOTION 0.01-0.045 % (halobetasol propionate/tazarotene)                          | Tier 2    | ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (200 GM per 28 days) |
| <b>Antipsoriatic - Vitamin D Analog -<br/>Glucocorticoid Combinations - Drugs For The Skin</b>   |           |                                                                                                                                                                                                                                                                                          |
| <i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>                                | Tier 1    | ST: Requires prior prescription for a topical corticosteroid within the past 120 days                                                                                                                                                                                                    |
| <i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>                              | Tier 1    | ST: Requires prior prescription for a topical corticosteroid within the past 120 days                                                                                                                                                                                                    |
| ENSTILAR TOPICAL FOAM 0.005-0.064 %<br>(calcipotriene/betamethasone dipropionate)                | Tier 2    |                                                                                                                                                                                                                                                                                          |

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|-----------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------|
| TACLONEX TOPICAL SUSPENSION 0.005-0.064 %<br>(calcipotriene/betamethasone dipropionate)             | Tier 2    | ST: Requires prior prescription for a topical corticosteroid within the past 120 days  |
| WYNZORA TOPICAL CREAM 0.005-0.064 %<br>(calcipotriene/betamethasone dipropionate)                   | Tier 2    | ST: Requires prior prescription for generic Taclonex ointment within the past 120 days |
| <b>Antipsoriatic Agents - Interleukin 12 And Il-23 Inhibitors, Mc Antibody - Drugs For The Skin</b> |           |                                                                                        |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML<br>(ustekinumab)                                         | Tier 3    | PA                                                                                     |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (ustekinumab)                                   | Tier 3    | PA                                                                                     |
| STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (ustekinumab-stba)                             | Tier 3    | PA                                                                                     |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML<br>(ustekinumab-kfce)                                   | Tier 3    | PA                                                                                     |
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (ustekinumab-kfce)                             | Tier 3    | PA                                                                                     |
| <b>Antipsoriatic Agents - Interleukin-23 (Il-23) Antagonist, Mc Antibody - Drugs For The Skin</b>   |           |                                                                                        |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML<br>(risankizumab-rzaa)                                  | Tier 3    | PA                                                                                     |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML<br>(risankizumab-rzaa)                                       | Tier 3    | PA                                                                                     |
| TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (guselkumab)                                 | Tier 3    | PA                                                                                     |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML (guselkumab)                                        | Tier 3    | PA                                                                                     |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML<br>(guselkumab)                                              | Tier 3    | PA                                                                                     |

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|---------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antipsoriatic Agents - Interleukin-36 (IL-36) Receptor Antagonist, Mc - Drugs For The Skin</b> |           |                                  |
| SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (spesolimab-sbzo)                             | Tier 3    |                                  |
| <b>Antipsoriatic Agents - Tyrosine Kinase 2 (Tyk2) Inhibitor - Drugs For The Skin</b>             |           |                                  |
| SOTYKTU ORAL TABLET 6 MG (deucravacitinib)                                                        | Tier 3    | PA                               |
| <b>Antipsoriatic Agents-Interleukin-17 (IL-17) Antagonist, Mc Antibody - Drugs For The Skin</b>   |           |                                  |
| BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML (bimekizumab-bkzx)         | Tier 3    | PA                               |
| BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML (bimekizumab-bkzx)                            | Tier 3    | PA                               |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML (secukinumab)                                | Tier 2    | PA                               |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (secukinumab)                           | Tier 2    | PA                               |
| COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (secukinumab)                                    | Tier 2    | PA                               |
| COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML (secukinumab)                                             | Tier 2    | PA                               |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML (secukinumab)                                          | Tier 3    | PA                               |
| COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (secukinumab)                         | Tier 3    | PA                               |
| SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML (brodalumab)                                             | Tier 3    | PA                               |
| TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (ixekizumab)                      | Tier 3    | PA                               |
| TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (ixekizumab)                      | Tier 3    | PA                               |

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|-----------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (ixekizumab)                                 | Tier 3    | PA                               |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML (ixekizumab)               | Tier 3    | PA                               |
| <b>Dermatitis - Janus Kinase (Jak) Inhibitors - Drugs For The Skin</b>                              |           |                                  |
| ANZUPGO TOPICAL CREAM 2 % (delgocitinib)                                                            | Tier 2    | PA; QL (60 GM per 30 days)       |
| CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (abrocitinib)                                             | Tier 3    | PA                               |
| OPZELURA TOPICAL CREAM 1.5 % (ruxolitinib phosphate)                                                | Tier 2    | PA; QL (60 GM per 30 days)       |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG (upadacitinib)                               | Tier 3    | PA                               |
| <b>Dermatitis Agents, Systemic - Interleukin-13 Inhibitors Mab - Drugs For The Skin</b>             |           |                                  |
| ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML (tralokinumab-ldrm)                                    | Tier 3    | PA                               |
| ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML (tralokinumab-ldrm)                                            | Tier 3    | PA                               |
| EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML (lebrikizumab-lbkz)                               | Tier 3    | PA                               |
| EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML (lebrikizumab-lbkz)                                | Tier 3    | PA                               |
| <b>Dermatitis Agents, Systemic-IL-4 Receptor Alpha Antagonist (IL-4Ra) Mab - Drugs For The Skin</b> |           |                                  |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (dupilumab)                      | Tier 3    | PA                               |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (dupilumab)                       | Tier 3    | PA                               |

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|---------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Dermatitis Or Eczema Agents, Topical - Phosphodiesterase-4 Inhibitors - Drugs For The Skin</b> |           |                                  |
| EUCRISA TOPICAL OINTMENT 2 % (crisaborole)                                                        | Tier 2    | PA; QL (100 GM per 30 days)      |
| ZORYVE TOPICAL CREAM 0.15 % (roflumilast)                                                         | Tier 2    | PA; QL (60 GM per 30 days)       |
| <b>Dermatological - Antibacterial Aminoglycosides - Drugs For The Skin</b>                        |           |                                  |
| <i>gentamicin topical cream 0.1 %</i>                                                             | Tier 1    | QL (90 GM per 1 FILL)            |
| <i>gentamicin topical ointment 0.1 %</i>                                                          | Tier 1    | QL (90 GM per 1 FILL)            |
| <b>Dermatological - Antibacterial And Antifungal Agents - Drugs For The Skin</b>                  |           |                                  |
| QUINJA TOPICAL GEL 1.25-1 % (iodoquinol/aloe polysaccharides no.1)                                | Tier 2    |                                  |
| <b>Dermatological - Antibacterial Other - Drugs For The Skin</b>                                  |           |                                  |
| BASADROX TOPICAL GEL IN PACKET (silver)                                                           | Tier 2    |                                  |
| BATIZIA TOPICAL OINTMENT 2-2 % (mupirocin/lidocaine)                                              | Tier 2    |                                  |
| CENTANY AT TOPICAL OINTMENT KIT 2 % (mupirocin)                                                   | Tier 2    |                                  |
| CENTANY TOPICAL OINTMENT 2 % (mupirocin)                                                          | Tier 2    | QL (90 GM per 1 FILL)            |
| <i>mupirocin calcium topical cream 2 %</i>                                                        | Tier 1    | QL (90 GM per 1 FILL)            |
| <i>mupirocin topical ointment 2 %</i>                                                             | Tier 1    | QL (90 GM per 1 FILL)            |
| NANRAN TOPICAL OINTMENT 2-2 % (mupirocin/lidocaine)                                               | Tier 2    |                                  |
| NORMLGEL AG TOPICAL GEL 0.11 % (silver carbonate)                                                 | Tier 2    |                                  |
| <i>silver nitrate topical solution 0.5 %</i>                                                      | Tier 1    |                                  |
| <i>silver nitrate topical solution 10 %, 25 %, 50 %</i>                                           | Tier 1    |                                  |
| SILVRSTAT TOPICAL GEL 32 PPM (silver)                                                             | Tier 2    |                                  |

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|--------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------|
| SOLOX GEL TOPICAL GEL 55 PPM (silver nitrate)                                                          | Tier 2    |                                                                                 |
| <b>Dermatological - Antibacterial Pleuromutilin Derivatives - Drugs For The Skin</b>                   |           |                                                                                 |
| ALTABAX TOPICAL OINTMENT 1 % (retapamulin)                                                             | Tier 2    | ST: Requires prior prescription for Mupirocin ointment within the past 120 days |
| <b>Dermatological - Antibacterial Quinolones - Drugs For The Skin</b>                                  |           |                                                                                 |
| XEPI TOPICAL CREAM 1 % (ozenoxacin)                                                                    | Tier 2    | ST: Requires prior prescription for Mupirocin ointment within the past 120 days |
| <b>Dermatological - Antibacterial, Antifungal Agent With Glucocorticoid - Drugs For The Skin</b>       |           |                                                                                 |
| ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 % (hydrocortisone acetate/iodoquinol/aloe polysaccharides no.2) | Tier 2    |                                                                                 |
| DAZINIA TOPICAL CREAM 2-1-2.5 % (ketoconazole/iodoquinol/hydrocortisone)                               | Tier 2    |                                                                                 |
| <i>hydrocortisone-iodoquinol-aloe2 topical gel 2-1-1 %</i>                                             | Tier 1    |                                                                                 |
| <i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i>                                  | Tier 1    |                                                                                 |
| PHEODOYO TOPICAL CREAM 2-1-2.5 % (ketoconazole/iodoquinol/hydrocortisone)                              | Tier 2    |                                                                                 |
| VYTONE TOPICAL CREAM IN PACKET 1.9-1 % (hydrocortisone acetate/iodoquinol/aloe vera)                   | Tier 2    |                                                                                 |

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| Prescription Drug Name                                                                                                 | Drug Tier | Coverage Requirements and Limits                                                                                               |
|------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>Dermatological - Antibacterial-Glucocorticoid Combinations - Drugs For The Skin</b>                                 |           |                                                                                                                                |
| NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (neomycin sulfate/fluocinolone acetate/emollient comb no.65) | Tier 2    | ST: Requires prior prescription for generic Fluocinolone Acetonide (cream, oil, ointment or solution) within the past 120 days |
| NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (neomycin sulfate/fluocinolone acetate)                          | Tier 2    | ST: Requires prior prescription for generic Fluocinolone Acetonide (cream, oil, ointment or solution) within the past 120 days |
| <b>Dermatological - Anticholinergic Hyperhidrosis Treatment Agents - Drugs For The Skin</b>                            |           |                                                                                                                                |
| QBREXZA TOPICAL TOWELETTE 2.4 % (glycopyrronium tosylate)                                                              | Tier 2    | PA                                                                                                                             |
| SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION) (sofipirionium bromide)                                        | Tier 2    | PA                                                                                                                             |
| <b>Dermatological - Antifungal Allylamines - Drugs For The Skin</b>                                                    |           |                                                                                                                                |
| <i>naftifine topical cream 1 %</i>                                                                                     | Tier 1    |                                                                                                                                |
| <i>naftifine topical cream 2 %</i>                                                                                     | Tier 1    | QL (180 GM per 1 FILL)                                                                                                         |
| <i>naftifine topical gel 2 %</i>                                                                                       | Tier 1    |                                                                                                                                |
| NAFTIN TOPICAL GEL 2 % (naftifine HCl)                                                                                 | Tier 2    |                                                                                                                                |
| <b>Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs For The Skin</b>                                  |           |                                                                                                                                |
| nystatin (Klayesta Topical Powder 100,000 Unit/Gram)                                                                   | Tier 1    |                                                                                                                                |
| nystatin (Nyamyc Topical Powder 100,000 Unit/Gram)                                                                     | Tier 1    |                                                                                                                                |
| <i>nystatin topical cream 100,000 unit/gram</i>                                                                        | Tier 1    |                                                                                                                                |

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|--------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>nystatin topical ointment 100,000 unit/gram</i>                                               | Tier 1    | QL (90 GM per 1 FILL)            |
| <i>nystatin topical powder 100,000 unit/gram</i>                                                 | Tier 1    |                                  |
| nystatin (Nystop Topical Powder 100,000 Unit/Gram)                                               | Tier 1    |                                  |
| <b>Dermatological - Antifungal Combinations<br/>Other - Drugs For The Skin</b>                   |           |                                  |
| DENVITA TOPICAL CREAM 2-4 %<br>(ketoconazole/niacinamide)                                        | Tier 2    |                                  |
| DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 %<br>(fluconazole/ibuprofen/itraconazole/terbinafine HCl) | Tier 2    |                                  |
| EXODERM TOPICAL LOTION 25-1 % (sodium thiosulfate/salicylic acid)                                | Tier 1    |                                  |
| FENOVIA TOPICAL SOLUTION 4-2-1-4 %<br>(fluconazole/ibuprofen/itraconazole/terbinafine HCl)       | Tier 2    |                                  |
| FERVINA TOPICAL LOTION 3-5-20 % (ciclopirox olamine/itraconazole/urea)                           | Tier 2    |                                  |
| FIDILA TOPICAL SHAMPOO 2-2 % (ketoconazole/salicylic acid)                                       | Tier 2    |                                  |
| FRIVO TOPICAL CREAM 1-4 % (econazole nitrate/niacinamide)                                        | Tier 2    |                                  |
| HEXIOUNYL TOPICAL LOTION 3-5-20 % (ciclopirox olamine/itraconazole/urea)                         | Tier 2    |                                  |
| IMIOXIA TOPICAL CREAM 1-4 % (econazole nitrate/niacinamide)                                      | Tier 2    |                                  |
| PHEDRAX TOPICAL SHAMPOO 2-2 %<br>(ketoconazole/salicylic acid)                                   | Tier 2    |                                  |
| PHEOXIA TOPICAL CREAM 2-4 %<br>(ketoconazole/niacinamide)                                        | Tier 2    |                                  |
| <b>Dermatological - Antifungal Hydroxypyridinone<br/>- Drugs For The Skin</b>                    |           |                                  |
| CICLODAN KIT TOPICAL COMBO PACK 0.77 %<br>(ciclopirox olamine/skin cleanser combination no.28)   | Tier 2    |                                  |

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| Prescription Drug Name                                                                                      | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| CICLODAN KIT TOPICAL SOLUTION 8 %<br>(ciclopirox/urea/camphor/menthol/eucalyptol)                           | Tier 2    | QL (19.8 ML per 1 FILL)          |
| ciclopirox olamine (Ciclodan Topical Cream 0.77 %)                                                          | Tier 2    | QL (180 GM per 1 FILL)           |
| ciclopirox (Ciclodan Topical Solution 8 %)                                                                  | Tier 2    | QL (19.8 ML per 1 FILL)          |
| <i>ciclopirox topical cream 0.77 %</i>                                                                      | Tier 1    | QL (180 GM per 1 FILL)           |
| <i>ciclopirox topical gel 0.77 %</i>                                                                        | Tier 1    |                                  |
| <i>ciclopirox topical shampoo 1 %</i>                                                                       | Tier 1    |                                  |
| <i>ciclopirox topical solution 8 %</i>                                                                      | Tier 1    | QL (19.8 ML per 1 FILL)          |
| <i>ciclopirox topical suspension 0.77 %</i>                                                                 | Tier 1    | QL (180 ML per 1 FILL)           |
| <i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>                                                  | Tier 1    | QL (19.8 ML per 1 FILL)          |
| DAFILOR TOPICAL SHAMPOO 0.77-2 % (ciclopirox olamine/salicylic acid)                                        | Tier 2    |                                  |
| FILOMA TOPICAL SOLUTION 8-1-1 % (ciclopirox olamine/fluconazole/terbinafine HCl)                            | Tier 2    |                                  |
| HAXDRAX TOPICAL SHAMPOO 0.77-2 % (ciclopirox olamine/salicylic acid)                                        | Tier 2    |                                  |
| HIXDEFRIMA TOPICAL SOLUTION 8-1-1 % (ciclopirox olamine/fluconazole/terbinafine HCl)                        | Tier 2    |                                  |
| LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %<br>(ciclopirox olamine)                                            | Tier 2    | QL (180 GM per 1 FILL)           |
| LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %<br>(ciclopirox olamine)                                       | Tier 2    | QL (180 ML per 1 FILL)           |
| LOPROX KIT TOPICAL COMBO PACK 0.77 % (ciclopirox olamine/skin cleanser combination no.40)                   | Tier 2    |                                  |
| LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 % (ciclopirox olamine/skin cleanser combination no.40) | Tier 2    |                                  |
| <b>Dermatological - Antifungal Imidazole And Related Agents - Drugs For The Skin</b>                        |           |                                  |
| <i>clotrimazole topical cream 1 %</i>                                                                       | Tier 1    |                                  |
| <i>clotrimazole topical solution 1 %</i>                                                                    | Tier 1    |                                  |

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| Prescription Drug Name                                                            | Drug Tier | Coverage Requirements and Limits                                                                                          |
|-----------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------|
| <i>econazole nitrate topical cream 1 %</i>                                        | Tier 1    | QL (170 GM per 1 FILL)                                                                                                    |
| ECOZA TOPICAL FOAM 1 % (econazole nitrate)                                        | Tier 2    |                                                                                                                           |
| ERTACZO TOPICAL CREAM 2 % (sertaconazole nitrate)                                 | Tier 2    |                                                                                                                           |
| EXELDERM TOPICAL CREAM 1 % (sulconazole nitrate)                                  | Tier 2    |                                                                                                                           |
| EXELDERM TOPICAL SOLUTION 1 % (sulconazole nitrate)                               | Tier 2    |                                                                                                                           |
| <i>ketoconazole topical cream 2 %</i>                                             | Tier 1    | QL (180 GM per 1 FILL)                                                                                                    |
| <i>ketoconazole topical foam 2 %</i>                                              | Tier 1    | ST: Requires prior prescription for Ketoconazole 2% cream/shampoo within the past 120 days                                |
| <i>ketoconazole topical shampoo 2 %</i>                                           | Tier 1    | QL (360 ML per 1 FILL)                                                                                                    |
| KETODAN KIT TOPICAL COMBO PACK 2 % (ketoconazole/skin cleanser combination no.28) | Tier 2    |                                                                                                                           |
| ketoconazole (Ketodan Topical Foam 2 %)                                           | Tier 1    | ST: Requires prior prescription for Ketoconazole 2% cream/shampoo within the past 120 days                                |
| <i>luliconazole topical cream 1 %</i>                                             | Tier 1    | ST: Requires prior prescriptions for Ketoconazole and Clotrimazole cream within the past 365 days; QL (60 GM per 28 days) |
| LUZU TOPICAL CREAM 1 % (luliconazole)                                             | Tier 2    | ST: Requires prior prescriptions for Ketoconazole and Clotrimazole cream within the past 365 days; QL (60 GM per 28 days) |

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| Prescription Drug Name                                                                                      | Drug Tier | Coverage Requirements and Limits                                                           |
|-------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------|
| <i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i>                                      | Tier 1    |                                                                                            |
| <i>oxiconazole topical cream 1 %</i>                                                                        | Tier 1    | QL (180 GM per 1 FILL)                                                                     |
| OXISTAT TOPICAL LOTION 1 % (oxiconazole nitrate)                                                            | Tier 2    |                                                                                            |
| <i>sulconazole topical cream 1 %</i>                                                                        | Tier 1    |                                                                                            |
| <i>sulconazole topical solution 1 %</i>                                                                     | Tier 1    |                                                                                            |
| VUSION TOPICAL OINTMENT 0.25-15-81.35 %<br>(miconazole nitrate/zinc oxide/petrolatum,white)                 | Tier 2    |                                                                                            |
| XOLEGEL TOPICAL GEL 2 % (ketoconazole)                                                                      | Tier 2    | ST: Requires prior prescription for Ketoconazole 2% cream/shampoo within the past 120 days |
| <b>Dermatological - Antifungal Oxaborole - Drugs For The Skin</b>                                           |           |                                                                                            |
| <i>tavaborole topical solution with applicator 5 %</i>                                                      | Tier 1    | PA                                                                                         |
| <b>Dermatological - Antifungal Triazole - Drugs For The Skin</b>                                            |           |                                                                                            |
| JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %<br>(efinaconazole)                                             | Tier 2    | PA                                                                                         |
| <b>Dermatological - Antifungal-Glucocorticoid Combinations - Drugs For The Skin</b>                         |           |                                                                                            |
| CLOBEZIN TOPICAL COMBO PACK 1-0.05-0.44 %<br>(clotrimazole/betamethasone/menthol/zinc oxide/petrolatum,wht) | Tier 2    |                                                                                            |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i>                                                    | Tier 1    |                                                                                            |
| <i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>                                                   | Tier 1    |                                                                                            |
| DELIBON TOPICAL CREAM 2-2.5 %<br>(ketoconazole/hydrocortisone)                                              | Tier 2    |                                                                                            |

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| Prescription Drug Name                                                                                       | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 % (clotrimazole/betamethasone dipropionate/zinc oxide) | Tier 2    |                                  |
| DERMAZENE TOPICAL CREAM IN PACKET 1-1 % (hydrocortisone/iodoquinol)                                          | Tier 2    |                                  |
| DIONARIS TOPICAL SHAMPOO 0.77-0.05-3 % (ciclopirox olamine/clobetasol propionate/salicylic acid)             | Tier 2    |                                  |
| DIVENDO TOPICAL SHAMPOO 0.77-0.05 % (ciclopirox olamine/clobetasol propionate)                               | Tier 2    |                                  |
| HAXCHLO TOPICAL SHAMPOO 0.77-0.05 % (ciclopirox olamine/clobetasol propionate)                               | Tier 2    |                                  |
| HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 % (ciclopirox olamine/clobetasol propionate/salicylic acid)          | Tier 2    |                                  |
| <i>hydrocortisone-iodoquinol topical cream 1-1 %</i>                                                         | Tier 1    |                                  |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>                                             | Tier 1    |                                  |
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>                                       | Tier 1    | QL (180 GM per 1 FILL)           |
| PHEYO TOPICAL CREAM 2-2.5 % (ketoconazole/hydrocortisone)                                                    | Tier 2    |                                  |
| <b>Dermatological - Antifungals Other - Drugs For The Skin</b>                                               |           |                                  |
| <i>triacetin liquid 100 %</i>                                                                                | Tier 2    |                                  |
| <b>Dermatological - Antineoplastic Alkylating Agents - Drugs For The Skin</b>                                |           |                                  |
| VALCHLOR TOPICAL GEL 0.016 % (mechlorethamine HCl)                                                           | Tier 3    | PA                               |
| <b>Dermatological - Antineoplastic Antimetabolites - Drugs For The Skin</b>                                  |           |                                  |
| CARAC TOPICAL CREAM 0.5 % (fluorouracil)                                                                     | Tier 2    | PA                               |
| EFUDEX TOPICAL CREAM 5 % (fluorouracil)                                                                      | Tier 2    |                                  |
| <i>fluorouracil topical cream 0.5 %</i>                                                                      | Tier 1    | PA                               |

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|-------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>fluorouracil topical cream 5 %</i>                                                                 | Tier 1    |                                  |
| <i>fluorouracil topical solution 2 %, 5 %</i>                                                         | Tier 1    |                                  |
| TOLAK TOPICAL CREAM 4 % (fluorouracil)                                                                | Tier 2    |                                  |
| <b>Dermatological - Antineoplastic Or Premalignant Lesions - Antimicrotubule - Drugs For The Skin</b> |           |                                  |
| KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 % (tirbanibulin)                                        | Tier 2    | QL (5 EA per 1 FILL)             |
| KLISYRI (350 MG) TOPICAL OINTMENT IN PACKET 1 % (tirbanibulin)                                        | Tier 2    | QL (5 EA per 1 FILL)             |
| <b>Dermatological - Antineoplastic Or Premalignant Lesions - Nsaid's - Drugs For The Skin</b>         |           |                                  |
| <i>diclofenac sodium topical gel 3 %</i>                                                              | Tier 1    | QL (100 GM per 1 FILL)           |
| <b>Dermatological - Antineoplastic Retinoids - Drugs For The Skin</b>                                 |           |                                  |
| PANRETIN TOPICAL GEL 0.1 % (alitretinoin)                                                             | Tier 3    | QL (60 GM per 28 days)           |
| <b>Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs For The Skin</b>     |           |                                  |
| <i>bexarotene topical gel 1 %</i>                                                                     | Tier 3    | PA                               |
| TARGRETIN TOPICAL GEL 1 % (bexarotene)                                                                | Tier 2    | PA                               |
| <b>Dermatological - Antiperspirants - Drugs For The Skin</b>                                          |           |                                  |
| DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)                                          | Tier 2    |                                  |
| DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)                                                      | Tier 2    |                                  |

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|-------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Dermatological - Antipsoriatic Agents<br/>Systemic, Photosensitizing - Drugs For The Skin</b>      |           |                                                                                                                                                                                                                                                                                         |
| <i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>                                         | Tier 1    |                                                                                                                                                                                                                                                                                         |
| <b>Dermatological - Antipsoriatic Agents<br/>Systemic, Vitamin A Derivatives - Drugs For The Skin</b> |           |                                                                                                                                                                                                                                                                                         |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>                                                   | Tier 3    |                                                                                                                                                                                                                                                                                         |
| <b>Dermatological - Antipsoriatic Agents Topical -<br/>Drugs For The Skin</b>                         |           |                                                                                                                                                                                                                                                                                         |
| BRYHALI TOPICAL LOTION 0.01 % (halobetasol propionate)                                                | Tier 2    | ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (400 GM per 1 FILL) |
| <i>calcipotriene scalp solution 0.005 %</i>                                                           | Tier 1    | ST: Requires prior prescription for a topical corticosteroid within the past 120 days                                                                                                                                                                                                   |
| <i>calcipotriene topical cream 0.005 %</i>                                                            | Tier 1    | ST: Requires prior prescription for a topical corticosteroid within the past 120 days                                                                                                                                                                                                   |

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|-------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>calcipotriene topical foam 0.005 %</i>                   | Tier 1    | ST: Requires prior prescription for a topical corticosteroid within the past 120 days                                                                                                                                             |
| <i>calcipotriene topical ointment 0.005 %</i>               | Tier 1    | ST: Requires prior prescription for a topical corticosteroid within the past 120 days                                                                                                                                             |
| <i>calcitriol topical ointment 3 mcg/gram</i>               | Tier 1    | ST: Requires prior prescription for a topical corticosteroid within the past 120 days                                                                                                                                             |
| <i>clobetasol topical cream 0.025 %</i>                     | Tier 1    | ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days; QL (200 GM per 30 days) |
| DIOOXIA TOPICAL CREAM 0.005-4 % (calcipotriene/niacinamide) | Tier 2    |                                                                                                                                                                                                                                   |
| DRITHOCREME HP TOPICAL CREAM 1 % (anthralin)                | Tier 2    | ST: Requires prior prescription for a topical corticosteroid within the past 120 days                                                                                                                                             |
| <i>halobetasol propionate topical foam 0.05 %</i>           | Tier 1    | ST: Requires prior prescription for generic Halobetasol cream/ointment or Clobetasol foam within the past 120 days; QL (100 GM per 1 FILL)                                                                                        |

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|------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IMPOYZ TOPICAL CREAM 0.025 % (clobetasol propionate)             | Tier 2    | ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days; QL (200 GM per 30 days) |
| halobetasol propionate (Lexette Topical Foam 0.05 %)             | Tier 2    | ST: Requires prior prescription for generic halobetasol cream/ointment or clobetasol foam within the past 120 days; QL (100 GM per 1 FILL)                                                                                        |
| PURAZIL TOPICAL CREAM 0.005-4 % (calcipotriene/niacinamide)      | Tier 2    |                                                                                                                                                                                                                                   |
| SORILUX TOPICAL FOAM 0.005 % (calcipotriene)                     | Tier 2    | ST: Requires prior prescription for a topical corticosteroid within the past 120 days                                                                                                                                             |
| <i>tazarotene topical cream 0.05 %</i>                           | Tier 1    | Age (Max 39 Years)                                                                                                                                                                                                                |
| <i>tazarotene topical cream 0.1 %</i>                            | Tier 1    |                                                                                                                                                                                                                                   |
| <i>tazarotene topical gel 0.05 %, 0.1 %</i>                      | Tier 1    | Age (Max 39 Years)                                                                                                                                                                                                                |
| TAZORAC TOPICAL CREAM 0.05 % (tazarotene)                        | Tier 2    | Age (Max 39 Years)                                                                                                                                                                                                                |
| TAZORAC TOPICAL CREAM 0.1 % (tazarotene)                         | Tier 2    |                                                                                                                                                                                                                                   |
| TAZORAC TOPICAL GEL 0.05 %, 0.1 % (tazarotene)                   | Tier 2    | Age (Max 39 Years)                                                                                                                                                                                                                |
| TRIONEX TOPICAL KIT 0.005 % (calcipotriene/transparent dressing) | Tier 2    |                                                                                                                                                                                                                                   |

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| Prescription Drug Name                                                                                   | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ULTRAVATE TOPICAL LOTION 0.05 % (halobetasol propionate)                                                 | Tier 2    | ST: Requires prior prescription for Betamethasone augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (120 ML per 30 days) |
| VECTICAL TOPICAL OINTMENT 3 MCG/GRAM (calcitriol)                                                        | Tier 2    | ST: Requires prior prescription for a topical corticosteroid within the past 120 days                                                                                                                                                                           |
| VTAMA TOPICAL CREAM 1 % (tapinarof)                                                                      | Tier 2    | PA; QL (60 GM per 30 days)                                                                                                                                                                                                                                      |
| ZITHRANOL TOPICAL SHAMPOO 1 % (anthralin micronized)                                                     | Tier 2    | ST: Requires prior prescription for a topical corticosteroid within the past 120 days                                                                                                                                                                           |
| ZORYVE TOPICAL CREAM 0.3 % (roflumilast)                                                                 | Tier 2    | PA; QL (60 GM per 30 days)                                                                                                                                                                                                                                      |
| <b>Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib. - Drugs For The Skin</b>         |           |                                                                                                                                                                                                                                                                 |
| OTEZLA ORAL TABLET 20 MG, 30 MG (apremilast)                                                             | Tier 3    | PA                                                                                                                                                                                                                                                              |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) (apremilast) | Tier 3    | PA                                                                                                                                                                                                                                                              |

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|-------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------|
| <b>Dermatological - Antiseborrheic - Drugs For The Skin</b>       |           |                                                                                                                       |
| LOUTREX TOPICAL CREAM (emollient combination no.85)               | Tier 1    |                                                                                                                       |
| MICURADERM TOPICAL EMULSION (emollient combination no.43)         | Tier 2    |                                                                                                                       |
| OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (sulfacetamide sodium)    | Tier 2    |                                                                                                                       |
| OVACE PLUS TOPICAL CLEANSER 10 % (sulfacetamide sodium)           | Tier 2    |                                                                                                                       |
| OVACE PLUS TOPICAL CREAM 10 % (sulfacetamide sodium)              | Tier 2    |                                                                                                                       |
| OVACE PLUS TOPICAL LOTION 9.8 % (sulfacetamide sodium)            | Tier 2    | ST: Requires prior prescription for Ciclopirox (shampoo/gel) or Ketoconazole (shampoo/cream) within the past 120 days |
| OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 % (sulfacetamide sodium) | Tier 2    |                                                                                                                       |
| OVACE TOPICAL CLEANSER 10 % (sulfacetamide sodium)                | Tier 2    |                                                                                                                       |
| PLEXION NS TOPICAL SHAMPOO 9.8 % (sulfacetamide sodium)           | Tier 2    |                                                                                                                       |
| PROMISEB TOPICAL CREAM (emollient combination no.43)              | Tier 2    |                                                                                                                       |
| <i>selenium sulfide topical lotion 2.5 %</i>                      | Tier 1    |                                                                                                                       |
| <i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>             | Tier 1    |                                                                                                                       |
| <i>sulfacetamide sodium topical cleanser 10 %</i>                 | Tier 1    |                                                                                                                       |
| <i>sulfacetamide sodium topical cleanser, gel 10 %</i>            | Tier 1    |                                                                                                                       |
| <i>sulfacetamide sodium topical shampoo 10 %, 9.8 %</i>           | Tier 1    |                                                                                                                       |
| TERSI FOAM TOPICAL FOAM 2.25 % (selenium sulfide)                 | Tier 2    |                                                                                                                       |

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|------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------|
| ZORYVE TOPICAL FOAM 0.3 % (roflumilast)                                            | Tier 2    | PA; QL (60 GM per 30 days)                                                                                                         |
| <b>Dermatological - Antiviral, Herpes - Drugs For The Skin</b>                     |           |                                                                                                                                    |
| <i>acyclovir topical cream 5 %</i>                                                 | Tier 1    | ST: At least 2 prior prescriptions for oral generic Acyclovir, Famciclovir, or Valacyclovir within the past 365 days               |
| <i>acyclovir topical ointment 5 %</i>                                              | Tier 1    |                                                                                                                                    |
| <i>penciclovir topical cream 1 %</i>                                               | Tier 1    |                                                                                                                                    |
| ZOVIRAX TOPICAL OINTMENT 5 % (acyclovir)                                           | Tier 2    |                                                                                                                                    |
| <b>Dermatological - Antiviral-Glucocorticoid Combinations - Drugs For The Skin</b> |           |                                                                                                                                    |
| XERESE TOPICAL CREAM 5-1 % (acyclovir/hydrocortisone)                              | Tier 2    | ST: Requires prior prescription for oral Acyclovir, Famciclovir, or Valacyclovir within the past 120 days; QL (10 GM per 365 days) |
| <b>Dermatological - Burn Products - Drugs For The Skin</b>                         |           |                                                                                                                                    |
| NEXOBRID TOPICAL GEL 8.8 % (anacaulase-bcdb)                                       | Tier 2    |                                                                                                                                    |
| <b>Dermatological - Burn Products Anti-Infective - Drugs For The Skin</b>          |           |                                                                                                                                    |
| <i>mafenide acetate topical packet 50 gram</i>                                     | Tier 1    |                                                                                                                                    |
| SILVADENE TOPICAL CREAM 1 % (silver sulfadiazine)                                  | Tier 2    |                                                                                                                                    |
| <i>silver sulfadiazine topical cream 1 %</i>                                       | Tier 1    |                                                                                                                                    |
| SSD TOPICAL CREAM 1 % (silver sulfadiazine)                                        | Tier 1    |                                                                                                                                    |
| SULFAMYLON TOPICAL CREAM 85 MG/G (mafenide acetate)                                | Tier 2    |                                                                                                                                    |

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| Prescription Drug Name                                                                          | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SULFAMYLON TOPICAL PACKET 50 GRAM (mafenide acetate)                                            | Tier 2    |                                                                                                                                                                                                                                       |
| <b>Dermatological - Calcineurin Inhibitors - Drugs For The Skin</b>                             |           |                                                                                                                                                                                                                                       |
| ELIDEL TOPICAL CREAM 1 % (pimecrolimus)                                                         | Tier 2    | ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% cream or ointment) within the past 120 days |
| ELYZIA (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (tacrolimus/hyaluronate sodium/niacinamide)   | Tier 2    |                                                                                                                                                                                                                                       |
| ELYZIA TOPICAL OINTMENT 0.1-4 % (tacrolimus/niacinamide)                                        | Tier 2    |                                                                                                                                                                                                                                       |
| HOVYN TOPICAL SOLUTION 0.1 % (tacrolimus)                                                       | Tier 2    |                                                                                                                                                                                                                                       |
| NUJO TOPICAL SOLUTION 0.1 % (tacrolimus)                                                        | Tier 2    |                                                                                                                                                                                                                                       |
| NUJU TOPICAL CREAM 0.1 % (tacrolimus in vehicle base no.238)                                    | Tier 2    |                                                                                                                                                                                                                                       |
| OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (tacrolimus/hyaluronate sodium/niacinamide) | Tier 2    |                                                                                                                                                                                                                                       |
| OXIANUJO TOPICAL OINTMENT 0.1-4 % (tacrolimus/niacinamide)                                      | Tier 2    |                                                                                                                                                                                                                                       |

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|------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>pimecrolimus topical cream 1 %</i>                            | Tier 1    | ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% cream or ointment) within the past 120 days |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i>                 | Tier 1    | ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% cream or ointment) within the past 120 days |
| VEVEN TOPICAL CREAM 0.1 % (tacrolimus in vehicle base no.238)    | Tier 2    |                                                                                                                                                                                                                                       |
| <b>Dermatological - Depigmenting Agents - Drugs For The Skin</b> |           |                                                                                                                                                                                                                                       |
| BLANCHE TOPICAL CREAM 4 % (hydroquinone)                         | Tier 2    |                                                                                                                                                                                                                                       |
| <i>hydroquinone topical cream 4 %</i>                            | Tier 1    |                                                                                                                                                                                                                                       |
| KAXM TOPICAL EMULSION 4 % (hydroquinone)                         | Tier 2    |                                                                                                                                                                                                                                       |
| KEXM TOPICAL EMULSION 6 % (hydroquinone)                         | Tier 2    |                                                                                                                                                                                                                                       |
| KUTEA TOPICAL EMULSION 8 % (hydroquinone)                        | Tier 2    |                                                                                                                                                                                                                                       |
| KUXM TOPICAL EMULSION 8 % (hydroquinone)                         | Tier 2    |                                                                                                                                                                                                                                       |
| MEDORFA HP PLUS TOPICAL EMULSION 8 % (hydroquinone)              | Tier 2    |                                                                                                                                                                                                                                       |
| MEDORFA HP TOPICAL EMULSION 8 % (hydroquinone)                   | Tier 2    |                                                                                                                                                                                                                                       |

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|---------------------------------------------------------------------------------------------|-----------|----------------------------------|
| MEDORFA LP TOPICAL EMULSION 4 % (hydroquinone)                                              | Tier 2    |                                  |
| MEDORFA TOPICAL EMULSION 6 % (hydroquinone)                                                 | Tier 2    |                                  |
| OBAGI ELASTIDERM TOPICAL CREAM 4 % (hydroquinone)                                           | Tier 1    |                                  |
| OBAGI NU-DERM BLENDER TOPICAL CREAM 4 % (hydroquinone)                                      | Tier 1    |                                  |
| OBAGI NU-DERM CLEAR TOPICAL CREAM 4 % (hydroquinone)                                        | Tier 1    |                                  |
| <b>Dermatological - Depigmenting Combinations - Drugs For The Skin</b>                      |           |                                  |
| KATARAXAP TOPICAL EMULSION 4-0.025-0.025 % (hydroquinone/tretinoin/triamcinolone acetonide) | Tier 2    |                                  |
| KATARVIA TOPICAL EMULSION 4-0.025 % (hydroquinone/tretinoin)                                | Tier 2    |                                  |
| KATARYA TOPICAL EMULSION 4-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)              | Tier 2    |                                  |
| KATARYAXN TOPICAL EMULSION 4-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)            | Tier 2    |                                  |
| KEIDO TOPICAL EMULSION 6-1 % (hydroquinone/hyaluronate sodium)                              | Tier 2    |                                  |
| KETARYA TOPICAL EMULSION 6-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)              | Tier 2    |                                  |
| KEVARAXAP TOPICAL EMULSION 6-0.05-0.025 % (hydroquinone/tretinoin/triamcinolone acetonide)  | Tier 2    |                                  |
| KEVARTIA TOPICAL EMULSION 6-0.05 % (hydroquinone/tretinoin)                                 | Tier 2    |                                  |
| KEVARYA TOPICAL EMULSION 6-0.05-0.5 % (hydroquinone/tretinoin/hydrocortisone)               | Tier 2    |                                  |
| KEYA TOPICAL EMULSION 6-0.5 % (hydroquinone/hydrocortisone)                                 | Tier 2    |                                  |
| KOTARAXAP TOPICAL EMULSION 5-0.025-0.025 % (hydroquinone/tretinoin/triamcinolone acetonide) | Tier 2    |                                  |

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|------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| KUTAR TOPICAL EMULSION 8-0.025 %<br>(hydroquinone/tretinoin)                                   | Tier 2    |                                  |
| KUTARVIA TOPICAL EMULSION 8-0.025 %<br>(hydroquinone/tretinoin)                                | Tier 2    |                                  |
| KUTARYAXM TOPICAL EMULSION 8-0.025-0.5 %<br>(hydroquinone/tretinoin/hydrocortisone)            | Tier 2    |                                  |
| KUTARYAXMPA TOPICAL EMULSION 8-0.025-0.5 %<br>(hydroquinone/tretinoin/hydrocortisone)          | Tier 2    |                                  |
| KUVARYA TOPICAL EMULSION 8-0.05-0.5 %<br>(hydroquinone/tretinoin/hydrocortisone)               | Tier 2    |                                  |
| KUVARYE TOPICAL EMULSION 8-0.05-1 %<br>(hydroquinone/tretinoin/hydrocortisone)                 | Tier 2    |                                  |
| MAVILO HP TOPICAL EMULSION 6-0.05-0.025 %<br>(hydroquinone/tretinoin/triamcinolone acetonide)  | Tier 2    |                                  |
| MAVILO LP TOPICAL EMULSION 4-0.025-0.025 %<br>(hydroquinone/tretinoin/triamcinolone acetonide) | Tier 2    |                                  |
| MAVILO TOPICAL EMULSION 5-0.025-0.025 %<br>(hydroquinone/tretinoin/triamcinolone acetonide)    | Tier 2    |                                  |
| MECORIX HP TOPICAL EMULSION 8-0.05-0.5 %<br>(hydroquinone/tretinoin/hydrocortisone)            | Tier 2    |                                  |
| MECORIX PLUS TOPICAL EMULSION 8-0.025-0.5 %<br>(hydroquinone/tretinoin/hydrocortisone)         | Tier 2    |                                  |
| MECORIX TOPICAL EMULSION 8-0.025-0.5 %<br>(hydroquinone/tretinoin/hydrocortisone)              | Tier 2    |                                  |
| MEDORFA PLUS TOPICAL EMULSION 6-1 %<br>(hydroquinone/hyaluronate sodium)                       | Tier 2    |                                  |
| MEKAM HP TOPICAL EMULSION 6-0.05-0.5 %<br>(hydroquinone/tretinoin/hydrocortisone)              | Tier 2    |                                  |
| MEKAM TOPICAL EMULSION 6-0.025-0.5 %<br>(hydroquinone/tretinoin/hydrocortisone)                | Tier 2    |                                  |
| MELIDU TOPICAL EMULSION 4-0.025-0.5 %<br>(hydroquinone/tretinoin/hydrocortisone)               | Tier 2    |                                  |

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|----------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| MELONDIS PLUS TOPICAL EMULSION 4-0.025-0.5 %<br>(hydroquinone/tretinoin/hydrocortisone)                  | Tier 2    |                                  |
| MELONDIS TOPICAL EMULSION 4-0.025-0.5 %<br>(hydroquinone/tretinoin/hydrocortisone)                       | Tier 2    |                                  |
| MIMORA TOPICAL EMULSION 6-0.5 %<br>(hydroquinone/hydrocortisone)                                         | Tier 2    |                                  |
| MOKURA LP TOPICAL EMULSION 4-0.025 %<br>(hydroquinone/tretinoin)                                         | Tier 2    |                                  |
| MOKURA MOD TOPICAL EMULSION 6-0.05 %<br>(hydroquinone/tretinoin)                                         | Tier 2    |                                  |
| MOKURA PLUS TOPICAL EMULSION 8-0.025 %<br>(hydroquinone/tretinoin)                                       | Tier 2    |                                  |
| MOKURA TOPICAL EMULSION 8-0.025 %<br>(hydroquinone/tretinoin)                                            | Tier 2    |                                  |
| MOLEXI TOPICAL EMULSION 4-0.025-2.5 %<br>(hydroquinone/tretinoin/hydrocortisone)                         | Tier 2    |                                  |
| MYTHIUS TOPICAL EMULSION 8-0.05-1 %<br>(hydroquinone/tretinoin/hydrocortisone)                           | Tier 2    |                                  |
| MYVORI TOPICAL CREAM 10-4 % (lactic acid/niacinamide)                                                    | Tier 2    |                                  |
| OBAGI NU-DERM SUNFADER TOPICAL CREAM 4 %-<br>SPF 15 (hydroquinone/sunscreens<br>(oxybenzone/octinoxate)) | Tier 2    |                                  |
| OBAGI-C CLARIFYING SERUM TOPICAL LIQUID 4-10 %<br>(hydroquinone/ascorbic acid)                           | Tier 2    |                                  |
| OBAGI-C THERAPY NIGHT TOPICAL CREAM 4 %<br>(hydroquinone/ascorbic acid/vit E acetate (d-alpha tocoph))   | Tier 2    |                                  |
| PROOXIA TOPICAL CREAM 10-4 % (lactic acid/niacinamide)                                                   | Tier 2    |                                  |
| TRI-LUMA TOPICAL CREAM 0.01-4-0.05 % (fluocinolone acetone/tretinoin/hydroquinone)                       | Tier 2    |                                  |

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|------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| YAXATARXYN TOPICAL EMULSION 4-0.025-0.5 %<br>(hydroquinone/tretinoin/hydrocortisone)                             | Tier 2    |                                  |
| YOKATAR TOPICAL EMULSION 4-0.025-2.5 %<br>(hydroquinone/tretinoin/hydrocortisone)                                | Tier 2    |                                  |
| <b>Dermatological - Emollient Combinations -<br/>Drugs For The Skin</b>                                          |           |                                  |
| <i>ceramides 1,3,6-ii topical cream</i>                                                                          | Tier 1    |                                  |
| CERAVE DAILY MOISTURIZING TOPICAL LOTION<br>(ceramides 1,3,6-II)                                                 | Tier 2    |                                  |
| CERAVE FOAMING FACIAL TOPICAL CLEANSER<br>(ceramides 1,3,6-II/niacinamide)                                       | Tier 2    |                                  |
| CERAVE PM TOPICAL LOTION,EXTENDED RELEASE<br>(ceramides 1,3,6-II/niacinamide/hyaluronic acid)                    | Tier 2    |                                  |
| CERAVE SA (WITH NIACINAMIDE) TOPICAL CLEANSER<br>(ceramides (1,3,6-II)/salicylic acid/niacinamide)               | Tier 2    |                                  |
| CERAVE SA (WITH NIACINAMIDE) TOPICAL CREAM<br>(ceramides (1,3,6-II)/salicylic acid/niacinamide)                  | Tier 2    |                                  |
| CERAVE SA TOPICAL LOTION (salicylic acid/ceramides<br>1,3,6-II)                                                  | Tier 2    |                                  |
| CERAVE TOPICAL CLEANSER (ceramides 1,3,6-II)                                                                     | Tier 2    |                                  |
| CERAVE TOPICAL CREAM (ceramides 1,3,6-II)                                                                        | Tier 2    |                                  |
| MOISTURIZING NORMAL-DRY SKIN TOPICAL LOTION<br>(ceramides 1,3,6-II)                                              | Tier 1    |                                  |
| <b>Dermatological - Emollient Combinations Other<br/>- Drugs For The Skin</b>                                    |           |                                  |
| ADVANCED SKIN CARE TOPICAL LOTION<br>(glycerin/mineral oil/dimethicone/petrolatum,white)                         | Tier 1    |                                  |
| HPR PLUS HYDROGEL TOPICAL KIT,CREAM AND GEL<br>(emol53/sod mag fluorosilicat/cyclomethicone/phos<br>acid/bicarb) | Tier 1    |                                  |

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|---------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| HPR PLUS-MB HYDROGEL TOPICAL COMBO PACK,GEL AND FOAM 96.53-3-0.4 -0.066 %<br>(emol53/e.water/NaMgFS/NaPhos/NaCl/hypochlorous acid/NahypoCl) | Tier 1    |                                  |
| MB HYDROGEL (CYCLOMETHICONE) TOPICAL KIT,CREAM AND GEL (emol53/sod mag fluorosilicat/cyclomethicone/phos acid/bicarb)                       | Tier 1    |                                  |
| MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 %<br>(emol53/e.water/NaMgFS/NaPhos/NaCl/hypochlorous acid/NahypoCl)                | Tier 1    |                                  |
| <b>Dermatological - Emollient Mixtures - Drugs For The Skin</b>                                                                             |           |                                  |
| ATRAPRO CP TOPICAL COMBO PACK,CREAM AND GEL (emollient combination no.47/emollient combination no.60)                                       | Tier 2    |                                  |
| ATRAPRO HYDROGEL TOPICAL GEL (emollient combination no.60)                                                                                  | Tier 2    |                                  |
| AVO CREAM TOPICAL EMULSION (emollient combination no.10)                                                                                    | Tier 1    |                                  |
| CELACYN TOPICAL GEL WITH PUMP (emollient combination no.60)                                                                                 | Tier 2    |                                  |
| CERACADE TOPICAL EMULSION (emollient combination no.103)                                                                                    | Tier 2    |                                  |
| CERAMAX TOPICAL CREAM (emollient combination no.101)                                                                                        | Tier 2    |                                  |
| CERAMAX TOPICAL LOTION (emollient combination no.101)                                                                                       | Tier 2    |                                  |
| COCOA BUTTER FORMULA - VIT E TOPICAL LIQUID (emollient combination no.123)                                                                  | Tier 2    |                                  |
| CUTEMOL EMOLLIENT TOPICAL CREAM (emollient combination no.125)                                                                              | Tier 2    |                                  |

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| Prescription Drug Name                                                                               | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| DERMASO PLUS TOPICAL CREAM (emollient combination no.122)                                            | Tier 2    |                                  |
| DEXERYL TOPICAL CREAM (emollient combination no.104)                                                 | Tier 2    |                                  |
| DRY SKIN THERAPY(WITH LANOLIN) TOPICAL LOTION (lanolin/mineral oil)                                  | Tier 1    |                                  |
| DRY SKIN THERAPY(W-PETROLATUM) TOPICAL CREAM (lanolin alcohols/mineral oil/petrolatum,white/ceresin) | Tier 1    |                                  |
| EMULSION SB TOPICAL EMULSION (emollient combination no.32)                                           | Tier 1    |                                  |
| ENTTY TOPICAL SPRAY, NON-AEROSOL (palm oil/hyaluronate sodium)                                       | Tier 2    |                                  |
| EPICERAM TOPICAL EMULSION, EXTENDED RELEASE (emollient combination no.32)                            | Tier 2    | PA                               |
| EUCERIN ADVANCED REPAIR TOPICAL CREAM (emollient combination no.119)                                 | Tier 2    |                                  |
| EUCERIN INTENSIVE REPAIR TOPICAL LOTION (emollient combination no.110)                               | Tier 2    |                                  |
| GOLD BOND THERAPEUTIC FOOT TOPICAL CREAM (emollient combination no.120)                              | Tier 2    |                                  |
| HALUCORT TOPICAL GEL (emollient combination no.56/hyaluronic acid)                                   | Tier 2    |                                  |
| HAPRODERM TOPICAL GEL (emollient combination no.56/hyaluronic acid)                                  | Tier 2    |                                  |
| HPR PLUS TOPICAL CREAM (emollient combination no.53)                                                 | Tier 2    |                                  |
| HPR PLUS TOPICAL FOAM (emollient combination no.53)                                                  | Tier 2    |                                  |
| HPR TOPICAL FOAM (emollient combination no.44)                                                       | Tier 2    |                                  |
| HYGIENIC CLEANSING LOTION TOPICAL LOTION (mineral oil/lanolin oil/propylene glycol)                  | Tier 2    |                                  |

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|----------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| INTENSE DRY SKIN THERAPY TOPICAL LOTION (emollient combination no.110)                             | Tier 1    |                                  |
| LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL (emollient combination no.60)                            | Tier 2    |                                  |
| LOUTREX TOPICAL CREAM (emollient combination no.85)                                                | Tier 1    |                                  |
| LOYON TOPICAL SPRAY, NON-AEROSOL (dicaprylyl carbonate/dimethicone)                                | Tier 2    |                                  |
| LUXAMEND TOPICAL CREAM (emollient combination no.10)                                               | Tier 2    |                                  |
| MICURADERM TOPICAL EMULSION (emollient combination no.43)                                          | Tier 2    |                                  |
| MINERIN CREME TOPICAL CREAM (lanolin alcohols/mineral oil/petrolatum, white/ceresin)               | Tier 1    |                                  |
| MOISTURIZING CREAM TOPICAL CREAM (glycerin/dimethicone/petrolatum, white/water)                    | Tier 1    |                                  |
| MOITURIZING LOTION TOPICAL LOTION (vit E acetate (d-alpha tocoph)/glycerin/dimethicone/water)      | Tier 1    |                                  |
| NEOSALUS TOPICAL CREAM (emollient combination no.47)                                               | Tier 2    |                                  |
| NEOSALUS TOPICAL LOTION (emollient combination no.47)                                              | Tier 2    |                                  |
| NUTRASEB TOPICAL CREAM (emollient combination no.107)                                              | Tier 2    |                                  |
| ORGANIC NIPPLE BALM TOPICAL OINTMENT (sunflower/olive/beeswax/coconut/shear butter/marigold/argan) | Tier 1    |                                  |
| PRESERA TOPICAL FOAM (emollient combination no.80)                                                 | Tier 2    |                                  |
| PROMISEB TOPICAL CREAM (emollient combination no.43)                                               | Tier 2    |                                  |
| PRUCLAIR TOPICAL CREAM (vitamin E acet (dl,tocopheryl)/grape/hyaluronic acid)                      | Tier 1    |                                  |
| PRUMYX TOPICAL CREAM (emollient combination no.35)                                                 | Tier 1    |                                  |

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|------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| SEBUDERM TOPICAL GEL (emollient combination no.60)                                                   | Tier 2    |                                  |
| SKIN THERAPY TOPICAL LIQUID (emollient combination no.41)                                            | Tier 1    |                                  |
| SONAFINE TOPICAL EMULSION (emollient combination no.10)                                              | Tier 1    |                                  |
| THERAPEUTIC MOISTURIZING CREAM TOPICAL CREAM (lanolin alcohols/mineral oil/petrolatum,white/ceresin) | Tier 1    |                                  |
| ULTRA MOISTURE TOPICAL LOTION (emollient combination no.40)                                          | Tier 1    |                                  |
| <i>vitamin e-safflower oil topical oil</i>                                                           | Tier 1    |                                  |
| <i>vitamin e-vitamins a and d topical cream</i>                                                      | Tier 1    |                                  |
| XCLAIR TOPICAL CREAM (hyaluronate sodium/vit E/emollient no.12/allantoin/shear tree)                 | Tier 2    |                                  |
| <b>Dermatological - Emollients - Drugs For The Skin</b>                                              |           |                                  |
| AMLACTION TOPICAL LOTION 12 % (ammonium lactate)                                                     | Tier 1    |                                  |
| <i>ammonium lactate topical cream 12 %</i>                                                           | Tier 1    |                                  |
| <i>ammonium lactate topical lotion 12 %</i>                                                          | Tier 1    |                                  |
| <i>glycerin topical liquid</i>                                                                       | Tier 1    |                                  |
| <i>glycerin topical solution 99.5 %</i>                                                              | Tier 1    |                                  |
| KERASTAT TOPICAL CREAM (keratin)                                                                     | Tier 2    |                                  |
| KERASTAT TOPICAL GEL 5 % (keratin)                                                                   | Tier 2    |                                  |
| LANOLIN (HPA) TOPICAL CREAM 100 % (modified lanolin)                                                 | Tier 2    |                                  |
| RADIAGEL TOPICAL GEL (emollient base)                                                                | Tier 2    |                                  |
| <i>urea topical cream 10 %, 20 %</i>                                                                 | Tier 1    |                                  |
| <i>urea topical lotion 10 %</i>                                                                      | Tier 1    |                                  |
| <i>vitamin e (dl, acetate) topical oil</i>                                                           | Tier 1    |                                  |

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| Prescription Drug Name                                                                        | Drug Tier | Coverage Requirements and Limits                                                        |
|-----------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------|
| <b>Dermatological - Enzymes - Drugs For The Skin</b>                                          |           |                                                                                         |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM<br>(collagenase Clostridium histolyticum)               | Tier 2    | PA                                                                                      |
| <b>Dermatological - Eyelid Cleansers - Drugs For The Skin</b>                                 |           |                                                                                         |
| ACUICYN TOPICAL SPRAY, NON-AEROSOL 0.01 %<br>(hypochlorous acid/sodium chloride)              | Tier 2    |                                                                                         |
| AVENOVA TOPICAL SPRAY, NON-AEROSOL 0.01 %<br>(hypochlorous acid/sodium chloride)              | Tier 2    |                                                                                         |
| CLEANSING EYELID MOIST PADS TOPICAL PADS,<br>MEDICATED (eyelid cleanser combination no.8)     | Tier 1    |                                                                                         |
| CLEANSING EYELID WIPES EXT STR TOPICAL PADS,<br>MEDICATED (eyelid cleanser combination no.10) | Tier 1    |                                                                                         |
| EYELID WIPES (WITH CHAMOMILE) TOPICAL<br>TOWELETTE (eyelid cleanser combination no.6)         | Tier 2    |                                                                                         |
| OCUSOFT LID SCRUB ALLERGY TOPICAL PADS,<br>MEDICATED (eyelid cleanser combination no.13)      | Tier 2    |                                                                                         |
| VISTA MEIBO EYELID CLEANSING TOPICAL FOAM<br>(eyelid cleanser combination no.11)              | Tier 2    |                                                                                         |
| VISTA MEIBO EYELID CLEANSING TOPICAL PADS,<br>MEDICATED (eyelid cleanser combination no.12)   | Tier 2    |                                                                                         |
| <b>Dermatological - Glucocorticoid - Drugs For The Skin</b>                                   |           |                                                                                         |
| ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %<br>(hydrocortisone)                            | Tier 1    |                                                                                         |
| hydrocortisone (Ala-Cort Topical Cream 1 %)                                                   | Tier 1    |                                                                                         |
| hydrocortisone (Ala-Scalp Topical Lotion 2 %)                                                 | Tier 1    | ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days |
| <i>alclometasone topical cream 0.05 %</i>                                                     | Tier 1    |                                                                                         |

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| Prescription Drug Name                                                  | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                                  |
|-------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>alclometasone topical ointment 0.05 %</i>                            | Tier 1    |                                                                                                                                                                                                                                   |
| <i>amcinonide topical cream 0.1 %</i>                                   | Tier 1    | ST: Requires prior prescription for Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% ointment or cream within the past 120 days                                          |
| <i>amcinonide topical ointment 0.1 %</i>                                | Tier 1    |                                                                                                                                                                                                                                   |
| hydrocortisone (Anusol-Hc Topical Cream With Perineal Applicator 2.5 %) | Tier 2    |                                                                                                                                                                                                                                   |
| diflorasone diacetate/emollient base (Apexicon E Topical Cream 0.05 %)  | Tier 2    | ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days; QL (180 GM per 30 days) |
| fluticasone propionate (Beser Topical Lotion 0.05 %)                    | Tier 2    |                                                                                                                                                                                                                                   |
| <i>betamethasone dipropionate topical cream 0.05 %</i>                  | Tier 1    |                                                                                                                                                                                                                                   |
| <i>betamethasone dipropionate topical lotion 0.05 %</i>                 | Tier 1    |                                                                                                                                                                                                                                   |
| <i>betamethasone dipropionate topical ointment 0.05 %</i>               | Tier 1    |                                                                                                                                                                                                                                   |
| <i>betamethasone valerate topical cream 0.1 %</i>                       | Tier 1    |                                                                                                                                                                                                                                   |
| <i>betamethasone valerate topical foam 0.12 %</i>                       | Tier 1    |                                                                                                                                                                                                                                   |
| <i>betamethasone valerate topical lotion 0.1 %</i>                      | Tier 1    |                                                                                                                                                                                                                                   |
| <i>betamethasone valerate topical ointment 0.1 %</i>                    | Tier 1    |                                                                                                                                                                                                                                   |
| <i>betamethasone, augmented topical cream 0.05 %</i>                    | Tier 1    |                                                                                                                                                                                                                                   |

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| Prescription Drug Name                                  | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                                                                                        |
|---------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>betamethasone, augmented topical gel 0.05 %</i>      | Tier 1    |                                                                                                                                                                                                                                                                                         |
| <i>betamethasone, augmented topical lotion 0.05 %</i>   | Tier 1    |                                                                                                                                                                                                                                                                                         |
| <i>betamethasone, augmented topical ointment 0.05 %</i> | Tier 1    |                                                                                                                                                                                                                                                                                         |
| BRYHALI TOPICAL LOTION 0.01 % (halobetasol propionate)  | Tier 2    | ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (400 GM per 1 FILL) |
| CAPEX TOPICAL SHAMPOO 0.01 % (fluocinolone acetoneide)  | Tier 2    |                                                                                                                                                                                                                                                                                         |
| <i>clobetasol scalp solution 0.05 %</i>                 | Tier 1    |                                                                                                                                                                                                                                                                                         |
| <i>clobetasol topical cream 0.025 %</i>                 | Tier 1    | ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days; QL (200 GM per 30 days)                                                       |
| <i>clobetasol topical cream 0.05 %</i>                  | Tier 1    |                                                                                                                                                                                                                                                                                         |
| <i>clobetasol topical foam 0.05 %</i>                   | Tier 1    |                                                                                                                                                                                                                                                                                         |
| <i>clobetasol topical gel 0.05 %</i>                    | Tier 1    |                                                                                                                                                                                                                                                                                         |
| <i>clobetasol topical lotion 0.05 %</i>                 | Tier 1    |                                                                                                                                                                                                                                                                                         |

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|------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>clobetasol topical ointment 0.05 %</i>                        | Tier 1    |                                                                                                                                                                                                                                                               |
| <i>clobetasol topical shampoo 0.05 %</i>                         | Tier 1    |                                                                                                                                                                                                                                                               |
| <i>clobetasol topical spray,non-aerosol 0.05 %</i>               | Tier 1    |                                                                                                                                                                                                                                                               |
| <i>clobetasol-emollient topical cream 0.05 %</i>                 | Tier 1    |                                                                                                                                                                                                                                                               |
| <i>clobetasol-emollient topical foam 0.05 %</i>                  | Tier 1    |                                                                                                                                                                                                                                                               |
| CLOBEX TOPICAL LOTION 0.05 % (clobetasol propionate)             | Tier 2    |                                                                                                                                                                                                                                                               |
| CLOBEX TOPICAL SHAMPOO 0.05 % (clobetasol propionate)            | Tier 2    |                                                                                                                                                                                                                                                               |
| CLOBEX TOPICAL SPRAY, NON-AEROSOL 0.05 % (clobetasol propionate) | Tier 2    |                                                                                                                                                                                                                                                               |
| <i>clocortolone pivalate topical cream 0.1 %</i>                 | Tier 1    | ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days                                                                                                                             |
| clobetasol propionate (Clodan Topical Shampoo 0.05 %)            | Tier 2    |                                                                                                                                                                                                                                                               |
| CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2 (flurandrenolide) | Tier 2    | ST: Requires prior prescription for Betamethasone augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days) |

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|--------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CORDRAN TOPICAL CREAM 0.025 % (flurandrenolide)                                | Tier 2    | ST: Requires prior prescription for a topical corticosteroid within the past 120 days                                                                                                                                               |
| CORDRAN TOPICAL CREAM 0.05 % (flurandrenolide)                                 | Tier 2    | ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days |
| CORDRAN TOPICAL LOTION 0.05 % (flurandrenolide)                                | Tier 2    |                                                                                                                                                                                                                                     |
| CORDRAN TOPICAL OINTMENT 0.05 % (flurandrenolide)                              | Tier 2    | ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days; QL (180 GM per 30 days)                                                                          |
| DERMA-SMOOTH/FS BODY OIL TOPICAL OIL 0.01 % (fluocinolone acetonide)           | Tier 2    |                                                                                                                                                                                                                                     |
| DERMA-SMOOTH/FS SCALP OIL SCALP OIL 0.01 % (fluocinolone acetonide/shower cap) | Tier 2    |                                                                                                                                                                                                                                     |
| <i>desonide topical cream 0.05 %</i>                                           | Tier 1    |                                                                                                                                                                                                                                     |

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|--------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>desonide topical gel 0.05 %</i>                     | Tier 1    | ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days                             |
| <i>desonide topical lotion 0.05 %</i>                  | Tier 1    |                                                                                                                                                                                                                                                                 |
| <i>desonide topical ointment 0.05 %</i>                | Tier 1    |                                                                                                                                                                                                                                                                 |
| DESOWEN TOPICAL CREAM 0.05 % (desonide)                | Tier 2    |                                                                                                                                                                                                                                                                 |
| <i>desoximetasone topical cream 0.05 %, 0.25 %</i>     | Tier 1    |                                                                                                                                                                                                                                                                 |
| <i>desoximetasone topical gel 0.05 %</i>               | Tier 1    |                                                                                                                                                                                                                                                                 |
| <i>desoximetasone topical ointment 0.05 %, 0.25 %</i>  | Tier 1    |                                                                                                                                                                                                                                                                 |
| <i>desoximetasone topical spray,non-aerosol 0.25 %</i> | Tier 1    | ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days |

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| Prescription Drug Name                                                                      | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>diflorasone topical cream 0.05 %</i>                                                     | Tier 1    | ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days; QL (180 GM per 30 days)                                                        |
| <i>diflorasone topical ointment 0.05 %</i>                                                  | Tier 1    | ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (180 GM per 30 days) |
| DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 % (betamethasone dipropionate/propylene glycol) | Tier 2    |                                                                                                                                                                                                                                                                                          |
| <i>fluocinolone and shower cap scalp oil 0.01 %</i>                                         | Tier 1    |                                                                                                                                                                                                                                                                                          |
| <i>fluocinolone topical cream 0.01 %, 0.025 %</i>                                           | Tier 1    |                                                                                                                                                                                                                                                                                          |
| <i>fluocinolone topical oil 0.01 %</i>                                                      | Tier 1    |                                                                                                                                                                                                                                                                                          |
| <i>fluocinolone topical ointment 0.025 %</i>                                                | Tier 1    |                                                                                                                                                                                                                                                                                          |
| <i>fluocinolone topical solution 0.01 %</i>                                                 | Tier 1    |                                                                                                                                                                                                                                                                                          |
| <i>fluocinonide topical cream 0.05 %, 0.1 %</i>                                             | Tier 1    |                                                                                                                                                                                                                                                                                          |
| <i>fluocinonide topical gel 0.05 %</i>                                                      | Tier 1    |                                                                                                                                                                                                                                                                                          |
| <i>fluocinonide topical ointment 0.05 %</i>                                                 | Tier 1    |                                                                                                                                                                                                                                                                                          |

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|-------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>fluocinonide topical solution 0.05 %</i>                       | Tier 1    |                                                                                                                                                                                                                                     |
| fluocinonide/emollient base (Fluocinonide-E Topical Cream 0.05 %) | Tier 1    |                                                                                                                                                                                                                                     |
| <i>fluocinonide-emollient topical cream 0.05 %</i>                | Tier 1    |                                                                                                                                                                                                                                     |
| FLUOVIX PLUS TOPICAL KIT 0.1 % (fluocinonide/silicone, adhesive)  | Tier 2    |                                                                                                                                                                                                                                     |
| FLUOVIX TOPICAL KIT 0.1 % (fluocinonide/silicone, adhesive)       | Tier 2    |                                                                                                                                                                                                                                     |
| <i>flurandrenolide topical cream 0.05 %</i>                       | Tier 1    | ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days |
| <i>flurandrenolide topical lotion 0.05 %</i>                      | Tier 1    |                                                                                                                                                                                                                                     |
| <i>flurandrenolide topical ointment 0.05 %</i>                    | Tier 1    | ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days; QL (180 GM per 30 days)                                                                          |
| <i>fluticasone propionate topical cream 0.05 %</i>                | Tier 1    |                                                                                                                                                                                                                                     |
| <i>fluticasone propionate topical lotion 0.05 %</i>               | Tier 1    |                                                                                                                                                                                                                                     |
| <i>fluticasone propionate topical ointment 0.005 %</i>            | Tier 1    |                                                                                                                                                                                                                                     |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                         |
|-------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>halcinonide topical cream 0.1 %</i>                | Tier 1    | ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days |
| <i>halcinonide topical solution 0.1 %</i>             | Tier 1    | ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days |
| <i>halobetasol propionate topical cream 0.05 %</i>    | Tier 1    |                                                                                                                                                                                                          |
| <i>halobetasol propionate topical foam 0.05 %</i>     | Tier 1    | ST: Requires prior prescription for generic Halobetasol cream/ointment or Clobetasol foam within the past 120 days; QL (100 GM per 1 FILL)                                                               |
| <i>halobetasol propionate topical ointment 0.05 %</i> | Tier 1    |                                                                                                                                                                                                          |

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| Prescription Drug Name                                                     | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                         |
|----------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HALOG TOPICAL CREAM 0.1 % (halcinonide)                                    | Tier 2    | ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days |
| HALOG TOPICAL OINTMENT 0.1 % (halcinonide)                                 | Tier 2    | ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days |
| HALOG TOPICAL SOLUTION 0.1 % (halcinonide)                                 | Tier 2    | ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days |
| <i>hydrocortisone acetate topical cream with perineal applicator 2.5 %</i> | Tier 1    |                                                                                                                                                                                                          |
| <i>hydrocortisone butyrate topical cream 0.1 %</i>                         | Tier 1    |                                                                                                                                                                                                          |

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| Prescription Drug Name                                                  | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>hydrocortisone butyrate topical lotion 0.1 %</i>                     | Tier 1    | ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (236 ML per 30 days) |
| <i>hydrocortisone butyrate topical ointment 0.1 %</i>                   | Tier 1    | ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days                          |
| <i>hydrocortisone butyrate topical solution 0.1 %</i>                   | Tier 1    |                                                                                                                                                                                                                                                              |
| <i>hydrocortisone topical cream 1 %, 2.5 %</i>                          | Tier 1    |                                                                                                                                                                                                                                                              |
| <i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i> | Tier 1    |                                                                                                                                                                                                                                                              |
| <i>hydrocortisone topical lotion 2 %</i>                                | Tier 1    | ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days                                                                                                                                                                      |
| <i>hydrocortisone topical lotion 2.5 %</i>                              | Tier 1    |                                                                                                                                                                                                                                                              |
| <i>hydrocortisone topical ointment 1 %, 2.5 %</i>                       | Tier 1    |                                                                                                                                                                                                                                                              |

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| Prescription Drug Name                                          | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                                  |
|-----------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>hydrocortisone topical solution 2.5 %</i>                    | Tier 1    | ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days                                                                                                                                           |
| <i>hydrocortisone valerate topical cream 0.2 %</i>              | Tier 1    |                                                                                                                                                                                                                                   |
| <i>hydrocortisone valerate topical ointment 0.2 %</i>           | Tier 1    | ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days                                                                                                 |
| <i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>           | Tier 1    |                                                                                                                                                                                                                                   |
| HYDROXYM TOPICAL GEL 2 % (hydrocortisone)                       | Tier 2    |                                                                                                                                                                                                                                   |
| IMPOYZ TOPICAL CREAM 0.025 % (clobetasol propionate)            | Tier 2    | ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days; QL (200 GM per 30 days) |
| KENALOG TOPICAL AEROSOL 0.147 MG/GRAM (triamcinolone acetonide) | Tier 2    |                                                                                                                                                                                                                                   |
| halobetasol propionate (Lexette Topical Foam 0.05 %)            | Tier 2    | ST: Requires prior prescription for generic halobetasol cream/ointment or clobetasol foam within the past 120 days; QL (100 GM per 1 FILL)                                                                                        |

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| Prescription Drug Name                                                          | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LOCOID LIPOCREAM TOPICAL CREAM 0.1 % (hydrocortisone butyrate/emollient base)   | Tier 2    |                                                                                                                                                                                                                                                              |
| LOCOID TOPICAL LOTION 0.1 % (hydrocortisone butyrate)                           | Tier 2    | ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (236 ML per 30 days) |
| LUXIQ TOPICAL FOAM 0.12 % (betamethasone valerate)                              | Tier 2    |                                                                                                                                                                                                                                                              |
| MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone acetate) | Tier 1    |                                                                                                                                                                                                                                                              |
| <i>mometasone topical cream 0.1 %</i>                                           | Tier 1    |                                                                                                                                                                                                                                                              |
| <i>mometasone topical ointment 0.1 %</i>                                        | Tier 1    |                                                                                                                                                                                                                                                              |
| <i>mometasone topical solution 0.1 %</i>                                        | Tier 1    |                                                                                                                                                                                                                                                              |
| OLUX TOPICAL FOAM 0.05 % (clobetasol propionate)                                | Tier 2    |                                                                                                                                                                                                                                                              |
| OLUX-E TOPICAL FOAM 0.05 % (clobetasol propionate/emollient base)               | Tier 2    |                                                                                                                                                                                                                                                              |

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| Prescription Drug Name                                                                      | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PANDEL TOPICAL CREAM 0.1 % (hydrocortisone probutate)                                       | Tier 2    | ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (160 GM per 30 days) |
| <i>prednicarbate topical cream 0.1 %</i>                                                    | Tier 1    |                                                                                                                                                                                                                                                              |
| <i>prednicarbate topical ointment 0.1 %</i>                                                 | Tier 1    |                                                                                                                                                                                                                                                              |
| hydrocortisone (Proctocort Topical Cream 1 %)                                               | Tier 2    |                                                                                                                                                                                                                                                              |
| hydrocortisone (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)                 | Tier 1    |                                                                                                                                                                                                                                                              |
| hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)                  | Tier 1    |                                                                                                                                                                                                                                                              |
| hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)                 | Tier 1    |                                                                                                                                                                                                                                                              |
| SCALACORT DK TOPICAL COMBO PACK 2-2-2 % (hydrocortisone/salicylic acid/sulfur/shampoo no.1) | Tier 2    |                                                                                                                                                                                                                                                              |
| SCALACORT TOPICAL LOTION 2 % (hydrocortisone)                                               | Tier 2    | ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days                                                                                                                                                                      |
| SERNIVO TOPICAL SPRAY WITH PUMP 0.05 % (betamethasone dipropionate)                         | Tier 2    | ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days                                                                                                                            |

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| Prescription Drug Name                                                     | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SYNALAR TOPICAL CREAM 0.025 % (fluocinolone acetonide)                     | Tier 2    |                                                                                                                                                                                                                                                                 |
| SYNALAR TOPICAL OINTMENT 0.025 % (fluocinolone acetonide)                  | Tier 2    |                                                                                                                                                                                                                                                                 |
| SYNALAR TOPICAL SOLUTION 0.01 % (fluocinolone acetonide)                   | Tier 2    |                                                                                                                                                                                                                                                                 |
| hydrocortisone (Texacort Topical Solution 2.5 %)                           | Tier 2    | ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days                                                                                                                                                                         |
| desoximetasone (Topicort Topical Cream 0.05 %, 0.25 %)                     | Tier 2    |                                                                                                                                                                                                                                                                 |
| TOPICORT TOPICAL GEL 0.05 % (desoximetasone)                               | Tier 2    |                                                                                                                                                                                                                                                                 |
| TOPICORT TOPICAL OINTMENT 0.05 % (desoximetasone)                          | Tier 2    |                                                                                                                                                                                                                                                                 |
| desoximetasone (Topicort Topical Ointment 0.25 %)                          | Tier 2    |                                                                                                                                                                                                                                                                 |
| TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 % (desoximetasone)                | Tier 2    | ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days |
| clobetasol propionate/emollient base (Tovet Emollient Topical Foam 0.05 %) | Tier 2    |                                                                                                                                                                                                                                                                 |
| <i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>               | Tier 1    |                                                                                                                                                                                                                                                                 |
| <i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>                | Tier 1    |                                                                                                                                                                                                                                                                 |
| <i>triamcinolone acetonide topical cream 0.5 %</i>                         | Tier 1    | QL (454 GM per 30 days)                                                                                                                                                                                                                                         |

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| Prescription Drug Name                                                                        | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>                                  | Tier 1    |                                                                                                                                                                                                                                                                 |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>                         | Tier 1    |                                                                                                                                                                                                                                                                 |
| <i>triamcinolone acetonide topical ointment 0.05 %</i>                                        | Tier 1    | QL (430 GM per 30 days)                                                                                                                                                                                                                                         |
| triamcinolone acetonide (Trianex Topical Ointment 0.05 %)                                     | Tier 1    | QL (430 GM per 30 days)                                                                                                                                                                                                                                         |
| TRIASIL TOPICAL KIT 0.1 %- 4" X 4" (triamcinolone acetonide/gauze bandage/silicone, adhesive) | Tier 2    |                                                                                                                                                                                                                                                                 |
| triamcinolone acetonide (Triderm Topical Cream 0.5 %)                                         | Tier 1    | QL (454 GM per 30 days)                                                                                                                                                                                                                                         |
| ULTRAVATE TOPICAL LOTION 0.05 % (halobetasol propionate)                                      | Tier 2    | ST: Requires prior prescription for Betamethasone augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (120 ML per 30 days) |
| VANOS TOPICAL CREAM 0.1 % (fluocinonide)                                                      | Tier 2    |                                                                                                                                                                                                                                                                 |
| VERDESO TOPICAL FOAM 0.05 % (desonide)                                                        | Tier 2    | ST: Requires prior prescription for Fluocinolone Acetonide 0.01% body oil within the past 120 days                                                                                                                                                              |
| <b>Dermatological - Glucocorticoid Combinations<br/>Other - Drugs For The Skin</b>            |           |                                                                                                                                                                                                                                                                 |
| ACIOXIA TOPICAL GEL 0.1-0.5 % (triamcinolone acetonide/pentoxifylline)                        | Tier 2    |                                                                                                                                                                                                                                                                 |
| CHLOHUX TOPICAL SHAMPOO 0.05-2 % (clobetasol propionate/levocetirizine dihydrochloride)       | Tier 2    |                                                                                                                                                                                                                                                                 |

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| Prescription Drug Name                                                                 | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------|-----------|----------------------------------|
| CHLOOXIA TOPICAL CREAM 0.05-4 % (clobetasol propionate/niacinamide)                    | Tier 2    |                                  |
| CHLOOXIA TOPICAL OINTMENT 0.05-4 % (clobetasol propionate/niacinamide)                 | Tier 2    |                                  |
| CHLOOXIA TOPICAL SOLUTION 0.05-4 % (clobetasol propionate/niacinamide)                 | Tier 2    |                                  |
| DIOCHLOY TOPICAL SOLUTION 0.05-0.005 % (clobetasol propionate/calcipotriene)           | Tier 2    |                                  |
| DIVINIX TOPICAL CREAM 0.05-4 % (clobetasol propionate/niacinamide)                     | Tier 2    |                                  |
| DIVINIX TOPICAL OINTMENT 0.05-4 % (clobetasol propionate/niacinamide)                  | Tier 2    |                                  |
| DIVINIX TOPICAL SOLUTION 0.05-4 % (clobetasol propionate/niacinamide)                  | Tier 2    |                                  |
| DOMELA TOPICAL CREAM 0.01-4 % (fluocinolone acetonide/niacinamide)                     | Tier 2    |                                  |
| DYNOMA TOPICAL CREAM 0.05-4 % (desoximetasone/niacinamide)                             | Tier 2    |                                  |
| FLUOXIA TOPICAL CREAM 0.05-4 % (desoximetasone/niacinamide)                            | Tier 2    |                                  |
| ILEXOR TOPICAL SHAMPOO 0.05-2 % (clobetasol propionate/levocetirizine dihydrochloride) | Tier 2    |                                  |
| PLENURA TOPICAL SOLUTION 0.05-0.005 % (clobetasol propionate/calcipotriene)            | Tier 2    |                                  |
| TELIORA TOPICAL GEL 0.1-0.5 % (triamcinolone acetonide/pentoxifylline)                 | Tier 2    |                                  |
| TETOXIA TOPICAL CREAM 0.01-4 % (fluocinolone acetonide/niacinamide)                    | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                 | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Dermatological - Glucocorticoid-Emollient Combinations - Drugs For The Skin</b>                                     |           |                                  |
| BESER KIT TOPICAL KIT, LOTION AND CREAM, EMOLLIENT 0.05 % (fluticasone propionate/emollient combination no.65)         | Tier 2    |                                  |
| ELLZIA PAK TOPICAL KIT, OINTMENT AND CREAM 0.1-5 % (triamcinolone acetate/dimethicone)                                 | Tier 1    |                                  |
| FLUOPAR TOPICAL KIT 0.1-5 % (fluocinonide/dimethicone)                                                                 | Tier 2    |                                  |
| NOXIPAK TOPICAL KIT 0.01-20 % (fluocinolone acetate/urea/silicone, adhesive)                                           | Tier 2    |                                  |
| NUCORT TOPICAL LOTION 2 % (hydrocortisone acetate/aloe vera)                                                           | Tier 2    |                                  |
| QUINIXIL TOPICAL CREAM 0.1-5 % (mometasone furoate/dimethicone)                                                        | Tier 2    |                                  |
| SANADERMRX TOPICAL KIT 0.1-5 % (triamcinolone acetate/dimethicone/silicone, adhesive)                                  | Tier 1    | QL (1 EA per 30 days)            |
| SYNALAR CREAM KIT TOPICAL CREAM 0.025 % (fluocinolone acetate/emollient combination no.65)                             | Tier 2    | QL (375 GM per 30 days)          |
| SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM 0.025 % (fluocinolone acetate/emollient combination no.65) | Tier 2    | QL (375 GM per 30 days)          |
| TOVET KIT TOPICAL COMBO PACK 0.05 % (clobetasol propionate/emollient combination no.65)                                | Tier 2    |                                  |
| WHYTEDESK TDPAK TOPICAL KIT 0.1-2 % (triamcinolone acetate/dimethicone/silicone, adhesive)                             | Tier 2    |                                  |
| WHYTEDESK TRILASIL PAK TOPICAL KIT 0.1-2 % (triamcinolone acetate/dimethicone/silicone, adhesive)                      | Tier 2    |                                  |
| <b>Dermatological - Glucocorticoid-Local Anesthetic Combinations - Drugs For The Skin</b>                              |           |                                  |
| ANALPRAM-HC TOPICAL LOTION 2.5-1 % (hydrocortisone acetate/pramoxine HCl)                                              | Tier 2    |                                  |

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| Prescription Drug Name                                                                                      | Drug Tier | Coverage Requirements and Limits                                                                    |
|-------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------|
| EPIFOAM TOPICAL FOAM 1-1 % (hydrocortisone acetate/pramoxine HCl)                                           | Tier 2    | ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days |
| <i>hydrocortisone-pramoxine topical cream 2.35-1 %</i>                                                      | Tier 1    |                                                                                                     |
| <i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>                                                       | Tier 1    |                                                                                                     |
| <i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>                                                 | Tier 1    |                                                                                                     |
| NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 % (hydrocortisone acetate/pramoxine HCl)                  | Tier 2    |                                                                                                     |
| PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone acetate/pramoxine HCl)                                        | Tier 2    | ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days |
| PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 % (hydrocortisone acetate/pramoxine HCl)                              | Tier 2    |                                                                                                     |
| PRAMOSONE TOPICAL OINTMENT 1-1 % (hydrocortisone acetate/pramoxine HCl)                                     | Tier 2    | ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days |
| PRAMOSONE TOPICAL OINTMENT 2.5-1 % (hydrocortisone acetate/pramoxine HCl)                                   | Tier 2    |                                                                                                     |
| <b>Dermatological - Glucocorticoid-Skin Cleanser Combinations - Drugs For The Skin</b>                      |           |                                                                                                     |
| CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 % (clobetasol propionate/skin cleanser combination no.28) | Tier 2    |                                                                                                     |
| HYDROCORTISONE LOTION COMPLETE TOPICAL COMBO PACK 2 % (hydrocortisone/skin cleanser)                        | Tier 2    |                                                                                                     |

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| Prescription Drug Name                                                                         | Drug Tier | Coverage Requirements and Limits                                                                                                            |
|------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------|
| SYNALAR TS TOPICAL KIT 0.01 % (fluocinolone acetonide/skin cleanser comb no.28)                | Tier 2    |                                                                                                                                             |
| XILAPAK TOPICAL KIT 0.01 % (fluocinolone acetonide/skin cleanser no.10/silicone, tape)         | Tier 2    |                                                                                                                                             |
| <b>Dermatological - Immunomodulator - Catechins - Genital Wart/Hpv Tx - Drugs For The Skin</b> |           |                                                                                                                                             |
| VEREGEN TOPICAL OINTMENT 15 % (sinecatechins)                                                  | Tier 2    | ST: Requires prior prescriptions for Imiquimod 5% cream packets and Podofilox 0.5% solution within the past 365 days; QL (30 GM per 1 FILL) |
| <b>Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs For The Skin</b>           |           |                                                                                                                                             |
| <i>imiquimod topical cream in metered-dose pump 3.75 %</i>                                     | Tier 1    |                                                                                                                                             |
| <i>imiquimod topical cream in packet 3.75 %</i>                                                | Tier 1    |                                                                                                                                             |
| <i>imiquimod topical cream in packet 5 %</i>                                                   | Tier 1    | QL (2 EA per 1 day)                                                                                                                         |
| ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 % (imiquimod)                                   | Tier 2    |                                                                                                                                             |
| <b>Dermatological - Immunomodulator - Interferons - Drugs For The Skin</b>                     |           |                                                                                                                                             |
| ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML (interferon alfa-n3)                            | Tier 3    |                                                                                                                                             |
| <b>Dermatological - Immunomodulator Combinations - Drugs For The Skin</b>                      |           |                                                                                                                                             |
| KAZURI TOPICAL GEL 5-0.05-1 % (imiquimod/tretinoin/levocetirizine dihydrochloride)             | Tier 2    |                                                                                                                                             |
| KERIDA TOPICAL GEL 5-0.1-30 % (imiquimod/tretinoin/salicylic acid)                             | Tier 2    |                                                                                                                                             |
| KYNARA TOPICAL GEL 5-1-2 % (imiquimod/levocetirizine dihydrochloride/niacinamide)              | Tier 2    |                                                                                                                                             |

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|------------------------------------------------------------------------------------------|-----------|----------------------------------|
| QUIDROXZAR TOPICAL GEL 5-0.1-30 %<br>(imiquimod/tretinoin/salicylic acid)                | Tier 2    |                                  |
| QUIHOXAXIA TOPICAL GEL 5-1-2 %<br>(imiquimod/levocetirizine dihydrochloride/niacinamide) | Tier 2    |                                  |
| QUIHOXVAR TOPICAL GEL 5-0.05-1 %<br>(imiquimod/tretinoin/levocetirizine dihydrochloride) | Tier 2    |                                  |
| <b>Dermatological - Insect Repellents - Drugs For The Skin</b>                           |           |                                  |
| CUTTER ALL FAMILY TOPICAL AEROSOL,SPRAY 7 %<br>(diethyltoluamide)                        | Tier 2    |                                  |
| CUTTER ALL FAMILY TOPICAL TOWELETTE 7.15 %<br>(diethyltoluamide)                         | Tier 2    |                                  |
| CUTTER BACKWOODS DRY TOPICAL AEROSOL,SPRAY 25 % (diethyltoluamide)                       | Tier 1    |                                  |
| CUTTER SKINSATIONS TOPICAL AEROSOL,SPRAY 7 %<br>(diethyltoluamide)                       | Tier 2    |                                  |
| CUTTER SKINSATIONS TOPICAL SPRAY,NON-AEROSOL 7 % (diethyltoluamide)                      | Tier 1    |                                  |
| OFF ACTIVE TOPICAL AEROSOL,SPRAY 15 %<br>(diethyltoluamide)                              | Tier 1    |                                  |
| OFF DEEP WOODS TOPICAL TOWELETTE 25 %<br>(diethyltoluamide)                              | Tier 2    |                                  |
| REPEL SPORTSMEN TOPICAL AEROSOL,SPRAY 29 %<br>(diethyltoluamide)                         | Tier 2    |                                  |
| REPEL TOPICAL TOWELETTE 30 % (diethyltoluamide)                                          | Tier 2    |                                  |
| SAWYER CONTROLLED RELEASE TOPICAL LOTION,EXTENDED RELEASE 20 % (diethyltoluamide)        | Tier 2    |                                  |
| <b>Dermatological - Keratolytic Combinations<br/>Other - Drugs For The Skin</b>          |           |                                  |
| METDRAY TOPICAL GEL 17-2 % (salicylic acid/ibuprofen)                                    | Tier 2    |                                  |
| NENDRUX TOPICAL GEL 40-5 % (salicylic acid/lidocaine)                                    | Tier 2    |                                  |

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|------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------|
| PRONAL TOPICAL GEL 10-40 % (lactic acid/urea)                                      | Tier 2    |                                                                                                             |
| URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 % (urea/emollient combination no.65)     | Tier 2    |                                                                                                             |
| WAYZEN TOPICAL GEL 40-5 % (salicylic acid/lidocaine)                               | Tier 2    |                                                                                                             |
| WELERIS TOPICAL GEL 17-2 % (salicylic acid/ibuprofen)                              | Tier 2    |                                                                                                             |
| XIRUN TOPICAL GEL 10-40 % (lactic acid/urea)                                       | Tier 2    |                                                                                                             |
| <b>Dermatological - Keratolytic-Antimitotic Combinations - Drugs For The Skin</b>  |           |                                                                                                             |
| SALVAX DUO PLUS TOPICAL FOAM 6-35 % (salicylic acid/urea)                          | Tier 2    |                                                                                                             |
| <i>silver nitrate applicators topical stick 75-25 %</i>                            | Tier 1    |                                                                                                             |
| <b>Dermatological - Keratolytic-Antimitotic Single Agents - Drugs For The Skin</b> |           |                                                                                                             |
| <i>cantharidin in acetone topical solution 0.7 %</i>                               | Tier 1    |                                                                                                             |
| CEM-UREA TOPICAL GEL 45 % (urea)                                                   | Tier 1    |                                                                                                             |
| CONDYLOX TOPICAL GEL 0.5 % (podofilox)                                             | Tier 2    | ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days; QL (0.5 GM per 1 day) |
| HYDRO 35 TOPICAL FOAM 35 % (urea)                                                  | Tier 2    |                                                                                                             |
| HYDRO 40 TOPICAL FOAM 40 % (urea)                                                  | Tier 2    |                                                                                                             |
| KERALYT TOPICAL SHAMPOO 6 % (salicylic acid)                                       | Tier 2    |                                                                                                             |
| PODOCON TOPICAL LIQUID 25 % (podophyllum resin)                                    | Tier 1    |                                                                                                             |
| <i>podofilox topical gel 0.5 %</i>                                                 | Tier 1    | ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days; QL (0.5 GM per 1 day) |
| <i>podofilox topical solution 0.5 %</i>                                            | Tier 1    | QL (0.5 ML per 1 day)                                                                                       |
| RAYASAL TOPICAL CREAM 5.9 % (salicylic acid)                                       | Tier 2    |                                                                                                             |

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|------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| RYNODERM TOPICAL CREAM 37.5 % (urea)                                                                       | Tier 2    |                                  |
| SALICATE TOPICAL LIQUID 10 % (salicylic acid)                                                              | Tier 2    |                                  |
| <i>salicylic acid topical cream 6 %</i>                                                                    | Tier 1    |                                  |
| <i>salicylic acid topical cream,extended release 6 %</i>                                                   | Tier 1    |                                  |
| <i>salicylic acid topical film forming liquid w/appl 27.5 %</i>                                            | Tier 1    |                                  |
| <i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i>                                          | Tier 1    |                                  |
| <i>salicylic acid topical foam 6 %</i>                                                                     | Tier 1    |                                  |
| <i>salicylic acid topical gel 6 %</i>                                                                      | Tier 1    |                                  |
| <i>salicylic acid topical liquid 26 %</i>                                                                  | Tier 1    |                                  |
| <i>salicylic acid topical lotion 6 %</i>                                                                   | Tier 1    |                                  |
| <i>salicylic acid topical lotion,extended release 6 %</i>                                                  | Tier 1    |                                  |
| <i>salicylic acid topical ointment 3 %</i>                                                                 | Tier 1    |                                  |
| <i>salicylic acid topical shampoo 6 %</i>                                                                  | Tier 1    |                                  |
| <i>salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %</i>                                 | Tier 1    |                                  |
| SALIMEZ FORTE TOPICAL CREAM 10 % (salicylic acid)                                                          | Tier 2    |                                  |
| SALIMEZ TOPICAL CREAM 6 % (salicylic acid)                                                                 | Tier 2    |                                  |
| SALVAX TOPICAL FOAM 6 % (salicylic acid)                                                                   | Tier 1    |                                  |
| SALYCIM TOPICAL CREAM 6 % (salicylic acid)                                                                 | Tier 2    |                                  |
| SALYNTRA TOPICAL GEL 6 % (salicylic acid)                                                                  | Tier 1    |                                  |
| TRI-CHLOR TOPICAL SOLUTION 80 % (trichloroacetic acid)                                                     | Tier 2    |                                  |
| <i>trichloroacetic acid topical recon soln 100 %, 20 %, 25 %, 30 %, 35 %, 40 %, 50 %, 75 %, 80 %, 90 %</i> | Tier 2    |                                  |
| ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (salicylic acid)                                   | Tier 2    |                                  |
| URAMAXIN GT TOPICAL GEL 45 % (urea)                                                                        | Tier 2    |                                  |
| URAMAXIN TOPICAL CREAM 45 % (urea)                                                                         | Tier 2    |                                  |
| URAMAXIN TOPICAL FOAM 20 % (urea)                                                                          | Tier 2    |                                  |

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|---------------------------------------------------------------------------------------------|-----------|----------------------------------|
| URAMAXIN TOPICAL GEL 45 % (urea)                                                            | Tier 2    |                                  |
| URAMAXIN TOPICAL LOTION 45 % (urea)                                                         | Tier 2    |                                  |
| UREA NAIL STICK TOPICAL SOLUTION 50 % (urea)                                                | Tier 1    |                                  |
| <i>urea topical cream 39 %, 40 %, 41 %, 45 %, 47 %, 50 %</i>                                | Tier 1    |                                  |
| <i>urea topical cream 39.5 %</i>                                                            | Tier 1    |                                  |
| <i>urea topical foam 35 %</i>                                                               | Tier 1    |                                  |
| <i>urea topical gel 45 %</i>                                                                | Tier 1    |                                  |
| <i>urea topical lotion 40 %</i>                                                             | Tier 1    |                                  |
| VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 % (salicylic acid)                          | Tier 2    |                                  |
| XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 % (salicylic acid)                            | Tier 2    |                                  |
| XUREA TOPICAL CREAM 39 % (urea)                                                             | Tier 2    |                                  |
| YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 % (cantharidin)                                 | Tier 2    | PA                               |
| <b>Dermatological - Keratoplastic Tar Products - Drugs For The Skin</b>                     |           |                                  |
| <i>coal tar topical solution 20 %</i>                                                       | Tier 2    |                                  |
| <b>Dermatological - Local Anesthetic Combinations - Drugs For The Skin</b>                  |           |                                  |
| ANODYNE LPT TOPICAL KIT 2.5-2.5 % (lidocaine/prilocaine)                                    | Tier 1    |                                  |
| CETACAINE TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC) (tetracaine/benzocaine/butamben) | Tier 2    |                                  |
| DOLOTRANZ TOPICAL KIT, CREAM AND GEL 4-2.5-2.5 % (lidocaine/prilocaine)                     | Tier 2    |                                  |
| ELEMAR TOPICAL KIT 5-6 % (lidocaine/menthol)                                                | Tier 2    |                                  |
| ENZNONUTY TOPICAL OINTMENT 10-10-20 % (lidocaine/tetracaine/benzocaine)                     | Tier 2    |                                  |

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|--------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ILIDERM TOPICAL SPRAY, NON-AEROSOL (lidocaine HCl/palm oil)                                      | Tier 2    |                                  |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>                                              | Tier 1    |                                  |
| <i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>                                                | Tier 1    |                                  |
| LMR PLUS TOPICAL KIT 5-6 % (lidocaine/menthol)                                                   | Tier 2    |                                  |
| MENTHO-CAINE TOPICAL KIT, OINTMENT AND SPRAY 5-8 % (lidocaine/menthol)                           | Tier 2    |                                  |
| NOBELA TOPICAL OINTMENT 10-10-20 % (lidocaine/tetracaine/benzocaine)                             | Tier 2    |                                  |
| PAINGO KFT TOPICAL CREAM 2.5-2.5-30-10 % (lidocaine/prilocaine/methyl salicylate/menthol)        | Tier 2    |                                  |
| SOLUPAK TOPICAL KIT, OINTMENT AND SPRAY 5-10-3 % (lidocaine/methyl salicylate/menthol)           | Tier 2    |                                  |
| SYNTHERMA PLUS TOPICAL KIT 5-6 % (lidocaine/menthol)                                             | Tier 2    |                                  |
| WPR PLUS TOPICAL KIT, CREAM AND GEL 4-30-10 % (lidocaine HCl/methyl salicylate/menthol)          | Tier 2    |                                  |
| <b>Dermatological - Local Anesthetic Gas Combinations - Drugs For The Skin</b>                   |           |                                  |
| ACCUCAINE KIT KIT 10 MG/ML (1 %) (lidocaine HCl/PF/norflurane/pentafluoropropane (HFC 245fa))    | Tier 2    |                                  |
| CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL, SPRAY (norflurane/pentafluoropropane (HFC 245fa)) | Tier 2    |                                  |
| CRYODOSE TA MIST SPRAY TOPICAL AEROSOL, SPRAY (norflurane/pentafluoropropane (HFC 245fa))        | Tier 2    |                                  |
| HURRI-FREEZE TOPICAL AEROSOL, SPRAY (vapocoolant device)                                         | Tier 2    |                                  |
| PAIN EASE MEDIUM STREAM SPRAY TOPICAL AEROSOL, SPRAY (norflurane/pentafluoropropane (HFC 245fa)) | Tier 2    |                                  |

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|-------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| PAIN EASE MIST SPRAY TOPICAL AEROSOL, SPRAY (norflurane/pentafluoropropane (HFC 245fa))                           | Tier 2    |                                  |
| SPRAY AND STRETCH TOPICAL AEROSOL, SPRAY (norflurane/pentafluoropropane (HFC 245fa))                              | Tier 2    |                                  |
| <b>Dermatological - Local Anesthetic Gas Single Agents - Drugs For The Skin</b>                                   |           |                                  |
| <i>ethyl chloride topical aerosol, spray 100 %</i>                                                                | Tier 1    |                                  |
| <b>Dermatological - Mammalian Target Of Rapamycin (Mtor) Inhibitors - Drugs For The Skin</b>                      |           |                                  |
| HYFTOR TOPICAL GEL 0.2 % (sirolimus)                                                                              | Tier 3    | PA                               |
| <b>Dermatological - Miscellaneous Combinations - Drugs For The Skin</b>                                           |           |                                  |
| KEFUNOVA TOPICAL CREAM 5-0.005 % (fluorouracil/calcipotriene)                                                     | Tier 2    |                                  |
| <b>Dermatological - Miscellaneous Single Agents - Drugs For The Skin</b>                                          |           |                                  |
| MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 % (baclofen)                                            | Tier 2    |                                  |
| NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (gabapentin)                                               | Tier 2    |                                  |
| <b>Dermatological - Nsaid And Local Anesthetic Combination - Drugs For The Skin</b>                               |           |                                  |
| DICLOVIX TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-2.5-4-2 % (diclofenac sodium/lidocaine/methyl salicylate/camphor) | Tier 2    |                                  |
| <b>Dermatological - Nsaid Combinations - Drugs For The Skin</b>                                                   |           |                                  |
| CAPSFENAC PAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 % (diclofenac sodium/capsaicin)                           | Tier 2    |                                  |

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|--------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| CAPSINAC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)                  | Tier 2    |                                  |
| DERMACINRX LEXITRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)       | Tier 2    |                                  |
| DICLOFEX DC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)               | Tier 2    |                                  |
| DICLOGEN TOPICAL KIT 1.5-10-4 % (diclofenac sodium/menthol/camphor)                                                | Tier 2    |                                  |
| DICLOPR TOPICAL COMBO PACK,CREAM AND GEL 1-30-10 % (diclofenac sodium/methyl salicylate/menthol)                   | Tier 2    |                                  |
| DICLOSAICIN TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)               | Tier 2    |                                  |
| DICLOTAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)                  | Tier 2    |                                  |
| DICLOTREX TOPICAL KIT 1.5-10-4 % (diclofenac sodium/menthol/camphor)                                               | Tier 2    |                                  |
| DIMENTHO TOPICAL KIT 1.5-10 % (diclofenac sodium/menthol/kinesiology tape)                                         | Tier 2    |                                  |
| DITHOL TOPICAL COMBO PACK 1.5-10 % (diclofenac sodium/menthol)                                                     | Tier 2    |                                  |
| FENOVAR TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 % (diclofenac sodium/methyl salicylate/menthol)                  | Tier 2    |                                  |
| ICLOFENAC CP TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)              | Tier 2    |                                  |
| INFLAMMA-K TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-10-6-3.1 % (diclofenac sodium/methyl salicylate/menthol/camphor) | Tier 2    |                                  |

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|-----------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| KERAXA TOPICAL GEL 3-2-4 % (diclofenac sodium/hyaluronate sodium/niacinamide)                                         | Tier 2    |                                  |
| ORTHAPHEN TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 % (diclofenac sodium/methyl salicylate/menthol)                   | Tier 2    |                                  |
| ROAOXIA TOPICAL GEL 3-2-4 % (diclofenac sodium/hyaluronate sodium/niacinamide)                                        | Tier 2    |                                  |
| SURE RESULT DSS PREMIUM PACK TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin) | Tier 2    |                                  |
| VAROPHEN (DICLOFENAC) TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 % (diclofenac sodium/methyl salicylate/menthol)       | Tier 2    |                                  |
| ZICLOCIN TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 % (diclofenac sodium/capsaicin)                                    | Tier 2    |                                  |
| ZICLOPRO TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)                     | Tier 2    |                                  |
| <b>Dermatological - Nsaid Single Agents - Drugs For The Skin</b>                                                      |           |                                  |
| <i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>                                                           | Tier 1    |                                  |
| <i>diclofenac sodium topical drops 1.5 %</i>                                                                          | Tier 1    |                                  |
| <i>diclofenac sodium topical gel 1 %</i>                                                                              | Tier 1    |                                  |
| <i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram lactuation(2 %)</i>                             | Tier 1    |                                  |
| DICLOFONO TOPICAL GEL IN PACKET 1.6 % (diclofenac sodium)                                                             | Tier 2    |                                  |
| FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 % (diclofenac epolamine)                                                        | Tier 2    |                                  |
| FROTEK TOPICAL CREAM IN PACKET 10 % (ketoprofen)                                                                      | Tier 2    |                                  |
| FROTEK TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (ketoprofen, micronized)                                           | Tier 2    |                                  |

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| Prescription Drug Name                                                                   | Drug Tier | Coverage Requirements and Limits                                                                        |
|------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------|
| LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 %<br>(leflunomide/diclofenac sodium)              | Tier 2    |                                                                                                         |
| LICART TRANSDERMAL PATCH 24 HOUR 1.3 %<br>(diclofenac epolamine)                         | Tier 2    | ST: Requires prior prescription for generic Flector patch within the past 120 days; QL (1 EA per 1 day) |
| PROFINAC TOPICAL KIT 1.5 % (diclofenac sodium/kinesiology tape)                          | Tier 2    |                                                                                                         |
| VENNGEL II TOPICAL KIT 1 % (diclofenac sodium)                                           | Tier 2    |                                                                                                         |
| VENNGEL ONE TOPICAL KIT 1 % (diclofenac sodium)                                          | Tier 1    |                                                                                                         |
| XRYLIX (DICLOFENAC-KINES TAPE) TOPICAL KIT 1.5 %<br>(diclofenac sodium/kinesiology tape) | Tier 2    |                                                                                                         |
| <b>Dermatological - Photodynamic Therapy Agents Topical - Drugs For The Skin</b>         |           |                                                                                                         |
| AMELUZ TOPICAL GEL 10 % (aminolevulinic acid HCl)                                        | Tier 2    |                                                                                                         |
| LEVULAN TOPICAL SOLUTION 20 % (aminolevulinic acid HCl)                                  | Tier 2    |                                                                                                         |
| <b>Dermatological - Protectant Combinations - Drugs For The Skin</b>                     |           |                                                                                                         |
| JUVAZIN TOPICAL GEL (dimethicone/dimethicone crosspolymer/trimethylsiloxysilicate)       | Tier 2    |                                                                                                         |
| NEW SKIN BOTANICALS TOPICAL FILM FORMING LIQUID W/APPL (protectives combination no.7)    | Tier 2    |                                                                                                         |
| NEW SKIN KIDS TOPICAL FILM FORMING LIQUID W/APPL (protectives combination no.9)          | Tier 2    |                                                                                                         |
| NEW SKIN SENSITIVE TOPICAL FILM FORMING LIQUID W/APPL (protectives combination no.8)     | Tier 2    |                                                                                                         |
| PR CREAM TOPICAL CREAM (protectives combination no.2/ceramides 1,3,6-II)                 | Tier 1    |                                                                                                         |
| PROSILK GEL TOPICAL GEL (protectives combination no.6)                                   | Tier 2    |                                                                                                         |

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|----------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| RADIAPLEXRX TOPICAL GEL (hyaluronate sodium/allantoin/aloe vera extract)                           | Tier 2    |                                  |
| RECEDO TOPICAL GEL (polydimethylsiloxanes/silicon dioxide)                                         | Tier 2    |                                  |
| SCARSILK GEL TOPICAL GEL (protectives combination no.6)                                            | Tier 2    |                                  |
| SCARTRATE TOPICAL CREAM 5-2.25 % (dimethicone/allantoin)                                           | Tier 2    |                                  |
| WOUNDGELHA MATRIX TOPICAL GEL 2.5 % (hyaluronate sodium/hydroxyethylcellulose/polyethylene glycol) | Tier 2    |                                  |
| <b>Dermatological - Protectants - Drugs For The Skin</b>                                           |           |                                  |
| <i>benzoin (bulk) topical tincture</i>                                                             | Tier 2    |                                  |
| DERMELLE TOPICAL GEL (dimethicone)                                                                 | Tier 2    |                                  |
| DERPIXA TOPICAL GEL (dimethicone)                                                                  | Tier 2    |                                  |
| PHARMABASE BARRIER TOPICAL OINTMENT 9.38 % (zinc oxide)                                            | Tier 1    |                                  |
| SAFRYCYN TOPICAL CREAM 0.2 % (hyaluronate sodium)                                                  | Tier 2    |                                  |
| SCARCARE TOPICAL KIT 2 X 5.5 " (gel-matrix pad,silicone-dimethicone-dime-decameoct-oct-vit E)      | Tier 2    |                                  |
| STRATAMARK TOPICAL GEL (dimethicone)                                                               | Tier 2    |                                  |
| STRATATRIZ TOPICAL GEL (dimethicone)                                                               | Tier 2    |                                  |
| VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (petrolatum,white)                             | Tier 1    |                                  |
| <i>zinc oxide topical ointment 20 %</i>                                                            | Tier 1    |                                  |
| <i>zinc oxide topical paste 25 %</i>                                                               | Tier 1    |                                  |

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| Prescription Drug Name                                                                            | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic - Drugs For The Skin</b> |           |                                                                                                                                                                                                                        |
| <i>tazarotene topical cream 0.1 %</i>                                                             | Tier 1    |                                                                                                                                                                                                                        |
| <b>Dermatological - Rosacea Therapy, Systemic - Drugs For The Skin</b>                            |           |                                                                                                                                                                                                                        |
| <i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>                          | Tier 1    |                                                                                                                                                                                                                        |
| EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG (minocycline HCl)                                | Tier 2    |                                                                                                                                                                                                                        |
| ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG (doxycycline monohydrate)                        | Tier 2    |                                                                                                                                                                                                                        |
| <b>Dermatological - Rosacea Therapy, Topical - Drugs For The Skin</b>                             |           |                                                                                                                                                                                                                        |
| AVEIDA TOPICAL GEL 1-1 % (ivermectin/metronidazole)                                               | Tier 2    |                                                                                                                                                                                                                        |
| AVEIDAOXIA TOPICAL GEL 1-1-4 % (ivermectin/metronidazole/niacinamide)                             | Tier 2    |                                                                                                                                                                                                                        |
| <i>azelaic acid topical gel 15 %</i>                                                              | Tier 1    |                                                                                                                                                                                                                        |
| AZELEX TOPICAL CREAM 20 % (azelaic acid)                                                          | Tier 2    | ST: Requires prior prescription for one generic topicals: sulfacetamide+/- sulfur,clindamycin+/- benzoyl peroxide,erythromycin+/- benzoyl peroxide,adapalene+/- benzoyl peroxide,or tretinoin within the past 120 days |
| BAXONIL TOPICAL OINTMENT 1-2 % (metronidazole/mupirocin)                                          | Tier 2    |                                                                                                                                                                                                                        |
| <i>brimonidine topical gel with pump 0.33 %</i>                                                   | Tier 1    |                                                                                                                                                                                                                        |

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| Prescription Drug Name                                                                             | Drug Tier | Coverage Requirements and Limits                                                                                                       |
|----------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------|
| CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sodium/sulfur/urea)                       | Tier 1    |                                                                                                                                        |
| DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 % (brimonidine tartrate/ivermectin/metronidazole/niacinamide) | Tier 2    |                                                                                                                                        |
| DAZOMON TOPICAL GEL 0.25 % (brimonidine tartrate)                                                  | Tier 2    |                                                                                                                                        |
| EPSOLAY TOPICAL CREAM 5 % (benzoyl peroxide)                                                       | Tier 2    | ST: Requires prior prescription for generic topical Metronidazole within the past 120 days; QL (30 GM per 30 days); Age (Min 18 Years) |
| FINACEA TOPICAL FOAM 15 % (azelaic acid)                                                           | Tier 2    |                                                                                                                                        |
| IDARAN TOPICAL OINTMENT 1-2 % (metronidazole/mupirocin)                                            | Tier 2    |                                                                                                                                        |
| <i>ivermectin topical cream 1 %</i>                                                                | Tier 1    | ST: Requires prior prescription for Finacea gel or foam within the past 120 days                                                       |
| METROCREAM TOPICAL CREAM 0.75 % (metronidazole)                                                    | Tier 2    |                                                                                                                                        |
| METROGEL TOPICAL GEL 1 % (metronidazole)                                                           | Tier 2    |                                                                                                                                        |
| METROLOTION TOPICAL LOTION 0.75 % (metronidazole)                                                  | Tier 2    |                                                                                                                                        |
| <i>metronidazole topical cream 0.75 %</i>                                                          | Tier 1    |                                                                                                                                        |
| <i>metronidazole topical gel 0.75 %, 1 %</i>                                                       | Tier 1    |                                                                                                                                        |
| <i>metronidazole topical gel with pump 1 %</i>                                                     | Tier 1    |                                                                                                                                        |
| <i>metronidazole topical lotion 0.75 %</i>                                                         | Tier 1    |                                                                                                                                        |
| MIRVASO TOPICAL GEL WITH PUMP 0.33 % (brimonidine tartrate)                                        | Tier 2    |                                                                                                                                        |
| NORITATE TOPICAL CREAM 1 % (metronidazole)                                                         | Tier 2    | ST: Requires prior prescription for Metronidazole 0.75% gel, lotion, or cream within the past 120 days                                 |

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| Prescription Drug Name                                                                                                             | Drug Tier | Coverage Requirements and Limits                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------|
| REMYDA TOPICAL GEL 0.25 % (brimonidine tartrate)                                                                                   | Tier 2    |                                                                                                                    |
| RESTIMO TOPICAL GEL 1-1 % (ivermectin/metronidazole)                                                                               | Tier 2    |                                                                                                                    |
| RHOFADE TOPICAL CREAM 1 % (oxymetazoline HCl)                                                                                      | Tier 2    |                                                                                                                    |
| metronidazole (Rosadan Topical Cream 0.75 %)                                                                                       | Tier 1    |                                                                                                                    |
| metronidazole (Rosadan Topical Gel 0.75 %)                                                                                         | Tier 2    |                                                                                                                    |
| ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 % (metronidazole/skin cleanser combination no.23)                                       | Tier 2    |                                                                                                                    |
| ROSADAN TOPICAL KIT, CLEANSER AND CREAM 0.75 % (metronidazole/skin cleanser combination no.23)                                     | Tier 2    |                                                                                                                    |
| ROSITARA TOPICAL GEL 1-1-4 % (ivermectin/metronidazole/niacinamide)                                                                | Tier 2    |                                                                                                                    |
| ROVIS TOPICAL GEL 0.25-1-1-4 % (brimonidine tartrate/ivermectin/metronidazole/niacinamide)                                         | Tier 2    |                                                                                                                    |
| SOOLANTRA TOPICAL CREAM 1 % (ivermectin)                                                                                           | Tier 2    | ST: Requires prior prescription for Finacea gel or foam within the past 120 days                                   |
| <i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>                                                                    | Tier 1    | QL (1419 ML per 1 FILL)                                                                                            |
| SUMADAN XLT TOPICAL COMBO PACK, CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (sulfacetamide sodium/sulfur/avobenzone/octinoxate/octyl sal) | Tier 2    |                                                                                                                    |
| ZILXI TOPICAL FOAM 1.5 % (minocycline HCl)                                                                                         | Tier 2    | ST: Requires prior prescription for generic topical Metronidazole within the past 120 days; QL (30 GM per 30 days) |
| <b>Dermatological - Soap And/Or Cleanser Combinations - Drugs For The Skin</b>                                                     |           |                                                                                                                    |
| CETAPHIL GENTLE SKIN CLEANSER TOPICAL CLEANSER (skin cleanser combination no.42)                                                   | Tier 2    |                                                                                                                    |
| GENTLE SKIN CLEANSER TOPICAL CLEANSER (skin cleanser combination no.43)                                                            | Tier 1    |                                                                                                                    |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| GENTLE SKIN CLEANSER(WITH SLS) TOPICAL CLEANSER (skin cleanser combination no.10)                                                                                     | Tier 1    |                                  |
| TECNU TOPICAL CLEANSER (skin cleanser combination no.41)                                                                                                              | Tier 2    |                                  |
| <b>Dermatological - Sunscreens - Drugs For The Skin</b>                                                                                                               |           |                                  |
| CERAVE AM TOPICAL LOTION 30 SPF (homosalate/meradimate/octinoxate/octocrylene/zinc oxide)                                                                             | Tier 2    |                                  |
| <b>Dermatological - Tissue/Wound Adhesives - Fibrin Sealants - Drugs For The Skin</b>                                                                                 |           |                                  |
| ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML) (thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride) | Tier 2    |                                  |
| TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML (thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride)                                            | Tier 2    |                                  |
| TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML (thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride)                                        | Tier 2    |                                  |
| <b>Dermatological - Topical Local Anesthetic Amides - Drugs For The Skin</b>                                                                                          |           |                                  |
| ANASTIA TOPICAL LOTION 2.75 % (lidocaine HCl)                                                                                                                         | Tier 2    |                                  |
| ASTERO TOPICAL GEL WITH PUMP 4 % (lidocaine HCl)                                                                                                                      | Tier 2    |                                  |
| lidocaine (Dermacinx Lidocan Topical Adhesive Patch,Medicated 5 %)                                                                                                    | Tier 1    | QL (90 EA per 30 days)           |
| DERMACINRX LIDOGEL TOPICAL GEL 2.8 % (lidocaine HCl)                                                                                                                  | Tier 2    |                                  |
| DERMACINRX LIDOREX TOPICAL GEL 2.8 % (lidocaine HCl)                                                                                                                  | Tier 2    |                                  |

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|---------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| DERMALID TOPICAL COMBO PACK 5 % (lidocaine/elastic bandage)                                                   | Tier 1    |                                  |
| lidocaine HCl (Glydo Mucous Membrane Jelly In Applicator 2 %)                                                 | Tier 1    |                                  |
| L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 % (lidocaine HCl/racepinephrine HCl/tetracaine HCl)        | Tier 1    |                                  |
| L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (lidocaine HCl/racepinephrine HCl/tetracaine HCl)   | Tier 1    |                                  |
| L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 % (lidocaine HCl/epinephrine bitartrate/tetracaine HCl) | Tier 1    |                                  |
| L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 % (lidocaine HCl/epinephrine bitartrate/tetracaine HCl) | Tier 2    |                                  |
| LDO PLUS TOPICAL GEL WITH PUMP 4 % (lidocaine HCl)                                                            | Tier 2    |                                  |
| <i>lidocaine hcl mucous membrane jelly 2 %</i>                                                                | Tier 1    |                                  |
| <i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>                                                  | Tier 1    |                                  |
| <i>lidocaine hcl topical cream 3 %</i>                                                                        | Tier 1    |                                  |
| <i>lidocaine topical adhesive patch,medicated 5 %</i>                                                         | Tier 1    | QL (90 EA per 30 days)           |
| <i>lidocaine topical ointment 5 %</i>                                                                         | Tier 1    | QL (240 GM per 30 days)          |
| <i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i>                                           | Tier 1    |                                  |
| <i>lidocaine-tetracaine topical cream 7-7 %</i>                                                               | Tier 1    |                                  |
| lidocaine (Lidocan Iii Topical Adhesive Patch,Medicated 5 %)                                                  | Tier 1    | QL (90 EA per 30 days)           |
| lidocaine (Lidocan Iv Topical Adhesive Patch,Medicated 5 %)                                                   | Tier 1    | QL (90 EA per 30 days)           |
| lidocaine (Lidocan V Topical Adhesive Patch,Medicated 5 %)                                                    | Tier 1    | QL (90 EA per 30 days)           |
| LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)                                                     | Tier 2    | QL (90 EA per 30 days)           |
| LIDOPIN TOPICAL CREAM 3 %, 3.25 % (lidocaine HCl)                                                             | Tier 2    |                                  |

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|-------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------|
| LIDOPURE PATCH TOPICAL COMBO PACK 5 % (lidocaine/kinesiology tape)            | Tier 1    |                                                                                                        |
| LIDORX TOPICAL GEL WITH PUMP 3 % (lidocaine HCl)                              | Tier 2    |                                                                                                        |
| LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (lidocaine)          | Tier 2    |                                                                                                        |
| LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 % (lidocaine)             | Tier 2    |                                                                                                        |
| MOXICAINE TOPICAL KIT 5 % (lidocaine)                                         | Tier 1    |                                                                                                        |
| NOLIRA TOPICAL CREAM 23-7 % (lidocaine/tetracaine)                            | Tier 2    |                                                                                                        |
| NUMBONEX TOPICAL LOTION 2.75 % (lidocaine HCl)                                | Tier 2    |                                                                                                        |
| NYNUTEY TOPICAL CREAM 23-7 % (lidocaine/tetracaine)                           | Tier 2    |                                                                                                        |
| PROXIVOL TOPICAL GEL 2 % (lidocaine HCl/collagen)                             | Tier 2    |                                                                                                        |
| REGENECARE TOPICAL GEL 2 % (lidocaine HCl/collagen)                           | Tier 2    |                                                                                                        |
| REGENECARE WITH ALOE TOPICAL GEL 2 % (vitamin E/lidocaine/aloe vera/collagen) | Tier 2    |                                                                                                        |
| TRANZAREL TOPICAL GEL 4 % (lidocaine)                                         | Tier 2    |                                                                                                        |
| XYLIDERM TOPICAL KIT 5 % (lidocaine/kinesiology tape)                         | Tier 2    |                                                                                                        |
| ZILACAINE PATCH TOPICAL COMBO PACK 5 % (lidocaine/silicone, adhesive)         | Tier 2    |                                                                                                        |
| ZILOVAL TOPICAL KIT 5 % (lidocaine)                                           | Tier 1    |                                                                                                        |
| ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 % (lidocaine)                     | Tier 2    | ST: Requires prior prescription for Lidoderm 5% patch within the past 120 days; QL (90 EA per 30 days) |
| <b>Dermatological - Topical Local Anesthetic Esters - Drugs For The Skin</b>  |           |                                                                                                        |
| ANACAINE TOPICAL OINTMENT 10 % (benzocaine)                                   | Tier 2    |                                                                                                        |

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|------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------|
| <b>Dermatological - Topical Local Anesthetic Others - Drugs For The Skin</b>                         |           |                                                                                       |
| DYCLOPRO TOPICAL SOLUTION 0.5 % (dyclonine HCl)                                                      | Tier 1    |                                                                                       |
| PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 % (ketamine HCl)                                | Tier 2    |                                                                                       |
| <b>Dermatological - Topical Local Anesthetics And Combinations - Drugs For The Skin</b>              |           |                                                                                       |
| DERMACINRX PHN PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5 % (lidocaine/emollient combination no.102) | Tier 2    |                                                                                       |
| DERMACINRX ZRM PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5-5 % (lidocaine/dimethicone)                | Tier 2    |                                                                                       |
| PRILO PATCH TOPICAL KIT, PATCH, MEDICATED, CREAM 5-2.5-2.5 % (lidocaine/prilocaine)                  | Tier 2    |                                                                                       |
| <b>Dermatological Antipruritics - Antihistamines - Drugs For The Skin</b>                            |           |                                                                                       |
| <i>doxepin topical cream 5 %</i>                                                                     | Tier 1    | ST: Requires prior prescription for a topical corticosteroid within the past 120 days |
| <b>Dermatological Antipruritics Other - Drugs For The Skin</b>                                       |           |                                                                                       |
| LEVICYN ANTIPRURITIC TOPICAL GEL (sod Mg fluo/sodium phos/NaCl/hypochlorous acid/sod hypochlor)      | Tier 2    |                                                                                       |
| <b>Dermatological Irritants-Counter-Irritant Combinations - Drugs For The Skin</b>                   |           |                                                                                       |
| CHEST RUB (WITH PINE OIL) TOPICAL OINTMENT (eucalyptus oil/lavender oil/pine needle oil/beeswax)     | Tier 2    |                                                                                       |

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|----------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Dermatological Irritants-Counter-Irritant Single Agents - Drugs For The Skin</b>                                  |           |                                  |
| <i>methyl salicylate oil</i>                                                                                         | Tier 1    |                                  |
| <i>methyl salicylate topical liquid</i>                                                                              | Tier 1    |                                  |
| QUTENZA TOPICAL KIT 8 % (capsaicin/skin cleanser)                                                                    | Tier 2    | PA                               |
| WINTERGREEN OIL OIL (methyl salicylate)                                                                              | Tier 1    |                                  |
| <b>Human Cellular Regenerative Tissue Matrix - Drugs For The Skin</b>                                                |           |                                  |
| EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM (human regenerative tissue matrix)        | Tier 2    |                                  |
| GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (human regenerative tissue matrix)  | Tier 2    |                                  |
| GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (human regenerative tissue matrix) | Tier 2    |                                  |
| GRAFIX XC TOPICAL SHEET 7.5 X 15 CM (human regenerative tissue matrix)                                               | Tier 2    |                                  |
| STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM (human regenerative tissue matrix)                                          | Tier 2    |                                  |
| TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM (human regenerative tissue matrix)                                          | Tier 2    |                                  |
| <b>Nail Protectives - Drugs For The Skin</b>                                                                         |           |                                  |
| GENADUR (WITH LEXINAL) KIT 2,500 MCG (biotin/carbitol/equisetum xt/ethanol/hydroxypropyl chito/msm)                  | Tier 2    |                                  |
| GENADUR TOPICAL LIQUID (carbitol/equisetum ext/ethanol/hydroxypropyl chitosan/msm)                                   | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                                                             | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Ovine (Sheep) Skin Dressings, Non-Living - Drugs For The Skin</b>                                                                                               |           |                                  |
| KERAMATRIX TOPICAL SHEET 2 X 2 ", 3/4 X 1 ", 4 X 4 " (tissue matrix, keratin-based, ovine derived)                                                                 | Tier 2    |                                  |
| <b>Porcine Skin Dressings, Non-Living - Drugs For The Skin</b>                                                                                                     |           |                                  |
| MIRO3D FIBERS TOPICAL POWDER 100 MG, 500 MG, 700 MG (extracellular matrix (ecm), porcine derived)                                                                  | Tier 2    |                                  |
| MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM (extracellular matrix (ecm), porcine derived)             | Tier 2    |                                  |
| MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (extracellular matrix (ECM),porcine derived, fenestrated)                          | Tier 2    |                                  |
| MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (extracellular matrix (ECM),porcine derived, fenestrated) | Tier 2    |                                  |
| MIRODRY WOUND MATRIX TOPICAL SHEET 10 X 5 CM, 2 X 2 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 5 X 7 CM (extracellular matrix (ecm), porcine derived)                       | Tier 2    |                                  |
| MIROTRACT TOPICAL SHEET 3 MM X 5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5 MM X 9 CM (extracellular matrix (ecm), porcine derived)                                           | Tier 2    |                                  |
| XCELLISTEM TOPICAL POWDER 250 MG (extracellular matrix (ecm), porcine derived)                                                                                     | Tier 2    |                                  |
| <b>Scabicide And Pediculicide Combinations - Drugs For The Skin</b>                                                                                                |           |                                  |
| NIX LICE PREVENTION TOPICAL SPRAY, NON-AEROSOL 0.06-0.35-0.6 % (rosemary oil/lemongrass/citronella oil)                                                            | Tier 1    |                                  |

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|------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Scabicide And Pediculicide Single Agents - Drugs For The Skin</b>                                                         |           |                                  |
| crotamiton (Crotan Topical Lotion 10 %)                                                                                      | Tier 2    |                                  |
| ELIMITE TOPICAL CREAM 5 % (permethrin)                                                                                       | Tier 2    |                                  |
| EURAX TOPICAL CREAM 10 % (crotamiton)                                                                                        | Tier 2    |                                  |
| EURAX TOPICAL LOTION 10 % (crotamiton)                                                                                       | Tier 2    |                                  |
| LICE-BEDBUG-MITE BEDDING AEROSOL,SPRAY 0.5 % (permethrin)                                                                    | Tier 1    |                                  |
| <i>malathion topical lotion 0.5 %</i>                                                                                        | Tier 1    |                                  |
| NATROBA TOPICAL SUSPENSION 0.9 % (spinosad)                                                                                  | Tier 2    |                                  |
| OVIDE TOPICAL LOTION 0.5 % (malathion)                                                                                       | Tier 2    |                                  |
| <i>permethrin topical cream 5 %</i>                                                                                          | Tier 1    |                                  |
| crotamiton (Pruradik Topical Lotion 10 %)                                                                                    | Tier 2    |                                  |
| <i>spinosad topical suspension 0.9 %</i>                                                                                     | Tier 1    |                                  |
| ULESFIA TOPICAL LOTION 5 % (benzyl alcohol)                                                                                  | Tier 2    |                                  |
| <b>Skin Replacement, Live Tissue Dressings - Drugs For The Skin</b>                                                          |           |                                  |
| APLIGRAF TOPICAL DISK (cultured skin substitute,human and bovine)                                                            | Tier 2    |                                  |
| OASIS ULTRA FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (porcine acellular small intestine submucosa, fenestrated)        | Tier 2    |                                  |
| OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (porcine acellular small intestine submucosa, fenestrated) | Tier 2    |                                  |
| OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM (porcine acell submucosa,meshed)                      | Tier 2    |                                  |

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|-----------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Wound Care - Cleanser Combinations - Drugs For The Skin</b>                                                                    |           |                                  |
| ATRAPRO DERMAL SPRAY TOPICAL SPRAY, NON-AEROSOL 0.003-0.004 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)      | Tier 2    |                                  |
| DELUXO TOPICAL SPRAY, NON-AEROSOL 0.018 %-0.004 % -0.06 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)          | Tier 2    |                                  |
| EPICYN TOPICAL SPRAY, NON-AEROSOL (hypochlorous acid/sodium chloride/sodium phosphate)                                            | Tier 2    |                                  |
| HYCLODEX TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)       | Tier 2    |                                  |
| HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (hypochlorous acid/sodhypochlor/sod chlor/sodmagfluor/e.water)                     | Tier 2    |                                  |
| HYPOCYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water) | Tier 2    |                                  |
| LEVICYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.009 % (hypochlorous acid/sod chlor/sod sulfate/sod phosphate, mono)                   | Tier 2    |                                  |
| MICROCYN TOPICAL SPRAY, NON-AEROSOL 0.003 %-0.004 % -0.023 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)       | Tier 2    |                                  |
| RENOVAR IRRIGATION IRRIGATION SOLUTION (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)                             | Tier 2    |                                  |
| RENOVAR TOPICAL SOLUTION (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)                                           | Tier 2    |                                  |
| <b>Wound Care - Cleansers - Drugs For The Skin</b>                                                                                |           |                                  |
| SIMPLY SALINE WOUND WASH TOPICAL AEROSOL, SPRAY 0.9 % (sodium chloride)                                                           | Tier 2    |                                  |

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|-----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %<br>(sodium chloride irrigating solution/hypochlorous acid)         | Tier 2    |                                  |
| <b>Wound Care - Dressings - Drugs For The Skin</b>                                                              |           |                                  |
| ACESO AG TOPICAL BANDAGE 4 X 4 "<br>(silver/silicone/foam bandage)                                              | Tier 2    |                                  |
| ACTICOAT 7 DRESSING TOPICAL BANDAGE 2 X 2 ", 4 X 5 ", 6 X 6 " (silver)                                          | Tier 2    |                                  |
| ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 5 X 5 ", 8 X 16 " (silver)    | Tier 2    |                                  |
| ACTICOAT FLEX 3 DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 " (silver)      | Tier 2    |                                  |
| ACTICOAT FLEX 7 DRESSING TOPICAL BANDAGE 1 X 24 ", 16 X 16 ", 2 X 2 ", 4 X 5 ", 6 X 6 ", 8 X 16 " (silver)      | Tier 2    |                                  |
| ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 7 X 7 " (foam bandage)                                                | Tier 2    |                                  |
| ALLEVYN AG ADHESIVE TOPICAL BANDAGE 5 %- 3" X 3", 5 %- 5" X 5", 5 %- 7" X 7" (silver sulfadiazine/foam bandage) | Tier 2    |                                  |
| ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 " (foam bandage)                                                    | Tier 2    |                                  |
| BIOSTEP AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 " (dressing, collagen/silver/sodium alginate/carboxymethylcellulose)  | Tier 2    |                                  |
| BIOSTEP TOPICAL BANDAGE 2 X 2 ", 4 X 4 " (dressing, collagen/sodium alginate/carboxymethylcellulose)            | Tier 2    |                                  |
| CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL (gel dressing)                                                        | Tier 2    |                                  |
| COLLATYL TOPICAL GEL 1 % (collagen, hydrolysate (bovine)/silver oxide)                                          | Tier 2    |                                  |
| CURAFIL GEL WOUND TOPICAL GEL (gel dressing)                                                                    | Tier 2    |                                  |

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| Prescription Drug Name                                                                                        | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" (polyhexamethylene biguanide/gauze bandage)      | Tier 2    |                                  |
| CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET (polyhexamethylene biguanide/gauze bandage) | Tier 2    |                                  |
| DYNAFOAM AG TOPICAL BANDAGE 4 X 4 " (silver/foam bandage)                                                     | Tier 2    |                                  |
| DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 " (silver/calcium alginate)                       | Tier 2    |                                  |
| KERAGEL TOPICAL GEL (gel dressing)                                                                            | Tier 2    |                                  |
| KERAGELT TOPICAL GEL (gel dressing)                                                                           | Tier 2    |                                  |
| KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD (polyhexamethylene biguanide/gauze bandage)                 | Tier 2    |                                  |
| KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" (polyhexamethylene biguanide/gauze bandage)                       | Tier 2    |                                  |
| L-MESITRAN SOFT TOPICAL GEL 40 % (honey)                                                                      | Tier 2    |                                  |
| MEDIHONEY (CAL ALGINATE-HONEY) TOPICAL BANDAGE 2 X 2 ", 3/4 X 12 ", 4 X 5 " (calcium alginate/honey)          | Tier 2    |                                  |
| MEDIHONEY (HONEY) TOPICAL GEL 80 % (honey)                                                                    | Tier 2    |                                  |
| MEDIHONEY (HONEY) TOPICAL PASTE 100 % (honey)                                                                 | Tier 2    |                                  |
| OCM TOPICAL OINTMENT IN PACKET (collagen, hydrolyzed/cod liver oil)                                           | Tier 2    |                                  |
| OMEZA TOPICAL OINTMENT IN PACKET (collagen, hydrolyzed/cod liver oil)                                         | Tier 2    |                                  |
| REPLICARE DRESSING TOPICAL BANDAGE 1 1/2 X 2 1/2 " (hydrocolloid dressing)                                    | Tier 2    |                                  |
| REPLICARE THIN TOPICAL BANDAGE 2 X 2 3/4 ", 3 1/2 X 5 1/2 ", 6 X 8 " (hydrocolloid dressing)                  | Tier 2    |                                  |
| REPLICARE ULTRA DRESSING TOPICAL BANDAGE 4 X 4 ", 7 X 8 " (hydrocolloid dressing)                             | Tier 2    |                                  |

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| Prescription Drug Name                                                                                           | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| RESTORE CALCIUM ALGinate TOPICAL BANDAGE 4 X 4 3/4 " (silver/calcium alginate)                                   | Tier 2    |                                  |
| RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 " (silver/calcium alginate)                                              | Tier 2    |                                  |
| SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 " (silver/silicone/foam bandage)                  | Tier 2    |                                  |
| SPECTRAGEL TOPICAL GEL (gel dressing)                                                                            | Tier 2    |                                  |
| STRATACTX TOPICAL GEL (gel dressing)                                                                             | Tier 2    |                                  |
| STRATAGRT TOPICAL GEL (gel dressing)                                                                             | Tier 2    |                                  |
| STRATAXRT TOPICAL GEL (gel dressing)                                                                             | Tier 2    |                                  |
| THERAHONEY TOPICAL BANDAGE 4 X 5 " (honey)                                                                       | Tier 2    |                                  |
| ZENPHOR TOPICAL BANDAGE 2 X 4.7 " (gel dressing)                                                                 | Tier 2    |                                  |
| ZENPHOR TOPICAL GEL (gel dressing)                                                                               | Tier 2    |                                  |
| <b>Wound Care - Growth Factor Agents - Drugs For The Skin</b>                                                    |           |                                  |
| REGRANEX TOPICAL GEL 0.01 % (becaplermin)                                                                        | Tier 2    |                                  |
| <b>Wound Care Combinations Other - Drugs For The Skin</b>                                                        |           |                                  |
| <i>balsam peru-castor oil topical ointment</i>                                                                   | Tier 1    |                                  |
| <i>balsam peru-castor oil topical ointment in packet</i>                                                         | Tier 1    |                                  |
| BPCO TOPICAL OINTMENT (balsam peru/castor oil)                                                                   | Tier 1    |                                  |
| DERMACINRX CLORHEXACIN TOPICAL KIT 2-4-5 % (mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive)        | Tier 2    |                                  |
| DERMACINRX SURGICAL PHARMAPAK TOPICAL KIT 2-4-5 % (mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive) | Tier 2    |                                  |
| DERMAWERX SURGICAL PLUS PAK TOPICAL KIT 2-4-5 % (mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive)   | Tier 2    |                                  |

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|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| DERMULCERA TOPICAL OINTMENT (balsam peru/castor oil)                                                           | Tier 2    |                                  |
| FILSUEVZ TOPICAL GEL 10 % (birch bark extract)                                                                 | Tier 3    | PA                               |
| LEVICYN ANTIPRURITIC TOPICAL GEL (sod Mg fluo/sodium phos/NaCl/hypochlorous acid/sod hypochlor)                | Tier 2    |                                  |
| VENELEX TOPICAL OINTMENT (balsam peru/castor oil)                                                              | Tier 2    |                                  |
| VENELEX TOPICAL OINTMENT IN PACKET (balsam peru/castor oil)                                                    | Tier 2    |                                  |
| WHYTEDERM SURGIPAK TOPICAL KIT 2-4-2 % (mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive)          | Tier 2    |                                  |
| <b>Drugs To Treat Erectile Dysfunction - Drugs For The Urinary System</b>                                      |           |                                  |
| <b>Erectile Dysfunction (Ed) Drugs-Sel.Cgmp Phosphodiesterase Type5 Inhib - Drugs For Erectile Dysfunction</b> |           |                                  |
| CIALIS ORAL TABLET 10 MG, 20 MG (tadalafil)                                                                    | Tier 2    | PA; SG                           |
| CIALIS ORAL TABLET 5 MG (tadalafil)                                                                            | Tier 2    | PA; SG; QL (1 EA per 1 day)      |
| <i>tadalafil oral tablet 10 mg</i>                                                                             | Tier 1    | PA; SG                           |
| <i>tadalafil oral tablet 2.5 mg, 5 mg</i>                                                                      | Tier 1    | PA; SG; QL (1 EA per 1 day)      |
| <i>tadalafil oral tablet 20 mg</i>                                                                             | Tier 1    | PA; SG; QL (2 EA per 1 day)      |

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|------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Electrolyte Balance-Nutritional Products</b>                                    |           |                                                                                                                                                                                                          |
| <b>Electrolyte Depleters - Sodium-Hydrogen Exchanger 3 (Nhe3) Inhibitors</b>       |           |                                                                                                                                                                                                          |
| XPHOZAH ORAL TABLET 20 MG, 30 MG (tenapanor HCl)                                   | Tier 2    | ST: Requires prior prescriptions for Velporo and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (2 EA per 1 day) |
| <b>Electrolyte Balance-Nutritional Products - Drugs For Nutrition</b>              |           |                                                                                                                                                                                                          |
| <b>Amino Acid - Carnitine Derivatives - Drugs For Nutrition</b>                    |           |                                                                                                                                                                                                          |
| CARNITEX ORAL CAPSULE 340 MG (levocarnitine tartrate)                              | Tier 2    |                                                                                                                                                                                                          |
| L-CARNITINE (TARTRATE) ORAL CAPSULE 500 MG (levocarnitine tartrate)                | Tier 1    |                                                                                                                                                                                                          |
| L-CARNITINE ORAL CAPSULE 500 MG (levocarnitine)                                    | Tier 1    |                                                                                                                                                                                                          |
| <i>levocarnitine oral tablet 330 mg</i>                                            | Tier 1    |                                                                                                                                                                                                          |
| <i>levocarnitine tartrate oral capsule 250 mg, 500 mg</i>                          | Tier 1    |                                                                                                                                                                                                          |
| <b>Amino Acid-Amino Acid Combinations, Oral - Drugs For Nutrition</b>              |           |                                                                                                                                                                                                          |
| XYMOBOLX ORAL POWDER (amino acids)                                                 | Tier 2    |                                                                                                                                                                                                          |
| <b>Amino Acids, Single Ingredient, Oral (Non-Injectable) - Drugs For Nutrition</b> |           |                                                                                                                                                                                                          |
| <i>arginine (l-arginine) oral capsule 500 mg</i>                                   | Tier 1    |                                                                                                                                                                                                          |
| <i>arginine hcl (l-arginine) oral capsule 500 mg</i>                               | Tier 1    |                                                                                                                                                                                                          |

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|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| CITRULLINE 1000 ORAL POWDER IN PACKET 1 GRAM/4 GRAM (citrulline)                                               | Tier 2    |                                  |
| ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine)                                                                | Tier 3    | PA                               |
| <i>glutamine (sickle cell) oral powder in packet 5 gram</i>                                                    | Tier 3    | PA                               |
| <i>glutamine oral powder 100 %</i>                                                                             | Tier 1    |                                  |
| ISOLEUCINE 1000 ORAL POWDER IN PACKET 1 GRAM/4 GRAM (isoleucine supplement in carbohydrate base)               | Tier 2    |                                  |
| ISOLEUCINE AMINO ACID SUPPLMNT ORAL POWDER IN PACKET 50 MG/4 GRAM (isoleucine supplement in carbohydrate base) | Tier 2    |                                  |
| <i>l-cystine oral packet 0.5-15 g-kcal/4 g</i>                                                                 | Tier 1    |                                  |
| <i>lysine hcl oral capsule 500 mg</i>                                                                          | Tier 1    |                                  |
| <i>lysine hcl oral tablet 500 mg</i>                                                                           | Tier 1    |                                  |
| METHIONINE ORAL POWDER IN PACKET 100 MG/4 GRAM (methionine supplement in carbohydrate base)                    | Tier 1    |                                  |
| N.O.MAX ER ORAL TABLET EXTENDED RELEASE 660 MG (arginine oxoglurate)                                           | Tier 2    |                                  |
| <i>phenylalanine oral powder in packet 50 mg</i>                                                               | Tier 1    |                                  |
| VALINE 1000 ORAL POWDER IN PACKET 1 GRAM/4 GRAM (valine supplement in carbohydrate base)                       | Tier 2    |                                  |
| VALINE AMINO ACID SUPPLEMENT ORAL PACKET 50 MG/4 GRAM (valine supplement in carbohydrate base)                 | Tier 1    |                                  |
| <b>B-Complex Vitamin Combinations - Drugs For Nutrition</b>                                                    |           |                                  |
| B ACTIV ORAL CAPSULE 680 MCG DFE (vitamin B complex/methyltetrahydrofolate glucosamine)                        | Tier 2    |                                  |
| <i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>                                                      | Tier 1    |                                  |
| B-100 COMPLEX ORAL TABLET EXTENDED RELEASE 100 MG (vitamin B complex 100 combination no.2)                     | Tier 1    |                                  |

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|----------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| B-50 COMPLEX WITH INOSITOL ORAL CAPSULE 400 MCG-25 MG- 50 MG (vitamin B complex/folic acid/choline bitartrate/inositol)          | Tier 1    |                                  |
| <i>b-complex with vitamin c oral tablet</i>                                                                                      | Tier 1    |                                  |
| BIOPETIT ORAL LIQUID 790 MG/15 ML (vitamin B complex/lysine)                                                                     | Tier 1    |                                  |
| COMPLETE LIVER CLEANSE ORAL CAPSULE 16.7 MG-66.7 MCG-110 MG (vitamin B complex/vit C/folic acid/amino acid/herbal no.351)        | Tier 2    |                                  |
| FOLIKA-BC ORAL TABLET 1 MG-60 MG- 300 MCG (vitamin B complex/folic acid/ascorbic acid/biotin)                                    | Tier 2    |                                  |
| MULTIVITAMIN-ZINC-STRESS ORAL TABLET 500 MG-400 MCG- 23.9 MG-3 MG (B comp/C/folic acid/zinc sulfate/cupric sulfate/vitamin E ac) | Tier 2    |                                  |
| NEPHRO VITAMINS ORAL TABLET 0.8 MG (folic acid/vitamin B complex and vitamin C)                                                  | Tier 1    |                                  |
| NEPHRON FA ORAL TABLET 66 MG IRON- 1,000 MCG (vit B complex and vit C no.24/ferrous fumarate/folic acid)                         | Tier 2    |                                  |
| NEPHRO-VITE ORAL TABLET 0.8 MG (folic acid/vitamin B complex and vitamin C)                                                      | Tier 1    |                                  |
| PUREVITA SUPER B-COMPLEX ORAL CAPSULE 400 MCG (vitamin B complex/folic acid)                                                     | Tier 1    |                                  |
| STRESS B WITH ZINC ORAL TABLET (multivitamin, stress formula/zinc)                                                               | Tier 1    |                                  |
| SUPER B-50 COMPLEX ORAL CAPSULE 400 MCG-20 MG- 50 MG (vitamin B complex/folic acid/choline bitartrate/inositol)                  | Tier 1    |                                  |
| TM-VITE RX ORAL TABLET 1,000 MCG (vitamin B complex and vitamin C combination no.22/folic acid)                                  | Tier 2    |                                  |
| ULTRA B-100 COMPLEX (FOODBASE) ORAL TABLET 400 MCG-100MCG- 100 MCG (vit B complex/folic acid/choline bit/inositol/alfalfa/herbs) | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                   | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>vit b comp-folic-choline-inosi oral tablet extended release 400 mcg-10 mg- 10 mg</i>                                  | Tier 1    |                                  |
| VITAMIN B COMPLEX-ELECTROLYTES ORAL TABLET 0.4 MG (vitamin B complex/folic acid)                                         | Tier 1    |                                  |
| WESCAPS ORAL CAPSULE 1 MG (vitamin B complex and vitamin C no.20/folic acid)                                             | Tier 1    |                                  |
| <b>B-Complex Vitamins - Drugs For Nutrition</b>                                                                          |           |                                  |
| B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML (thiamine HCl/riboflavin/niacinamide/dexpanthenol/pyridoxine)       | Tier 1    |                                  |
| B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML (thiamine HCl/riboflavin/niacinamide/dexpanthenol/pyridoxine) | Tier 1    |                                  |
| <i>vitamin b complex oral capsule</i>                                                                                    | Tier 1    |                                  |
| <i>vitamin b complex oral tablet</i>                                                                                     | Tier 1    |                                  |
| <i>vitamin b complex oral tablet,disintegrating</i>                                                                      | Tier 1    |                                  |
| <b>Bioflavonoid Combinations - Drugs For Nutrition</b>                                                                   |           |                                  |
| ACTIFLOVIT ORAL TABLET 200-100 MG (bioflavonoid, lemon/vitamin B comp and C)                                             | Tier 1    |                                  |
| BIO C 1:1 ORAL CAPSULE 500-500 MG (ascorbic acid/bioflavonoids)                                                          | Tier 2    |                                  |
| DIOVASC ORAL CAPSULE 500 MG (hesperidin/diosmin)                                                                         | Tier 2    |                                  |
| LIPO-FLAVONOID ORAL TABLET 500 MG (vit B complex and C/choline/inositol/bioflavonoid,lemon)                              | Tier 2    |                                  |
| <b>Dietary Product - Dietary Supplements - Drugs For Nutrition</b>                                                       |           |                                  |
| <i>inositol oral capsule 500 mg</i>                                                                                      | Tier 1    |                                  |

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|----------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Dietary Product - Infant Formulas - Drugs For Nutrition</b>                                           |           |                                  |
| PHENEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM (infant formula for PKU, iron, no.2)                      | Tier 2    |                                  |
| <b>Dietary Product - Sweeteners - Drugs For Nutrition</b>                                                |           |                                  |
| <i>saccharin powder</i>                                                                                  | Tier 2    |                                  |
| <b>Diluents - Insulin Diluting Solutions - Drugs For Nutrition</b>                                       |           |                                  |
| DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION (diluent,insulin aspart combination no.1)                 | Tier 2    |                                  |
| <b>Diluents - Sodium Chloride - Drugs For Nutrition</b>                                                  |           |                                  |
| <i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>                                           | Tier 1    |                                  |
| <i>sodium chloride 0.9 % injection solution</i>                                                          | Tier 1    |                                  |
| <i>sodium chloride injection syringe 0.9 %</i>                                                           | Tier 1    |                                  |
| <b>Electrolyte Depleters - Ion Exchange Resin - Drugs For Nutrition</b>                                  |           |                                  |
| sodium polystyrene sulfonate/sorbitol solution (Kionex (With Sorbitol) Oral Suspension 15-20 Gram/60 MI) | Tier 1    |                                  |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM (sodium zirconium cyclosilicate)                           | Tier 2    |                                  |
| <i>sodium polystyrene sulfonate oral powder 15 gram</i>                                                  | Tier 1    |                                  |
| sodium polystyrene sulfonate/sorbitol solution (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 MI)    | Tier 1    |                                  |
| SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML (sodium polystyrene sulfonate/sorbitol solution)      | Tier 2    |                                  |
| VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM (patiromer calcium sorbitex)                  | Tier 2    | PA                               |

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|----------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Geriatric Vitamins - Drugs For Nutrition</b>                                                          |           |                                  |
| ELDERTONIC ORAL LIQUID 3.6 MG-0.75 MG /15 ML (vitamin B complex/zinc sulfate/manganese sulfate)          | Tier 2    |                                  |
| <b>Irrigation Solutions - Drugs For Nutrition</b>                                                        |           |                                  |
| <i>lactated ringers irrigation solution</i>                                                              | Tier 2    |                                  |
| PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L (physiological irrigating solution no.1)                 | Tier 2    |                                  |
| PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L (physiological irrigating solution no.1)       | Tier 2    |                                  |
| <i>ringer's irrigation solution</i>                                                                      | Tier 1    |                                  |
| <i>sodium chloride irrigation solution 0.9 %</i>                                                         | Tier 1    |                                  |
| <i>sodium chloride tablet,soluble 1,000 mg</i>                                                           | Tier 1    |                                  |
| <i>water for irrigation, sterile irrigation solution</i>                                                 | Tier 1    |                                  |
| <b>Minerals And Electrolytes - Calcium Replacement - Drugs For Nutrition</b>                             |           |                                  |
| <i>calcium acetate oral tablet 667 mg</i>                                                                | Tier 1    |                                  |
| <i>calcium carb, citrate, malate oral capsule 250 mg calcium</i>                                         | Tier 1    |                                  |
| <i>calcium carbonate oral tablet 500 mg calcium (1,250 mg), 600 mg calcium (1,500 mg)</i>                | Tier 1    |                                  |
| <i>calcium citrate oral tablet 200 mg (950 mg)</i>                                                       | Tier 1    |                                  |
| OSSOPAN MD ORAL CAPSULE 200 MG CALCIUM- 1.25 MCG (calcium combination no.35/vitamin D3/magnesium malate) | Tier 2    |                                  |
| OSSOPAN-1100 ORAL CAPSULE 275 MG CALCIUM (1,100 MG) (hydroxyapatite)                                     | Tier 2    |                                  |
| OYSTER SHELL CALCIUM 500 ORAL TABLET 500 MG CALCIUM (1,250 MG) (calcium carbonate)                       | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                           | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Minerals And Electrolytes - Calcium Replacement Combinations - Drugs For Nutrition</b>                                        |           |                                  |
| BONEUP (CALCIUM ASCORBATE) ORAL CAPSULE 166.6 MG-4.15 MCG-83.3 MG (calcium/vit D3/magnesium oxide/ascorbate cal/vit K2/minerals) | Tier 2    |                                  |
| BONEUP ORAL CAPSULE 333 MG-8.3 MCG-116.7 MG (calcium/vit D3/magnesium oxide/vit C/vit K2/minerals)                               | Tier 2    |                                  |
| <i>ca-d3-mag ox-zinc-cop-mang-bor oral tablet 600 mg calcium- 20 mcg-50 mg</i>                                                   | Tier 1    |                                  |
| <i>ca-d3-mag-zinc-cop-mang-bor oral tablet 600-200-40-7.5 mg-unit-mg-mg</i>                                                      | Tier 1    |                                  |
| <i>calc carb-mag ox-d3-zinc gluc oral tablet 333 mg-133 mg-1.67 mcg-5 mg</i>                                                     | Tier 1    |                                  |
| <i>calc-d3-magnes-b6-zn-cu-mangan oral tablet 250 mg-400 unit -40 mg-5 mg</i>                                                    | Tier 1    |                                  |
| <i>calcium carb-d3-mag ox-zinc ox oral tablet 333 mg-133 unit -133 mg-5 mg</i>                                                   | Tier 1    |                                  |
| <i>calcium carb-mag ox-zinc sulf oral tablet 334-134-5 mg</i>                                                                    | Tier 1    |                                  |
| <i>calcium no.38-d3-mag-boron oral liquid 500 mg-12.5 mcg -20 mg/15 ml</i>                                                       | Tier 1    |                                  |
| <i>calcium phos-d3-magnesium-zinc oral tablet,chewable 100 mg-25 mcg- 17 mg-1.67 mg</i>                                          | Tier 1    |                                  |
| <i>calcium-d3-zinc-copper-mangan oral tablet 325 mg-12.5 mcg -2.75 mg</i>                                                        | Tier 1    |                                  |
| <i>calcium-vitamin d3-vitamin k oral tablet,chewable 650 mg-12.5 mcg-40 mcg</i>                                                  | Tier 1    |                                  |
| CALTRATE-D3 PLUS MINERALS ORAL TABLET 600 MG-20 MCG- 50 MG-1 MG (calcium carb/D3/mag oxide/cupric sulf/mang sulf/zinc oxide)     | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                                   | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| CALTRATE-D3 PLUS MINERALS ORAL TABLET,CHEWABLE 600 MG-20 MCG- 40 MG-0.25 MG (calcium carb/D3/mag oxide/cupric sulf/mang sulf/zinc oxide) | Tier 2    |                                  |
| JOINT HEALTH-BONE STRENGTH ORAL TABLET 600 MG-25 MCG- 50 MG (calcium carb/vit D3/mag oxide/copper/manganese/zinc/collag)                 | Tier 2    |                                  |
| KIDS BONES-MUSCLES ORAL TABLET,CHEWABLE 162 MG CALCIUM- 10 MCG-21 MG (calcium phosphate, tribasic/vitamin D3/mag citrate/vit K1)         | Tier 2    |                                  |
| LIQUICAL PLUS ORAL LIQUID 84 MG-24 MG- 10 MCG/5 ML (calcium citrate/magnesium citrate/vitamin D3/zinc citrate)                           | Tier 2    |                                  |
| MYLK ORAL CAPSULE 200 MG-6.25 MCG -50 MG (calcium no.43/vitamin D3/mag oxide/omega-3/dha/epa/fish oil)                                   | Tier 2    |                                  |
| OPTIMAG PLUS CALCIUM ORAL POWDER 600 MG CALCIUM- 300 MG/SCOOP (calcium malate/magnesium amino acid chelate, malate)                      | Tier 2    |                                  |
| OSAPLEX MK-7 ORAL CAPSULE 275 MG-12.5 MCG -22.5 MCG (hydroxyapatite/vitamin D3/vitamin K2/choline/silicon)                               | Tier 2    |                                  |
| OSAPLEX ORAL CAPSULE 275 MG-25 MCG /60 MG-3 MG (hydroxyapatite/vitamin D3/choline/silicon)                                               | Tier 2    |                                  |
| OSTEOPRIME PLUS CALC-MAGNESIUM ORAL TABLET 200 MG-5 MCG-75 MG-200 MCG DFE (calcium no.39/vit D3/magnesium/folate/vit K1/vit K2/minerals) | Tier 2    |                                  |
| ULTRA BONEUP ORAL TABLET 200 MG-8.3 MCG- 83.3 MG-8.3 MG (calcium/vit D3/magnesium oxide/collagen/vit C/vit K2/mineral)                   | Tier 2    |                                  |
| VEGETARIAN BONEUP ORAL TABLET 166.6 MG-4.15 MCG-83.3 MG (calcium/vit D2/magnesium oxide/ascorbate calcium/vit K2/min)                    | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                                                             | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Minerals And Electrolytes - Calcium Replacement/Vitamin D Combinations - Drugs For Nutrition</b>                                                                                                                                                                |           |                                  |
| ALIVE CALCIUM-VITAMIN D3 ORAL TABLET,CHEWABLE 260 MG CALCIUM- 25 MCG-50 MG (calcium phosphate, tribasic/vitamin D3/herbal complex no.293)                                                                                                                          | Tier 2    |                                  |
| <i>calcium carbonate-vitamin d3 oral capsule 600 mg-5 mcg (200 unit)</i>                                                                                                                                                                                           | Tier 1    |                                  |
| <i>calcium carbonate-vitamin d3 oral tablet 1,000 mg-20 mcg (800 unit)</i>                                                                                                                                                                                         | Tier 1    |                                  |
| <i>calcium carbonate-vitamin d3 oral tablet 250 mg-3.125 mcg (125 unit), 500 mg-10 mcg (400 unit), 500 mg-15 mcg (600 unit), 500 mg-3.125 mcg (125 unit), 500 mg-5 mcg (200 unit), 600 mg-10 mcg (400 unit), 600 mg-20 mcg (800 unit), 600 mg-5 mcg (200 unit)</i> | Tier 1    |                                  |
| <i>calcium carbonate-vitamin d3 oral tablet,chewable 500 mg-10 mcg (400 unit)</i>                                                                                                                                                                                  | Tier 1    |                                  |
| <i>calcium carbonate-vitamin d3 oral tablet,chewable 500 mg-2.5 mcg (100 unit)</i>                                                                                                                                                                                 | Tier 2    |                                  |
| <i>calcium citrate-vitamin d3 oral tablet 200 mg-6.25 mcg (250 unit), 315 mg-5 mcg (200 unit), 315 mg-6.25 mcg (250 unit)</i>                                                                                                                                      | Tier 1    |                                  |
| <i>calcium phosphate-vitamin d3 oral tablet,chewable 250 mg-10 mcg (400 unit)</i>                                                                                                                                                                                  | Tier 1    |                                  |
| CALTRATE 600 PLUS D ORAL TABLET,CHEWABLE 600 MG-20 MCG (800 UNIT) (calcium carbonate/cholecalciferol (vitamin D3))                                                                                                                                                 | Tier 2    |                                  |
| CALTRATE GUMMY BITES ORAL TABLET,CHEWABLE 250 MG-10 MCG (400 UNIT) (calcium phosphate, tribasic/cholecalciferol (vitamin D3))                                                                                                                                      | Tier 2    |                                  |
| OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 500 MG-5 MCG (200 UNIT) (calcium carbonate/cholecalciferol (vitamin D3))                                                                                                                                                   | Tier 1    |                                  |

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|---------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| YOGURT PLUS CALCIUM GUMMIES ORAL TABLET,CHEWABLE 250 MG-2.5 MCG (100 UNIT) (calcium phosphate, tribasic/cholecalciferol (vitamin D3)) | Tier 1    |                                                                                                                                                                                                            |
| <b>Minerals And Electrolytes - Iodine - Drugs For Nutrition</b>                                                                       |           |                                                                                                                                                                                                            |
| LUGOLS ORAL SOLUTION 5 % (potassium iodide/iodine)                                                                                    | Tier 2    |                                                                                                                                                                                                            |
| <i>potassium iodide oral solution 1 gram/ml</i>                                                                                       | Tier 1    |                                                                                                                                                                                                            |
| SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)                                                                                       | Tier 1    |                                                                                                                                                                                                            |
| STRONG IODINE ORAL SOLUTION 5 % (potassium iodide/iodine)                                                                             | Tier 1    |                                                                                                                                                                                                            |
| XYMODINE ORAL CAPSULE 7,500-5,000 MCG (potassium iodide/iodine)                                                                       | Tier 2    |                                                                                                                                                                                                            |
| <b>Minerals And Electrolytes - Iron - Drugs For Nutrition</b>                                                                         |           |                                                                                                                                                                                                            |
| ACCRUFER ORAL CAPSULE 30 MG (ferric maltol)                                                                                           | Tier 2    |                                                                                                                                                                                                            |
| AURYXIA ORAL TABLET 210 MG IRON (ferric citrate)                                                                                      | Tier 2    | ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (12 EA per 1 day) |
| FERGON ORAL TABLET 225 MG (27 MG IRON) (ferrous gluconate)                                                                            | Tier 1    |                                                                                                                                                                                                            |
| FERRETTS IPS ORAL CAPSULE 18 MG (iron succinyl-protein complex)                                                                       | Tier 1    |                                                                                                                                                                                                            |

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|---------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>ferric citrate oral tablet 210 mg iron</i>                                   | Tier 1    | ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (12 EA per 1 day) |
| <i>ferric glycinate oral liquid 18 mg iron/15 ml</i>                            | Tier 1    |                                                                                                                                                                                                            |
| <i>ferrous fumarate oral tablet 324 mg (106 mg iron)</i>                        | Tier 1    |                                                                                                                                                                                                            |
| <i>ferrous gluconate oral tablet 324 mg (37.5 mg iron), 324 mg (38 mg iron)</i> | Tier 1    |                                                                                                                                                                                                            |
| <i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>                         | Tier 1    |                                                                                                                                                                                                            |
| <i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i>                     | Tier 1    |                                                                                                                                                                                                            |
| <i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>                     | Tier 1    |                                                                                                                                                                                                            |
| <i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i>                   | Tier 1    |                                                                                                                                                                                                            |
| <i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i>                          | Tier 1    |                                                                                                                                                                                                            |
| <i>ferrous sulfate oral tablet extended release 142 mg (45 mg iron)</i>         | Tier 1    |                                                                                                                                                                                                            |
| <i>ferrous sulfate oral tablet, delayed release (dr/ec) 324 mg (65 mg iron)</i> | Tier 1    |                                                                                                                                                                                                            |
| <i>ferrous sulfate oral tablet, delayed release (dr/ec) 325 mg (65 mg iron)</i> | Tier 1    |                                                                                                                                                                                                            |
| FE-VITE ORAL DROPS 15 MG IRON (75 MG)/ML (ferrous sulfate)                      | Tier 1    |                                                                                                                                                                                                            |
| HEMATEX ORAL LIQUID 100 MG IRON/5 ML (iron polysaccharide complex)              | Tier 2    |                                                                                                                                                                                                            |
| IRON (FERROUS SULFATE) ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)        | Tier 1    |                                                                                                                                                                                                            |
| <i>iron bisglycinate chelate oral capsule 28 mg iron</i>                        | Tier 2    |                                                                                                                                                                                                            |
| <i>iron bisglycinate chelate oral capsule 29 mg iron</i>                        | Tier 1    |                                                                                                                                                                                                            |

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|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| NEONATAL FE ORAL TABLET 90 MG-120 MG-12 MCG-1,000 MCG (iron,carbonyl/ascorbic acid/cyanocobalamin/folic acid)                                        | Tier 2    |                                  |
| NU-IRON ORAL CAPSULE 150 MG IRON (iron polysaccharide complex)                                                                                       | Tier 1    |                                  |
| <i>polysaccharide iron complex oral capsule 150 mg iron</i>                                                                                          | Tier 1    |                                  |
| SLOW FE ORAL TABLET EXTENDED RELEASE 137 MG (45 MG IRON) (ferrous sulfate)                                                                           | Tier 2    |                                  |
| SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 142 MG (45 MG IRON), 143 MG (45 MG IRON) (ferrous sulfate)                                            | Tier 1    |                                  |
| TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON (ferric pyrophosphate citrate)                                                                    | Tier 2    |                                  |
| TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML (ferric pyrophosphate citrate)                                                                      | Tier 2    |                                  |
| <b>Minerals And Electrolytes - Iron Combinations - Drugs For Nutrition</b>                                                                           |           |                                  |
| BENTIVITE BX ORAL TABLET 35 MG IRON- 1 MG (ferrous sulfate/folic acid)                                                                               | Tier 2    |                                  |
| CITRANATAL BLOOM ORAL TABLET 90-1-12-50 MG-MG-MCG-MG (iron carbonyl,gluc/folic acid/vit B12/vit C/docusate sodium)                                   | Tier 2    |                                  |
| FERIVA 21-7 ORAL TABLET 75 MG IRON-175 MG-1,667 MCGDFE, 75 MG IRON-175 MG-12 MCG-1 MG (iron asp gly/ascorbic acid/vit B12/folate no.1/zinc/succinic) | Tier 2    |                                  |
| FERIVA FA (WITH SUMALATE) ORAL CAPSULE 110 MG-175 MG- 1 MG-12 MCG (iron bisgly,aspart,fumarate/vit C/folate/B12/biotin/cupric)                       | Tier 2    |                                  |
| GENTLE IRON ORAL CAPSULE 28 MG IRON-60MG -400 MCG-8 MCG (iron bis-glycinate chelate/ascorbic acid/folic acid/vit B12)                                | Tier 2    |                                  |

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|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| HEMATOGEN FORTE ORAL CAPSULE 460-60-0.01-1 MG (ferrous fumarate/ascorbic acid/cyanocobalamin/folic acid)                                        | Tier 1    |                                  |
| HEMATOGEN ORAL CAPSULE 66 MG IRON- 250 MG-10 MCG (ferrous fumarate/ascorbic acid/cyanocobalamin)                                                | Tier 2    |                                  |
| HEMATRON-AF ORAL TABLET 150 MG-1,020 MCG DFE-500 MG, 150 MG-1,700 MCG DFE-500 MG (iron,carbonyl/levomefolate calcium/vit C/vit E/B12/B7/copper) | Tier 2    |                                  |
| HEMAX ORAL TABLET 150 MG-1,020 MCG DFE-500 MG (iron,carbonyl/levomefolate calcium/vit C/vit E/B12/B7/copper)                                    | Tier 2    |                                  |
| IRON FOLATE PLUS ORAL CAPSULE 125 MG IRON- 1 MG (iron fumarate,polysac cplex/folic acid/vit B comp and C no.9)                                  | Tier 1    |                                  |
| <i>iron,carbonyl-vitamin c oral tablet 100-250 mg</i>                                                                                           | Tier 1    |                                  |
| <i>iron,carbonyl-vitamin c oral tablet 65 mg iron- 125 mg</i>                                                                                   | Tier 1    |                                  |
| MAXFE (FOLATE) ORAL TABLET 160 MG-1,700 MCG DFE-60 MCG (iron carb,glycinate/folate/B12/mag ascorbate/biotin/zinc)                               | Tier 2    |                                  |
| NIFEREX (FERROUS ASPARTO GLYC) ORAL TABLET 75 MG IRON-175 MG-1,700 MCGDFE (iron asparto gly/vit C/vit B12/folate no.6/zinc/succinic)            | Tier 2    |                                  |
| NOVAFERRUM YAY IRON ORAL TABLET,CHEWABLE 18 MG IRON- 30 MG (iron polysaccharide complex/ascorbic acid)                                          | Tier 2    |                                  |
| PROTECT IRON LIQUID ORAL LIQUID 100 MG IRON-250 MG/5 ML (iron polysaccharide complex/ascorbic acid/vitamin B complex)                           | Tier 2    |                                  |
| TULIVITE ORAL TABLET 35 MG IRON- 1 MG (ferrous sulfate/folic acid)                                                                              | Tier 2    |                                  |
| VITABEX IRON ORAL CAPSULE 65 MG IRON- 50 MG-1 MG DFE (iron bisglycinate/C/methylfolate/B12/L. acidoph,plant/inulin)                             | Tier 2    |                                  |

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| Prescription Drug Name                                                                             | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| VITRON-C ORAL TABLET,DELAYED RELEASE (DR/EC) 65 MG IRON- 125 MG (iron,carbonyl/ascorbic acid)      | Tier 2    |                                  |
| <b>Minerals And Electrolytes - Magnesium - Drugs For Nutrition</b>                                 |           |                                  |
| LC-655 ORAL CAPSULE 118 MG MAGNESIUM (magnesium glycinate)                                         | Tier 2    |                                  |
| <i>magnesium chloride oral tablet 64 mg magnesium</i>                                              | Tier 1    |                                  |
| <i>magnesium citrate oral capsule 100 mg</i>                                                       | Tier 1    |                                  |
| <i>magnesium citrate oral capsule 125 mg</i>                                                       | Tier 2    |                                  |
| <i>magnesium citrate oral tablet,chewable 83.3 mg</i>                                              | Tier 1    |                                  |
| <i>magnesium citrate,mag oxide oral capsule 250 mg</i>                                             | Tier 2    |                                  |
| MAGNESIUM COMPLEX ORAL TABLET 300 MG MAGNESIUM (magnesium carb,citrate,oxide)                      | Tier 2    |                                  |
| <i>magnesium gluconate oral tablet 12.5 mg magne- sium (250 mg), 30 mg (550 mg)</i>                | Tier 2    |                                  |
| <i>magnesium glycinate oral capsule 100 mg magnesium</i>                                           | Tier 1    |                                  |
| <i>magnesium oxide oral capsule 400 mg magnesium</i>                                               | Tier 2    |                                  |
| <i>magnesium oxide oral tablet 250 mg magnesium, 300 mg magnesium</i>                              | Tier 1    |                                  |
| <i>magnesium oxide oral tablet 400 mg (241.3 mg magnesium), 420 mg, 500 mg magnesium</i>           | Tier 1    |                                  |
| <i>magnesium oxide oral tablet,chewable 200 mg magnesium</i>                                       | Tier 1    |                                  |
| OPTIMAG 125 ORAL CAPSULE 125 MG MAGNESIUM (magnesium amino acid chelate, magnesium malate)         | Tier 2    |                                  |
| OPTIMAG NEURO ORAL CAPSULE 66.7 MG (magnesium amino acid chelate, malate, threonate)               | Tier 2    |                                  |
| OPTIMAG NEURO ORAL POWDER 200 MG MAGNESIUM/SCOOP (magnesium amino acid chelate, malate, threonate) | Tier 2    |                                  |
| PUREVITA MAGNESIUM OXIDE ORAL TABLET 400 MG (241.3 MG MAGNESIUM) (magnesium oxide)                 | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                            | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| SLOWMAG MUSCLE RECOVERY ORAL TABLET,CHEWABLE 85 MG (magnesium citrate)                                                            | Tier 2    |                                  |
| <b>Minerals And Electrolytes - Magnesium Combinations - Drugs For Nutrition</b>                                                   |           |                                  |
| <i>magnesium citrate-lemon balm oral tablet,chewable 66.6-25 mg</i>                                                               | Tier 1    |                                  |
| MAGNESIUM OPTIMIZER ORAL TABLET 50-25-175-1 MG (magnesium malate/potassium citrate/taurine/pyridoxal)                             | Tier 2    |                                  |
| <b>Minerals And Electrolytes - Multiple Minerals - Drugs For Nutrition</b>                                                        |           |                                  |
| MINREX ORAL CAPSULE 25-100 MG (minerals/potassium glycinate/betaine hydrochloride)                                                | Tier 2    |                                  |
| <b>Minerals And Electrolytes - Oral Electrolytes - Drugs For Nutrition</b>                                                        |           |                                  |
| BIOLYTE ORAL LIQUID (electrolytes/dextrose/multivit/amino/ginger/milk thistle)                                                    | Tier 2    |                                  |
| BIOLYTE ORAL POWDER IN PACKET (electrolytes/dextrose/multivit/amino/ginger/milk thistle)                                          | Tier 2    |                                  |
| CERASPORT ENDURANCE ORAL POWDER IN PACKET 400 MG-160 MG/42 GRAM (sodium chloride/potassium chloride/sodium citrate/rice/whey)     | Tier 1    |                                  |
| CERASPORT EX1 ORAL POWDER 200 MG-100 MG- 20 KCAL/6 GRAM (sodium chloride/potassium chloride/sodium citrate/rice syrup)            | Tier 2    |                                  |
| CERASPORT PLUS ORAL POWDER IN PACKET 230 MG-85 MG- 120 KCAL/31GRAM (sodium chloride/potassium chloride/sodium citrate/rice syrup) | Tier 1    |                                  |
| <i>electrolytes-dextrose oral packet</i>                                                                                          | Tier 1    |                                  |
| <i>electrolytes-dextrose oral solution</i>                                                                                        | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                      | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ENSURE RAPID HYDRATION ORAL POWDER IN PACKET 30 MEQ-10 MEQ- 25 MEQ-11 GRAM (sodium/potassium/chloride/dextrose)                             | Tier 2    |                                  |
| HYDRALYTE ORAL SOLUTION (electrolytes/dextrose)                                                                                             | Tier 1    |                                  |
| HYDRALYTE PLUS ORAL POWDER EFFERVESCENT IN PACKET 1,000-300 MG (electrolytes/dextrose/ascorbic acid/elderberry fruit)                       | Tier 2    |                                  |
| HYDRATING ELECTROLYTE ORAL PACKET (electrolytes/dextrose)                                                                                   | Tier 1    |                                  |
| HYDRATING ELECTROLYTE SF ORAL POWDER IN PACKET (electrolytes,oral/multivitamin/amino acids)                                                 | Tier 1    |                                  |
| HYDRATION MULTIPLI SUGAR FREE ORAL PACKET (electrolytes)                                                                                    | Tier 2    |                                  |
| HYDRATION MULTIPLIER IMMUNE ORAL POWDER IN PACKET 504 MG (electrolytes,oral/dextrose/vitamin B complex/ascorbic acid)                       | Tier 2    |                                  |
| KINDERLYTE HERBAL IMMUNITY ORAL POWDER IN PACKET 270 MG-25 MCG- 140 MG-50 MG (electrolytes/dextr/vit C/vit D3/turmeric rt xt/elderberry fr) | Tier 2    |                                  |
| ORALYTE ORAL SOLUTION (electrolytes/dextrose)                                                                                               | Tier 1    |                                  |
| PEDIALYTE ELECTROLYTE ORAL POWDER IN PACKET 11.25-5-8.75 MEQ (sodium/potassium/chloride/dextrose)                                           | Tier 2    |                                  |
| PEDIALYTE ELECTROLYTE WATER ORAL SOLUTION (electrolytes)                                                                                    | Tier 2    |                                  |
| PEDIALYTE SPARKLING RUSH ORAL POWDER EFFERVESCENT IN PACKET 28.3 MEQ-18.2 MEQ-16.6 MEQ (sodium/potassium/chloride/dextrose)                 | Tier 2    |                                  |
| PEDIATRIC ELECTROLYTE ORAL SOLUTION (electrolytes/dextrose)                                                                                 | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                     | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Minerals And Electrolytes - Phosphate - Drugs For Nutrition</b>                                                         |           |                                  |
| PHOSPHOROUS SUPPLEMENT ORAL POWDER IN PACKET 280-160-250 MG (sodium phosphate/potassium phosphates, monobasic and dibasic) | Tier 1    |                                  |
| <i>potassium, sodium phosphates oral powder in packet 280-160-250 mg</i>                                                   | Tier 1    |                                  |
| WES-PHOS 250 NEUTRAL ORAL TABLET 250 MG (sodium phosphate,dibasic/pot phos,monob/sod phosphate mono)                       | Tier 1    |                                  |
| <b>Minerals And Electrolytes - Potassium Combinations - Drugs For Nutrition</b>                                            |           |                                  |
| <i>mag citrate-potassium citrate oral capsule 70-99 mg</i>                                                                 | Tier 1    |                                  |
| <b>Minerals And Electrolytes - Potassium, Oral - Drugs For Nutrition</b>                                                   |           |                                  |
| EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ (potassium bicarbonate/citric acid)                                       | Tier 2    |                                  |
| EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarbonate/citric acid)                                               | Tier 1    |                                  |
| potassium chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)                                                       | Tier 2    |                                  |
| KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ (potassium chloride)                                                         | Tier 2    |                                  |
| potassium chloride (Klor-Con M10 Oral Tablet,Er Particles/Crystals 10 Meq)                                                 | Tier 1    |                                  |
| potassium chloride (Klor-Con M15 Oral Tablet,Er Particles/Crystals 15 Meq)                                                 | Tier 1    |                                  |
| potassium chloride (Klor-Con M20 Oral Tablet,Er Particles/Crystals 20 Meq)                                                 | Tier 1    |                                  |
| potassium chloride (Klor-Con Oral Packet 20 Meq)                                                                           | Tier 2    |                                  |

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|------------------------------------------------------------------------------------|-----------|----------------------------------|
| KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarbonate/citric acid)   | Tier 2    |                                  |
| POKONZA ORAL PACKET 10 MEQ (potassium chloride)                                    | Tier 1    |                                  |
| <i>potassium aa (bisglycinate) oral capsule 99 mg</i>                              | Tier 1    |                                  |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>             | Tier 1    |                                  |
| <i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>                   | Tier 1    |                                  |
| <i>potassium chloride oral packet 20 meq</i>                                       | Tier 1    |                                  |
| <i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>       | Tier 1    |                                  |
| <i>potassium chloride oral tablet extended release 15 meq</i>                      | Tier 1    |                                  |
| <i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i> | Tier 1    |                                  |
| <i>potassium gluconate oral tablet 595 mg (99 mg)</i>                              | Tier 1    |                                  |
| <b>Minerals And Electrolytes - Sodium Chloride, Oral - Drugs For Nutrition</b>     |           |                                  |
| <i>sodium chloride tablet,soluble 1,000 mg</i>                                     | Tier 1    |                                  |
| <b>Minerals And Electrolytes - Trace Minerals - Drugs For Nutrition</b>            |           |                                  |
| BORON COMPLEX ORAL CAPSULE 3 MG (boron aspartate)                                  | Tier 2    |                                  |
| <i>chromium nicotinate oral capsule 200 mcg</i>                                    | Tier 1    |                                  |
| <i>chromium picolinate oral tablet 1,000 mcg</i>                                   | Tier 1    |                                  |
| <i>chromium picolinate oral tablet 200 mcg</i>                                     | Tier 1    |                                  |
| <i>copper gluconate oral tablet 2 mg</i>                                           | Tier 2    |                                  |
| <i>selenium oral capsule 200 mcg</i>                                               | Tier 1    |                                  |
| <i>selenium oral tablet 200 mcg, 50 mcg</i>                                        | Tier 1    |                                  |
| <i>selenomethionine oral capsule 200 mcg</i>                                       | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                          | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Minerals And Electrolytes - Zinc - Drugs For Nutrition</b>                                                                   |           |                                  |
| IS-ZC 50 ORAL TABLET 50 MG (zinc citrate, zinc oxide)                                                                           | Tier 2    |                                  |
| PEPCIX ORAL TABLET,CHEWABLE 16 MG (polaprezinc (zinc carnosine))                                                                | Tier 2    |                                  |
| <i>zinc amino acid chelate oral tablet 50 mg</i>                                                                                | Tier 1    |                                  |
| <i>zinc citrate oral tablet,chewable 11 mg, 16.7 mg</i>                                                                         | Tier 2    |                                  |
| <i>zinc gluconate oral tablet 50 mg</i>                                                                                         | Tier 1    |                                  |
| <i>zinc glycinate oral capsule 20 mg</i>                                                                                        | Tier 1    |                                  |
| <i>zinc glycinate oral tablet,chewable 7.5 mg</i>                                                                               | Tier 1    |                                  |
| <i>zinc sulfate oral capsule 50 mg zinc (220 mg)</i>                                                                            | Tier 1    |                                  |
| <i>zinc sulfate oral tablet 50 mg zinc (220 mg)</i>                                                                             | Tier 1    |                                  |
| <b>Minerals And Electrolytes - Zinc Combinations - Drugs For Nutrition</b>                                                      |           |                                  |
| ZINC BALANCE ORAL CAPSULE 15-1 MG (zinc methionine sulfate/copper gluconate)                                                    | Tier 2    |                                  |
| <i>zinc gluc, oxide-ascorbic acid oral tablet,disintegrating 15-60 mg</i>                                                       | Tier 1    |                                  |
| <b>Multivitamin And Mineral Combinations - Drugs For Nutrition</b>                                                              |           |                                  |
| ABC COMPLETE SENIOR WOMEN'S ORAL TABLET 8 MG IRON- 400 MCG-50 MCG (multivit-calc-min/ferrous fumarate/folic acid/vit K1/lutein) | Tier 2    |                                  |
| ACTIVNUTRIENTS (NO IRON) ORAL CAPSULE 170 MCG DFE (multivit with minerals/methyltetrahydrofolate glucosamine)                   | Tier 2    |                                  |
| ACTIVNUTRIENTS CHEWABLE ORAL TABLET,CHEWABLE 0.75 MG- 85 MCG DFE (multivitamin-minerals no.98/ferric glycinate/m-hydrofolate)   | Tier 2    |                                  |

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|----------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ACTIVNUTRIENTS MULTIVITAMIN ORAL POWDER 340 MCG DFE- 15 MCG/3 GRAM (multivit with minerals/methyltetrahydrofolate glucosa/vit K2)      | Tier 2    |                                  |
| ACTIVNUTRIENTS ORAL CAPSULE 1.25 MG IRON- 170 MCG DFE (multivit with min/iron bis-gly/methyltetrahydrofolate gluc)                     | Tier 2    |                                  |
| ACTIVNUTRIENTS PERFORMANCE ORAL CAPSULE 72.25 MCG DFE- 22.5 MG (multivit-min/folate no.11/milk thistle seed extract/herbs)             | Tier 2    |                                  |
| ACTIVNUTRIENTS(NO COPPER-IRON) ORAL CAPSULE 170 MCG DFE (multivit with minerals/leucovorin calc,m-folate glucosamine)                  | Tier 2    |                                  |
| ADULT 50 PLUS EYE HEALTH ORAL CAPSULE 250-5-1 MG (vit C,E,copper,zinc 11/omega-3/dha/epa/fish/lutein/zeaxanth)                         | Tier 1    |                                  |
| ADULT MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 120 MCG, 200 MCG (multivitamin with minerals/folic acid)                               | Tier 1    |                                  |
| ADULTS 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)                             | Tier 1    |                                  |
| ADULTS MULTIVITAMIN ORAL TABLET 18 MG IRON-400 MCG-25 MCG (multivitamin with minerals/ferrous fumarate/folic acid/vit K)               | Tier 1    |                                  |
| ALIVE ADULT ULTRA POTENCY ORAL TABLET 18 MG IRON- 400 MCG-120 MCG (multivit-min/ferrous fumarate/folic acid/vit K1/herb no.354)        | Tier 2    |                                  |
| ALIVE COMPLETE PREMIUM PRENATL ORAL CAPSULE 13.5 MG IRON- 200 MCG-100 MG (mv-mins no.108/iron fumarate/folic acid/dha/Schiz algal oil) | Tier 2    |                                  |
| ALIVE DAILY ENERGY ORAL TABLET 18 MG IRON- 240 MCG-40 MCG (multivit-min/iron/folic/K1/resveratrol/lutein/herbal no.293)                | Tier 2    |                                  |

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|--------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ALIVE DIABETIC MULTIVITAMIN ORAL TABLET 120-100 MCG (multivit with minerals/folic acid/lutein/herbal comp no.329)                    | Tier 2    |                                  |
| ALIVE ENERGY 50 PLUS ORAL TABLET 240-45-900-250 MCG (multivit-min/folic acid/K1/resveratrol/lutein/herbal no.293)                    | Tier 2    |                                  |
| ALIVE MAX POTENCY ORAL LIQUID 300-80 MCG/30 ML (multivitamin-minerals/folic/vitamin K/herbal no.332)                                 | Tier 2    |                                  |
| ALIVE MAX6 POTENCY COMPLETE ORAL CAPSULE 3 MG IRON- 66.67 MCG DFE (multivit-min/iron/methyltetrahydrofolate/vit K/herb no.335)       | Tier 2    |                                  |
| ALIVE MEN 50 PLUS ULTRA-LUTEIN ORAL TABLET 240-120 MCG (multivit with minerals/folic acid/vitamin K1/herbal no.328)                  | Tier 2    |                                  |
| ALIVE MEN'S 50 PLUS MULTIVIT ORAL TABLET,CHEWABLE 120 MCG-150 MCG -50 MG (multivit with minerals/folic/lutein/herbal complex no.293) | Tier 2    |                                  |
| ALIVE MEN'S 50 PLUS MV (VIT K) ORAL TABLET 240-120-300 MCG (multivit with minerals/folic/vit K/lutein/herbal complex 293)            | Tier 2    |                                  |
| ALIVE MEN'S 50 PLUS ULTRA ORAL TABLET 800 MCG DFE- 120 MCG (multivit-min/methyltetrahydrofolate/vit K/herbal no.328)                 | Tier 2    |                                  |
| ALIVE MEN'S ENERGY ORAL TABLET 240-120-100 MCG (multivit with minerals/folic/vit K/lutein/herbal complex 293)                        | Tier 2    |                                  |
| ALIVE MEN'S GUMMY ORAL TABLET,CHEWABLE 120 MCG- 50 MG (multivit with minerals/folic acid/herbal complex no.293)                      | Tier 2    |                                  |
| ALIVE MEN'S MAX3 POTENCY ORAL TABLET 133.3 MCG DFE- 40 MCG (multivit-min/methyltetrahydrofolate/vit K/herbal no.330)                 | Tier 2    |                                  |

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|---------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ALIVE MEN'S ULTRA POTENCY ORAL TABLET 400 MCG DFE- 120 MCG (multivitamin-min/methyltetrahydrofolate/vitamin K/herbal 334)             | Tier 2    |                                  |
| ALIVE PREMIUM ADULT ORAL TABLET,CHEWABLE 80 MCG- 66.7 MG (multivit with minerals/folic acid/herbal complex no.293)                    | Tier 2    |                                  |
| ALIVE PREMIUM PRENATAL ORAL TABLET,CHEWABLE 120 MCG-25 MG- 66.7 MG (multivitamin-minerals no.45/folic acid/dha/herbal no.293)         | Tier 2    |                                  |
| ALIVE WOMEN'S 50 PLUS COMPLETE ORAL TABLET 240-120-300 MCG (multivit-minerals/folic acid/vitamin K1/lutein/herbs)                     | Tier 2    |                                  |
| ALIVE WOMEN'S 50 PLUS GUMMY ORAL TABLET,CHEWABLE 120 MCG-150 MCG -37.5 MG (multivit with minerals/folic/lutein/herbal complex no.293) | Tier 2    |                                  |
| ALIVE WOMEN'S ENERGY ORAL TABLET 18 MG IRON-240 MCG-120 MCG (multivit,calcium,minerals/iron/folic acid/vit K/herb no.293)             | Tier 2    |                                  |
| ALIVE WOMEN'S GUMMY VITAMIN ORAL TABLET,CHEWABLE 120 MCG- 37.5 MG (multivit with minerals/folic acid/herbal complex no.293)           | Tier 2    |                                  |
| ALIVE WOMEN'S MULTIVITAMIN ORAL TABLET 4.5 MG IRON- 120 MCG-60 MCG (multivit-min/ferrous fumarate/folic acid/vit K1/herb no.352)      | Tier 2    |                                  |
| ALIVE WOMEN'S ULTRA POTENCY ORAL TABLET 18 MG-800 MCG DFE-150 MCG (multivit-min/iron/methyltetrahydrofolate/vit K/herb 333)           | Tier 2    |                                  |
| ALPHA BETIC ORAL TABLET 240 MCG- 100 MG (multivitamin with minerals/folic acid/alpha lipoic acid)                                     | Tier 2    |                                  |
| ANTIOXIDANT FORMULA (SELENIUM) ORAL TABLET 8,333-167-133 UNIT-MG-UNIT (beta-carotene/ascorbic acid/vitE ac/selenium yeast)            | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                            | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| BARIATRIC MULTIVITAMINS ORAL CAPSULE 45 MG IRON-800 MCG DFE-120 MCG (multivit-min/ferrous fumarate/methyltetrahydrofolate/vit K1) | Tier 2    |                                  |
| BOOSTNOW IMMUNE SUPPORT ORAL CAPSULE 166.6-83.3-33.3 MG (multivit-min/yeast/astragalus root xt/ginger root xt/herbs)              | Tier 2    |                                  |
| BOOSTNOW IMMUNE SUPPORT ORAL POWDER 499.99-249.99 MG/SCOOP (multivit-min/yeast/astragalus root xt/ginger root xt/herbs)           | Tier 2    |                                  |
| CENTRUM ADULT 50 PLUS ORAL TABLET,CHEWABLE 80 MCG (multivitamin with minerals/folic acid)                                         | Tier 2    |                                  |
| CENTRUM ADULTS ORAL TABLET,CHEWABLE 12 MCG (multivitamin with minerals/folic acid)                                                | Tier 2    |                                  |
| CENTRUM CHEWABLES ORAL TABLET,CHEWABLE 8 MG-400 MCG- 80 MCG (multivitamin with minerals/iron,carbonyl/folic acid/vit K1)          | Tier 2    |                                  |
| CENTRUM MENOPAUSE MULTIVITAMIN ORAL TABLET 400 MCG-30 MCG- 30 MG (multivitamin with minerals/folic acid/vitamin K1/genistein)     | Tier 2    |                                  |
| CENTRUM MINIS ADULTS 50 PLUS ORAL TABLET 200-15-150-125 MCG (multivitamin-mineral/folic acid/phytonadione/lycopene/lutein)        | Tier 2    |                                  |
| CENTRUM MINIS MEN 50 PLUS ORAL TABLET 150-30-300-150 MCG (multivitamin-mineral/folic acid/phytonadione/lycopene/lutein)           | Tier 2    |                                  |
| CENTRUM MINIS WOMEN 50 PLUS ORAL TABLET 4 MG IRON-200 MCG-25 MCG (multivitamin with minerals/iron/folic acid/vitamin K/lutein)    | Tier 2    |                                  |
| CENTRUM MULTI MENTAL FOCUS ORAL TABLET,CHEWABLE 80 MCG- 25 MG (multivitamin with minerals/folic acid/caffeine)                    | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                                  | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| CENTRUM MULTI PLUS BEAUTY ORAL TABLET,CHEWABLE 80-1,250 MCG (multivitamin with minerals/folic acid/biotin)                              | Tier 2    |                                  |
| CENTRUM MULTI PLUS OMEGA-3 ORAL TABLET,CHEWABLE 80 MCG-12.5 MCG -23.5 MG (multivitamin with min/folic acid/D3/omega-3/dha/epa/fish oil) | Tier 2    |                                  |
| CENTRUM MULTIGUMMIES MEN ORAL TABLET,CHEWABLE 12 MCG, 42 MCG, 80 MCG (multivitamin with minerals/folic acid)                            | Tier 2    |                                  |
| CENTRUM MULTIGUMMIES WOMEN ORAL TABLET,CHEWABLE 42 MCG, 80 MCG (multivitamin with minerals/folic acid)                                  | Tier 2    |                                  |
| CENTRUM ORAL LIQUID 9 MG IRON/15 ML (multivitamin with minerals/ferrous gluconate)                                                      | Tier 1    |                                  |
| CENTRUM POSTNATAL ORAL TABLET,CHEWABLE 115 MCG-35 MG- 25 MG-5 MG (multivit-min no.114/folic acid/omega-3/dha/epa/fish oil)              | Tier 2    |                                  |
| CENTRUM PRENATAL ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG (multivitamin-min no.115/folic acid/omega-3/dha/epa/fish oil)           | Tier 2    |                                  |
| CENTRUM SILVER ORAL TABLET 0.4 MG-300 MCG- 250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)                              | Tier 1    |                                  |
| CENTRUM WOMEN IMMUNE MINIS ORAL TABLET 9 MG IRON- 200 MCG-25 MCG (multivitamin with minerals/ferrous fumarate/folic acid/vit K)         | Tier 2    |                                  |
| CENTURY ADULT FORMULA ORAL TABLET 18 MG IRON-400 MCG-25 MCG (multivitamin with minerals/ferrous fumarate/folic acid/vit K)              | Tier 1    |                                  |
| CENTURY MATURE ORAL TABLET 0.4 MG-300 MCG- 250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)                              | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                 | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| CERTAVITE SENIOR ORAL TABLET 0.4 MG-300 MCG-250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)                            | Tier 1    |                                  |
| CITRANATAL MEDLEY ORAL CAPSULE 27 MG IRON-1 MG -200 MG (mv with minerals no.102/iron carbonyl,fumarate/folic ac/dha)                   | Tier 2    |                                  |
| COMPLETE MV ADULT 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)                  | Tier 1    |                                  |
| CULTURELLE PROBIOTIC-MULTIVIT ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM (multivitamin with minerals/B. coagulans/B. subtilis/inulin) | Tier 2    |                                  |
| DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)                                                     | Tier 1    |                                  |
| DAVIMET WITH IRON ORAL TABLET,CHEWABLE 11 MG IRON- 1,700 MCG DFE (multivitamin combination no.62/iron chelate/levomefolate)            | Tier 2    |                                  |
| DAYAVITE ORAL TABLET 1-75-10 MG (multivitamin with minerals no.90/folic acid/ALA/coQ10)                                                | Tier 2    |                                  |
| DERMACINRX DEXATRAN ORAL CAPSULE 18 MG IRON- 1 MG (multivitamin-minerals no.73/ferrous fumarate/folic acid)                            | Tier 2    |                                  |
| DERMACINRX FOLIFLEX ORAL TABLET 9 MG IRON- 500 MCG (multivitamin with minerals no.89/ferrous fumarate/folic acid)                      | Tier 2    |                                  |
| DERMACINRX FOLITIN-Z ORAL TABLET 9 MG IRON- 500 MCG (multivitamin with minerals no.89/ferrous fumarate/folic acid)                     | Tier 2    |                                  |
| DERMACINRX MULTITAM ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)                                                | Tier 2    |                                  |
| DERMACINRX RIBOTIN-E ORAL TABLET 9 MG IRON-500 MCG (multivitamin with minerals no.89/ferrous fumarate/folic acid)                      | Tier 2    |                                  |

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| Prescription Drug Name                                                                                               | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| DERMACINRX VENEXA FE ORAL TABLET 27 MG IRON- 1 MG (multivitamin with minerals no.86/ferrous fumarate/folic acid)     | Tier 2    |                                  |
| DERMACINRX VENEXA ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)                                | Tier 2    |                                  |
| DERMACINRX VENTRIXYL FE ORAL TABLET 27 MG IRON- 1 MG (multivitamin with minerals no.86/ferrous fumarate/folic acid)  | Tier 2    |                                  |
| DERMACINRX VENTRIXYL ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)                             | Tier 2    |                                  |
| DERMACINRX VITRAMYN ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)                              | Tier 2    |                                  |
| DERMACINRX VITRANOL FE ORAL TABLET 27 MG IRON- 1 MG (multivitamin with minerals no.86/ferrous fumarate/folic acid)   | Tier 2    |                                  |
| DERMACINRX VITRANOL ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)                              | Tier 2    |                                  |
| DERMACINRX VITREXATE FE ORAL TABLET 27 MG IRON- 1 MG (multivitamin with minerals no.86/ferrous fumarate/folic acid)  | Tier 2    |                                  |
| DERMACINRX VITREXATE ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)                             | Tier 2    |                                  |
| DERMACINRX ZINTREXYL-C ORAL TABLET 9 MG IRON- 500 MCG (multivitamin with minerals no.89/ferrous fumarate/folic acid) | Tier 2    |                                  |
| DIABETIC MULTIVITAMIN ORAL TABLET,CHEWABLE 120 MCG (multivitamin with minerals/folic acid)                           | Tier 1    |                                  |
| DIATROL ORAL TABLET 1,700 MCG DFE- 90 MCG (multivitamin-minerals no.105/levomefolate calcium/vit K1)                 | Tier 2    |                                  |
| ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG (multivitamin with minerals no.69/iron,carbonyl/folic acid)                 | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                    | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| EYE HEALTH PLUS LUTEIN ORAL TABLET 300 MCG-200 MG-27 MG-2 MG (beta-carotene(A) w-C and E/lutein/minerals)                 | Tier 1    |                                  |
| EYE MULTIVITAMIN ORAL TABLET 2,148 MCG-113 MG-45 MG-17.4MG (beta-carotene/ascorbic acid/vitE ac/zinc oxide/cupric oxide)  | Tier 1    |                                  |
| FINAZOL ORAL TABLET 18 MG IRON- 1,700 MCG DFE (multivitamin with min no.109/ferrous fumarate/levomefolate)                | Tier 2    |                                  |
| FOLAGENT DHA ORAL CAPSULE 28 MG-1,000MCG- 35 MG-200 MG (multivit-min 96/iron,carbonyl/folic/omega-3/dha/epa/fish oil)     | Tier 2    |                                  |
| FOLAMAX ORAL TABLET 20 MG IRON- 1,670 MCG DFE (multivit with minerals no.83/iron bis-glycinate/folate no.10)              | Tier 1    |                                  |
| FOLAMED DHA ORAL CAPSULE 28 MG-1,000MCG- 35 MG-200 MG (multivit-min 96/iron,carbonyl/folic/omega-3/dha/epa/fish oil)      | Tier 2    |                                  |
| FOLAPRIME ORAL TABLET 20 MG IRON- 1,670 MCG DFE (multivit with minerals no.83/iron bis-glycinate/folate no.10)            | Tier 1    |                                  |
| FOLIVANE-OB ORAL CAPSULE 85-1 MG (mv-mins no.74/ferrous fumarate/iron ps cplx/folic acid)                                 | Tier 1    |                                  |
| GENADEK STEP 1 ORAL CAPSULE 200 MCG-1,000 MCG-10 MG (multivit with minerals no.81/folic acid/vit K1/ubidecarenone)        | Tier 2    |                                  |
| GENADEK STEP 2 ORAL CAPSULE 200 MCG-1,000 MCG-10 MG (multivit with minerals no.82/folic acid/vit K1/ubidecarenone)        | Tier 2    |                                  |
| HAIR, SKIN AND NAILS (HERBS) ORAL CAPSULE 120-1,250-60 MCG (multivit-min/folic acid/biotin/vit K1/collagen/herbal no.353) | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                              | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| HAIR,SKIN AND NAILS(FA-BIOTIN) ORAL CAPSULE 133.3 MCG- 1,666.7 MCG (multivitamin with minerals/folic acid/biotin)                   | Tier 2    |                                  |
| HAIR,SKIN AND NAILS(FA-BIOTIN) ORAL TABLET 100-1,500 MCG, 66.7-1,666.7 MCG (multivitamin with minerals/folic acid/biotin)           | Tier 1    |                                  |
| IMMUNERX ORAL CAPSULE 250 MCG (multivitamin with minerals no.88/folic acid)                                                         | Tier 2    |                                  |
| KEYFOLIC ORAL TABLET 20 MG IRON- 1,670 MCG DFE (multivit with minerals no.83/iron bis-glycinate/folate no.10)                       | Tier 1    |                                  |
| LIQUID MULTIVITAMIN ORAL LIQUID 9 MG IRON/ 15 ML (15 ML) (multivitamin with minerals/ferrous gluconate)                             | Tier 1    |                                  |
| LIVITA FOR ADULT ORAL LIQUID 1,700 MCG DFE- 500 MG/15 ML (multivitamin-minerals no.103/levomefolate calcium/inulin)                 | Tier 2    |                                  |
| LUTEIN PLUS WITH ZEAXANTHIN ORAL TABLET 1,500 MCG-60 MG -20 MG-15 MG (betacarotene/vit C/vit E/zinc ox/cupric ox/lutein/zeaxanthin) | Tier 1    |                                  |
| MEN 50 PLUS MULTIVITAMIN ORAL TABLET 300-60-600-300 MCG (multivitamin-mineral/folic acid/phytonadione/lycopene/lutein)              | Tier 1    |                                  |
| MEN'S 50 PLUS MULTIVITAMIN ORAL TABLET 400-20-370 MCG (multivitamin with minerals/folic acid/vitamin K1/lycopene)                   | Tier 1    |                                  |
| MEN'S DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)                                            | Tier 1    |                                  |
| MEN'S DAILY MULTIVITAMIN ORAL TABLET 8 MG IRON-200 MCG-600 MCG (multivits with calcium and minerals/iron/folic acid/lycopene)       | Tier 1    |                                  |
| MEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)                                     | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                              | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| MEN'S MULTIVITAMIN ORAL TABLET 200-60-600 MCG (multivitamin with minerals/folic acid/vitamin K1/lycopene)                           | Tier 1    |                                  |
| MULTI PRO ORAL CAPSULE 32 MG IRON-1 MG -315 MG (multivit-mins no.85/iron/folic acid/dha/Lactobacillus casei)                        | Tier 2    |                                  |
| MULTIA DAILY MULTIVITAMIN ORAL CAPSULE 4.5 MG IRON- 500 MCG (mv-mn/iron,carbonyl/folic/om3/fish/lycopene/lutein/zeaxanth)           | Tier 2    |                                  |
| MULTITOL-M ORAL TABLET 2,040 MCG DFE (multivitamin with minerals no.106/levomefolate calcium)                                       | Tier 2    |                                  |
| <i>multivit with min-folic acid oral tablet 0.4 mg</i>                                                                              | Tier 1    |                                  |
| <i>multivit with min-folic acid oral tablet,chewable 120 mcg, 200 mcg</i>                                                           | Tier 1    |                                  |
| <i>multivit,calc,min-fa-k1-lycop oral tablet 240 mcg-30 mcg-300 mcg</i>                                                             | Tier 1    |                                  |
| MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)                                           | Tier 1    |                                  |
| MULTIVITAMIN WOMEN 50 PLUS ORAL TABLET 8 MG IRON-400 MCG-50 MCG (multivitamin with minerals/iron/folic acid/vitamin K/lutein)       | Tier 1    |                                  |
| <i>multivit-min-ferrous fumarate oral tablet 15 mg iron</i>                                                                         | Tier 2    |                                  |
| <i>multivit-min-ferrous gluconate oral liquid 9 mg iron/15 ml</i>                                                                   | Tier 1    |                                  |
| MVW MODULATOR FORMUL MULTIVIT ORAL CAPSULE 6,000 MCG-400MG -37.5 MCG (vitamin A/ascorbic acid/vitamin D3/vit E mixed/vit K1/zinc)   | Tier 2    |                                  |
| MVW MODULATR FORM MINI MULTIVT ORAL CAPSULE 3,000 MCG-200MG -18.75 MCG (vitamin A/ascorbic acid/vitamin D3/vit E mixed/vit K1/zinc) | Tier 2    |                                  |
| NANOVIM ADULT ORAL POWDER 1 MG-50 MCG DFE - 15.5 MCG (multivit-min/sodium ferredetate/levomefolate/vit K1/vit K2)                   | Tier 2    |                                  |
| NEOVITE ORAL TABLET 1-100-1 MG (multivit-minerals no.67/folic acid/alpha lipoic acid/lutein)                                        | Tier 2    |                                  |

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|---------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| NICOTINAMIDE (WITH CHROMIUM) ORAL TABLET 500 MCG- 750 MG (levomefolate calc/niacinamide/copper/zinc/selenium/chromium)                | Tier 1    |                                  |
| OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG (multivitamin with minerals no.69/iron,carbonyl/folic acid)                               | Tier 2    |                                  |
| ONE A DAY MEN COMPLETE ORAL TABLET 240-25-300 MCG (multivitamin,calcium,minerals/folic acid/vitamin D3/lycopene)                      | Tier 2    |                                  |
| ONE DAILY ESSENTIAL ORAL TABLET 0.5 MG (multivitamin with minerals/folic acid)                                                        | Tier 2    |                                  |
| ONE DAILY MEN'S 50 PLUS W-D3 ORAL TABLET 400-20-370 MCG (multivitamin with minerals/folic acid/vitamin K1/lycopene)                   | Tier 1    |                                  |
| ONE DAILY MEN'S HEALTH ORAL TABLET 240 MCG-30 MCG- 300 MCG (multivitamin,calcium,minerals/folic acid/vitamin K1/lycopene)             | Tier 1    |                                  |
| ONE DAILY MULTI-VIT W-MINERAL ORAL TABLET 4.5 MG IRON (multivitamin with minerals/ferrous sulfate)                                    | Tier 1    |                                  |
| ONE DAILY MULTIVITAMIN-IRON ORAL TABLET 18 MG IRON (multivitamin/ferrous sulfate)                                                     | Tier 2    |                                  |
| ONE DAILY WOMEN 50 PLUS(VIT K) ORAL TABLET 400 MCG-500 MG CALCIUM-20 MCG (multivit with minerals/folic acid/calcium carbonate/vit K1) | Tier 1    |                                  |
| ONE DAILY WOMEN'S ORAL TABLET 18 MG IRON-400 MCG-25 MCG (multivitamin with minerals/ferrous fumarate/folic acid/vit K)                | Tier 1    |                                  |
| ONE-A-DAY MEN VITACRAVES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)                                         | Tier 2    |                                  |
| ONE-A-DAY MEN'S 50 PLUS ORAL TABLET 400-370 MCG (multivitamin with minerals/folic acid/lycopene)                                      | Tier 2    |                                  |

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|---------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ONE-A-DAY MEN'S COMPLETE ORAL TABLET 240 MCG-30 MCG- 300 MCG (multivitamin,calcium,minerals/folic acid/vitamin K1/lycopene)                 | Tier 2    |                                  |
| ONE-A-DAY WOMEN VITACRAVES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)                                             | Tier 2    |                                  |
| ONE-A-DAY WOMEN'S 50 PLUS ORAL TABLET 0.4 MG (multivitamin with minerals/folic acid)                                                        | Tier 2    |                                  |
| ONE-A-DAY WOMEN'S COMPLETE ORAL TABLET 18 MG IRON- 400 MCG (multivitamin with minerals/ferrous fumarate/folic acid)                         | Tier 2    |                                  |
| ONE-DAILY MULTI ORAL CAPSULE 800 MCG-1 MG- 500 MCG-500 MCG (multivitamin-minerals/folic acid/co Q10/lycopene/lutein)                        | Tier 1    |                                  |
| PNV-OMEGA ORAL CAPSULE 28-1-300 MG (multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha)                                           | Tier 1    |                                  |
| PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG (multivitamin-min no.110/folic acid/omega-3/dha/epa/fish oil) | Tier 1    |                                  |
| PRESERVISION AREDS 2 PLUS MV ORAL CAPSULE 200 MCG-15 MCG- 5 MG-1 MG (multivitamin-minerals/folic acid/vit K/lutein/zeaxanthin)              | Tier 2    |                                  |
| PROFOLA ORAL TABLET 20 MG IRON- 1,670 MCG DFE (multivit with minerals no.83/iron bis-glycinate/folate no.10)                                | Tier 1    |                                  |
| REMEDIENT ORAL CAPSULE 3.6 MG- 1,000 MCG (multivitamin with minerals/iron succinyl-protein/folic acid)                                      | Tier 2    |                                  |
| SPECTRAVITE ADULT 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)                       | Tier 1    |                                  |
| SPECTRAVITE MEN 50 PLUS ORAL TABLET 300-60-600-300 MCG (multivitamin-mineral/folic acid/phytonadione/lycopene/lutein)                       | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                              | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| SPECTRAVITE MEN'S ORAL TABLET 8 MG IRON- 200 MCG-600 MCG (multivits with calcium and minerals/iron/folic acid/lycopene)             | Tier 1    |                                  |
| SPECTRAVITE WOMEN 50 PLUS ORAL TABLET 8 MG IRON-400 MCG-50 MCG (multivitamin with minerals/iron/folic acid/vitamin K/lutein)        | Tier 1    |                                  |
| SUPERIOR MEN'S MULTI ORAL TABLET 400 MCG DFE-30 MCG-30 MG (multivit-min/levomefolate calc/K2/saw palm/ginkgo leaf/herbs)            | Tier 2    |                                  |
| SUPERIOR WOMEN'S MULTI ORAL TABLET 2.5 MG IRON-400 MCG DFE-30 MCG (multivit-min/iron gly/levomefolate calc/K2/ginkgo leaf/herbs)    | Tier 2    |                                  |
| TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 15 MG IRON- 400 MCG (multivitamin/ferrous sulfate/folic acid)                            | Tier 2    |                                  |
| TARON-C DHA ORAL CAPSULE 35-1-200 MG (mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa)                                  | Tier 1    |                                  |
| THERA-M ORAL TABLET 9 MG IRON-400 MCG (multivits with calcium and minerals/iron fumarate/folic acid)                                | Tier 1    |                                  |
| THERAPEUTIC-M ORAL TABLET 9 MG IRON-400 MCG (multivits with calcium and minerals/iron fumarate/folic acid)                          | Tier 1    |                                  |
| THERA-VITE MAX-M ORAL TABLET 9 MG IRON-400 MCG (multivits with calcium and minerals/iron fumarate/folic acid)                       | Tier 1    |                                  |
| VISION OPTIMIZER ORAL CAPSULE 66.6MG-3.33MCG-3.33 MG-0.66 MG (vitamin B complex/vit C/selenium/lutein/zeaxanthin/herb 253)          | Tier 2    |                                  |
| VISTA ADVANCED AREDS2 ORAL CAPSULE 250-137.5-12.5 MG (vit C/vit E/zinc/copper/selen/lutein/zeaxanthin/glutathione)                  | Tier 2    |                                  |
| VITAFUSION PRENATAL ORAL TABLET,CHEWABLE 180 MCG-32.5 MG (25 MG-7.5 MG) (mv-min no.110/folic acid/om-3/dha/other omega-3s/fish oil) | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                                    | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| VITAJEY ADULT MULTI ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)                                                  | Tier 1    |                                  |
| VITREXYL ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)                                                              | Tier 2    |                                  |
| VITREXYL PLUS IRON ORAL TABLET 27 MG IRON- 1 MG (multivitamin with minerals no.86/ferrous fumarate/folic acid)                            | Tier 2    |                                  |
| WELLFOLA ORAL TABLET 20 MG IRON- 1,670 MCG DFE (multivit with minerals no.83/iron bis-glycinate/folate no.10)                             | Tier 1    |                                  |
| WESCAP-C DHA ORAL CAPSULE 35-1-200 MG (mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa)                                       | Tier 1    |                                  |
| WOMEN'S 50 PLUS ADVANCED ORAL TABLET 400-20 MCG (multivitamin,calcium,minerals/folic acid/phytonadione(vit K))                            | Tier 1    |                                  |
| WOMENS DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)                                                 | Tier 1    |                                  |
| WOMEN'S DAILY MULTIVITAMIN ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)                                           | Tier 1    |                                  |
| WOMEN'S MULTIVITAMIN COLLAGEN ORAL TABLET,CHEWABLE 200 MCG- 25 MG (multivitamin with minerals/folic acid/collagen, hydrolyzed)            | Tier 2    |                                  |
| ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG (multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha)                                    | Tier 1    |                                  |
| <b>Multivitamins - Drugs For Nutrition</b>                                                                                                |           |                                  |
| ADEK GUMMIES PLUS ZINC ORAL TABLET,CHEWABLE 2,400 MCG-18.75 MCG-67MG-400MCG (vitamin A/cholecalciferol (vit D3)/vit E/vit K1/zinc ascorb) | Tier 2    |                                  |
| ALTRIXA ORAL TABLET 1,000 MCG (multivitamin combination no.61/folic acid)                                                                 | Tier 2    |                                  |
| CENTRUM ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)                                                              | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                     | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| CENTRUM WOMEN ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)                                                         | Tier 1    |                                  |
| CENTURY ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)                                                               | Tier 1    |                                  |
| CERTAVITE-ANTIOXIDANT ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)                                                 | Tier 1    |                                  |
| DAILY MULTIVITAMIN-MINERALS ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)                                           | Tier 1    |                                  |
| DAILY-VITE (WITH FOLIC ACID) ORAL TABLET 400 MCG (multivitamin with folic acid)                                                            | Tier 1    |                                  |
| DAVIMET-M ORAL TABLET,CHEWABLE 1,700 MCG DFE (multivitamin combination no.35/levomefolate calcium)                                         | Tier 2    |                                  |
| DERMACINRX DAVIMET ORAL TABLET,CHEWABLE 1,000 MCG (multivitamin combination no.58/folic acid)                                              | Tier 2    |                                  |
| DERMACINRX MULTIVITAMIN ORAL TABLET,CHEWABLE 1,700 MCG DFE (multivitamin combination no.35/levomefolate calcium)                           | Tier 2    |                                  |
| ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG (multivit no.41/iron cysteine glycinate/folate no.8/phosph-dha) | Tier 2    |                                  |
| FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha)                        | Tier 2    |                                  |
| HI-D ADEK GUMMIES PLUS ZINC ORAL TABLET,CHEWABLE 2,400 MCG-62.5 MCG-67 MG (vitamin A/cholecalciferol (vit D3)/vit E/vit K1/zinc ascorb)    | Tier 2    |                                  |
| HIGH POTENCY MULTIVIT (W-IRON) ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)                                        | Tier 1    |                                  |
| HIGH POTENCY MULTIVITAMIN ORAL TABLET 400 MCG (multivitamin with folic acid)                                                               | Tier 1    |                                  |
| MICRONEX ORAL CAPSULE 400 MCG (multivitamin combination no.63/folic acid)                                                                  | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                          | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| MINI MULTIVITAMINS-IRON ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)                                    | Tier 1    |                                  |
| <i>multivitamin oral tablet</i>                                                                                                 | Tier 1    |                                  |
| NESTABS ONE ORAL CAPSULE 38-1-225 MG (multivit 42/iron b-g che,carbonyl/methyltetrahydrofolate/dha)                             | Tier 2    |                                  |
| OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha)         | Tier 2    |                                  |
| OBSTETRIX ONE ORAL CAPSULE 38 MG-1,700 MCG DFE-225 MG (multivitamin comb no.42/iron,carbonyl/levomefolate/dha)                  | Tier 2    |                                  |
| ONE DAILY MULTIVITAMIN ORAL TABLET (multivitamin)                                                                               | Tier 1    |                                  |
| ONE DAILY MULTIVITAMIN ORAL TABLET 400 MCG (multivitamin with folic acid)                                                       | Tier 1    |                                  |
| ONEVITE DAILY MULTIVITAMIN ORAL TABLET 400 MCG (multivitamin with folic acid)                                                   | Tier 1    |                                  |
| PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)                       | Tier 1    |                                  |
| PRENATAL-U ORAL CAPSULE 106.5-1 MG (multivitamin combination no.51/ferrous fumarate/folic acid)                                 | Tier 1    |                                  |
| PRENATE AM ORAL TABLET 1-500 MG (multivit no.38/methyltetrahydrofolate glucos,folic acid/ginger)                                | Tier 2    |                                  |
| PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG (multivitamin no.36/methyltetrahydrofolate gluc,folic acid)                          | Tier 2    |                                  |
| PRENATE DHA ORAL CAPSULE 28 MG IRON-1 MG -300 MG (multivitamin no.45/iron fumarate/folate comb no.6/dha)                        | Tier 2    |                                  |
| PRENATE ESSENTIAL ORAL CAPSULE 29 MG IRON-1 MG -300 MG (multivitamin no.46/iron fumarate/folate comb. no.6/dha)                 | Tier 2    |                                  |
| PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG (multivitamin no.40/iron asparto glycinate/folate no.1/dha) | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                       | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| PREV-RX ORAL TABLET 1,000-25-20 MCG (folic acid/vit B12/D3/vit E succ/calcium/phosphatidylcholine)                           | Tier 2    |                                  |
| SPECTRAVITE ADULT ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)                                       | Tier 1    |                                  |
| SPECTRAVITE WOMEN ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)                                       | Tier 1    |                                  |
| TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)                          | Tier 1    |                                  |
| TAB-A-VITE ORAL TABLET 400 MCG (multivitamin with folic acid)                                                                | Tier 1    |                                  |
| TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (multivitamin no.53/ferrous fum/folic acid/docusate/dha) | Tier 1    |                                  |
| THEREMS MULTIVITAMIN ORAL TABLET 400 MCG (multivitamin with folic acid)                                                      | Tier 1    |                                  |
| TRIVIA COMPLETE ORAL CAPSULE 400 MCG (multivitamin combination no.63/folic acid)                                             | Tier 1    |                                  |
| WESCAP-PN DHA ORAL CAPSULE 27 MG IRON-1 MG - 300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)             | Tier 1    |                                  |
| WOMEN'S DAILY MULTIVITAMIN ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)                              | Tier 1    |                                  |
| ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG - 300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)             | Tier 1    |                                  |
| <b>Nutritional Product - Glutaric Aciduria Type 1<br/>Specific Formulation - Drugs For Nutrition</b>                         |           |                                  |
| GLUTAREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy, glutaric aciduria type 1)                             | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                      | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Nutritional Product - Isovaleric Acidemia<br/>Specific Formulation - Drugs For Nutrition</b>                             |           |                                  |
| I-VALEX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy for isovaleric acidemia with iron)                     | Tier 2    |                                  |
| <b>Nutritional Product - Lipid Others - Drugs For Nutrition</b>                                                             |           |                                  |
| DOJOLVI ORAL LIQUID 8.3 KCAL/ML (triheptanoin)                                                                              | Tier 3    | PA                               |
| MCT OIL ORAL OIL 14 GRAM-120 KCAL/15 ML (medium chain triglycerides)                                                        | Tier 2    |                                  |
| <i>medium chain triglycerides oral oil 14 gram-130 kcal/15 ml</i>                                                           | Tier 1    |                                  |
| <b>Nutritional Product - Medical Condition Specific<br/>Formulation - Drugs For Nutrition</b>                               |           |                                  |
| ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine)                                                                             | Tier 3    | PA                               |
| <i>glutamine (sickle cell) oral powder in packet 5 gram</i>                                                                 | Tier 3    | PA                               |
| <i>ribose oral powder 10 kcal /2 gram (scoop)</i>                                                                           | Tier 1    |                                  |
| <b>Nutritional Product - Methionine-Free Specific<br/>Formulation - Drugs For Nutrition</b>                                 |           |                                  |
| HCU GEL POWDER ORAL POWDER IN PACKET 41.7 GRAM-338 KCAL/100 GRAM (nutritional therapy, metabolic disorder, methionine-free) | Tier 2    |                                  |
| HCU MAXAMUM ORAL POWDER 40 GRAM-305 KCAL/100 GRAM (nutritional therapy, metabolic disorder, methionine-free)                | Tier 1    |                                  |
| HOMINEX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy, metabolic disorder, methionine-free)                  | Tier 2    |                                  |
| <b>Nutritional Product - Msud Specific<br/>Formulation - Drugs For Nutrition</b>                                            |           |                                  |
| ISOLEUCINE 1000 ORAL POWDER IN PACKET 1 GRAM/4 GRAM (isoleucine supplement in carbohydrate base)                            | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                        | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ISOLEUCINE AMINO ACID SUPPLMNT ORAL POWDER IN PACKET 50 MG/4 GRAM (isoleucine supplement in carbohydrate base)                | Tier 2    |                                  |
| KETONEX-2 ORAL POWDER 30-410 GRAM-KCAL (nutritional therapy for MSUD with iron)                                               | Tier 2    |                                  |
| METHIONINE ORAL POWDER IN PACKET 100 MG/4 GRAM (methionine supplement in carbohydrate base)                                   | Tier 1    |                                  |
| MSUD GEL POWDER ORAL POWDER IN PACKET 41.7 GRAM-338 KCAL/100 GRAM (nutritional therapy for MSUD with iron)                    | Tier 2    |                                  |
| <b>Nutritional Product - Nutritional Therapy - Drugs For Nutrition</b>                                                        |           |                                  |
| ALFAMINO JUNIOR ORAL POWDER 14 GRAM-480 KCAL/100 GRAM (nutritional therapy for impaired digestive function)                   | Tier 2    |                                  |
| BOOST GLUCOSE CONTROL ORAL LIQUID 0.07-0.8 GRAM-KCAL/ML (nutritional tx. glucose intolerance,lactose-free,soy/fiber)          | Tier 2    |                                  |
| ELECARE JR ORAL POWDER 14.4 GRAM-493 KCAL/100 GRAM (nutritional therapy for impaired digestive function)                      | Tier 2    |                                  |
| ENSURE CLEAR THERAPEUTIC ORAL LIQUID 0.035-1 GRAM-KCAL/ML (nutritional therapy for impaired digestive function)               | Tier 2    |                                  |
| ENSURE SURGERY ORAL LIQUID 0.08-1.4 GRAM-KCAL/ML (nutritional therapy, compromised immune system, regular)                    | Tier 2    |                                  |
| ENSURE SURGERY PERIOP BUNDLE ORAL LIQUID 0.08 GRAM- 1.4 KCAL/ML (nut.tx.compromised immune system, reg-maltodextrin-fructose) | Tier 2    |                                  |
| FRUITIVITS ORAL POWDER IN PACKET (nut.tx. metabolic disorder,reg/multivit with iron, minerals)                                | Tier 1    |                                  |

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|--------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| GLUCERNA 1.5 CAL ORAL LIQUID 0.08-1.5 GRAM-KCAL/ML (nutritional tx. glucose intolerance,lactose-free,soy/fiber)                | Tier 2    |                                  |
| GLUCERNA HUNGER SMART ORAL LIQUID (nutritional therapy, glucose intolerance,lactose-free,soy)                                  | Tier 2    |                                  |
| GLUCERNA SNACK BAR ORAL BAR 11 GRAM-160 KCAL/40 GRAM (nutritional therapy, glucose intolerance,soy)                            | Tier 2    |                                  |
| GLUTAREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy, glutaric aciduria type 1)                               | Tier 2    |                                  |
| IMPACT ADVANCED RECOVERY ORAL LIQUID 0.1 GRAM-1.12 KCAL/ML (nutritional therapy, compromised immune system, regular)           | Tier 2    |                                  |
| MCT PRO-CAL ORAL PACKET (nutritional therapy for impaired digestive function)                                                  | Tier 2    |                                  |
| NEOCATE JUNIOR WITH PREBIOTICS ORAL POWDER 14.8 GRAM-472 KCAL/100 GRAM (nut.tx.impaired digest fxn/fiber)                      | Tier 2    |                                  |
| NEPRO CARB STEADY ORAL LIQUID 0.08 GRAM-1.8 KCAL/ML (nutritional therapy, impaired renal function,lactose-reduced)             | Tier 2    |                                  |
| OPTICLEANSE GHI ORAL POWDER IN PACKET 26 GRAM-210 KCAL, 26 GRAM-230 KCAL (nutritional therapy for impaired digestive function) | Tier 2    |                                  |
| PEPTAMEN JUNIOR PHGG ORAL LIQUID 0.036 GRAM-1.2 KCAL/ML (nutritional therapy for impaired digestive function)                  | Tier 2    |                                  |
| PROVIMIN ORAL POWDER 73 GRAM-313 KCAL/100 GRAM (nutritional supplement)                                                        | Tier 2    |                                  |
| RENAMENT ORAL POWDER IN PACKET 10 GRAM- 210 KCAL (nutritional therapy, impaired renal function)                                | Tier 2    |                                  |

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|-------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| RESTORE FUSION RENAL SUPPORT ORAL POWDER 2 GRAM-100 KCAL /21 GRAM (nutritional therapy, impaired renal function,lactose-free) | Tier 2    |                                  |
| RESTORE RENAL SUPPORT ORAL POWDER 2 GRAM-100 KCAL /21 GRAM (nutritional therapy, impaired renal function,lactose-free)        | Tier 2    |                                  |
| SUPLINA CARB STEADY ORAL LIQUID 0.04 GRAM-1.8 KCAL/ML (nutritional therapy, impaired renal function,lactose-reduced)          | Tier 2    |                                  |
| VITAL AF 1.2 CAL ORAL LIQUID 0.08 GRAM- 1.2 KCAL/ML (nut.tx.impaired digest fxn/fiber)                                        | Tier 2    |                                  |
| VITAL PEPTIDE 1.5 CAL ORAL LIQUID 0.07 GRAM- 1.5 KCAL/ML (nut.tx.impaired digest fxn/fiber)                                   | Tier 2    |                                  |
| VIVONEX PEDIATRIC ORAL POWDER 12 GRAM-412 KCAL/100 GRAM (nutritional therapy for impaired digestive function)                 | Tier 1    |                                  |
| <b>Nutritional Product - Phenylketonuria (Pku)<br/>Specific Formulation - Drugs For Nutrition</b>                             |           |                                  |
| GLYTACTIN BETTERMILK 5-5 ORAL POWDER 38 GRAM-400 KCAL/100 GRAM (nutritional therapy for PKU no.64)                            | Tier 2    |                                  |
| NEOPHE ORAL POWDER 60 GRAM-345 KCAL/100 GRAM (nutritional therapy for phenylketonuria (PKU), no.38)                           | Tier 2    |                                  |
| PHENEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM (infant formula for PKU, iron, no.2)                                           | Tier 2    |                                  |
| PHENEX-2 ORAL POWDER 30-410 GRAM-KCAL/100 G (nutritional therapy for phenylketonuria (PKU) with iron no.1)                    | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                  | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Nutritional Product - Propionic Acidemia<br/>Specific Formulation - Drugs For Nutrition</b>                          |           |                                  |
| MMA-PA GEL ORAL POWDER IN PACKET 41.7 GRAM-338 KCAL/100 GRAM (nutritional therapy for propionic acidemia with iron)     | Tier 1    |                                  |
| PROPIMEX-2 ORAL POWDER 30-410 GRAM-KCAL (nutritional therapy for propionic acidemia with iron)                          | Tier 2    |                                  |
| <b>Nutritional Product - Protein Replacements -<br/>Drugs For Nutrition</b>                                             |           |                                  |
| GI PROTECT ORAL POWDER 2 GRAM-25 KCAL /SCOOP (whey protein concentrate)                                                 | Tier 2    |                                  |
| IGG 2000 CWP ORAL CAPSULE 500 MG (whey protein concentrate)                                                             | Tier 2    |                                  |
| IGG 2000 CWP ORAL POWDER 4 GRAM-20 KCAL /5 GRAM (whey protein concentrate)                                              | Tier 2    |                                  |
| IGG PURE ORAL POWDER 8 GRAM-40 KCAL /SCOOP (whey protein concentrate)                                                   | Tier 2    |                                  |
| JUVEN (WITH COLLAGEN) ORAL POWDER IN PACKET 7-7-1.5 GRAM (arginine/glutamine/calcium HMB/collagen/multivitamin-mineral) | Tier 2    |                                  |
| NEW ZEALAND WHEY PROTEIN ORAL POWDER 15 GRAM-70 KCAL/16.9 GRAM (whey protein isolate)                                   | Tier 2    |                                  |
| PROCEL SINGLES ORAL POWDER IN PACKET 5 GRAM-26 KCAL (whey protein concentrate)                                          | Tier 2    |                                  |
| PROSOURCE ORAL PACKET 7.5 GRAM (calcium caseinate/whey)                                                                 | Tier 2    |                                  |
| <b>Nutritional Product - Tyrosinemia Specific<br/>Formulation - Drugs For Nutrition</b>                                 |           |                                  |
| TYREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy for tyrosinemia with iron)                           | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                  | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Nutritional Product - Urea Cycle Disorder<br/>Specific Formulation - Drugs For Nutrition</b>                         |           |                                  |
| CYCLINEX-2 ORAL POWDER 15 GRAM-440 KCAL/100 GRAM (nutritional therapy, urea cycle disorder)                             | Tier 2    |                                  |
| EAA UCD ORAL POWDER IN PACKET 40 GRAM-310 KCAL/100 GRAM (nutritional therapy, urea cycle disorder)                      | Tier 1    |                                  |
| <b>Pediatric Vitamins - Drugs For Nutrition</b>                                                                         |           |                                  |
| CHILDREN'S MULTIVITAMIN ORAL TABLET,CHEWABLE (pediatric multivitamin no.42)                                             | Tier 1    |                                  |
| INFANT-TODDLER MULTIVIT ORAL DROPS 250 MCG-50 MG- 10 MCG/ML (pediatric multivitamin no.192)                             | Tier 1    |                                  |
| INFANT-TODDLER MULTIVITAMIN ORAL DROPS 250 MCG-50 MG- 10 MCG-5 MG/ML (pediatric multivitamin no.212)                    | Tier 1    |                                  |
| LITTLE ANIMALS ORAL TABLET,CHEWABLE (pediatric multivitamin no.28)                                                      | Tier 1    |                                  |
| <i>pediatric multivitamin no.171 oral drops 750 unit-35 mg- 400 unit/ml</i>                                             | Tier 1    |                                  |
| PEDIATRIC POLY-VITE ORAL DROPS 250 MCG-50 MG- 10 MCG-5 MG/ML (pediatric multivitamin no.197)                            | Tier 1    |                                  |
| PEDIATRIC TRI-VITE ORAL DROPS 750 UNIT-35 MG - 400 UNIT/ML (vitamin A palmitate/ascorbic acid/cholecalciferol (vit D3)) | Tier 1    |                                  |
| POLY-VITA DROPS ORAL DROPS 750 UNIT-35 MG- 400 UNIT/ML (pediatric multivitamin no.171)                                  | Tier 2    |                                  |
| <i>vit a palmitate-vit c-vit d3 oral drops 250 mcg-50 mg- 10 mcg/ml, 750 unit-35 mg -400 unit/ml</i>                    | Tier 1    |                                  |
| <b>Pediatric Vitamins And Mineral Combinations -<br/>Drugs For Nutrition</b>                                            |           |                                  |
| ALIVE KIDS CHEWABLE ORAL TABLET,CHEWABLE 75-15 MG (pediatric multivit no.235/herbal no.293/bioflavonoids,cit)           | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                       | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ALIVE KIDS MULTIVITAMIN ORAL TABLET,CHEWABLE 50 MG (pediatric multivitamin no.252/herbal complex no.293)                     | Tier 2    |                                  |
| CENTRUM KIDS MULTIGUMMY ORAL TABLET,CHEWABLE (pediatric multivitamin no.258)                                                 | Tier 2    |                                  |
| CHILDREN'S MULTIVITAMIN GUMMY ORAL TABLET,CHEWABLE (pediatric multivitamin no.209)                                           | Tier 1    |                                  |
| CHILDREN'S MULTIVITAMIN ORAL TABLET,CHEWABLE (pediatric multivitamin no.42)                                                  | Tier 1    |                                  |
| CULTURELLE KIDS PROBIOTIC-MV ORAL TABLET,CHEWABLE 5 BILLION CELL (pediatric multivitamin no.193/Lactobacillus rhamnosus GG)  | Tier 2    |                                  |
| CULTURELLE KIDS PRO-MV-LUTEIN ORAL TABLET,CHEWABLE 500 MILLION CELL (pediatric multivitamin no.210/Bacillus subtilis/lutein) | Tier 2    |                                  |
| EMERGEN-C KIDZ DAILY IMMUNE ORAL TABLET,CHEWABLE (pediatric multivitamin no.262)                                             | Tier 2    |                                  |
| EMERGEN-C KIDZ IMMUNE PLUS ORAL TABLET,CHEWABLE (pediatric multivitamin no.261)                                              | Tier 2    |                                  |
| FLINTSTONES COMPLETE (FE SULF) ORAL TABLET,CHEWABLE 10 MG IRON (pediatric multivitamin no.227/ferrous sulfate)               | Tier 2    |                                  |
| FLINTSTONES IMMUNITY SUPPORT ORAL TABLET,CHEWABLE 10 MG IRON (pediatric multivitamin no.239/ferrous sulfate)                 | Tier 2    |                                  |
| FLINTSTONES WITH EXTRA IRON ORAL TABLET,CHEWABLE 18 MG IRON (pediatric multivitamin no.226/ferrous sulfate)                  | Tier 2    |                                  |
| GENADEK ORAL DROPS 19 MCG-500 MCG /ML (pediatric multivitamin no.196/vitamin D3/vit K1)                                      | Tier 2    |                                  |
| GUMMY DINOS ORAL TABLET,CHEWABLE (pediatric multivitamin no.76)                                                              | Tier 1    |                                  |

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|-------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| HI-D DROP ORAL DROPS 76-1,000 MCG/ML (pediatric multivitamin no.216/vitamin D3/vit K1)                                              | Tier 2    |                                  |
| INFANT-TODDLER MULTIVIT-IRON ORAL DROPS 11 MG IRON/ML (pediatric multivitamin no.207/ferrous sulfate)                               | Tier 1    |                                  |
| JUST 4 KIDZ MULTIVIT-PROBIOTIC ORAL TABLET,CHEWABLE 1.25 MG (pediatric multivitamin no.200/Bacillus coagulans)                      | Tier 2    |                                  |
| KIDS MULTI ZERO ORAL TABLET,CHEWABLE (pediatric multivitamin no.229)                                                                | Tier 1    |                                  |
| LIVITA FOR CHILDREN ORAL LIQUID (pediatric multivitamin no.245)                                                                     | Tier 2    |                                  |
| MVW MODULATR FORMLTN PEDIATRIC ORAL DROPS 2,000 MCG-150 MG-19 MCG/3 ML (vitamin A/ascorbic acid/vitamin D3/vit E mixed/vit K1/zinc) | Tier 2    |                                  |
| <i>pedi multivit no.194-iron sulf oral drops 10 mg iron/ml</i>                                                                      | Tier 1    |                                  |
| PEDIATRIC POLY-VITE WITH IRON ORAL DROPS 11 MG IRON/ML (pediatric multivitamin no.197/ferrous sulfate)                              | Tier 1    |                                  |
| POLY-VITA WITH IRON ORAL DROPS 10 MG/ML (pediatric multivitamin no.160/ferrous sulfate)                                             | Tier 2    |                                  |
| <b>Pediatric Vitamins With Fluoride Combinations<br/>- Drugs For Nutrition</b>                                                      |           |                                  |
| DAVIMET WITH FLUORIDE ORAL TABLET,CHEWABLE 0.75 MG FLUORIDE (pediatric multivitamin no.247/sodium fluoride)                         | Tier 2    |                                  |
| FLORAFOL FE PEDIATRIC ORAL DROPS 0.25MG FLUORIDE -7 MG IRON/ML (pediatric multivitamin no.257/sodium fluoride/iron sulfate)         | Tier 2    |                                  |
| FLORAFOL PEDIATRIC MULTIVITAMI ORAL DROPS 0.25 MG FLUORIDE/ML (pediatric multivitamin no.257 with sodium fluoride)                  | Tier 2    |                                  |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| FLORAFOL PEDIATRIC ORAL TABLET,CHEWABLE 0.5 MG FLUORIDE, 1 MG FLUORIDE (pediatric multivitamin no.251 with sodium fluoride)                               | Tier 2    |                                  |
| MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG/ML (pediatric multivitamin no.2/sodium fluoride)                                                           | Tier 1    |                                  |
| MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG (pediatric multivitamins no.17 with sodium fluoride)                               | Tier 1    |                                  |
| MULTI-VIT-FLOR ORAL TABLET,CHEWABLE 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE (pediatric multivitamin no.228 with sodium fluoride)                 | Tier 2    |                                  |
| MULTIVIT-FLUORIDE (METAFO LIN) ORAL TABLET,CHEWABLE 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE (pediatric multivitamin no.219 with sodium fluoride) | Tier 1    |                                  |
| POLY-VI-FLOR (ARCOFOLIN) ORAL TABLET,CHEWABLE 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE (pediatric multivitamin no.175 with fluoride)              | Tier 2    |                                  |
| POLY-VI-FLOR DROPS (ARCOFOLIN) ORAL DROPS 0.25 MG FLUORIDE/ML (pediatric multivitamin no.220 with fluoride)                                               | Tier 2    |                                  |
| POLY-VI-FLOR DROPS ORAL DROPS 0.25 MG FLUORIDE/ML (pediatric multivitamin no.220 with fluoride)                                                           | Tier 2    |                                  |
| POLY-VI-FLOR IRON DROP(ARCOFO) ORAL DROPS 0.25MG FLUORIDE -7 MG IRON/ML (pediatric multivitamin no.220/sodium fluoride/iron sulfate)                      | Tier 2    |                                  |
| POLY-VI-FLOR W-IRON(ARCOFOLIN) ORAL TABLET,CHEWABLE 0.5 MG FLUORIDE -10 MG IRON (pediatric multivitamin no.175 with fluoride and iron)                    | Tier 2    |                                  |
| SOLUVITA MULTIVITAMIN FLUORIDE ORAL DROPS 0.25 MG/ML (pediatric multivitamin no.82 with sodium fluoride)                                                  | Tier 1    |                                  |

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|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| SOLUVITA MULTIVITAMIN FLUORIDE ORAL DROPS 0.5 MG/ML (pediatric multivitamin no.82 with sodium fluoride)                                            | Tier 2    |                                  |
| TRI-VITAMIN (A-D-FOL)-FLUORIDE ORAL DROPS 0.25 MG/ML FLUORIDE (pediatric multivitamin no.265 with sodium fluoride)                                 | Tier 1    |                                  |
| <b>Prenatal Vitamins And Minerals - Drugs For Nutrition</b>                                                                                        |           |                                  |
| BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG (prenatal vit no.100/iron ps cplex, sod EDTA/folic acid/omega3) | Tier 1    |                                  |
| BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG (prenatal vit no.81/iron ps, sod. ferredetate/folic acid/omega-3)                     | Tier 1    |                                  |
| CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG (prenatal vitamins no.83/iron fumarate/folate no.6/dha)                                            | Tier 2    |                                  |
| CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG (prenatal vits no.81/iron carbonyl, gluc/folic acid/docusate)                            | Tier 2    |                                  |
| CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG (prenatal vit no.72/iron carbony, gluc/folic acid/docusate/dha)        | Tier 2    |                                  |
| CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG (prenatal vit no.73/iron carbony, gluc/folic acid/docusate/dha)                    | Tier 2    |                                  |
| CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG (prenatal vits no.76/iron carbon, gluc/folic acid/docusate/dha)           | Tier 2    |                                  |
| CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG (prenatal vitamin no.59/iron carb, fum/folic acid/docusate/dha)           | Tier 2    |                                  |

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| Prescription Drug Name                                                                                              | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3)       | Tier 1    |                                  |
| COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (prenatal vitamins no.52/iron/folic acid/omega-3/dha)    | Tier 2    |                                  |
| COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (prenatal vitamins no.14/ferrous fumarate/folic acid)            | Tier 1    |                                  |
| DERMACINRX PRENATRIX ORAL TABLET 27 MG IRON-1 MG (prenatal vitamins no.170/ferrous fumarate/folic acid)             | Tier 2    |                                  |
| DERMACINRX PRENATRYL ORAL TABLET 27 MG IRON-1 MG (prenatal vitamins no.170/ferrous fumarate/folic acid)             | Tier 2    |                                  |
| DERMACINRX PRETRATE ORAL TABLET 27 MG IRON- 1 MG (prenatal vitamins no.170/ferrous fumarate/folic acid)             | Tier 2    |                                  |
| FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha) | Tier 2    |                                  |
| KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG (prenatal vitamins no.108/iron,carbonyl/folic acid)          | Tier 1    |                                  |
| KPN ORAL TABLET 9 MG IRON- 267 MCG (prenatal vits with calcium no.98/ferrous fumarate/folic acid)                   | Tier 0    |                                  |
| MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG (prenatal vits with calcium no.65/iron polysacchar/folic acid)              | Tier 1    |                                  |
| MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG (prenatal vitamins no.49/ferrous fumarate/folic acid)               | Tier 0    |                                  |
| M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.72/ferrous fumarate/folic acid)            | Tier 1    |                                  |
| MYNATAL ADVANCE ORAL TABLET 90-1-50 MG (prenatal vit with calcium 15/iron/folic acid/docusate sodium)               | Tier 1    |                                  |
| MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (prenatal vitamins with calcium/ferrous fumarate/folic acid)                  | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                     | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| MYNATAL ORAL TABLET 90-1-50 MG (prenatal vitamins with calcium/iron,carb/docusate/folic acid)                              | Tier 1    |                                  |
| MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (prenatal vitamins with calcium/ferrous fumarate/folic acid)                     | Tier 1    |                                  |
| MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG (prenatal vitamins with calcium/ferrous fumarate/folic acid)                        | Tier 1    |                                  |
| MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG (prenatal vitamins with calcium/ferrous fum/docusate/folic ac) | Tier 1    |                                  |
| NEONATAL COMPLETE ORAL TABLET 29-1 MG (prenatal vitamins no.175/ferrous fumarate/folic acid)                               | Tier 2    |                                  |
| NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON-1 MG (prenatal vitamins no.154/ferrous fumarate/folic acid)                   | Tier 2    |                                  |
| NEONATAL-DHA ORAL COMBO PACK 29-1-200-500 MG (prenatal vit no.175/iron fum/folic acid/dha/Schiz. algal oil)                | Tier 2    |                                  |
| NEO-VITAL RX ORAL TABLET 27 MG IRON- 1 MG (prenatal vitamins no.154/ferrous fumarate/folic acid)                           | Tier 1    |                                  |
| NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG - 120 MG-180 MG (prenatal vitamins no.86/iron ps complex/folic acid/dha/epa)   | Tier 2    |                                  |
| NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG (prenatal vits with calcium no.87/iron bisgly/folic acid/dha)      | Tier 2    |                                  |
| NEWGEN ORAL TABLET 32-1,000 MG-MCG (prenatal vitamins no.86/iron bis-glycinate/folic acid)                                 | Tier 1    |                                  |
| NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG (prenatal vits no.53/iron fum/folic acid/docusate calcium/dha)             | Tier 2    |                                  |
| OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG (prenatal vit no.85/iron carb,asp.gly/folic acid/dha/fish oil)                 | Tier 2    |                                  |
| OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG (prenatal 56/iron carbonyl,asparto glycinate/folic acid/dha)     | Tier 2    |                                  |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (prenatal vits no.83/iron,carbonyl,iron aspart.gly/folic acid)                                                | Tier 2    |                                  |
| OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG (prenatal vit no.30/iron carbonyl,asp glyc/folic acid/omega-3)                              | Tier 2    |                                  |
| OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG (prenatal vits no.12/iron,carb/folic acid/docusate/omega-3)                     | Tier 1    |                                  |
| OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK, TABLET DR, CAPSULE DR 29 MG IRON- 1,700 MCG DFE (prenatal vitamins no.12/iron carbonyl/levomefolate calc/dha) | Tier 1    |                                  |
| OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE (prenatal vitamins no.12/iron,carbonyl/levomefolate calcium)                 | Tier 2    |                                  |
| OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG (prenatal vitamins no.127/iron,carbonyl/folic acid/docusate)                    | Tier 2    |                                  |
| OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha)                                  | Tier 2    |                                  |
| OBTREX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG (prenatal vits no.12/iron,carb/folic acid/docusate/omega-3)                        | Tier 2    |                                  |
| ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG (prenatal vit with calcium 75/iron/folic acid/omega-3/dha/epa)                                   | Tier 0    |                                  |
| ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON-800 MCG-235 MG (prenatal vitamins no.168/iron/folic acid/omega-3/dha/epa)                                   | Tier 0    |                                  |
| <i>pnv no.95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg</i>                                                                                     | Tier 0    |                                  |

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|--------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG (prenatal vits,calcium no.66/iron fum/folic acid/docusate/dha)               | Tier 1    |                                  |
| PNV-SELECT ORAL TABLET 27-1 MG (prenatal vits with calcium no.40/iron fumarate/folate no.1)                                    | Tier 1    |                                  |
| PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-400 MG (prenatal vit no.19/iron bg HCl, suc-prot/folic acid/omega-3)  | Tier 1    |                                  |
| PR NATAL 400 ORAL COMBO PACK 29-1-400 MG (prenatal vit with calcium 53/iron bis,s-p/folic acid/omega-3)                        | Tier 1    |                                  |
| PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-430 MG (prenatal vit 55/iron bisgly HCl, suc-prot/folic acid/omega-3) | Tier 1    |                                  |
| PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG - 430 MG (prenatal vit with calcium 54/iron bis,s-p/folic acid/omega-3)           | Tier 1    |                                  |
| PREGEN DHA ORAL CAPSULE 28 MG-1,000MCG- 35 MG-200 MG (prenatal vit no.174/iron/folic acid/omega-3/dha/epa/fish oil)            | Tier 2    |                                  |
| PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG (prenatal vits with calcium no.80/iron fum/folic acid/dss/dha)                     | Tier 1    |                                  |
| PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG (prenatal vit with calcium no.69/iron/folic acid/docusate/dha)                   | Tier 1    |                                  |
| PRENATA ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG (prenatal vitamins no.37/ferrous fumarate/folic acid)                           | Tier 2    |                                  |
| PRENATABS FA ORAL TABLET 29-1 MG (prenatal vits with calcium no.78/ferrous fumarate/folic acid)                                | Tier 1    |                                  |
| PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamin with calcium no.76/iron, carbonyl/folic acid)                      | Tier 1    |                                  |
| PRENATAL + DHA ORAL COMBO PACK 28 MG IRON- 975 MCG-200 MG (prenatal vits, calcium no.91/ferrous fumarate/folic acid/dha)       | Tier 0    |                                  |

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| PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG (prenatal vit with calcium 95/ferrous fumarate/folic acid/dha)              | Tier 0    |                                  |
| PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG (prenatal vits no.115/iron fumarate/folic acid/docusate sod.)         | Tier 1    |                                  |
| PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamins no.119/iron fumarate/folic acid)                                         | Tier 2    |                                  |
| PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON-1 MG (prenatal vits with calcium no.115/iron fumarate/folic acid)                        | Tier 1    |                                  |
| PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG (prenatal vits with calcium no.21/ferrous fumarate/folic acid)                     | Tier 0    |                                  |
| PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON-272 MCG DFE (prenatal vits no.173/iron bisglycinate/folate no.11)                         | Tier 2    |                                  |
| PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG (prenatal vits with calcium no.93/ferrous fumarate/folic acid)                       | Tier 0    |                                  |
| PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG (prenatal vitamins no.116/iron fumarate/folic acid/dha)                      | Tier 0    |                                  |
| PRENATAL MULTI ORAL TABLET 27-800 MG-MCG (prenatal vit with calcium no.122/ferrous fumarate/folic acid)                              | Tier 0    |                                  |
| PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG (prenatal vitamins no.40/ferrous fumarate/folic acid/dha)      | Tier 0    |                                  |
| PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG (prenatal vits no.151/iron fum/folic acid/omega3/dha/epa/fish) | Tier 0    |                                  |

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| Prescription Drug Name                                                                                                     | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (prenatal vits with calcium 95/ferrous fumarate/folic acid)         | Tier 0    |                                  |
| PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG (prenatal vit with calcium no.129/ferrous fumarate/folic acid)          | Tier 0    |                                  |
| PRENATAL ORAL TABLET 28 MG IRON- 800 MCG (prenatal vits with calcium 95/ferrous fumarate/folic acid)                       | Tier 0    |                                  |
| PRENATAL ORAL TABLET 28-800 MG-MCG (prenatal vits with calcium 133/ferrous fumarate/folic acid)                            | Tier 0    |                                  |
| PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.72/ferrous fumarate/folic acid)   | Tier 1    |                                  |
| PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG (PNV no.72/ferrous fumarate/folic acid/omega-3/dha)       | Tier 2    |                                  |
| PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (prenatal vits with calcium no.72/iron,carbonyl/folic acid)                     | Tier 1    |                                  |
| PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG (prenatal vitamins no.180/ferrous fumarate/folic acid)          | Tier 1    |                                  |
| PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (prenatal vitamins with calcium/ferrous fumarate/folic acid)               | Tier 0    |                                  |
| <i>prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg</i>                                                      | Tier 0    |                                  |
| PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG (prenatal vit with calcium no.130/ferrous fumarate/folic acid)             | Tier 0    |                                  |
| PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 800 MCG (prenatal vits with calcium no.124/ferrous fumarat/folic acid)            | Tier 0    |                                  |
| PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.72/ferrous fumarate/folic acid) | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                        | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (prenatal vitamins with calcium/ferrous fumarate/folic acid)   | Tier 0    |                                  |
| <i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg</i>                                                         | Tier 0    |                                  |
| PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG (prenatal vitamins no.103/folic acid/omega-3s/dha/fish oil) | Tier 0    |                                  |
| PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG (prenatal vitamins no.68/iron fumarate/folate no.6/dha)                  | Tier 2    |                                  |
| PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG (prenatal vitamins no.69/iron fumarate/folate no.6/dha)                  | Tier 2    |                                  |
| PRIMACARE ORAL CAPSULE 30-1-300 MG (prenatal vits no.118/iron asparto glycinate/folate no.6/dha)                              | Tier 2    |                                  |
| PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG (prenatal vits no.65/ferrous fumarate,iron polysac/folic acid)                    | Tier 2    |                                  |
| SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (prenatal vits no.128/iron polysaccharide complex/folic acid)    | Tier 1    |                                  |
| SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG (prenatal vitamins no.33/iron polysach complex/folic acid/dha)        | Tier 2    |                                  |
| SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (prenatal vitamins no.13/iron polysaccharides/folate no.1)                    | Tier 1    |                                  |
| SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (prenatal vits with calcium 118/ferrous fumarate/folic acid)       | Tier 1    |                                  |
| SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamins no.119/iron fumarate/folic acid)                                  | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                           | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG (prenatal vits, calcium no.102/ferrous fum/folic acid/dha/lut)        | Tier 0    |                                  |
| STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG (prenatal vitamins no.63/iron,carbonyl/folic acid/dha)                        | Tier 0    |                                  |
| TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (multivitamin no.53/ferrous fum/folic acid/docusate/dha)     | Tier 1    |                                  |
| THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG (prenatal vitamins no.32/ferrous fumarate/folic acid/dha)            | Tier 0    |                                  |
| THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG (prenatal vitamins no.100/iron fumarate/folic acid/dha/epa)               | Tier 0    |                                  |
| THERANATAL ORAL TABLET 27 MG IRON- 1 MG (prenatal vitamins no.28/ferrous fumarate/folic acid)                                    | Tier 0    |                                  |
| THERANATAL PLUS ORAL COMBO PACK 27 MG IRON-1 MG-300 MG (prenatal vitamins no.74/ferrous fumarate/folic acid/dha)                 | Tier 0    |                                  |
| THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamin with calcium no.76/iron,carbonyl/folic acid)                          | Tier 2    |                                  |
| TRICARE ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium 103/ferrous fumarate/folic acid)                                | Tier 2    |                                  |
| TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG (prenatal vitamin 27 with calcium/ferrous fumarate/folic acid)                         | Tier 2    |                                  |
| TRINATE ORAL TABLET 28 MG IRON- 1 MG (prenatal vits with calcium no.73/ferrous fumarate/folic acid)                              | Tier 1    |                                  |
| TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG (prenatal vitamins no.93/iron carbonyl/folate no.9/dha)                        | Tier 2    |                                  |
| ULTRA PRENATAL PLUS DHA ORAL CAPSULE 27 MG-800 MCG- 250 MG-200 MG (prenatal vit no.166/iron/folic acid/omega-3/dha/epa/fish oil) | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                                | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG (prenatal vits no.102/iron polysacch/folate no.1/dha)                            | Tier 2    |                                  |
| VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG -50 MG-200 MG (prenatal vits no.102/iron polysacch/folate no.1/docusate/dha) | Tier 2    |                                  |
| VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (prenatal vitamins no.67/iron polysaccharides/folate no.1/dha)                     | Tier 2    |                                  |
| VITAFOL-OB ORAL TABLET 65-1 MG (prenatal vits with calcium no.10/ferrous fumarate/folic acid)                                         | Tier 2    |                                  |
| VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG (prenatal vits with calcium no.10/ferrous fum/folic acid/dha)                              | Tier 1    |                                  |
| VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (prenatal vits no.26/iron polysaccharide cplex/folic acid/dha)                       | Tier 2    |                                  |
| VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG (prenatal vitamins no.25/ferrous fumarate/folate no.6/dha)                       | Tier 2    |                                  |
| VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG (prenatal vits no.34/iron,carb/folic acid/docusate sodium/dha)                   | Tier 1    |                                  |
| WESNATAL DHA COMPLETE ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (prenatal vitamins no.52/iron/folic acid/omega-3/dha)                   | Tier 2    |                                  |
| WESNATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3)                        | Tier 1    |                                  |
| WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.72/ferrous fumarate/folic acid)                               | Tier 1    |                                  |
| WESTGEL DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG (prenatal vitamins no.93/iron carbonyl/folate no.9/dha)                              | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                           | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG- 200 MG (prenatal vit with calcium no.61/iron fumarate/folic acid/dha)   | Tier 0    |                                  |
| <b>Prenatal Vitamins With Low Or No Iron (Less Than 27 Mg) - Drugs For Nutrition</b>                                             |           |                                  |
| ALTRIXA OB ORAL TABLET 15 MG IRON- 1,750 MCG DFE (prenatal vitamins no.181/ferrous fumarate/folate)                              | Tier 2    |                                  |
| AZESCO ORAL TABLET 13 MG IRON- 1 MG (prenatal vitamins no.147/ferrous gluconate/folic acid)                                      | Tier 2    |                                  |
| MATERVIA ORAL CAPSULE 6.5 MG IRON- 500 MCG (prenatal vitamins no.178/iron bisglycinate/folic acid)                               | Tier 2    |                                  |
| NATAL PNV ORAL TABLET 6 MG IRON- 833.5 MCG DFE (prenatal vitamins no.164/ferrous gluconate/folate no.6)                          | Tier 1    |                                  |
| ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG (prenatal vitamins no.167/folic acid/docosahexaenoic acid)                | Tier 2    |                                  |
| PNV TABS 20-1 ORAL TABLET 20 MG IRON- 1 MG (prenatal vitamins no.163/iron bis-glycinate/folate no.10)                            | Tier 2    |                                  |
| PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG- 25 MG-5 MG (prenatal vitamins no.153/folic acid/omega3/dha/epa/fish oil)    | Tier 0    |                                  |
| PRENATAL ORAL TABLET,CHEWABLE 400 MCG (prenatal vitamins no.144/folic acid)                                                      | Tier 0    |                                  |
| PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG (prenatal vitamins no.78/iron asparto glycin/folate no.1/dha) | Tier 2    |                                  |
| PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG (prenatal vits no.114/ferrous aspart glycinate/folate no.1)           | Tier 2    |                                  |
| PRENATE ELITE ORAL TABLET 26 MG IRON- 1 MG (prenatal vitamins no.36/ferrous fumarate/folate no.6)                                | Tier 2    |                                  |

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|---------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG (prenatal vits no.87/iron asp.glycinate,carb/folate no.1/dha)     | Tier 2    |                                  |
| PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG (prenatal vitamins no.85/iron asparto glycine/folate no.1/dha)         | Tier 2    |                                  |
| PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG (prenatal vitamins no.77/ferrous asparto glycinate/folic acid)                  | Tier 2    |                                  |
| R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG (prenatal vitamins no.66/iron,carbonyl/folic acid/dha)                    | Tier 1    |                                  |
| THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT (prenatal vitamins no.74/ferrous fumarate/folic acid/coQ10)        | Tier 0    |                                  |
| VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG (prenatal vits no.112/iron phosph/folic acid/omega-3s/dha/epa) | Tier 1    |                                  |
| ZALVIT ORAL TABLET 13 MG IRON- 1 MG (prenatal vitamins no.147/ferrous gluconate/folic acid)                               | Tier 2    |                                  |
| ZIPHEX ORAL TABLET 13 MG IRON- 1 MG (prenatal vitamins no.147/ferrous gluconate/folic acid)                               | Tier 2    |                                  |
| <b>Sodium Chloride Flushes - Drugs For Nutrition</b>                                                                      |           |                                  |
| AQUASTAT 0.9% SODIUM CHLORIDE INJECTION SYRINGE (sodium chloride 0.9 % (flush))                                           | Tier 2    |                                  |
| AQUASTAT SFR 0.9% SODIUM CHLOR INJECTION SYRINGE (sodium chloride 0.9 % (flush))                                          | Tier 2    |                                  |
| BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (sodium chloride 0.9 % (flush))                                          | Tier 1    |                                  |
| MONOJECT 0.9% SODIUM CHLORIDE INJECTION SYRINGE (sodium chloride 0.9 % (flush))                                           | Tier 2    |                                  |
| MONOJECT PREFILL ADVANCED NS INJECTION SYRINGE (sodium chloride 0.9 % (flush))                                            | Tier 2    |                                  |

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|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| NORMAL SALINE FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))                                                                   | Tier 1    |                                  |
| <i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>                                                                          | Tier 1    |                                  |
| <i>sodium chloride 0.9 % (flush) injection syringe</i>                                                                                  | Tier 1    |                                  |
| <i>sodium chloride 0.9 % injection solution</i>                                                                                         | Tier 1    |                                  |
| <b>Sodium Chloride, Parenteral - Drugs For Nutrition</b>                                                                                |           |                                  |
| <i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>                                                                    | Tier 1    |                                  |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i>                                                                            | Tier 1    |                                  |
| <i>sodium chloride 0.9 % intravenous piggyback</i>                                                                                      | Tier 1    |                                  |
| <b>Vitamin C Combinations - Drugs For Nutrition</b>                                                                                     |           |                                  |
| EMERGEN-C APPLE CIDER VINEGAR ORAL POWDER EFFERVESCENT IN PACKET 250 MG (ascorbic acid/multivitamin with minerals/herbal drugs)         | Tier 2    |                                  |
| EMERGEN-C ASHWAGANDHA ORAL POWDER EFFERVESCENT IN PACKET 250 MG (ascorbic acid/multivitamin with minerals/herbal drugs)                 | Tier 2    |                                  |
| EMERGEN-C ELDERBERRY ORAL TABLET,CHEWABLE 133.3-16.7 MG, 250-16.7 MG (ascorbic acid/multivit with minerals/elderberry fruit)            | Tier 2    |                                  |
| EMERGEN-C ENERGY PLUS ORAL POWDER EFFERVESCENT IN PACKET 250-50 MG (ascorbic acid/vitamin B complex/minerals/cafeine)                   | Tier 2    |                                  |
| EMERGEN-C IMMUNE PLUS ORAL TABLET,CHEWABLE 250 MG (ascorbic acid/multivit with minerals)                                                | Tier 2    |                                  |
| EMERGEN-C ORAL TABLET,CHEWABLE 500 MG (ascorbic acid/ascorbate sodium/multivitamin with minerals)                                       | Tier 2    |                                  |
| EMERGEN-C TURMERIC GINGER ORAL POWDER EFFERVESCENT IN PACKET 250-100-150 MG (ascorbic acid/multivit with minerals/turmeric/ginger root) | Tier 2    |                                  |

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|------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| EMERGEN-C TURMERIC GINGER ORAL TABLET,CHEWABLE 83.3-33.3-16.6 MG (ascorbic acid/multivit with minerals/turmeric/ginger root) | Tier 2    |                                  |
| SAMBUCUS ELDERBERRY-VITAMIN C ORAL LOZENGE 250-12.5 MG (ascorbic acid/ascorbate sodium/elderberry fruit)                     | Tier 2    |                                  |
| VITAMIN C FIZZY DRINK ORAL POWDER EFFERVESCENT IN PACKET 1,000 MG (ascorbic acid/multivit with minerals)                     | Tier 1    |                                  |
| <b>Vitamin D And Folic Acid Combinations - Drugs For Nutrition</b>                                                           |           |                                  |
| CHOLECAL DF ORAL TABLET 95 MCG (3,800 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)                                       | Tier 2    |                                  |
| DERMACINRX DOTREMIN ORAL TABLET 250 MCG (10,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)                             | Tier 2    |                                  |
| DERMACINRX FOLDITAM ORAL TABLET 250 MCG (10,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)                             | Tier 2    |                                  |
| DERMACINRX FOLIXAPURE ORAL TABLET 125 MCG (5,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)                            | Tier 2    |                                  |
| DERMACINRX FOLIXATE ORAL TABLET 125 MCG- 1,700 MCG DFE (cholecalciferol (vit D3)/levomefolate calcium)                       | Tier 2    |                                  |
| DERMACINRX FOLTAMIN ORAL TABLET 125 MCG (5,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)                              | Tier 2    |                                  |
| DERMACINRX FOLTREXYL ORAL TABLET 125 MCG (5,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)                             | Tier 2    |                                  |
| FOLIC D3 ORAL CAPSULE 94.38 MCG(3,775 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)                                       | Tier 1    |                                  |
| OSTACHOL ORAL TABLET 95 MCG (3,800 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)                                          | Tier 2    |                                  |
| <b>Vitamin E Combinations - Drugs For Nutrition</b>                                                                          |           |                                  |
| XCELLENT E ORAL CAPSULE 33.5-125-25 MG (vitamin E/vitamin E mixed/tocotrienol)                                               | Tier 2    |                                  |

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|---------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Vitamins - A - Drugs For Nutrition</b>                                                                                 |           |                                  |
| A-25 (VIT A PALMITATE) ORAL CAPSULE 7,500 MCG (25,000 UNIT) (vitamin A palmitate)                                         | Tier 1    |                                  |
| <i>beta carotene oral capsule 7,500 mcg (25,000 unit)</i>                                                                 | Tier 1    |                                  |
| PUREVITA VITAMIN A ORAL DROPS 3,000 MCG/2 ML (vitamin A palmitate)                                                        | Tier 1    |                                  |
| <i>vitamin a oral capsule 3,000 mcg (10,000 unit)</i>                                                                     | Tier 1    |                                  |
| <i>vitamin a palmitate oral capsule 3,000 mcg (10,000 unit)</i>                                                           | Tier 1    |                                  |
| <b>Vitamins - B Preparation Combinations - Drugs For Nutrition</b>                                                        |           |                                  |
| B-COMPLEX PLUS B-12 ORAL TABLET 7 MG-5 MG-4 MG- 25 MCG-10 MG (thiamine HCl/riboflavin/niacinamide/cyanocobalamin/papain)  | Tier 2    |                                  |
| <i>cyanocobalamin-methylcobalamin sublingual drops 5,000 mcg/ml</i>                                                       | Tier 2    |                                  |
| <i>folic acid-vitamin b6-vit b12 oral tablet 400 mcg-50 mg- 100 mcg</i>                                                   | Tier 1    |                                  |
| FOLICORE B COMPLEX ORAL TABLET 1,000 MCG-10 MG -400 MCG (folic acid/pyridoxine HCl (B6)/cyanocobalamin)                   | Tier 2    |                                  |
| FOLVITA COMPLEX ORAL TABLET 1 MG-10 MG- 400 MCG (cyanocobalamin/folic acid/pyridoxine)                                    | Tier 2    |                                  |
| KIDS BRAIN BUILDER ORAL TABLET,CHEWABLE 27.5 MG-0.2 MG- 0.25 MCG (choline bitartrate/pyridoxine HCl (vitamin B6)/vit B12) | Tier 2    |                                  |
| METANX FC ORAL CAPSULE 2-3-35 MG (mecobalamin/levomefolate calcium/pyridoxal phosphate)                                   | Tier 2    |                                  |
| METHYL PROTECT ORAL CAPSULE 1,000 MCG-3,400 MCG DFE-10 MG (mecobalamin/folate no.11/pyridoxal/vit B2/betaine)             | Tier 2    |                                  |
| MINCORA ORAL TABLET 20 MCG- 1,000 MCG-10 MG (cholecalciferol/folic acid/vit B6/vit B12/acetylcysteine)                    | Tier 2    |                                  |

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| Prescription Drug Name                                                                                           | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| RELCARE ORAL TABLET 20 MCG- 1,000 MCG-10 MG (cholecalciferol/folic acid/vit B6/vit B12/acetylcysteine)           | Tier 2    |                                  |
| WESTAB MAX ORAL TABLET 2.5-25-2 MG (cyanocobalamin/folic acid/pyridoxine)                                        | Tier 1    |                                  |
| WESTAB ONE ORAL TABLET 2.5-25-1 MG (cyanocobalamin/folic acid/pyridoxine)                                        | Tier 1    |                                  |
| ZINGIBER ORAL TABLET 1.2 MG-40 MG- 124.1 MG-100 MG (folic acid/pyridoxine HCl/Ca phos dibasic & tribasic/ginger) | Tier 1    |                                  |
| <b>Vitamins - B-1, Thiamine And Derivatives - Drugs For Nutrition</b>                                            |           |                                  |
| <i>benfotiamine oral capsule 150 mg</i>                                                                          | Tier 1    |                                  |
| PUREVITA VITAMIN B1 ORAL DROPS 50 MG/2 ML (thiamine HCl)                                                         | Tier 1    |                                  |
| <i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>                                                    | Tier 1    |                                  |
| <i>thiamine hcl (vitamin b1) oral capsule 100 mg</i>                                                             | Tier 1    |                                  |
| <i>thiamine hcl (vitamin b1) oral tablet 100 mg, 50 mg</i>                                                       | Tier 1    |                                  |
| <i>thiamine mononitrate (vit b1) oral tablet 100 mg</i>                                                          | Tier 1    |                                  |
| <i>thiamine mononitrate (vit b1) oral tablet 250 mg, 50 mg</i>                                                   | Tier 1    |                                  |
| <b>Vitamins - B-12 And Folic Acid Combinations - Drugs For Nutrition</b>                                         |           |                                  |
| LORMATE ORAL CAPSULE 1 MG-1 MG(1,670 MCG DFE)-500 MG (mecobalamin/levomefolate calcium/turmeric root extract)    | Tier 2    |                                  |
| <i>me-thfolate glucos-mecobalamin oral tablet,disintegrating 1,000 mcg dfe- 2,500 mcg</i>                        | Tier 1    |                                  |
| PAXLYTE ORAL CAPSULE 50 MCG-1 MG- 4.25 MG DFE (cobamamide/folic acid/leucovorin/levomefolate/mv-mins no.111)     | Tier 1    |                                  |
| <i>vitamin b12-folic acid oral tablet,disintegrating 2,500-400 mcg</i>                                           | Tier 1    |                                  |

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|----------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Vitamins - B-12, Cyanocobalamin And Derivatives - Drugs For Nutrition</b>                 |           |                                  |
| ADENO-HYDROXO B12 ORAL TABLET,DISINTEGRATING 2,500 MCG (hydroxocobalamin acetate/cobamamide) | Tier 2    |                                  |
| B12 ACTIVE ORAL TABLET,CHEWABLE 1,000 MCG (mecobalamin)                                      | Tier 2    |                                  |
| B12 SUBLINGUAL LOZENGE 5,000-100 MCG (cyanocobalamin/cobamamide)                             | Tier 1    |                                  |
| <i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>                         | Tier 1    |                                  |
| <i>cyanocobalamin (vitamin b-12) nasal spray,non-aerosol 500 mcg/spray</i>                   | Tier 1    |                                  |
| <i>cyanocobalamin (vitamin b-12) oral liquid 1,000 mcg/15 ml</i>                             | Tier 1    |                                  |
| <i>cyanocobalamin (vitamin b-12) oral lozenge 500 mcg</i>                                    | Tier 2    |                                  |
| <i>cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg, 100 mcg, 250 mcg, 500 mcg</i>        | Tier 1    |                                  |
| <i>cyanocobalamin (vitamin b-12) oral tablet extended release 1,000 mcg, 2,000 mcg</i>       | Tier 1    |                                  |
| <i>cyanocobalamin (vitamin b-12) oral tablet,chewable 1,500 mcg, 5,000 mcg, 500 mcg</i>      | Tier 1    |                                  |
| <i>cyanocobalamin (vitamin b-12) sublingual lozenge 3,000 mcg</i>                            | Tier 2    |                                  |
| <i>cyanocobalamin (vitamin b-12) sublingual tablet 1,000 mcg, 2,500 mcg, 5,000 mcg</i>       | Tier 1    |                                  |
| <i>cyanocobalamin-cobamamide sublingual tablet 5,000-100 mcg</i>                             | Tier 1    |                                  |
| <i>cyanocobalamin-methylcobalamin sublingual drops 5,000 mcg/ml</i>                          | Tier 2    |                                  |
| cyanocobalamin (vitamin B-12) (Dodex Injection Solution 1,000 Mcg/MI)                        | Tier 1    |                                  |
| <i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>                                  | Tier 1    |                                  |

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|-----------------------------------------------------------------------------|-----------|----------------------------------|
| <i>mecobalamin (vitamin b12) injection recon soln 10,000 mcg</i>            | Tier 1    |                                  |
| <i>mecobalamin (vitamin b12) oral tablet,chewable 1,000 mcg</i>             | Tier 1    |                                  |
| <i>mecobalamin (vitamin b12) oral tablet,chewable 5,000 mcg, 500 mcg</i>    | Tier 1    |                                  |
| <i>mecobalamin (vitamin b12) oral tablet,disintegrating 5,000 mcg</i>       | Tier 1    |                                  |
| <i>mecobalamin (vitamin b12) sublingual tablet,disintegrating 1,000 mcg</i> | Tier 2    |                                  |
| PUREVITA VITAMIN B12 ORAL DROPS 3,000 MCG/2 ML (mecobalamin)                | Tier 1    |                                  |
| <b>Vitamins - B-2, Riboflavin And Derivatives - Drugs For Nutrition</b>     |           |                                  |
| PUREVITA VITAMIN B2 ORAL DROPS 25 MG/2 ML (riboflavin (vitamin B2))         | Tier 1    |                                  |
| <i>riboflavin (vitamin b2) oral capsule 100 mg</i>                          | Tier 1    |                                  |
| <i>riboflavin (vitamin b2) oral tablet 100 mg, 25 mg, 50 mg</i>             | Tier 1    |                                  |
| <b>Vitamins - B-3, Niacin And Derivatives - Drugs For Nutrition</b>         |           |                                  |
| <i>niacin (inositol niacinate) oral capsule 400 mg niacin (500 mg)</i>      | Tier 1    |                                  |
| <i>niacin (inositol niacinate) oral capsule 500 mg</i>                      | Tier 2    |                                  |
| <i>niacin oral capsule 100 mg</i>                                           | Tier 1    |                                  |
| <i>niacin oral tablet 100 mg, 500 mg</i>                                    | Tier 1    |                                  |
| <i>niacin oral tablet extended release 500 mg</i>                           | Tier 1    |                                  |
| <i>niacinamide oral capsule 500 mg</i>                                      | Tier 1    |                                  |
| <i>niacinamide oral tablet 250 mg, 50 mg</i>                                | Tier 1    |                                  |
| <i>niacinamide oral tablet 500 mg</i>                                       | Tier 1    |                                  |
| PUREVITA VITAMIN B3 ORAL DROPS 35 MG/2 ML (niacinamide)                     | Tier 1    |                                  |

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| Prescription Drug Name                                                        | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Vitamins - B-5, Pantothenic Acid And Derivatives - Drugs For Nutrition</b> |           |                                  |
| <i>calcium pantothenate oral capsule 250 mg</i>                               | Tier 1    |                                  |
| PUREVITA VITAMIN B5 ORAL DROPS 20 MG/2 ML (calcium pantothenate)              | Tier 1    |                                  |
| <b>Vitamins - B-6, Pyridoxine And Derivatives - Drugs For Nutrition</b>       |           |                                  |
| PUREVITA VITAMIN B6 ORAL DROPS 25 MG/2 ML (pyridoxine HCl (vitamin B6))       | Tier 1    |                                  |
| <i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>                   | Tier 1    |                                  |
| <i>pyridoxine (vitamin b6) oral tablet 10 mg</i>                              | Tier 1    |                                  |
| <i>pyridoxine (vitamin b6) oral tablet 100 mg, 25 mg, 50 mg, 500 mg</i>       | Tier 1    |                                  |
| <b>Vitamins - Bioflavonoids - Drugs For Nutrition</b>                         |           |                                  |
| <i>quercetin oral capsule 500 mg</i>                                          | Tier 2    |                                  |
| <b>Vitamins - Biotin - Drugs For Nutrition</b>                                |           |                                  |
| <i>biotin oral capsule 5 mg</i>                                               | Tier 1    |                                  |
| <i>biotin oral tablet 1 mg</i>                                                | Tier 2    |                                  |
| <i>biotin oral tablet 10 mg, 5 mg</i>                                         | Tier 1    |                                  |
| <i>biotin oral tablet,chewable 2,500 mcg</i>                                  | Tier 1    |                                  |
| <i>biotin oral tablet,chewable 5,000 mcg</i>                                  | Tier 1    |                                  |
| <i>biotin oral tablet,disintegrating 10,000 mcg, 5,000 mcg</i>                | Tier 1    |                                  |
| HAIR, SKIN AND NAILS (BIOTIN) ORAL TABLET,CHEWABLE 10,000 MCG (biotin)        | Tier 1    |                                  |
| VITAJEY Biotin ORAL TABLET,CHEWABLE 2,500 MCG (biotin)                        | Tier 1    |                                  |

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|---------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Vitamins - C, Ascorbic Acid And Derivatives - Drugs For Nutrition</b>                          |           |                                  |
| ASCOR INTRAVENOUS SOLUTION 500 MG/ML (ascorbic acid)                                              | Tier 2    |                                  |
| <i>ascorbate sodium (vitamin c) oral liquid 1,000 mg/15 ml</i>                                    | Tier 1    |                                  |
| <i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>                                     | Tier 1    |                                  |
| <i>ascorbic acid (vitamin c) oral tablet 1,000 mg, 250 mg, 500 mg</i>                             | Tier 1    |                                  |
| <i>ascorbic acid (vitamin c) oral tablet, chewable 125 mg, 250 mg, 500 mg</i>                     | Tier 1    |                                  |
| <i>ascorbic acid(vitamin c)(bulk) granules 100 %</i>                                              | Tier 2    |                                  |
| <i>ascorbic acid-ascorbate sodium oral tablet, chewable 500 mg</i>                                | Tier 1    |                                  |
| <i>ascorbic acid-zinc oxide oral capsule 90-50 mg</i>                                             | Tier 1    |                                  |
| BUFFERED C POWDER ORAL POWDER IN PACKET 3,000 MG (ascorbic acid/minerals)                         | Tier 2    |                                  |
| EASY-C IMMUNE HEALTH ORAL TABLET 500 MG (ascorbate calcium/ascorbyl palmitate)                    | Tier 1    |                                  |
| LIQUID C ORAL LIQUID 500 MG/5 ML (ascorbic acid)                                                  | Tier 1    |                                  |
| PUREVITA VITAMIN C ORAL DROPS 100 MG/ML (ascorbic acid)                                           | Tier 1    |                                  |
| PUREVITA VITAMIN C ORAL TABLET, CHEWABLE 125 MG (ascorbic acid)                                   | Tier 1    |                                  |
| VITAJEY DAILY C ORAL TABLET, CHEWABLE 125 MG (ascorbic acid)                                      | Tier 1    |                                  |
| VITAMIN C WITH ROSE HIPS ORAL CAPSULE 500 MG (ascorbic acid)                                      | Tier 1    |                                  |
| VITAMIN C WITH ROSE HIPS ORAL TABLET 1,000 MG, 500 MG (ascorbic acid)                             | Tier 1    |                                  |
| XCELLENT C ORAL CAPSULE 750-7.5 MG (ascorbate calcium, magnesium, potassium/black pepper extract) | Tier 2    |                                  |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Vitamins - D And K Combinations - Drugs For Nutrition</b>                                                                                                                       |           |                                  |
| DECARA K ORAL CAPSULE 1,250-200 MCG (cholecalciferol (vit D3)/vitamin K2)                                                                                                          | Tier 2    |                                  |
| DOSOKAP ORAL TABLET 137.5-200 MCG (cholecalciferol (vit D3)/vitamin K2)                                                                                                            | Tier 2    |                                  |
| K2-D3 MAX ORAL CAPSULE 125 MCG (5,000 UNIT)-180 MCG (cholecalciferol (vit D3)/vitamin K2)                                                                                          | Tier 2    |                                  |
| <i>vitamin d2-vitamin k1 oral drops 20-120 mcg/4 drops</i>                                                                                                                         | Tier 1    |                                  |
| <i>vitamin d3-vitamin k2 oral capsule 125 mcg (5,000 unit)-100 mcg, 125-90 mcg, 250 mcg (10,000 unit)-45 mcg</i>                                                                   | Tier 1    |                                  |
| <b>Vitamins - D Derivatives - Drugs For Nutrition</b>                                                                                                                              |           |                                  |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>                                                                                                                                   | Tier 1    |                                  |
| <i>calcitriol oral solution 1 mcg/ml</i>                                                                                                                                           | Tier 1    |                                  |
| <i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit), 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 250 mcg (10,000 unit), 50 mcg (2,000 unit)</i> | Tier 1    |                                  |
| <i>cholecalciferol (vitamin d3) oral capsule 62.5 mcg (2,500 unit)</i>                                                                                                             | Tier 1    |                                  |
| <i>cholecalciferol (vitamin d3) oral drops 10 mcg/drop (400 unit/drop), 10 mcg/ml (400 unit/ml), 25 mcg/drop ( 1000 unit/drop)</i>                                                 | Tier 1    |                                  |
| <i>cholecalciferol (vitamin d3) oral drops 125 mcg/0.5 ml (5k unit/0.5ml)</i>                                                                                                      | Tier 1    |                                  |
| <i>cholecalciferol (vitamin d3) oral syringe 10 mcg/ml (400 unit/ml)</i>                                                                                                           | Tier 1    |                                  |
| <i>cholecalciferol (vitamin d3) oral tablet 1,250 mcg (50,000 unit), 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>                         | Tier 1    |                                  |
| <i>cholecalciferol (vitamin d3) oral tablet 250 mcg (10,000 unit)</i>                                                                                                              | Tier 1    |                                  |

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|------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>cholecalciferol (vitamin d3) oral tablet,chewable 25 mcg (1,000 unit)</i>                         | Tier 1    |                                  |
| <i>cholecalciferol (vitamin d3) oral tablet,chewable 50 mcg (2,000 unit), 62.5 mcg (2,500 unit)</i>  | Tier 2    |                                  |
| <i>cholecalciferol (vitamin d3) oral tablet,disintegrating 50 mcg (2,000 unit)</i>                   | Tier 1    |                                  |
| D3-2000 ORAL CAPSULE 50 MCG (2,000 UNIT)<br>(cholecalciferol (vitamin D3))                           | Tier 1    |                                  |
| <i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>                              | Tier 1    |                                  |
| <i>ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)</i>                             | Tier 1    |                                  |
| PEDIATRIC D-VITE ORAL DROPS 10 MCG/ML (400 UNIT/ML) (cholecalciferol (vitamin D3))                   | Tier 1    |                                  |
| PUREVITA VITAMIN D3 ORAL DROPS 10 MCG/2 ML (400 UNIT/2 ML) (cholecalciferol (vitamin D3))            | Tier 1    |                                  |
| PUREVITA VITAMIN D3 ORAL TABLET 25 MCG (1,000 UNIT) (cholecalciferol (vitamin D3))                   | Tier 1    |                                  |
| ROCALTROL ORAL SOLUTION 1 MCG/ML (calcitriol)                                                        | Tier 2    |                                  |
| ergocalciferol (vitamin D2) (Vitamin D2 Oral Capsule 1,250 Mcg (50,000 Unit))                        | Tier 1    |                                  |
| WEEKLY-D ORAL CAPSULE 1,250 MCG (50,000 UNIT)<br>(cholecalciferol (vitamin D3))                      | Tier 1    |                                  |
| <b>Vitamins - E - Drugs For Nutrition</b>                                                            |           |                                  |
| PUREVITA VITAMIN E ORAL DROPS 180 MG/2 ML (vitamin E)                                                | Tier 1    |                                  |
| <i>vitamin e (dl, acetate) oral capsule 180 mg (400 unit), 45 mg (100 unit), 450 mg (1,000 unit)</i> | Tier 1    |                                  |
| <i>vitamin e (dl, acetate) oral capsule 90 mg (200 unit)</i>                                         | Tier 1    |                                  |
| <i>vitamin e (dl, acetate) oral drops 45 mg/0.25ml 100 unit/0.25ml</i>                               | Tier 1    |                                  |

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|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>vitamin e acetate (bulk) liquid 125 unit/ml</i>                                                             | Tier 2    |                                  |
| <b>Vitamins - Folic Acid And Derivatives - Drugs For Nutrition</b>                                             |           |                                  |
| COBALEFOL ORAL CAPSULE 1-1.4-1.6-16.3 MG (folic acid/thiamine/riboflavin/B3/B6/B12/vit C/vit D3/vit E)         | Tier 2    |                                  |
| DEPLIN FC ORAL CAPSULE 15 MG (levomefolate calcium)                                                            | Tier 2    |                                  |
| FOLETRA ORAL CAPSULE 1-1.4-1.6-16.3 MG (folic acid/thiamine/riboflavin/B3/B6/B12/vit C/vit D3/vit E)           | Tier 2    |                                  |
| <i>folic acid injection solution 5 mg/ml</i>                                                                   | Tier 1    |                                  |
| <i>folic acid oral tablet 1 mg, 400 mcg</i>                                                                    | Tier 1    |                                  |
| <i>folic acid oral tablet 800 mcg</i>                                                                          | Tier 0    |                                  |
| HYLAZINC ORAL TABLET 1 MG-1.5 MG- 1.7 MG-50 MG (folic acid/thiamine/riboflavin/niacin/pyridoxine/B12/C/zinc)   | Tier 2    |                                  |
| <i>methyltetrahydrofolate glucos oral capsule 1,700 mcg dfe, 680 mcg dfe, 8,500 mcg dfe</i>                    | Tier 1    |                                  |
| MI-VITE RX ORAL TABLET 1-1.5-1.7-20-5 MG (folic acid/thiamine/riboflavin/niacin/B5/B6/biotin/B12/vit C)        | Tier 1    |                                  |
| PUREVITA FOLIC ACID ORAL DROPS 200 MCG/ML (folic acid)                                                         | Tier 1    |                                  |
| PUREVITA FOLIC ACID ORAL TABLET 400 MCG (folic acid)                                                           | Tier 1    |                                  |
| <b>Vitamins - Folic Acid Combinations - Drugs For Nutrition</b>                                                |           |                                  |
| FOLCYTEINE ORAL TABLET 1 MG-47 MG- 20 MCG-16 MG (folic acid/calcium citrate/vitamin D3/mag citrate/a-cysteine) | Tier 2    |                                  |
| WESTAB MAX ORAL TABLET 2.5-25-2 MG (cyanocobalamin/folic acid/pyridoxine)                                      | Tier 1    |                                  |
| WESTAB ONE ORAL TABLET 2.5-25-1 MG (cyanocobalamin/folic acid/pyridoxine)                                      | Tier 1    |                                  |

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|--------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------|
| <b>Vitamins - K, Phytonadione And Derivatives - Drugs For Nutrition</b>        |           |                                                                                                                         |
| K1-1000 ORAL CAPSULE 1,000 MCG (phytonadione (vit K1))                         | Tier 2    |                                                                                                                         |
| <i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>                   | Tier 1    |                                                                                                                         |
| <i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>                 | Tier 1    |                                                                                                                         |
| <i>phytonadione (vitamin k1) oral tablet 5 mg</i>                              | Tier 1    |                                                                                                                         |
| VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (phytonadione (vit K1))               | Tier 1    |                                                                                                                         |
| phytonadione (vit K1) (Vitamin K1 Injection Solution 10 Mg/ML)                 | Tier 1    |                                                                                                                         |
| <i>vitamin k2 (mk-4) oral tablet 100 mcg</i>                                   | Tier 2    |                                                                                                                         |
| <i>vitamin k2 oral capsule 100 mcg, 45 mcg</i>                                 | Tier 1    |                                                                                                                         |
| <i>vitamin k2 oral drops 90 mcg/0.5 ml</i>                                     | Tier 2    |                                                                                                                         |
| <b>Endocrine</b>                                                               |           |                                                                                                                         |
| <b>Antihyperglycemic - Dual SglT1 And SglT2 Inhibitors</b>                     |           |                                                                                                                         |
| INPEFA ORAL TABLET 200 MG, 400 MG (sotagliflozin)                              | Tier 2    | ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days |
| <b>Corticotropin-Releasing Factor (Crf) Type 1 Receptor Antagonists</b>        |           |                                                                                                                         |
| CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG (crinecerfont)                    | Tier 3    | PA                                                                                                                      |
| CRENESSITY ORAL SOLUTION 50 MG/ML (crinecerfont)                               | Tier 3    | PA                                                                                                                      |
| <b>Menopausal Symptoms Suppressant- Neurokinin 3 (Nk3) Receptor Antagonist</b> |           |                                                                                                                         |
| VEOZAH ORAL TABLET 45 MG (fezolinetant)                                        | Tier 2    |                                                                                                                         |

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| Prescription Drug Name                                                                      | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Endocrine - Hormones</b>                                                                 |           |                                  |
| <b>Abortifacients Or Cervical Ripening Agents - Prostaglandin Analogs - Drugs For Women</b> |           |                                  |
| CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG (dinoprostone)                              | Tier 2    |                                  |
| PREPIDIL VAGINAL GEL 0.5 MG/3 G (dinoprostone)                                              | Tier 2    |                                  |
| <b>Abortifacients- Progesterone Receptor Antagonist - Drugs For Women</b>                   |           |                                  |
| MIFEPREX ORAL TABLET 200 MG (mifepristone)                                                  | Tier 2    |                                  |
| <i>mifepristone oral tablet 200 mg</i>                                                      | Tier 0    |                                  |
| <b>Adrenal Steroid Inhibitors - Hormones</b>                                                |           |                                  |
| ISTURISA ORAL TABLET 1 MG, 5 MG (osilodrostat phosphate)                                    | Tier 3    | PA                               |
| RECORLEV ORAL TABLET 150 MG (levoketoconazole)                                              | Tier 3    | PA                               |
| <b>Adrenocorticotrophic Hormones - Hormones</b>                                             |           |                                  |
| ACTHAR INJECTION GEL 80 UNIT/ML (corticotropin)                                             | Tier 3    | PA                               |
| ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML (corticotropin)        | Tier 3    | PA                               |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML (corticotropin)                                     | Tier 3    | PA                               |
| CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML (corticotropin)              | Tier 3    | PA                               |
| <b>Agents To Treat Hypoglycemia (Hyperglycemics) - Drugs For Diabetes</b>                   |           |                                  |
| BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION (glucagon)                                  | Tier 2    |                                  |
| <i>diazoxide oral suspension 50 mg/ml</i>                                                   | Tier 1    |                                  |

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|---------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------|
| GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (glucagon HCl)                 | Tier 2    | ST: Requires prior prescription for Baqsimi or Gvoke within the past 120 days |
| glucagon (Glucagon Emergency Kit (Human) Injection Recon Soln 1 Mg)                   | Tier 1    | ST: Requires prior prescription for Baqsimi or Gvoke within the past 120 days |
| <i>glucose oral tablet, chewable 2 gram</i>                                           | Tier 1    |                                                                               |
| <i>glucose oral tablet, chewable 3.75 gram, 4 gram</i>                                | Tier 1    |                                                                               |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML (glucagon) | Tier 2    |                                                                               |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML (glucagon) | Tier 2    |                                                                               |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (glucagon)                  | Tier 2    |                                                                               |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (glucagon)                  | Tier 2    |                                                                               |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML (glucagon)                                    | Tier 2    |                                                                               |
| INSTA-GLUCOSE (WITH DEXTRIN) ORAL GEL 24 GRAM/31 GRAM (dextrose/dextrin/maltose)      | Tier 2    |                                                                               |
| PROGLYCEM ORAL SUSPENSION 50 MG/ML (diazoxide)                                        | Tier 2    |                                                                               |
| ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML (dasiglucagon HCl)    | Tier 2    | ST: Requires prior prescription for Baqsimi or Gvoke within the past 120 days |
| ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML (dasiglucagon HCl)               | Tier 2    | ST: Requires prior prescription for Baqsimi or Gvoke within the past 120 days |

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|------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Amyloidosis Agents- Transthyretin (Ttr) Stabilizer - Hormones</b>                     |           |                                  |
| ATTRUBY ORAL TABLET 356 MG (acoramidis HCl)                                              | Tier 3    | PA                               |
| VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)                                                  | Tier 3    | PA                               |
| VYNDAQEL ORAL CAPSULE 20 MG (tafamidis meglumine)                                        | Tier 3    | PA                               |
| <b>Amyloidosis Agents-Ttr Suppression, Antisense Oligonucleotide-Based - Hormones</b>    |           |                                  |
| WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML (eplontersen sodium)                      | Tier 3    | PA                               |
| <b>Androgen - Single Agents - Drugs For Men</b>                                          |           |                                  |
| ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %) (testosterone) | Tier 2    | PA; QL (5 GM per 1 day)          |
| testosterone cypionate (Depo-Testosterone Intramuscular Oil 100 Mg/ML)                   | Tier 2    | PA; QL (10 ML per 28 days)       |
| JATENZO ORAL CAPSULE 158 MG, 198 MG (testosterone undecanoate)                           | Tier 2    | PA; QL (4 EA per 1 day)          |
| JATENZO ORAL CAPSULE 237 MG (testosterone undecanoate)                                   | Tier 2    | PA; QL (2 EA per 1 day)          |
| KYZATREX ORAL CAPSULE 100 MG (testosterone undecanoate)                                  | Tier 2    | PA; QL (2 EA per 1 day)          |
| KYZATREX ORAL CAPSULE 150 MG, 200 MG (testosterone undecanoate)                          | Tier 2    | PA; QL (4 EA per 1 day)          |
| METHITEST ORAL TABLET 10 MG (methyltestosterone)                                         | Tier 2    | PA                               |
| <i>methyltestosterone oral capsule 10 mg</i>                                             | Tier 1    | PA                               |
| NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION (testosterone)        | Tier 2    | PA; QL (22 GM per 30 days)       |
| TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)                                 | Tier 2    | PA; QL (10 GM per 1 day)         |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>                     | Tier 1    | PA; QL (10 ML per 28 days)       |

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|-------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i>                                             | Tier 1    | PA; QL (5 ML per 28 days)        |
| <i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>                                                | Tier 1    | PA; QL (10 GM per 1 day)         |
| <i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>                    | Tier 1    | PA; QL (4 GM per 1 day)          |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>                     | Tier 1    | PA; QL (10 GM per 1 day)         |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>                  | Tier 1    | PA; QL (5 GM per 1 day)          |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)</i>          | Tier 1    | PA; QL (5 GM per 1 day)          |
| <i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>                                      | Tier 1    | PA; QL (10 GM per 1 day)         |
| <i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>                             | Tier 1    | PA; QL (1.25 GM per 1 day)       |
| <i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>               | Tier 1    | PA; QL (6 ML per 1 day)          |
| TLANDO ORAL CAPSULE 112.5 MG (testosterone undecanoate)                                               | Tier 2    | PA; QL (4 EA per 1 day)          |
| VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)                                             | Tier 2    | PA; QL (10 GM per 1 day)         |
| VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %) (testosterone)                  | Tier 2    | PA; QL (10 GM per 1 day)         |
| VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM) (testosterone)                                   | Tier 2    | PA; QL (10 GM per 1 day)         |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML (testosterone enanthate) | Tier 2    | PA; QL (2 ML per 28 days)        |
| <b>Antidiuretic And Vasopressor Hormones - Hormones</b>                                               |           |                                  |
| DDAVP INJECTION SOLUTION 4 MCG/ML (desmopressin acetate)                                              | Tier 2    |                                  |
| DDAVP ORAL TABLET 0.1 MG, 0.2 MG (desmopressin acetate)                                               | Tier 2    |                                  |

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| Prescription Drug Name                                                                    | Drug Tier | Coverage Requirements and Limits                                                             |
|-------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------|
| <i>desmopressin injection solution 4 mcg/ml</i>                                           | Tier 1    |                                                                                              |
| <i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>                           | Tier 1    |                                                                                              |
| <i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml)</i> | Tier 1    |                                                                                              |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>                                            | Tier 1    |                                                                                              |
| NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG (desmopressin acetate)           | Tier 2    | QL (1 EA per 1 day)                                                                          |
| NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG (desmopressin acetate)         | Tier 2    | QL (1 EA per 1 day)                                                                          |
| <b>Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs For Diabetes</b>              |           |                                                                                              |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>                                          | Tier 1    |                                                                                              |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>                                          | Tier 1    |                                                                                              |
| PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (acarbose)                                       | Tier 2    |                                                                                              |
| <b>Antihyperglycemic - Amylin Analog-Type - Drugs For Diabetes</b>                        |           |                                                                                              |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML (pramlintide acetate)            | Tier 2    |                                                                                              |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML (pramlintide acetate)             | Tier 2    |                                                                                              |
| <b>Antihyperglycemic - Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors - Drugs For Diabetes</b> |           |                                                                                              |
| <i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i>                                     | Tier 1    | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (sitagliptin phosphate)                          | Tier 2    |                                                                                              |

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| Prescription Drug Name                                                     | Drug Tier | Coverage Requirements and Limits                                                                                                                                       |
|----------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NESINA ORAL TABLET 12.5 MG, 25 MG (alogliptin benzoate)                    | Tier 2    | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days                                                                           |
| <i>saxagliptin oral tablet 2.5 mg, 5 mg</i>                                | Tier 1    | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days                                                                           |
| <i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i>                        | Tier 2    | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days                                                                           |
| TRADJENTA ORAL TABLET 5 MG (linagliptin)                                   | Tier 2    | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days                                                                           |
| ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (sitagliptin)                     | Tier 2    | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days                                                                           |
| <b>Antihyperglycemic - Dopamine Receptor Agonists - Drugs For Diabetes</b> |           |                                                                                                                                                                        |
| CYCLOSET ORAL TABLET 0.8 MG (bromocriptine mesylate)                       | Tier 2    | ST: Requires prior prescription for Metformin (Glucophage), Metformin ER, Glyburide/Metformin (Glucovance), or Glipizide/Metformin (Metaglip) within the past 180 days |

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|----------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antihyperglycemic - Dual Gip And Glp-1 Receptor Agonists - Drugs For Diabetes</b>                                                   |           |                                  |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (tirzepatide) | Tier 2    | PA                               |
| <b>Antihyperglycemic - Glucagon-Like Peptide-1 (Glp-1) Receptor Agonists - Drugs For Diabetes</b>                                      |           |                                  |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML (exenatide microspheres)                                                        | Tier 2    | PA                               |
| <i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml, 5 mcg/dose (250 mcg/ml) 1.2 ml</i>                              | Tier 1    | PA                               |
| <i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>                                                                | Tier 1    | PA                               |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) (semaglutide)            | Tier 2    | PA                               |
| RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG (semaglutide)                                                               | Tier 2    | PA                               |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML (dulaglutide)                            | Tier 2    | PA                               |
| VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)                                                       | Tier 2    | PA                               |
| VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)                                                       | Tier 2    | PA                               |
| <b>Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (Gr-Ii) - Drugs For Diabetes</b>                                     |           |                                  |
| KORLYM ORAL TABLET 300 MG (mifepristone)                                                                                               | Tier 3    | PA                               |
| <i>mifepristone oral tablet 300 mg</i>                                                                                                 | Tier 3    | PA                               |

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|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------|
| <b>Antihyperglycemic - Meglitinide Analogs - Drugs For Diabetes</b>                                                                                |           |                                                                                                                         |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>                                                                                                       | Tier 1    |                                                                                                                         |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                                                  | Tier 1    |                                                                                                                         |
| <b>Antihyperglycemic - Sglt-2 Inhibitor And Biguanide Combinations - Drugs For Diabetes</b>                                                        |           |                                                                                                                         |
| INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (canagliflozin/metformin HCl)                                               | Tier 2    | ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days |
| INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (canagliflozin/metformin HCl)                    | Tier 2    | ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days |
| SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG (ertugliflozin pidolate/metformin HCl)                                   | Tier 2    | ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (empagliflozin/metformin HCl)                                                | Tier 2    |                                                                                                                         |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG (empagliflozin/metformin HCl)                  | Tier 2    |                                                                                                                         |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG (dapagliflozin propanediol/metformin HCl) | Tier 2    |                                                                                                                         |

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|---------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------|
| <b>Antihyperglycemic - Sglt-2 Inhibitor And Dpp-4 Inhibitor Combinations - Drugs For Diabetes</b> |           |                                                                                                                         |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (empagliflozin/linagliptin)                                 | Tier 2    |                                                                                                                         |
| QTERN ORAL TABLET 10-5 MG, 5-5 MG (dapagliflozin propanediol/saxagliptin HCl)                     | Tier 2    |                                                                                                                         |
| STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (ertugliflozin pidolate/sitagliptin phosphate)          | Tier 2    |                                                                                                                         |
| <b>Antihyperglycemic - Sodium Glucose Cotransporter-2 (Sglt2) Inhibitors - Drugs For Diabetes</b> |           |                                                                                                                         |
| BRENZAVVY ORAL TABLET 20 MG (bexagliflozin)                                                       | Tier 2    | ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days |
| FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)                                       | Tier 2    |                                                                                                                         |
| INVOKANA ORAL TABLET 100 MG, 300 MG (canagliflozin)                                               | Tier 2    |                                                                                                                         |
| JARDIANCE ORAL TABLET 10 MG, 25 MG (empagliflozin)                                                | Tier 2    |                                                                                                                         |
| STEGLATRO ORAL TABLET 15 MG, 5 MG (ertugliflozin pidolate)                                        | Tier 2    |                                                                                                                         |
| <b>Antihyperglycemic - Sulfonylurea And Biguanide Combinations - Drugs For Diabetes</b>           |           |                                                                                                                         |
| <i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>                           | Tier 1    |                                                                                                                         |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>                          | Tier 1    |                                                                                                                         |
| <b>Antihyperglycemic - Sulfonylurea Derivatives - Drugs For Diabetes</b>                          |           |                                                                                                                         |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>                                                   | Tier 1    |                                                                                                                         |

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|----------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>glimepiride oral tablet 3 mg</i>                                                          | Tier 1    |                                                                                                                                                 |
| <i>glipizide oral tablet 10 mg, 5 mg</i>                                                     | Tier 1    |                                                                                                                                                 |
| <i>glipizide oral tablet 2.5 mg</i>                                                          | Tier 1    |                                                                                                                                                 |
| <i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>                       | Tier 1    |                                                                                                                                                 |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG (glipizide)                       | Tier 2    |                                                                                                                                                 |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>                                   | Tier 1    |                                                                                                                                                 |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>                                           | Tier 1    |                                                                                                                                                 |
| <b>Antihyperglycemic - Thiazolidinedione And Biguanide Combinations - Drugs For Diabetes</b> |           |                                                                                                                                                 |
| ACTOPLUS MET ORAL TABLET 15-850 MG (pioglitazone HCl/metformin HCl)                          | Tier 2    | ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days |
| <i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>                               | Tier 1    | ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days |

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| Prescription Drug Name                                                                             | Drug Tier | Coverage Requirements and Limits                                                                                                                |
|----------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Antihyperglycemic - Thiazolidinedione And Sulfonylurea Combinations - Drugs For Diabetes</b>    |           |                                                                                                                                                 |
| DUETACT ORAL TABLET 30-2 MG, 30-4 MG (pioglitazone HCl/glimepiride)                                | Tier 2    | ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days |
| <i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>                                       | Tier 1    | ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days |
| <b>Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibit And Thiazolidinedione - Drugs For Diabetes</b> |           |                                                                                                                                                 |
| <i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>                | Tier 2    | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days                                                    |
| OSENI ORAL TABLET 12.5-30 MG, 25-45 MG (alogliptin benzoate/pioglitazone HCl)                      | Tier 2    | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days                                                    |

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|------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------|
| <b>Antihyperglycemic-Dipeptidyl Peptidase-4(Dpp-4)Inhibitor And Biguanide - Drugs For Diabetes</b>                     |           |                                                                                              |
| <i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i>                                                     | Tier 2    | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (sitagliptin phosphate/metformin HCl)                                       | Tier 2    |                                                                                              |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG (sitagliptin phosphate/metformin HCl) | Tier 2    |                                                                                              |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin/metformin HCl)                                | Tier 2    | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (linagliptin/metformin HCl)                 | Tier 2    | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days |
| KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG (alogliptin benzoate/metformin HCl)                                      | Tier 2    | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days |
| <i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg</i>                       | Tier 1    | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days |
| <b>Antihyperglycemic-Insulin, Long Acting And Glp-1 Receptor Agonist Comb - Drugs For Diabetes</b>                     |           |                                                                                              |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML (insulin glargine,human recombinant analog/lixisenatide)    | Tier 2    |                                                                                              |

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| Prescription Drug Name                                                                                                                                    | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) (insulin degludec/liraglutide)                                                       | Tier 2    |                                  |
| <b>Antihyperglycemic-Sglt-2 Inhibitor, Dpp-4 Inhibitor And Biguanide Comb - Drugs For Diabetes</b>                                                        |           |                                  |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG (empagliflozin/linagliptin/metformin HCl) | Tier 2    |                                  |
| <b>Antithyroid Agents, Thionamides - Imidazole Derivatives - Drugs For Thyroid</b>                                                                        |           |                                  |
| <i>methimazole oral tablet 10 mg, 5 mg</i>                                                                                                                | Tier 1    |                                  |
| <b>Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs For Thyroid</b>                                                                       |           |                                  |
| <i>propylthiouracil oral tablet 50 mg</i>                                                                                                                 | Tier 1    |                                  |
| <b>Bone Formation Stimulating Agents - Natriuretic Peptide - Drugs For Menopause And Bone Loss</b>                                                        |           |                                  |
| VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG (vosoritide)                                                                                      | Tier 3    | PA                               |
| <b>Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides - Drugs For Menopause And Bone Loss</b>                                           |           |                                  |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (abaloparatide)                                                                               | Tier 3    | PA                               |
| <b>Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs For Menopause And Bone Loss</b>                                                   |           |                                  |
| BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML) (teriparatide)                                                                              | Tier 3    | PA                               |

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|-------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------|
| FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML) (teriparatide)                                       | Tier 3    | PA                                                                                                                       |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>                                         | Tier 3    | PA                                                                                                                       |
| <b>Bone Resorption Inhibitors - Bisphosphonate And Vitamin D Combinations - Drugs For Menopause And Bone Loss</b> |           |                                                                                                                          |
| FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT (alendronate sodium/cholecalciferol (vitamin D3)) | Tier 2    |                                                                                                                          |
| <b>Bone Resorption Inhibitors - Bisphosphonates - Drugs For Menopause And Bone Loss</b>                           |           |                                                                                                                          |
| ACTONEL ORAL TABLET 150 MG (risedronate sodium)                                                                   | Tier 2    | ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days) |
| ACTONEL ORAL TABLET 35 MG (risedronate sodium)                                                                    | Tier 2    | ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)  |
| <i>alendronate oral solution 70 mg/75 ml</i>                                                                      | Tier 1    | QL (75 ML per 7 days)                                                                                                    |
| <i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>                                                          | Tier 1    |                                                                                                                          |
| ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG (risedronate sodium)                                           | Tier 2    | ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)  |

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|---------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------|
| BINOSTO ORAL TABLET, EFFERVESCENT 70 MG (alendronate sodium)  | Tier 2    | ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (4 EA per 28 days)         |
| FOSAMAX ORAL TABLET 70 MG (alendronate sodium)                | Tier 2    |                                                                                                                          |
| <i>ibandronate oral tablet 150 mg</i>                         | Tier 1    |                                                                                                                          |
| <i>risedronate oral tablet 150 mg</i>                         | Tier 1    | ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days) |
| <i>risedronate oral tablet 30 mg, 5 mg</i>                    | Tier 1    | ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 1 day)   |
| <i>risedronate oral tablet 35 mg</i>                          | Tier 1    | ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)  |
| <i>risedronate oral tablet, delayed release (drlec) 35 mg</i> | Tier 1    | ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)  |

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| Prescription Drug Name                                                                                     | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs For Menopause And Bone Loss</b> |           |                                  |
| <i>cinacalcet oral tablet 30 mg, 60 mg</i>                                                                 | Tier 3    | QL (2 EA per 1 day)              |
| <i>cinacalcet oral tablet 90 mg</i>                                                                        | Tier 3    | QL (4 EA per 1 day)              |
| SENSIPAR ORAL TABLET 30 MG, 60 MG (cinacalcet HCl)                                                         | Tier 3    | QL (2 EA per 1 day)              |
| SENSIPAR ORAL TABLET 90 MG (cinacalcet HCl)                                                                | Tier 3    | QL (4 EA per 1 day)              |
| <b>Calcitonins - Drugs For Menopause And Bone Loss</b>                                                     |           |                                  |
| <i>calcitonin (salmon) injection solution 200 unit/ml</i>                                                  | Tier 1    |                                  |
| <i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>                                      | Tier 1    |                                  |
| MIACALCIN INJECTION SOLUTION 200 UNIT/ML (calcitonin,salmon,synthetic)                                     | Tier 2    |                                  |
| <b>Estrogen And Progestin With Antimineralocorticoid Activity,Combination - Drugs For Women</b>            |           |                                  |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (drospirenone/estradiol)                                         | Tier 2    |                                  |
| <b>Estrogen And Selective Estrogen Receptor Modulator (Serm) Combinations - Drugs For Women</b>            |           |                                  |
| DUAVEE ORAL TABLET 0.45-20 MG (estrogens, conjugated/bazedoxifene acetate)                                 | Tier 2    |                                  |
| <b>Estrogen-Androgen - Drugs For Women</b>                                                                 |           |                                  |
| COVARYX H.S. ORAL TABLET 0.625-1.25 MG (estrogens,esterified/methyltestosterone)                           | Tier 1    |                                  |
| COVARYX ORAL TABLET 1.25-2.5 MG (estrogens,esterified/methyltestosterone)                                  | Tier 1    |                                  |

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| Prescription Drug Name                                                                                           | Drug Tier | Coverage Requirements and Limits                                                              |
|------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------|
| EEMT HS ORAL TABLET 0.625-1.25 MG (estrogens,esterified/methyltestosterone)                                      | Tier 1    |                                                                                               |
| EEMT ORAL TABLET 1.25-2.5 MG (estrogens,esterified/methyltestosterone)                                           | Tier 1    |                                                                                               |
| ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG (estrogens,esterified/methyltestosterone)                                 | Tier 1    |                                                                                               |
| <i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>                                       | Tier 1    |                                                                                               |
| <b>Estrogen-Progestin - Drugs For Women</b>                                                                      |           |                                                                                               |
| estradiol/norethindrone acetate (Abigale Lo Oral Tablet 0.5-0.1 Mg)                                              | Tier 1    |                                                                                               |
| estradiol/norethindrone acetate (Abigale Oral Tablet 1-0.5 Mg)                                                   | Tier 1    |                                                                                               |
| ACTIVEVELLA ORAL TABLET 1-0.5 MG (estradiol/norethindrone acetate)                                               | Tier 2    |                                                                                               |
| BIJUVA ORAL CAPSULE 0.5-100 MG (estradiol/progesterone)                                                          | Tier 2    | QL (1 EA per 1 day)                                                                           |
| BIJUVA ORAL CAPSULE 1-100 MG (estradiol/progesterone)                                                            | Tier 2    | QL (30 EA per 30 days)                                                                        |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR (estradiol/levonorgestrel)                             | Tier 2    | ST: Requires prior prescription for Combipatch within the past 120 days; QL (1 EA per 7 days) |
| COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR (estradiol/norethindrone acetate) | Tier 2    | QL (2 EA per 7 days)                                                                          |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>                                             | Tier 1    |                                                                                               |
| norethindrone acetate/ethinyl estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)                         | Tier 1    |                                                                                               |
| norethindrone acetate/ethinyl estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)                                         | Tier 1    |                                                                                               |

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| Prescription Drug Name                                                                                                                   | Drug Tier | Coverage Requirements and Limits                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------|
| estradiol/norethindrone acetate (Mimvey Oral Tablet 1-0.5 Mg)                                                                            | Tier 1    |                                                                                                                                 |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>                                                             | Tier 1    |                                                                                                                                 |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (estrogens, conjugated/medroxyprogesterone acetate)                                 | Tier 2    |                                                                                                                                 |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (estrogens, conjugated/medroxyprogesterone acetate)                | Tier 2    |                                                                                                                                 |
| <b>Estrogens - Drugs For Women</b>                                                                                                       |           |                                                                                                                                 |
| CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol) | Tier 2    | QL (1 EA per 7 days)                                                                                                            |
| DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML (estradiol valerate)                                                                              | Tier 2    |                                                                                                                                 |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)                                                                           | Tier 2    |                                                                                                                                 |
| DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%) (estradiol)               | Tier 2    | ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 EA per 30 days) |
| DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %) (estradiol)                                                                          | Tier 2    | ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 GM per 30 days) |

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|-----------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------|
| DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %) (estradiol)                                                     | Tier 2    | ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (37.5 GM per 30 days) |
| estradiol (Dotti Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr) | Tier 1    | QL (2 EA per 7 days)                                                                                                              |
| ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION (estradiol)                                               | Tier 2    | ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (52 GM per 30 days)   |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                             | Tier 1    |                                                                                                                                   |
| <i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>                                                   | Tier 1    | ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days                           |
| <i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)</i>     | Tier 1    | ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 EA per 30 days)   |
| <i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i>                                                                | Tier 1    | ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 GM per 30 days)   |

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| Prescription Drug Name                                                                                                                | Drug Tier | Coverage Requirements and Limits                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------|
| <i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i>                                                                  | Tier 1    | ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (37.5 GM per 30 days) |
| <i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>            | Tier 1    | QL (2 EA per 7 days)                                                                                                              |
| <i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | Tier 1    | QL (1 EA per 7 days)                                                                                                              |
| <i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>                                                              | Tier 1    |                                                                                                                                   |
| ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION (estradiol)                                                         | Tier 2    | ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days                           |
| EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%) (estradiol)                                                               | Tier 2    | ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (16.2 ML per 30 days) |
| estradiol (Lyllana Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)         | Tier 1    | QL (2 EA per 7 days)                                                                                                              |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (estrogens, esterified)                                                          | Tier 2    |                                                                                                                                   |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR (estradiol)                                                                            | Tier 2    | QL (1 EA per 7 days)                                                                                                              |

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|--------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------|
| MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol)      | Tier 2    | QL (2 EA per 7 days)                                                                |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens, conjugated)                                              | Tier 2    |                                                                                     |
| VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol)    | Tier 2    | QL (2 EA per 7 days)                                                                |
| <b>Fertility Enhancer - Luteal Phase Supporting, Progesterone-Type - Drugs For Women</b>                                             |           |                                                                                     |
| CRINONE VAGINAL GEL 8 % (progesterone, micronized)                                                                                   | Tier 2    |                                                                                     |
| ENDOMETRIN VAGINAL INSERT 100 MG (progesterone, micronized)                                                                          | Tier 2    |                                                                                     |
| <b>Fertility Enhancer - Ovulation Stimulant - Synthetic (Non-Fsh) - Drugs For Women</b>                                              |           |                                                                                     |
| clomiphene citrate (Clomid Oral Tablet 50 Mg)                                                                                        | Tier 2    |                                                                                     |
| <i>clomiphene citrate oral tablet 50 mg</i>                                                                                          | Tier 1    |                                                                                     |
| <b>Follicle-Stimulating And Luteinizing Hormones - Drugs For Women</b>                                                               |           |                                                                                     |
| MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT (menotropins)                                                                                | Tier 3    |                                                                                     |
| <b>Follicle-Stimulating Hormone (Fsh) - Drugs For Women</b>                                                                          |           |                                                                                     |
| FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML (follitropin beta, recombinant)             | Tier 3    | ST: Requires prior prescription for Gonal-F or Gonal-F-RFF within the past 120 days |
| GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML (follitropin alfa, recombinant) | Tier 3    |                                                                                     |

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| Prescription Drug Name                                                                    | Drug Tier | Coverage Requirements and Limits                                                         |
|-------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------|
| GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT (follitropin alfa, recombinant)               | Tier 3    |                                                                                          |
| GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT (follitropin alfa, recombinant)      | Tier 3    |                                                                                          |
| <b>Glucocorticoid Salt Combinations - Drugs For Inflammation</b>                          |           |                                                                                          |
| BETALOGAN SUIK KIT 6 MG/ML (betamethasone acetate and sodium phosph/norflurane/HFC 245fa) | Tier 2    |                                                                                          |
| <b>Glucocorticoids - Drugs For Inflammation</b>                                           |           |                                                                                          |
| AGAMREE ORAL SUSPENSION 40 MG/ML (vamorolone)                                             | Tier 3    | PA                                                                                       |
| ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (hydrocortisone)         | Tier 3    | PA                                                                                       |
| CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (hydrocortisone)                                    | Tier 2    |                                                                                          |
| <i>cortisone oral tablet 25 mg</i>                                                        | Tier 1    |                                                                                          |
| <i>deflazacort oral suspension 22.75 mg/ml</i>                                            | Tier 3    | PA                                                                                       |
| <i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>                                  | Tier 3    | PA                                                                                       |
| dexamethasone (Dexabliss Oral Tablets,Dose Pack 1.5 Mg (39 Tabs))                         | Tier 1    | ST: Requires prior prescription for Dexamethasone 1.5mg tablets within the past 120 days |
| DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML (dexamethasone)                                 | Tier 2    |                                                                                          |
| <i>dexamethasone oral elixir 0.5 mg/5 ml</i>                                              | Tier 1    |                                                                                          |
| <i>dexamethasone oral solution 0.5 mg/5 ml</i>                                            | Tier 1    |                                                                                          |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>                      | Tier 1    |                                                                                          |
| <i>dexamethasone oral tablet 1 mg, 2 mg</i>                                               | Tier 1    |                                                                                          |

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|--------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------|
| <i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i> | Tier 1    | ST: Requires prior prescription for Dexamethasone 1.5mg tablets within the past 120 days |
| DEXONTO IONTOPHORETIC SOLUTION 0.4 %<br>(dexamethasone sodium phosphate)                         | Tier 2    |                                                                                          |
| DMT SUIK KIT 10 MG/ML<br>(dexamethasone/PF/norflurane/pentafluoropropane (HFC 245fa))            | Tier 2    |                                                                                          |
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)                                                | Tier 3    | PA                                                                                       |
| EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG<br>(deflazacort)                                   | Tier 3    | PA                                                                                       |
| EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML<br>(budesonide)                                     | Tier 3    | PA                                                                                       |
| HEMADY ORAL TABLET 20 MG (dexamethasone)                                                         | Tier 2    | QL (2 EA per 1 day)                                                                      |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>                                             | Tier 1    |                                                                                          |
| <i>hydrocortisone sod succinate injection recon soln 100 mg</i>                                  | Tier 1    |                                                                                          |
| deflazacort (Jaythari Oral Tablet 18 Mg, 30 Mg, 36 Mg, 6 Mg)                                     | Tier 3    | PA                                                                                       |
| KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML (triamcinolone acetonide)                        | Tier 2    |                                                                                          |
| KENALOG-80 INJECTION SUSPENSION 80 MG/ML (triamcinolone acetonide)                               | Tier 2    |                                                                                          |
| KHINDIVI ORAL SOLUTION 1 MG/ML (hydrocortisone)                                                  | Tier 3    |                                                                                          |
| MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG<br>(methylprednisolone)                                 | Tier 2    |                                                                                          |
| MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG<br>(methylprednisolone)                               | Tier 2    |                                                                                          |
| MEDROLOAN II SUIK KIT 40 MG/ML (methylprednisolone acetate/norflurane/HFC 245fa)                 | Tier 2    |                                                                                          |

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|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MEDROLOAN SUIK KIT 40 MG/ML (methylprednisolone acetate/norflurane/HFC 245fa)                                                           | Tier 2    |                                                                                                                                                                        |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>                                                                          | Tier 1    |                                                                                                                                                                        |
| <i>methylprednisolone oral tablets,dose pack 4 mg</i>                                                                                   | Tier 1    |                                                                                                                                                                        |
| ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG (prednisolone sodium phosphate)                                              | Tier 2    |                                                                                                                                                                        |
| PEDIAPRED ORAL SOLUTION 5 MG BASE/5 ML (6.7 MG/5 ML) (prednisolone sodium phosphate)                                                    | Tier 2    |                                                                                                                                                                        |
| <i>prednisolone oral solution 15 mg/5 ml</i>                                                                                            | Tier 1    |                                                                                                                                                                        |
| <i>prednisolone oral tablet 5 mg</i>                                                                                                    | Tier 1    | ST: At least 2 prior prescriptions for generic Prednisone tablets, generic Methylprednisolone tablets, or Prednisolone 15mg/5mL oral solution within the past 365 days |
| <i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | Tier 1    |                                                                                                                                                                        |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i>                                              | Tier 1    |                                                                                                                                                                        |
| <i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>                                                     | Tier 1    |                                                                                                                                                                        |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (prednisone)                                                                               | Tier 2    |                                                                                                                                                                        |
| <i>prednisone oral solution 5 mg/5 ml</i>                                                                                               | Tier 1    |                                                                                                                                                                        |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>                                                                   | Tier 1    |                                                                                                                                                                        |
| <i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>                                                                                    | Tier 1    |                                                                                                                                                                        |
| RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG (prednisone)                                                                 | Tier 2    | PA                                                                                                                                                                     |

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| Prescription Drug Name                                                                                                                     | Drug Tier | Coverage Requirements and Limits                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------|
| SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML (hydrocortisone sodium succinate/PF) | Tier 2    |                                                                                          |
| dexamethasone (Taperdex Oral Tablets,Dose Pack 1.5 Mg (21 Tabs), 1.5 Mg (49 Tabs))                                                         | Tier 1    | ST: Requires prior prescription for Dexamethasone 1.5mg tablets within the past 120 days |
| TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS) (dexamethasone)                                                                           | Tier 1    | ST: Requires prior prescription for Dexamethasone 1.5mg tablets within the past 120 days |
| TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG (budesonide)                                                                              | Tier 3    | PA                                                                                       |
| <i>triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml</i>                                                                     | Tier 1    |                                                                                          |
| TRILOAN II SUIK KIT 40 MG/ML (triamcinolone/norflurane and pentafluoropropane (HFC 245fa))                                                 | Tier 2    |                                                                                          |
| TRILOAN SUIK KIT 40 MG/ML (triamcinolone/norflurane and pentafluoropropane (HFC 245fa))                                                    | Tier 2    |                                                                                          |
| prednisolone sodium phosphate (Veripred 20 Oral Solution 20 Mg/5 MI (4 Mg/MI))                                                             | Tier 2    |                                                                                          |
| ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS) (dexamethasone)                                                                              | Tier 2    | ST: Requires prior prescription for Dexamethasone 1.5mg tablets within the past 120 days |
| <b>Gonadotropin Inhibitor Pituitary Suppressants - Drugs For Women</b>                                                                     |           |                                                                                          |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>                                                                                          | Tier 1    |                                                                                          |

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| Prescription Drug Name                                                                                                                                                                                          | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Growth Hormone Receptor Antagonists - Drugs For Growth</b>                                                                                                                                                   |           |                                  |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (pegvisomant)                                                                                                                                | Tier 3    |                                  |
| <b>Growth Hormone Releasing Hormones (Ghrh) - Drugs For Growth</b>                                                                                                                                              |           |                                  |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG (tesamorelin acetate)                                                                                                                                                   | Tier 3    | PA                               |
| EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG (tesamorelin acetate)                                                                                                                                                       | Tier 3    | PA                               |
| <b>Growth Hormones - Drugs For Growth</b>                                                                                                                                                                       |           |                                  |
| GENOTROPIN MINISYN SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML (somatropin) | Tier 3    | PA                               |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) (somatropin)                                                                                                                      | Tier 3    | PA                               |
| HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) (somatropin)                                                                                                                     | Tier 3    | PA                               |
| NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML) (somatropin)                                                                                                                  | Tier 3    | PA                               |
| NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (somatropin)                                                    | Tier 3    | PA                               |
| NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML) (somatropin)                                                                                    | Tier 3    | PA                               |
| OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (somatropin)                                                                                                                 | Tier 3    | PA                               |

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| Prescription Drug Name                                                                                                          | Drug Tier | Coverage Requirements and Limits                                                |
|---------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------|
| OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG (somatropin)                                                                           | Tier 3    | PA                                                                              |
| SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.) (somatropin)                                              | Tier 3    | PA                                                                              |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG (somatropin)                                                                  | Tier 3    | PA                                                                              |
| SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (lonapegsomatropin-tcgd)   | Tier 3    | PA                                                                              |
| SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (somapacitan-beco) | Tier 3    | PA                                                                              |
| ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG (somatropin)                                                                       | Tier 3    | PA                                                                              |
| <b>Human Chorionic Gonadotropin (Hcg) - Drugs For Women</b>                                                                     |           |                                                                                 |
| <i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i>                                                       | Tier 2    | ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days |
| NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT (chorionic gonadotropin, human)                                                     | Tier 2    |                                                                                 |
| OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (choriogonadotropin alfa)                                                           | Tier 2    |                                                                                 |
| PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT (chorionic gonadotropin, human)                                                    | Tier 2    | ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days |

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| Prescription Drug Name                                                                                                                                                       | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Human Insulins - Fixed Combinations - Drugs For Diabetes</b>                                                                                                              |           |                                  |
| HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (insulin NPH human isophane/insulin regular, human)                                                  | Tier 2    |                                  |
| HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (insulin NPH human isophane/insulin regular, human)                                                 | Tier 2    |                                  |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (insulin NPH human isophane/insulin regular, human)                                                  | Tier 2    |                                  |
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (insulin NPH human isophane/insulin regular, human)                                                 | Tier 2    |                                  |
| <b>Human Insulins - Intermediate Acting - Drugs For Diabetes</b>                                                                                                             |           |                                  |
| HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin NPH human isophane)                                                                       | Tier 2    |                                  |
| HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (insulin NPH human isophane)                                                                                 | Tier 2    |                                  |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin NPH human isophane)                                                                                   | Tier 2    |                                  |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (insulin NPH human isophane)                                                                                 | Tier 2    |                                  |
| <b>Human Insulins - Rapid Acting - Drugs For Diabetes</b>                                                                                                                    |           |                                  |
| AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90) (insulin regular, human) | Tier 2    | PA                               |

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| Prescription Drug Name                                                                                                   | Drug Tier | Coverage Requirements and Limits                                               |
|--------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------|
| <b>Human Insulins - Short Acting - Drugs For Diabetes</b>                                                                |           |                                                                                |
| HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (insulin regular, human)                                   | Tier 2    |                                                                                |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (insulin regular, human)                                | Tier 2    |                                                                                |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (insulin regular, human)                      | Tier 2    |                                                                                |
| MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML) (insulin regular, human in 0.9 % sodium chloride)             | Tier 2    |                                                                                |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin regular, human)                                   | Tier 2    |                                                                                |
| NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML (insulin regular, human)                                   | Tier 2    |                                                                                |
| <b>Insulin Analogs - Fixed Combinations - Drugs For Diabetes</b>                                                         |           |                                                                                |
| HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (insulin lispro protamine and insulin lispro)     | Tier 2    |                                                                                |
| HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) (insulin lispro protamine and insulin lispro)     | Tier 2    |                                                                                |
| HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (insulin lispro protamine and insulin lispro) | Tier 2    |                                                                                |
| <i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>                                       | Tier 2    | ST: Requires prior prescription for Humalog Mix 75-25 within the past 120 days |

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|--------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------|
| <i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>                                                | Tier 2    | ST: Requires prior prescription for Humalog Mix 75-25 within the past 120 days                           |
| <i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>                                             | Tier 1    |                                                                                                          |
| NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) (insulin aspart protamine human/insulin aspart)       | Tier 2    |                                                                                                          |
| NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (insulin aspart protamine human/insulin aspart)    | Tier 2    |                                                                                                          |
| <b>Insulin Analogs - Long Acting - Drugs For Diabetes</b>                                                                      |           |                                                                                                          |
| BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine,human recombinant analog)         | Tier 2    | ST: Requires prior prescription for Glargine-yfgn, Toujeo, or Tresiba within the past 120 days           |
| BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML) (insulin glargine,human recombinant analog) | Tier 2    | ST: At least 2 prior prescriptions for Insulin glargine-yfgn, Toujeo or Tresiba within the past 365 days |
| <i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>                                                       | Tier 2    |                                                                                                          |
| <i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>                                                                 | Tier 2    |                                                                                                          |
| REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine-aglr)                                          | Tier 2    | ST: Requires prior prescription for Glargine-yfgn, Toujeo, or Tresiba within the past 120 days           |

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| Prescription Drug Name                                                                                                  | Drug Tier | Coverage Requirements and Limits                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------|
| SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine-yfgn)                                | Tier 2    | ST: Requires prior prescription for Glargine-yfgn, Toujeo, or Tresiba within the past 120 days                         |
| SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine-yfgn)                      | Tier 2    | ST: Requires prior prescription for Glargine-yfgn, Toujeo, or Tresiba within the past 120 days                         |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (insulin glargine,human recombinant analog)       | Tier 2    |                                                                                                                        |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (insulin glargine,human recombinant analog) | Tier 2    |                                                                                                                        |
| TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin degludec)                                  | Tier 2    |                                                                                                                        |
| TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (insulin degludec)                                  | Tier 2    |                                                                                                                        |
| TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin degludec)                                              | Tier 2    |                                                                                                                        |
| <b>Insulin Analogs - Rapid Acting - Drugs For Diabetes</b>                                                              |           |                                                                                                                        |
| ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (insulin lispro)                                    | Tier 2    | ST: Requires prior prescription for Fiasp, Lyumjev, Novolog, Insulin Lispro, or Humalog U-200 within the past 120 days |
| ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin lispro)                                         | Tier 2    | ST: Requires prior prescription for Fiasp, Lyumjev, Novolog, Insulin Lispro, or Humalog U-200 within the past 120 days |

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| Prescription Drug Name                                                                                   | Drug Tier | Coverage Requirements and Limits                                                                                               |
|----------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------|
| APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (insulin glulisine)                   | Tier 2    | ST: Requires prior prescription for Fiasp, Lyumjev, Novolog, Insulin Lispro, or Humalog U-200 within the past 120 days         |
| APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glulisine)                               | Tier 2    | ST: Requires prior prescription for Fiasp, Lyumjev, Novolog, Insulin Lispro, or Humalog U-200 within the past 120 days         |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin aspart (niacinamide)) | Tier 2    |                                                                                                                                |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) (insulin aspart (niacinamide))     | Tier 2    |                                                                                                                                |
| FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML) (insulin aspart (niacinamide)/pump cartridge) | Tier 2    |                                                                                                                                |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin aspart (niacinamide))                     | Tier 2    |                                                                                                                                |
| HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML (insulin lispro)            | Tier 2    |                                                                                                                                |
| HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML) (insulin lispro)        | Tier 2    |                                                                                                                                |
| HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (insulin lispro)             | Tier 2    | ST: At least 2 prior prescriptions for Insulin lispro, Novolog, Fiasp, or Lyumjev (non Tempo version) within the past 365 days |
| HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (insulin lispro)                                | Tier 2    |                                                                                                                                |

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| Prescription Drug Name                                                                          | Drug Tier | Coverage Requirements and Limits                                                                                       |
|-------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------|
| HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin lispro)                        | Tier 2    |                                                                                                                        |
| <i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>                                  | Tier 2    | ST: Requires prior prescription for Fiasp, Lyumjev, Novolog, Insulin Lispro, or Humalog U-200 within the past 120 days |
| <i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>                         | Tier 2    | ST: Requires prior prescription for Fiasp, Lyumjev, Novolog, Insulin Lispro, or Humalog U-200 within the past 120 days |
| <i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>                                   | Tier 2    | ST: Requires prior prescription for Fiasp, Lyumjev, Novolog, Insulin Lispro, or Humalog U-200 within the past 120 days |
| <i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>                                      | Tier 1    |                                                                                                                        |
| <i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>                           | Tier 1    |                                                                                                                        |
| <i>insulin lispro subcutaneous solution 100 unit/ml</i>                                         | Tier 1    |                                                                                                                        |
| KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin aspart-xjhz)                    | Tier 2    |                                                                                                                        |
| KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin aspart-xjhz)                                  | Tier 2    |                                                                                                                        |
| LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (insulin lispro-aabc)        | Tier 2    |                                                                                                                        |
| LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (insulin lispro-aabc) | Tier 2    |                                                                                                                        |

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| Prescription Drug Name                                                                            | Drug Tier | Coverage Requirements and Limits                                                                                               |
|---------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------|
| LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (insulin lispro-aabc) | Tier 2    | ST: At least 2 prior prescriptions for Insulin lispro, Novolog, Fiasp, or Lyumjev (non Tempo version) within the past 365 days |
| LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin lispro-aabc)                     | Tier 2    |                                                                                                                                |
| MERIOLOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin aspart-szjj)               | Tier 2    | ST: Requires prior prescription for Fiasp, Lyumjev, Novolog, Insulin Lispro, or Humalog U-200 within the past 120 days         |
| MERIOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin aspart-szjj)                                  | Tier 2    | ST: Requires prior prescription for Fiasp, Lyumjev, Novolog, Insulin Lispro, or Humalog U-200 within the past 120 days         |
| NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin aspart)        | Tier 2    |                                                                                                                                |
| NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (insulin aspart)                 | Tier 2    |                                                                                                                                |
| NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin aspart)                   | Tier 2    |                                                                                                                                |

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| Prescription Drug Name                                                                            | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Insulin Response Enhancers - Biguanides - Drugs For Diabetes</b>                               |           |                                                                                                                                                                                                                    |
| DM2 COMBO PACK, TABLET AND STRIP 500 MG (metformin HCl/blood sugar diagnostic)                    | Tier 2    | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| <i>metformin oral solution 500 mg/5 ml</i>                                                        | Tier 1    |                                                                                                                                                                                                                    |
| <i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>                                             | Tier 1    |                                                                                                                                                                                                                    |
| <i>metformin oral tablet 625 mg, 750 mg</i>                                                       | Tier 1    |                                                                                                                                                                                                                    |
| <i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>                                | Tier 1    |                                                                                                                                                                                                                    |
| <i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>                               | Tier 1    |                                                                                                                                                                                                                    |
| <i>metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg</i>                             | Tier 1    | ST: Requires prior prescription for generic Glucophage XR within the past 120 days                                                                                                                                 |
| RIOMET ORAL SOLUTION 500 MG/5 ML (metformin HCl)                                                  | Tier 2    |                                                                                                                                                                                                                    |
| <b>Insulin Response Enhancers - Thiazolidinediones (Ppar-Gamma Agonists) - Drugs For Diabetes</b> |           |                                                                                                                                                                                                                    |
| ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (pioglitazone HCl)                                          | Tier 2    |                                                                                                                                                                                                                    |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>                                               | Tier 1    |                                                                                                                                                                                                                    |
| <b>Insulin-Like Growth Factor-1 (Igf-1) - Hormones</b>                                            |           |                                                                                                                                                                                                                    |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (mecasermin)                                              | Tier 3    | PA                                                                                                                                                                                                                 |

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| Prescription Drug Name                                                                                         | Drug Tier | Coverage Requirements and Limits                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------|
| <b>Leptin Hormone Analogs - Hormones</b>                                                                       |           |                                                                                                                 |
| MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) (metreleptin)                                            | Tier 3    | PA                                                                                                              |
| <b>Lhrh (Gnrh) Agonist Analog Pituitary Suppressants - Drugs For Women</b>                                     |           |                                                                                                                 |
| SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML (nafarelin acetate)                                                   | Tier 3    | PA                                                                                                              |
| <b>Lhrh (Gnrh) Antagonist, Estrogen And Progestin Combinations - Drugs For Woman</b>                           |           |                                                                                                                 |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix/estradiol/norethindrone acetate)                                  | Tier 2    |                                                                                                                 |
| ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (elagolix sodium/estradiol/norethindrone acetate) | Tier 2    |                                                                                                                 |
| <b>Lhrh (Gnrh) Antagonists - Drugs For Women</b>                                                               |           |                                                                                                                 |
| <i>cetrorelix subcutaneous kit 0.25 mg</i>                                                                     | Tier 3    |                                                                                                                 |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG (cetrorelix acetate)                                                        | Tier 3    |                                                                                                                 |
| ganirelix acetate (Fyremadel Subcutaneous Syringe 250 Mcg/0.5 MI)                                              | Tier 3    |                                                                                                                 |
| <i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>                                                           | Tier 3    |                                                                                                                 |
| ORILISSA ORAL TABLET 150 MG, 200 MG (elagolix sodium)                                                          | Tier 2    |                                                                                                                 |
| <b>Menopausal Symptoms Suppressant-Ssri Antidepressant Type - Drugs For Women</b>                              |           |                                                                                                                 |
| <i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>                                                      | Tier 1    | ST: Requires prior prescription for Paroxetine HCL or Venlafaxine within the past 120 days; QL (1 EA per 1 day) |

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| Prescription Drug Name                                                                                     | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Mineralocorticoids - Drugs For Inflammation</b>                                                         |           |                                  |
| <i>fludrocortisone oral tablet 0.1 mg</i>                                                                  | Tier 1    |                                  |
| <b>Oxytocic - Ergot Alkaloids - Drugs For Women</b>                                                        |           |                                  |
| <i>methylergonovine oral tablet 0.2 mg</i>                                                                 | Tier 1    | QL (28 EA per 30 days)           |
| <b>Parathyroid Hormones And Analogs - Drugs For Menopause And Bone Loss</b>                                |           |                                  |
| YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML (palopegteriparatide) | Tier 3    | PA                               |
| <b>Progestins - Drugs For Women</b>                                                                        |           |                                  |
| norethindrone acetate (Gallifrey Oral Tablet 5 Mg)                                                         | Tier 1    |                                  |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                 | Tier 1    |                                  |
| <i>norethindrone acetate oral tablet 5 mg</i>                                                              | Tier 1    |                                  |
| <i>progesterone intramuscular oil 50 mg/ml</i>                                                             | Tier 1    |                                  |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i>                                                 | Tier 1    |                                  |
| PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (progesterone, micronized)                                          | Tier 2    |                                  |
| PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (medroxyprogesterone acetate)                                      | Tier 2    |                                  |
| <b>Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists - Drugs For Women</b>                 |           |                                  |
| <i>cabergoline oral tablet 0.5 mg</i>                                                                      | Tier 1    |                                  |
| <b>Selective Estrogen Receptor Modulators (Serms) - Drugs For Menopause And Bone Loss</b>                  |           |                                  |
| EVISTA ORAL TABLET 60 MG (raloxifene HCl)                                                                  | Tier 2    |                                  |
| <i>raloxifene oral tablet 60 mg</i>                                                                        | Tier 0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY |

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| Prescription Drug Name                                                                                        | Drug Tier | Coverage Requirements and Limits                                                |
|---------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------|
| <b>Somatostatic Agents - Drugs For Growth</b>                                                                 |           |                                                                                 |
| MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (octreotide acetate)                                       | Tier 3    | PA                                                                              |
| <i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>      | Tier 3    |                                                                                 |
| <i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>            | Tier 3    |                                                                                 |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (octreotide acetate)                         | Tier 3    |                                                                                 |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (pasireotide diaspertate) | Tier 3    | PA                                                                              |
| <b>Thyroid Hormones - Animal Source (Porcine) - Drugs For Thyroid</b>                                         |           |                                                                                 |
| ADTHYZA ORAL TABLET 120 MG, 15 MG, 60 MG (thyroid,pork)                                                       | Tier 2    | ST: Requires prior prescription for NP Thyroid tablets within the past 120 days |
| ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 30 MG, 32.5 MG, 65 MG, 90 MG, 97.5 MG (thyroid,pork)                    | Tier 2    |                                                                                 |
| ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (thyroid,pork)          | Tier 2    | ST: Requires prior prescription for NP Thyroid tablets within the past 120 days |
| NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid,pork)                                    | Tier 2    | ST: Requires prior prescription for NP Thyroid tablets within the past 120 days |
| NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid,pork)                                      | Tier 1    |                                                                                 |

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| Prescription Drug Name                                                                                                                           | Drug Tier | Coverage Requirements and Limits                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------|
| RENTHYROID ORAL TABLET 120 MG, 15 MG (thyroid,pork)                                                                                              | Tier 2    | ST: Requires prior prescription for NP Thyroid tablets within the past 120 days                                 |
| RENTHYROID ORAL TABLET 30 MG, 90 MG (thyroid,pork)                                                                                               | Tier 2    |                                                                                                                 |
| <i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>                                                                             | Tier 1    |                                                                                                                 |
| <b>Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs For Thyroid</b>                                                                    |           |                                                                                                                 |
| CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (liothyronine sodium)                                                                                  | Tier 2    | ST: Requires prior prescription for generic Liothyronine tablets within the past 120 days                       |
| liothyronine sodium (Liomny Oral Tablet 25 Mcg, 5 Mcg, 50 Mcg)                                                                                   | Tier 1    |                                                                                                                 |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>                                                                                            | Tier 1    |                                                                                                                 |
| <b>Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs For Thyroid</b>                                                                           |           |                                                                                                                 |
| ERMEZA ORAL SOLUTION 30 MCG/ML (levothyroxine sodium)                                                                                            | Tier 1    | PA                                                                                                              |
| EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine sodium)        | Tier 1    | QL (2 EA per 1 day)                                                                                             |
| 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 (levothyroxine sodium) | Tier 2    | ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (2 EA per 1 day) |
| <i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>                  | Tier 1    | PA                                                                                                              |

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| Prescription Drug Name                                                                                                                                                                                                           | Drug Tier | Coverage Requirements and Limits                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------|
| <i>levothyroxine 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>                                                                                          | Tier 1    | QL (2 EA per 1 day)                                                                                              |
| 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 (levothyroxine sodium)                                                                                         | Tier 2    | ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (2 EA per 1 day)  |
| SYNTHROID 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 (levothyroxine sodium)                                                                              | Tier 2    | ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (2 EA per 1 day)  |
| THYQUIDITY ORAL SOLUTION 20 MCG/ML (levothyroxine sodium)                                                                                                                                                                        | Tier 2    | ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (20 ML per 1 day) |
| TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG (levothyroxine sodium)                                                   | Tier 2    | PA                                                                                                               |
| TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (levothyroxine sodium) | Tier 2    | PA                                                                                                               |
| 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 (levothyroxine sodium)                                                                              | Tier 2    | ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (2 EA per 1 day)  |

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| Prescription Drug Name                                                      | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Fdb Class Obsolete-Not Used</b>                                          |           |                                  |
| <b>Alternative Therapy - Homeopathic Products</b>                           |           |                                  |
| AURUMHEEL ORAL DROPS (homeopathic drugs)                                    | Tier 2    |                                  |
| CANTHARIS COMPOSITUM ORAL DROPS (homeopathic drugs)                         | Tier 2    |                                  |
| CRALONIN ORAL DROPS (homeopathic drugs)                                     | Tier 2    |                                  |
| EYE ORAL TABLET,SOLUBLE (homeopathic drugs)                                 | Tier 2    |                                  |
| LAMIOFLUR ORAL DROPS (homeopathic drugs)                                    | Tier 2    |                                  |
| PLANTAGO-HOMACCORD ORAL DROPS (homeopathic drugs)                           | Tier 2    |                                  |
| POPULUS COMPOSITUM ORAL DROPS (homeopathic drugs)                           | Tier 2    |                                  |
| PSORINOHEEL ORAL DROPS (homeopathic drugs)                                  | Tier 2    |                                  |
| RENEEL ORAL TABLET,SOLUBLE (homeopathic drugs)                              | Tier 2    |                                  |
| SABAL-HOMACCORD ORAL DROPS (homeopathic drugs)                              | Tier 2    |                                  |
| SYZYGIUM COMPOSITUM ORAL DROPS (homeopathic drugs)                          | Tier 2    |                                  |
| VERTIGOHEEL ORAL DROPS (homeopathic drugs)                                  | Tier 2    |                                  |
| VERTIGOHEEL ORAL TABLET,SOLUBLE (homeopathic drugs)                         | Tier 2    |                                  |
| <b>Gastrointestinal Therapy Agents</b>                                      |           |                                  |
| <b>Fecal Microbiota Transplantation (Fmt)</b>                               |           |                                  |
| REBYOTA RECTAL ENEMA 150 ML (fecal microbiota, live-jslm)                   | Tier 3    | PA                               |
| VOWST ORAL CAPSULE (fecal microbiota spores, live-brpk)                     | Tier 3    | PA                               |
| <b>Gastric Acid Secretion Reducer - Potassium-Competitive Acid Blockers</b> |           |                                  |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG (vonoprazan fumarate)                     | Tier 2    | PA; QL (1 EA per 1 day)          |

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| Prescription Drug Name                                                                   | Drug Tier | Coverage Requirements and Limits                                                                          |
|------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------|
| <b>Gastrointestinal Therapy Agents - Drugs For The Stomach</b>                           |           |                                                                                                           |
| <b>Antacid - Calcium - Drugs For Ulcers And Stomach Acid</b>                             |           |                                                                                                           |
| PRELIEF ORAL TABLET 65 MG (calcium glycerophosphate)                                     | Tier 2    |                                                                                                           |
| <b>Antacid - Magnesium - Drugs For Ulcers And Stomach Acid</b>                           |           |                                                                                                           |
| <i>magnesium oxide oral tablet 400 mg (241.3 mg magnesium)</i>                           | Tier 1    |                                                                                                           |
| <b>Antidiarrheal - Antiperistaltic Agents - Drugs For Diarrhea</b>                       |           |                                                                                                           |
| <i>loperamide oral capsule 2 mg</i>                                                      | Tier 1    |                                                                                                           |
| <i>opium tincture oral tincture 10 mg/ml (morphine)</i>                                  | Tier 1    |                                                                                                           |
| <b>Antidiarrheal - Gastrointestinal Chloride Channel Inhibitors - Drugs For Diarrhea</b> |           |                                                                                                           |
| MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG (crofelemer)                           | Tier 2    | ST: Requires prior prescription for Antiretrovirals therapy within the past 120 days; QL (2 EA per 1 day) |
| <b>Antidiarrheal - Tryptophan Hydroxylase Inhibitor - Drugs For Diarrhea</b>             |           |                                                                                                           |
| XERMELO ORAL TABLET 250 MG (telotristat etiprate)                                        | Tier 3    | PA                                                                                                        |
| <b>Antidiarrheal Antiperistaltic-Anticholinergic Combinations - Drugs For Diarrhea</b>   |           |                                                                                                           |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>                              | Tier 1    |                                                                                                           |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>                                   | Tier 1    |                                                                                                           |
| LOMOTIL ORAL TABLET 2.5-0.025 MG (diphenoxylate HCl/atropine sulfate)                    | Tier 2    |                                                                                                           |

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|------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------|
| MOTOFEN ORAL TABLET 1-0.025 MG (difenoxin HCl/atropine sulfate)                                | Tier 2    | ST: Requires prior prescription for Diphenoxylate/Atropine within the past 120 days; QL (8 EA per 1 day) |
| <b>Antidiarrheal Gi Adsorbent-Intestinal Flora Modifiers Combinations - Drugs For Diarrhea</b> |           |                                                                                                          |
| ACIDOPHILUS-PECTIN ORAL CAPSULE 75 MILLION CELL -100 MG (Lactobacillus acidophilus/pectin)     | Tier 2    |                                                                                                          |
| <b>Antidiarrheal Miscellaneous Combinations - Drugs For Diarrhea</b>                           |           |                                                                                                          |
| BANATROL PLUS ORAL POWDER IN PACKET (banana flakes/transgalactooligosaccharides)               | Tier 1    |                                                                                                          |
| <b>Antidiarrheal Opioid Agents - Drugs For Diarrhea</b>                                        |           |                                                                                                          |
| <i>opium tincture oral tincture 10 mg/ml (morphine)</i>                                        | Tier 1    |                                                                                                          |
| <b>Antiemetic - Anticholinergics - Drugs For Vomiting And Nausea</b>                           |           |                                                                                                          |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>                               | Tier 1    |                                                                                                          |
| TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS (scopolamine)                          | Tier 2    |                                                                                                          |
| <b>Antiemetic - Antihistamines - Drugs For Vomiting And Nausea</b>                             |           |                                                                                                          |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i>                                                    | Tier 1    |                                                                                                          |
| <i>meclizine oral tablet 50 mg</i>                                                             | Tier 1    | QL (2 EA per 1 day)                                                                                      |

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|----------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Antiemetic - Antihistamine-Vitamin Combinations - Drugs For Vomiting And Nausea</b>                   |           |                                  |
| BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG (doxylamine succinate/pyridoxine HCl (vitamin B6)) | Tier 2    | QL (60 EA per 30 days)           |
| DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG (doxylamine succinate/pyridoxine HCl (vitamin B6)) | Tier 2    | QL (120 EA per 30 days)          |
| <i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlec) 10-10 mg</i>                      | Tier 1    | QL (120 EA per 30 days)          |
| <b>Antiemetic - Cannabinoid Type - Drugs For Vomiting And Nausea</b>                                     |           |                                  |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>                                                       | Tier 1    | QL (2 EA per 1 day)              |
| MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (dronabinol)                                                    | Tier 2    | QL (2 EA per 1 day)              |
| SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)                                                               | Tier 2    | QL (60 ML per 30 days)           |
| <b>Antiemetic - Dopamine (D2)/5-Ht3 Antagonists - Drugs For Vomiting And Nausea</b>                      |           |                                  |
| <i>trimethobenzamide oral capsule 300 mg</i>                                                             | Tier 1    |                                  |
| <b>Antiemetic - Phenothiazines - Drugs For Vomiting And Nausea</b>                                       |           |                                  |
| prochlorperazine maleate (Compazine Oral Tablet 10 Mg, 5 Mg)                                             | Tier 2    |                                  |
| prochlorperazine (Compazine Rectal Suppository 25 Mg)                                                    | Tier 2    |                                  |
| prochlorperazine (Compro Rectal Suppository 25 Mg)                                                       | Tier 1    |                                  |
| promethazine HCl (Phenergan Injection Solution 25 Mg/ML, 50 Mg/ML)                                       | Tier 2    |                                  |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>                                                  | Tier 1    |                                  |
| <i>prochlorperazine rectal suppository 25 mg</i>                                                         | Tier 1    |                                  |

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|---------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------|
| <i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>                                               | Tier 1    |                                                                                                                |
| <i>promethazine oral syrup 6.25 mg/5 ml</i>                                                             | Tier 1    |                                                                                                                |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>                                                   | Tier 1    |                                                                                                                |
| <i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>                                            | Tier 1    |                                                                                                                |
| promethazine HCl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)                                 | Tier 1    |                                                                                                                |
| <b>Antiemetic - Selective Serotonin 5-HT<sub>3</sub> Antagonists - Drugs For Vomiting And Nausea</b>    |           |                                                                                                                |
| <i>granisetron hcl oral tablet 1 mg</i>                                                                 | Tier 1    | ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 30 days) |
| <i>ondansetron hcl oral solution 4 mg/5 ml</i>                                                          | Tier 1    | QL (50 ML per 15 days)                                                                                         |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>                                                           | Tier 1    |                                                                                                                |
| <i>ondansetron oral tablet, disintegrating 16 mg</i>                                                    | Tier 1    |                                                                                                                |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>                                               | Tier 1    |                                                                                                                |
| SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR (granisetron)                                           | Tier 2    | QL (1 EA per 7 days)                                                                                           |
| <b>Antiemetic - Substance P-Neurokinin 1 (NK1) Receptor Antagonists - Drugs For Vomiting And Nausea</b> |           |                                                                                                                |
| <i>aprepitant oral capsule 125 mg</i>                                                                   | Tier 1    | QL (1 EA per 21 days)                                                                                          |
| <i>aprepitant oral capsule 40 mg</i>                                                                    | Tier 1    | QL (1 EA per 28 days)                                                                                          |
| <i>aprepitant oral capsule 80 mg</i>                                                                    | Tier 1    | QL (2 EA per 21 days)                                                                                          |
| <i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>                                         | Tier 1    | QL (3 EA per 21 days)                                                                                          |
| EMEND ORAL CAPSULE 80 MG (aprepitant)                                                                   | Tier 2    | QL (2 EA per 21 days)                                                                                          |
| EMEND ORAL CAPSULE, DOSE PACK 125 MG (1)- 80 MG (2) (aprepitant)                                        | Tier 2    | QL (3 EA per 21 days)                                                                                          |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) (aprepitant)                                                                                                                                     | Tier 2    | QL (3 EA per 21 days)            |
| VARUBI ORAL TABLET 90 MG (rolapitant HCl)                                                                                                                                                                                | Tier 2    | QL (2 EA per 14 days)            |
| <b>Antiemetic - Substance P-Neurokinin 1 And 5-Ht3 Recept Antagonist Comb - Drugs For Vomiting And Nausea</b>                                                                                                            |           |                                  |
| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG (netupitant/palonosetron HCl)                                                                                                                                               | Tier 2    | QL (1 EA per 28 days)            |
| <b>Bile Acids - Drugs For The Stomach</b>                                                                                                                                                                                |           |                                  |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG (cholic acid)                                                                                                                                                                         | Tier 3    | PA                               |
| <b>Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (Gc-C) Agonists - Drugs For Constipation</b>                                                                                                                   |           |                                  |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (linaclotide)                                                                                                                                                              | Tier 2    | QL (1 EA per 1 day)              |
| TRULANCE ORAL TABLET 3 MG (plecanatide)                                                                                                                                                                                  | Tier 2    | QL (1 EA per 1 day)              |
| <b>Colonic Acidifier (Ammonia Inhibitor) - Drugs For The Stomach</b>                                                                                                                                                     |           |                                  |
| lactulose (Enulose Oral Solution 10 Gram/15 MI)                                                                                                                                                                          | Tier 1    |                                  |
| lactulose (Generlac Oral Solution 10 Gram/15 MI)                                                                                                                                                                         | Tier 1    |                                  |
| <i>lactulose oral solution 10 gram/15 ml</i>                                                                                                                                                                             | Tier 1    |                                  |
| <b>Digestive Enzyme Mixtures - Drugs For The Stomach</b>                                                                                                                                                                 |           |                                  |
| BEVITROL ORAL CAPSULE 9,000-112,500- 112,500 UNIT (lipase/protease/amylase (porcine))                                                                                                                                    | Tier 2    |                                  |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (lipase/protease/amylase (porcine)) | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                                                                                                           | Drug Tier | Coverage Requirements and Limits                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------|
| GASTRACID ORAL CAPSULE 100-350-300-20 MG (pepsin/glutamic acid/betaine HCl/gentian root extract)                                                                                                                                                                                                                 | Tier 2    |                                                                              |
| PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT (lipase/protease/amylase (porcine))                                                           | Tier 2    |                                                                              |
| PANXYME PH ORAL CAPSULE 10.2-10-45 MG (lipase/protease/amylase (porcine))                                                                                                                                                                                                                                        | Tier 2    |                                                                              |
| PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT (lipase/protease/amylase (porcine))                                                                                                                     | Tier 2    | ST: Requires prior prescription for Zenpep or Creon within the past 120 days |
| VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT (lipase/protease/amylase (porcine))                                                                                                                                                                                                   | Tier 2    | ST: Requires prior prescription for Zenpep or Creon within the past 120 days |
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT (lipase/protease/amylase (porcine)) | Tier 2    |                                                                              |
| <b>Digestive Enzymes - Drugs For The Stomach</b>                                                                                                                                                                                                                                                                 |           |                                                                              |
| DAIRY RELIEF ORAL TABLET 3,000 UNIT, 4,500 UNIT, 9,000 UNIT (lactase)                                                                                                                                                                                                                                            | Tier 1    |                                                                              |
| <i>lactase oral tablet 3,000 unit, 9,000 unit</i>                                                                                                                                                                                                                                                                | Tier 1    |                                                                              |
| PAPAYA DIGESTIVE ENZYME CMLPX ORAL TABLET,CHEWABLE (enzymes,digestive)                                                                                                                                                                                                                                           | Tier 1    |                                                                              |
| SUCRAID ORAL SOLUTION 8,500 UNIT/ML (sacrosidase)                                                                                                                                                                                                                                                                | Tier 3    | PA                                                                           |
| <b>Gallstone Solubilizing (Litholysis) Agents - Drugs For The Stomach</b>                                                                                                                                                                                                                                        |           |                                                                              |
| CHENODAL ORAL TABLET 250 MG (chenodiol)                                                                                                                                                                                                                                                                          | Tier 3    | PA                                                                           |

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|---------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------|
| CTEXTLI ORAL TABLET 250 MG (chenodiol)                                                                        | Tier 3    | PA                                                                                                                             |
| RELTONE ORAL CAPSULE 200 MG, 400 MG (ursodiol)                                                                | Tier 2    | PA                                                                                                                             |
| URSO FORTE ORAL TABLET 500 MG (ursodiol)                                                                      | Tier 2    |                                                                                                                                |
| <i>ursodiol oral capsule 200 mg, 400 mg</i>                                                                   | Tier 1    | PA                                                                                                                             |
| <i>ursodiol oral capsule 300 mg</i>                                                                           | Tier 1    |                                                                                                                                |
| <i>ursodiol oral tablet 250 mg, 500 mg</i>                                                                    | Tier 1    |                                                                                                                                |
| <b>Gastric Acid Secretion Reducer - Histamine H2-Receptor Antagonists - Drugs For Ulcers And Stomach Acid</b> |           |                                                                                                                                |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i>                                                               | Tier 1    |                                                                                                                                |
| <i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>                                                  | Tier 1    |                                                                                                                                |
| <i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>                                     | Tier 1    |                                                                                                                                |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                                                                    | Tier 1    |                                                                                                                                |
| <i>nizatidine oral capsule 150 mg, 300 mg</i>                                                                 | Tier 1    |                                                                                                                                |
| famotidine (Pepcid Oral Tablet 20 Mg, 40 Mg)                                                                  | Tier 2    |                                                                                                                                |
| <b>Gastric Acid Secretion Reducer - Proton Pump Inhibitors (Ppis) - Drugs For Ulcers And Stomach Acid</b>     |           |                                                                                                                                |
| ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG (rabeprazole sodium)                                        | Tier 2    | QL (1 EA per 1 day)                                                                                                            |
| ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG (rabeprazole sodium)                          | Tier 2    | ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day) |

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|----------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------|
| DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 30 MG, 60 MG (dexlansoprazole)                 | Tier 2    | ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day) |
| <i>dexlansoprazole oral capsule,biphase delayed release 30 mg, 60 mg</i>                     | Tier 1    | ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day) |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>                     | Tier 1    | QL (1 EA per 1 day)                                                                                                         |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>                     | Tier 1    | QL (2 EA per 1 day)                                                                                                         |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | Tier 1    | QL (1 EA per 1 day)                                                                                                         |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>                      | Tier 1    | QL (2 EA per 1 day)                                                                                                         |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i>                        | Tier 1    |                                                                                                                             |
| <i>lansoprazole oral tablet, disintegrates, delayed release 15 mg, 30 mg</i>                 | Tier 1    | ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days               |
| NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG (esomeprazole magnesium)                   | Tier 2    | QL (1 EA per 1 day)                                                                                                         |
| NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 40 MG (esomeprazole magnesium)                   | Tier 2    | QL (2 EA per 1 day)                                                                                                         |

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|-------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG (esomeprazole magnesium) | Tier 2    | QL (1 EA per 1 day)                                                                                                                           |
| NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG (esomeprazole magnesium)                      | Tier 2    | QL (2 EA per 1 day)                                                                                                                           |
| <i>omeprazole oral capsule, delayed release(drlec) 10 mg, 20 mg, 40 mg</i>                            | Tier 1    |                                                                                                                                               |
| <i>pantoprazole oral granules dr for susp in packet 40 mg</i>                                         | Tier 1    | ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days |
| <i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i>                                 | Tier 1    |                                                                                                                                               |
| PREVACID ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG (lansoprazole)                                    | Tier 2    |                                                                                                                                               |
| PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG, 30 MG (lansoprazole)                      | Tier 2    | ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days                                 |
| PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG (omeprazole magnesium)                    | Tier 2    | ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days                                        |

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| Prescription Drug Name                                                                                           | Drug Tier | Coverage Requirements and Limits                                                                                                              |
|------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG (pantoprazole sodium)                                         | Tier 2    | ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days |
| PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG, 40 MG (pantoprazole sodium)                                 | Tier 2    |                                                                                                                                               |
| <i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i>                                                      | Tier 1    | ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)                |
| <i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>                                                    | Tier 1    | QL (1 EA per 1 day)                                                                                                                           |
| <b>Gastric Acid Secretion Reducer-Proton Pump Inhibitor And Antacid Comb - Drugs For Ulcers And Stomach Acid</b> |           |                                                                                                                                               |
| KONVOMEF ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML (omeprazole/sodium bicarbonate)                           | Tier 2    | PA                                                                                                                                            |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>                                 | Tier 1    | ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)                   |
| <i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>                                        | Tier 1    | PA                                                                                                                                            |

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| Prescription Drug Name                                                                           | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs For Ulcers And Stomach Acid</b> |           |                                  |
| CYTOTEC ORAL TABLET 100 MCG, 200 MCG (misoprostol)                                               | Tier 2    |                                  |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i>                                                  | Tier 1    |                                  |
| <b>Gastrointestinal - Prokinetic Agents - 5-Ht4 Receptor Agonists - Drugs For The Stomach</b>    |           |                                  |
| MOTEGRITY ORAL TABLET 1 MG, 2 MG (prucalopride succinate)                                        | Tier 2    | QL (1 EA per 1 day)              |
| <i>prucalopride oral tablet 1 mg, 2 mg</i>                                                       | Tier 1    | QL (1 EA per 1 day)              |
| <b>Gastrointestinal Antiflatulents - Drugs For The Stomach</b>                                   |           |                                  |
| <i>activated charcoal oral capsule 260 mg</i>                                                    | Tier 1    |                                  |
| <i>activated charcoal oral capsule 280 mg</i>                                                    | Tier 2    |                                  |
| BEANAID ORAL CAPSULE 300 UNIT (alpha-D-galactosidase)                                            | Tier 1    |                                  |
| BEANO ORAL TABLET 400 UNIT (alpha-D-galactosidase)                                               | Tier 2    |                                  |
| GAS RELIEF-PREVENTION ORAL CAPSULE 600 UNIT (alpha-D-galactosidase)                              | Tier 1    |                                  |
| <b>Gastrointestinal Prokinetic Agents - D2 Antagonist/5-Ht4 Agonists - Drugs For The Stomach</b> |           |                                  |
| GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY (metoclopramide HCl)                                    | Tier 3    | PA                               |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i>                                                | Tier 1    |                                  |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>                                                | Tier 1    |                                  |
| REGLAN ORAL TABLET 10 MG, 5 MG (metoclopramide HCl)                                              | Tier 2    |                                  |

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| Prescription Drug Name                                                                            | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Gi Antispasmodic - Belladonna Alkaloids - Drugs For Stomach Cramps</b>                         |           |                                  |
| ANASPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)                                 | Tier 2    |                                  |
| ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)                                 | Tier 1    |                                  |
| <i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>                                                 | Tier 1    |                                  |
| <i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>                                              | Tier 1    |                                  |
| <i>hyoscyamine sulfate oral tablet 0.125 mg</i>                                                   | Tier 1    |                                  |
| <i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>                            | Tier 1    |                                  |
| <i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>                                    | Tier 1    |                                  |
| <i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>                                             | Tier 1    |                                  |
| HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)                                              | Tier 1    |                                  |
| HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)                                           | Tier 1    |                                  |
| LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (hyoscyamine sulfate)                          | Tier 2    |                                  |
| LEVSIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)                                                 | Tier 2    |                                  |
| LEVSIN/SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)                                        | Tier 2    |                                  |
| <i>methscopolamine oral tablet 2.5 mg, 5 mg</i>                                                   | Tier 1    |                                  |
| NULEV ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)                                   | Tier 2    |                                  |
| OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)                                                | Tier 1    |                                  |
| OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)                                       | Tier 1    |                                  |
| SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine sulfate) | Tier 2    |                                  |

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|------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------|
| SYMAX FASTABS ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)            | Tier 2    |                                                                                                                          |
| SYMAX-SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)                          | Tier 2    |                                                                                                                          |
| SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (hyoscyamine sulfate)         | Tier 2    |                                                                                                                          |
| <b>Gi Antispasmodic - Quaternary Ammonium Compounds - Drugs For Stomach Cramps</b> |           |                                                                                                                          |
| DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG (glycopyrrolate)                        | Tier 2    | ST: Requires prior prescription for Glycopyrrolate 2mg within the past 120 days; QL (4 EA per 1 day); Age (Min 18 Years) |
| <i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>               | Tier 1    |                                                                                                                          |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>                                       | Tier 1    |                                                                                                                          |
| <i>glycopyrrolate oral tablet 1.5 mg</i>                                           | Tier 1    | ST: Requires prior prescription for Glycopyrrolate 1mg or 2mg within the past 120 days; QL (3 EA per 1 day)              |
| GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML) (glycopyrrolate/PF)             | Tier 2    |                                                                                                                          |
| ROBINUL FORTE ORAL TABLET 2 MG (glycopyrrolate)                                    | Tier 2    |                                                                                                                          |
| ROBINUL ORAL TABLET 1 MG (glycopyrrolate)                                          | Tier 2    |                                                                                                                          |
| <b>Gi Antispasmodic - Synthetic Tertiary Amines - Drugs For Stomach Cramps</b>     |           |                                                                                                                          |
| <i>dicyclomine oral capsule 10 mg</i>                                              | Tier 1    |                                                                                                                          |
| <i>dicyclomine oral solution 10 mg/5 ml</i>                                        | Tier 1    |                                                                                                                          |
| <i>dicyclomine oral tablet 20 mg</i>                                               | Tier 1    |                                                                                                                          |
| <i>dicyclomine oral tablet 40 mg</i>                                               | Tier 1    | QL (4 EA per 1 day)                                                                                                      |

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| Prescription Drug Name                                                                                           | Drug Tier | Coverage Requirements and Limits                                                                                    |
|------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------|
| <b>Gi Antispasmodic And Benzodiazepine Combinations - Drugs For Stomach Cramps</b>                               |           |                                                                                                                     |
| <i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>                                                          | Tier 1    |                                                                                                                     |
| LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG (chlordiazepoxide/clidinium bromide)                               | Tier 2    |                                                                                                                     |
| <b>Gi Antispasmodic And Opioid Combinations - Drugs For Stomach Cramps</b>                                       |           |                                                                                                                     |
| <i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>                                      | Tier 1    |                                                                                                                     |
| <b>Gi Antispasmodic Combinations Other - Drugs For Stomach Cramps</b>                                            |           |                                                                                                                     |
| <i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>                                      | Tier 1    |                                                                                                                     |
| <i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>                                                          | Tier 1    |                                                                                                                     |
| DONNATAL ORAL ELIXIR 16.2 MG-0.1037 MG/5 ML (5 ML) (phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine Hb) | Tier 2    | ST: Requires prior prescriptions for Dicyclomine and Hyoscyamine within the past 365 days; QL (1200 ML per 30 days) |
| DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG (phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine Hb)        | Tier 2    | ST: Requires prior prescriptions for Dicyclomine and Hyoscyamine within the past 365 days; QL (8 EA per 1 day)      |
| LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG (chlordiazepoxide/clidinium bromide)                               | Tier 2    |                                                                                                                     |

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| Prescription Drug Name                                                                                           | Drug Tier | Coverage Requirements and Limits                                                                                    |
|------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------|
| <i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>                                   | Tier 2    | ST: Requires prior prescriptions for Dicyclomine and Hyoscyamine within the past 365 days; QL (1200 ML per 30 days) |
| <i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 - 0.0194 mg</i>                                        | Tier 1    | ST: Requires prior prescriptions for Dicyclomine and Hyoscyamine within the past 365 days; QL (8 EA per 1 day)      |
| PHENOHYTRO ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML (phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine Hb) | Tier 2    | ST: Requires prior prescriptions for Dicyclomine and Hyoscyamine within the past 365 days; QL (1200 ML per 30 days) |
| PHENOHYTRO ORAL TABLET 16.2-0.1037 -0.0194 MG (phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine Hb)      | Tier 2    | ST: Requires prior prescriptions for Dicyclomine and Hyoscyamine within the past 365 days; QL (8 EA per 1 day)      |
| <b>H. Pylori Therapy - Bismuth And Antibiotics Combinations - Drugs For Ulcers And Stomach Acid</b>              |           |                                                                                                                     |
| <i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i>                                                | Tier 1    |                                                                                                                     |
| PYLERA ORAL CAPSULE 140-125-125 MG (colloidal bismuth subcitrate/metronidazole/tetracycline HCl)                 | Tier 2    |                                                                                                                     |

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| Prescription Drug Name                                                                                             | Drug Tier | Coverage Requirements and Limits            |
|--------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------|
| <b>H. Pylori Therapy - Proton Pump Inhibitor And Antibiotics Combinations - Drugs For Ulcers And Stomach Acid</b>  |           |                                             |
| <i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>                                                | Tier 1    | QL (112 EA per 10 days)                     |
| OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG-500 MG (40) (omeprazole/clarithromycin/amoxicillin trihydrate)          | Tier 2    |                                             |
| TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG (omeprazole magnesium/amoxicillin trihydrate/rifabutin) | Tier 2    | QL (168 EA per 14 days); Age (Min 18 Years) |
| <b>H.Pylori Therapy-Potassium-Competitive Acid Blocker And Antibiotics - Drugs For The Stomach</b>                 |           |                                             |
| VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)-500 MG (84) (vonoprazan fumarate/amoxicillin trihydrate)              | Tier 2    | PA; QL (112 EA per 14 days)                 |
| VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG (vonoprazan fumarate/amoxicillin trihydrate/clarithromycin)      | Tier 2    | PA; QL (112 EA per 14 days)                 |
| <b>Ibs Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs For Irritable Bowel Syndrome</b>         |           |                                             |
| AMITIZA ORAL CAPSULE 24 MCG (lubiprostone)                                                                         | Tier 2    | QL (2 EA per 1 day)                         |
| AMITIZA ORAL CAPSULE 8 MCG (lubiprostone)                                                                          | Tier 2    | QL (4 EA per 1 day)                         |
| <i>lubiprostone oral capsule 24 mcg</i>                                                                            | Tier 1    | QL (2 EA per 1 day)                         |
| <i>lubiprostone oral capsule 8 mcg</i>                                                                             | Tier 1    | QL (4 EA per 1 day)                         |
| <b>Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists - Drugs For Irritable Bowel Syndrome</b>                        |           |                                             |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (linaclotide)                                                        | Tier 2    | QL (1 EA per 1 day)                         |
| TRULANCE ORAL TABLET 3 MG (plecanatide)                                                                            | Tier 2    | QL (1 EA per 1 day)                         |

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|---------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Ibs Agent - Mixed Opioid Receptor Agonist And Antagonist - Drugs For Irritable Bowel Syndrome</b>                |           |                                  |
| VIBERZI ORAL TABLET 100 MG, 75 MG (eluxadoline)                                                                     | Tier 2    | QL (2 EA per 1 day)              |
| <b>Ibs Agent - Selective 5-Ht3 Receptor Antagonists - Drugs For Irritable Bowel Syndrome</b>                        |           |                                  |
| <i>alosetron oral tablet 0.5 mg, 1 mg</i>                                                                           | Tier 1    |                                  |
| LOTRONEX ORAL TABLET 0.5 MG, 1 MG (alosetron HCl)                                                                   | Tier 2    |                                  |
| <b>Ibs Agent - Sodium-Hydrogen Exchanger 3 (Nhe3) Inhibitor - Drugs For Irritable Bowel Syndrome</b>                |           |                                  |
| IBSRELA ORAL TABLET 50 MG (tenapanor HCl)                                                                           | Tier 2    | PA                               |
| <b>Inflammatory Bowel Agent - Interleukin-12 And Il-23 Inhibitors, Mc Ab - Drugs For Inflammatory Bowel Disease</b> |           |                                  |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)                                                            | Tier 3    | PA                               |
| STELARA SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab)                                                                 | Tier 3    | PA                               |
| STEQEYMA SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab-stba)                                                           | Tier 3    | PA                               |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab-kfce)                                                      | Tier 3    | PA                               |
| YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab-kfce)                                                           | Tier 3    | PA                               |

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|--------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Inflammatory Bowel Agent - Interleukin-23 (IL-23) Inhibitor, Mc Ab - Drugs For Inflammatory Bowel Disease</b>               |           |                                  |
| OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML) (mirikizumab-mrkz) | Tier 3    | PA                               |
| OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML) (mirikizumab-mrkz)          | Tier 3    | PA                               |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) (risankizumab-rzaa)                | Tier 3    | PA                               |
| TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (guselkumab)                                                            | Tier 3    | PA                               |
| TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML (guselkumab)                                              | Tier 3    | PA                               |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (guselkumab)                                                      | Tier 3    | PA                               |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (guselkumab)                                                               | Tier 3    | PA                               |
| <b>Inflammatory Bowel Agent - Aminosalicylates And Related Agents - Drugs For Inflammatory Bowel Disease</b>                   |           |                                  |
| APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM (mesalamine)                                                              | Tier 2    |                                  |
| AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG (sulfasalazine)                                                  | Tier 2    |                                  |
| AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)                                                                                  | Tier 2    |                                  |
| <i>balsalazide oral capsule 750 mg</i>                                                                                         | Tier 1    |                                  |
| CANASA RECTAL SUPPOSITORY 1,000 MG (mesalamine)                                                                                | Tier 2    |                                  |

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|------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------|
| COLAZAL ORAL CAPSULE 750 MG (balsalazide disodium)                                       | Tier 2    |                                                                          |
| DIPENTUM ORAL CAPSULE 250 MG (olsalazine sodium)                                         | Tier 2    | ST: Requires prior prescription for Lialda within the past 120 days      |
| LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM (mesalamine)                         | Tier 2    |                                                                          |
| <i>mesalamine oral capsule (with del rel tablets) 400 mg</i>                             | Tier 1    |                                                                          |
| <i>mesalamine oral capsule, extended release 500 mg</i>                                  | Tier 1    |                                                                          |
| <i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>                          | Tier 1    |                                                                          |
| <i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg</i>                   | Tier 1    |                                                                          |
| <i>mesalamine rectal enema 4 gram/60 ml</i>                                              | Tier 1    |                                                                          |
| <i>mesalamine rectal suppository 1,000 mg</i>                                            | Tier 1    |                                                                          |
| <i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>                      | Tier 1    |                                                                          |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG (mesalamine)                       | Tier 2    |                                                                          |
| ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML (mesalamine with cleansing wipes)                   | Tier 2    |                                                                          |
| SFROWASA RECTAL ENEMA 4 GRAM/60 ML (mesalamine)                                          | Tier 2    |                                                                          |
| <i>sulfasalazine oral tablet 500 mg</i>                                                  | Tier 1    |                                                                          |
| <i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>                          | Tier 1    |                                                                          |
| <b>Inflammatory Bowel Agent - Glucocorticoids - Drugs For Inflammatory Bowel Disease</b> |           |                                                                          |
| <i>budesonide oral capsule,delayed,extend.release 3 mg</i>                               | Tier 1    |                                                                          |
| <i>budesonide oral tablet,delayed and ext.release 9 mg</i>                               | Tier 1    | ST: Requires prior prescription for Balsalazide within the past 120 days |
| <i>budesonide rectal foam 2 mg/actuation</i>                                             | Tier 1    |                                                                          |

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|--------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------|
| CORTENEMA RECTAL ENEMA 100 MG/60 ML (hydrocortisone)                                                               | Tier 2    |                                                                          |
| CORTIFOAM RECTAL FOAM 10 % (80 MG) (hydrocortisone acetate)                                                        | Tier 2    |                                                                          |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i>                                                                    | Tier 1    |                                                                          |
| ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG (budesonide)                                                     | Tier 2    | PA                                                                       |
| UCERIS ORAL TABLET, DELAYED AND EXT. RELEASE 9 MG (budesonide)                                                     | Tier 2    | ST: Requires prior prescription for Balsalazide within the past 120 days |
| UCERIS RECTAL FOAM 2 MG/ACTUATION (budesonide)                                                                     | Tier 2    |                                                                          |
| <b>Inflammatory Bowel Agent - Integrin Receptor Antagonist, Mc Antibody - Drugs For Inflammatory Bowel Disease</b> |           |                                                                          |
| ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML (vedolizumab)                                                 | Tier 3    | PA                                                                       |
| <b>Inflammatory Bowel Agent - Janus Kinase (Jak) Inhibitors - Drugs For Inflammatory Bowel Disease</b>             |           |                                                                          |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG (upadacitinib)                                                     | Tier 3    | PA                                                                       |
| XELJANZ ORAL TABLET 10 MG, 5 MG (tofacitinib citrate)                                                              | Tier 3    | PA                                                                       |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG (tofacitinib citrate)                                   | Tier 3    | PA                                                                       |
| <b>Inflammatory Bowel Agent - Sphingosine 1-Phosphate Receptor Modulator - Drugs For Irritable Bowel Syndrome</b>  |           |                                                                          |
| VELSIPITY ORAL TABLET 2 MG (etrasimod arginine)                                                                    | Tier 3    | PA                                                                       |
| ZEPOSIA ORAL CAPSULE 0.92 MG (ozanimod hydrochloride)                                                              | Tier 3    | PA                                                                       |

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| Prescription Drug Name                                                                                        | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (ozanimod hydrochloride)    | Tier 3    | PA                               |
| ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (ozanimod hydrochloride)         | Tier 3    | PA                               |
| <b>Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs For Inflammatory Bowel Disease</b> |           |                                  |
| <i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml</i>                                   | Tier 3    | PA                               |
| <i>adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml, 40 mg/0.4 ml</i>                                        | Tier 3    | PA                               |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)                     | Tier 3    | PA                               |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)                  | Tier 3    | PA                               |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)                              | Tier 3    | PA                               |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)                                            | Tier 3    | PA                               |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (adalimumab)                                                     | Tier 3    | PA                               |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)                           | Tier 3    | PA                               |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)           | Tier 3    | PA                               |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab)                          | Tier 3    | PA                               |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)                                   | Tier 3    | PA                               |

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|----------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-ryvk)                     | Tier 3    | PA                               |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-ryvk)                           | Tier 3    | PA                               |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (golimumab)                                                                    | Tier 2    | PA                               |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (golimumab)                                                                         | Tier 2    | PA                               |
| ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (infliximab-dyyb)                                                        | Tier 3    | PA                               |
| ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (infliximab-dyyb)                                                             | Tier 3    | PA                               |
| <b>Intestinal Flora Modifiers - Drugs For Diarrhea</b>                                                                     |           |                                  |
| ACIDOPHILUS PROBIOTIC BLEND ORAL CAPSULE 175 MG (Lactobacillus acidophilus,salivarius/B.bifidum/S.thermophil)              | Tier 1    |                                  |
| <i>acidophilus-pectin, citrus oral capsule 7.5 mg (30 mill cell)-100 mg</i>                                                | Tier 1    |                                  |
| <i>acidophilus-pectin, citrus oral tablet 25 million cell -100 mg</i>                                                      | Tier 1    |                                  |
| ADULT 50 PLUS PROBIOTIC ORAL CAPSULE 4 BILLION CELL (Lactobacillus combination no.9)                                       | Tier 1    |                                  |
| ADVANCED PROBIOTIC ORAL CAPSULE 625 MG (10 BILLION CELL)<br>(L.acidophilus/L.casei/L.lactis/L.rhamnosus/B.lactis/B.longum) | Tier 2    |                                  |
| ALIGN DUALBIOTIC ORAL TABLET,CHEWABLE 500 MILLION CELL-1.25 GRAM (Bacillus coagulans/inulin)                               | Tier 2    |                                  |
| AZO COMPLETE FEMININE BALANCE ORAL CAPSULE 5 BILLION CELL (Lactobacillus crispatus/L. gasseri/L. jensenii/L. rhamnosus)    | Tier 2    |                                  |

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|---------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| AZO DUAL PROTECTION ORAL CAPSULE 5 BILLION CELL- 15 MG<br>(L.crispatus/L.gasseri/L.jensenii/L.rhamnosus/bacteriophages)   | Tier 2    |                                  |
| AZO VAGINAL HEALTH PROBIOTIC ORAL CAPSULE 5 BILLION CELL (Lactobacillus crispatus/L. gasseri/L. jensenii/L. rhamnosus)    | Tier 2    |                                  |
| BACICAP ORAL CAPSULE 20 BILLION CELL<br>(Lactobacillus acidophilus,paracasei,plantarum/B.animalis)                        | Tier 2    |                                  |
| BACID WITH LACTOSPORE ORAL CAPSULE 1 BILLION CELL (Bacillus coagulans)                                                    | Tier 2    |                                  |
| BENEFIBER ADVANCED ORAL POWDER IN PACKET 1 BILLION CELL- 4 GRAM (Bacillus coagulans/maltodextrin/guar gum)                | Tier 2    |                                  |
| BENEFIBER DUAL ACTION ORAL TABLET,CHEWABLE 500 MILLION CELL-1.5 GRAM (Bacillus coagulans/inulin)                          | Tier 2    |                                  |
| BENEFIBER DUAL ACTION-THEANINE ORAL POWDER IN PACKET 1 BILLION CELL- 3 GRAM-200 MG (Bacillus coagulans/inulin/theanine)   | Tier 2    |                                  |
| BILAC ORAL CAPSULE 33 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)                                   | Tier 2    |                                  |
| BIOMEPRO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL (Lactobacillus acidophilus/Lactobacillus casei/L. rhamnosus) | Tier 2    |                                  |
| BIOMEPRO ORAL LIQUID 100 BILLION CELL/104 ML (Lactobacillus acidophilus/Lactobacillus casei/L. rhamnosus)                 | Tier 2    |                                  |
| BIOTINEX ORAL CAPSULE 700 MILLION CELL (Lactobacillus acidophilus)                                                        | Tier 2    |                                  |
| BIOZEN ORAL CAPSULE 15.5 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)                                | Tier 1    |                                  |

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|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| CHILD PROBIOTIC DIGEST-IMMUNE ORAL TABLET,CHEWABLE 5 BILLION CELL (Lactobacillus acidophilus,salivarius/B.bifidum/S.thermophil)            | Tier 2    |                                  |
| CHILDRENS CHEWABLE PROBIOTIC ORAL TABLET,CHEWABLE 1.5 BILLION CELL (L. acidophilus/L. rhamnosus/B. breve/S. thermophilus)                  | Tier 1    |                                  |
| CHILDREN'S DAILY PROBIOTIC ORAL POWDER IN PACKET 5 BILLION CELL (Lactobacillus rhamnosus GG)                                               | Tier 1    |                                  |
| CHILDREN'S PROBIOTIC ORAL TABLET,CHEWABLE 5 BILLION CELL (L.acidophilus,casei,rhamnosus/B.breve,longum)                                    | Tier 1    |                                  |
| CLAIRVEE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5 BILLION CELL- 400 MCG DFE (L. acidophilus/L. rhamnosus/levomefolate sodium/lactoferrin)     | Tier 2    |                                  |
| CRANBERRY-PROBIOTC(BLEND)-VITC ORAL TABLET 150 MM CELL- 250 MG-30 MG (L.acidophilus/L.salivar/B.bifidum/S.thermophilus/cranberry/ C)       | Tier 2    |                                  |
| CULTURELLE ABDOMINAL SUPP-CMFT ORAL POWDER IN PACKET 2 BILLION CELL- 4 GRAM (Bacillus coagulans/fucosyllactose)                            | Tier 2    |                                  |
| CULTURELLE ADVANCED REGULARITY ORAL CAPSULE 11 BILLION CELL (Lactobacillus paracasei/Lactobacillus rhamnosus)                              | Tier 2    |                                  |
| CULTURELLE BABY COLIC-SOOTHING ORAL DROPS 250 MM CELL-10 MCG/5 DROPS (Lactobacillus reuteri/Lactobacillus rhamnosus GG/vitamin D3)         | Tier 2    |                                  |
| CULTURELLE BABY DIGESTIVE CALM ORAL DROPS 2 BILLION CELL/5 DROPS (Lactobacillus rhamnosus GG/Bifidobacterium animalis (lactis))            | Tier 2    |                                  |
| CULTURELLE BABY HEALTH DEVELOP ORAL POWDER IN PACKET 2 BILLION CELL- 50 MG-300 MG (L. rhamnosus/B. animalis/dha/fucosyllactose/vitamin D3) | Tier 2    |                                  |

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|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| CULTURELLE BLOATING GAS ORAL CAPSULE 5 BILLION CELL- 285 MG-50 MG (Lactobacillus rhamnosus GG/enzymes,digestive/ginger/minerals)              | Tier 2    |                                  |
| CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE 10 BILLION CELL -200 MG (Lactobacillus rhamnosus GG/inulin)                                          | Tier 2    |                                  |
| CULTURELLE IMMUNE DEFENSE ORAL TABLET,CHEWABLE 10 BILLION CELL -90 MG-3 MG (L. rhamnosus GG/ascorbic acid/zinc oxide/elderberry fruit)        | Tier 2    |                                  |
| CULTURELLE KIDS 4 IN 1 IMMUNE ORAL TABLET,CHEWABLE 5 BILLION CELL- 90 MG-20 MCG (L. rhamnosus/ascorbic acid/vitamin D3/zinc oxide/elderberry) | Tier 2    |                                  |
| CULTURELLE KIDS GROW-THRIVE ORAL POWDER IN PACKET 3.5 BILLION CELL-1 GRAM (Lactobacillus rhamnosus/Bifidobac animalis/fucosyllactose/D3)      | Tier 2    |                                  |
| CULTURELLE KIDS GUMMY ORAL TABLET,CHEWABLE 1.5 BILLION CELL-1 GRAM (Bacillus subtilis/inulin)                                                 | Tier 2    |                                  |
| CULTURELLE KIDS IMMUNE DEFENSE ORAL TABLET,CHEWABLE 5 BILLION CELL- 90 MG-1.88 MG (L. rhamnosus GG/ascorbic acid/zinc oxide/elderberry fruit) | Tier 2    |                                  |
| CULTURELLE KIDS PROBIO-FIBER ORAL POWDER IN PACKET 2.5 BILLION CELL-3.5 GRAM (Lactobacillus rhamnosus GG/fiber)                               | Tier 2    |                                  |
| CULTURELLE KIDS PROBIOT-FIBER ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG (Bacillus coagulans/Bacillus subtilis/inulin/ascorbic acid)   | Tier 2    |                                  |
| CULTURELLE KIDS PROBIOTICS ORAL POWDER IN PACKET 5 BILLION CELL (Lactobacillus rhamnosus GG)                                                  | Tier 2    |                                  |
| CULTURELLE KIDS PROBIOTICS ORAL TABLET,CHEWABLE 5 BILLION CELL (Lactobacillus rhamnosus GG)                                                   | Tier 2    |                                  |

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|----------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| CULTURELLE MEN'S DAILY HEALTH ORAL CAPSULE 10 BILLION CELL -90 MG (L. rhamnosus/vit C/vit D3/vit B6/vit B12/magnesium ox/selen)              | Tier 2    |                                  |
| CULTURELLE METABOLISM-WT MGMT ORAL CAPSULE 12 BILLION CELL -1.7 MG-2.4 MCG (Lactobacillus rhamnosus/Bifido animalis/vit B6/vit B12)          | Tier 2    |                                  |
| CULTURELLE ORAL CAPSULE, SPRINKLE 15 BILLION CELL (Lactobacillus rhamnosus GG)                                                               | Tier 2    |                                  |
| CULTURELLE PROBIOTIC-PREBIOTIC ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG (Bacillus coagulans/Bacillus subtilis/inulin/ascorbic acid) | Tier 2    |                                  |
| CULTURELLE SLIMBIOTICS ORAL CAPSULE 12 BILLION CELL -1.7 MG-2.4 MCG (Lactobacillus fermentum/Lactobacillus rhamnosus/vit B6/B12)             | Tier 2    |                                  |
| CULTURELLE WOMEN'S 4-IN-1 ORAL CAPSULE 15 BILLION CELL -15 MG (L.crispatus/L.gasseri/L.jensenii/L.rhamnosus/bacteriophages)                  | Tier 2    |                                  |
| CULTURELLE WOMEN'S WELLNESS ORAL TABLET,CHEWABLE 12 BILLION CELL (Lactobacillus crispatus/L. gasseri/L. jensenii/L. rhamnosus)               | Tier 2    |                                  |
| DAILY PROBIOTIC (4 STRAINS) ORAL CAPSULE 11 BILLION CELL -15 MG (Lactobacillus paracasei,rhamnosus/B.animalis/ascorbic acid)                 | Tier 1    |                                  |
| DAILY PROBIOTIC (B.INFANTIS) ORAL CAPSULE 1 BILLION CELL (Lactobacillus acidophilus,rhamnosus/Bifido infantis,longum)                        | Tier 1    |                                  |
| DAILY PROBIOTIC (S. BOULARDII) ORAL CAPSULE 250 MG (Saccharomyces boulardii)                                                                 | Tier 1    |                                  |
| DERMACINRX LACTEROL ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)                                        | Tier 2    |                                  |
| DERMACINRX PROBINATE ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)                                       | Tier 2    |                                  |

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|------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| DERMACINRX PROBISOL ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)                  | Tier 2    |                                  |
| DERMACINRX PROBITRAN ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)                 | Tier 2    |                                  |
| DERMACINRX PROBITROL ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)                 | Tier 2    |                                  |
| DERMACINRX PROMEROL ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)                  | Tier 2    |                                  |
| DIGEST ADV PROBIO PLUS GAS ORAL CAPSULE 2 BILLION CELL (Bacillus coagulans/digestive enzymes combination no.10)        | Tier 2    |                                  |
| DIGEST PROBIOTIC (S.BOULARDII) ORAL CAPSULE 250 MG (Saccharomyces boulardii)                                           | Tier 1    |                                  |
| DIGESTIVE ADVANTAGE IMMUNE ORAL TABLET,CHEWABLE 250 MILLION CELL (Bacillus coagulans)                                  | Tier 2    |                                  |
| DIGESTIVE ADVANTAGE INTENS BOW ORAL CAPSULE 1 BILLION CELL- 30,000 UNIT (Bacillus coagulans/protease/amylase/lipase)   | Tier 2    |                                  |
| DIGESTIVE ADVANTAGE KID PROBIO ORAL TABLET,CHEWABLE 250 MILLION CELL (Bacillus coagulans)                              | Tier 2    |                                  |
| DIGESTIVE ADVANTAGE LACTOS SUP ORAL CAPSULE 500 MILLION CELL-3,000 UNIT (Bacillus coagulans/lactase)                   | Tier 2    |                                  |
| DIGESTIVE ADVANTAGE PROBIOTIC ORAL CAPSULE 2 BILLION CELL- 140 MG (Bacillus coagulans/calcium carbonate)               | Tier 2    |                                  |
| DIGESTIVE PROBIOTIC ORAL CAPSULE, SPRINKLE 2 BILLION CELL (Lactobacillus acidophilus,rhamnosus/Bifido infantis,longum) | Tier 1    |                                  |
| ENVIVE ORAL CAPSULE 12 BILLION CELL (Lactobacillus acidophilus,paracasei,Bifidobacterium animalis)                     | Tier 2    |                                  |

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|--------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ESTROVEN SLIMBIOTICS ORAL CAPSULE 12 BILLION CELL -1.7 MG-2.4 MCG (Lactobacillus fermentum/Lactobacillus rhamnosus/vit B6/B12)       | Tier 2    |                                  |
| FEM DOPHILUS ORAL CAPSULE 1 BILLION CELL (Lactobacillus reuteri/Lactobacillus rhamnosus GG)                                          | Tier 2    |                                  |
| FLORAJEN WOMEN ORAL CAPSULE 15 BILLION CELL (Lactobacillus acidophilus/Lactobacillus rhamnosus GG)                                   | Tier 2    |                                  |
| FLORAMAX ORAL TABLET 1 MILLION CELL (Lactobacillus acidophilus/Lactobacillus bulgaricus)                                             | Tier 1    |                                  |
| FLORASAVE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10 BILLION CELL -15 MG (Lactobacillus no.65/Bifidobac no.7/B.subtilis/bacteriophages)  | Tier 2    |                                  |
| FLORASTART ORAL CAPSULE 250 MG (Saccharomyces boulardii)                                                                             | Tier 1    |                                  |
| FLORASTOR ADVANCED ORAL CAPSULE 250-62.5-30 MG (S.boulardii/enzymes/ginger/peppermint leaf/fennel)                                   | Tier 2    |                                  |
| FLORASTOR DIGEST-METABOLIC ORAL TABLET,CHEWABLE 500MILLION CELL -1 GRAM-125 MCG (Bacillus coagulans/inulin/cyanocobalamin)           | Tier 2    |                                  |
| FLORASTOR WOMAN'S PROBIOTIC ORAL CAPSULE 11 BILLION CELL -200 MG (L.acidophilus/L.paracasei/L.rhamnosus/theanine)                    | Tier 2    |                                  |
| FLORASTORBABY ORAL POWDER IN PACKET 250 MG (Saccharomyces boulardii)                                                                 | Tier 2    |                                  |
| FLORASTORKIDS ORAL POWDER IN PACKET 250 MG (Saccharomyces boulardii)                                                                 | Tier 2    |                                  |
| FLORASTORSELECT GUT BOOST ORAL CAPSULE 250-300 MG (Saccharomyces boulardii/inulin)                                                   | Tier 2    |                                  |
| FLORASTORSELECT IMMUNITY BOOST ORAL CAPSULE 250 MG-60 MG- 10 MCG-10 MG (Saccharomyces boulardii/vitamin C/vitamin D3/zinc gluconate) | Tier 2    |                                  |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| FLORATUMMYS QUICK DISSOLVE ORAL TABLET, EFFERVESCENT 2 BILLION CELL (Lactobacillus reuteri/Bifidobacterium infantis/FOS)                                                 | Tier 2    |                                  |
| FORTIFY OPT ADV (L. SALIVARUS) ORAL CAPSULE,DELAYED RELEASE(DR/EC) 100 BILLION CELL-75 MG (Lactobacillus no.83/Bifido animal,bifid,infant/inulin/acacia)                 | Tier 2    |                                  |
| FORTIFY OPTIMA PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 35 BILLION CELL -75 MG (Lactobac no.108/B.animal,bifid,infant/S.therm/inulin/acacia)                        | Tier 2    |                                  |
| FORTIFY OPTIMA PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL (Lactobacillus acidophilus/B.animalis/B.bifidum/B.infantis)                                 | Tier 2    |                                  |
| FORTIFY OPTIMA WOMEN ADVANCED ORAL CAPSULE,DELAYED RELEASE(DR/EC) 90 BILLION CELL -75 MG (Lactobacillus no.102/Bifid anim,bifid/L.lactis/inulin/acacia)                  | Tier 2    |                                  |
| FORTIFY OPTIMA WOMEN PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL (L.acidophilus,gasseri/Bifidobact animalis,bifidum,infantis)                          | Tier 2    |                                  |
| FORTIFY PROBIOTIC 50 PLUS ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 BILLION CELL-50 MG, 50 BILLION CELL-50 MG (Lactobacillus combo no.21/Bifidobacterium combo no.7/inulin) | Tier 2    |                                  |
| FORTIFY PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 BILLION CELL-50 MG, 50 BILLION CELL-50 MG (Lactobacillus combo no.51/Bifido animalis, bifidum/inulin)           | Tier 2    |                                  |
| FORTIFY WOMEN PROBIO(L.SALIV.) ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL-50 MG (Lactobacillus combo no.32/Bifidobacterium animalis/inulin)                     | Tier 2    |                                  |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                                                                                 | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| FORTIFY WOMEN PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 BILLION CELL-50 MG (Lactobacillus combo no.51/Bifidobacterium animalis/inulin)          | Tier 2    |                                  |
| IDEAL BOWEL SUPPORT ORAL CAPSULE 10 BILLION CELL (Lactobacillus plantarum)                                                                             | Tier 2    |                                  |
| JARRO-DOPHILUS ALLERGEN FREE ORAL CAPSULE 10 BILLION CELL (L.acidoph,paracasei,plantarum,rhamn/B.animalis,breve)                                       | Tier 2    |                                  |
| JARRO-DOPHILUS BABY ORAL POWDER 3 BILLION CELL- 600 MG/GRAM (Lactobacillus casei/L. rhamnosus/Bifido no.4/GOS)                                         | Tier 2    |                                  |
| JARRO-DOPHILUS EPS ORAL CAPSULE,DELAYED RELEASE(DR/EC) 25 BILLION CELL, 5 BILLION CELL (Lactobac no.19/Bifidobac breve,longum/Lactoc lactis/P. acidi)  | Tier 2    |                                  |
| JARRO-DOPHILUS PLUS FOS ORAL CAPSULE 3.4 BILLION CELL-210 MG (Lactobacillus no.33/Bifido animalis,longum/FOS/inulin)                                   | Tier 2    |                                  |
| JARRO-DOPHILUS WOMEN ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10 BILLION CELL, 5 BILLION CELL (Lactobacillus crispatus/L. gasseri/L. jensenii/L. rhamnosus) | Tier 2    |                                  |
| <i>L. acidophilus-b. coagulans oral tablet 35 million- 25 million cell</i>                                                                             | Tier 1    |                                  |
| LACTEOL DIARRHEASE KIDS ORAL POWDER IN PACKET 10 BILLION CELL (Lactobacillus fermentum/Lactobacillus lactis)                                           | Tier 2    |                                  |
| LACTEOL DIARRHEASE ORAL CAPSULE 10 BILLION CELL (Lactobacillus fermentum/Lactobacillus lactis)                                                         | Tier 2    |                                  |
| <i>lactobacillus acidophilus oral capsule 500 million cell</i>                                                                                         | Tier 1    |                                  |
| <i>lactobacillus acidophilus oral tablet 0.5 mg (100 million cell)</i>                                                                                 | Tier 1    |                                  |
| <i>lactobacillus acidophilus oral tablet 1 billion cell</i>                                                                                            | Tier 1    |                                  |
| <i>lactobacillus acidoph-I.bulgar oral tablet 1 million cell</i>                                                                                       | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                   | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| LACTOVIVE ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)                                                              | Tier 1    |                                  |
| MAGE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 BILLION CELL -15 MG (L. acidoph,rhamn/Bifido animalis/B. subtilis/bacteriophages)                            | Tier 2    |                                  |
| MVW COMPLETE FORM PROBIOT MINI ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 BILLION CELL -15 MG (Lactobacil/Bifidobac/S.boulard/B.subtil/S.therm/bacteriophag) | Tier 2    |                                  |
| MVW COMPLETE FORMUL PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 BILLION CELL -7.5 MG (Lactobacil/Bifidobac/S.boulard/B.subtil/S.therm/bacteriophag) | Tier 2    |                                  |
| NEWFLORA ORAL CAPSULE 10 BILLION CELL (Lactobacillus acidophilus)                                                                                        | Tier 1    |                                  |
| NUGUT BOWEL SUPPORT PROBIOTIC ORAL CAPSULE 5 BILLION CELL (Lactobacillus plantarum)                                                                      | Tier 1    |                                  |
| OMNI-BIOTIC AB-10 ORAL POWDER IN PACKET 5 BILLION CELL (L.acid,parac,plant,rhamn,saliv-B.anim,bifid,long-E.faecium)                                      | Tier 2    |                                  |
| OMNI-BIOTIC BALANCE ORAL POWDER IN PACKET 2 BILLION CELL (L.acidoph,casei,salivar/B.animalis/Lactococ.lactis/E.faecium)                                  | Tier 2    |                                  |
| OMNI-BIOTIC HETOX ORAL POWDER IN PACKET 15 BILLION CELL (L.acidophil,brevis,casei,sal/B.anim,bifid/Lactococcus lactis)                                   | Tier 2    |                                  |
| OMNI-BIOTIC PANDA ORAL POWDER IN PACKET 3 BILLION CELL (Bifidobacterium animalis, bifidum/Lactococcus lactis)                                            | Tier 2    |                                  |

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|----------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| OMNI-BIOTIC STRESS RELEASE ORAL POWDER IN PACKET 7.5 BILLION CELL<br>(L.acido,casei,para,plant,sali/B.anim,bif/Lactococcus lactis)     | Tier 2    |                                  |
| ONE-A-DAY TRUBIOTICS ORAL CAPSULE 2 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)                                  | Tier 2    |                                  |
| PREBIOMAX ORAL TABLET,CHEWABLE 1.4 GRAM (xylooligosaccharides)                                                                         | Tier 2    |                                  |
| PRIMADOPHILUS BIFIDUS ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5 BILLION CELL (Lactobacillus acidophilus,rhamnosus/Bifidobact.breve,longum) | Tier 2    |                                  |
| PRIMADOPHILUS ORIGINAL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5 BILLION CELL (Lactobacillus acidophilus/Lactobacillus rhamnosus GG)       | Tier 2    |                                  |
| PRIMIDAR ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)                                             | Tier 2    |                                  |
| PROBACAP ORAL CAPSULE 10 BILLION CELL (Lactobacillus acidophilus)                                                                      | Tier 1    |                                  |
| PROBICHEW ORAL TABLET,CHEWABLE 21 BILLION CELL - 1 GRAM (Bacillus coagulans/inulin)                                                    | Tier 2    |                                  |
| PROBIO DEFENSE ORAL CAPSULE 2 BILLION CELL- 2 MG-12.5 MCG (L. helveticus,rhamnosus/B. longum/zinc yeast/selenium yeast)                | Tier 2    |                                  |
| PROBIOFLEXX ORAL CAPSULE 500 MG (Lacto99/B.bifidum/L.lactis/S.boul/S.therm/B.coag/enzyme/herb)                                         | Tier 2    |                                  |
| PROBIOMAX 350 DF ORAL POWDER IN PACKET 350 BILLION CELL (Lacto no.89/Bifido no.9/L.lactis/S.thermophilus)                              | Tier 2    |                                  |
| PROBIOMAX COMPLETE DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 45 BILLION CELL (Lacto no.89/Bifido no.9/L.lactis/S.thermophilus)            | Tier 2    |                                  |

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|-------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| PROBIOMAX DAILY DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 BILLION CELL (Lactobacillus acidophilus,plantarum/Bifido animalis,longum) | Tier 2    |                                  |
| PROBIOMAX DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 100 BILLION CELL (Lactobacillus acidophilus,plantarum/Bifido animalis,longum)      | Tier 2    |                                  |
| PROBIOMAX IG 26 DF ORAL CAPSULE 500 MILLION CELL-500 MG (Bacillus coagulans/hyperimmune egg)                                        | Tier 2    |                                  |
| PROBIOMAX LEAN DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10 BILLION CELL (Bifidobacterium animalis)                                    | Tier 2    |                                  |
| PROBIOMAX PLUS DF ORAL POWDER IN PACKET 40 BILLION CELL -1.5 GRAM (L.acidophilus,plantarum/B.animalis,longum/S.boulardii/larch)     | Tier 2    |                                  |
| PROBIOMAX SB DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 35 BILLION CELL (L.acidophilus/L.plantarum/B.animalis/B.longum/S.boulardii)     | Tier 2    |                                  |
| PROBIOMAX SERENITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 17.5 BILLION CELL (Lactobacillus paracasei)                                  | Tier 2    |                                  |
| PROBIONEXX ORAL CAPSULE 500 MG (Lacto99/B.bifidum/L.lactis/S.boul/S.therm/B.coag/enzyme/herb)                                       | Tier 2    |                                  |
| PROBIOTIC (B. COAGULANS) ORAL TABLET,CHEWABLE 1 BILLION CELL, 2.5 BILLION CELL (Bacillus coagulans)                                 | Tier 1    |                                  |
| PROBIOTIC (S.BOULARDII) ORAL CAPSULE 250 MG (Saccharomyces boulardii)                                                               | Tier 1    |                                  |
| PROBIOTIC (WITH VITAMIN D3) ORAL TABLET,CHEWABLE 2 BILLION CELL- 5 MCG (Bacillus coagulans/cholecalciferol (vit D3))                | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                              | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| PROBIOTIC ACIDOPHILUS (4 STRN) ORAL TABLET 1 BILLION CELL- 250 MG (Lactobac acidophilus/L.bulgaricus/B.bifidium/S.thermophilus)     | Tier 1    |                                  |
| PROBIOTIC ACIDOPHILUS(14-STRN) ORAL TABLET,CHEWABLE 3 BILLION CELL (Lactobacillus no.66/Bifidobacterium no.4/S.thermophilus)        | Tier 1    |                                  |
| PROBIOTIC COLON SUPPORT ORAL CAPSULE 1.5 BILLION CELL (Lactobacillus gasseri/Bifidobacterium bifidum/Bifido longum)                 | Tier 1    |                                  |
| PROBIOTIC DIGEST SUPP (4-STRN) ORAL CAPSULE 11 BILLION CELL -15 MG (Lactobacillus paracasei,rhamnosus/B.animalis/ascorbic acid)     | Tier 1    |                                  |
| PROBIOTIC DIGEST SUPP (6-STRN) ORAL CAPSULE 10 BILLION CELL -100 MG (L.acidoph,bulgar,paracasei,rhamnosu/B.animalis,longum/in ulin) | Tier 1    |                                  |
| PROBIOTIC DIGEST(L.RHAM,INULN) ORAL CAPSULE 20 BILLION CELL -200 MG (Lactobacillus rhamnosus GG/inulin)                             | Tier 1    |                                  |
| PROBIOTIC DIGEST(LACTO,BIFIDO) ORAL CAPSULE 1.5 BILLION CELL (L.acidophilus/L.gasseri/L.rhamnosus/B.bifidum/B.longum)               | Tier 1    |                                  |
| PROBIOTIC FORMULA (INULIN) ORAL CAPSULE 1 BILLION-250 CELL-MG (Bacillus coagulans/inulin)                                           | Tier 1    |                                  |
| PROBIOTIC ORAL CAPSULE 20 BILLION CELL (Lactobacillus combination no.10)                                                            | Tier 1    |                                  |
| PROBIOTIC ORAL CAPSULE 3 BILLION CELL (Lactobacillus combination no.4)                                                              | Tier 1    |                                  |
| PROBIOTIC PEARLS ACIDOPHILUS ORAL CAPSULE,DELAYED RELEASE(DR/EC) 1 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium longum)  | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                                   | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| PROBIOTIC PEARLS COMPLETE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 1 BILLION CELL (Lactobacillus combination no.13)                           | Tier 2    |                                  |
| PROBIOTIC PEARLS WOMEN'S ORAL CAPSULE,DELAYED RELEASE(DR/EC) 1 BILLION CELL (Lactobac acidophilus/Lactobac plantarum/Lactobac rhamnosus) | Tier 2    |                                  |
| PROBIOTIC-10 ORAL CAPSULE 20 BILLION CELL (L.acid,brev,bulg,casei,parac,plant,saliv/Bifidobac animalis)                                  | Tier 1    |                                  |
| PROBIOTIC-IMMUNE ORAL TABLET,CHEWABLE 1 BILLION CELL- 45 MG-25 MCG (Bacillus coagulans,subtilis/vitamin C/vit D3/zinc gluconate)         | Tier 2    |                                  |
| PROBIZEN ORAL CAPSULE 32 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)                                               | Tier 1    |                                  |
| PROMELLA ORAL CAPSULE 32 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)                                               | Tier 2    |                                  |
| REJUVAFLOR ORAL CAPSULE 10 BILLION CELL (Lactobacillus acidophilus)                                                                      | Tier 1    |                                  |
| RELIBIOTIC ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)                                             | Tier 1    |                                  |
| REPHRESH PRO-B ORAL CAPSULE 5 BILLION CELL (Lactobacillus reuteri/Lactobacillus rhamnosus GG)                                            | Tier 2    |                                  |
| RESISTANCE FORMULA PROBIOTIC ORAL CAPSULE 10 BILLION CELL (Saccharomyces boulardii)                                                      | Tier 1    |                                  |
| REVITAFLOR ORAL CAPSULE 10 BILLION CELL (Lactobacillus acidophilus)                                                                      | Tier 1    |                                  |
| <i>saccharomyces boulardii oral capsule 250 mg</i>                                                                                       | Tier 1    |                                  |
| <i>saccharomyces boulardii-yeast oral capsule,delayed release(dr/ec) 5 billion cell- 200 mg</i>                                          | Tier 1    |                                  |
| SENIOR PROBIOTIC ORAL CAPSULE 15 BILLION CELL (Lactobacillus combination no.4)                                                           | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                         | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| SIMILAC PROBIOTIC TRI-BLEND ORAL POWDER IN PACKET 1 BILLION CELL (Bifidobacterium animalis/Bifidobacterium infantis/S.thermoph)                | Tier 2    |                                  |
| SUPERIOR PROBIOTIC ORAL CAPSULE 15 BILLION CELL<br>(Lactobac.acidoph,plantar,rhamn/Bifidobac.animal,breve,lon gum)                             | Tier 2    |                                  |
| SUREBIOTIC ORAL CAPSULE 31 BILLION CELL<br>(Lactobacillus acidophilus/Bifidobacterium animalis)                                                | Tier 1    |                                  |
| TRUBIOTICS BABY ORAL DROPS 3 BILLION CELL /0.27 ML (Bifidobacterium animalis)                                                                  | Tier 2    |                                  |
| TRUBIOTICS GUMMY ORAL TABLET,CHEWABLE 1.5BILLION CELL -7.5 MCG-1.8 G (Bacillus subtilis/cholecalciferol (vit D3)/inulin)                       | Tier 2    |                                  |
| TRUBIOTICS KIDS CHEWABLE ORAL TABLET,CHEWABLE 6 BILLION CELL (Lactobacillus rhamnosus GG/Bifidobacterium animalis (lactis))                    | Tier 2    |                                  |
| TRUBIOTICS KIDS GUMMY ORAL TABLET,CHEWABLE 1.5 BILLION CELL-1.8 GRAM (Bacillus subtilis/inulin/ascorbic acid)                                  | Tier 2    |                                  |
| TRUBIOTICS ORAL CAPSULE 2 BILLION CELL<br>(Lactobacillus acidophilus/Bifidobacterium animalis)                                                 | Tier 2    |                                  |
| UP4 PROBIOTICS KIDS CUBES ORAL TABLET,CHEWABLE 1 BILLION CELL- 20 MCG<br>(Lactobacillus acidophilus/Bifidobacterium animalis/vit D2)           | Tier 2    |                                  |
| UP4 PROBIOTICS MEN'S ORAL CAPSULE 50 BILLION CELL -90 MG-30 MCG (Lactobac no.21/Bifidobac no.7/vit C/vit D3/vit B6/vit B12)                    | Tier 2    |                                  |
| UP4 PROBIOTICS PLUS PREBIOTIC ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG<br>(Bacillus coagulans/Bacillus subtilis/inulin/ascorbic acid) | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                                          | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| UP4 PROBIOTICS ULTRA ORAL CAPSULE 50 BILLION CELL (Lactobacillus combination no.51/Bifidobacterium combo no.4)                                  | Tier 2    |                                  |
| UP4 PROBIOTICS WOMEN'S ORAL CAPSULE 5 BILLION CELL- 250 MG<br>(L.acidophilus/L.gasseri/L.plant/L.rham/B.animalis/cranberry )                    | Tier 2    |                                  |
| UP4 PROBIOTICS-PREBIOTICS KIDS ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG<br>(Bacillus coagulans/Bacillus subtilis/inulin/ascorbic acid) | Tier 2    |                                  |
| WELLPRO-31 ORAL CAPSULE 31 BILLION CELL<br>(Lactobacillus acidophilus/Bifidobacterium animalis)                                                 | Tier 2    |                                  |
| XYBIOTIC ORAL CAPSULE 15 BILLION CELL -1,000 MCG-25MG (L. acidophilus/Bacillus coagulans/folic acid/inulin)                                     | Tier 2    |                                  |
| YUM-YUM DOPHILUS ORAL TABLET,CHEWABLE 2.5 BILLION CELL-50 MG, 500 MILLION CELL-50 MG<br>(L.acidophilus,plantarum/B.animalis,breve/FOS/inulin)   | Tier 2    |                                  |
| <b>Irritable Bowel Syndrome (Ibs) Agents - Drugs For Irritable Bowel Syndrome</b>                                                               |           |                                  |
| <i>alosetron oral tablet 0.5 mg, 1 mg</i>                                                                                                       | Tier 1    |                                  |
| AMITIZA ORAL CAPSULE 24 MCG (lubiprostone)                                                                                                      | Tier 2    | QL (2 EA per 1 day)              |
| AMITIZA ORAL CAPSULE 8 MCG (lubiprostone)                                                                                                       | Tier 2    | QL (4 EA per 1 day)              |
| LOTRONEX ORAL TABLET 0.5 MG, 1 MG (alosetron HCl)                                                                                               | Tier 2    |                                  |
| <i>lubiprostone oral capsule 24 mcg</i>                                                                                                         | Tier 1    | QL (2 EA per 1 day)              |
| <i>lubiprostone oral capsule 8 mcg</i>                                                                                                          | Tier 1    | QL (4 EA per 1 day)              |
| VIBERZI ORAL TABLET 100 MG, 75 MG (eluxadoline)                                                                                                 | Tier 2    | QL (2 EA per 1 day)              |
| <b>Laxative - Bulk Forming - Drugs To Prevent Constipation</b>                                                                                  |           |                                  |
| BENEFIBER (INULIN-CORN FIBER) ORAL TABLET,CHEWABLE 2 GRAM (soluble corn fiber/inulin)                                                           | Tier 2    |                                  |

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|---------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| BENEFIBER (WHEAT DEXTRIN) ORAL TABLET 1 GRAM (wheat dextrin)                                            | Tier 2    |                                  |
| BENEFIBER CLEAR SF (DEXTRIN) ORAL POWDER IN PACKET 3 GRAM/3.5 GRAM (wheat dextrin)                      | Tier 2    |                                  |
| BENEFIBER SUGAR FREE (DEXTRIN) ORAL POWDER 3 GRAM/4 GRAM (wheat dextrin)                                | Tier 2    |                                  |
| BENEFIBER SUGAR FREE (DEXTRIN) ORAL POWDER IN PACKET 3 GRAM/4 GRAM (wheat dextrin)                      | Tier 2    |                                  |
| BENEFIBER SUGAR FREE (DEXTRIN) ORAL TABLET,CHEWABLE 1 GRAM (wheat dextrin)                              | Tier 2    |                                  |
| BENEFIBER SUGAR FREE (INULIN) ORAL POWDER IN PACKET 3 GRAM (inulin)                                     | Tier 2    |                                  |
| BEST FIBER ORAL POWDER 3 GRAM/3.5 GRAM, 3 GRAM/4 GRAM (wheat dextrin)                                   | Tier 1    |                                  |
| CHILDRENS FIBER GUMMY BEAR ORAL TABLET,CHEWABLE 1.5 GRAM (polydextrose)                                 | Tier 1    |                                  |
| CLEAR FIBER ORAL POWDER 3 GRAM/4 GRAM (dextrin)                                                         | Tier 1    |                                  |
| DAILY FIBER (PSYLLIUM-ASPART) ORAL POWDER IN PACKET 3 GRAM, 3.4 GRAM (psyllium husk)                    | Tier 1    |                                  |
| DAILY FIBER (PSYLLIUM-SUCROSE) ORAL POWDER 3 GRAM/7 GRAM (psyllium husk (with sugar))                   | Tier 1    |                                  |
| DAILY FIBER ORAL CAPSULE 0.4 GRAM (psyllium husk)                                                       | Tier 1    |                                  |
| EASY FIBER (WHEAT DEXTRIN) ORAL TABLET,CHEWABLE 1 GRAM-100 MG CALCIUM (wheat dextrin/calcium carbonate) | Tier 1    |                                  |
| EASY FIBER ORAL POWDER 3 GRAM/3.8 GRAM (dextrin)                                                        | Tier 1    |                                  |
| FIBER (DEXTRIN) ORAL POWDER IN PACKET 3 GRAM/4 GRAM (dextrin)                                           | Tier 1    |                                  |
| FIBER (PSYLLIUM HUSK-SUGAR) ORAL POWDER 3 GRAM/11 GRAM (psyllium husk (with sugar))                     | Tier 2    |                                  |

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|-------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| FIBER (WITH ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM (psyllium husk)                                    | Tier 1    |                                  |
| FIBER GUMMIES (WITH B-COMPLEX) ORAL TABLET,CHEWABLE 2.5 GRAM (polydextrose/vitamin B complex)         | Tier 1    |                                  |
| FIBER GUMMIES ORAL TABLET,CHEWABLE 1.7 GRAM (inulin)                                                  | Tier 1    |                                  |
| FIBER SUPPLEMENT(WHEATDEXTRIN) ORAL POWDER 3 GRAM/3.8 GRAM (wheat dextrin)                            | Tier 1    |                                  |
| FIBER THERAPY (PSYLLIUM-SUCRO) ORAL POWDER 3 GRAM/12 GRAM, 3 GRAM/7 GRAM (psyllium husk (with sugar)) | Tier 1    |                                  |
| FIBERWELL ORAL TABLET,CHEWABLE 2.5 GRAM (polydextrose)                                                | Tier 2    |                                  |
| GERI-MUCIL (ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM (psyllium husk)                                    | Tier 1    |                                  |
| GERI-MUCIL (SUGAR) ORAL POWDER 3 GRAM/12 GRAM (psyllium husk (with sugar))                            | Tier 1    |                                  |
| KONSYL SUGAR-FREE ORAL POWDER IN PACKET 6 GRAM (psyllium husk)                                        | Tier 2    |                                  |
| METAMUCIL (INULIN-CORN FIBER) ORAL TABLET,CHEWABLE 1.7 GRAM (soluble corn fiber/inulin)               | Tier 2    |                                  |
| NUTRISOURCE FIBER ORAL PACKET (guar gum)                                                              | Tier 1    |                                  |
| NUTRISOURCE FIBER ORAL POWDER (guar gum)                                                              | Tier 1    |                                  |
| PREBIOTIC FIBER (FOS) ORAL TABLET,CHEWABLE 2.5 GRAM (fructooligosaccharides)                          | Tier 1    |                                  |
| PREBIOTIC FIBER DIGESTIVE ORAL TABLET,CHEWABLE 1.7 GRAM (inulin)                                      | Tier 1    |                                  |
| PREBIOTIC FIBER ORAL TABLET,CHEWABLE 2 GRAM (inulin)                                                  | Tier 1    |                                  |
| PREBIOTIC INULIN-FOS ORAL POWDER 3 GRAM/ 3.8GRAM (SCOOP) (fructooligosaccharides/inulin)              | Tier 2    |                                  |

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| Prescription Drug Name                                                                 | Drug Tier | Coverage Requirements and Limits                                                                             |
|----------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------|
| <i>psyllium husk (with sugar) oral powder 3 gram/7 gram</i>                            | Tier 1    |                                                                                                              |
| <i>psyllium husk oral capsule 0.4 gram</i>                                             | Tier 1    |                                                                                                              |
| REGULOID (ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM (psyllium husk)                       | Tier 1    |                                                                                                              |
| REGULOID (PSYLLIUM HUSK) ORAL CAPSULE 0.4 GRAM (psyllium husk)                         | Tier 1    |                                                                                                              |
| REGULOID (PSYLLIUM HUSK) ORAL POWDER 3 GRAM/5.4 GRAM, 3 GRAM/5.8 GRAM (psyllium husk)  | Tier 1    |                                                                                                              |
| REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3 GRAM/12 GRAM (psyllium husk (with sugar)) | Tier 2    |                                                                                                              |
| REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3 GRAM/7 GRAM (psyllium husk (with sugar))  | Tier 1    |                                                                                                              |
| SMOOTH TEXTURE FIBER ORAL POWDER 3 GRAM/5.8 GRAM (psyllium husk)                       | Tier 1    |                                                                                                              |
| <b>Laxative - Saline And Osmotic - Drugs To Prevent Constipation</b>                   |           |                                                                                                              |
| lactulose (Constulose Oral Solution 10 Gram/15 MI)                                     | Tier 1    |                                                                                                              |
| lactulose (Kristalose Oral Packet 20 Gram)                                             | Tier 2    | ST: Requires prior prescription for generic Lactulose solution within the past 120 days; QL (2 EA per 1 day) |
| <i>lactulose oral packet 10 gram</i>                                                   | Tier 1    | ST: Requires prior prescription for generic Lactulose solution within the past 120 days; QL (3 EA per 1 day) |
| <i>lactulose oral packet 20 gram</i>                                                   | Tier 1    | ST: Requires prior prescription for generic Lactulose solution within the past 120 days; QL (2 EA per 1 day) |

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| Prescription Drug Name                                                                                              | Drug Tier | Coverage Requirements and Limits                                                                              |
|---------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------|
| <i>lactulose oral solution 10 gram/15 ml</i>                                                                        | Tier 1    |                                                                                                               |
| <i>sorbitol solution 70 %</i>                                                                                       | Tier 2    |                                                                                                               |
| <b>Laxative - Saline/Osmotic Mixtures - Drugs To Prevent Constipation</b>                                           |           |                                                                                                               |
| GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride) | Tier 1    | \$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL) |
| peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram) | Tier 1    | \$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL) |
| sodium chloride/sodium bicarbonate/potassium chloride/peg (Gavilyte-N Oral Recon Soln 420 Gram)                     | Tier 1    | \$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL) |
| GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride)   | Tier 2    | QL (4000 ML per 1 FILL)                                                                                       |
| MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM (peg 3350/sodium sulfate/sod chloride/KCl/ascorbate sod/vit C)    | Tier 2    | QL (1 EA per 1 FILL)                                                                                          |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>                                              | Tier 1    | \$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL) |

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| Prescription Drug Name                                                                                                 | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>                                         | Tier 1    | \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)                                                                                                                                                               |
| <i>peg-electrolyte soln oral recon soln 420 gram</i>                                                                   | Tier 1    | \$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)                                                                                                                                                         |
| PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM (peg 3350/sodium sulfate/sod chloride/KCl/ascorbate sod/vit C) | Tier 2    | ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days; \$0 COPAY IF QUANTITY LIMITED TO 3, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP PRODUCT, AND 45-75 YEARS OF AGE; QL (3 EA per 1 FILL) |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>                                                | Tier 1    | \$0 COPAY IF QUANTITY LIMITED TO 354, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)                                                                                                                                                           |

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| Prescription Drug Name                                                                                        | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM (peg 3350/sodium sulfate,chloride/potassium chlor/magnesium)       | Tier 2    | ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days; \$0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP PRODUCT, AND 45-75 YEARS OF AGE; QL (2 EA per 1 FILL) |
| SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM (sodium sulfate/potassium sulfate/magnesium sulfate) | Tier 2    | QL (354 ML per 1 FILL)                                                                                                                                                                                                                                                |
| SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM (sodium sulfate/potassium chloride/magnesium sulfate)               | Tier 2    | \$0 COPAY IF QUANTITY LIMITED TO 24, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)                                                                                                                                                             |
| <b>Laxative - Stimulant - Drugs To Prevent Constipation</b>                                                   |           |                                                                                                                                                                                                                                                                       |
| <i>cascara sagrada oral tablet 450 mg</i>                                                                     | Tier 1    |                                                                                                                                                                                                                                                                       |
| <i>senna leaf oral capsule 450 mg</i>                                                                         | Tier 1    |                                                                                                                                                                                                                                                                       |
| SENOKOT KIDS ORAL TABLET,CHEWABLE 8.7 MG (senna leaf extract)                                                 | Tier 2    |                                                                                                                                                                                                                                                                       |
| SENOKOT ORAL TABLET,CHEWABLE 8.7 MG (senna leaf extract)                                                      | Tier 2    |                                                                                                                                                                                                                                                                       |
| SENOKOT-CHAMOMILE ORAL TEA 1,400 MG- 1,100 MG (senna leaf/herbal complex no.324)                              | Tier 2    |                                                                                                                                                                                                                                                                       |

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| Prescription Drug Name                                                                                   | Drug Tier | Coverage Requirements and Limits                                                                            |
|----------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------|
| <b>Laxative - Stimulant And Saline/Osmotic Combinations - Drugs To Prevent Constipation</b>              |           |                                                                                                             |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML (sodium picosulfate/magnesium oxide/citric acid)    | Tier 2    | \$0 COPAY IF QUANTITY LIMITED TO 350, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL) |
| <b>Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives - Drugs For Ulcers And Stomach Acid</b>         |           |                                                                                                             |
| CARAFATE ORAL SUSPENSION 100 MG/ML (sucralfate)                                                          | Tier 2    |                                                                                                             |
| CARAFATE ORAL TABLET 1 GRAM (sucralfate)                                                                 | Tier 2    |                                                                                                             |
| <i>sucralfate oral suspension 100 mg/ml</i>                                                              | Tier 1    |                                                                                                             |
| <i>sucralfate oral tablet 1 gram</i>                                                                     | Tier 1    |                                                                                                             |
| <b>Short Bowel Syndrome (Sbs) - Glucagon-Like Peptide-2 (Glp-2) Analog - Drugs For The Stomach</b>       |           |                                                                                                             |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG (teduglutide)                                                       | Tier 3    | PA                                                                                                          |
| GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG (teduglutide)                                                      | Tier 3    | PA                                                                                                          |
| <b>Short Bowel Syndrome (Sbs) Agents - Drugs For The Stomach</b>                                         |           |                                                                                                             |
| <i>glutamine oral powder 100 %</i>                                                                       | Tier 1    |                                                                                                             |
| <i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> | Tier 3    |                                                                                                             |
| <i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>       | Tier 3    |                                                                                                             |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (octreotide acetate)                    | Tier 3    |                                                                                                             |

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| Prescription Drug Name                                                                                 | Drug Tier | Coverage Requirements and Limits                                                                                                                  |
|--------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Genitourinary Therapy - Drugs For The Urinary System</b>                                            |           |                                                                                                                                                   |
| <b>Bph Agent- 5-Alpha Reductase Inhib And Alpha-1 Adrenoceptor Antag Comb - Drugs For The Prostate</b> |           |                                                                                                                                                   |
| <i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>                             | Tier 1    | ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days |
| JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG (dutasteride/tamsulosin HCl)                        | Tier 2    | ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days |
| <b>Bph Agent- 5-Alpha-Reductase And Phosphodiesterase-5 (Pde5) Inhibitors - Drugs For The Prostate</b> |           |                                                                                                                                                   |
| ENTADFI ORAL CAPSULE 5-5 MG (finasteride/tadalafil)                                                    | Tier 2    |                                                                                                                                                   |
| <b>Cystinosis Therapy (Cystine Depleting Agents) - Drugs For The Urinary System</b>                    |           |                                                                                                                                                   |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG (cysteamine bitartrate)                                            | Tier 3    |                                                                                                                                                   |
| PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG (cysteamine bitartrate)                       | Tier 3    | PA                                                                                                                                                |
| PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG (cysteamine bitartrate)                     | Tier 3    | PA                                                                                                                                                |

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| Prescription Drug Name                                                                                        | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>G.U. Irrigants - Anti-Infective - Drugs For The Urinary System</b>                                         |           |                                  |
| <i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>                                      | Tier 1    |                                  |
| <b>G.U. Irrigants - Drugs For The Urinary System</b>                                                          |           |                                  |
| <i>acetic acid irrigation solution 0.25 %</i>                                                                 | Tier 1    |                                  |
| GLYCINE UROLOGIC IRRIGATION SOLUTION 1.5 %<br>(glycine urologic solution)                                     | Tier 2    |                                  |
| <i>glycine urologic solution irrigation solution 1.5 %</i>                                                    | Tier 1    |                                  |
| RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML (citric acid/gluconolactone/magnesium carbonate) | Tier 2    |                                  |
| <i>sorbitol irrigation solution 3 %</i>                                                                       | Tier 1    |                                  |
| <i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>                                          | Tier 1    |                                  |
| <b>Interstitial Cystitis Agents - Drugs For The Urinary System</b>                                            |           |                                  |
| ELMIRON ORAL CAPSULE 100 MG (pentosan polysulfate sodium)                                                     | Tier 2    |                                  |
| <b>Kidney Stone Agents - Drugs For The Urinary System</b>                                                     |           |                                  |
| THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG (tiopronin)                                      | Tier 3    |                                  |
| THIOLA ORAL TABLET 100 MG (tiopronin)                                                                         | Tier 3    |                                  |
| <i>tiopronin oral tablet 100 mg</i>                                                                           | Tier 3    |                                  |
| <i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>                                          | Tier 3    |                                  |
| tiopronin (Venxxiva Oral Tablet, Delayed Release (Dr/Ec) 100 Mg, 300 Mg)                                      | Tier 3    |                                  |

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|----------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------|
| <b>Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist - Drugs For The Bladder</b>           |           |                                                                                                                   |
| GEMTESA ORAL TABLET 75 MG (vibegron)                                                                     | Tier 2    | ST: Requires prior prescriptions for Myrbetriq and Oxybutynin IR/XR within the past 365 days; QL (1 EA per 1 day) |
| MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML (mirabegron)                                        | Tier 2    |                                                                                                                   |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)                                   | Tier 1    | QL (1 EA per 1 day)                                                                                               |
| <b>Oxalosis Agent - Oxalate Inhibitor, Small Interfering Rna Directed - Drugs For The Urinary System</b> |           |                                                                                                                   |
| RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML) (nedosiran sodium)                               | Tier 3    |                                                                                                                   |
| RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML (nedosiran sodium)                                | Tier 3    |                                                                                                                   |
| <b>Phosphate Binders - Calcium-Based - Drugs For The Urinary System</b>                                  |           |                                                                                                                   |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i>                                                | Tier 1    |                                                                                                                   |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i>                                                 | Tier 1    |                                                                                                                   |

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|------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Phosphate Binders - Drugs For The Urinary System</b>                      |           |                                                                                                                                                                                                            |
| AURYXIA ORAL TABLET 210 MG IRON (ferric citrate)                             | Tier 2    | ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (12 EA per 1 day) |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i>                    | Tier 1    |                                                                                                                                                                                                            |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i>                     | Tier 1    |                                                                                                                                                                                                            |
| <i>ferric citrate oral tablet 210 mg iron</i>                                | Tier 1    | ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (12 EA per 1 day) |
| FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG (lanthanum carbonate)        | Tier 2    | ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (3 EA per 1 day)  |
| FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG (lanthanum carbonate) | Tier 2    |                                                                                                                                                                                                            |
| <i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>               | Tier 1    |                                                                                                                                                                                                            |

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| Prescription Drug Name                                                | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                           |
|-----------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| REVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM (sevelamer carbonate) | Tier 2    |                                                                                                                                                                                                            |
| REVELA ORAL TABLET 800 MG (sevelamer carbonate)                       | Tier 2    |                                                                                                                                                                                                            |
| <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>   | Tier 1    |                                                                                                                                                                                                            |
| <i>sevelamer carbonate oral tablet 800 mg</i>                         | Tier 1    |                                                                                                                                                                                                            |
| <i>sevelamer hcl oral tablet 400 mg, 800 mg</i>                       | Tier 1    |                                                                                                                                                                                                            |
| VELPHORO ORAL TABLET,CHEWABLE 500 MG (sucroferric oxyhydroxide)       | Tier 2    | QL (6 EA per 1 day)                                                                                                                                                                                        |
| <b>Phosphate Binders - Iron-Based - Drugs For The Urinary System</b>  |           |                                                                                                                                                                                                            |
| AURYXIA ORAL TABLET 210 MG IRON (ferric citrate)                      | Tier 2    | ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (12 EA per 1 day) |
| <i>ferric citrate oral tablet 210 mg iron</i>                         | Tier 1    | ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (12 EA per 1 day) |
| VELPHORO ORAL TABLET,CHEWABLE 500 MG (sucroferric oxyhydroxide)       | Tier 2    | QL (6 EA per 1 day)                                                                                                                                                                                        |

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| Prescription Drug Name                                                                                                                                                                | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists - Drugs For The Urinary System</b>                                                                                 |           |                                  |
| JYNARQUE ORAL TABLET 15 MG, 30 MG (tolvaptan)                                                                                                                                         | Tier 3    | PA                               |
| JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) (tolvaptan)                  | Tier 3    | PA                               |
| <i>tolvaptan (polycys kidney dis) oral tablet 15 mg</i>                                                                                                                               | Tier 3    | QL (30 EA per 365 days)          |
| <i>tolvaptan (polycys kidney dis) oral tablet 30 mg</i>                                                                                                                               | Tier 3    | QL (60 EA per 365 days)          |
| <i>tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)</i> | Tier 3    | PA                               |
| <b>Prostatic Hypertrophy Agent - Alpha-1-Adrenoceptor Antagonists - Drugs For The Prostate</b>                                                                                        |           |                                  |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i>                                                                                                                             | Tier 1    |                                  |
| FLOMAX ORAL CAPSULE 0.4 MG (tamsulosin HCl)                                                                                                                                           | Tier 2    |                                  |
| RAPAFLO ORAL CAPSULE 4 MG, 8 MG (silodosin)                                                                                                                                           | Tier 2    |                                  |
| <i>silodosin oral capsule 4 mg, 8 mg</i>                                                                                                                                              | Tier 1    |                                  |
| <i>tamsulosin oral capsule 0.4 mg</i>                                                                                                                                                 | Tier 1    |                                  |
| UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG (alfuzosin HCl)                                                                                                                    | Tier 2    |                                  |
| <b>Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors - Drugs For The Prostate</b>                                                                                    |           |                                  |
| <i>finasteride oral tablet 5 mg</i>                                                                                                                                                   | Tier 1    |                                  |
| PROSCAR ORAL TABLET 5 MG (finasteride)                                                                                                                                                | Tier 2    |                                  |

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|--------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Prostatic Hypertrophy Agent-Sel.Cgmp Phosphodiesterase Type5 Inhibitor - Drugs For The Prostate</b> |           |                                  |
| CIALIS ORAL TABLET 5 MG (tadalafil)                                                                    | Tier 2    | PA; SG; QL (1 EA per 1 day)      |
| <i>tadalafil oral tablet 2.5 mg, 5 mg</i>                                                              | Tier 1    | PA; SG; QL (1 EA per 1 day)      |
| <b>Prostatic Hypertrophy Agent-Type I And li 5-Alpha Reductase Inhibitors - Drugs For The Prostate</b> |           |                                  |
| AVODART ORAL CAPSULE 0.5 MG (dutasteride)                                                              | Tier 2    |                                  |
| <i>dutasteride oral capsule 0.5 mg</i>                                                                 | Tier 1    |                                  |
| <b>Urinary Acidifier - Bacterial Urease Inhibitor - Drugs For Infections</b>                           |           |                                  |
| LITHOSTAT ORAL TABLET 250 MG (acetohydroxamic acid)                                                    | Tier 2    |                                  |
| <b>Urinary Acidifier - Phosphates - Drugs For Infections</b>                                           |           |                                  |
| K-PHOS NO 2 ORAL TABLET 305-700 MG (sodium phosphate,monobasic/potassium phosphate,monobasic)          | Tier 2    |                                  |
| K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (potassium phosphate,monobasic)                             | Tier 2    |                                  |
| WES-PHOS 250 NEUTRAL ORAL TABLET 250 MG (sodium phosphate,dibasic/pot phos,monob/sod phosphate mono)   | Tier 1    |                                  |
| <b>Urinary Alkalinizer - Citrates - Drugs For Infections</b>                                           |           |                                  |
| CITRATABS ORAL TABLET EXTENDED RELEASE 7.5 MEQ (magnesium citrate/potassium citrate)                   | Tier 2    |                                  |

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|----------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| LITHOLYTE ORAL POWDER IN PACKET 15 MEQ (magnesium citrate/potassium citrate)                             | Tier 2    |                                  |
| ORACIT ORAL SOLUTION 490-640 MG/5 ML (citric acid/sodium citrate)                                        | Tier 2    |                                  |
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>          | Tier 1    |                                  |
| <i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i>                                     | Tier 1    |                                  |
| <i>sodium citrate-citric acid oral solution 490-640 mg/5 ml, 500-334 mg/5 ml</i>                         | Tier 1    |                                  |
| TRICITRATES ORAL SOLUTION 550-500-334 MG/5 ML (sodium/potassium/potassium citrate/sodium citrate/cit ac) | Tier 1    |                                  |
| UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG) (potassium citrate)                           | Tier 2    |                                  |
| UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (potassium citrate)                                      | Tier 2    |                                  |
| <b>Urinary Analgesics - Drugs For Infections</b>                                                         |           |                                  |
| <i>phenazopyridine oral tablet 100 mg, 200 mg</i>                                                        | Tier 1    |                                  |
| PYRIDIUM ORAL TABLET 100 MG, 200 MG (phenazopyridine HCl)                                                | Tier 2    |                                  |
| <b>Urinary Antibacterial - Methenamine And Salts - Drugs For Infections</b>                              |           |                                  |
| <i>methenamine hippurate oral tablet 1 gram</i>                                                          | Tier 1    |                                  |
| <i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>                                                | Tier 1    |                                  |
| UROQID-ACID NO.2 ORAL TABLET 500-500 MG (methenamine mandelate/sodium phosphate,monobasic)               | Tier 2    |                                  |
| <b>Urinary Antibacterial - Nitrofurantoin Derivatives - Drugs For Infections</b>                         |           |                                  |
| FURADANTIN ORAL SUSPENSION 25 MG/5 ML (nitrofurantoin)                                                   | Tier 2    | PA                               |
| MACROBID ORAL CAPSULE 100 MG (nitrofurantoin monohydrate/macrocystals)                                   | Tier 2    |                                  |

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|-------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>                                               | Tier 1    |                                  |
| <i>nitrofurantoin macrocrystal oral capsule 25 mg</i>                                                       | Tier 1    | QL (4 EA per 1 day)              |
| <i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>                                                   | Tier 1    |                                  |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i>                                                            | Tier 1    | PA                               |
| <i>nitrofurantoin oral suspension 50 mg/5 ml</i>                                                            | Tier 1    |                                  |
| <b>Urinary Antibacterials Other - Drugs For Infections</b>                                                  |           |                                  |
| <i>fosfomycin tromethamine oral packet 3 gram</i>                                                           | Tier 1    |                                  |
| MONUROL ORAL PACKET 3 GRAM (fosfomycin tromethamine)                                                        | Tier 2    |                                  |
| <b>Urinary Anti-Infective Methenamine-Antispas-Analg Combinations - Drugs For Infections</b>                |           |                                  |
| URELLE ORAL TABLET 81-10.8-40.8 MG<br>(methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)        | Tier 2    |                                  |
| URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG<br>(methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine) | Tier 2    |                                  |
| URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG<br>(methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin) | Tier 2    |                                  |
| URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG<br>(methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)    | Tier 2    |                                  |
| URIMAR-T ORAL TABLET 120-10.8-0.12 MG<br>(methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)     | Tier 2    |                                  |
| URNEVA ORAL CAPSULE 120-10.8-40.8 MG<br>(methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)      | Tier 2    |                                  |

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|-----------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| URO-MP ORAL CAPSULE 118-10-40.8-36 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)      | Tier 1    |                                  |
| URO-SP ORAL CAPSULE 118-10-40.8-36 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)      | Tier 2    |                                  |
| <b>Urinary Anti-Infective Methenamine-Antispasmodic Combinations - Drugs For Infections</b>               |           |                                  |
| <i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>                                       | Tier 1    |                                  |
| UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (methenamine/sod phosph,monobasic/methylene blue/hyoscyamine) | Tier 1    |                                  |
| URYL ORAL TABLET 81.6-40.8-0.12 MG (methenamine/sod phosph,monobasic/methylene blue/hyoscyamine)          | Tier 2    |                                  |
| <b>Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder) - Drugs For The Bladder</b>     |           |                                  |
| <i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>                                       | Tier 1    |                                  |
| <i>solifenacin oral tablet 10 mg, 5 mg</i>                                                                | Tier 1    |                                  |
| VESICARE LS ORAL SUSPENSION 1 MG/ML (solifenacin succinate)                                               | Tier 2    |                                  |
| VESICARE ORAL TABLET 10 MG, 5 MG (solifenacin succinate)                                                  | Tier 2    |                                  |
| <b>Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs For The Bladder</b>                    |           |                                  |
| ANASPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)                                         | Tier 2    |                                  |

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|---------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)                                 | Tier 1    |                                  |
| <i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>                                                 | Tier 1    |                                  |
| <i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>                                              | Tier 1    |                                  |
| <i>hyoscyamine sulfate oral tablet 0.125 mg</i>                                                   | Tier 1    |                                  |
| <i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>                            | Tier 1    |                                  |
| <i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>                                    | Tier 1    |                                  |
| <i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>                                             | Tier 1    |                                  |
| HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)                                              | Tier 1    |                                  |
| HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)                                           | Tier 1    |                                  |
| LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (hyoscyamine sulfate)                          | Tier 2    |                                  |
| LEVSIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)                                                 | Tier 2    |                                  |
| LEVSIN/SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)                                        | Tier 2    |                                  |
| NULEV ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)                                   | Tier 2    |                                  |
| OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)                                                | Tier 1    |                                  |
| OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)                                       | Tier 1    |                                  |
| SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine sulfate) | Tier 2    |                                  |
| SYMAX FASTABS ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)                           | Tier 2    |                                  |
| SYMAX-SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)                                         | Tier 2    |                                  |

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|---------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------|
| SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (hyoscyamine sulfate)            | Tier 2    |                                                                                              |
| <b>Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs For The Bladder</b>        |           |                                                                                              |
| <i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>                     | Tier 1    | QL (1 EA per 1 day)                                                                          |
| <i>flavoxate oral tablet 100 mg</i>                                                   | Tier 1    |                                                                                              |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i>                                       | Tier 1    |                                                                                              |
| <i>oxybutynin chloride oral tablet 2.5 mg</i>                                         | Tier 1    |                                                                                              |
| <i>oxybutynin chloride oral tablet 5 mg</i>                                           | Tier 1    |                                                                                              |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>       | Tier 1    |                                                                                              |
| OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR (oxybutynin)                        | Tier 2    | ST: Requires prior prescriptions for Myrbetriq and Oxybutynin IR/XR within the past 365 days |
| <i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>                     | Tier 1    |                                                                                              |
| <i>tolterodine oral tablet 1 mg, 2 mg</i>                                             | Tier 1    |                                                                                              |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG (fesoterodine fumarate)          | Tier 2    | QL (1 EA per 1 day)                                                                          |
| <i>trospium oral capsule, extended release 24hr 60 mg</i>                             | Tier 1    |                                                                                              |
| <i>trospium oral tablet 20 mg</i>                                                     | Tier 1    |                                                                                              |
| <b>Urinary Retention Therapy - Parasympathomimetic Agents - Drugs For The Bladder</b> |           |                                                                                              |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>                     | Tier 1    |                                                                                              |
| <b>Gout And Hyperuricemia Therapy - Drugs For Pain And Fever</b>                      |           |                                                                                              |
| <b>Gout Acute Therapy - Antimitotics - Gout Drugs</b>                                 |           |                                                                                              |
| <i>colchicine oral capsule 0.6 mg</i>                                                 | Tier 1    | QL (2 EA per 1 day)                                                                          |
| <i>colchicine oral tablet 0.6 mg</i>                                                  | Tier 1    | QL (4 EA per 1 day)                                                                          |

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|----------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------|
| COLCRYS ORAL TABLET 0.6 MG (colchicine)                                          | Tier 2    | QL (4 EA per 1 day)                                                                                               |
| GLOPERBA ORAL SOLUTION 0.6 MG/5 ML (colchicine)                                  | Tier 2    | ST: Requires prior prescription for Colchicine capsules or tablets within the past 120 days; QL (10 ML per 1 day) |
| MITIGARE ORAL CAPSULE 0.6 MG (colchicine)                                        | Tier 2    | QL (2 EA per 1 day)                                                                                               |
| <b>Gout And Hyperuricemia - Antimitotic-Uricosuric Combinations - Gout Drugs</b> |           |                                                                                                                   |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i>                              | Tier 1    |                                                                                                                   |
| <b>Hyperuricemia Therapy - Uricosurics - Gout Drugs</b>                          |           |                                                                                                                   |
| <i>probenecid oral tablet 500 mg</i>                                             | Tier 1    |                                                                                                                   |
| <b>Hyperuricemia Therapy - Xanthine Oxidase Inhibitors - Gout Drugs</b>          |           |                                                                                                                   |
| <i>allopurinol oral tablet 100 mg, 300 mg</i>                                    | Tier 1    |                                                                                                                   |
| <i>allopurinol oral tablet 200 mg</i>                                            | Tier 1    |                                                                                                                   |
| <i>febuxostat oral tablet 40 mg, 80 mg</i>                                       | Tier 1    | ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)                  |
| ULORIC ORAL TABLET 40 MG, 80 MG (febuxostat)                                     | Tier 2    | ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)                  |
| ZYLOPRIM ORAL TABLET 100 MG (allopurinol)                                        | Tier 2    |                                                                                                                   |
| <b>Hematological Agents</b>                                                      |           |                                                                                                                   |
| <b>Hematopoietic Agents - Hypoxia Inducible Factor Prolyl Hydroxylase Inh</b>    |           |                                                                                                                   |
| VAFSEO ORAL TABLET 150 MG, 300 MG (vadadustat)                                   | Tier 2    | PA                                                                                                                |

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|--------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Hemophilia Treatment Agents - Small Interfering Rna (Sirna)</b>                               |           |                                  |
| QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML (fitusiran sodium)                            | Tier 3    | PA                               |
| QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML (fitusiran sodium)                                    | Tier 3    | PA                               |
| <b>Pnh - Complement Factor B Inhibitors</b>                                                      |           |                                  |
| FABHALTA ORAL CAPSULE 200 MG (iptacopan HCl)                                                     | Tier 3    | PA                               |
| <b>Pnh - Complement Factor D Inhibitors</b>                                                      |           |                                  |
| VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) (danicopan)                            | Tier 3    | PA                               |
| <b>Hematological Agents - Drugs For The Blood</b>                                                |           |                                  |
| <b>Agents To Treat Attp- Anti Von Willebrand Factor (Vwf) A1 Domain - Drugs For The Blood</b>    |           |                                  |
| CABLIVI INJECTION KIT 11 MG (caplacizumab-yhdp)                                                  | Tier 3    | PA                               |
| <b>Agents To Treat Paroxysmal Nocturnal Hemoglobinuria (Pnh) - Drugs For The Blood</b>           |           |                                  |
| EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (pegcetacoplan)                                    | Tier 3    | PA                               |
| FABHALTA ORAL CAPSULE 200 MG (iptacopan HCl)                                                     | Tier 3    | PA                               |
| VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) (danicopan)                            | Tier 3    | PA                               |
| <b>Anticoagulants - Citrate-Based - Drugs To Prevent Blood Clots</b>                             |           |                                  |
| ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML (dextrose-water/sodium citrate/citric acid) | Tier 2    |                                  |
| ACD-A SOLUTION (citrate dextrose solution)                                                       | Tier 2    |                                  |
| ACD-A SOLUTION 2.45-2.2 GRAM- 730 MG/100 ML (dextrose-water/sodium citrate/citric acid)          | Tier 2    |                                  |

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|-------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>                                             | Tier 1    |                                  |
| <i>sodium citrate in 0.9 % nacl solution 0.5 %</i>                                                                | Tier 1    |                                  |
| <i>sodium citrate intra-catheter solution 4 %</i>                                                                 | Tier 1    |                                  |
| <i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)</i>                                               | Tier 1    |                                  |
| <i>sodium citrate solution 4 gram /100 ml (4 %)</i>                                                               | Tier 1    |                                  |
| <b>Anticoagulants - Coumarin - Drugs To Prevent Blood Clots</b>                                                   |           |                                  |
| 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)                  | Tier 1    |                                  |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>                             | Tier 1    |                                  |
| <b>Anti-Inhibitor Coagulation Complex - Drugs To Prevent Bleeding</b>                                             |           |                                  |
| FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT (anti-inhibitor coagulant complex) | Tier 3    |                                  |
| <b>Blood Cell And Platelet Disorder Treatment-Tyrosine Kinase Inhibitors - Drugs For The Blood</b>                |           |                                  |
| TAVALISSE ORAL TABLET 100 MG, 150 MG (fostamatinib disodium)                                                      | Tier 3    | PA                               |
| WAYRILZ ORAL TABLET 400 MG (rilzabrutinib)                                                                        | Tier 3    | PA                               |
| <b>C1 Esterase Inhibitor Agents - Drugs For The Blood</b>                                                         |           |                                  |
| BERINERT INTRAVENOUS KIT 500 UNIT (10 ML) (C1 esterase inhibitor)                                                 | Tier 3    | PA                               |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) (C1 esterase inhibitor)                                            | Tier 3    | PA                               |

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|------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------|
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT (C1 esterase inhibitor)                                                          | Tier 3    | PA                                                                                                        |
| RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT (C1 esterase inhibitor, recombinant)                                                          | Tier 3    | PA                                                                                                        |
| <b>Cxcr4 Chemokine Receptor Antagonists - Drugs For The Blood</b>                                                                        |           |                                                                                                           |
| XOLREMDI ORAL CAPSULE 100 MG (mavorixafor)                                                                                               | Tier 3    | PA                                                                                                        |
| <b>Direct Factor Xa Inhibitors - Drugs To Prevent Blood Clots</b>                                                                        |           |                                                                                                           |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (apixaban)                                                          | Tier 2    | QL (74 EA per 30 days)                                                                                    |
| ELIQUIS ORAL TABLET 2.5 MG (apixaban)                                                                                                    | Tier 2    | QL (2 EA per 1 day)                                                                                       |
| ELIQUIS ORAL TABLET 5 MG (apixaban)                                                                                                      | Tier 2    | QL (74 EA per 30 days)                                                                                    |
| <i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i>                                                                            | Tier 1    | QL (20 ML per 1 day)                                                                                      |
| <i>rivaroxaban oral tablet 2.5 mg</i>                                                                                                    | Tier 1    | QL (2 EA per 1 day)                                                                                       |
| SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (edoxaban tosylate)                                                                              | Tier 2    | ST: Requires prior prescriptions for Eliquis and Xarelto within the past 365 days; QL (30 EA per 30 days) |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (rivaroxaban)                                                | Tier 2    | QL (51 EA per 30 days)                                                                                    |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (rivaroxaban)                                                                         | Tier 2    | QL (20 ML per 1 day)                                                                                      |
| XARELTO ORAL TABLET 10 MG, 20 MG (rivaroxaban)                                                                                           | Tier 2    | QL (1 EA per 1 day)                                                                                       |
| XARELTO ORAL TABLET 15 MG, 2.5 MG (rivaroxaban)                                                                                          | Tier 2    | QL (2 EA per 1 day)                                                                                       |
| <b>Erythropoietins - Drugs For The Blood</b>                                                                                             |           |                                                                                                           |
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (darbepoetin alfa in polysorbate 80) | Tier 3    | PA                                                                                                        |

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| Prescription Drug Name                                                                                                                                                                                                  | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML (darbepoetin alfa in polysorbate 80) | Tier 3    | PA                               |
| EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML (epoetin alfa)                                                                                  | Tier 3    | PA                               |
| MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML (methoxy polyethylene glycol-epoetin beta)                                        | Tier 3    | PA                               |
| PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (epoetin alfa)                                                                 | Tier 3    | PA                               |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (epoetin alfa-epbx)                                                           | Tier 3    | PA                               |
| <b>Factor Ix Preparations - Drugs To Prevent Bleeding</b>                                                                                                                                                               |           |                                  |
| ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (factor IX)                                                                                                                      | Tier 3    |                                  |
| ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (factor IX recombinant, Fc fusion protein)                                                                           | Tier 3    |                                  |
| BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (factor IX human recombinant)                                                                                                     | Tier 3    |                                  |
| IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT (factor IX recombinant, albumin fusion protein)                                                    | Tier 3    |                                  |

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| Prescription Drug Name                                                                                                                                                                                              | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT (factor IX human recombinant, threonine 148)                                                                                            | Tier 3    |                                  |
| PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (factor IX complex, prothrombin complex conc no.4, 3-factor)                                                                   | Tier 3    |                                  |
| REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (factor IX (human) recombinant, pegylated)                                                                      | Tier 3    |                                  |
| RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (factor IX human recombinant)                                                                                                 | Tier 3    |                                  |
| <b>Factor Vii Preparations - Drugs To Prevent Bleeding</b>                                                                                                                                                          |           |                                  |
| NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG) (coagulation factor VIIa (recombinant))                                                                  | Tier 3    |                                  |
| SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG) (coagulation factor VIIa recombinant-jncw)                                                                                    | Tier 3    |                                  |
| <b>Factor Viii Preparations (Ahf) - Drugs To Prevent Bleeding</b>                                                                                                                                                   |           |                                  |
| ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) recombinant,full length)      | Tier 3    |                                  |
| ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT (antihemophilic factor (FVIII) recombinant, full length, peg) | Tier 3    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                                                           | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (antihemophilic factor VIII recomb,single-chn,B-dom truncated) | Tier 3    |                                  |
| ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML (antihemophilic factor, human/von Willebrand factor,human)                                 | Tier 3    |                                  |
| ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor rFVIII Fc-VWF-XTEN,BDD-eh1)                                                                       | Tier 3    |                                  |
| ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT (antihemophilic factor (FVIII) recombinant, Fc fusion protein)                                                  | Tier 3    |                                  |
| ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) rec, B-dom truncated peg-exei)                                                           | Tier 3    |                                  |
| HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT (antihemophilic factor, human)                                                                                                                                                                              | Tier 3    |                                  |
| HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT (antihemophilic factor, human)                                                                                                                                                                                 | Tier 3    |                                  |
| HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT (antihemophilic factor, human)                                                                                                                                                                                 | Tier 3    |                                  |
| HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT (antihemophilic factor, human)                                                                                                                                                                      | Tier 3    |                                  |
| HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT (antihemophilic factor, human/von Willebrand factor,human)                                                                                                                        | Tier 3    |                                  |

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| Prescription Drug Name                                                                                                                                                                               | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) rec, B-domain deleted peg-aucl)                    | Tier 3    |                                  |
| KOATE INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor, human)                                                                                                           | Tier 3    |                                  |
| KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) recombinant,full length)                      | Tier 3    |                                  |
| KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) recombinant,full length)                         | Tier 3    |                                  |
| NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor VIII recombinant, B-domain truncated) | Tier 3    |                                  |
| NUWIQ INTRAVENOUS RECON SOLN 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (antihemophilic factor VIII rec HEK cell, B-domain deleted)                               | Tier 3    |                                  |
| OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE (antihemophilic factor VIII, recombinant porcine sequence)                                                                                        | Tier 3    |                                  |
| RECOMBIMATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor VIII, human recombinant)                              | Tier 3    |                                  |
| WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT (antihemophilic factor, human/von Willebrand factor,human)                                                                              | Tier 3    |                                  |

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| Prescription Drug Name                                                                                                                                                                 | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (factor VIII) recomb,B-domain deleted)                           | Tier 3    |                                  |
| XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (factor VIII) recomb,B-domain deleted) | Tier 3    |                                  |
| <b>Factor X Preparations - Drugs To Prevent Bleeding</b>                                                                                                                               |           |                                  |
| COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (coagulation factor X)                                                                                      | Tier 3    |                                  |
| <b>Factor Xiii Preparations - Drugs To Prevent Bleeding</b>                                                                                                                            |           |                                  |
| CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT (factor XIII)                                                                                                                         | Tier 3    |                                  |
| TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT (factor XIII A-subunit, recombinant)                                                                                                          | Tier 3    |                                  |
| <b>Granulocyte Colony-Stimulating Factor (G-Csf) - Drugs For The Blood</b>                                                                                                             |           |                                  |
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-jmdb)                                                                                                                         | Tier 3    | PA                               |
| FYLNTRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-pbbk)                                                                                                                          | Tier 3    | PA                               |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (tbo-filgrastim)                                                                                                               | Tier 3    | PA                               |
| GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (tbo-filgrastim)                                                                                                            | Tier 3    | PA                               |
| NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (pegfilgrastim)                                                                                                  | Tier 3    | PA                               |

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| Prescription Drug Name                                                                     | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------|-----------|----------------------------------|
| NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim)                                  | Tier 3    | PA                               |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (filgrastim)                        | Tier 3    | PA                               |
| NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim)                     | Tier 3    | PA                               |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (filgrastim-aafi)                   | Tier 3    | PA                               |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim-aafi)             | Tier 3    | PA                               |
| NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim-txid)                  | Tier 3    | PA                               |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-apgf)                             | Tier 3    | PA                               |
| RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim-ayow)              | Tier 3    | PA                               |
| ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML (eflapregastim-xnst)                          | Tier 3    | PA                               |
| STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-fpgk)                            | Tier 3    | PA                               |
| UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML (pegfilgrastim-cbqv)           | Tier 3    | PA                               |
| UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (pegfilgrastim-cbqv) | Tier 3    | PA                               |
| UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-cbqv)                              | Tier 3    | PA                               |
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim-sndz)                  | Tier 3    | PA                               |
| ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-bmez)                            | Tier 3    | PA                               |

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| Prescription Drug Name                                                                                                                   | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Granulocyte-Macrophage Colony-Stimulating Factor (Gm-Csf) - Drugs For The Blood</b>                                                   |           |                                  |
| LEUKINE INJECTION RECON SOLN 250 MCG (sargramostim)                                                                                      | Tier 3    | PA                               |
| <b>Hematorheologic Agents - Drugs For The Blood</b>                                                                                      |           |                                  |
| <i>pentoxifylline oral tablet extended release 400 mg</i>                                                                                | Tier 1    |                                  |
| <b>Hemophilia Treatment Agents - Monoclonal Antibody - Drugs For The Blood</b>                                                           |           |                                  |
| ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML) (concizumab-mtci)       | Tier 3    | PA                               |
| HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML (emicizumab-kxwh) | Tier 3    | PA                               |
| HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (marstacimab-hncq)                                                                      | Tier 3    | PA                               |
| <b>Hemostatic Systemic - Antifibrinolytic Agents - Drugs To Prevent Bleeding</b>                                                         |           |                                  |
| AMICAR ORAL SOLUTION 250 MG/ML (25 %) (aminocaproic acid)                                                                                | Tier 2    |                                  |
| AMICAR ORAL TABLET 1,000 MG, 500 MG (aminocaproic acid)                                                                                  | Tier 2    |                                  |
| <i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>                                                                                  | Tier 1    |                                  |
| <i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>                                                                                    | Tier 1    |                                  |
| <i>tranexamic acid oral tablet 650 mg</i>                                                                                                | Tier 1    |                                  |
| <b>Hemostatic Systemic- Von Willebrand Factor (Vwf) Preparations - Drugs To Prevent Bleeding</b>                                         |           |                                  |
| VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE (von Willebrand factor (recombinant))                       | Tier 3    |                                  |

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| Prescription Drug Name                                                                         | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Hemostatic Topical Agents - Drugs To Prevent Bleeding</b>                                   |           |                                  |
| ASTRINGYN TOPICAL SOLUTION 259 MG/G (ferric subsulfate)                                        | Tier 2    |                                  |
| AVITENE FLOUR TOPICAL POWDER (microfibrillar collagen)                                         | Tier 2    |                                  |
| AVITENE TOPICAL POWDER IN PACKET (microfibrillar collagen)                                     | Tier 2    |                                  |
| AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM (microfibrillar collagen)             | Tier 2    |                                  |
| ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM (microfibrillar collagen)                               | Tier 2    |                                  |
| GELFILM IMPLANT FILM (gelatin)                                                                 | Tier 2    |                                  |
| GEL-FLOW NT TOPICAL SYRINGE (gelatin sponge,absorbable)                                        | Tier 2    |                                  |
| GEL-FLOW TOPICAL SYRINGE KIT 5,000 UNIT (thrombin (bovine)/gelatin sponge,absorbable)          | Tier 2    |                                  |
| GELFOAM COMPRESSED SIZE 100 TOPICAL SPONGE 100 CM (gelatin sponge,absorbable/porcine skin)     | Tier 2    |                                  |
| GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT (thrombin (bovine)/gelatin sponge,absorbable)        | Tier 2    |                                  |
| GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT (thrombin (bovine)/gelatin sponge,absorbable) | Tier 2    |                                  |
| GELFOAM MUCOUS MEMBRANE POWDER (gelatin sponge,absorbable/porcine skin)                        | Tier 2    |                                  |
| GELFOAM SPONGE SIZE 100 TOPICAL SPONGE 100 (gelatin sponge,absorbable/porcine skin)            | Tier 2    |                                  |
| GELFOAM SPONGE SIZE 12-7MM TOPICAL SPONGE 12-7 MM (gelatin sponge,absorbable/porcine skin)     | Tier 2    |                                  |
| GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200 (gelatin sponge,absorbable/porcine skin)            | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                     | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| GELFOAM SPONGE SIZE 50 TOPICAL SPONGE 50 (gelatin sponge,absorbable/porcine skin)                                          | Tier 2    |                                  |
| GELFOAM TOPICAL SPONGE 4 (gelatin sponge,absorbable/porcine skin)                                                          | Tier 2    |                                  |
| MONSEL'S TOPICAL SOLUTION 0.2 TO 0.22 GRAM/ML IRON (ferric subsulfate)                                                     | Tier 2    |                                  |
| MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML (ferric subsulfate)                                          | Tier 1    |                                  |
| RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT (thrombin (recombinant))                                                | Tier 2    |                                  |
| RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (thrombin (recombinant))                                              | Tier 2    |                                  |
| SURGIFOAM TOPICAL SPONGE 100 , 100 CM, 12-7 MM, 50 (gelatin sponge,absorbable/porcine skin)                                | Tier 2    |                                  |
| SYRINGE AVITENE TOPICAL POWDER (microfibrillar collagen)                                                                   | Tier 2    |                                  |
| THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2 (thrombin(bov)/calcium chlor/cmc/gel,pork/dressing,hemostatic) | Tier 1    |                                  |
| THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT (thrombin (bovine))                                                      | Tier 1    |                                  |
| THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (thrombin (bovine))                                                | Tier 1    |                                  |
| THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT (thrombin (bovine))                                             | Tier 1    |                                  |
| THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL 20,000 UNIT (thrombin (bovine))                                                     | Tier 1    |                                  |
| THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 " (thrombin(bov)/calcium chlor/cme-cell sod/dressing,hemostatic)                 | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                 | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM (microfibrillar collagen)                                                      | Tier 2    |                                  |
| <b>Hemostatic Topical Combinations - Drugs To Prevent Bleeding</b>                                                                                                                     |           |                                  |
| EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2) (thrombin(human plasma derived)/fibrinogen/calcium chloride)          | Tier 2    |                                  |
| VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML) (thrombin(human plasma derived)/fibrinogen/calcium chloride) | Tier 2    |                                  |
| <b>Heparin Flush Formulations - Drugs To Prevent Blood Clots</b>                                                                                                                       |           |                                  |
| HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (heparin sodium,porcine/PF)                                                                                                          | Tier 1    |                                  |
| <i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>                                                    | Tier 1    |                                  |
| <i>heparin lock flush (porcine) intravenous solution 10 unit/ml</i>                                                                                                                    | Tier 1    |                                  |
| HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (heparin sodium,porcine/PF)                                                                                 | Tier 1    |                                  |
| <i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>                                                                                                                             | Tier 1    |                                  |
| <i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>                                                                                                               | Tier 1    |                                  |
| <b>Heparins - Drugs To Prevent Blood Clots</b>                                                                                                                                         |           |                                  |
| HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (heparin sodium,porcine/PF)                                                                                                          | Tier 1    |                                  |

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|--------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>  | Tier 1    |                                  |
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i> | Tier 1    |                                  |
| <i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>                                                                    | Tier 1    |                                  |
| <i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>                             | Tier 1    |                                  |
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i>                                                                             | Tier 1    |                                  |
| <i>heparin lock flush (porcine) intravenous solution 10 unit/ml</i>                                                                  | Tier 1    |                                  |
| HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (heparin sodium,porcine/PF)                               | Tier 1    |                                  |
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>                                                                        | Tier 1    |                                  |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>                                                      | Tier 1    |                                  |
| <i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>                                                                           | Tier 1    |                                  |
| <i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>                                                             | Tier 1    |                                  |
| <b>Indirect Factor Xa Inhibitors - Drugs To Prevent Blood Clots</b>                                                                  |           |                                  |
| ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML (fondaparinux sodium)                                                                      | Tier 2    | QL (24 ML per 30 days)           |
| ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML (fondaparinux sodium)                                                                     | Tier 2    | QL (15 ML per 30 days)           |
| ARIXTRA SUBCUTANEOUS SYRINGE 5 MG/0.4 ML (fondaparinux sodium)                                                                       | Tier 2    | QL (12 ML per 30 days)           |
| ARIXTRA SUBCUTANEOUS SYRINGE 7.5 MG/0.6 ML (fondaparinux sodium)                                                                     | Tier 2    | QL (18 ML per 30 days)           |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>                                                                                | Tier 1    | QL (24 ML per 30 days)           |

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|------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>                                                                             | Tier 1    | QL (15 ML per 30 days)           |
| <i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>                                                                               | Tier 1    | QL (12 ML per 30 days)           |
| <i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>                                                                             | Tier 1    | QL (18 ML per 30 days)           |
| <b>Low Molecular Weight Heparins - Drugs To Prevent Blood Clots</b>                                                                |           |                                  |
| <i>enoxaparin subcutaneous solution 300 mg/3 ml</i>                                                                                | Tier 1    | QL (30 ML per 30 days)           |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> | Tier 1    |                                  |
| ENOXILUV SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML (enoxaparin sodium)                                                                 | Tier 2    |                                  |
| FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML (dalteparin sodium,porcine)                                                    | Tier 2    | QL (8 ML per 1 day)              |
| FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML (dalteparin sodium,porcine)                                                   | Tier 2    | QL (7.6 ML per 30 days)          |
| FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML (dalteparin sodium,porcine)                                                    | Tier 2    | QL (60 ML per 30 days)           |
| FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML (dalteparin sodium,porcine)                                                | Tier 2    | QL (30 ML per 30 days)           |
| FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML (dalteparin sodium,porcine)                                                | Tier 2    | QL (36 ML per 30 days)           |
| FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML (dalteparin sodium,porcine)                                               | Tier 2    | QL (43.2 ML per 30 days)         |
| FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML (dalteparin sodium,porcine)                      | Tier 2    | QL (12 ML per 30 days)           |
| FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML (dalteparin sodium,porcine)                                                 | Tier 2    | QL (18 ML per 30 days)           |
| LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML (enoxaparin sodium)                                                                      | Tier 2    | QL (30 ML per 30 days)           |

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|----------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML (enoxaparin sodium) | Tier 2    |                                  |
| <b>Plasma Proteins Which Facilitate Anticoagulation - Drugs For The Blood</b>                                                                |           |                                  |
| RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG (plasminogen, human-tvmh)                                                                            | Tier 3    | PA                               |
| <b>Platelet Aggregation Inhib - Cyclopentyl-Triazolo-Pyrimidines (Cptps) - Drugs For The Blood</b>                                           |           |                                  |
| BRILINTA ORAL TABLET 60 MG, 90 MG (ticagrelor)                                                                                               | Tier 2    | QL (2 EA per 1 day)              |
| <i>ticagrelor oral tablet 60 mg, 90 mg</i>                                                                                                   | Tier 1    | QL (2 EA per 1 day)              |
| <b>Platelet Aggregation Inhibitor Combinations - Drugs For The Blood</b>                                                                     |           |                                  |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>                                                                      | Tier 1    |                                  |
| <b>Platelet Aggregation Inhibitors - Phosphodiesterase Iii Inhibitors - Drugs For The Blood</b>                                              |           |                                  |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>                                                                                                  | Tier 1    |                                  |
| <b>Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs For The Blood</b>                                                            |           |                                  |
| AGRYLIN ORAL CAPSULE 0.5 MG (anagrelide HCl)                                                                                                 | Tier 2    |                                  |
| <i>anagrelide oral capsule 0.5 mg, 1 mg</i>                                                                                                  | Tier 1    |                                  |
| <b>Platelet Aggregation Inhibitors - Salicylates - Drugs For The Blood</b>                                                                   |           |                                  |
| ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)                                                                    | Tier 0    |                                  |
| ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)                                                                   | Tier 0    |                                  |

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| Prescription Drug Name                                                               | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------|-----------|----------------------------------|
| ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (aspirin)                               | Tier 0    |                                  |
| <i>aspirin oral tablet 325 mg</i>                                                    | Tier 0    |                                  |
| <i>aspirin oral tablet,chewable 81 mg</i>                                            | Tier 0    |                                  |
| <i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>                     | Tier 0    |                                  |
| BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)                                           | Tier 0    |                                  |
| BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)                   | Tier 0    |                                  |
| BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)           | Tier 0    |                                  |
| CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)                              | Tier 0    |                                  |
| DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR 162.5 MG (aspirin)                        | Tier 2    | PA                               |
| ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)                         | Tier 0    |                                  |
| ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)                               | Tier 0    |                                  |
| ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)               | Tier 0    |                                  |
| <b>Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs For The Blood</b> |           |                                  |
| <i>clopidogrel oral tablet 300 mg</i>                                                | Tier 1    | QL (4 EA per 30 days)            |
| <i>clopidogrel oral tablet 75 mg</i>                                                 | Tier 1    |                                  |
| EFFIENT ORAL TABLET 10 MG, 5 MG (prasugrel HCl)                                      | Tier 2    | QL (1 EA per 1 day)              |
| PLAVIX ORAL TABLET 75 MG (clopidogrel bisulfate)                                     | Tier 2    |                                  |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i>                                         | Tier 1    | QL (1 EA per 1 day)              |

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|-----------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Platelet Aggregation Inhibitors-Salicylates And Proton Pump Inhib Comb - Drugs For The Blood</b> |           |                                  |
| YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG (aspirin/omeprazole)               | Tier 2    | PA                               |
| <b>Platelet Aggregation Inhib-Pdesterase And Adenosine Deaminase Inhibitr - Drugs For The Blood</b> |           |                                  |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>                                                 | Tier 1    |                                  |
| <b>Platelet Aggregation Inhib-Protease-Activ.Receptor-1(Par-1) Antagonist - Drugs For The Blood</b> |           |                                  |
| ZONTIVITY ORAL TABLET 2.08 MG (vorapaxar sulfate)                                                   | Tier 2    | QL (1 EA per 1 day)              |
| <b>Pnh - Complement (C3) Inhibitors - Drugs For The Blood</b>                                       |           |                                  |
| EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (pegcetacoplan)                                       | Tier 3    | PA                               |
| <b>Pyruvate Kinase (Pk) Activators - Drugs For The Blood</b>                                        |           |                                  |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (mitapivat sulfate)                                         | Tier 3    | PA                               |
| PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) (mitapivat sulfate)       | Tier 3    | PA                               |
| <b>Sickle Cell Anemia Agents, Others - Drugs For The Blood</b>                                      |           |                                  |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (hydroxyurea)                                            | Tier 2    |                                  |
| ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine)                                                     | Tier 3    | PA                               |
| <i>glutamine (sickle cell) oral powder in packet 5 gram</i>                                         | Tier 3    | PA                               |

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|-----------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------|
| SIKLOS ORAL TABLET 1,000 MG (hydroxyurea)                                                                 | Tier 2    | ST: Requires prior prescriptions for generic Hydroxyurea and Droxia within the past 365 days           |
| SIKLOS ORAL TABLET 100 MG (hydroxyurea)                                                                   | Tier 2    | QL (2 EA per 1 day)                                                                                    |
| XROMI ORAL SOLUTION 100 MG/ML (hydroxyurea)                                                               | Tier 2    | PA                                                                                                     |
| <b>Thrombin Inhibitor - Selective Direct And Reversible - Drugs To Prevent Blood Clots</b>                |           |                                                                                                        |
| <i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>                                            | Tier 1    | QL (2 EA per 1 day)                                                                                    |
| PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (dabigatran etexilate mesylate)                                | Tier 2    | ST: Requires prior prescriptions for Eliquis and Xarelto within the past 365 days; QL (2 EA per 1 day) |
| PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (dabigatran etexilate mesylate) | Tier 2    | PA                                                                                                     |
| <b>Thrombopoietin Receptor Agonists - Drugs For The Blood</b>                                             |           |                                                                                                        |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (eltrombopag choline)                                        | Tier 3    | PA                                                                                                     |
| DOPTelet (10 TAB PACK) ORAL TABLET 20 MG (avatrombopag maleate)                                           | Tier 3    | PA                                                                                                     |
| DOPTelet (15 TAB PACK) ORAL TABLET 20 MG (avatrombopag maleate)                                           | Tier 3    | PA                                                                                                     |
| DOPTelet (30 TAB PACK) ORAL TABLET 20 MG (avatrombopag maleate)                                           | Tier 3    | PA                                                                                                     |
| <i>eltrombopag olamine oral powder in packet 12.5 mg, 25 mg</i>                                           | Tier 3    | PA                                                                                                     |
| <i>eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg</i>                                       | Tier 3    | PA                                                                                                     |
| MULPLETA ORAL TABLET 3 MG (lusutrombopag)                                                                 | Tier 3    | PA                                                                                                     |

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|-----------------------------------------------------------------------------------|-----------|----------------------------------|
| PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (eltrombopag olamine)               | Tier 3    | PA                               |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (eltrombopag olamine)           | Tier 3    | PA                               |
| <b>Hepatobiliary System Treatment Agents</b>                                      |           |                                  |
| <b>Agents To Treat Cerebrotendinous Xanthomatosis (Ctx)</b>                       |           |                                  |
| CHENODAL ORAL TABLET 250 MG (chenodiol)                                           | Tier 3    | PA                               |
| CTEXLI ORAL TABLET 250 MG (chenodiol)                                             | Tier 3    | PA                               |
| <b>Non-Alcoholic Steatohepatitis (Nash) Agents - Thr-Beta Agonist</b>             |           |                                  |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (resmetirom)                           | Tier 3    | PA                               |
| <b>Peroxisome Proliferator-Activated Receptor (Ppar) Agonist</b>                  |           |                                  |
| IQIRVO ORAL TABLET 80 MG (elafibranor)                                            | Tier 3    | PA                               |
| LIVDELZI ORAL CAPSULE 10 MG (seladelpar lysine)                                   | Tier 3    | PA                               |
| <b>Hepatobiliary System Treatment Agents - Drugs For The Liver</b>                |           |                                  |
| <b>Farnesoid X Receptor (Fxr) Agonist, Bile Acid Analog - Drugs For The Liver</b> |           |                                  |
| OALIVA ORAL TABLET 10 MG, 5 MG (obeticholic acid)                                 | Tier 3    | PA                               |
| <b>Ileal Bile Acid Transporter (Ibat) Inhibitor - Drugs For The Liver</b>         |           |                                  |
| BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG (odevixibat)                               | Tier 3    | PA                               |
| BYLVAY ORAL PELLETT 200 MCG, 600 MCG (odevixibat)                                 | Tier 3    | PA                               |
| LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML (maralixibat chloride)                 | Tier 3    | PA                               |

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|----------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------|
| LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG (maralixibat chloride)           | Tier 3    | PA                                                                              |
| <b>Immunosuppressive Agents - Drugs For Organ Transplants</b>                    |           |                                                                                 |
| <b>Immunosuppressive - Calcineurin Inhibitors - Drugs For Organ Transplants</b>  |           |                                                                                 |
| ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG (tacrolimus)   | Tier 2    | ST: Requires prior prescription for generic Tacrolimus within the past 120 days |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>                   | Tier 1    |                                                                                 |
| <i>cyclosporine modified oral solution 100 mg/ml</i>                             | Tier 1    |                                                                                 |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i>                                   | Tier 1    |                                                                                 |
| ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG (tacrolimus) | Tier 2    | ST: Requires prior prescription for generic Tacrolimus within the past 120 days |
| cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)                      | Tier 1    |                                                                                 |
| cyclosporine, modified (Gengraf Oral Solution 100 Mg/ML)                         | Tier 1    |                                                                                 |
| LUPKYNIS ORAL CAPSULE 7.9 MG (voclosporin)                                       | Tier 3    | PA                                                                              |
| NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine, modified)                       | Tier 2    |                                                                                 |
| NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine, modified)                          | Tier 2    |                                                                                 |
| PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)                             | Tier 2    |                                                                                 |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG (tacrolimus)                        | Tier 2    |                                                                                 |
| SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)                             | Tier 2    |                                                                                 |

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The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                                   | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>                                                        | Tier 1    |                                  |
| <b>Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs For Organ Transplants</b>  |           |                                  |
| CELLCEPT ORAL CAPSULE 250 MG (mycophenolate mofetil)                                                     | Tier 2    |                                  |
| CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML (mycophenolate mofetil)                            | Tier 2    |                                  |
| CELLCEPT ORAL TABLET 500 MG (mycophenolate mofetil)                                                      | Tier 2    |                                  |
| <i>mycophenolate mofetil oral capsule 250 mg</i>                                                         | Tier 1    |                                  |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>                                | Tier 1    |                                  |
| <i>mycophenolate mofetil oral tablet 500 mg</i>                                                          | Tier 1    |                                  |
| <i>mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg</i>                           | Tier 1    |                                  |
| MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG (mycophenolate sodium)                       | Tier 2    |                                  |
| MYHIBBIN ORAL SUSPENSION 200 MG/ML (mycophenolate mofetil)                                               | Tier 2    | PA                               |
| <b>Immunosuppressive - Interleukin-6 (Il-6) Receptor Inhibitors - Drugs For Organ Transplants</b>        |           |                                  |
| ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML (satralizumab-mwge)                                              | Tier 3    | PA                               |
| <b>Immunosuppressive - Mammalian Target Of Rapamycin (Mtor) Inhibitors - Drugs For Organ Transplants</b> |           |                                  |
| <i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>                         | Tier 1    |                                  |
| <i>sirolimus oral solution 1 mg/ml</i>                                                                   | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                       | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                              | Tier 1    |                                  |
| ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (everolimus)                                                             | Tier 2    |                                  |
| <b>Immunosuppressive - Purine Analogs - Drugs For Organ Transplants</b>                                                      |           |                                  |
| azathioprine (Azasan Oral Tablet 100 Mg, 75 Mg)                                                                              | Tier 2    |                                  |
| <i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>                                                                         | Tier 1    |                                  |
| IMURAN ORAL TABLET 50 MG (azathioprine)                                                                                      | Tier 2    |                                  |
| <b>Locomotor System</b>                                                                                                      |           |                                  |
| <b>Duchenne Muscular Dystrophy - Histone Deacetylase (Hdac) Inhibitor</b>                                                    |           |                                  |
| DUVYZAT ORAL SUSPENSION 8.86 MG/ML (givinostat hydrochloride)                                                                | Tier 3    | PA                               |
| <b>Fibrodysplasia Ossificans Progressiva-Retinoic Acid Receptor Agonists</b>                                                 |           |                                  |
| SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (palovarotene)                                                        | Tier 3    | PA                               |
| <b>Friedreich Ataxia-Nuclear Factor Erythroid-Rel.Factor2(Nrf2) Activator</b>                                                |           |                                  |
| SKYCLARYS ORAL CAPSULE 50 MG (omaveloxolone)                                                                                 | Tier 3    | PA                               |
| <b>Locomotor System - Drugs For Muscles, Ligaments, Tendons, And Bones</b>                                                   |           |                                  |
| <b>Agents To Treat Periodic Paralysis - Carbonic Anhydrase Inhibitors - Drugs For Muscles, Ligaments, Tendons, And Bones</b> |           |                                  |
| <i>dichlorphenamide oral tablet 50 mg</i>                                                                                    | Tier 3    | PA                               |
| KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)                                                                                 | Tier 3    | PA                               |
| dichlorphenamide (Ormalvi Oral Tablet 50 Mg)                                                                                 | Tier 3    | PA                               |

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| Prescription Drug Name                                                                                | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Als Agents - Antioxidants/Anti-Inflammatories - Drugs For Nerves And Muscles</b>                   |           |                                  |
| RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML (edaravone)                                                  | Tier 3    |                                  |
| RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML (edaravone)                                 | Tier 3    |                                  |
| <b>Amyotrophic Lateral Sclerosis (Als) Agents - Benzothiazoles - Drugs For Nerves And Muscles</b>     |           |                                  |
| RILUTEK ORAL TABLET 50 MG (riluzole)                                                                  | Tier 2    |                                  |
| <i>riluzole oral tablet 50 mg</i>                                                                     | Tier 1    |                                  |
| TEGLUTIK ORAL SUSPENSION 50 MG/10 ML (riluzole)                                                       | Tier 3    | PA                               |
| TIGLUTIK ORAL SUSPENSION 50 MG/10 ML (riluzole)                                                       | Tier 3    | PA                               |
| <b>Antimyasthenic Agent - Neonatal Fc Receptor (FcRn) Inhibitor - Drugs For Nerves And Muscles</b>    |           |                                  |
| VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML (efgartigimod alfa-hyaluronidase-qvfc) | Tier 3    |                                  |
| <b>Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs For Nerves And Muscles</b>     |           |                                  |
| MESTINON ORAL SYRUP 60 MG/5 ML (pyridostigmine bromide)                                               | Tier 2    |                                  |
| MESTINON ORAL TABLET 60 MG (pyridostigmine bromide)                                                   | Tier 2    |                                  |
| MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG (pyridostigmine bromide)                        | Tier 2    |                                  |
| <i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>                                                   | Tier 1    |                                  |
| <i>pyridostigmine bromide oral tablet 30 mg</i>                                                       | Tier 1    |                                  |

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| Prescription Drug Name                                                                                     | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>pyridostigmine bromide oral tablet 60 mg</i>                                                            | Tier 1    |                                  |
| <i>pyridostigmine bromide oral tablet extended release 180 mg</i>                                          | Tier 1    |                                  |
| <b>Antimyasthenic Agents Other - Drugs For Nerves And Muscles</b>                                          |           |                                  |
| FIRDAPSE ORAL TABLET 10 MG (amifampridine phosphate)                                                       | Tier 3    | PA                               |
| ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML (zilucoplan sodium)        | Tier 3    | PA                               |
| <b>Musculoskeletal Therapy Agent - Viscosupplements - Drugs For Muscles, Ligaments, Tendons, And Bones</b> |           |                                  |
| DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML (hyaluronate sodium, stabilized)                               | Tier 2    | PA; QL (3 ML per 180 days)       |
| EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION) (hyaluronate sodium)                        | Tier 2    | PA; QL (6 ML per 180 days)       |
| GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML (hyaluronate sod, cross-linked)                                 | Tier 2    | PA; QL (3 ML per 180 days)       |
| GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML (hyaluronate sodium)                                         | Tier 2    | PA; QL (6 ML per 180 days)       |
| GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)                                          | Tier 2    | PA; QL (12.5 ML per 180 days)    |
| HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML (hyaluronate sodium)                                             | Tier 2    | PA; QL (10 ML per 180 days)      |
| HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)                                              | Tier 2    | PA; QL (10 ML per 180 days)      |
| HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML (hyaluronate sodium, modified, non-crosslinked)                 | Tier 2    | PA; QL (6 ML per 180 days)       |
| MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML (hyaluronate sodium, stabilized)                               | Tier 2    | PA; QL (4 ML per 180 days)       |
| ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML (hyaluronate sodium)                                          | Tier 2    | PA; QL (8 ML per 180 days)       |

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| Prescription Drug Name                                                                                                 | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)                                                       | Tier 2    | PA; QL (12.5 ML per 180 days)    |
| SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)                                                        | Tier 2    | PA; QL (6 ML per 180 days)       |
| SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML (hylan G-F 20)                                                              | Tier 2    | PA; QL (6 ML per 180 days)       |
| SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML (hylan G-F 20)                                                          | Tier 2    | PA; QL (6 ML per 180 days)       |
| TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)                                                         | Tier 2    | PA; QL (6 ML per 180 days)       |
| TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)                                                          | Tier 2    | PA; QL (7.5 ML per 180 days)     |
| VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)                                                          | Tier 2    | PA; QL (7.5 ML per 180 days)     |
| <b>Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs For Muscles, Ligaments, Tendons, And Bones</b> |           |                                  |
| <i>carisoprodol-aspirin oral tablet 200-325 mg</i>                                                                     | Tier 1    |                                  |
| orphenadrine citrate/aspirin/caffeine (Norgesic Forte Oral Tablet 50-770-60 Mg)                                        | Tier 2    | QL (4 EA per 1 day)              |
| <i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>                                                              | Tier 1    | QL (8 EA per 1 day)              |
| orphenadrine citrate/aspirin/caffeine (Orphengesic Forte Oral Tablet 50-770-60 Mg)                                     | Tier 1    | QL (4 EA per 1 day)              |
| <b>Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs For Muscles, Ligaments, Tendons, And Bones</b>          |           |                                  |
| <i>baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml</i>                                                          | Tier 1    | PA                               |
| <i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>                                                                   | Tier 1    | PA                               |
| <i>baclofen oral tablet 10 mg, 20 mg</i>                                                                               | Tier 1    |                                  |
| <i>baclofen oral tablet 15 mg, 5 mg</i>                                                                                | Tier 1    |                                  |
| <i>carisoprodol oral tablet 250 mg, 350 mg</i>                                                                         | Tier 1    |                                  |

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| Prescription Drug Name                                                                  | Drug Tier | Coverage Requirements and Limits                                                                      |
|-----------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------|
| <i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>                                 | Tier 1    | ST: Requires prior prescription for Chlorzoxazone 500mg within the past 120 days; QL (4 EA per 1 day) |
| <i>chlorzoxazone oral tablet 500 mg</i>                                                 | Tier 1    |                                                                                                       |
| <i>cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg</i>                 | Tier 1    | QL (1 EA per 1 day)                                                                                   |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>                                  | Tier 1    |                                                                                                       |
| CYCLOTENS REFILL COMBO PACK 10 MG (cyclobenzaprine HCl/TENS unit electrodes)            | Tier 2    |                                                                                                       |
| CYCLOTENS STARTER COMBO PACK 10 MG (cyclobenzaprine HCl/TENS unit/TENS unit electrodes) | Tier 2    |                                                                                                       |
| cyclobenzaprine HCl (Fexmid Oral Tablet 7.5 Mg)                                         | Tier 2    |                                                                                                       |
| FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML) (baclofen)                                | Tier 2    | PA                                                                                                    |
| LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG (baclofen)                          | Tier 2    | PA                                                                                                    |
| <i>metaxalone oral tablet 400 mg, 800 mg</i>                                            | Tier 1    |                                                                                                       |
| <i>metaxalone oral tablet 640 mg</i>                                                    | Tier 1    |                                                                                                       |
| <i>methocarbamol oral tablet 1,000 mg, 500 mg, 750 mg</i>                               | Tier 1    |                                                                                                       |
| <i>orphenadrine citrate oral tablet extended release 100 mg</i>                         | Tier 1    |                                                                                                       |
| OZOBAX ORAL SOLUTION 5 MG/5 ML (baclofen)                                               | Tier 2    | PA                                                                                                    |
| SOMA ORAL TABLET 250 MG, 350 MG (carisoprodol)                                          | Tier 2    |                                                                                                       |
| methocarbamol (Tanlor Oral Tablet 1,000 Mg)                                             | Tier 1    |                                                                                                       |
| <i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>                                         | Tier 1    |                                                                                                       |
| <i>tizanidine oral tablet 2 mg, 4 mg</i>                                                | Tier 1    |                                                                                                       |
| carisoprodol (Vanadom Oral Tablet 350 Mg)                                               | Tier 2    |                                                                                                       |
| ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (tizanidine HCl)                                 | Tier 2    |                                                                                                       |
| ZANAFLEX ORAL TABLET 4 MG (tizanidine HCl)                                              | Tier 2    |                                                                                                       |

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| Prescription Drug Name                                                                                                         | Drug Tier | Coverage Requirements and Limits        |
|--------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------|
| <b>Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs For Muscles, Ligaments, Tendons, And Bones</b>                   |           |                                         |
| DANTRIUM ORAL CAPSULE 25 MG (dantrolene sodium)                                                                                | Tier 2    |                                         |
| <i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>                                                                            | Tier 1    |                                         |
| <b>Skeletal Muscle Relaxant - Opioid Analgesic Combinations - Drugs For Muscles, Ligaments, Tendons, And Bones</b>             |           |                                         |
| <i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>                                                                  | Tier 1    | QL (8 EA per 1 day); Age (Min 12 Years) |
| <b>Skeletal Muscle Relaxant And Topical Irritant Counter-Irritant Comb. - Drugs For Muscles, Ligaments, Tendons, And Bones</b> |           |                                         |
| CYCLOPAK KIT 5 MG-2.5 %- 2.5 %<br>(cyclobenzaprine/lidocaine/prilocaine/glycerin)                                              | Tier 2    |                                         |
| <b>Skeletal Muscle Relaxant, Salicylate, And Opioid Analgesic Comb. - Drugs For Muscles, Ligaments, Tendons, And Bones</b>     |           |                                         |
| <i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>                                                                  | Tier 1    | QL (8 EA per 1 day); Age (Min 12 Years) |
| <b>Spinal Muscular Atrophy - Motor Neuron 2 (Smn2) Splicing Modifier - Drugs For Nerves And Muscles</b>                        |           |                                         |
| EVRYSDI ORAL RECON SOLN 0.75 MG/ML (risdiplam)                                                                                 | Tier 3    |                                         |
| EVRYSDI ORAL TABLET 5 MG (risdiplam)                                                                                           | Tier 3    |                                         |

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| Prescription Drug Name                                                                                                 | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Medical Supplies And Durable Medical Equipment (Dme) - Medical Supplies And Durable Medical Equipment</b>           |           |                                                                                                                                                                                                                    |
| <b>Medical Supplies And Dme - Blood Coagulation Testing Supplies - Medical Supplies And Durable Medical Equipment</b>  |           |                                                                                                                                                                                                                    |
| COAGUCHEK XS (prothrombin time/INR test meter)                                                                         | Tier 2    |                                                                                                                                                                                                                    |
| <b>Medical Supplies And Dme - Blood Collection Needles - Medical Supplies And Durable Medical Equipment</b>            |           |                                                                                                                                                                                                                    |
| MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (needles, blood collection) | Tier 2    |                                                                                                                                                                                                                    |
| <b>Medical Supplies And Dme - Blood Glucose Tests - Medical Supplies And Durable Medical Equipment</b>                 |           |                                                                                                                                                                                                                    |
| ACCU-CHEK AVIVA PLUS TEST STRP STRIP (blood sugar diagnostic)                                                          | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

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| Prescription Drug Name                                        | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|---------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACCU-CHEK GUIDE TEST STRIPS STRIP (blood sugar diagnostic)    | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ACCU-CHEK SMARTVIEW TEST STRIP STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ACCUTREND GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)  | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

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| Prescription Drug Name                                      | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)      | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)    | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| AGAMATRIX JAZZ TEST STRIPS STRIP (blood sugar diagnostic)   | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

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| Prescription Drug Name                                      | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASSURE 4 STRIPS STRIP (blood sugar diagnostic)              | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)   | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)     | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| BIONIME RIGHTEST TEST STRIPS STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

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| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-----------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)         | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| BLULINK GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| CARESENS N TEST STRIPS STRIP (blood sugar diagnostic)     | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| CARETOUCH TEST STRIP STRIP (blood sugar diagnostic)       | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

Tier 0 = Preventive Drugs required under the Affordable Care Act at no cost

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Specialty Drugs

DME = Other pharmacy items and certain DME

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SG = Weight Loss Drugs & Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                        | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|---------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CHOICEDM CLARUS STRIP (blood sugar diagnostic)                | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| CLEVER CHOICE MICRO TEST STRIP STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| CLEVER CHOICE PRO STRIP (blood sugar diagnostic)              | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| CLEVER CHOICE TALK TEST STRIP (blood sugar diagnostic)        | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

Tier 0 = Preventive Drugs required under the Affordable Care Act at no cost

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Specialty Drugs

DME = Other pharmacy items and certain DME

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SG = Weight Loss Drugs & Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated:01/01/2026



| Prescription Drug Name                                       | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|--------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLEVER CHOICE TEST STRIPS STRIP (blood sugar diagnostic)     | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| CLEVER CHOICE VOICE PLUS TEST STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| CONTOUR NEXT TEST STRIPS STRIP (blood sugar diagnostic)      | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| CONTOUR PLUS TEST STRIP STRIP (blood sugar diagnostic)       | DME       |                                                                                                                                                                                                                    |
| CONTOUR TEST STRIPS STRIP (blood sugar diagnostic)           | DME       |                                                                                                                                                                                                                    |

Tier 0 = Preventive Drugs required under the Affordable Care Act at no cost

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Specialty Drugs

DME = Other pharmacy items and certain DME

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SG = Weight Loss Drugs & Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                 | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|--------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DIATRUE PLUS TEST STRIP STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EASY PLUS II TEST STRIP (blood sugar diagnostic)       | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EASY STEP STRIP (blood sugar diagnostic)               | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EASY TALK GLUCOSE TEST STRIP (blood sugar diagnostic)  | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

Tier 0 = Preventive Drugs required under the Affordable Care Act at no cost

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Specialty Drugs

DME = Other pharmacy items and certain DME

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SG = Weight Loss Drugs & Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                       | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|--------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EASY TALK PLUS II TEST STRIP STRIP (blood sugar diagnostic)  | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EASY TOUCH BLULINK TEST STRIP STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EASY TOUCH TEST STRIP STRIP (blood sugar diagnostic)         | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EASY TRAK GLUCOSE TEST STRIP (blood sugar diagnostic)        | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

Tier 0 = Preventive Drugs required under the Affordable Care Act at no cost

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Specialty Drugs

DME = Other pharmacy items and certain DME

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SG = Weight Loss Drugs & Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                 | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|--------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EASY TRAK II TEST STRIP STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EASYGLUCO TEST STRIP (blood sugar diagnostic)          | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EASYMAX 15 TEST STRIPS STRIP (blood sugar diagnostic)  | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EASYMAX STRIP (blood sugar diagnostic)                 | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

Tier 0 = Preventive Drugs required under the Affordable Care Act at no cost

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Specialty Drugs

DME = Other pharmacy items and certain DME

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SG = Weight Loss Drugs & Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                      | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ELEMENT COMPACT TEST STRIPS STRIP (blood sugar diagnostic)  | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ELEMENT TEST STRIPS STRIP (blood sugar diagnostic)          | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EMBRACE BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EMBRACE EVO TEST STRIPS STRIP (blood sugar diagnostic)      | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

Tier 0 = Preventive Drugs required under the Affordable Care Act at no cost

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Specialty Drugs

DME = Other pharmacy items and certain DME

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SG = Weight Loss Drugs & Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                         | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|----------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EMBRACE PRO TEST STRIPS STRIP (blood sugar diagnostic)         | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EMBRACE TALK TEST STRIPS STRIP (blood sugar diagnostic)        | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EMBRACE WAVE GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EVENCARE G2 STRIP (blood sugar diagnostic)                     | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

Tier 0 = Preventive Drugs required under the Affordable Care Act at no cost

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Specialty Drugs

DME = Other pharmacy items and certain DME

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SG = Weight Loss Drugs & Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated:01/01/2026



| Prescription Drug Name                                        | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|---------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EVENCARE G3 TEST STRIP (blood sugar diagnostic)               | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EVENCARE MINI GLUCOSE TEST STR STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EVENCARE PROVIEW TEST STRIP STRIP (blood sugar diagnostic)    | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EVENCARE TEST STRIP (blood sugar diagnostic)                  | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

Tier 0 = Preventive Drugs required under the Affordable Care Act at no cost

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Specialty Drugs

DME = Other pharmacy items and certain DME

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SG = Weight Loss Drugs & Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                      | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EVOLUTION TEST STRIPS STRIP (blood sugar diagnostic)        | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EZ SMART PLUS TEST STRIP (blood sugar diagnostic)           | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EZ SMART TEST STRIP (blood sugar diagnostic)                | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| FORA 6 CONNECT GLUCOSE STRIP STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

Tier 0 = Preventive Drugs required under the Affordable Care Act at no cost

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Specialty Drugs

DME = Other pharmacy items and certain DME

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SG = Weight Loss Drugs & Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                        | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|---------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| FORA D40-G31 TEST STRIPS STRIP (blood sugar diagnostic)       | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| FORA G20 STRIP (blood sugar diagnostic)                       | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| FORA GD50 TEST STRIPS STRIP (blood sugar diagnostic)          | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

Tier 0 = Preventive Drugs required under the Affordable Care Act at no cost

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Specialty Drugs

DME = Other pharmacy items and certain DME

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SG = Weight Loss Drugs & Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                        | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|---------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORA GTEL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)   | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| FORA TEST STRIP STRIP (blood sugar diagnostic)                | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| FORA TN'G ADVAN PRO TEST STRIP STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| FORA TN'G VOICE TEST STRIPS STRIP (blood sugar diagnostic)    | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

Tier 0 = Preventive Drugs required under the Affordable Care Act at no cost

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DME = Other pharmacy items and certain DME

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SG = Weight Loss Drugs & Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                     | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORA V10 STRIP (blood sugar diagnostic)                    | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| FORA V10-V12-D10-D20 STRIPS STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| FORACARE GD20 STRIP (blood sugar diagnostic)               | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| FORACARE GD40 TEST STRIPS STRIP (blood sugar diagnostic)   | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

Tier 0 = Preventive Drugs required under the Affordable Care Act at no cost

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PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SG = Weight Loss Drugs & Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                        | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|---------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FREESTYLE INSULINX STRIP (blood sugar diagnostic)             | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic) | DME       |                                                                                                                                                                                                                    |
| FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic)          | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

Tier 0 = Preventive Drugs required under the Affordable Care Act at no cost  
Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Specialty Drugs  
DME = Other pharmacy items and certain DME

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SG = Weight Loss Drugs & Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated:01/01/2026



| Prescription Drug Name                                        | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|---------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FREESTYLE TEST STRIP (blood sugar diagnostic)                 | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| GE100 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| GE333 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| GLUCO NAVII TEST STRIP STRIP (blood sugar diagnostic)         | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

Tier 0 = Preventive Drugs required under the Affordable Care Act at no cost

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Specialty Drugs

DME = Other pharmacy items and certain DME

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SG = Weight Loss Drugs & Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                     | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GLUCOCARD 01 SENSOR PLUS STRIP (blood sugar diagnostic)    | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| GLUCOCARD EXPRESSION STRIP (blood sugar diagnostic)        | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| GLUCOCARD SHINE TEST STRIPS STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| GLUCOCARD VITAL SENSOR STRIP (blood sugar diagnostic)      | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

Tier 0 = Preventive Drugs required under the Affordable Care Act at no cost

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Specialty Drugs

DME = Other pharmacy items and certain DME

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SG = Weight Loss Drugs & Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                        | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|---------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GLUCOCARD VITAL TEST STRIPS STRIP (blood sugar diagnostic)    | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| GLUCOCOM GLUCOSE STRIP (blood sugar diagnostic)               | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| GM100 STRIP (blood sugar diagnostic)                          | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| GOJJI BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

Tier 0 = Preventive Drugs required under the Affordable Care Act at no cost

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DME = Other pharmacy items and certain DME

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SG = Weight Loss Drugs & Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-----------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HARMONY GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)      | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| IHEALTH GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| INFINITY TEST STRIPS STRIP (blood sugar diagnostic)       | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                       | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|--------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)           | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| MICRODOT BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)   | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| MYGLUCOHEALTH STRIP (blood sugar diagnostic)                 | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-----------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NEUTEK 2TEK TEST STRIPS STRIP (blood sugar diagnostic)    | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| NOVA MAX GLUCOSE TEST STRIP (blood sugar diagnostic)      | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ON CALL EXPRESS TEST STRIP STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ONETOUCH ULTRA TEST STRIP (blood sugar diagnostic)        | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

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| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-----------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ONETOUCH VERIO TEST STRIPS STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| OPTIUM EZ STRIP (blood sugar diagnostic)                  | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| OPTIUM TEST STRIP (blood sugar diagnostic)                | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| PHARMACIST CHOICE STRIP (blood sugar diagnostic)          | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                      | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PIP BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| PLATINUM TEST STRIP STRIP (blood sugar diagnostic)          | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| PRECISION PCX PLUS TEST STRIP (blood sugar diagnostic)      | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| PRECISION PCX TEST STRIP (blood sugar diagnostic)           | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

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DME = Other pharmacy items and certain DME

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                      | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PRECISION POINT OF CARE TEST STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| PRECISION Q-I-D TEST STRIP (blood sugar diagnostic)         | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| PRECISION XTRA TEST STRIP (blood sugar diagnostic)          | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| PREMIER TEST STRIP STRIP (blood sugar diagnostic)           | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

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The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-----------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PREMIUM V10 STRIP (blood sugar diagnostic)                | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| PRO VOICE V8-V9 TEST STRIP STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| PRODIGY NO CODING STRIP (blood sugar diagnostic)          | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| QUINTET AC STRIP (blood sugar diagnostic)                 | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

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The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                     | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| QUINTET GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| REFUAH PLUS STRIP (blood sugar diagnostic)                 | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| RELION CONFIRM-MICRO STRIP (blood sugar diagnostic)        | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| RELION PRIME TEST STRIPS STRIP (blood sugar diagnostic)    | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-----------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RELION ULTIMA STRIP (blood sugar diagnostic)              | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| REVEAL TEST STRIP STRIP (blood sugar diagnostic)          | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| RIGHTEST GS550 TEST STRIPS STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| RIGHTEST GT333 TEST STRIP STRIP (blood sugar diagnostic)  | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

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This Drug Formulary was updated:01/01/2026



| Prescription Drug Name                                 | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|--------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| SMARTEST TEST STRIP (blood sugar diagnostic)           | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)    | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| SURE-TEST EASYPLUS MINI STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                        | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|---------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TELCARE TEST STRIPS STRIP (blood sugar diagnostic)            | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| TEST N'GO TEST STRIP (blood sugar diagnostic)                 | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| TRUE METRIX GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| TRUETEST TEST STRIPS STRIP (blood sugar diagnostic)           | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                            | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|---------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TRUETRACK TEST STRIP (blood sugar diagnostic)     | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ULTIMA TEST STRIPS STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ULTRATRAK STRIP (blood sugar diagnostic)          | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ULTRATRAK ULTIMATE STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

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| Prescription Drug Name                                                                                                      | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNISTRIPI TEST STRIP STRIP (blood sugar diagnostic)                                                                         | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| VIVAGUARD INO TEST STRIP STRIP (blood sugar diagnostic)                                                                     | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| <b>Medical Supplies And Dme - Blood Glucose-Ketone Comb. Test Supplies - Medical Supplies And Durable Medical Equipment</b> |           |                                                                                                                                                                                                                    |
| FORA GTEL MULTI-FUNCTN MONITOR DEVICE (blood ketone and glucose monitor)                                                    | DME       |                                                                                                                                                                                                                    |
| FORA TN'G ADV MOBILE MULTI MTR DEVICE (blood ketone and glucose monitor)                                                    | DME       |                                                                                                                                                                                                                    |
| FORA TN'G ADVANCE PRO MONITOR DEVICE (blood ketone and glucose monitor)                                                     | DME       |                                                                                                                                                                                                                    |
| GOJJI MULTI-FUNCTIONAL METER DEVICE (blood ketone and glucose monitor)                                                      | DME       |                                                                                                                                                                                                                    |
| GOJJI MULTI-FUNCTIONAL METER KIT (blood ketone and glucose monitor)                                                         | DME       |                                                                                                                                                                                                                    |
| NOVA MAX PLUS GLUC-KETON METER DEVICE (blood ketone and glucose monitor)                                                    | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                                | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| NOVA MAX PLUS GLUC-KETON METER KIT (blood ketone and glucose monitor)                                                 | DME       |                                  |
| PRECISION XTRA KETONE-GLUCOSE KIT (blood ketone and glucose monitor)                                                  | DME       |                                  |
| <b>Medical Supplies And Dme - Blood Pressure Device Combinations - Medical Supplies And Durable Medical Equipment</b> |           |                                  |
| 2TEK GLUCOSE/BLOOD PRESSURE KIT (blood-glucose meter and wrist blood pressure monitor)                                | DME       |                                  |
| FORA D40D GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)                          | DME       |                                  |
| FORA D40G GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)                          | DME       |                                  |
| <b>Medical Supplies And Dme - Cervical Caps - Medical Supplies And Durable Medical Equipment</b>                      |           |                                  |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (cervical cap)                                                              | Tier 0    |                                  |
| <b>Medical Supplies And Dme - Compression Stockings - Medical Supplies And Durable Medical Equipment</b>              |           |                                  |
| T.E.D. ANTI-EMBOLISM STOCKING (compression stocking, knee high, regular length, small)                                | Tier 2    |                                  |
| T.E.D. KNEE LENGTH-M-LONG (compression stocking,knee high,long length,small circumferen)                              | Tier 2    |                                  |
| T.E.D. KNEE LENGTH-S-REGULAR (compression stocking, knee high, regular length, small)                                 | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                     | Drug Tier | Coverage Requirements and Limits         |
|----------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------|
| <b>Medical Supplies And Dme - Conception Assistance Supplies - Medical Supplies And Durable Medical Equipment</b>          |           |                                          |
| CONCEPTION KIT (conception assistance supplies combination no.1)                                                           | Tier 2    |                                          |
| <b>Medical Supplies And Dme - Covid-19 Miscellaneous Testing Supplies - Medical Supplies And Durable Medical Equipment</b> |           |                                          |
| ADVIN COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)                                                        | Tier 2    | QL (8 EA per 30 days)                    |
| BD VERITOR SARS-COV-2, FLU A-B KIT (COVID-19, influenza A, influenza B antigen immunoassay test)                           | Tier 2    |                                          |
| BD VERITOR SYSTEM SARS-COV-2 KIT (COVID-19 antigen immunoassay test)                                                       | Tier 2    |                                          |
| BINAXNOW COVD AG CARD HOME TST KIT (COVID-19 antigen immunoassay test)                                                     | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years) |
| BINAXNOW COVID-19 AG CARD KIT (COVID-19 antigen immunoassay test)                                                          | Tier 2    |                                          |
| BINAXNOW COVID-19 AG SELF TEST KIT (COVID-19 antigen immunoassay test)                                                     | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years) |
| CARESTART COVID-19 AG HOME TST KIT (COVID-19 antigen immunoassay test)                                                     | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years) |
| CLINITEST COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)                                                       | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years) |
| CORDX COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)                                                        | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years) |
| CORDX TYFAST FLU-COVID-19 TEST KIT (COVID-19, influenza A, influenza B antigen immunoassay test)                           | Tier 2    |                                          |
| COVID-19 AT-HOME TEST KIT (COVID-19 antigen immunoassay test)                                                              | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years) |
| <i>covid19 test adm.by pharmacist</i>                                                                                      | Tier 2    |                                          |

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| Prescription Drug Name                                                                           | Drug Tier | Coverage Requirements and Limits         |
|--------------------------------------------------------------------------------------------------|-----------|------------------------------------------|
| ELLUME COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)                                | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years) |
| FASTEP COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)                             | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years) |
| FLOWFLEX COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)                           | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years) |
| FLOWFLEX PLUS COVID-19 AND FLU KIT (COVID-19, influenza A, influenza B antigen immunoassay test) | Tier 2    |                                          |
| GENABIO COVID-19 RAPID AT-HOME KIT (COVID-19 antigen immunoassay test)                           | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years) |
| GOTOKNOW COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)                           | Tier 2    | QL (8 EA per 30 days)                    |
| ID NOW COVID-19 TEST KIT KIT (COVID-19 molecular nucleic acid test assay)                        | Tier 2    |                                          |
| IHEALTH COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)                            | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years) |
| INDICAID COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)                           | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years) |
| INTELISWAB COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)                            | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years) |
| LUCIRA CHECK-IT COVID HOME TST KIT (COVID-19 molecular nucleic acid test assay)                  | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years) |
| ON-GO COVID-19 AG AT HOME TEST KIT (COVID-19 antigen immunoassay test)                           | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years) |
| PILOT COVID-19 AT-HOME TEST KIT (COVID-19 antigen immunoassay test)                              | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years) |
| PIXEL COVID19 HOME COLLECT KIT (COVID-19 test specimen collection)                               | Tier 2    |                                          |
| QUICKVUE AT-HOME COVID-19 TEST KIT (COVID-19 antigen immunoassay test)                           | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years) |
| QUICKVUE SARS ANTIGEN KIT (COVID-19 antigen immunoassay test)                                    | Tier 2    |                                          |

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|--------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------|
| RAPID SARS-COV-2 AG HOME TEST KIT (COVID-19 antigen immunoassay test)                                        | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years) |
| RAPIDGO FLU AND COVID-19 TEST KIT (COVID-19, influenza A, influenza B antigen immunoassay test)              | Tier 2    |                                          |
| SOFIA SARS ANTIGEN FIA KIT (COVID-19 antigen immunoassay test)                                               | Tier 2    |                                          |
| SOFIA2 FLU-SARS ANTIGEN FIA KIT (COVID-19, influenza A, influenza B antigen immunoassay test)                | Tier 2    |                                          |
| SPEEDYSWAB COVID-19 AND FLU KIT (COVID-19, influenza A, influenza B antigen immunoassay test)                | Tier 2    |                                          |
| SPEEDYSWAB COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)                                        | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years) |
| <b>Medical Supplies And Dme - Dental Supplies<br/>Other - Medical Supplies And Durable Medical Equipment</b> |           |                                          |
| Q-CARE RX Q2 KIT 0.12 % (dental suction device/chlorhexidine/dental swab 1/mouthwash)                        | Tier 2    |                                          |
| Q-CARE RX Q4 KIT 0.12 % (dental suction device/chlorhexidine gl/dental swab comb no.1)                       | Tier 2    |                                          |
| <b>Medical Supplies And Dme - Diaphragms -<br/>Medical Supplies And Durable Medical Equipment</b>            |           |                                          |
| CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (diaphragms, contoured)                                            | Tier 0    |                                          |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (diaphragms, wide seal)                                       | Tier 0    |                                          |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (diaphragms, wide seal)                                       | Tier 0    |                                          |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (diaphragms, wide seal)                                       | Tier 0    |                                          |

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|---------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (diaphragms, wide seal)                                        | Tier 0    |                                  |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (diaphragms, wide seal)                                        | Tier 0    |                                  |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (diaphragms, wide seal)                                        | Tier 0    |                                  |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (diaphragms, wide seal)                                        | Tier 0    |                                  |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (diaphragms, wide seal)                                        | Tier 0    |                                  |
| <b>Medical Supplies And Dme - Drug Application Supplies - Medical Supplies And Durable Medical Equipment</b>  |           |                                  |
| PCCA ACCUPEN-15 DEVICE (topical cream metered-dose device)                                                    | Tier 2    |                                  |
| STERILE DROPTAINERS (eye drop dispenser)                                                                      | Tier 2    |                                  |
| <b>Medical Supplies And Dme - Feeding Tubes And Supplies - Medical Supplies And Durable Medical Equipment</b> |           |                                  |
| ENFIT IRRIGAT SYRINGE-CONTAINR KIT (feeder irrigation kit)                                                    | Tier 2    |                                  |
| <i>enteral connector, enfit</i>                                                                               | Tier 2    |                                  |
| ENTERAL GRAVITY BAG SET-ENFIT (feeder container with gravity set, ENFit)                                      | Tier 2    |                                  |
| KANGAROO 924 SAFETY SCREW (pump set)                                                                          | Tier 2    |                                  |
| KANGAROO EPUMP SET (feeder container with pump set)                                                           | Tier 2    |                                  |
| KANGAROO GRAVITY SET (feeder container with gravity set)                                                      | Tier 2    |                                  |
| RELIZORB CARTRIDGE (enteral pump accessory for fat hydrolysis)                                                | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                                   | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Medical Supplies And Dme - Female Condoms - Medical Supplies And Durable Medical Equipment</b>                                        |           |                                  |
| FC2 FEMALE CONDOM (condoms, female)                                                                                                      | Tier 0    |                                  |
| <b>Medical Supplies And Dme - Gauze Bandages - Medical Supplies And Durable Medical Equipment</b>                                        |           |                                  |
| CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 " (gauze bandage)                                                                      | Tier 2    |                                  |
| <b>Medical Supplies And Dme - Gauze Pads And Dressings - Medical Supplies And Durable Medical Equipment</b>                              |           |                                  |
| CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD (iodoform)                      | Tier 2    |                                  |
| PETROLEUM GAUZE TOPICAL BANDAGE (petrolatum,white)                                                                                       | Tier 2    |                                  |
| RESTORE TOPICAL BANDAGE 2 X 2 " (silver/calcium alginate)                                                                                | Tier 2    |                                  |
| XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 1 X 8 ", 2 X 2 ", 4 X 3 "-YARD, 4 X 4 ", 5 X 9 " (bismuth tribromophenate/petrolatum,white) | Tier 2    |                                  |
| XEROFORM PETROLATUM OVERWRAP TOPICAL BANDAGE 1 X 8 ", 5 X 9 " (bismuth tribromophenate/petrolatum,white)                                 | Tier 2    |                                  |
| XEROFORM TOPICAL BANDAGE 5 X 9 " (bismuth tribromophenate/petrolatum,white)                                                              | Tier 2    |                                  |
| <b>Medical Supplies And Dme - Glucose Monitoring Test Supplies - Medical Supplies And Durable Medical Equipment</b>                      |           |                                  |
| 2-IN-1 LANCET DEVICE 30 GAUGE (lancets)                                                                                                  | DME       |                                  |

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| Prescription Drug Name                                                                            | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| 2TEK CONTROL (HIGH-NORMAL) SOLUTION (blood glucose calibration control solution, high and normal) | DME       |                                  |
| 2TEK GLUCOSE/BLOOD PRESSURE KIT (blood-glucose meter and wrist blood pressure monitor)            | DME       |                                  |
| ACCU-CHEK AVIVA CONTROL SOLN SOLUTION (blood glucose calibration control high and low)            | DME       |                                  |
| ACCU-CHEK FASTCLIX LANCET DRUM (lancets)                                                          | DME       |                                  |
| ACCU-CHEK FASTCLIX LANCING DEV KIT (lancing device/lancets)                                       | DME       |                                  |
| ACCU-CHEK GUIDE GLUCOSE METER (blood-glucose meter)                                               | DME       |                                  |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION (blood glucose calibration control high and low)          | DME       |                                  |
| ACCU-CHEK GUIDE ME GLUCOSE MTR (blood-glucose meter)                                              | DME       |                                  |
| ACCU-CHEK SAFE-T-PRO 23 GAUGE (lancets)                                                           | DME       |                                  |
| ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (lancets)                                                      | DME       |                                  |
| ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION (blood glucose calibration control solution, normal)      | DME       |                                  |
| ACCU-CHEK SOFT DEV LANCETS KIT (lancing device/lancets)                                           | DME       |                                  |
| ACCU-CHEK SOFTCLIX LANCETS (lancets)                                                              | DME       |                                  |
| ACCUTREND GLUCOSE CONTROL SOLUTION (blood glucose calibration control high and low)               | DME       |                                  |
| ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (lancets)                                         | DME       |                                  |
| ADJUSTABLE LANCING DEVICE (lancing device)                                                        | DME       |                                  |
| ADVANCED ALL-IN-ONE METER KIT (blood-glucose meter)                                               | DME       |                                  |
| ADVANCED GLUCOSE METER (blood-glucose meter)                                                      | DME       |                                  |

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|-------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ADVANCED LANCING DEVICE KIT (lancing device/lancets)                                                  | DME       |                                  |
| ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)                                                            | DME       |                                  |
| ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)                            | DME       |                                  |
| ADVOCATE LANCING DEVICE (lancing device)                                                              | DME       |                                  |
| ADVOCATE REDI-CODE PLUS (blood-glucose meter)                                                         | DME       |                                  |
| ADVOCATE REDI-CODE PLUS CTRL L SOLUTION (blood glucose calibration control solution, low)             | DME       |                                  |
| ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION (blood glucose calibration control solution, high)             | DME       |                                  |
| AGAMATRIX CONTROL SOLN-HIGH SOLUTION (blood glucose calibration control solution, high)               | DME       |                                  |
| AGAMATRIX CONTROL SOLN-NORMAL SOLUTION (blood glucose calibration control solution, normal)           | DME       |                                  |
| AGAMATRIX CONTROL SOLN-NORM-HI SOLUTION (blood glucose calibration control solution, high and normal) | DME       |                                  |
| AGAMATRIX JAZZ WIRELESS 2 MNTR KIT (blood-glucose meter)                                              | DME       |                                  |
| AGAMATRIX PRESTO SYSTEM (blood-glucose meter)                                                         | DME       |                                  |
| AGAMATRIX ULTRA-THIN LANCET 33 GAUGE (lancets)                                                        | DME       |                                  |
| ALKALINE BATTERIES (diabetic supplies,miscell)                                                        | DME       |                                  |
| ALTERNATE SITE LANCET 26 GAUGE (lancets)                                                              | DME       |                                  |
| ALTERNATE SITE LANCING DEVICE (lancing device)                                                        | DME       |                                  |
| AQUA LANCE LANCING DEVICE (lancing device)                                                            | DME       |                                  |
| ASSURE 4 CONTROL SOLUTION COMBO PACK (blood-glucose calib. control)                                   | DME       |                                  |
| ASSURE DOSE NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)              | DME       |                                  |
| ASSURE DOSE NORM-HI CONTROL SOLUTION (blood glucose calibration control solution, high and normal)    | DME       |                                  |

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| Prescription Drug Name                                                                               | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ASSURE LANCE 25 GAUGE, 28 GAUGE (lancets)                                                            | DME       |                                  |
| ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (lancets)                                             | DME       |                                  |
| ASSURE PLATINUM GLUCOSE METER (blood-glucose meter)                                                  | DME       |                                  |
| ASSURE PRISM CONTROL 1-2 SOLN SOLUTION (blood glucose calibration control solution, high and normal) | DME       |                                  |
| ASSURE PRISM MULTI METER (blood-glucose meter)                                                       | DME       |                                  |
| AUTO-LANCET MINI (lancing device)                                                                    | DME       |                                  |
| AUTOLET IMPRESSION LANC DEV KIT (lancing device/lancets)                                             | DME       |                                  |
| AUTOLET LANCING DEVICE (lancing device)                                                              | DME       |                                  |
| AUTOLET LITE (lancing device)                                                                        | DME       |                                  |
| BD MICROTAINER LANCET 1.5 X 2 MM (blade lancet, safety)                                              | DME       |                                  |
| BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)                                                   | DME       |                                  |
| BIGFOOT UNITY KIT (flash glucose sensor/blood glucose test strips/pen needles)                       | Tier 2    |                                  |
| BIONIME RIGHTEST GM300 SYSTEM KIT (blood-glucose meter)                                              | DME       |                                  |
| BIOTEL CARE BGM-4 METER (blood-glucose meter)                                                        | DME       |                                  |
| <i>blood glucose contrl hi,normal solution</i>                                                       | DME       |                                  |
| <i>blood glucose control, normal solution</i>                                                        | DME       |                                  |
| BLOOD GLUCOSE MONITORING KIT (blood-glucose meter)                                                   | DME       |                                  |
| <i>blood-glucose meter</i>                                                                           | DME       |                                  |
| <i>blood-glucose meter kit</i>                                                                       | DME       |                                  |

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|-------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BLULINK BG SYSTEM REFILL KIT 32 GAUGE (lancets with blood glucose test strips)                  | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| BLULINK DIABETIC TEST BUNDLE KIT (blood-glucose meter)                                          | DME       |                                                                                                                                                                                                                    |
| BLULINK GLUCOSE MONITOR SYSTEM (blood-glucose meter)                                            | DME       |                                                                                                                                                                                                                    |
| BREEZE 2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)       | DME       |                                                                                                                                                                                                                    |
| BREEZE 2 CONTROL SOLUTION, NML SOLUTION (blood glucose calibration control solution, normal)    | DME       |                                                                                                                                                                                                                    |
| BREEZE 2 CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)     | DME       |                                                                                                                                                                                                                    |
| BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)                             | DME       |                                                                                                                                                                                                                    |
| BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)                                                       | DME       |                                                                                                                                                                                                                    |
| CAREONE LANCING DEVICE (lancing device)                                                         | DME       |                                                                                                                                                                                                                    |
| CAREONE ULTRA THIN LANCET (lancets)                                                             | DME       |                                                                                                                                                                                                                    |
| CARESENS CONTROL A AND B SOLUTION (blood glucose calibration control solution, high and normal) | DME       |                                                                                                                                                                                                                    |
| CARESENS LANCETS 30 GAUGE (lancets)                                                             | DME       |                                                                                                                                                                                                                    |
| CARESENS N (blood-glucose meter)                                                                | DME       |                                                                                                                                                                                                                    |
| CARESENS N FELIZ BT GLUC METER (blood-glucose meter)                                            | DME       |                                                                                                                                                                                                                    |
| CARESENS N FELIZ GLUCOSE METER (blood-glucose meter)                                            | DME       |                                                                                                                                                                                                                    |

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|-----------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| CARESENS N PLUS BT KIT (blood-glucose meter)                                                        | DME       |                                  |
| CARESENS N VOICE (blood-glucose meter)                                                              | DME       |                                  |
| CARETOUCH CONTROL SOLN L2-L3 SOLUTION (blood glucose calibration control solution, high and normal) | DME       |                                  |
| CARETOUCH GLUCOSE MONITORING KIT (blood-glucose meter)                                              | DME       |                                  |
| CARETOUCH LANCING DEVICE (lancing device)                                                           | DME       |                                  |
| CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)                                               | DME       |                                  |
| CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)                                       | DME       |                                  |
| CEQUR SIMPLICITY INSERTER (diabetic supplies,miscell)                                               | DME       |                                  |
| CHEMSTRIP BG LOG BOOK (diabetic supplies,miscell)                                                   | DME       |                                  |
| CHOICE DM CLARUS NORM CONTROL SOLUTION (blood glucose calibration control solution, normal)         | DME       |                                  |
| CHOICEDM CLARUS (blood-glucose meter)                                                               | DME       |                                  |
| CHOSEN LANCET 30 GAUGE (lancets)                                                                    | DME       |                                  |
| CHOSEN LANCING DEVICE (lancing device)                                                              | DME       |                                  |
| CHOSEN SAFETY LANCET 28 GAUGE (lancets)                                                             | DME       |                                  |
| CLEVER CHEK BLOOD GLUCOSE (blood-glucose meter)                                                     | DME       |                                  |
| CLEVER CHEK BLOOD GLUCOSE SYST KIT (blood-glucose meter)                                            | DME       |                                  |
| CLEVER CHEK LANCETS 30 GAUGE (lancets)                                                              | DME       |                                  |
| CLEVER CHOICE BLOOD GLUC SYS (blood-glucose meter)                                                  | DME       |                                  |
| CLEVER CHOICE GLUCOSE MONITOR (blood-glucose meter)                                                 | DME       |                                  |
| CLEVER CHOICE LEVEL 1 CONTROL SOLUTION (blood glucose calibration control solution, low)            | DME       |                                  |
| CLEVER CHOICE LEVEL 2 CONTROL SOLUTION (blood glucose calibration control solution, normal)         | DME       |                                  |

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|----------------------------------------------------------------------------------------------|-----------|----------------------------------|
| CLEVER CHOICE LEVEL 3 CONTROL SOLUTION (blood glucose calibration control solution, high)    | DME       |                                  |
| CLEVER CHOICE MICRO (blood-glucose meter)                                                    | DME       |                                  |
| CLEVER CHOICE PRO (blood-glucose meter)                                                      | DME       |                                  |
| CLEVER CHOICE TALK GLUCOSE SYS (blood-glucose meter)                                         | DME       |                                  |
| COAGUCHEK LANCETS (lancets)                                                                  | DME       |                                  |
| COLOR LANCETS 21 GAUGE (lancets)                                                             | DME       |                                  |
| COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE (lancets)                                              | DME       |                                  |
| COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (lancets)                                            | DME       |                                  |
| COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (lancets)                                            | DME       |                                  |
| CONTOUR CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)   | DME       |                                  |
| CONTOUR CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)     | DME       |                                  |
| CONTOUR CONTROL SOLUTION, NML SOLUTION (blood glucose calibration control solution, normal)  | DME       |                                  |
| CONTOUR METER (blood-glucose meter)                                                          | DME       |                                  |
| CONTOUR NEXT EZ METER (blood-glucose meter)                                                  | DME       |                                  |
| CONTOUR NEXT GEN METER (blood-glucose meter)                                                 | DME       |                                  |
| CONTOUR NEXT GEN METER KIT (blood-glucose meter)                                             | DME       |                                  |
| CONTOUR NEXT GLUCOSE METER KIT (blood-glucose meter)                                         | DME       |                                  |
| CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION (blood glucose calibration control solution, low)    | DME       |                                  |
| CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION (blood glucose calibration control solution, normal) | DME       |                                  |
| CONTOUR NEXT LINK 2.4 KIT (blood-glucose meter, wireless)                                    | DME       |                                  |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                    | Drug Tier | Coverage Requirements and Limits                        |
|-------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------|
| CONTOUR NEXT LINK KIT (blood-glucose meter, wireless)                                     | DME       |                                                         |
| CONTOUR NEXT METER (blood-glucose meter)                                                  | DME       |                                                         |
| CONTOUR NEXT ONE METER (blood-glucose meter)                                              | DME       |                                                         |
| CONTOUR PLUS BLUE METER (blood-glucose meter)                                             | DME       |                                                         |
| DEXCOM G6 RECEIVER (blood-glucose meter, receiver, continuous)                            | DME       | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| DEXCOM G6 SENSOR DEVICE (blood-glucose sensor)                                            | Tier 2    | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| DEXCOM G6 TRANSMITTER DEVICE (blood-glucose transmitter)                                  | Tier 2    | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| DEXCOM G7 RECEIVER (blood-glucose meter, receiver, continuous)                            | DME       | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| DEXCOM G7 SENSOR DEVICE (blood-glucose sensor)                                            | Tier 2    | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| DIATRUE CONTROL SOLN NORMAL SOLUTION (blood glucose calibration control solution, normal) | DME       |                                                         |
| DIATRUE CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high) | DME       |                                                         |
| DIATRUE CONTROL SOLUTION LOW SOLUTION (blood glucose calibration control solution, low)   | DME       |                                                         |
| DIATRUE PLUS BLOOD GLUCOSE MET (blood-glucose meter)                                      | DME       |                                                         |
| DROPLET GENTEEL LANCING DEVICE (lancing device)                                           | DME       |                                                         |
| DROPLET LANCETS 30 GAUGE (lancets)                                                        | DME       |                                                         |
| DROPLET LANCING DEVICE (lancing device)                                                   | DME       |                                                         |
| DROPSAFE ACTI-LANCE 23 GAUGE (lancets)                                                    | DME       |                                                         |
| EASY COMFORT LANCETS 30 GAUGE (lancets)                                                   | DME       |                                                         |

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| Prescription Drug Name                                                                      | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------|-----------|----------------------------------|
| EASY MINI EJECT LANCING DEVICE (lancing device)                                             | DME       |                                  |
| EASY PLUS II BLOOD GLUCOSE MET (blood-glucose meter)                                        | DME       |                                  |
| EASY PLUS II HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)       | DME       |                                  |
| EASY PLUS II LOW CONTROL SOLUTION (blood glucose calibration control solution, low)         | DME       |                                  |
| EASY STEP BLOOD GLUCOSE METER (blood-glucose meter)                                         | DME       |                                  |
| EASY STEP HIGH CONTROL SOLN SOLUTION (blood glucose calibration control solution, high)     | DME       |                                  |
| EASY STEP LOW CONTROL SOLUTION SOLUTION (blood glucose calibration control solution, low)   | DME       |                                  |
| EASY STEP NORMAL CONTROL SOLN SOLUTION (blood glucose calibration control solution, normal) | DME       |                                  |
| EASY TALK BLOOD GLUCOSE METER (blood-glucose meter)                                         | DME       |                                  |
| EASY TALK HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)          | DME       |                                  |
| EASY TALK LOW CONTROL SOLUTION (blood glucose calibration control solution, low)            | DME       |                                  |
| EASY TALK PLUS II HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)  | DME       |                                  |
| EASY TALK PLUS II LOW CONTROL SOLUTION (blood glucose calibration control solution, low)    | DME       |                                  |
| EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION (blood glucose calibration control high and low)    | DME       |                                  |
| EASY TOUCH BLULINK GLUC SYST (blood-glucose meter)                                          | DME       |                                  |
| EASY TOUCH GLUCOSE MONITOR (blood-glucose meter)                                            | DME       |                                  |

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| Prescription Drug Name                                                                         | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| EASY TOUCH HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)          | DME       |                                  |
| EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)                            | DME       |                                  |
| EASY TOUCH LANCING DEVICE (lancing device)                                                     | DME       |                                  |
| EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets) | DME       |                                  |
| EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)            | DME       |                                  |
| EASY TRAK BLOOD GLUCOSE METER (blood-glucose meter)                                            | DME       |                                  |
| EASY TRAK HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)             | DME       |                                  |
| EASY TRAK II BLOOD GLUCOSE MTR (blood-glucose meter)                                           | DME       |                                  |
| EASY TRAK II CTRL SOLN-NORMAL SOLUTION (blood glucose calibration control solution, normal)    | DME       |                                  |
| EASY TRAK LOW CONTROL SOLUTION (blood glucose calibration control solution, low)               | DME       |                                  |
| EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)                                                  | DME       |                                  |
| EASYGLUCO METER KIT (blood-glucose meter)                                                      | DME       |                                  |
| EASYGLUCO MONITORING SYSTEM KIT (blood-glucose meter)                                          | DME       |                                  |
| EASYMAX 15 LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)               | DME       |                                  |
| EASYMAX NG (blood-glucose meter)                                                               | DME       |                                  |
| EASYMAX NG KIT (blood-glucose meter)                                                           | DME       |                                  |
| EASYMAX NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)           | DME       |                                  |
| EASYMAX T1 KIT (blood-glucose meter)                                                           | DME       |                                  |

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| Prescription Drug Name                                                                       | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------|-----------|----------------------------------|
| EASYMAX V SPEAKING GLUCOSE SYS (blood-glucose meter)                                         | DME       |                                  |
| EASY-TOUCH BLOOD GLUCOSE METER (blood-glucose meter)                                         | DME       |                                  |
| ELEMENT COMPACT GLUCOSE METER (blood-glucose meter)                                          | DME       |                                  |
| ELEMENT COMPACT HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)     | DME       |                                  |
| ELEMENT COMPACT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal) | DME       |                                  |
| ELEMENT COMPACT V GLUCOSE MTR (blood-glucose meter)                                          | DME       |                                  |
| ELEMENT HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)             | DME       |                                  |
| ELEMENT LOW CONTROL SOLUTION (blood glucose calibration control solution, low)               | DME       |                                  |
| ELEMENT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)         | DME       |                                  |
| ELEMENT PLUS BLOOD GLUCOSE KIT KIT (blood-glucose meter)                                     | DME       |                                  |
| EMBRACE BLOOD GLUCOSE SYSTEM (blood-glucose meter)                                           | DME       |                                  |
| EMBRACE EVO BLOOD GLUCOSE KIT KIT (blood-glucose meter)                                      | DME       |                                  |
| EMBRACE EVO GLUCOSE MONITOR (blood-glucose meter)                                            | DME       |                                  |
| EMBRACE EVO LEVEL 1 SOLUTION (blood glucose calibration control solution, low)               | DME       |                                  |
| EMBRACE GLUCOSE CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)     | DME       |                                  |
| EMBRACE GLUCOSE CONTROL LOW SOLUTION (blood glucose calibration control solution, low)       | DME       |                                  |

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| Prescription Drug Name                                                                                 | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| EMBRACE LANCETS 30 GAUGE (lancets)                                                                     | DME       |                                  |
| EMBRACE LANCING DEVICE (lancing device)                                                                | DME       |                                  |
| EMBRACE PRO GLUCOSE METER (blood-glucose meter)                                                        | DME       |                                  |
| EMBRACE PRO SOLUTION (blood glucose calibration control solution, high and normal)                     | DME       |                                  |
| EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (lancets)                                                     | DME       |                                  |
| EMBRACE TALK BLOOD GLUCOSE SYS KIT (blood-glucose meter)                                               | DME       |                                  |
| EMBRACE TALK CONTROL-HIGH (L2) SOLUTION (blood glucose calibration control solution, high)             | DME       |                                  |
| EMBRACE TALK CONTROL-LOW (L1) SOLUTION (blood glucose calibration control solution, low)               | DME       |                                  |
| EMBRACE TALK GLUCOSE MONITOR (blood-glucose meter)                                                     | DME       |                                  |
| EMBRACE WAVE PLUS GLUCOSE MTR (blood-glucose meter)                                                    | DME       |                                  |
| EVENCARE G2 (blood-glucose meter)                                                                      | DME       |                                  |
| EVENCARE G2 SOLUTION (blood glucose calibration control high and low)                                  | DME       |                                  |
| EVENCARE G3 CONTROL SOLUTION (blood glucose calibration control high and low)                          | DME       |                                  |
| EVENCARE G3 GLUCOSE METER KIT (blood-glucose meter)                                                    | DME       |                                  |
| EVENCARE KIT (blood-glucose meter)                                                                     | DME       |                                  |
| EVENCARE MINI MONITOR SYSTEM (blood-glucose meter)                                                     | DME       |                                  |
| EVENCARE SOLUTION (blood glucose calibration control high and low)                                     | DME       |                                  |
| EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE (glucose sensor,implantable,continuous/dexamethasone acetate) | Tier 2    | PA                               |

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| Prescription Drug Name                                                                       | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------|-----------|----------------------------------|
| EVERSENSE 365 TRANSMITTER DEVICE (blood-glucose transmitter)                                 | Tier 2    | PA                               |
| EVOLUTION BLOOD GLUCOSE METER KIT (blood-glucose meter)                                      | DME       |                                  |
| EVOLUTION NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)       | DME       |                                  |
| E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)                          | DME       |                                  |
| E-Z JECT THIN LANCETS 28 GAUGE (lancets)                                                     | DME       |                                  |
| EZ SMART CONTROL SOLUTION (blood glucose calibration control solution, low)                  | DME       |                                  |
| EZ SMART LANCETS 28 GAUGE (lancets)                                                          | DME       |                                  |
| EZ SMART PLUS SYSTEM KIT (blood-glucose meter)                                               | DME       |                                  |
| EZ SMART SYSTEM KIT (blood-glucose meter)                                                    | DME       |                                  |
| FINGERSTIX LANCETS (lancets)                                                                 | DME       |                                  |
| FORA D40D GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff) | DME       |                                  |
| FORA D40G GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff) | DME       |                                  |
| FORA G20 KIT (blood-glucose meter)                                                           | DME       |                                  |
| FORA G30A (blood-glucose meter)                                                              | DME       |                                  |
| FORA GD50 BLOOD GLUCOSE SYSTEM (blood-glucose meter)                                         | DME       |                                  |
| FORA HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)                | DME       |                                  |
| FORA LANCING DEVICE (lancing device)                                                         | DME       |                                  |
| FORA LOW CONTROL SOLUTION (blood glucose calibration control solution, low)                  | DME       |                                  |
| FORA NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)            | DME       |                                  |

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| <b>Prescription Drug Name</b>                                                             | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b>                 |
|-------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------|
| FORA PREMIUM V10 GLUCOSE METER (blood-glucose meter)                                      | DME              |                                                         |
| FORA TEST N'GO VOICE METER (blood-glucose meter)                                          | DME              |                                                         |
| FORA TN'G VOICE METER (blood-glucose meter)                                               | DME              |                                                         |
| FORA V12 BLOOD GLUCOSE SYSTEM (blood-glucose meter)                                       | DME              |                                                         |
| FORACARE GD20 GLUCOSE METER (blood-glucose meter)                                         | DME              |                                                         |
| FORACARE GD40B GLUCOSE METER (blood-glucose meter)                                        | DME              |                                                         |
| FORACARE GDH HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)     | DME              |                                                         |
| FORACARE GDH LOW CONTROL SOLUTION (blood glucose calibration control solution, low)       | DME              |                                                         |
| FORACARE GDH NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal) | DME              |                                                         |
| FORACARE LANCETS 30 GAUGE (lancets)                                                       | DME              |                                                         |
| FREESTYLE CONTROL SOLUTION (blood glucose calibration control high and low)               | DME              |                                                         |
| FREESTYLE FLASH SYSTEM KIT (blood-glucose meter)                                          | DME              |                                                         |
| FREESTYLE FREEDOM KIT (blood-glucose meter)                                               | DME              |                                                         |
| FREESTYLE FREEDOM LITE KIT (blood-glucose meter)                                          | DME              |                                                         |
| FREESTYLE INSULINX (blood-glucose meter)                                                  | DME              |                                                         |
| FREESTYLE LANCETS 28 GAUGE (lancets)                                                      | DME              |                                                         |
| FREESTYLE LIBRE 14 DAY READER (flash glucose scanning reader)                             | Tier 2           | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| FREESTYLE LIBRE 14 DAY SENSOR KIT (flash glucose sensor)                                  | Tier 2           | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |

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| <b>Prescription Drug Name</b>                                                               | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b>                 |
|---------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------|
| FREESTYLE LIBRE 2 PLUS SENSOR DEVICE (blood-glucose sensor)                                 | Tier 2           | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| FREESTYLE LIBRE 2 READER (flash glucose scanning reader)                                    | Tier 2           | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| FREESTYLE LIBRE 2 SENSOR KIT (flash glucose sensor)                                         | Tier 2           | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| FREESTYLE LIBRE 3 PLUS SENSOR DEVICE (blood-glucose sensor)                                 | Tier 2           | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| FREESTYLE LIBRE 3 READER (blood-glucose meter, receiver, continuous)                        | DME              | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| FREESTYLE LIBRE 3 SENSOR DEVICE (blood-glucose sensor)                                      | Tier 2           | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| FREESTYLE LITE METER KIT (blood-glucose meter)                                              | DME              |                                                         |
| FREESTYLE PRECISION NEO METER (blood-glucose meter)                                         | DME              |                                                         |
| FREESTYLE SIDEKICK II KIT (blood-glucose meter)                                             | DME              |                                                         |
| FREESTYLE SYSTEM KIT KIT (blood-glucose meter)                                              | DME              |                                                         |
| FREESTYLE UNISTIK 2 (lancets)                                                               | DME              |                                                         |
| GDRIVE KIT (blood-glucose meter)                                                            | DME              |                                                         |
| GE100 BLOOD GLUCOSE SYSTEM (blood-glucose meter)                                            | DME              |                                                         |
| GE100 BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)                                        | DME              |                                                         |
| GE100 CONTROL SOLUTION NORMAL SOLUTION (blood glucose calibration control solution, normal) | DME              |                                                         |
| GE333 BLOOD GLUCOSE SYSTEM (blood-glucose meter)                                            | DME              |                                                         |

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| Prescription Drug Name                                                                                | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| GLUCO NAVII GLUCOSE MONITOR KIT (blood-glucose meter)                                                 | DME       |                                  |
| GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION (blood glucose calibration control solution, high and normal) | DME       |                                  |
| GLUCOCARD 01 METER KIT (blood-glucose meter)                                                          | DME       |                                  |
| GLUCOCARD 01 NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)             | DME       |                                  |
| GLUCOCARD EXPRESSION (blood-glucose meter)                                                            | DME       |                                  |
| GLUCOCARD EXPRESSION KIT (blood-glucose meter)                                                        | DME       |                                  |
| GLUCOCARD EXPRESSION SOLUTION (blood glucose calibration control solution, normal)                    | DME       |                                  |
| GLUCOCARD SHINE CONNEX METER (blood-glucose meter)                                                    | DME       |                                  |
| GLUCOCARD SHINE EXPRESS METER (blood-glucose meter)                                                   | DME       |                                  |
| GLUCOCARD SHINE METER (blood-glucose meter)                                                           | DME       |                                  |
| GLUCOCARD SHINE METER KIT KIT (blood-glucose meter)                                                   | DME       |                                  |
| GLUCOCARD SHINE SOLUTION (blood glucose calibration control solution, normal)                         | DME       |                                  |
| GLUCOCARD SHINE XL METER (blood-glucose meter)                                                        | DME       |                                  |
| GLUCOCARD VITAL KIT (blood-glucose meter)                                                             | DME       |                                  |
| GLUCOCOM AUTOLINK (diabetic supplies, miscell)                                                        | DME       |                                  |
| GLUCOCOM BLOOD GLUCOSE KIT (blood-glucose meter)                                                      | DME       |                                  |
| GLUCOCOM CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)                     | DME       |                                  |
| GLUCOCOM CONTROL NORMAL SOLUTION (blood glucose calibration control solution, normal)                 | DME       |                                  |
| GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)                                               | DME       |                                  |

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|----------------------------------------------------------------------------------------------|-----------|----------------------------------|
| GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, normal)                | DME       |                                  |
| GLUCOSE KETONE CONTROL SOLN SOLUTION (blood glucose calibration control solution, normal)    | DME       |                                  |
| GM100 KIT (blood-glucose meter)                                                              | DME       |                                  |
| GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION (blood glucose calibration control solution, normal) | DME       |                                  |
| GOJJI LANCETS 30 GAUGE (lancets)                                                             | DME       |                                  |
| GOJJI LANCING DEVICE (lancing device)                                                        | DME       |                                  |
| GUARDIAN 4 GLUCOSE SENSOR DEVICE (blood-glucose sensor)                                      | Tier 2    | PA                               |
| GUARDIAN 4 TRANSMITTER DEVICE (blood-glucose transmitter)                                    | Tier 2    | PA                               |
| GUARDIAN CONNECT TRANSMITTER DEVICE (blood-glucose transmitter)                              | Tier 2    | PA                               |
| GUARDIAN LINK 3 TRANSMITTER DEVICE (blood-glucose transmitter)                               | Tier 2    | PA                               |
| GUARDIAN SENSOR 3 DEVICE (blood-glucose sensor)                                              | Tier 2    | PA                               |
| HEALTHPRO GLUCOSE MONITOR (blood-glucose meter)                                              | DME       |                                  |
| HEALTHPRO HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)         | DME       |                                  |
| HYPOLANCE AST LANCING KIT (lancing device/lancets)                                           | DME       |                                  |
| IHEALTH CONTROL SOLN LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)   | DME       |                                  |
| IHEALTH GLUCO PLUS METER KIT (blood-glucose meter)                                           | DME       |                                  |
| INCONTROL LANCING DEVICE (lancing device)                                                    | DME       |                                  |
| INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets)                                              | DME       |                                  |
| INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)                                              | DME       |                                  |
| INFINITY CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)   | DME       |                                  |

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| Prescription Drug Name                                                                       | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------|-----------|----------------------------------|
| INFINITY CONTROL SOLUTION LOW SOLUTION (blood glucose calibration control solution, low)     | DME       |                                  |
| INFINITY CONTROL SOLUTION NORM SOLUTION (blood glucose calibration control solution, normal) | DME       |                                  |
| INFINITY METER KIT KIT (blood-glucose meter)                                                 | DME       |                                  |
| INFINITY STARTER KIT KIT (blood-glucose meter)                                               | DME       |                                  |
| INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)                                             | DME       |                                  |
| INSUL-CAP (diabetic supplies,miscell)                                                        | DME       |                                  |
| INSUL-EZE (diabetic supplies,miscell)                                                        | DME       |                                  |
| INVACARE LANCETS 30 GAUGE (lancets)                                                          | DME       |                                  |
| <i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge</i>                            | DME       |                                  |
| LANCETS, SUPER THIN (lancets)                                                                | DME       |                                  |
| LANCETS,THIN , 28 GAUGE (lancets)                                                            | DME       |                                  |
| LANCETS,ULTRA THIN (lancets)                                                                 | DME       |                                  |
| <i>lancing device</i>                                                                        | DME       |                                  |
| LANCING DEVICE WITH LANCETS (lancing device)                                                 | DME       |                                  |
| <i>lancing device with lancets kit</i>                                                       | DME       |                                  |
| LANCING SYSTEM (lancing device)                                                              | DME       |                                  |
| LANZO LANCING DEVICE KIT (lancing device/lancets)                                            | DME       |                                  |
| MEDISENSE COMBO PACK (blood-glucose calib. control)                                          | DME       |                                  |
| MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK (blood-glucose calib. control)                       | DME       |                                  |
| MEDISENSE GLUCOSE KETONE COMBO PACK (blood-glucose calib. control)                           | DME       |                                  |
| MEDISENSE MID CONTROL SOLUTION (blood glucose calibration control solution, normal)          | DME       |                                  |
| MEDISENSE THIN LANCETS 28 GAUGE (lancets)                                                    | DME       |                                  |
| MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (lancets)                                 | DME       |                                  |

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| Prescription Drug Name                                                                                | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (blade lancet, safety)                                         | DME       |                                  |
| METER-CHECK SOLUTION (blood glucose calibration control solution, normal)                             | DME       |                                  |
| MICRO THIN LANCETS 33 GAUGE (lancets)                                                                 | DME       |                                  |
| MICRODOT BLOOD GLUCOSE SYSTEM (blood-glucose meter)                                                   | DME       |                                  |
| MICRODOT HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)                   | DME       |                                  |
| MICRODOT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)                 | DME       |                                  |
| MICROLET 2 LANCING DEVICE KIT (lancing device/lancets)                                                | DME       |                                  |
| MICROLET LANCET (lancets)                                                                             | DME       |                                  |
| MICROLET NEXT LANCING DEVICE KIT (lancing device/lancets)                                             | DME       |                                  |
| MINI LANCING DEVICE (lancing device)                                                                  | DME       |                                  |
| MINIMED QUICK-SERTER (MMT-395) (diabetic supplies,miscell)                                            | DME       |                                  |
| MOBILE LANCETS 30 GAUGE (lancets)                                                                     | DME       |                                  |
| MONOLET LANCETS 21 GAUGE (lancets)                                                                    | DME       |                                  |
| MONOLET THIN LANCETS 28 GAUGE (lancets)                                                               | DME       |                                  |
| MULTI-LANCET DEVICE 2 KIT (lancing device/lancets)                                                    | DME       |                                  |
| MYGLUCOHEALTH CONTROL SOLUTION SOLUTION (blood glucose calibration control solutions high,normal,low) | DME       |                                  |
| MYGLUCOHEALTH KIT (blood-glucose meter)                                                               | DME       |                                  |
| MYGLUCOHEALTH LANCETS 30 GAUGE (lancets)                                                              | DME       |                                  |
| NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (lancets)                                                      | DME       |                                  |
| NOVA SUREFLEX LANCETS (lancets)                                                                       | DME       |                                  |

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|------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| NOVAMAX PLUS GLU-KET SOLUTION (blood glucose and ketone control, normal)                       | DME       |                                  |
| ON CALL EXPRESS CONTROL SOLUTION (blood glucose calibration control solutions high,normal,low) | DME       |                                  |
| ON CALL EXPRESS METER (blood-glucose meter)                                                    | DME       |                                  |
| ON CALL EXPRESS METER KIT (blood-glucose meter)                                                | DME       |                                  |
| ON CALL LANCET 30 GAUGE (lancets)                                                              | DME       |                                  |
| ON CALL LANCING DEVICE (lancing device)                                                        | DME       |                                  |
| ONETOUCH DELICA PLUS LANC DEV KIT (lancing device/lancets)                                     | DME       |                                  |
| ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)                                       | DME       |                                  |
| ONETOUCH DELICA SAFETY LANCET 30 GAUGE (lancets)                                               | DME       |                                  |
| ONETOUCH ULTRA CONTROL SOLUTION (blood glucose calibration control solution, normal)           | DME       |                                  |
| ONETOUCH ULTRA2 METER (blood-glucose meter)                                                    | DME       |                                  |
| ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (lancets)                                                 | DME       |                                  |
| ONETOUCH VERIO FLEX METER (blood-glucose meter)                                                | DME       |                                  |
| ONETOUCH VERIO HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)        | DME       |                                  |
| ONETOUCH VERIO MID CONTROL SOLUTION (blood glucose calibration control solution, normal)       | DME       |                                  |
| ONETOUCH VERIO REFLECT METER (blood-glucose meter)                                             | DME       |                                  |
| ON-THE-GO LANCETS 30 GAUGE (lancets)                                                           | DME       |                                  |
| OVAL TAPE (diabetic supplies,miscell)                                                          | DME       |                                  |
| PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (lancets)                                      | DME       |                                  |
| PHARMACIST CHOICE GLUCOSE SYS (blood-glucose meter)                                            | DME       |                                  |

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| Prescription Drug Name                                                                   | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------|-----------|----------------------------------|
| PIP BLOOD GLUCOSE MONITOR (blood-glucose meter)                                          | DME       |                                  |
| PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION (blood glucose calibration control high and low) | DME       |                                  |
| PIP LANCET 28 GAUGE, 30 GAUGE (lancets)                                                  | DME       |                                  |
| PRECISION (blood-glucose meter)                                                          | DME       |                                  |
| PRECISION GLUCOSE CONTROL SOLN COMBO PACK (blood-glucose calib. control)                 | DME       |                                  |
| PRECISION GLUCOSE/KETONE CONTR COMBO PACK (blood-glucose calib. control)                 | DME       |                                  |
| PRECISION XTRA MONITOR (blood-glucose meter)                                             | DME       |                                  |
| PREMIER BLU GLUCOSE METER (blood-glucose meter)                                          | DME       |                                  |
| PREMIER CLASSIC GLUCOSE METER (blood-glucose meter)                                      | DME       |                                  |
| PREMIER COMPACT GLUCOSE METER KIT (blood-glucose meter)                                  | DME       |                                  |
| PREMIER VOICE GLUCOSE METER (blood-glucose meter)                                        | DME       |                                  |
| PREMIUM BLOOD GLUCOSE MONITOR (blood-glucose meter)                                      | DME       |                                  |
| PREMIUM V10 (blood-glucose meter)                                                        | DME       |                                  |
| PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)                                  | DME       |                                  |
| PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (lancets)                                          | DME       |                                  |
| PRO COMFORT SAFETY LANCET 30 GAUGE (lancets)                                             | DME       |                                  |
| PRO VOICE V9 GLUCOSE MONITOR (blood-glucose meter)                                       | DME       |                                  |
| PRODIGY AUTOCODE METER KIT (blood-glucose meter)                                         | DME       |                                  |
| PRODIGY AUTOCODE MONITOR SYST (blood-glucose meter)                                      | DME       |                                  |

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| Prescription Drug Name                                                                    | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------|-----------|----------------------------------|
| PRODIGY CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)  | DME       |                                  |
| PRODIGY CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high) | DME       |                                  |
| PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets)                                              | DME       |                                  |
| PRODIGY LANCING DEVICE (lancing device)                                                   | DME       |                                  |
| PRODIGY POCKET METER KIT (blood-glucose meter)                                            | DME       |                                  |
| PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)                                               | DME       |                                  |
| PRODIGY VOICE GLUCOSE METER KIT (blood-glucose meter)                                     | DME       |                                  |
| PURE COMFORT LANCETS 30 GAUGE (lancets)                                                   | DME       |                                  |
| PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)                                            | DME       |                                  |
| PUSH BUTTON SAFETY LANCETS 28 GAUGE (lancets)                                             | DME       |                                  |
| QUINTET AC (blood-glucose meter)                                                          | DME       |                                  |
| QUINTET BLOOD GLUCOSE METER (blood-glucose meter)                                         | DME       |                                  |
| REFUAH PLUS GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, high)   | DME       |                                  |
| REFUAH PLUS GLUCOSE MONITOR KIT (blood-glucose meter)                                     | DME       |                                  |
| RELIAMED LANCET 28 GAUGE, 30 GAUGE (lancets)                                              | DME       |                                  |
| RELIAMED MINI LANCING DEVICE (lancing device)                                             | DME       |                                  |
| RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)                                 | DME       |                                  |
| RELION ALL-IN-ONE METER KIT (blood-glucose meter)                                         | DME       |                                  |
| RELION CONFIRM KIT (blood-glucose meter)                                                  | DME       |                                  |
| RELION MICRO GLUCOSE MONITOR (blood-glucose meter)                                        | DME       |                                  |
| RELION MICRO GLUCOSE MONITOR KIT (blood-glucose meter)                                    | DME       |                                  |

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| Prescription Drug Name                                                                       | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------|-----------|----------------------------------|
| RELION PRIME METER (blood-glucose meter)                                                     | DME       |                                  |
| REVEAL BLOOD GLUCOSE METER KIT (blood-glucose meter)                                         | DME       |                                  |
| RIGHTEST CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)   | DME       |                                  |
| RIGHTEST CONTROL SOLUTION NORM SOLUTION (blood glucose calibration control solution, normal) | DME       |                                  |
| RIGHTEST GD500 LANCING DEVICE (lancing device)                                               | DME       |                                  |
| RIGHTEST GL300 LANCETS 30 GAUGE (lancets)                                                    | DME       |                                  |
| RIGHTEST GM550 SYSTEM KIT (blood-glucose meter)                                              | DME       |                                  |
| RIGHTEST GT333 GLUCOSE METER (blood-glucose meter)                                           | DME       |                                  |
| SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)                                                  | DME       |                                  |
| SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)                                             | DME       |                                  |
| SAFETY-LET LANCETS 30 GAUGE (lancets)                                                        | DME       |                                  |
| SIMPLERA SENSOR DEVICE (blood-glucose sensor)                                                | Tier 2    | PA                               |
| SIMPLERA SYNC SENSOR DEVICE (blood-glucose sensor)                                           | Tier 2    | PA                               |
| SINGLE-LET (lancets)                                                                         | DME       |                                  |
| SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)                                   | DME       |                                  |
| SMART SENSE MONITORING SYSTEM (blood-glucose meter)                                          | DME       |                                  |
| SMARTDIABETES VANTAGE (lancing device)                                                       | DME       |                                  |
| SMARTEST CONTROL SOLUTION (blood glucose calibration control solution, normal)               | DME       |                                  |
| SMARTEST EJECT KIT (blood-glucose meter)                                                     | DME       |                                  |
| SMARTEST LANCET (lancets)                                                                    | DME       |                                  |
| SMARTEST PERSONA GLUCOSE METER (blood-glucose meter)                                         | DME       |                                  |

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| Prescription Drug Name                                                                     | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------|-----------|----------------------------------|
| SMARTEST PERSONA STARTER KIT (blood-glucose meter)                                         | DME       |                                  |
| SMARTEST PRONTO GLUCOSE METER (blood-glucose meter)                                        | DME       |                                  |
| SMARTEST PRONTO STARTER KIT (blood-glucose meter)                                          | DME       |                                  |
| SMARTEST PROTEGE KIT (blood-glucose meter)                                                 | DME       |                                  |
| SMARTEST SMART CODE METER KIT (blood-glucose meter)                                        | DME       |                                  |
| SMARTEST TALKING METER KIT (blood-glucose meter)                                           | DME       |                                  |
| SOLUS V2 AUDIBLE METER (blood-glucose meter)                                               | DME       |                                  |
| SOLUS V2 AUDIBLE METER KIT (blood-glucose meter)                                           | DME       |                                  |
| SOLUS V2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)  | DME       |                                  |
| SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high) | DME       |                                  |
| SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)                                              | DME       |                                  |
| SOLUS V2 LANCING DEVICE KIT (lancing device/lancets)                                       | DME       |                                  |
| STERILANCE TL 30 GAUGE, 32 GAUGE (lancets)                                                 | DME       |                                  |
| SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets)                                            | DME       |                                  |
| SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)            | DME       |                                  |
| SURE COMFORT LANCING PEN (lancing device)                                                  | DME       |                                  |
| SUREFLEX DEVICE WITH LANCETS KIT (lancing device/lancets)                                  | DME       |                                  |
| SUREFLEX LANCING DEVICE (lancing device)                                                   | DME       |                                  |
| SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)                                                  | DME       |                                  |
| SURE-LANCE ULTRA THIN 30 GAUGE (lancets)                                                   | DME       |                                  |
| SURE-PEN LANCING DEVICE (lancing device)                                                   | DME       |                                  |

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| Prescription Drug Name                                                                | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------|-----------|----------------------------------|
| SURE-TEST EASYPLUS MINI METER (blood-glucose meter)                                   | DME       |                                  |
| SURE-TEST EASYPLUS MINI SOLUTION (blood glucose calibration control solution, normal) | DME       |                                  |
| SURE-TOUCH LANCET (lancets)                                                           | DME       |                                  |
| TD GOLD LEVEL 1 CONTROL SOLUTION (blood glucose calibration control solution, low)    | DME       |                                  |
| TD GOLD LEVEL 2 CONTROL SOLUTION (blood glucose calibration control solution, normal) | DME       |                                  |
| TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)                               | DME       |                                  |
| TELCARE CONTROL SOLUTION (blood glucose calibration control high and low)             | DME       |                                  |
| TELCARE LANCETS 30 GAUGE (lancets)                                                    | DME       |                                  |
| TEMPO REFILL KIT WITH GAUZE KIT (lancets/blood glucose test strips/pen needles/gauze) | DME       |                                  |
| TEMPO WELCOME KIT KIT (blood glucose meter/insulin data transf accessory, bluetooth)  | Tier 2    |                                  |
| TEST N'GO BLOOD GLUCOSE SYSTEM (blood-glucose meter)                                  | DME       |                                  |
| THIN LANCETS 26 GAUGE (lancets)                                                       | DME       |                                  |
| TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)                                        | DME       |                                  |
| TRUE COMFORT LANCET 30 GAUGE (lancets)                                                | DME       |                                  |
| TRUE METRIX AIR GLUCOSE METER (blood-glucose meter)                                   | DME       |                                  |
| TRUE METRIX AIR GLUCOSE METER KIT (blood-glucose meter)                               | DME       |                                  |
| TRUE METRIX GLUCOSE METER (blood-glucose meter)                                       | DME       |                                  |
| TRUE METRIX GO GLUCOSE METER (blood-glucose meter)                                    | DME       |                                  |

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|-----------------------------------------------------------------------------------|-----------|----------------------------------|
| TRUE METRIX LEVEL 1 SOLUTION (blood glucose calibration control solution, low)    | DME       |                                  |
| TRUE METRIX LEVEL 2 SOLUTION (blood glucose calibration control solution, normal) | DME       |                                  |
| TRUE METRIX LEVEL 3 SOLUTION (blood glucose calibration control solution, high)   | DME       |                                  |
| TRUE2GO BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)                            | DME       |                                  |
| TRUEDRAW LANCING DEVICE (lancing device)                                          | DME       |                                  |
| TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)                           | DME       |                                  |
| TRUERESULT BLOOD GLUCOSE SYSTM KIT (blood-glucose meter)                          | DME       |                                  |
| TRUETRACK BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)                          | DME       |                                  |
| TRUETRACK SMART SYSTEM KIT (blood-glucose meter)                                  | DME       |                                  |
| TWIST LANCETS 30 GAUGE, 32 GAUGE (lancets)                                        | DME       |                                  |
| ULTI-LANCE (lancing device)                                                       | DME       |                                  |
| ULTI-LANCE KIT (lancing device/lancets)                                           | DME       |                                  |
| ULTILET BASIC LANCETS 30 GAUGE (lancets)                                          | DME       |                                  |
| ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)                  | DME       |                                  |
| ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)                            | DME       |                                  |
| ULTILET SAFETY LANCETS 23 GAUGE (lancets)                                         | DME       |                                  |
| ULTIMA MONITOR (blood-glucose meter)                                              | DME       |                                  |
| ULTRA THIN II LANCETS 30 GAUGE (lancets)                                          | DME       |                                  |
| ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE (lancets)                       | DME       |                                  |
| ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)                                        | DME       |                                  |
| ULTRA TLC LANCETS (lancets)                                                       | DME       |                                  |

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|----------------------------------------------------------------------------------------|-----------|----------------------------------|
| ULTRA-CARE LANCETS 30 GAUGE (lancets)                                                  | DME       |                                  |
| ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)                                        | DME       |                                  |
| ULTRA-THIN II LANCETS 28 GAUGE (lancets)                                               | DME       |                                  |
| ULTRATRAK GLUCOSE METER (blood-glucose meter)                                          | DME       |                                  |
| ULTRATRAK GLUCOSE METER KIT (blood-glucose meter)                                      | DME       |                                  |
| ULTRATRAK HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)   | DME       |                                  |
| ULTRATRAK NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal) | DME       |                                  |
| ULTRATRAK ULTIMATE (blood-glucose meter)                                               | DME       |                                  |
| ULTRATRAK ULTIMATE SOLUTION (blood glucose calibration control high and low)           | DME       |                                  |
| UNILET COMFORTOUCH LANCET , 26 GAUGE (lancets)                                         | DME       |                                  |
| UNILET GP LANCET (lancets)                                                             | DME       |                                  |
| UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)                                             | DME       |                                  |
| UNILET LANCETS 30 GAUGE (lancets)                                                      | DME       |                                  |
| UNILET SUPER THIN LANCETS 30 GAUGE (lancets)                                           | DME       |                                  |
| UNISTIK 2 DEVICE KIT (lancing device/lancets)                                          | DME       |                                  |
| UNISTIK 2 EXTRA LANCET 21 GAUGE (lancets)                                              | DME       |                                  |
| UNISTIK 2 NORMAL LANCET 21 GAUGE (lancets)                                             | DME       |                                  |
| UNISTIK 3 COMFORT LANCET 28 GAUGE (lancets)                                            | DME       |                                  |
| UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)                                              | DME       |                                  |
| UNISTIK 3 GENTLE 30 GAUGE (lancets)                                                    | DME       |                                  |
| UNISTIK 3 NORMAL LANCET 23 GAUGE (lancets)                                             | DME       |                                  |
| UNISTIK COMFORT LANCETS 28 GAUGE (lancets)                                             | DME       |                                  |
| UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (lancets)                                        | DME       |                                  |
| UNISTIK EXTRA LANCETS 21 GAUGE (lancets)                                               | DME       |                                  |
| UNISTIK NORMAL LANCETS 23 GAUGE (lancets)                                              | DME       |                                  |

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| Prescription Drug Name                                                                                   | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)                                                | DME       |                                  |
| UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)                                                              | DME       |                                  |
| UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)                                   | DME       |                                  |
| UNISTRIP LOW CONTROL SOLUTION (blood glucose calibration control solution, low)                          | DME       |                                  |
| UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)                                     | DME       |                                  |
| VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)                             | DME       |                                  |
| VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)                                         | DME       |                                  |
| VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION (blood glucose calibration control solutions high,normal,low)    | DME       |                                  |
| VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION (blood glucose calibration control high and low)                  | DME       |                                  |
| VIVAGUARD INO CTRL SOLN-L2 SOLUTION (blood glucose calibration control solution, normal)                 | DME       |                                  |
| VIVAGUARD INO GLUCOSE METER (blood-glucose meter)                                                        | DME       |                                  |
| VIVAGUARD INO SMART GLUC METER (blood-glucose meter)                                                     | DME       |                                  |
| VIVAGUARD LANCET 30 GAUGE (lancets)                                                                      | DME       |                                  |
| VIVAGUARD LANCING DEVICE (lancing device)                                                                | DME       |                                  |
| VIVAGUARD SAFETY LANCET 28 GAUGE (lancets)                                                               | DME       |                                  |
| <b>Medical Supplies And Dme - Incontinence Supplies - Medical Supplies And Durable Medical Equipment</b> |           |                                  |
| CURITY DRAINAGE BAG 2,000 ML (drainage bag)                                                              | Tier 2    |                                  |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                            | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| FLEXI-SEAL SIGNAL FMS RECTAL (fecal collector with charcoal filter/catheter/syringe)              | Tier 2    |                                  |
| MONO-FLO DRAINAGE BAG 2,000 ML (drainage bag)                                                     | Tier 2    |                                  |
| NIGHTTIME UNDERPANTS L-XL (diaper,brief,youth,disposable)                                         | Tier 2    |                                  |
| TENSCARE ITOUCH SURE VAGINAL DEVICE (incont device,muscle toner,elt)                              | Tier 2    |                                  |
| YONI FIT BLADDER SUPPORT VAGINAL 34-38 MM, 34-38-42 MM, 42-45 MM, 45-48-52 MM, 48-52 MM (pessary) | Tier 2    |                                  |
| <b>Medical Supplies And Dme - Infant Diapers - Medical Supplies And Durable Medical Equipment</b> |           |                                  |
| BOYS TRAINING PANTS 4T-5T (diaper/brief,infant-toddler, disposable)                               | Tier 2    |                                  |
| DIAPERS, UNISEX SIZE 1 (diaper/brief,infant-toddler, disposable)                                  | Tier 2    |                                  |
| DIAPERS, UNISEX SIZE 2 (diaper/brief,infant-toddler, disposable)                                  | Tier 2    |                                  |
| DIAPERS, UNISEX SIZE 3 (diaper/brief,infant-toddler, disposable)                                  | Tier 2    |                                  |
| DIAPERS, UNISEX SIZE 4 (diaper/brief,infant-toddler, disposable)                                  | Tier 2    |                                  |
| DIAPERS, UNISEX SIZE 5 (diaper/brief,infant-toddler, disposable)                                  | Tier 2    |                                  |
| DIAPERS, UNISEX SIZE 6 (diaper/brief,infant-toddler, disposable)                                  | Tier 2    |                                  |
| GIRLS TRAINING PANTS 4T-5T (diaper/brief,infant-toddler, disposable)                              | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                                                   | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Medical Supplies And Dme - Insulin Needles-<br/>Syringes And Admin Supplies - Medical<br/>Supplies And Durable Medical Equipment</b>                  |           |                                  |
| 1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2",<br>31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16",<br>32 GAUGE X 5/32" (pen needle, diabetic)      | Tier 1    |                                  |
| 1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X<br>1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X<br>5/16", 32 GAUGE X 5/32" (pen needle, diabetic) | Tier 1    |                                  |
| ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16",<br>31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X<br>5/32" (pen needle, diabetic)                           | Tier 1    |                                  |
| ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X<br>5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with<br>needle,insulin,0.3 mL)                                    | Tier 1    |                                  |
| ADVOCATE SYRINGES SYRINGE 0.5 ML 30 GAUGE X<br>5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with<br>needle,insulin,0.5 mL)                                    | Tier 1    |                                  |
| ADVOCATE SYRINGES SYRINGE 1 ML 30 GAUGE X<br>5/16, 1 ML 31 GAUGE X 5/16 (syringe with<br>needle,disposable,insulin 1 mL)                                 | Tier 1    |                                  |
| AQINJECT PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32<br>GAUGE X 5/32" (pen needle, diabetic)                                                                  | Tier 1    |                                  |
| ASSURE ID DUO PRO SFTY PEN NDL NEEDLE 31<br>GAUGE X 3/16" (pen needle, diabetic, safety)                                                                 | Tier 1    |                                  |
| ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16"<br>(pen needle, diabetic, safety)                                                                           | Tier 1    |                                  |
| ASSURE ID PRO PEN NEEDLE NEEDLE 30 GAUGE X<br>3/16" (pen needle, diabetic, safety)                                                                       | Tier 1    |                                  |
| AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS<br>INSULIN PEN (insulin admin. supplies)                                                                        | DME       |                                  |
| AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN<br>PEN (insulin admin. supplies)                                                                              | DME       |                                  |

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| Prescription Drug Name                                                                                                                                                      | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)                                                                                                    | DME       |                                  |
| AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic, safety)                                                                                            | Tier 1    |                                  |
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)                                                                              | Tier 1    |                                  |
| BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.3 mL)             | Tier 1    |                                  |
| BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64" (syringe with needle, insulin, safety, 0.5 mL)             | Tier 1    |                                  |
| BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" (syringe with needle, insulin, safety, 1 mL)                                            | Tier 1    |                                  |
| BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (syringe with needle,disposable,insulin 1 mL)                                                                           | Tier 1    |                                  |
| CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic) | Tier 1    |                                  |
| CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                                                                              | Tier 1    |                                  |
| CARETOUCH INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)                                                     | Tier 1    |                                  |
| CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)           | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                                                                  | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                                             | Tier 1    |                                  |
| CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                                                                                                  | Tier 1    |                                  |
| COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                                                                      | Tier 1    |                                  |
| COMFORT EZ INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.5 mL)                                              | Tier 1    |                                  |
| COMFORT EZ INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)                                                 | Tier 1    |                                  |
| COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" (pen needle, diabetic) | Tier 1    |                                  |
| COMFORT EZ PRO SAFETY PEN NDL NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/32" (pen needle, diabetic, safety)                                                                                                                                                | Tier 1    |                                  |
| COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)                | Tier 1    |                                  |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                                                                                                                                                                           | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))                            | Tier 1    |                                  |
| DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" (syringe with needle,insulin 0.5 mL (half unit mark)) | Tier 1    |                                  |
| DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                        | Tier 1    |                                  |
| DROPLET INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.5 mL)                                                    | Tier 1    |                                  |
| DROPLET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)       | Tier 1    |                                  |
| DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64" (pen needle, diabetic)                                                                                                                                                                         | Tier 1    |                                  |
| DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)                  | Tier 1    |                                  |
| DROPSAFE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.3 mL)                                                                                                                | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| DROPSAFE INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)                                                                                     | Tier 1    |                                  |
| DROPSAFE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)                                                                     | Tier 1    |                                  |
| DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic, safety)                                                                                                         | Tier 1    |                                  |
| EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.3 ML 31 X 1/2" (syringe with needle,insulin,0.3 mL)                                                                                                   | Tier 1    |                                  |
| EASY COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 29 X5/16 ", 1/2 ML 32 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)                        | Tier 1    |                                  |
| EASY COMFORT INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)                      | Tier 1    |                                  |
| EASY COMFORT PEN NEEDLES NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/32", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic) | Tier 1    |                                  |
| EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety)                                                                                              | Tier 1    |                                  |
| EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.3 mL)                                                                                                                      | Tier 1    |                                  |
| EASY GLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (syringe with needle,disposable,insulin 1 mL)                                                                                                               | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                                    | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| EASY GLIDE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.5 mL)                                                                                                                                          | Tier 1    |                                  |
| EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32" (pen needle, diabetic)                                                                                                                                                                      | Tier 1    |                                  |
| EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)                                                                 | Tier 1    |                                  |
| EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)                                                                                                      | Tier 1    |                                  |
| EASY TOUCH INSULIN SAFETY SYR SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" (syringe with needle, insulin, safety, 1 mL)                                                                                                             | Tier 1    |                                  |
| EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                                                                                          | Tier 1    |                                  |
| EASY TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)                  | Tier 1    |                                  |
| EASY TOUCH INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL) | Tier 1    |                                  |
| EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (syringe without needle,insulin disposable, 1 mL)                                                                                                                                               | Tier 1    |                                  |
| EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)                                                                        | Tier 1    |                                  |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)                                                                                                        | Tier 1    |                                  |
| EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16" (pen needle, diabetic, safety)                  | Tier 1    |                                  |
| EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL) | Tier 1    |                                  |
| EASY TOUCH UNI-SLIP SYRINGE 1 ML (syringe without needle,insulin disposable, 1 mL)                                                                                          | Tier 1    |                                  |
| EMBRACE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic) | Tier 1    |                                  |
| EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.3 mL)                                                                                            | Tier 1    |                                  |
| EXEL INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)                                                                   | Tier 1    |                                  |
| EXEL INSULIN SYRINGE 1 ML 30 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)                                                                                     | Tier 1    |                                  |
| EXTENDED RESERVOIR 3 ML (insulin pump syringe, 3 mL)                                                                                                                        | Tier 1    |                                  |
| FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)                                                           | Tier 1    |                                  |
| FREESTYLE PRECISION SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)                                                        | Tier 1    |                                  |
| HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                                                    | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                    | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| HEALTHWISE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)                  | Tier 1    |                                  |
| HEALTHWISE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)               | Tier 1    |                                  |
| HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)                                  | Tier 1    |                                  |
| INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic) | Tier 1    |                                  |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)                          | DME       |                                  |
| INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)                          | DME       |                                  |
| INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)                          | DME       |                                  |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)                     | DME       |                                  |
| INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)                     | DME       |                                  |
| INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)                     | DME       |                                  |
| <i>insulin syrlndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i>                                                                      | Tier 1    |                                  |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2"<br>(syringe with needle,insulin,0.5 mL)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Tier 1    |                                  |
| INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"<br>(syringe with needle,disposable,insulin 1 mL)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Tier 1    |                                  |
| <i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 1/4", 0.3 ml 31 gauge x 15/64", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 27 gauge x 1/2", 1 ml 27 gauge x 5/8", 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 3/8", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 1/4", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 27 gauge x 1/2", 1/2 ml 28 gauge, 1/2 ml 28 gauge x 1/2", 1/2 ml 29 , 1/2 ml 30 gauge, 1/2 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 15/64"</i> | Tier 1    |                                  |
| <i>insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Tier 1    |                                  |
| INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Tier 1    |                                  |
| MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.3 mL)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Tier 1    |                                  |
| MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.5 mL)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Tier 1    |                                  |
| MAGELLAN INSULIN SAFETY SYRNG SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Tier 1    |                                  |
| MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16" (syringe with needle, insulin, safety, 0.3 mL)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                         | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)                                                | Tier 1    |                                  |
| MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4" (pen needle, diabetic)                                                                        | Tier 1    |                                  |
| MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)                                         | Tier 1    |                                  |
| MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)                                        | Tier 1    |                                  |
| MAXICOMFORT INSULIN SYRINGE SYRINGE 1/2 ML 27 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)                                                | Tier 1    |                                  |
| MAXI-COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)                                               | Tier 1    |                                  |
| MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16" (pen needle, diabetic, safety)                                         | Tier 1    |                                  |
| MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)                                                                              | Tier 1    |                                  |
| MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                    | Tier 1    |                                  |
| MONOJECT INSULIN SAFETY SYRING SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)                    | Tier 1    |                                  |
| MONOJECT INSULIN SAFETY SYRING SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 1 mL)                                       | Tier 1    |                                  |
| MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL) | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                   | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| MONOJECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)                                                   | Tier 1    |                                  |
| MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL) | Tier 1    |                                  |
| MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (syringe with needle,insulin,0.5 mL)                                                                                                                                            | Tier 1    |                                  |
| MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (syringe with needle,insulin,0.5 mL)                                                                                                                              | Tier 1    |                                  |
| NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                                                                                   | Tier 1    |                                  |
| NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                                                                                           | Tier 1    |                                  |
| NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)                                                                                                                                                                | Tier 1    |                                  |
| NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6" (pen needle, diabetic)                                                                                                                                                              | Tier 1    |                                  |
| NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)                                                                                                                                                          | DME       |                                  |
| OMNIPOD DASH PDM KIT (GEN 4) (insulin pump controller)                                                                                                                                                                   | Tier 2    |                                  |
| PARADIGM RESERVOIR 1.8 ML (insulin pump syringe, 1.8 mL)                                                                                                                                                                 | Tier 1    |                                  |
| PARADIGM RESERVOIR 3 ML (insulin pump syringe, 3 mL)                                                                                                                                                                     | Tier 1    |                                  |
| PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)                                                                        | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                                                                                    | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>pen needle, diabetic needle 29 gauge x 1/2", 30 gauge x 3/16", 30 gauge x 5/16", 31 gauge x 1/4", 31 gauge x 3/16", 31 gauge x 5/16", 31 gauge x 5/32", 32 gauge x 1/4", 32 gauge x 3/16", 32 gauge x 5/16", 32 gauge x 5/32", 33 gauge x 1/4", 33 gauge x 3/16", 33 gauge x 5/32"</i> | Tier 1    |                                  |
| <i>pen needle, diabetic needle 29 gauge x 15/32", 31 gauge x 1/3", 31 gauge x 1/6", 31 gauge x 13/64", 31 gauge x 15/64"</i>                                                                                                                                                              | Tier 1    |                                  |
| <i>pen needle, diabetic, safety needle 31 gauge x 3/16", 31 gauge x 5/32"</i>                                                                                                                                                                                                             | Tier 1    |                                  |
| PENTIPS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                                                                  | Tier 1    |                                  |
| PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                                                                                                                                           | Tier 1    |                                  |
| PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic, safety)                                                                                                                                                                                       | Tier 1    |                                  |
| PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)                                                                                                                                         | Tier 1    |                                  |
| PRO COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)                                                                                                                                      | Tier 1    |                                  |
| PRO COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                                                                                                                  | Tier 1    |                                  |
| PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                                                                                                                                                                                              | Tier 1    |                                  |
| PRODIGY INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)                                                                                                                                                                                              | Tier 1    |                                  |
| PRODIGY INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)                                                                                                                                                                                        | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                             | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)                                                                        | Tier 1    |                                  |
| PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety)                                                                           | Tier 1    |                                  |
| SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (syringe w-needle 0.3 mL,insulin,safety w-self-cont.dis.unit)                                                                             | Tier 1    |                                  |
| SAFESNAP INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle,safety,disposal unit,0.5 mL)                                                              | Tier 1    |                                  |
| SAFESNAP INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (syringe with needle 1 mL,insulin,safety w-self-con.disp.unit)                                                         | Tier 1    |                                  |
| SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)                                                                                                                           | Tier 1    |                                  |
| SECURESAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.5 mL)                                                                                           | Tier 1    |                                  |
| SECURESAFE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 1 mL)                                                                                               | Tier 1    |                                  |
| SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic, safety)                                                                                                                       | Tier 1    |                                  |
| SIMPLI PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                                                                   | Tier 1    |                                  |
| SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" (pen needle, diabetic, safety)                                                                                                     | Tier 1    |                                  |
| SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)                                                                                                   | Tier 1    |                                  |
| SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL) | Tier 1    |                                  |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                                                                                                                                                | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.5 mL)                    | Tier 1    |                                  |
| SURE COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL) | Tier 1    |                                  |
| SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)                                                        | Tier 1    |                                  |
| SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic, safety)                                                                                                                | Tier 1    |                                  |
| SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic)                                                                                                               | Tier 1    |                                  |
| SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                                                                       | Tier 1    |                                  |
| SURE-JECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)                                               | Tier 1    |                                  |
| SURE-JECT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)                                                | Tier 1    |                                  |
| TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)                                                                     | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                 | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))                         | Tier 1    |                                  |
| TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.5 mL (half unit mark)) | Tier 1    |                                  |
| TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)                               | Tier 1    |                                  |
| TECHLITE PLUS PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                                | Tier 1    |                                  |
| TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8" (syringe with needle,insulin,0.3 mL)                                                                                   | Tier 1    |                                  |
| TERUMO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (syringe with needle,insulin,0.5 mL)           | Tier 1    |                                  |
| TERUMO INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)                          | Tier 1    |                                  |
| THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8" (syringe with needle,insulin,0.3 mL)                                        | Tier 1    |                                  |
| THINPRO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (syringe with needle,insulin,0.5 mL)                | Tier 1    |                                  |
| THINPRO INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8" (syringe with needle,disposable,insulin 1 mL)         | Tier 1    |                                  |
| TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic)                                                                                      | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                                              | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                                                                         | Tier 1    |                                  |
| TOPCARE ULTRA COMFORT SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)                                                                         | Tier 1    |                                  |
| TOPCARE ULTRA COMFORT SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)                                                                      | Tier 1    |                                  |
| TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)                                                                                                                   | Tier 1    |                                  |
| TRUE COMFORT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)                                                                                                            | Tier 1    |                                  |
| TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic) | Tier 1    |                                  |
| TRUE COMFORT PRO INS SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)                                         | Tier 1    |                                  |
| TRUE COMFORT PRO INS SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1 ML 32 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)                                        | Tier 1    |                                  |
| TRUE COMFORT SAFE INSULIN SYRG SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)                                                      | Tier 1    |                                  |

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This Drug Formulary was updated:01/01/2026



| Prescription Drug Name                                                                                                                                                        | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| TRUE COMFORT SAFE INSULIN SYRG SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1 ML 32 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL) | Tier 1    |                                  |
| TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety)                                                      | Tier 1    |                                  |
| TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                                        | Tier 1    |                                  |
| TRUEPLUS INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)                | Tier 1    |                                  |
| TRUEPLUS INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)                 | Tier 1    |                                  |
| TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)                                      | Tier 1    |                                  |
| ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.3 mL)                                                                                  | Tier 1    |                                  |
| ULTICARE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 1/4" (syringe with needle,disposable,insulin 1 mL)                                                                           | Tier 1    |                                  |
| ULTICARE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.5 mL)                                                                                  | Tier 1    |                                  |
| ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4" (syringe with needle,insulin 0.3 mL (half unit mark))                                                           | Tier 1    |                                  |
| ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)                     | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                         | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" (pen needle, diabetic, safety)                                                                                            | Tier 1    |                                  |
| ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                                                                                          | Tier 1    |                                  |
| ULTICARE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)                                                                                          | Tier 1    |                                  |
| ULTICARE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)                                                                                     | Tier 1    |                                  |
| ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16" (syringe with needle,insulin disposable,0.3 mL/empty containr)                                                      | Tier 1    |                                  |
| ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 1 ML 30 X 1/2", 1 ML 31 X 5/16" (syringe with needle, insulin,1 mL and sharps container)                                                                | Tier 1    |                                  |
| ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16" (syringe-needle,insulin,0.5 mL/container,empty)                                                                     | Tier 1    |                                  |
| ULTIGUARD SAFEPACK-PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic, remover and disposal unit) | Tier 1    |                                  |
| ULILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                                  | Tier 1    |                                  |
| ULILET INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 29 (syringe with needle,insulin,0.5 mL)                                        | Tier 1    |                                  |
| ULILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)                                   | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                    | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                                                                               | Tier 1    |                                  |
| ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))                                                                              | Tier 1    |                                  |
| ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                                                            | Tier 1    |                                  |
| ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE (syringe with needle,insulin,0.5 mL) | Tier 1    |                                  |
| ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)          | Tier 1    |                                  |
| ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))                                                     | Tier 1    |                                  |
| ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                                                                           | Tier 1    |                                  |
| ULTRA FLO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)                                                                                                                             | Tier 1    |                                  |
| ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)                                                                                | Tier 1    |                                  |
| ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                                                                                      | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                        | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                                                       | Tier 1    |                                  |
| ULTRACARE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)                               | Tier 1    |                                  |
| ULTRACARE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)                              | Tier 1    |                                  |
| ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic) | Tier 1    |                                  |
| ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))                                | Tier 1    |                                  |
| ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                             | Tier 1    |                                  |
| ULTRA-FINE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.5 mL)                             | Tier 1    |                                  |
| ULTRA-FINE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)                           | Tier 1    |                                  |
| ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" (pen needle, diabetic)                                                      | Tier 1    |                                  |
| ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                                                   | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                  | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)                                             | Tier 1    |                                  |
| ULTRA-THIN II (SHORT) INS SYR SYRINGE 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)                                        | Tier 1    |                                  |
| ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)                                                                                            | Tier 1    |                                  |
| ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)                                                                                             | Tier 1    |                                  |
| ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)                                                                       | Tier 1    |                                  |
| ULTRA-THIN II INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)                                                                | Tier 1    |                                  |
| UNIFINE OTC PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                 | Tier 1    |                                  |
| UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic)                                                                                                  | Tier 1    |                                  |
| UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic) | Tier 1    |                                  |
| UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic)                                                                                             | Tier 1    |                                  |
| UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)             | Tier 1    |                                  |
| UNIFINE PROTECT NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety)                                                              | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                         | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| UNIFINE SAFECONTROL PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety) | Tier 1    |                                  |
| UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)                                                   | Tier 1    |                                  |
| VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16" (syringe with needle, insulin, safety, 1 mL)                                                                         | Tier 1    |                                  |
| VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2" (syringe with needle, insulin, 0.5 mL)                                                                                      | Tier 1    |                                  |
| VANISHPOINT SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle, disposable, insulin 1 mL)                                                                               | Tier 1    |                                  |
| VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle, insulin, 0.3 mL)                                                                                | Tier 1    |                                  |
| VERIFINE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (syringe with needle, insulin, 0.5 mL)                                                        | Tier 1    |                                  |
| VERIFINE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" (syringe with needle, disposable, insulin 1 mL)                                                   | Tier 1    |                                  |
| VERIFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)                                       | Tier 1    |                                  |
| VERIFINE PLUS PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)                                                                    | Tier 1    |                                  |
| VERIFINE PLUS PEN NEEDLE-SHARP NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic, remover and disposal unit)                                                                       | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                        | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Medical Supplies And Dme - Iv Sets-Tubing - Medical Supplies And Durable Medical Equipment</b>                                                             |           |                                  |
| BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4" (intravenous catheter)                                                                        | Tier 2    |                                  |
| BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" (intravenous catheter kit)                                                                                       | Tier 2    |                                  |
| INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (intravenous catheter)                                                                               | Tier 2    |                                  |
| IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET (intravenous administration set)                                                                                  | Tier 2    |                                  |
| IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET (intravenous administration set)                                                                                  | Tier 2    |                                  |
| NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 " (intravenous catheter) | Tier 2    |                                  |
| PHASEAL SECONDARY SET INFUSION SET (intravenous piggyback administration set)                                                                                 | Tier 2    |                                  |
| PHASEAL Y-SITE (y-site line connector, closed system)                                                                                                         | Tier 2    |                                  |
| <b>Medical Supplies And Dme - Male Condoms - Medical Supplies And Durable Medical Equipment</b>                                                               |           |                                  |
| AIMSCO LATEX CONDOM DEVICE (condoms, latex, lubricated)                                                                                                       | Tier 0    |                                  |
| DUREX AVANTI BARE REAL FEEL (condoms, non-latex, lubricated)                                                                                                  | Tier 0    |                                  |
| DUREX EXTRA SENSITIVE CONDOM DEVICE (condoms, latex, lubricated)                                                                                              | Tier 0    |                                  |
| DUREX TROPICAL CONDOM DEVICE (condoms, latex, lubricated)                                                                                                     | Tier 0    |                                  |
| FANTASY CONDOM DEVICE (condoms, latex, lubricated)                                                                                                            | Tier 0    |                                  |

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|---------------------------------------------------------------------|-----------|----------------------------------|
| KIMONO LUBRICATED CONDOMS DEVICE (condoms, latex, lubricated)       | Tier 0    |                                  |
| KIMONO MICROTHIN AQUA LUBE CON DEVICE (condoms, latex, lubricated)  | Tier 0    |                                  |
| KIMONO MICROTHIN CONDOMS DEVICE (condoms, latex, non-lubricated)    | Tier 0    |                                  |
| KIMONO MICROTHIN LARGE CONDOMS DEVICE (condoms, latex, lubricated)  | Tier 0    |                                  |
| KIMONO TEXTURED CONDOMS DEVICE (condoms, latex, lubricated)         | Tier 0    |                                  |
| KIMONO THIN LUBRICATED CONDOMS DEVICE (condoms, latex, lubricated)  | Tier 0    |                                  |
| TROJAN ULTRA RIBBED CONDOM DEVICE (condoms, latex, lubricated)      | Tier 0    |                                  |
| TRUE COVER CONDOM DEVICE (condoms, latex, lubricated)               | Tier 0    |                                  |
| TRUSTEX LATEX CONDOM DEVICE (condoms, latex, lubricated)            | Tier 0    |                                  |
| TRUSTEX LUBRICATED CONDOMS DEVICE (condoms, latex, lubricated)      | Tier 0    |                                  |
| TRUSTEX NON-LUB CONDOMS DEVICE (condoms, latex, non-lubricated)     | Tier 0    |                                  |
| TRUSTEX-RIA LUB/SPERMICIDE DEVICE (condoms, latex, lubricated)      | Tier 0    |                                  |
| TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (condoms, latex, lubricated)  | Tier 0    |                                  |
| TRUSTEX-RIA NON-LUB CONDOMS DEVICE (condoms, latex, non-lubricated) | Tier 0    |                                  |

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| Prescription Drug Name                                                                                            | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Medical Supplies And Dme - Male Erectile Dysfunction Aids - Medical Supplies And Durable Medical Equipment</b> |           |                                  |
| RAPPORT VACUUM THERAPY KIT (vacuum erection device system)                                                        | Tier 2    |                                  |
| <b>Medical Supplies And Dme - Miscellaneous Other - Medical Supplies And Durable Medical Equipment</b>            |           |                                  |
| AIRS PEDIATRIC DISPOSABLE MASK (nebulizer accessories)                                                            | Tier 2    |                                  |
| AMIELLE VAGINAL TRAINER KIT (medical supply, miscellaneous)                                                       | Tier 2    |                                  |
| ARGYLE TRACHEOSTOMY CARE TRAY (medical supply, miscellaneous)                                                     | Tier 2    |                                  |
| BIGFOOT UNITY PEN CAP-ADMELOG DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)               | Tier 2    |                                  |
| BIGFOOT UNITY PEN CAP-APIDRA DEVICE (data transfer pen cap for insulin glulisine, reusable, BT)                   | Tier 2    |                                  |
| BIGFOOT UNITY PEN CAP-ASPART DEVICE (data transfer pen cap for insulin aspart, reusable,bluetooth)                | Tier 2    |                                  |
| BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE (data transfr pen cap for insulin glargine,reusable,bluetooth)              | Tier 2    |                                  |
| BIGFOOT UNITY PEN CAP-FIASP DEVICE (data transfer pen cap for insulin aspart (B3), reusable, BT)                  | Tier 2    |                                  |
| BIGFOOT UNITY PEN CAP-HUMALOG DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)               | Tier 2    |                                  |
| BIGFOOT UNITY PEN CAP-LANTUS DEVICE (data transfr pen cap for insulin glargine,reusable,bluetooth)                | Tier 2    |                                  |
| BIGFOOT UNITY PEN CAP-LISPRO DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)                | Tier 2    |                                  |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                                  | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE (data transfer pen cap for insulin lispro-aabc, reusable, BT)      | Tier 2    |                                  |
| BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE (data transfer pen cap for insulin aspart, reusable, bluetooth)    | Tier 2    |                                  |
| BIGFOOT UNITY PEN CAP-TOUJEO DEVICE (data transfer pen cap for insulin glargine, reusable, bluetooth)   | Tier 2    |                                  |
| BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE (data transfer pen cap for insulin glargine, reusable, bluetooth) | Tier 2    |                                  |
| BIGFOOT UNITY PEN CAP-TRESIBA DEVICE (data transfer pen cap for insulin degludec, reusable, BT)         | Tier 2    |                                  |
| CEFALY COMBO PACK (transcutaneous electrical nerve stimulators(TENS)/electrodes)                        | Tier 2    |                                  |
| ENFIT MEDICAL STRAW (medical supply, miscellaneous)                                                     | Tier 2    |                                  |
| ENFIT MEDICINE BOTTLE ADAPTER (adapter cap for bottle)                                                  | Tier 2    |                                  |
| <i>eua patient assessment</i>                                                                           | Tier 2    |                                  |
| PRO COMFORT TENS ELECTRODE PAD (tens unit electrodes)                                                   | Tier 2    |                                  |
| PRO COMFORT TENS UNIT COMBO PACK (transcutaneous electrical nerve stimulators(TENS)/electrodes)         | Tier 2    |                                  |
| PRO-CEPTION VAGINAL (medical supply, miscellaneous)                                                     | Tier 2    |                                  |
| RECONSTITUTE KIT (medical supply, miscellaneous)                                                        | Tier 2    |                                  |
| T.E.D. ANTI-EMBOLISM STOCKING (compression stocking, knee high, regular length, small)                  | Tier 2    |                                  |
| T:FLEX SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)                                                  | Tier 2    |                                  |
| T:SLIM X2 SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)                                               | Tier 2    |                                  |
| TEMPO SMART BUTTON DEVICE (data transfer accessory (insulin pen), bluetooth)                            | Tier 2    |                                  |

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| Prescription Drug Name                                                                        | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------|-----------|----------------------------------|
| TENS 502 DEVICE (Transcutaneous Electrical Nerve Stimulators (TENS Units))                    | Tier 2    |                                  |
| TENS 504 DEVICE (Transcutaneous Electrical Nerve Stimulators (TENS Units))                    | Tier 2    |                                  |
| VIBRANT ORAL CAPSULE (vibrating transient device for constipation)                            | Tier 2    |                                  |
| VIBRANT STARTER KIT COMBO PACK (vibrating transient device for constipation)                  | Tier 2    |                                  |
| <b>Medical Supplies And Dme - Nebulizers - Medical Supplies And Durable Medical Equipment</b> |           |                                  |
| AEROECLIPSE II NEBULIZER (nebulizer)                                                          | Tier 2    |                                  |
| AEROECLIPSE XL NEBULIZER (nebulizer)                                                          | Tier 2    |                                  |
| AERONEB GO NEBULIZER (nebulizer)                                                              | Tier 2    |                                  |
| AIRS DISPOSABLE NEBULIZER (nebulizer)                                                         | Tier 2    |                                  |
| ALTERA NEBULIZER HANDSET (nebulizer)                                                          | Tier 2    |                                  |
| ALTERA NEBULIZER SYSTEM (nebulizer)                                                           | Tier 2    |                                  |
| AURA PORTANEB (nebulizer)                                                                     | Tier 2    |                                  |
| DEVILBISS DISPOSABLE NEBULIZER (nebulizer)                                                    | Tier 2    |                                  |
| INNOSPIRE GO NEBULIZER (nebulizer)                                                            | Tier 2    |                                  |
| LC PLUS (nebulizer)                                                                           | Tier 2    |                                  |
| LC PLUS NEBULIZER-PED MASK (nebulizer)                                                        | Tier 2    |                                  |
| MC 300 NEBULIZER W-MOUTHPIECE (nebulizer)                                                     | Tier 2    |                                  |
| MC 300 NEBULIZER-UNVRSL TUBING (nebulizer)                                                    | Tier 2    |                                  |
| MICROAIR MESH NEBULIZER (nebulizer)                                                           | Tier 2    |                                  |
| MINI PLUS NEBULIZER (nebulizer)                                                               | Tier 2    |                                  |
| PARI LC SPRINT NEBULIZER SET (nebulizer)                                                      | Tier 2    |                                  |
| PARI LC SPRINT SINUS (nebulizer)                                                              | Tier 2    |                                  |
| PRODIGY MINI-MIST NEBULIZER (nebulizer)                                                       | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                                         | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| SIDESTREAM (nebulizer)                                                                                                                         | Tier 2    |                                  |
| SIDESTREAM NEBULIZER (nebulizer)                                                                                                               | Tier 2    |                                  |
| SIDESTREAM PLUS (nebulizer)                                                                                                                    | Tier 2    |                                  |
| SINUSTAR NEBULIZER (nebulizer)                                                                                                                 | Tier 2    |                                  |
| SOOTHENEB MESH NEBULIZER (nebulizer)                                                                                                           | Tier 2    |                                  |
| <b>Medical Supplies And Dme - Needles And Syringes - Medical Supplies And Durable Medical Equipment</b>                                        |           |                                  |
| ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 0.5 mL)                                         | Tier 1    |                                  |
| ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 1 mL) | Tier 1    |                                  |
| ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 1 mL)                                               | Tier 1    |                                  |
| ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)                                                                  | Tier 1    |                                  |
| BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)                                                      | Tier 1    |                                  |
| BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2" (syring w-needl 0.5 mL,kit-tray)                                                             | Tier 1    |                                  |
| BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 mL)                                                         | Tier 1    |                                  |
| BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML (syringe with cannula, disposable, 3 mL)                                                            | Tier 1    |                                  |
| BD BULK SYRINGE SLIP TIP SYRINGE 1 ML (syringe, disposable, 1 mL)                                                                              | Tier 1    |                                  |
| BD BULK SYRINGE SLIP TIP SYRINGE 5 ML (syringe, disposable, 5 mL)                                                                              | Tier 1    |                                  |
| BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)                                                                            | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                       | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| BD ECLIPSE LUER-LOK NEEDLE 30 X 1/2 " (needles, safety)                                                                                      | Tier 1    |                                  |
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)                                                            | Tier 1    |                                  |
| BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 GAUGE X 1 1/2" (syringe,safety with needle,3 mL)                                                         | Tier 1    |                                  |
| BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)                                              | Tier 1    |                                  |
| BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (needles, filter)                                                                              | Tier 2    |                                  |
| BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle,disposable, 3 mL)                                                     | Tier 1    |                                  |
| BD INTEGRA SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)                    | Tier 1    |                                  |
| BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML (syringe with cannula, disposable, 5 mL)                                                    | Tier 1    |                                  |
| BD INTERLINK SYRINGE SYRINGE 17 X 10 ML (syringe with cannula, disposable, 10 mL)                                                            | Tier 1    |                                  |
| BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)                                                                          | Tier 1    |                                  |
| BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1" (syringe with needle,disposable, 1 mL)                                                        | Tier 1    |                                  |
| BD LUER-LOK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)                                                                               | Tier 1    |                                  |
| BD LUER-LOK SYRINGE SYRINGE 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2" (syringe with needle,disposable, 10 mL) | Tier 1    |                                  |
| BD LUER-LOK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)                                                                               | Tier 1    |                                  |
| BD LUER-LOK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)                                                                                 | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                                                                                  | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| BD LUER-LOK SYRINGE SYRINGE 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8", 3 ML 26 X 5/8" (syringe with needle,disposable, 3 mL) | Tier 1    |                                  |
| BD LUER-LOK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)                                                                                                                                                                                                                            | Tier 1    |                                  |
| BD LUER-LOK SYRINGE SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1" (syringe with needle,disposable, 5 mL)                                                                                                                                           | Tier 1    |                                  |
| BD LUER-LOK SYRINGE SYRINGE 50 ML (syringe, disposable, 50 mL)                                                                                                                                                                                                                          | Tier 1    |                                  |
| BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML (syringe, disposable, 10 mL)                                                                                                                                                                                                               | Tier 1    |                                  |
| BD PRECISIONGLIDE NEEDLE 27 GAUGE X 3/8" (needles, disposable)                                                                                                                                                                                                                          | Tier 2    |                                  |
| BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)                                                                                                                                                                       | Tier 1    |                                  |
| BD SAFETYGLIDE NEEDLE NEEDLE 23 GAUGE X 1 1/2" (needles, safety)                                                                                                                                                                                                                        | Tier 2    |                                  |
| BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)                                                                                                                                                                                        | Tier 1    |                                  |
| BD SAFETYGLIDE SHIELDING REG SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,3 mL)                                                                                                                                                                                           | Tier 1    |                                  |
| BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 mL)                                                                                                                                                                                                     | Tier 1    |                                  |
| BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)                                                                                                                                                                                                    | Tier 1    |                                  |
| BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)                                                                                                                                                                                               | Tier 1    |                                  |

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| Prescription Drug Name                                                                        | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------|-----------|----------------------------------|
| BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 1 mL) | Tier 1    |                                  |
| BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)       | Tier 1    |                                  |
| BD SLIP TIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)                                | Tier 1    |                                  |
| B-D SLIP TIP SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)                               | Tier 1    |                                  |
| BD SLIP TIP SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)                                  | Tier 1    |                                  |
| BD SLIP TIP SYRINGE SYRINGE 50 ML (syringe, disposable, 50 mL)                                | Tier 1    |                                  |
| BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2" (needles, disposable)                         | Tier 1    |                                  |
| BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 mL)                     | Tier 1    |                                  |
| BD SYRINGE CATHETER TIP SYRINGE 50 ML (syringe, disposable, 50 mL)                            | Tier 1    |                                  |
| BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML (syringe, disposable, 10 mL)                     | Tier 1    |                                  |
| BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML (syringe, disposable, 20 mL)                     | Tier 1    |                                  |
| BD SYRINGE LUER-LOK NONSTERILE SYRINGE 5 ML (syringe, disposable, 5 mL)                       | Tier 1    |                                  |
| BD SYRINGE LUER-LOK NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 mL)                     | Tier 1    |                                  |
| BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML (syringe, disposable, 10 mL)                        | Tier 1    |                                  |
| BD SYRINGE LUER-LOK STERILE SYRINGE 50 ML (syringe, disposable, 50 mL)                        | Tier 1    |                                  |
| BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML (syringe, disposable, 10 mL)                     | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                                                           | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML (syringe, disposable, 20 mL)                                                                                                                                                                                        | Tier 1    |                                  |
| BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 mL)                                                                                                                                                                                        | Tier 1    |                                  |
| BD SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)                                                                                                                                                                                                              | Tier 1    |                                  |
| BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE (syringe with needle and cannula, disposable, 10 mL)                                                                                                                                                 | Tier 1    |                                  |
| BD TUBERCULIN SLIP-TIP SYRINGE 1 ML (syringe, disposable, 1 mL)                                                                                                                                                                                                  | Tier 1    |                                  |
| BD TUBERCULIN SLIP-TIP SYRINGE 1 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 1 mL)                                                                                                                                                                       | Tier 1    |                                  |
| BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)                                                                                                              | Tier 1    |                                  |
| BD TUBERCULIN SYRINGE SYRINGE 1/2 ML 27 X 1/2 " (syringe with needle,disposable, 0.5 mL)                                                                                                                                                                         | Tier 1    |                                  |
| <i>blunt needle, disposable needle 18 x 1 1/2 "</i>                                                                                                                                                                                                              | Tier 2    |                                  |
| CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)                                                                                                                                                                                             | Tier 1    |                                  |
| CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL) | Tier 1    |                                  |
| CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)                                                                                                                                                                                             | Tier 1    |                                  |
| CAREPOINT LUER SLIP SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)                                                                                                                                                               | Tier 1    |                                  |
| CAREPOINT PRECISION LUER LOCK SYRINGE 3 ML (syringe, disposable, 3 mL)                                                                                                                                                                                           | Tier 1    |                                  |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| CAREPOINT PRECISION NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1" (needles, disposable)                                                                                                                           | Tier 2    |                                  |
| CAREPOINT PRECISION SAFETY SYRINGE 1 ML 23 GAUGE X 1" (syringe,safety with needle,1 mL)                                                                                                                        | Tier 1    |                                  |
| CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1" (syringe,safety with needle,1 mL)                                                                                                                    | Tier 1    |                                  |
| CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)                                                                                                                                           | Tier 1    |                                  |
| CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)                                                                                                                                           | Tier 1    |                                  |
| CARETOUCH LUER LOCK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)                                                                                                                                           | Tier 1    |                                  |
| CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL) | Tier 1    |                                  |
| CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)                                                                                                                                           | Tier 1    |                                  |
| CARETOUCH LUER SLIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)                                                                                                                                         | Tier 1    |                                  |
| CARETOUCH LUER SLIP SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)                                                                                                                                           | Tier 1    |                                  |
| CARETOUCH LUER SLIP SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)                                                                                                                                           | Tier 1    |                                  |
| DAVOL IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)                                                                                                                                               | Tier 1    |                                  |
| DAVOL PISTON IRRIGATION SYRINGE (syringe disposable irrigation)                                                                                                                                                | Tier 1    |                                  |
| DOVER BULB SYRINGE SYRINGE 60 ML (syringe disposable irrig,60 mL)                                                                                                                                              | Tier 1    |                                  |
| DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (needles, safety)                                                                                                                                           | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                                                                                                                                                                                 | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| EASY GLIDE CATHETER TIP SYRINGE SYRINGE 60 ML (syringe, disposable, 60 mL)                                                                                                                                                                                                                                                                                                             | Tier 1    |                                  |
| EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)                                                                                                                                                                                                                                                                                                                  | Tier 1    |                                  |
| EASY GLIDE LUER LOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)                                                                                                                                                                                                                                                                                                                | Tier 1    |                                  |
| EASY GLIDE LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)                                                                                                                                                                                                                                                                                                                  | Tier 1    |                                  |
| EASY GLIDE LUER LOCK SYRINGE SYRINGE 60 ML (syringe, disposable, 60 mL)                                                                                                                                                                                                                                                                                                                | Tier 1    |                                  |
| EASY GLIDE LUER SLIP TB SYRING SYRINGE 1 ML (syringe, disposable, 1 mL)                                                                                                                                                                                                                                                                                                                | Tier 1    |                                  |
| EASY TOUCH FLIPLOCK NEEDLE NEEDLE 30 X 1/2 " (needles, safety)                                                                                                                                                                                                                                                                                                                         | Tier 1    |                                  |
| EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 mL)                                                                                                                                                                                                                                                   | Tier 1    |                                  |
| EASY TOUCH FLIPLOCK SYRINGE SYRINGE 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (syringe,safety with needle,10 mL)                                                                                                                                | Tier 1    |                                  |
| EASY TOUCH FLIPLOCK SYRINGE SYRINGE 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL) | Tier 1    |                                  |

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This Drug Formulary was updated:01/01/2026



| Prescription Drug Name                                                                                                                                                                                                                             | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| EASY TOUCH FLIPLOCK SYRINGE SYRINGE 5 ML 18 GAUGE X 1", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1", 5 ML 25 GAUGE X 5/8" (syringe,safety with needle,5 mL) | Tier 1    |                                  |
| EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 mL)                                                                                                                                    | Tier 1    |                                  |
| EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 mL)                                                                                                                                  | Tier 1    |                                  |
| EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)                                                                                                                                        | Tier 1    |                                  |
| EASY TOUCH HYPODERMIC NEEDLE NEEDLE 30 GAUGE X 1/2" (needles, disposable)                                                                                                                                                                          | Tier 1    |                                  |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)                                                                                                                                                                              | Tier 1    |                                  |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)                                                                                                                                                                            | Tier 1    |                                  |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)                                                                                                                                                                            | Tier 1    |                                  |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)                                                                                                                                                                              | Tier 1    |                                  |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)                                                                                                                                                                              | Tier 1    |                                  |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 60 ML (syringe, disposable, 60 mL)                                                                                                                                                                            | Tier 1    |                                  |
| EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 10 ML 21 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (syringe,safety with needle,10 mL)                                                                                                    | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                        | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL) | Tier 1    |                                  |
| EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 5 ML 21 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1" (syringe,safety with needle,5 mL)                                                                                   | Tier 1    |                                  |
| EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)                                                                                                                                                      | Tier 1    |                                  |
| EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)                                                                                                                                                        | Tier 1    |                                  |
| EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)                                                                                                                            | Tier 1    |                                  |
| EASY TOUCH SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)                                      | Tier 1    |                                  |
| EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)                                                                                     | Tier 1    |                                  |
| EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)                                                               | Tier 1    |                                  |
| EASY TOUCH UNI-SLIP SYRINGE 10 ML (syringe, disposable, 10 mL)                                                                                                                                                                | Tier 1    |                                  |
| EASYPPOINT NEEDLE NEEDLE 25 GAUGE X 1 1/2" (needles, safety)                                                                                                                                                                  | Tier 2    |                                  |
| ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8" (needles, safety)                                                                                                                                                        | Tier 2    |                                  |
| ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)                                                                                                                                           | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                     | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 mL)                           | Tier 1    |                                  |
| EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (syringe with needle,disposable, 3 mL)                                                  | Tier 1    |                                  |
| EXEL HYPODERMIC NEEDLES NEEDLE 30 GAUGE X 1/2" (needles, disposable)                                                       | Tier 1    |                                  |
| EXEL SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)                                                                    | Tier 1    |                                  |
| EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (syringe with needle,disposable, 3 mL) | Tier 1    |                                  |
| EXEL SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)                                                                    | Tier 1    |                                  |
| EXEL SYRINGE SYRINGE 50 ML (syringe, disposable, 50 mL)                                                                    | Tier 1    |                                  |
| INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1" (syringe,safety with needle,3 mL)                                               | Tier 1    |                                  |
| INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML (syringe with cannula, disposable, 10 mL)                                 | Tier 1    |                                  |
| IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)                                                                 | Tier 1    |                                  |
| LUER LOCK SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)                                                               | Tier 1    |                                  |
| LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML (syringe, disposable, 1 mL)                                                        | Tier 1    |                                  |
| LUER-LOK TIP SYRINGE 30 ML (syringe, disposable, 30 mL)                                                                    | Tier 1    |                                  |
| MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1" (syringe,safety with needle,1 mL)                                       | Tier 1    |                                  |
| MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 mL)                                            | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                                           | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| MONOJECT 140CC PISTON SYRINGE SYRINGE (syringe, disposable)                                                                                                                                                      | Tier 1    |                                  |
| MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML (syringe, disposable, 35 mL)                                                                                                                                        | Tier 1    |                                  |
| MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1" (syringe with needle,disposable, 3 mL)                                                                                                                        | Tier 1    |                                  |
| MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2" (syringe with needle 1 mL, disposable kit-tray)                                                                                                                 | Tier 1    |                                  |
| MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2" (syring w-needl 0.5 mL,kit-tray)                                                                                                                                     | Tier 1    |                                  |
| MONOJECT ALLERGY TRAY TRAY 1 ML 28 X 1/2" (syringe with needle 1 mL, disposable kit-tray)                                                                                                                        | Tier 1    |                                  |
| MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML (syringe, disposable, 12 mL)                                                                                                                                         | Tier 1    |                                  |
| MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)                                                                                                                                           | Tier 1    |                                  |
| MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML (syringe, disposable, 12 mL)                                                                                                                                        | Tier 1    |                                  |
| MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML (syringe, disposable, 35 mL)                                                                                                                                        | Tier 1    |                                  |
| MONOJECT HYPODERMIC NEEDLES NEEDLE 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (needles, disposable) | Tier 2    |                                  |
| MONOJECT LUER-LOCK TIP SYRINGE 12 ML (syringe, disposable, 12 mL)                                                                                                                                                | Tier 1    |                                  |
| MONOJECT LUER-LOCK TIP SYRINGE 3 ML (syringe, disposable, 3 mL)                                                                                                                                                  | Tier 1    |                                  |
| MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 mL)                                                                                                     | Tier 1    |                                  |

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| Prescription Drug Name                                                                 | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------|-----------|----------------------------------|
| MONOJECT MAGELLAN SYRINGE SYRINGE 3 ML 20 GAUGE X 1" (syringe,safety with needle,3 mL) | Tier 1    |                                  |
| MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML (syringe, disposable, 12 mL)                 | Tier 1    |                                  |
| MONOJECT PHARMACY TRAY LUER SYRINGE 20 ML (syringe, disposable, 20 mL)                 | Tier 1    |                                  |
| MONOJECT PHARMACY TRAY LUER SYRINGE 3 ML (syringe, disposable, 3 mL)                   | Tier 1    |                                  |
| MONOJECT PHARMACY TRAY LUER SYRINGE 35 ML (syringe, disposable, 35 mL)                 | Tier 1    |                                  |
| MONOJECT PHARMACY TRAY LUER SYRINGE 6 ML (syringe, disposable, 6 mL)                   | Tier 1    |                                  |
| MONOJECT PHARMACY TRAY LUER SYRINGE 60 ML (syringe, disposable, 60 mL)                 | Tier 1    |                                  |
| MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML (syringe, disposable, 1 mL)                | Tier 1    |                                  |
| MONOJECT REG TIP NON-STERILE SYRINGE 12 ML (syringe, disposable, 12 mL)                | Tier 1    |                                  |
| MONOJECT REG TIP NON-STERILE SYRINGE 20 ML (syringe, disposable, 20 mL)                | Tier 1    |                                  |
| MONOJECT REG TIP NON-STERILE SYRINGE 3 ML (syringe, disposable, 3 mL)                  | Tier 1    |                                  |
| MONOJECT REG TIP NON-STERILE SYRINGE 6 ML (syringe, disposable, 6 mL)                  | Tier 1    |                                  |
| MONOJECT REGULAR LUER SYRINGE 12 ML (syringe, disposable, 12 mL)                       | Tier 1    |                                  |
| MONOJECT REGULAR LUER SYRINGE 3 ML (syringe, disposable, 3 mL)                         | Tier 1    |                                  |
| MONOJECT REGULAR LUER SYRINGE 35 ML (syringe, disposable, 35 mL)                       | Tier 1    |                                  |
| MONOJECT REGULAR LUER SYRINGE 6 ML (syringe, disposable, 6 mL)                         | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                      | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML (syringe, disposable, 3 mL)                                                                                                                                                      | Tier 1    |                                  |
| MONOJECT SAFETY SYRINGES SYRINGE 12 ML (syringe, disposable, 12 mL)                                                                                                                                                         | Tier 1    |                                  |
| MONOJECT SAFETY SYRINGES SYRINGE 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2" (syringe,safety with needle,12 mL)                                                                                                                     | Tier 1    |                                  |
| MONOJECT SAFETY SYRINGES SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL) | Tier 1    |                                  |
| MONOJECT SAFETY SYRINGES SYRINGE 6 ML (syringe with needle,disposable, 6 mL)                                                                                                                                                | Tier 1    |                                  |
| MONOJECT SMARTIP CANNULA SYRINGE 12 ML (syringe with cannula,disposable 12 mL)                                                                                                                                              | Tier 1    |                                  |
| MONOJECT SMARTIP CANNULA SYRINGE 3 ML (syringe with cannula, disposable, 3 mL)                                                                                                                                              | Tier 1    |                                  |
| MONOJECT SMARTIP CANNULA SYRINGE 6 ML (syringe with cannula, disposable, 6 mL)                                                                                                                                              | Tier 1    |                                  |
| MONOJECT SYRINGE LUER LOK SYRINGE 35 ML (syringe, disposable, 35 mL)                                                                                                                                                        | Tier 1    |                                  |
| MONOJECT SYRINGE LUER LOK SYRINGE 6 ML (syringe, disposable, 6 mL)                                                                                                                                                          | Tier 1    |                                  |
| MONOJECT SYRINGE LUER LOK SYRINGE 60 ML (syringe, disposable, 60 mL)                                                                                                                                                        | Tier 1    |                                  |
| MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML (syringe, disposable, 60 mL)                                                                                                                                                    | Tier 1    |                                  |
| MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1" (syringe with needle,disposable, 12 mL)                                                                       | Tier 1    |                                  |
| MONOJECT SYRINGE SYRINGE 140 ML (syringe, disposable, 140 mL)                                                                                                                                                               | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                                                                                                   | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| MONOJECT SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)                                                                                                                                                                                                                                                | Tier 1    |                                  |
| MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (syringe with needle,disposable, 3 mL) | Tier 1    |                                  |
| MONOJECT SYRINGE SYRINGE 6 ML (syringe, disposable, 6 mL)                                                                                                                                                                                                                                                | Tier 1    |                                  |
| MONOJECT SYRINGE SYRINGE 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2" (syringe with needle,disposable, 6 mL)                                                                                                                                                                       | Tier 1    |                                  |
| MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (syringe, disposable, 60 mL)                                                                                                                                                                                                                                  | Tier 1    |                                  |
| MONOJECT TB LUER LOK SYRINGE 1 ML (syringe, disposable, 1 mL)                                                                                                                                                                                                                                            | Tier 1    |                                  |
| MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML (syringe, disposable, 1 mL)                                                                                                                                                                                                                                    | Tier 1    |                                  |
| MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)                                                                                                                                                                                                           | Tier 1    |                                  |
| MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)                                                                                                                                                                                                                | Tier 1    |                                  |
| MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 mL)                                                                                                                                                                                                                          | Tier 1    |                                  |
| MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)                                                                                                                                                                                                                                     | Tier 1    |                                  |
| MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 mL)                                                                                                                                              | Tier 1    |                                  |
| MONOJECT TUBERCULIN SYRINGE SYRINGE 1/2 ML 28 X 1/2" (syringe with needle,disposable, 0.5 mL)                                                                                                                                                                                                            | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                                                                                                           | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| NORM-JECT SYRINGE 10 ML (syringe, disposable, 10 mL)                                                                                                                                                                                                                                                             | Tier 1    |                                  |
| NORM-JECT SYRINGE 20 ML (syringe, disposable, 20 mL)                                                                                                                                                                                                                                                             | Tier 1    |                                  |
| NORM-JECT TUBERKULIN SYRINGE 1 ML (syringe, disposable, 1 mL)                                                                                                                                                                                                                                                    | Tier 1    |                                  |
| POLY HUB NEEDLE NEEDLE 30 GAUGE X 1/2" (needles, disposable)                                                                                                                                                                                                                                                     | Tier 1    |                                  |
| SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2" (syringe,needle,safety 1 mL,self-contained disposal unit)                                                                                                                                                                                    | Tier 1    |                                  |
| SAFESNAP SYRINGE SYRINGE 10 ML (syringe, safety 10 mL, self-contained disposal unit)                                                                                                                                                                                                                             | Tier 1    |                                  |
| SAFESNAP SYRINGE SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1" (syringe,safety needle 10 mL and self-contained disposal unit)                                                                                 | Tier 1    |                                  |
| SAFESNAP SYRINGE SYRINGE 3 ML (syringe, safety 3 mL, self-contained disposal unit)                                                                                                                                                                                                                               | Tier 1    |                                  |
| SAFESNAP SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe 3 mL with safety needle,self-contained disposal unit) | Tier 1    |                                  |
| SAFESNAP SYRINGE SYRINGE 5 ML (syringe, safety 5 mL, self-contained disposal unit)                                                                                                                                                                                                                               | Tier 1    |                                  |
| SAFESNAP SYRINGE SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1" (syringe, safety needle 5 mL and self-contained disposal unit)                                                                                       | Tier 1    |                                  |
| <i>safety needles needle 18 gauge x 1 1/2"</i>                                                                                                                                                                                                                                                                   | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                                                                                                                                    | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2" (needles, safety) | Tier 2    |                                  |
| SURGUARD2 SAFETY NEEDLE 30 GAUGE X 1 1/2" (needles, safety)                                                                                                                                                                                                                                                                               | Tier 1    |                                  |
| SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 mL)                                                                                                                                                                                                               | Tier 1    |                                  |
| SURGUARD2 SAFETY SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,10 mL)                                                                                                                                                                                                         | Tier 1    |                                  |
| SURGUARD2 SAFETY SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)                                                                               | Tier 1    |                                  |
| SURGUARD2 SAFETY SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,5 mL)                                                                                                                                                                                                             | Tier 1    |                                  |
| <i>syringe (disposable) syringe 10 ml, 20 ml, 3 ml, 30 ml, 5 ml, 60 ml</i>                                                                                                                                                                                                                                                                | Tier 1    |                                  |
| SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (syringe with needle,disposable, 3 mL)                                                                                                                                                                                                                                                      | Tier 1    |                                  |
| SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (syringe with needle,disposable, 3 mL)                                                                                                                                                                                                                                                      | Tier 1    |                                  |
| SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle,disposable, 3 mL)                                                                                                                                                                                                                                              | Tier 1    |                                  |
| SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle,disposable, 3 mL)                                                                                                                                                                                                                                                      | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                         | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (syringe with needle,disposable, 3 mL)                                                                                                       | Tier 1    |                                  |
| SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (syringe with needle,disposable, 3 mL)                                                                                                           | Tier 1    |                                  |
| <i>syringe with needle syringe 1 ml 25 gauge x 1", 10 ml 20 x 1", 3 ml 20 gauge x 1 1/2", 3 ml 22 x 1 1/2", 3 ml 23 x 1"</i>                                                                   | Tier 1    |                                  |
| SYRINGE WITHOUT NEEDLE SYRINGE (syringe, disposable)                                                                                                                                           | Tier 1    |                                  |
| TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)                                                                                                           | Tier 1    |                                  |
| TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1" (syringe with needle,disposable, 5 mL) | Tier 1    |                                  |
| TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)                                                         | Tier 1    |                                  |
| TERUMO SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)                                                                                                                                      | Tier 1    |                                  |
| TOOMEY SYRINGE SYRINGE 70 ML (syringe, disposable irrigation, 70 mL)                                                                                                                           | Tier 1    |                                  |
| TUBERCULIN SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)                                                                                                                                    | Tier 1    |                                  |
| TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)                                                                     | Tier 1    |                                  |
| <i>tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"</i>                                                                                                                                | Tier 1    |                                  |
| ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2" (syringe with needle,disposable, 1 mL)                                                                                           | Tier 1    |                                  |
| ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2" (syringe with needle,disposable, 3 mL)                                                                                                 | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                                            | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ULTICARE SAFETY SYRINGE SYRINGE 3 ML (syringe, safety 3 mL)                                                                                                                                                                                       | Tier 1    |                                  |
| ULTICARE SAFETY SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)                                                | Tier 1    |                                  |
| ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)                                                                                                                                                                      | Tier 1    |                                  |
| ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)                                                                                                             | Tier 1    |                                  |
| VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (syringe with needle,disposable, 1 mL)                                                                                                                                                             | Tier 1    |                                  |
| VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,10 mL)                                                                                                                                                            | Tier 1    |                                  |
| VANISHPOINT SYRINGE SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL) | Tier 1    |                                  |
| VANISHPOINT SYRINGE SYRINGE 3 ML 25 GAUGE X 1 1/2", 3 ML 27 GAUGE X 1 1/2" (syringe,safety with needle,3 mL)                                                                                                                                      | Tier 1    |                                  |
| VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,5 mL)                                                                                                                                                              | Tier 1    |                                  |
| VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" (syringe with needle,disposable, 5 mL)                                                                                                                                     | Tier 1    |                                  |
| VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)                                                                                                                                | Tier 1    |                                  |

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|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Medical Supplies And Dme - Parenteral Therapy Supplies - Medical Supplies And Durable Medical Equipment</b> |           |                                  |
| INTERLINK LEVER LOCK CANNULA (syringe accessory)                                                               | Tier 2    |                                  |
| I-PORT (injection ports)                                                                                       | Tier 2    |                                  |
| I-PORT ADVANCE 6 MM INJEC PORT (injection ports)                                                               | Tier 2    |                                  |
| I-PORT ADVANCE 9 MM INJEC PORT (injection ports)                                                               | Tier 2    |                                  |
| KENDALL DISINFECTANT CAP (alcohol swab cap)                                                                    | Tier 2    |                                  |
| MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY (intravenous equipment)                                      | Tier 2    |                                  |
| PHASEAL ASSEMBLY FIXTURE DEVICE (assembly system, vial to transfer device, closed system)                      | Tier 2    |                                  |
| PHASEAL CONNECTOR LUER LOCK (connector luer lock, closed system)                                               | Tier 2    |                                  |
| PHASEAL INFUSION ADAPTER (infusion adapter, closed system)                                                     | Tier 2    |                                  |
| PHASEAL INFUSION CLAMP (clamp, IV tubing)                                                                      | Tier 2    |                                  |
| PHASEAL INJECTOR LUER (needle injector, luer, closed system)                                                   | Tier 2    |                                  |
| PHASEAL INJECTOR LUER LOCK (needle injector, luer lock, closed system)                                         | Tier 2    |                                  |
| PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM (transfer device, closed system)                                  | Tier 2    |                                  |
| VARITHENA ADMINISTRATION PACK (transfer set/syringe, disposable/bandages,compression/tubing)                   | Tier 2    |                                  |
| <b>Medical Supplies And Dme - Peak Flow Meters - Medical Supplies And Durable Medical Equipment</b>            |           |                                  |
| AIRZONE PEAK FLOW METER DEVICE (peak flow meter)                                                               | DME       |                                  |
| ASTHMA CHECK METER DEVICE (peak flow meter)                                                                    | DME       |                                  |

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|-----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ASTHMAPACK CHILDREN'S KIT (peak flow meter/inhaler, assist devices)                                             | DME       |                                  |
| CLEVER CHOICE PEAK FLOW METER DEVICE (peak flow meter)                                                          | DME       |                                  |
| IN-CHECK NASAL WITH MASK DEVICE (peak flow meter)                                                               | DME       |                                  |
| IN-CHECK ORAL FLOW METER DEVICE (peak flow meter)                                                               | DME       |                                  |
| MICROLIFE PEAK FLOW METER DEVICE (peak flow meter)                                                              | DME       |                                  |
| MINI WRIGHT PEAK FLOW METER DEVICE (peak flow meter)                                                            | DME       |                                  |
| PEAK AIR PEAK FLOW METER DEVICE (peak flow meter)                                                               | DME       |                                  |
| PERSONAL BEST FULL RANGE DEVICE (peak flow meter)                                                               | DME       |                                  |
| PERSONAL BEST LOW RANGE DEVICE (peak flow meter)                                                                | DME       |                                  |
| PIKO 1 DEVICE (peak flow meter)                                                                                 | DME       |                                  |
| POCKET PEAK FLOW METER DEVICE (peak flow meter)                                                                 | DME       |                                  |
| PURECOMFORT PEAK FLOW METER DEVICE (peak flow meter)                                                            | DME       |                                  |
| TRUZONE PEAK FLOW METER DEVICE (peak flow meter)                                                                | DME       |                                  |
| <b>Medical Supplies And Dme - Respiratory Therapy Supplies - Medical Supplies And Durable Medical Equipment</b> |           |                                  |
| A.I.R.S. NEBULIZER REPLACEMENT KIT (nebulizer accessories)                                                      | Tier 2    |                                  |
| ACE AEROSOL CLOUD ENHANCER SPACER (inhaler, assist devices)                                                     | Tier 2    |                                  |
| AEROBIKA OSCILLATING PEP SYSTM DEVICE (mucus clearing device)                                                   | Tier 2    |                                  |

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|--------------------------------------------------------------------------------|-----------|----------------------------------|
| AEROCHAMBER MECHANICAL VENT SPACER (inhaler, assist devices)                   | Tier 2    |                                  |
| AEROCHAMBER MINI SPACER (inhaler, assist devices)                              | Tier 2    |                                  |
| AEROCHAMBER MV SPACER (inhaler, assist devices)                                | Tier 2    |                                  |
| AEROCHAMBER PLUS FLOW-VU SPACER (inhaler, assist devices)                      | Tier 2    |                                  |
| AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (inhaler,assist device with large mask)  | Tier 2    |                                  |
| AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (inhaler,assist device with medium mask) | Tier 2    |                                  |
| AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (inhaler,assist device with small mask)  | Tier 2    |                                  |
| AEROCHAMBER PLUS Z STAT LG MSK SPACER (inhaler,assist device with large mask)  | Tier 2    |                                  |
| AEROCHAMBER PLUS Z STAT MD MSK SPACER (inhaler,assist device with medium mask) | Tier 2    |                                  |
| AEROCHAMBER PLUS Z STAT SM MSK SPACER (inhaler,assist device with small mask)  | Tier 2    |                                  |
| AEROCHAMBER PLUS Z STAT SPACER (inhaler, assist devices)                       | Tier 2    |                                  |
| AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (inhaler, assist devices)                | Tier 2    |                                  |
| AEROCHAMBER2GO SPACER (inhaler, assist devices)                                | Tier 2    |                                  |
| AERONEB GO (nebulizer accessories)                                             | Tier 2    |                                  |
| AEROTRACH PLUS SPACER (inhaler, assist devices)                                | Tier 2    |                                  |
| AEROVENT PLUS SPACER (inhaler, assist devices)                                 | Tier 2    |                                  |
| AIRS ADULT AEROSOL MASK (nebulizer accessories)                                | Tier 2    |                                  |
| AIRS PEDIATRIC DISPOSABLE MASK (nebulizer accessories)                         | Tier 2    |                                  |
| ALL FLOW 1000 KIT (nebulizer accessories)                                      | Tier 2    |                                  |
| ALL FLOW 1000 PFT FILTER (nebulizer accessories)                               | Tier 2    |                                  |

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|--------------------------------------------------------------------------------|-----------|----------------------------------|
| ALL FLOW 3000 KIT (nebulizer accessories)                                      | Tier 2    |                                  |
| ALL FLOW 3000 PFT FILTER (nebulizer accessories)                               | Tier 2    |                                  |
| ALL FLOW 4000 KIT (nebulizer accessories)                                      | Tier 2    |                                  |
| ALL FLOW 4000 PFT FILTER (nebulizer accessories)                               | Tier 2    |                                  |
| ALL FLOW 5000 KIT (nebulizer accessories)                                      | Tier 2    |                                  |
| ALL FLOW 5000 PFT FILTER (nebulizer accessories)                               | Tier 2    |                                  |
| ALL FLOW 6000 PFT FILTER (nebulizer accessories)                               | Tier 2    |                                  |
| BREATHERITE MDI SPACER SPACER (inhaler, assist devices)                        | Tier 2    |                                  |
| BREATHERITE SPACER-MASK, NEO. SPACER (inhaler,assist device with small mask)   | Tier 2    |                                  |
| BREATHERITE SPACER-MASK,ADULT SPACER (inhaler,assist device with large mask)   | Tier 2    |                                  |
| BREATHERITE SPACER-MASK,CHILD SPACER (inhaler,assist device with medium mask)  | Tier 2    |                                  |
| BREATHERITE SPACER-MASK,INFANT SPACER (inhaler,assist device with small mask)  | Tier 2    |                                  |
| BREATHERITE SPACER-MASK,S.CHLD SPACER (inhaler,assist device with small mask)  | Tier 2    |                                  |
| BREATHERITE VALVED MDI CHAMBER SPACER (inhaler, assist devices)                | Tier 2    |                                  |
| BREATHERITE VALVED MDI SPACER SPACER (inhaler, assist devices)                 | Tier 2    |                                  |
| CLEVER CHOICE CHAMBER-LRG MASK SPACER (inhaler,assist device with large mask)  | Tier 2    |                                  |
| CLEVER CHOICE CHAMBER-MED MASK SPACER (inhaler,assist device with medium mask) | Tier 2    |                                  |
| CLEVER CHOICE CHAMBER-SM MASK SPACER (inhaler,assist device with small mask)   | Tier 2    |                                  |
| CLEVER CHOICE NEB KIT-ADULT (nebulizer accessories)                            | Tier 2    |                                  |
| CLEVER CHOICE NEB KIT-CHILD (nebulizer accessories)                            | Tier 2    |                                  |

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|--------------------------------------------------------------------------------|-----------|----------------------------------|
| CLEVER CHOICE NEBULIZER DEVICE (nebulizer and compressor)                      | Tier 2    |                                  |
| CLEVER CHOICE WHISPER AIRE PED DEVICE (nebulizer and compressor)               | Tier 2    |                                  |
| COMFORTSEAL LARGE MASK DEVICE (inhaler, assist devices, accessories)           | Tier 2    |                                  |
| COMFORTSEAL MEDIUM MASK DEVICE (inhaler, assist devices, accessories)          | Tier 2    |                                  |
| COMFORTSEAL SMALL MASK DEVICE (inhaler, assist devices, accessories)           | Tier 2    |                                  |
| COMPACT SPACE CHAMBER SPACER (inhaler, assist devices)                         | Tier 2    |                                  |
| COMPACT SPACE CHAMBER-LRG MASK SPACER (inhaler,assist device with large mask)  | Tier 2    |                                  |
| COMPACT SPACE CHAMBER-MED MASK SPACER (inhaler,assist device with medium mask) | Tier 2    |                                  |
| COMPACT SPACE CHAMBER-SM MASK SPACER (inhaler,assist device with small mask)   | Tier 2    |                                  |
| COMP-AIR NEBULIZER COMPRESSOR DEVICE (nebulizer and compressor)                | Tier 2    |                                  |
| DEVILBISS PULMO-AIDE COMPRESSR DEVICE (compressor, for nebulizer)              | Tier 2    |                                  |
| DEVILBISS PULMOMATE COMPRESSOR DEVICE (compressor, for nebulizer)              | Tier 2    |                                  |
| DEVILBISS TRAVELER COMPRESSOR DEVICE (nebulizer and compressor)                | Tier 2    |                                  |
| EASIVENT HOLDING CHAMBER SPACER (inhaler, assist devices)                      | Tier 2    |                                  |
| EASIVENT MASK LARGE DEVICE (inhaler, assist devices, accessories)              | Tier 2    |                                  |
| EASIVENT MASK MEDIUM DEVICE (inhaler, assist devices, accessories)             | Tier 2    |                                  |

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|-------------------------------------------------------------------------------|-----------|----------------------------------|
| EASIVENT MASK SMALL DEVICE (inhaler, assist devices, accessories)             | Tier 2    |                                  |
| EASY NEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)               | Tier 2    |                                  |
| EBASE CONTROLLER DEVICE (compressor, for nebulizer)                           | Tier 2    |                                  |
| FLEXICHAMBER SPACER (inhaler, assist devices)                                 | Tier 2    |                                  |
| FLEXICHAMBER-LG CHILD MASK DEVICE (inhaler, assist devices, accessories)      | Tier 2    |                                  |
| FLEXICHAMBER-SM ADULT MASK DEVICE (inhaler, assist devices, accessories)      | Tier 2    |                                  |
| FLEXICHAMBER-SM CHILD MASK DEVICE (inhaler, assist devices, accessories)      | Tier 2    |                                  |
| HOME NEBULIZER PLUS SIDESTREAM DEVICE (nebulizer and compressor)              | Tier 2    |                                  |
| INNOSPIRE DELUXE DEVICE (nebulizer and compressor)                            | Tier 2    |                                  |
| INNOSPIRE ELEGANCE DEVICE (nebulizer and compressor)                          | Tier 2    |                                  |
| INNOSPIRE ESSENCE DEVICE (nebulizer and compressor)                           | Tier 2    |                                  |
| INNOSPIRE MINI DEVICE (nebulizer and compressor)                              | Tier 2    |                                  |
| INNOSPIRE REPLACEMENT FILTER (nebulizer accessories)                          | Tier 2    |                                  |
| INSPIRACHAMBER SPACER (inhaler, assist devices)                               | Tier 2    |                                  |
| INSPIRACHAMBER WITH MASK-LARGE SPACER (inhaler,assist device with large mask) | Tier 2    |                                  |
| INSPIRACHAMBER WITH MASK-MED SPACER (inhaler,assist device with medium mask)  | Tier 2    |                                  |
| INSPIRACHAMBER WITH MASK-SMALL SPACER (inhaler,assist device with small mask) | Tier 2    |                                  |
| INSPIRATION ELITE FILTER (nebulizer accessories)                              | Tier 2    |                                  |

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|-----------------------------------------------------------------------------|-----------|----------------------------------|
| LITE TOUCH-MEDIUM MASK DEVICE (inhaler, assist devices, accessories)        | Tier 2    |                                  |
| LITEAIRE MDI CHAMBER SPACER (inhaler, assist devices)                       | Tier 2    |                                  |
| LITETOUCH-LARGE MASK DEVICE (inhaler, assist devices, accessories)          | Tier 2    |                                  |
| LITETOUCH-SMALL MASK DEVICE (inhaler, assist devices, accessories)          | Tier 2    |                                  |
| MICROCHAMBER SPACER (inhaler, assist devices)                               | Tier 2    |                                  |
| MICROSPACER SPACER (inhaler, assist devices)                                | Tier 2    |                                  |
| nebulizer and compressor device                                             | Tier 2    |                                  |
| NOSE CLIP (nebulizer accessories)                                           | Tier 2    |                                  |
| OMBRA COMPRESSOR SYSTEM DEVICE (nebulizer and compressor)                   | Tier 2    |                                  |
| OPTICHAMBER ADULT MASK-LARGE DEVICE (inhaler, assist devices, accessories)  | Tier 2    |                                  |
| OPTICHAMBER DIAMOND LG MASK SPACER (inhaler,assist device with large mask)  | Tier 2    |                                  |
| OPTICHAMBER DIAMOND VHC SPACER (inhaler, assist devices)                    | Tier 2    |                                  |
| OPTICHAMBER DIAMOND-MED MSK SPACER (inhaler,assist device with medium mask) | Tier 2    |                                  |
| OPTICHAMBER DIAMOND-SML MASK SPACER (inhaler,assist device with small mask) | Tier 2    |                                  |
| PARI BABY CONV KIT - SIZE 1 KIT (nebulizer accessories)                     | Tier 2    |                                  |
| PARI BABY CONV KIT - SIZE 2 KIT (nebulizer accessories)                     | Tier 2    |                                  |
| PARI BABY CONV KIT - SIZE 3 KIT (nebulizer accessories)                     | Tier 2    |                                  |
| PARI TREK S COMBO PACK DEVICE (nebulizer and compressor)                    | Tier 2    |                                  |
| PARI TREK S COMPACT COMPRESSOR DEVICE (nebulizer and compressor)            | Tier 2    |                                  |

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|--------------------------------------------------------------------------------|-----------|----------------------------------|
| PARI TREK S PORTABLE PWR KIT (nebulizer accessories)                           | Tier 2    |                                  |
| PEDIATRIC BEAR NEBULIZER DEVICE (nebulizer and compressor)                     | Tier 2    |                                  |
| PEDIATRIC COMP-AIR COMPRES NEB DEVICE (nebulizer and compressor)               | Tier 2    |                                  |
| PFLEX INSPIRATORY TRAINER DEVICE (spirometers and accessories)                 | Tier 2    |                                  |
| PILLOW MASK CHILD (nebulizer accessories)                                      | Tier 2    |                                  |
| POCKET CHAMBER SPACER (inhaler, assist devices)                                | Tier 2    |                                  |
| PRIMEAIRE SPACER (inhaler, assist devices)                                     | Tier 2    |                                  |
| PROCARE COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)                 | Tier 2    |                                  |
| PROCARE PEDIATRIC NEBULIZER DEVICE (nebulizer and compressor)                  | Tier 2    |                                  |
| PROCARE SPACER WITH ADULT MASK SPACER (inhaler,assist device with large mask)  | Tier 2    |                                  |
| PROCARE SPACER WITH CHILD MASK SPACER (inhaler,assist device with medium mask) | Tier 2    |                                  |
| PROCHAMBER SPACER (inhaler, assist devices)                                    | Tier 2    |                                  |
| PRONEB MAX COMPRESSOR-LC PLUS DEVICE (nebulizer and compressor)                | Tier 2    |                                  |
| PRONEB MAX COMPRESSR-LC SPRINT DEVICE (nebulizer and compressor)               | Tier 2    |                                  |
| PRONEB ULTRA II FILTER ASSEM (nebulizer accessories)                           | Tier 2    |                                  |
| PROVENT NASAL DEVICE (nasal exhalation resistance device)                      | Tier 2    |                                  |
| PROVENT STARTER NASAL DEVICE (nasal exhalation resistance device)              | Tier 2    |                                  |
| PULMO-AIDE COMPRESSOR DEVICE (compressor, for nebulizer)                       | Tier 2    |                                  |

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| Prescription Drug Name                                                         | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------|-----------|----------------------------------|
| PULMONEB LT COMPRESSOR NEBUL DEVICE (nebulizer and compressor)                 | Tier 2    |                                  |
| PUREAIR MINI NEBULIZER DEVICE (nebulizer and compressor)                       | Tier 2    |                                  |
| QUAKE VIBRATORY PEP DEVICE (mucus clearing device)                             | Tier 2    |                                  |
| REUSABLE NEBULIZER KIT KIT (nebulizer accessories)                             | Tier 2    |                                  |
| RITEFLO AEROCHAMBER SPACER (inhaler, assist devices)                           | Tier 2    |                                  |
| RUBBER MOUTHPIECE (nebulizer accessories)                                      | Tier 2    |                                  |
| SAMI THE SEAL DEVICE (nebulizer and compressor)                                | Tier 2    |                                  |
| SAMI THE SEAL MASK (nebulizer accessories)                                     | Tier 2    |                                  |
| SIDESTREAM MASK (nebulizer accessories)                                        | Tier 2    |                                  |
| SILICONE MASK (nebulizer accessories)                                          | Tier 2    |                                  |
| SILICONE MASK - INFANT DEVICE (inhaler, assist devices, accessories)           | Tier 2    |                                  |
| SMARTNEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)                | Tier 2    |                                  |
| SOOTHENEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)               | Tier 2    |                                  |
| SPACE CHAMBER SPACER (inhaler, assist devices)                                 | Tier 2    |                                  |
| SPACE CHAMBER WITH LARGE MASK SPACER (inhaler,assist device with large mask)   | Tier 2    |                                  |
| SPACE CHAMBER WITH MEDIUM MASK SPACER (inhaler,assist device with medium mask) | Tier 2    |                                  |
| SPACE CHAMBER WITH SMALL MASK SPACER (inhaler,assist device with small mask)   | Tier 2    |                                  |
| SUNRISE COMPRESSOR-NEBULIZER DEVICE (compressor, for nebulizer)                | Tier 2    |                                  |
| THRESHOLD IMT TRAINER DEVICE (spirometers and accessories)                     | Tier 2    |                                  |

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|----------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| THRESHOLD PEP DEVICE DEVICE (spirometers and accessories)                                          | Tier 2    |                                  |
| VIOS AEROSOL DELIVERY SYSTEM DEVICE (nebulizer and compressor)                                     | Tier 2    |                                  |
| VORTEX HOLDING CHAMBER SPACER (inhaler, assist devices)                                            | Tier 2    |                                  |
| VORTEX VHC PEDIATRIC MASK SPACER (inhaler, assist device with medium mask)                         | Tier 2    |                                  |
| WILLIS THE WHALE COMPRESSR NEB DEVICE (nebulizer and compressor)                                   | Tier 2    |                                  |
| <b>Medical Supplies And Dme - Scar Treatments - Medical Supplies And Durable Medical Equipment</b> |           |                                  |
| CELACYN TOPICAL GEL WITH PUMP (emollient combination no.60)                                        | Tier 2    |                                  |
| CELLPAD TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)                                  | Tier 2    |                                  |
| CICASIL TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)                                  | Tier 2    |                                  |
| CICATRACE PAD TOPICAL PAD 4.7 X 5.7 " (gel-matrix pad dressing, silicone)                          | Tier 2    |                                  |
| DERM-SILK TOPICAL PAD 2.5 X 2 " (gel-matrix pad dressing, silicone)                                | Tier 2    |                                  |
| KELOTOP TOPICAL PAD 4.7 X 5.7 " (gel-matrix pad dressing, silicone)                                | Tier 2    |                                  |
| NUVA III TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)                                           | Tier 2    |                                  |
| NUVAGEL TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)                                            | Tier 2    |                                  |
| NUVAZIL II TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)                                         | Tier 2    |                                  |

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|-----------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| PROSILK TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)                                                     | Tier 2    |                                  |
| SCARCARE TOPICAL KIT 2 X 5.5 " (gel-matrix pad, silicone-dimethicone-dime-decameoct-oct-vit E)                        | Tier 2    |                                  |
| SCARCIN PAD PLUS TOPICAL PAD 1.57 X 5.12 " (gel-matrix pad dressing, silicone)                                        | Tier 2    |                                  |
| SCARCINPAD TOPICAL PAD 1.57 X 5.12 " (gel-matrix pad dressing, silicone)                                              | Tier 2    |                                  |
| SCARHEAL TOPICAL SHEET 2 X 2.5 " (silicone adhesive)                                                                  | Tier 2    |                                  |
| SCARSILK TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)                                                    | Tier 2    |                                  |
| SILADERM TOPICAL SHEET 5 CM X 14 CM (silicone adhesive)                                                               | Tier 2    |                                  |
| SILADONE TOPICAL SHEET 2 X 2.5 " (silicone adhesive)                                                                  | Tier 2    |                                  |
| SIL-K TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)                                                       | Tier 2    |                                  |
| SILTREX TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)                                                     | Tier 2    |                                  |
| SZOSIL TOPICAL SHEET 5 CM X 14 CM (silicone adhesive)                                                                 | Tier 2    |                                  |
| SZOSIL TOPICAL STRIP 1.4 X 6 " (silicone adhesive)                                                                    | Tier 2    |                                  |
| ZILACAINE PATCH TOPICAL COMBO PACK 5 % (lidocaine/silicone, adhesive)                                                 | Tier 2    |                                  |
| <b>Medical Supplies And Dme - Subcutaneous Administration Supply - Medical Supplies And Durable Medical Equipment</b> |           |                                  |
| INSUFLON INFUSION SET 25 X 18 MM (subcutaneous administration set)                                                    | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                   | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Medical Supplies And Dme - Subcutaneous Insulin Delivery Devices - Medical Supplies And Durable Medical Equipment</b> |           |                                  |
| CEQUR SIMPLICITY DEVICE 2 UNIT (subcutaneous bolus insulin patch pump, 200 unit, disposable)                             | Tier 2    |                                  |
| ILET STARTER KIT CONTACT KIT (insulin pump/insulin cartridge/infusion set/syringe/needle)                                | Tier 2    |                                  |
| ILET STARTER KIT-INSET KIT (insulin pump/insulin cartridge/infusion set/syringe/needle)                                  | Tier 2    |                                  |
| MODD1 PATIENT WELCOME KIT KIT (insulin pump/insulin cartridge/infusion set/syringe/needle)                               | Tier 2    |                                  |
| OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,subcut automated dosing,BT,G6/L2)             | Tier 2    |                                  |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (insulin pump cart,automated dosing,BT,G6/G7 with controller)      | Tier 2    |                                  |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,subcut automated dosing,BT,G6/G7)            | Tier 2    |                                  |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE (insulin pump cart,automated dosing,BT,G6/L2 with controller)      | Tier 2    |                                  |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,continuous infusion,BT and controller)     | Tier 2    |                                  |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,continuous subcut infusion,bluetooth)           | Tier 2    |                                  |
| TWIST REFILL KT(CSST-NDL-SYR) KIT (insulin pump cartridge/insulin pump syringe/insulin needles)                          | Tier 2    |                                  |
| TWIST RFL(INFUS-CSST-NDL-SYR) KIT (insulin pump cartridge/insulin infusion set/syringe/needle)                           | Tier 2    |                                  |

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| Prescription Drug Name                                                                                       | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| TWIST STARTER KIT KIT (insulin pump/insulin cartridge/infusion set/syringe/needle)                           | Tier 2    |                                  |
| V-GO 20 DEVICE (sub-q insulin delivery device, 20 unit,disposable)                                           | Tier 2    |                                  |
| V-GO 30 DEVICE (sub-q insulin delivery device, 30 unit, disposable)                                          | Tier 2    |                                  |
| V-GO 40 DEVICE (sub-q insulin delivery device, 40 unit, disposable)                                          | Tier 2    |                                  |
| <b>Medical Supplies And Dme - Subcutaneous Insulin Pump - Medical Supplies And Durable Medical Equipment</b> |           |                                  |
| ILET INSULIN PUMP (subcutaneous insulin pump)                                                                | Tier 2    | PA                               |
| MINIMED 630G INSULIN PUMP (subcutaneous insulin pump)                                                        | Tier 2    | PA                               |
| MINIMED 770G INSULIN PUMP (subcutaneous insulin pump)                                                        | Tier 2    | PA                               |
| MINIMED 780G INSULIN PUMP (subcutaneous insulin pump)                                                        | Tier 2    | PA                               |
| T:SLIM X2 BASAL-IQ INSULIN PMP (subcutaneous insulin pump)                                                   | Tier 2    | PA                               |
| T:SLIM X2 CONTROL-IQ (subcutaneous insulin pump)                                                             | Tier 2    | PA                               |
| TANDEM MOBI SYSTEM (subcutaneous insulin pump)                                                               | Tier 2    | PA                               |
| <b>Medical Supplies And Dme - Tissue Bulking Implants - Medical Supplies And Durable Medical Equipment</b>   |           |                                  |
| BARRIGEL IMPLANT GEL FOR IMPLANT IN SYRINGE 60 MG/3 ML (hyaluronate sodium, stabilized)                      | Tier 2    | PA                               |

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| Prescription Drug Name                                                                                                              | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Medical Supplies And Dme - Urinary Catheters And Related Devices - Medical Supplies And Durable Medical Equipment</b>            |           |                                  |
| ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-" (catheter) | Tier 2    |                                  |
| ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16" (urinary bag/catheter)                                                         | Tier 2    |                                  |
| APOGEE IC INTERMIT CATHETER 14-6 FR-" (catheter)                                                                                    | Tier 2    |                                  |
| APOGEE PLUS INTERMITT CATHETER 16-16 FR-" (catheter)                                                                                | Tier 2    |                                  |
| DOVER COATED LATEX FOLEY COMBO PACK (urinary bag/catheterization tray)                                                              | Tier 2    |                                  |
| DOVER LATEX FOLEY CATHETER 16 FR, 28 FR (catheter)                                                                                  | Tier 2    |                                  |
| DOVER RED RUBBER ROBINSON CATH 8 FR (catheter)                                                                                      | Tier 2    |                                  |
| DOVER UNIVERSAL TRAY (catheterization tray)                                                                                         | Tier 2    |                                  |
| FEMALE CATHETER 14 FR (catheter)                                                                                                    | Tier 2    |                                  |
| KENGUARD FOLEY CATHETER 18-16 FR-" (catheter)                                                                                       | Tier 2    |                                  |
| KENGUARD FOLEY CATHETER TRAY (catheterization tray)                                                                                 | Tier 2    |                                  |
| LOFRIC 12-16 FR-", 14-16 FR-" (catheter)                                                                                            | Tier 2    |                                  |
| LOFRIC ORIGO 14-16 FR-" (catheter)                                                                                                  | Tier 2    |                                  |
| LOFRIC PRIMO NELATON CATHETER 16-16 FR-" (catheter)                                                                                 | Tier 2    |                                  |
| LOFRIC SENSE NELATON CATHETER 14-6 FR-" (catheter)                                                                                  | Tier 2    |                                  |
| MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-" (catheter)                                                                      | Tier 2    |                                  |
| ROBINSON CLEAR VINYL CATHETER 16 FR (catheter)                                                                                      | Tier 2    |                                  |
| SELF-CATHETER, FEMALE 14 FR (catheter)                                                                                              | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                         | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| SILASTIC FOLEY CATHETER 20 FR (catheter)                                                                                       | Tier 2    |                                  |
| SPEEDICATH (FEMALE) 16 FR (catheter)                                                                                           | Tier 2    |                                  |
| TOUCH-TROL 10 FR (catheter)                                                                                                    | Tier 2    |                                  |
| VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" (urinary bag/catheter)                               | Tier 2    |                                  |
| <b>Medical Supplies And Dme - Urine Ketone Tests - Medical Supplies And Durable Medical Equipment</b>                          |           |                                  |
| KETONE CARE STRIP (urine acetone test strips)                                                                                  | DME       |                                  |
| KETONE URINE TEST STRIP (urine acetone test strips)                                                                            | DME       |                                  |
| KETOSTIX STRIP (urine acetone test strips)                                                                                     | DME       |                                  |
| TRUEPLUS KETONE STRIP (urine acetone test strips)                                                                              | DME       |                                  |
| <b>Medical Supplies And Dme- Blood Collection Sets With Local Anesthetics - Medical Supplies And Durable Medical Equipment</b> |           |                                  |
| CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 % (blood collection set/lidocaine/prilocaine)                       | Tier 2    |                                  |
| LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 % (blood collection set/lidocaine/prilocaine)                                            | Tier 2    |                                  |
| <b>Medical Supplies And Dme-Eustachian Tube/Middle Ear Ventilator Devices - Medical Supplies And Durable Medical Equipment</b> |           |                                  |
| EAR POPPER INFLATION DEVICE NASAL DEVICE (middle ear inflation device)                                                         | Tier 2    |                                  |
| <b>Medical Supplies And Dme-Glucose Monitoring And Insulin Admin Supplies - Medical Supplies And Durable Medical Equipment</b> |           |                                  |
| AUTOSOFT 30 INFUSION SET (infusion set for insulin pump)                                                                       | Tier 2    |                                  |

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|--------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| AUTOSOFT 90 INFUSION SET (infusion set for insulin pump)                                         | Tier 2    |                                  |
| AUTOSOFT XC INFUSION SET 23" INFUSION SET (infusion set for insulin pump)                        | Tier 2    |                                  |
| AUTOSOFT XC INFUSION SET 32" INFUSION SET (infusion set for insulin pump)                        | Tier 2    |                                  |
| AUTOSOFT XC INFUSION SET 43" INFUSION SET (infusion set for insulin pump)                        | Tier 2    |                                  |
| ILET INFUSION KIT-INSET 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)    | Tier 2    |                                  |
| ILET INFUSION KIT-INSET 32" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)    | Tier 2    |                                  |
| ILET INFUSION-CONTACT DTCH 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge) | Tier 2    |                                  |
| MEDTRONIC EXT INFUSION SET 23" INFUSION SET (infusion set for insulin pump)                      | Tier 2    |                                  |
| MEDTRONIC EXT INFUSION SET 32" INFUSION SET (infusion set for insulin pump)                      | Tier 2    |                                  |
| MINIMED MIO ADVANCE INF SET23" INFUSION SET (infusion set for insulin pump)                      | Tier 2    |                                  |
| MINIMED MIO ADVANCE INF SET43" INFUSION SET (infusion set for insulin pump)                      | Tier 2    |                                  |
| MINIMED QUICK SET 18" INFUSION SET (infusion set for insulin pump)                               | Tier 2    |                                  |
| MINIMED QUICK SET 23" INFUSION SET (infusion set for insulin pump)                               | Tier 2    |                                  |
| MINIMED QUICK SET 32" INFUSION SET (infusion set for insulin pump)                               | Tier 2    |                                  |
| MINIMED QUICK SET 43" INFUSION SET (infusion set for insulin pump)                               | Tier 2    |                                  |
| MINIMED SILHOUETTE 18" INFUSION SET (infusion set for insulin pump)                              | Tier 2    |                                  |

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|--------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| MINIMED SILHOUETTE 23" INFUSION SET (infusion set for insulin pump)                              | Tier 2    |                                  |
| MINIMED SILHOUETTE 32" INFUSION SET (infusion set for insulin pump)                              | Tier 2    |                                  |
| MINIMED SILHOUETTE 43" INFUSION SET (infusion set for insulin pump)                              | Tier 2    |                                  |
| MINIMED SURE T 18" INFUSION SET (infusion set for insulin pump)                                  | Tier 2    |                                  |
| MINIMED SURE T 23" INFUSION SET (infusion set for insulin pump)                                  | Tier 2    |                                  |
| MINIMED SURE T 32" INFUSION SET (infusion set for insulin pump)                                  | Tier 2    |                                  |
| MODD1 SUPPLY KIT COMBO PACK (infusion set for insulin pump/insulin pump cartridge)               | Tier 2    |                                  |
| TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge) | Tier 2    |                                  |
| TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK (infusion set for insulin pump/insulin pump cartridge) | Tier 2    |                                  |
| TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge) | Tier 2    |                                  |
| TANDEM MOBI AUTOSOFT30 14PK 23 COMBO PACK (infusion set for insulin pump/insulin pump cartridge) | Tier 2    |                                  |
| TANDEM MOBI AUTOSOFTXC 14PK 23 COMBO PACK (infusion set for insulin pump/insulin pump cartridge) | Tier 2    |                                  |
| TANDEM MOBI AUTOSOFTXC 14PK 5" COMBO PACK (infusion set for insulin pump/insulin pump cartridge) | Tier 2    |                                  |
| TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)   | Tier 2    |                                  |
| TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge) | Tier 2    |                                  |
| TANDEM T:SLIM ASFT 30 PK14 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge) | Tier 2    |                                  |

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|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)                                                   | Tier 2    |                                  |
| TANDEM T:SLIM ASFT XC PK14 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)                                                   | Tier 2    |                                  |
| TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)                                                    | Tier 2    |                                  |
| TRUSTEEL INFUSION SET 23" INFUSION SET (infusion set for insulin pump)                                                                             | Tier 2    |                                  |
| TRUSTEEL INFUSION SET 32" INFUSION SET (infusion set for insulin pump)                                                                             | Tier 2    |                                  |
| VARISOFT INFUSION SET 23" INFUSION SET (infusion set for insulin pump)                                                                             | Tier 2    |                                  |
| VARISOFT INFUSION SET 32" INFUSION SET (infusion set for insulin pump)                                                                             | Tier 2    |                                  |
| VARISOFT INFUSION SET 43" INFUSION SET (infusion set for insulin pump)                                                                             | Tier 2    |                                  |
| <b>Medical Supply, Fdb Superset</b>                                                                                                                |           |                                  |
| <b>Medical Supply, Fdb Superset</b>                                                                                                                |           |                                  |
| 1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)      | Tier 1    |                                  |
| 1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic) | Tier 1    |                                  |
| 2-IN-1 LANCET DEVICE 30 GAUGE (lancets)                                                                                                            | DME       |                                  |
| 2TEK CONTROL (HIGH-NORMAL) SOLUTION (blood glucose calibration control solution, high and normal)                                                  | DME       |                                  |
| 2TEK GLUCOSE/BLOOD PRESSURE KIT (blood-glucose meter and wrist blood pressure monitor)                                                             | DME       |                                  |
| A.I.R.S. NEBULIZER REPLACEMENT KIT (nebulizer accessories)                                                                                         | Tier 2    |                                  |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                       | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACCU-CHEK AVIVA CONTROL SOLN SOLUTION (blood glucose calibration control high and low)       | DME       |                                                                                                                                                                                                                    |
| ACCU-CHEK AVIVA PLUS TEST STRP STRIP (blood sugar diagnostic)                                | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ACCU-CHEK FASTCLIX LANCET DRUM (lancets)                                                     | DME       |                                                                                                                                                                                                                    |
| ACCU-CHEK FASTCLIX LANCING DEV KIT (lancing device/lancets)                                  | DME       |                                                                                                                                                                                                                    |
| ACCU-CHEK GUIDE GLUCOSE METER (blood-glucose meter)                                          | DME       |                                                                                                                                                                                                                    |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION (blood glucose calibration control high and low)     | DME       |                                                                                                                                                                                                                    |
| ACCU-CHEK GUIDE ME GLUCOSE MTR (blood-glucose meter)                                         | DME       |                                                                                                                                                                                                                    |
| ACCU-CHEK GUIDE TEST STRIPS STRIP (blood sugar diagnostic)                                   | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ACCU-CHEK SAFE-T-PRO 23 GAUGE (lancets)                                                      | DME       |                                                                                                                                                                                                                    |
| ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (lancets)                                                 | DME       |                                                                                                                                                                                                                    |
| ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION (blood glucose calibration control solution, normal) | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                                              | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACCU-CHEK SMARTVIEW TEST STRIP STRIP (blood sugar diagnostic)                                                                       | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ACCU-CHEK SOFT DEV LANCETS KIT (lancing device/lancets)                                                                             | DME       |                                                                                                                                                                                                                    |
| ACCU-CHEK SOFTCLIX LANCETS (lancets)                                                                                                | DME       |                                                                                                                                                                                                                    |
| ACCUTREND GLUCOSE CONTROL SOLUTION (blood glucose calibration control high and low)                                                 | DME       |                                                                                                                                                                                                                    |
| ACCUTREND GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)                                                                        | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ACE AEROSOL CLOUD ENHANCER SPACER (inhaler, assist devices)                                                                         | Tier 2    |                                                                                                                                                                                                                    |
| ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (lancets)                                                                           | DME       |                                                                                                                                                                                                                    |
| ADJUSTABLE LANCING DEVICE (lancing device)                                                                                          | DME       |                                                                                                                                                                                                                    |
| ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-" (catheter) | Tier 2    |                                                                                                                                                                                                                    |
| ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16" (urinary bag/catheter)                                                         | Tier 2    |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                                   | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ADVANCED ALL-IN-ONE METER KIT (blood-glucose meter)                                                                      | DME       |                                                                                                                                                                                                                    |
| ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic)                                                            | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ADVANCED GLUCOSE METER (blood-glucose meter)                                                                             | DME       |                                                                                                                                                                                                                    |
| ADVANCED LANCING DEVICE KIT (lancing device/lancets)                                                                     | DME       |                                                                                                                                                                                                                    |
| ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)                                                                               | DME       |                                                                                                                                                                                                                    |
| ADVIN COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)                                                      | Tier 2    | QL (8 EA per 30 days)                                                                                                                                                                                              |
| ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)                                               | DME       |                                                                                                                                                                                                                    |
| ADVOCATE LANCING DEVICE (lancing device)                                                                                 | DME       |                                                                                                                                                                                                                    |
| ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic) | Tier 1    |                                                                                                                                                                                                                    |
| ADVOCATE REDI-CODE PLUS (blood-glucose meter)                                                                            | DME       |                                                                                                                                                                                                                    |
| ADVOCATE REDI-CODE PLUS CTRL L SOLUTION (blood glucose calibration control solution, low)                                | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                             | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)                                                             | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION (blood glucose calibration control solution, high)                          | DME       |                                                                                                                                                                                                                    |
| ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)    | Tier 1    |                                                                                                                                                                                                                    |
| ADVOCATE SYRINGES SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)    | Tier 1    |                                                                                                                                                                                                                    |
| ADVOCATE SYRINGES SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL) | Tier 1    |                                                                                                                                                                                                                    |
| AEROBIKA OSCILLATING PEP SYSTM DEVICE (mucus clearing device)                                                      | Tier 2    |                                                                                                                                                                                                                    |
| AEROCHAMBER MECHANICAL VENT SPACER (inhaler, assist devices)                                                       | Tier 2    |                                                                                                                                                                                                                    |
| AEROCHAMBER MINI SPACER (inhaler, assist devices)                                                                  | Tier 2    |                                                                                                                                                                                                                    |
| AEROCHAMBER MV SPACER (inhaler, assist devices)                                                                    | Tier 2    |                                                                                                                                                                                                                    |
| AEROCHAMBER PLUS FLOW-VU SPACER (inhaler, assist devices)                                                          | Tier 2    |                                                                                                                                                                                                                    |
| AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (inhaler,assist device with large mask)                                      | Tier 2    |                                                                                                                                                                                                                    |
| AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (inhaler,assist device with medium mask)                                     | Tier 2    |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                      | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (inhaler,assist device with small mask)               | Tier 2    |                                                                                                                                                                                                                    |
| AEROCHAMBER PLUS Z STAT LG MSK SPACER (inhaler,assist device with large mask)               | Tier 2    |                                                                                                                                                                                                                    |
| AEROCHAMBER PLUS Z STAT MD MSK SPACER (inhaler,assist device with medium mask)              | Tier 2    |                                                                                                                                                                                                                    |
| AEROCHAMBER PLUS Z STAT SM MSK SPACER (inhaler,assist device with small mask)               | Tier 2    |                                                                                                                                                                                                                    |
| AEROCHAMBER PLUS Z STAT SPACER (inhaler, assist devices)                                    | Tier 2    |                                                                                                                                                                                                                    |
| AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (inhaler, assist devices)                             | Tier 2    |                                                                                                                                                                                                                    |
| AEROCHAMBER2GO SPACER (inhaler, assist devices)                                             | Tier 2    |                                                                                                                                                                                                                    |
| AEROECLIPSE II NEBULIZER (nebulizer)                                                        | Tier 2    |                                                                                                                                                                                                                    |
| AEROECLIPSE XL NEBULIZER (nebulizer)                                                        | Tier 2    |                                                                                                                                                                                                                    |
| AERONEB GO (nebulizer accessories)                                                          | Tier 2    |                                                                                                                                                                                                                    |
| AERONEB GO NEBULIZER (nebulizer)                                                            | Tier 2    |                                                                                                                                                                                                                    |
| AEROTRACH PLUS SPACER (inhaler, assist devices)                                             | Tier 2    |                                                                                                                                                                                                                    |
| AEROVENT PLUS SPACER (inhaler, assist devices)                                              | Tier 2    |                                                                                                                                                                                                                    |
| AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)                                    | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| AGAMATRIX CONTROL SOLN-HIGH SOLUTION (blood glucose calibration control solution, high)     | DME       |                                                                                                                                                                                                                    |
| AGAMATRIX CONTROL SOLN-NORMAL SOLUTION (blood glucose calibration control solution, normal) | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AGAMATRIX CONTROL SOLN-NORM-HI SOLUTION (blood glucose calibration control solution, high and normal) | DME       |                                                                                                                                                                                                                    |
| AGAMATRIX JAZZ TEST STRIPS STRIP (blood sugar diagnostic)                                             | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| AGAMATRIX JAZZ WIRELESS 2 MNTR KIT (blood-glucose meter)                                              | DME       |                                                                                                                                                                                                                    |
| AGAMATRIX PRESTO SYSTEM (blood-glucose meter)                                                         | DME       |                                                                                                                                                                                                                    |
| AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic)                                           | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| AGAMATRIX ULTRA-THIN LANCET 33 GAUGE (lancets)                                                        | DME       |                                                                                                                                                                                                                    |
| AIMSCO LATEX CONDOM DEVICE (condoms, latex, lubricated)                                               | Tier 0    |                                                                                                                                                                                                                    |
| AIRS ADULT AEROSOL MASK (nebulizer accessories)                                                       | Tier 2    |                                                                                                                                                                                                                    |
| AIRS DISPOSABLE NEBULIZER (nebulizer)                                                                 | Tier 2    |                                                                                                                                                                                                                    |
| AIRS PEDIATRIC DISPOSABLE MASK (nebulizer accessories)                                                | Tier 2    |                                                                                                                                                                                                                    |
| AIRZONE PEAK FLOW METER DEVICE (peak flow meter)                                                      | DME       |                                                                                                                                                                                                                    |
| ALKALINE BATTERIES (diabetic supplies,miscell)                                                        | DME       |                                                                                                                                                                                                                    |
| ALL FLOW 1000 KIT (nebulizer accessories)                                                             | Tier 2    |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                                                         | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ALL FLOW 1000 PFT FILTER (nebulizer accessories)                                                                                               | Tier 2    |                                  |
| ALL FLOW 3000 KIT (nebulizer accessories)                                                                                                      | Tier 2    |                                  |
| ALL FLOW 3000 PFT FILTER (nebulizer accessories)                                                                                               | Tier 2    |                                  |
| ALL FLOW 4000 KIT (nebulizer accessories)                                                                                                      | Tier 2    |                                  |
| ALL FLOW 4000 PFT FILTER (nebulizer accessories)                                                                                               | Tier 2    |                                  |
| ALL FLOW 5000 KIT (nebulizer accessories)                                                                                                      | Tier 2    |                                  |
| ALL FLOW 5000 PFT FILTER (nebulizer accessories)                                                                                               | Tier 2    |                                  |
| ALL FLOW 6000 PFT FILTER (nebulizer accessories)                                                                                               | Tier 2    |                                  |
| ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 0.5 mL)                                         | Tier 1    |                                  |
| ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 1 mL) | Tier 1    |                                  |
| ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 1 mL)                                               | Tier 1    |                                  |
| ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)                                                                  | Tier 1    |                                  |
| ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 7 X 7 " (foam bandage)                                                                               | Tier 2    |                                  |
| ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 " (foam bandage)                                                                                   | Tier 2    |                                  |
| ALTERA NEBULIZER HANDSET (nebulizer)                                                                                                           | Tier 2    |                                  |
| ALTERA NEBULIZER SYSTEM (nebulizer)                                                                                                            | Tier 2    |                                  |
| ALTERNATE SITE LANCET 26 GAUGE (lancets)                                                                                                       | DME       |                                  |
| ALTERNATE SITE LANCING DEVICE (lancing device)                                                                                                 | DME       |                                  |
| AMIELLE VAGINAL TRAINER KIT (medical supply, miscellaneous)                                                                                    | Tier 2    |                                  |
| APOGEE IC INTERMIT CATHETER 14-6 FR-" (catheter)                                                                                               | Tier 2    |                                  |
| APOGEE PLUS INTERMITT CATHETER 16-16 FR-" (catheter)                                                                                           | Tier 2    |                                  |

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| Prescription Drug Name                                                                             | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AQINJECT PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)               | Tier 1    |                                                                                                                                                                                                                    |
| AQUA LANCE LANCING DEVICE (lancing device)                                                         | DME       |                                                                                                                                                                                                                    |
| ARGYLE TRACHEOSTOMY CARE TRAY (medical supply, miscellaneous)                                      | Tier 2    |                                                                                                                                                                                                                    |
| ASSURE 4 CONTROL SOLUTION COMBO PACK (blood-glucose calib. control)                                | DME       |                                                                                                                                                                                                                    |
| ASSURE 4 STRIPS STRIP (blood sugar diagnostic)                                                     | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ASSURE DOSE NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)           | DME       |                                                                                                                                                                                                                    |
| ASSURE DOSE NORM-HI CONTROL SOLUTION (blood glucose calibration control solution, high and normal) | DME       |                                                                                                                                                                                                                    |
| ASSURE ID DUO PRO SFTY PEN NDL NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)              | Tier 1    |                                                                                                                                                                                                                    |
| ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic, safety)                        | Tier 1    |                                                                                                                                                                                                                    |
| ASSURE ID PRO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic, safety)                    | Tier 1    |                                                                                                                                                                                                                    |
| ASSURE LANCE 25 GAUGE, 28 GAUGE (lancets)                                                          | DME       |                                                                                                                                                                                                                    |
| ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (lancets)                                           | DME       |                                                                                                                                                                                                                    |
| ASSURE PLATINUM GLUCOSE METER (blood-glucose meter)                                                | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                               | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)                                            | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ASSURE PRISM CONTROL 1-2 SOLN SOLUTION (blood glucose calibration control solution, high and normal) | DME       |                                                                                                                                                                                                                    |
| ASSURE PRISM MULTI METER (blood-glucose meter)                                                       | DME       |                                                                                                                                                                                                                    |
| ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)                                              | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ASTHMA CHECK METER DEVICE (peak flow meter)                                                          | DME       |                                                                                                                                                                                                                    |
| ASTHMAPACK CHILDREN'S KIT (peak flow meter/inhaler, assist devices)                                  | DME       |                                                                                                                                                                                                                    |
| AURA PORTANEB (nebulizer)                                                                            | Tier 2    |                                                                                                                                                                                                                    |
| AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)                       | DME       |                                                                                                                                                                                                                    |
| AUTO-LANCET MINI (lancing device)                                                                    | DME       |                                                                                                                                                                                                                    |
| AUTOLET IMPRESSION LANC DEV KIT (lancing device/lancets)                                             | DME       |                                                                                                                                                                                                                    |
| AUTOLET LANCING DEVICE (lancing device)                                                              | DME       |                                                                                                                                                                                                                    |
| AUTOLET LITE (lancing device)                                                                        | DME       |                                                                                                                                                                                                                    |

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|-------------------------------------------------------------------------------------------|-----------|----------------------------------|
| AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)                  | DME       |                                  |
| AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)                  | DME       |                                  |
| AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic, safety)          | Tier 1    |                                  |
| AUTOSOFT 30 INFUSION SET (infusion set for insulin pump)                                  | Tier 2    |                                  |
| AUTOSOFT 90 INFUSION SET (infusion set for insulin pump)                                  | Tier 2    |                                  |
| AUTOSOFT XC INFUSION SET 23" INFUSION SET (infusion set for insulin pump)                 | Tier 2    |                                  |
| AUTOSOFT XC INFUSION SET 32" INFUSION SET (infusion set for insulin pump)                 | Tier 2    |                                  |
| AUTOSOFT XC INFUSION SET 43" INFUSION SET (infusion set for insulin pump)                 | Tier 2    |                                  |
| BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL) | Tier 1    |                                  |
| BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2" (syring w-needl 0.5 mL,kit-tray)        | Tier 1    |                                  |
| BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 mL)    | Tier 1    |                                  |
| BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML (syringe with cannula, disposable, 3 mL)       | Tier 1    |                                  |
| BD BULK SYRINGE SLIP TIP SYRINGE 1 ML (syringe, disposable, 1 mL)                         | Tier 1    |                                  |
| BD BULK SYRINGE SLIP TIP SYRINGE 5 ML (syringe, disposable, 5 mL)                         | Tier 1    |                                  |
| BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)                       | Tier 1    |                                  |
| BD ECLIPSE LUER-LOK NEEDLE 30 X 1/2 " (needles, safety)                                   | Tier 1    |                                  |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                                                                       | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)                                                            | Tier 1    |                                  |
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)                                               | Tier 1    |                                  |
| BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 GAUGE X 1 1/2" (syringe,safety with needle,3 mL)                                                         | Tier 1    |                                  |
| BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)                                              | Tier 1    |                                  |
| BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (needles, filter)                                                                              | Tier 2    |                                  |
| BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4" (intravenous catheter)                                                       | Tier 2    |                                  |
| BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle,disposable, 3 mL)                                                     | Tier 1    |                                  |
| BD INTEGRA SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)                    | Tier 1    |                                  |
| BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML (syringe with cannula, disposable, 5 mL)                                                    | Tier 1    |                                  |
| BD INTERLINK SYRINGE SYRINGE 17 X 10 ML (syringe with cannula, disposable, 10 mL)                                                            | Tier 1    |                                  |
| BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)                                                                          | Tier 1    |                                  |
| BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1" (syringe with needle,disposable, 1 mL)                                                        | Tier 1    |                                  |
| BD LUER-LOK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)                                                                               | Tier 1    |                                  |
| BD LUER-LOK SYRINGE SYRINGE 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2" (syringe with needle,disposable, 10 mL) | Tier 1    |                                  |
| BD LUER-LOK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)                                                                               | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                                                                                  | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| BD LUER-LOK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)                                                                                                                                                                                                                            | Tier 1    |                                  |
| BD LUER-LOK SYRINGE SYRINGE 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8", 3 ML 26 X 5/8" (syringe with needle,disposable, 3 mL) | Tier 1    |                                  |
| BD LUER-LOK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)                                                                                                                                                                                                                            | Tier 1    |                                  |
| BD LUER-LOK SYRINGE SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1" (syringe with needle,disposable, 5 mL)                                                                                                                                           | Tier 1    |                                  |
| BD LUER-LOK SYRINGE SYRINGE 50 ML (syringe, disposable, 50 mL)                                                                                                                                                                                                                          | Tier 1    |                                  |
| BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML (syringe, disposable, 10 mL)                                                                                                                                                                                                               | Tier 1    |                                  |
| BD MICROTAINER LANCET 1.5 X 2 MM (blade lancet, safety)                                                                                                                                                                                                                                 | DME       |                                  |
| BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)                                                                                                                                                                                                                                      | DME       |                                  |
| BD PRECISIONGLIDE NEEDLE 27 GAUGE X 3/8" (needles, disposable)                                                                                                                                                                                                                          | Tier 2    |                                  |
| BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)                                                                                                                                                                       | Tier 1    |                                  |
| BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.3 mL)                                                                                                                         | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                          | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64" (syringe with needle, insulin, safety, 0.5 mL) | Tier 1    |                                  |
| BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" (syringe with needle, insulin, safety, 1 mL)                                | Tier 1    |                                  |
| BD SAFETYGLIDE NEEDLE NEEDLE 23 GAUGE X 1 1/2" (needles, safety)                                                                                                | Tier 2    |                                  |
| BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)                                                                | Tier 1    |                                  |
| BD SAFETYGLIDE SHIELDING REG SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,3 mL)                                                                   | Tier 1    |                                  |
| BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (syringe with needle,disposable,insulin 1 mL)                                                               | Tier 1    |                                  |
| BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 mL)                                                                             | Tier 1    |                                  |
| BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)                                                                            | Tier 1    |                                  |
| BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)                                                                       | Tier 1    |                                  |
| BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 1 mL)                                                                   | Tier 1    |                                  |
| BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" (intravenous catheter kit)                                                                                         | Tier 2    |                                  |
| BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)                                                                         | Tier 1    |                                  |
| BD SLIP TIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)                                                                                                  | Tier 1    |                                  |
| B-D SLIP TIP SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)                                                                                                 | Tier 1    |                                  |

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| Prescription Drug Name                                                                                           | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| BD SLIP TIP SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)                                                     | Tier 1    |                                  |
| BD SLIP TIP SYRINGE SYRINGE 50 ML (syringe, disposable, 50 mL)                                                   | Tier 1    |                                  |
| BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2" (needles, disposable)                                            | Tier 1    |                                  |
| BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 mL)                                        | Tier 1    |                                  |
| BD SYRINGE CATHETER TIP SYRINGE 50 ML (syringe, disposable, 50 mL)                                               | Tier 1    |                                  |
| BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML (syringe, disposable, 10 mL)                                        | Tier 1    |                                  |
| BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML (syringe, disposable, 20 mL)                                        | Tier 1    |                                  |
| BD SYRINGE LUER-LOK NONSTERILE SYRINGE 5 ML (syringe, disposable, 5 mL)                                          | Tier 1    |                                  |
| BD SYRINGE LUER-LOK NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 mL)                                        | Tier 1    |                                  |
| BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML (syringe, disposable, 10 mL)                                           | Tier 1    |                                  |
| BD SYRINGE LUER-LOK STERILE SYRINGE 50 ML (syringe, disposable, 50 mL)                                           | Tier 1    |                                  |
| BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML (syringe, disposable, 10 mL)                                        | Tier 1    |                                  |
| BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML (syringe, disposable, 20 mL)                                        | Tier 1    |                                  |
| BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 mL)                                        | Tier 1    |                                  |
| BD SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)                                                              | Tier 1    |                                  |
| BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE (syringe with needle and cannula, disposable, 10 mL) | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                              | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| BD TUBERCULIN SLIP-TIP SYRINGE 1 ML (syringe, disposable, 1 mL)                                                                                     | Tier 1    |                                  |
| BD TUBERCULIN SLIP-TIP SYRINGE 1 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 1 mL)                                                          | Tier 1    |                                  |
| BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL) | Tier 1    |                                  |
| BD TUBERCULIN SYRINGE SYRINGE 1/2 ML 27 X 1/2 " (syringe with needle,disposable, 0.5 mL)                                                            | Tier 1    |                                  |
| BD VERITOR SARS-COV-2, FLU A-B KIT (COVID-19, influenza A, influenza B antigen immunoassay test)                                                    | Tier 2    |                                  |
| BD VERITOR SYSTEM SARS-COV-2 KIT (COVID-19 antigen immunoassay test)                                                                                | Tier 2    |                                  |
| BIGFOOT UNITY KIT (flash glucose sensor/blood glucose test strips/pen needles)                                                                      | Tier 2    |                                  |
| BIGFOOT UNITY PEN CAP-ADMELOG DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)                                                 | Tier 2    |                                  |
| BIGFOOT UNITY PEN CAP-APIDRA DEVICE (data transfer pen cap for insulin glulisine, reusable, BT)                                                     | Tier 2    |                                  |
| BIGFOOT UNITY PEN CAP-ASPART DEVICE (data transfer pen cap for insulin aspart, reusable,bluetooth)                                                  | Tier 2    |                                  |
| BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE (data transfr pen cap for insulin glargine,reusable,bluetooth)                                                | Tier 2    |                                  |
| BIGFOOT UNITY PEN CAP-FIASP DEVICE (data transfer pen cap for insulin aspart (B3), reusable, BT)                                                    | Tier 2    |                                  |
| BIGFOOT UNITY PEN CAP-HUMALOG DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)                                                 | Tier 2    |                                  |
| BIGFOOT UNITY PEN CAP-LANTUS DEVICE (data transfr pen cap for insulin glargine,reusable,bluetooth)                                                  | Tier 2    |                                  |
| BIGFOOT UNITY PEN CAP-LISPRO DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)                                                  | Tier 2    |                                  |

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| Prescription Drug Name                                                                               | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE (data transfer pen cap for insulin lispro-aabc, reusable, BT)   | Tier 2    |                                                                                                                                                                                                                    |
| BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE (data transfer pen cap for insulin aspart, reusable,bluetooth)  | Tier 2    |                                                                                                                                                                                                                    |
| BIGFOOT UNITY PEN CAP-TOUJEO DEVICE (data transf pen cap for insulin glargine,reusable,bluetooth)    | Tier 2    |                                                                                                                                                                                                                    |
| BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE (data transf pen cap for insulin glargine,reusable,bluetooth)  | Tier 2    |                                                                                                                                                                                                                    |
| BIGFOOT UNITY PEN CAP-TRESIBA DEVICE (data transfer pen cap for insulin degludec, reusable, BT)      | Tier 2    |                                                                                                                                                                                                                    |
| BINAXNOW COVD AG CARD HOME TST KIT (COVID-19 antigen immunoassay test)                               | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years)                                                                                                                                                                           |
| BINAXNOW COVID-19 AG CARD KIT (COVID-19 antigen immunoassay test)                                    | Tier 2    |                                                                                                                                                                                                                    |
| BINAXNOW COVID-19 AG SELF TEST KIT (COVID-19 antigen immunoassay test)                               | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years)                                                                                                                                                                           |
| BIONIME RIGHTEST GM300 SYSTEM KIT (blood-glucose meter)                                              | DME       |                                                                                                                                                                                                                    |
| BIONIME RIGHTEST TEST STRIPS STRIP (blood sugar diagnostic)                                          | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| BIOSTEP TOPICAL BANDAGE 2 X 2 ", 4 X 4 " (dressing, collagen/sodium alginate/carboxymethylcellulose) | Tier 2    |                                                                                                                                                                                                                    |
| BIOTEL CARE BGM-4 METER (blood-glucose meter)                                                        | DME       |                                                                                                                                                                                                                    |
| <i>blood glucose contrl hi,normal solution</i>                                                       | DME       |                                                                                                                                                                                                                    |
| <i>blood glucose control, normal solution</i>                                                        | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                         | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|--------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BLOOD GLUCOSE MONITORING KIT (blood-glucose meter)                             | DME       |                                                                                                                                                                                                                    |
| BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)                              | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| <i>blood-glucose meter</i>                                                     | DME       |                                                                                                                                                                                                                    |
| <i>blood-glucose meter kit</i>                                                 | DME       |                                                                                                                                                                                                                    |
| BLULINK BG SYSTEM REFILL KIT 32 GAUGE (lancets with blood glucose test strips) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| BLULINK DIABETIC TEST BUNDLE KIT (blood-glucose meter)                         | DME       |                                                                                                                                                                                                                    |
| BLULINK GLUCOSE MONITOR SYSTEM (blood-glucose meter)                           | DME       |                                                                                                                                                                                                                    |
| BLULINK GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)                      | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

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| Prescription Drug Name                                                                                                                                                      | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>blunt needle, disposable needle 18 x 1 1/2 "</i>                                                                                                                         | Tier 2    |                                  |
| BOYS TRAINING PANTS 4T-5T (diaper/brief, infant-toddler, disposable)                                                                                                        | Tier 2    |                                  |
| BREATHERITE MDI SPACER SPACER (inhaler, assist devices)                                                                                                                     | Tier 2    |                                  |
| BREATHERITE SPACER-MASK, NEO. SPACER (inhaler, assist device with small mask)                                                                                               | Tier 2    |                                  |
| BREATHERITE SPACER-MASK, ADULT SPACER (inhaler, assist device with large mask)                                                                                              | Tier 2    |                                  |
| BREATHERITE SPACER-MASK, CHILD SPACER (inhaler, assist device with medium mask)                                                                                             | Tier 2    |                                  |
| BREATHERITE SPACER-MASK, INFANT SPACER (inhaler, assist device with small mask)                                                                                             | Tier 2    |                                  |
| BREATHERITE SPACER-MASK, S.CHLD SPACER (inhaler, assist device with small mask)                                                                                             | Tier 2    |                                  |
| BREATHERITE VALVED MDI CHAMBER SPACER (inhaler, assist devices)                                                                                                             | Tier 2    |                                  |
| BREATHERITE VALVED MDI SPACER SPACER (inhaler, assist devices)                                                                                                              | Tier 2    |                                  |
| BREEZE 2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)                                                                                   | DME       |                                  |
| BREEZE 2 CONTROL SOLUTION, NML SOLUTION (blood glucose calibration control solution, normal)                                                                                | DME       |                                  |
| BREEZE 2 CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)                                                                                 | DME       |                                  |
| BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)                                                                                                         | DME       |                                  |
| BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)                                                                                                                                   | DME       |                                  |
| CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic) | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                                                           | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| CAREONE LANCING DEVICE (lancing device)                                                                                                                                                                                                                          | DME       |                                  |
| CAREONE ULTRA THIN LANCET (lancets)                                                                                                                                                                                                                              | DME       |                                  |
| CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)                                                                                                                                                                                             | Tier 1    |                                  |
| CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL) | Tier 1    |                                  |
| CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)                                                                                                                                                                                             | Tier 1    |                                  |
| CAREPOINT LUER SLIP SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)                                                                                                                                                               | Tier 1    |                                  |
| CAREPOINT PRECISION LUER LOCK SYRINGE 3 ML (syringe, disposable, 3 mL)                                                                                                                                                                                           | Tier 1    |                                  |
| CAREPOINT PRECISION NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1" (needles, disposable)                                                                                                                                                                             | Tier 2    |                                  |
| CAREPOINT PRECISION SAFETY SYRINGE 1 ML 23 GAUGE X 1" (syringe,safety with needle,1 mL)                                                                                                                                                                          | Tier 1    |                                  |
| CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1" (syringe,safety with needle,1 mL)                                                                                                                                                                      | Tier 1    |                                  |
| CARESENS CONTROL A AND B SOLUTION (blood glucose calibration control solution, high and normal)                                                                                                                                                                  | DME       |                                  |
| CARESENS LANCETS 30 GAUGE (lancets)                                                                                                                                                                                                                              | DME       |                                  |
| CARESENS N (blood-glucose meter)                                                                                                                                                                                                                                 | DME       |                                  |
| CARESENS N FELIZ BT GLUC METER (blood-glucose meter)                                                                                                                                                                                                             | DME       |                                  |
| CARESENS N FELIZ GLUCOSE METER (blood-glucose meter)                                                                                                                                                                                                             | DME       |                                  |
| CARESENS N PLUS BT KIT (blood-glucose meter)                                                                                                                                                                                                                     | DME       |                                  |

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| Prescription Drug Name                                                                                                                                            | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CARESENS N TEST STRIPS STRIP (blood sugar diagnostic)                                                                                                             | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| CARESENS N VOICE (blood-glucose meter)                                                                                                                            | DME       |                                                                                                                                                                                                                    |
| CARESTART COVID-19 AG HOME TST KIT (COVID-19 antigen immunoassay test)                                                                                            | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years)                                                                                                                                                                           |
| CARETOUCH CONTROL SOLN L2-L3 SOLUTION (blood glucose calibration control solution, high and normal)                                                               | DME       |                                                                                                                                                                                                                    |
| CARETOUCH GLUCOSE MONITORING KIT (blood-glucose meter)                                                                                                            | DME       |                                                                                                                                                                                                                    |
| CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                                                                    | Tier 1    |                                                                                                                                                                                                                    |
| CARETOUCH INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)                                           | Tier 1    |                                                                                                                                                                                                                    |
| CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL) | Tier 1    |                                                                                                                                                                                                                    |
| CARETOUCH LANCING DEVICE (lancing device)                                                                                                                         | DME       |                                                                                                                                                                                                                    |
| CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)                                                                                              | Tier 1    |                                                                                                                                                                                                                    |
| CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)                                                                                              | Tier 1    |                                                                                                                                                                                                                    |
| CARETOUCH LUER LOCK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)                                                                                              | Tier 1    |                                                                                                                                                                                                                    |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                                                                                                                                          | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8" (syringe with needle, disposable, 3 mL) | Tier 1    |                                                                                                                                                                                                                    |
| CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)                                                                                                                                            | Tier 1    |                                                                                                                                                                                                                    |
| CARETOUCH LUER SLIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)                                                                                                                                          | Tier 1    |                                                                                                                                                                                                                    |
| CARETOUCH LUER SLIP SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)                                                                                                                                            | Tier 1    |                                                                                                                                                                                                                    |
| CARETOUCH LUER SLIP SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)                                                                                                                                            | Tier 1    |                                                                                                                                                                                                                    |
| CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)                                                     | Tier 1    |                                                                                                                                                                                                                    |
| CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)                                                                                                                                                           | DME       |                                                                                                                                                                                                                    |
| CARETOUCH TEST STRIP STRIP (blood sugar diagnostic)                                                                                                                                                             | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)                                                                                                                                                   | DME       |                                                                                                                                                                                                                    |
| CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL (gel dressing)                                                                                                                                                        | Tier 2    |                                                                                                                                                                                                                    |
| CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (diaphragms, contoured)                                                                                                                                               | Tier 0    |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                       | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CEFALY COMBO PACK (transcutaneous electrical nerve stimulators(TENS)/electrodes)             | Tier 2    |                                                                                                                                                                                                                    |
| CELLPAD TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)                            | Tier 2    |                                                                                                                                                                                                                    |
| CEQUR SIMPLICITY DEVICE 2 UNIT (subcutaneous bolus insulin patch pump, 200 unit, disposable) | Tier 2    |                                                                                                                                                                                                                    |
| CEQUR SIMPLICITY INSERTER (diabetic supplies,miscell)                                        | DME       |                                                                                                                                                                                                                    |
| CHEMSTRIP BG LOG BOOK (diabetic supplies,miscell)                                            | DME       |                                                                                                                                                                                                                    |
| CHOICE DM CLARUS NORM CONTROL SOLUTION (blood glucose calibration control solution, normal)  | DME       |                                                                                                                                                                                                                    |
| CHOICEDM CLARUS (blood-glucose meter)                                                        | DME       |                                                                                                                                                                                                                    |
| CHOICEDM CLARUS STRIP (blood sugar diagnostic)                                               | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| CHOSEN LANCET 30 GAUGE (lancets)                                                             | DME       |                                                                                                                                                                                                                    |
| CHOSEN LANCING DEVICE (lancing device)                                                       | DME       |                                                                                                                                                                                                                    |
| CHOSEN SAFETY LANCET 28 GAUGE (lancets)                                                      | DME       |                                                                                                                                                                                                                    |
| CICASIL TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)                            | Tier 2    |                                                                                                                                                                                                                    |
| CICATRACE PAD TOPICAL PAD 4.7 X 5.7 " (gel-matrix pad dressing, silicone)                    | Tier 2    |                                                                                                                                                                                                                    |
| CLEVER CHEK BLOOD GLUCOSE (blood-glucose meter)                                              | DME       |                                                                                                                                                                                                                    |
| CLEVER CHEK BLOOD GLUCOSE SYST KIT (blood-glucose meter)                                     | DME       |                                                                                                                                                                                                                    |
| CLEVER CHEK LANCETS 30 GAUGE (lancets)                                                       | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                      | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLEVER CHOICE BLOOD GLUC SYS (blood-glucose meter)                                          | DME       |                                                                                                                                                                                                                    |
| CLEVER CHOICE CHAMBER-LRG MASK SPACER (inhaler,assist device with large mask)               | Tier 2    |                                                                                                                                                                                                                    |
| CLEVER CHOICE CHAMBER-MED MASK SPACER (inhaler,assist device with medium mask)              | Tier 2    |                                                                                                                                                                                                                    |
| CLEVER CHOICE CHAMBER-SM MASK SPACER (inhaler,assist device with small mask)                | Tier 2    |                                                                                                                                                                                                                    |
| CLEVER CHOICE GLUCOSE MONITOR (blood-glucose meter)                                         | DME       |                                                                                                                                                                                                                    |
| CLEVER CHOICE LEVEL 1 CONTROL SOLUTION (blood glucose calibration control solution, low)    | DME       |                                                                                                                                                                                                                    |
| CLEVER CHOICE LEVEL 2 CONTROL SOLUTION (blood glucose calibration control solution, normal) | DME       |                                                                                                                                                                                                                    |
| CLEVER CHOICE LEVEL 3 CONTROL SOLUTION (blood glucose calibration control solution, high)   | DME       |                                                                                                                                                                                                                    |
| CLEVER CHOICE MICRO (blood-glucose meter)                                                   | DME       |                                                                                                                                                                                                                    |
| CLEVER CHOICE MICRO TEST STRIP STRIP (blood sugar diagnostic)                               | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| CLEVER CHOICE NEB KIT-ADULT (nebulizer accessories)                                         | Tier 2    |                                                                                                                                                                                                                    |
| CLEVER CHOICE NEB KIT-CHILD (nebulizer accessories)                                         | Tier 2    |                                                                                                                                                                                                                    |
| CLEVER CHOICE NEBULIZER DEVICE (nebulizer and compressor)                                   | Tier 2    |                                                                                                                                                                                                                    |
| CLEVER CHOICE PEAK FLOW METER DEVICE (peak flow meter)                                      | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                   | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|----------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLEVER CHOICE PRO (blood-glucose meter)                  | DME       |                                                                                                                                                                                                                    |
| CLEVER CHOICE PRO STRIP (blood sugar diagnostic)         | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| CLEVER CHOICE TALK GLUCOSE SYS (blood-glucose meter)     | DME       |                                                                                                                                                                                                                    |
| CLEVER CHOICE TALK TEST STRIP (blood sugar diagnostic)   | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| CLEVER CHOICE TEST STRIPS STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

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| Prescription Drug Name                                                                                                                                                                                                     | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLEVER CHOICE VOICE PLUS TEST STRIP (blood sugar diagnostic)                                                                                                                                                               | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| CLEVER CHOICE WHISPER AIRE PED DEVICE (nebulizer and compressor)                                                                                                                                                           | Tier 2    |                                                                                                                                                                                                                    |
| CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                                                     | Tier 1    |                                                                                                                                                                                                                    |
| CLINITEST COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)                                                                                                                                                       | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years)                                                                                                                                                                           |
| COAGUCHEK LANCETS (lancets)                                                                                                                                                                                                | DME       |                                                                                                                                                                                                                    |
| COAGUCHEK XS (prothrombin time/INR test meter)                                                                                                                                                                             | Tier 2    |                                                                                                                                                                                                                    |
| COLOR LANCETS 21 GAUGE (lancets)                                                                                                                                                                                           | DME       |                                                                                                                                                                                                                    |
| COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                         | Tier 1    |                                                                                                                                                                                                                    |
| COMFORT EZ INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.5 mL) | Tier 1    |                                                                                                                                                                                                                    |
| COMFORT EZ INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)    | Tier 1    |                                                                                                                                                                                                                    |
| COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE (lancets)                                                                                                                                                                            | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                                                                                                                                                                                  | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" (pen needle, diabetic) | Tier 1    |                                  |
| COMFORT EZ PRO SAFETY PEN NDL NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/32" (pen needle, diabetic, safety)                                                                                                                                                | Tier 1    |                                  |
| COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)                | Tier 1    |                                  |
| COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (lancets)                                                                                                                                                                                                                       | DME       |                                  |
| COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (lancets)                                                                                                                                                                                                                       | DME       |                                  |
| COMFORTSEAL LARGE MASK DEVICE (inhaler, assist devices, accessories)                                                                                                                                                                                                    | Tier 2    |                                  |
| COMFORTSEAL MEDIUM MASK DEVICE (inhaler, assist devices, accessories)                                                                                                                                                                                                   | Tier 2    |                                  |
| COMFORTSEAL SMALL MASK DEVICE (inhaler, assist devices, accessories)                                                                                                                                                                                                    | Tier 2    |                                  |
| COMPACT SPACE CHAMBER SPACER (inhaler, assist devices)                                                                                                                                                                                                                  | Tier 2    |                                  |
| COMPACT SPACE CHAMBER-LRG MASK SPACER (inhaler,assist device with large mask)                                                                                                                                                                                           | Tier 2    |                                  |
| COMPACT SPACE CHAMBER-MED MASK SPACER (inhaler,assist device with medium mask)                                                                                                                                                                                          | Tier 2    |                                  |
| COMPACT SPACE CHAMBER-SM MASK SPACER (inhaler,assist device with small mask)                                                                                                                                                                                            | Tier 2    |                                  |

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| Prescription Drug Name                                                                       | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------|-----------|----------------------------------|
| COMP-AIR NEBULIZER COMPRESSOR DEVICE (nebulizer and compressor)                              | Tier 2    |                                  |
| CONCEPTION KIT (conception assistance supplies combination no.1)                             | Tier 2    |                                  |
| CONTOUR CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)   | DME       |                                  |
| CONTOUR CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)     | DME       |                                  |
| CONTOUR CONTROL SOLUTION, NML SOLUTION (blood glucose calibration control solution, normal)  | DME       |                                  |
| CONTOUR METER (blood-glucose meter)                                                          | DME       |                                  |
| CONTOUR NEXT EZ METER (blood-glucose meter)                                                  | DME       |                                  |
| CONTOUR NEXT GEN METER (blood-glucose meter)                                                 | DME       |                                  |
| CONTOUR NEXT GEN METER KIT (blood-glucose meter)                                             | DME       |                                  |
| CONTOUR NEXT GLUCOSE METER KIT (blood-glucose meter)                                         | DME       |                                  |
| CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION (blood glucose calibration control solution, low)    | DME       |                                  |
| CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION (blood glucose calibration control solution, normal) | DME       |                                  |
| CONTOUR NEXT LINK 2.4 KIT (blood-glucose meter, wireless)                                    | DME       |                                  |
| CONTOUR NEXT LINK KIT (blood-glucose meter, wireless)                                        | DME       |                                  |
| CONTOUR NEXT METER (blood-glucose meter)                                                     | DME       |                                  |
| CONTOUR NEXT ONE METER (blood-glucose meter)                                                 | DME       |                                  |

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| Prescription Drug Name                                                                                              | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONTOUR NEXT TEST STRIPS STRIP (blood sugar diagnostic)                                                             | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| CONTOUR PLUS BLUE METER (blood-glucose meter)                                                                       | DME       |                                                                                                                                                                                                                    |
| CONTOUR PLUS TEST STRIP STRIP (blood sugar diagnostic)                                                              | DME       |                                                                                                                                                                                                                    |
| CONTOUR TEST STRIPS STRIP (blood sugar diagnostic)                                                                  | DME       |                                                                                                                                                                                                                    |
| CORDX COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)                                                 | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years)                                                                                                                                                                           |
| CORDX TYFAST FLU-COVID-19 TEST KIT (COVID-19, influenza A, influenza B antigen immunoassay test)                    | Tier 2    |                                                                                                                                                                                                                    |
| COVID-19 AT-HOME TEST KIT (COVID-19 antigen immunoassay test)                                                       | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years)                                                                                                                                                                           |
| <i>covid19 test adm.by pharmacist</i>                                                                               | Tier 2    |                                                                                                                                                                                                                    |
| CURAFIL GEL WOUND TOPICAL GEL (gel dressing)                                                                        | Tier 2    |                                                                                                                                                                                                                    |
| CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" (polyhexamethylene biguanide/gauze bandage)            | Tier 2    |                                                                                                                                                                                                                    |
| CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET (polyhexamethylene biguanide/gauze bandage)       | Tier 2    |                                                                                                                                                                                                                    |
| CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36" (gauze bandage)                                                  | Tier 2    |                                                                                                                                                                                                                    |
| CURITY DRAINAGE BAG 2,000 ML (drainage bag)                                                                         | Tier 2    |                                                                                                                                                                                                                    |
| CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD (iodoform) | Tier 2    |                                                                                                                                                                                                                    |

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|---------------------------------------------------------------------|-----------|---------------------------------------------------------|
| DAVOL IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)    | Tier 1    |                                                         |
| DAVOL PISTON IRRIGATION SYRINGE (syringe disposable irrigation)     | Tier 1    |                                                         |
| DERM-SILK TOPICAL PAD 2.5 X 2 " (gel-matrix pad dressing, silicone) | Tier 2    |                                                         |
| DEVILBISS DISPOSABLE NEBULIZER (nebulizer)                          | Tier 2    |                                                         |
| DEVILBISS PULMO-AIDE COMPRESSR DEVICE (compressor, for nebulizer)   | Tier 2    |                                                         |
| DEVILBISS PULMOMATE COMPRESSOR DEVICE (compressor, for nebulizer)   | Tier 2    |                                                         |
| DEVILBISS TRAVELER COMPRESSOR DEVICE (nebulizer and compressor)     | Tier 2    |                                                         |
| DEXCOM G6 RECEIVER (blood-glucose meter, receiver, continuous)      | DME       | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| DEXCOM G6 SENSOR DEVICE (blood-glucose sensor)                      | Tier 2    | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| DEXCOM G6 TRANSMITTER DEVICE (blood-glucose transmitter)            | Tier 2    | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| DEXCOM G7 RECEIVER (blood-glucose meter, receiver, continuous)      | DME       | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| DEXCOM G7 SENSOR DEVICE (blood-glucose sensor)                      | Tier 2    | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| DIAPERS, UNISEX SIZE 1 (diaper/brief, infant-toddler, disposable)   | Tier 2    |                                                         |
| DIAPERS, UNISEX SIZE 2 (diaper/brief, infant-toddler, disposable)   | Tier 2    |                                                         |

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|-------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DIAPERS, UNISEX SIZE 3 (diaper/brief,infant-toddler, disposable)                          | Tier 2    |                                                                                                                                                                                                                    |
| DIAPERS, UNISEX SIZE 4 (diaper/brief,infant-toddler, disposable)                          | Tier 2    |                                                                                                                                                                                                                    |
| DIAPERS, UNISEX SIZE 5 (diaper/brief,infant-toddler, disposable)                          | Tier 2    |                                                                                                                                                                                                                    |
| DIAPERS, UNISEX SIZE 6 (diaper/brief,infant-toddler, disposable)                          | Tier 2    |                                                                                                                                                                                                                    |
| DIATRUE CONTROL SOLN NORMAL SOLUTION (blood glucose calibration control solution, normal) | DME       |                                                                                                                                                                                                                    |
| DIATRUE CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high) | DME       |                                                                                                                                                                                                                    |
| DIATRUE CONTROL SOLUTION LOW SOLUTION (blood glucose calibration control solution, low)   | DME       |                                                                                                                                                                                                                    |
| DIATRUE PLUS BLOOD GLUCOSE MET (blood-glucose meter)                                      | DME       |                                                                                                                                                                                                                    |
| DIATRUE PLUS TEST STRIP STRIP (blood sugar diagnostic)                                    | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| DOVER BULB SYRINGE SYRINGE 60 ML (syringe disposable irrig,60 mL)                         | Tier 1    |                                                                                                                                                                                                                    |
| DOVER COATED LATEX FOLEY COMBO PACK (urinary bag/catheterization tray)                    | Tier 2    |                                                                                                                                                                                                                    |
| DOVER LATEX FOLEY CATHETER 16 FR, 28 FR (catheter)                                        | Tier 2    |                                                                                                                                                                                                                    |
| DOVER RED RUBBER ROBINSON CATH 8 FR (catheter)                                            | Tier 2    |                                                                                                                                                                                                                    |
| DOVER UNIVERSAL TRAY (catheterization tray)                                               | Tier 2    |                                                                                                                                                                                                                    |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                                                                                                                                                                           | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| DROPLET GENTEEL LANCING DEVICE (lancing device)                                                                                                                                                                                                  | DME       |                                  |
| DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))                            | Tier 1    |                                  |
| DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" (syringe with needle,insulin 0.5 mL (half unit mark)) | Tier 1    |                                  |
| DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                        | Tier 1    |                                  |
| DROPLET INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.5 mL)                                                    | Tier 1    |                                  |
| DROPLET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)     | Tier 1    |                                  |
| DROPLET LANCETS 30 GAUGE (lancets)                                                                                                                                                                                                               | DME       |                                  |
| DROPLET LANCING DEVICE (lancing device)                                                                                                                                                                                                          | DME       |                                  |
| DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64" (pen needle, diabetic)                                                                                                                                                                         | Tier 1    |                                  |
| DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)                  | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                            | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| DROPSAFE ACTI-LANCE 23 GAUGE (lancets)                                                                                                            | DME       |                                  |
| DROPSAFE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.3 mL)                 | Tier 1    |                                  |
| DROPSAFE INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)                 | Tier 1    |                                  |
| DROPSAFE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL) | Tier 1    |                                  |
| DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic, safety)                                     | Tier 1    |                                  |
| DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (needles, safety)                                                                              | Tier 2    |                                  |
| DUREX AVANTI BARE REAL FEEL (condoms, non-latex, lubricated)                                                                                      | Tier 0    |                                  |
| DUREX EXTRA SENSITIVE CONDOM DEVICE (condoms, latex, lubricated)                                                                                  | Tier 0    |                                  |
| DUREX TROPICAL CONDOM DEVICE (condoms, latex, lubricated)                                                                                         | Tier 0    |                                  |
| EAR POPPER INFLATION DEVICE NASAL DEVICE (middle ear inflation device)                                                                            | Tier 2    |                                  |
| EASIVENT HOLDING CHAMBER SPACER (inhaler, assist devices)                                                                                         | Tier 2    |                                  |
| EASIVENT MASK LARGE DEVICE (inhaler, assist devices, accessories)                                                                                 | Tier 2    |                                  |
| EASIVENT MASK MEDIUM DEVICE (inhaler, assist devices, accessories)                                                                                | Tier 2    |                                  |
| EASIVENT MASK SMALL DEVICE (inhaler, assist devices, accessories)                                                                                 | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.3 ML 31 X 1/2" (syringe with needle,insulin,0.3 mL)                                                                                                   | Tier 1    |                                  |
| EASY COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 29 X5/16 ", 1/2 ML 32 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)                        | Tier 1    |                                  |
| EASY COMFORT INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)                      | Tier 1    |                                  |
| EASY COMFORT LANCETS 30 GAUGE (lancets)                                                                                                                                                                               | DME       |                                  |
| EASY COMFORT PEN NEEDLES NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/32", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic) | Tier 1    |                                  |
| EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety)                                                                                              | Tier 1    |                                  |
| EASY GLIDE CATHETER TIP SYRING SYRINGE 60 ML (syringe, disposable, 60 mL)                                                                                                                                             | Tier 1    |                                  |
| EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.3 mL)                                                                                                                      | Tier 1    |                                  |
| EASY GLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (syringe with needle,disposable,insulin 1 mL)                                                                                                               | Tier 1    |                                  |
| EASY GLIDE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.5 mL)                                                                                                                      | Tier 1    |                                  |
| EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)                                                                                                                                                 | Tier 1    |                                  |
| EASY GLIDE LUER LOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)                                                                                                                                               | Tier 1    |                                  |

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| Prescription Drug Name                                                                    | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EASY GLIDE LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)                     | Tier 1    |                                                                                                                                                                                                                    |
| EASY GLIDE LUER LOCK SYRINGE SYRINGE 60 ML (syringe, disposable, 60 mL)                   | Tier 1    |                                                                                                                                                                                                                    |
| EASY GLIDE LUER SLIP TB SYRING SYRINGE 1 ML (syringe, disposable, 1 mL)                   | Tier 1    |                                                                                                                                                                                                                    |
| EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32" (pen needle, diabetic)                      | Tier 1    |                                                                                                                                                                                                                    |
| EASY MINI EJECT LANCING DEVICE (lancing device)                                           | DME       |                                                                                                                                                                                                                    |
| EASY NEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)                           | Tier 2    |                                                                                                                                                                                                                    |
| EASY PLUS II BLOOD GLUCOSE MET (blood-glucose meter)                                      | DME       |                                                                                                                                                                                                                    |
| EASY PLUS II HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)     | DME       |                                                                                                                                                                                                                    |
| EASY PLUS II LOW CONTROL SOLUTION (blood glucose calibration control solution, low)       | DME       |                                                                                                                                                                                                                    |
| EASY PLUS II TEST STRIP (blood sugar diagnostic)                                          | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EASY STEP BLOOD GLUCOSE METER (blood-glucose meter)                                       | DME       |                                                                                                                                                                                                                    |
| EASY STEP HIGH CONTROL SOLN SOLUTION (blood glucose calibration control solution, high)   | DME       |                                                                                                                                                                                                                    |
| EASY STEP LOW CONTROL SOLUTION SOLUTION (blood glucose calibration control solution, low) | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                      | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EASY STEP NORMAL CONTROL SOLN SOLUTION (blood glucose calibration control solution, normal) | DME       |                                                                                                                                                                                                                    |
| EASY STEP STRIP (blood sugar diagnostic)                                                    | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EASY TALK BLOOD GLUCOSE METER (blood-glucose meter)                                         | DME       |                                                                                                                                                                                                                    |
| EASY TALK GLUCOSE TEST STRIP (blood sugar diagnostic)                                       | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EASY TALK HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)          | DME       |                                                                                                                                                                                                                    |
| EASY TALK LOW CONTROL SOLUTION (blood glucose calibration control solution, low)            | DME       |                                                                                                                                                                                                                    |
| EASY TALK PLUS II HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)  | DME       |                                                                                                                                                                                                                    |
| EASY TALK PLUS II LOW CONTROL SOLUTION (blood glucose calibration control solution, low)    | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                                                                                    | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EASY TALK PLUS II TEST STRIP STRIP (blood sugar diagnostic)                                                                                                               | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION (blood glucose calibration control high and low)                                                                                  | DME       |                                                                                                                                                                                                                    |
| EASY TOUCH BLULINK GLUC SYST (blood-glucose meter)                                                                                                                        | DME       |                                                                                                                                                                                                                    |
| EASY TOUCH BLULINK TEST STRIP STRIP (blood sugar diagnostic)                                                                                                              | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL) | Tier 1    |                                                                                                                                                                                                                    |
| EASY TOUCH FLIPLOCK NEEDLE NEEDLE 30 X 1/2 " (needles, safety)                                                                                                            | Tier 1    |                                                                                                                                                                                                                    |
| EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 mL)                                      | Tier 1    |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                                                                                                                                                                                                                                                                                                 | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| EASY TOUCH FLIPLOCK SYRINGE SYRINGE 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (syringe,safety with needle,10 mL)                                                                                                                                | Tier 1    |                                  |
| EASY TOUCH FLIPLOCK SYRINGE SYRINGE 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL) | Tier 1    |                                  |
| EASY TOUCH FLIPLOCK SYRINGE SYRINGE 5 ML 18 GAUGE X 1", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1", 5 ML 25 GAUGE X 5/8" (syringe,safety with needle,5 mL)                                                                                                                                     | Tier 1    |                                  |
| EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 mL)                                                                                                                                                                                                                                                                        | Tier 1    |                                  |
| EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 mL)                                                                                                                                                                                                                                                                      | Tier 1    |                                  |
| EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)                                                                                                                                                                                                                                                                            | Tier 1    |                                  |
| EASY TOUCH GLUCOSE MONITOR (blood-glucose meter)                                                                                                                                                                                                                                                                                                                                       | DME       |                                  |
| EASY TOUCH HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)                                                                                                                                                                                                                                                                                                  | DME       |                                  |
| EASY TOUCH HYPODERMIC NEEDLE NEEDLE 30 GAUGE X 1/2" (needles, disposable)                                                                                                                                                                                                                                                                                                              | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                                        | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)                                                                                                          | Tier 1    |                                  |
| EASY TOUCH INSULIN SAFETY SYR SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" (syringe with needle, insulin, safety, 1 mL)                                                                                                                 | Tier 1    |                                  |
| EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle, insulin, 0.3 mL)                                                                                            | Tier 1    |                                  |
| EASY TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (syringe with needle, insulin, 0.5 mL)                    | Tier 1    |                                  |
| EASY TOUCH INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (syringe with needle, disposable, insulin 1 mL) | Tier 1    |                                  |
| EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)                                                                                                                                                                           | DME       |                                  |
| EASY TOUCH LANCING DEVICE (lancing device)                                                                                                                                                                                                    | DME       |                                  |
| EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (syringe without needle, insulin disposable, 1 mL)                                                                                                                                                  | Tier 1    |                                  |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)                                                                                                                                                                         | Tier 1    |                                  |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)                                                                                                                                                                       | Tier 1    |                                  |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)                                                                                                                                                                       | Tier 1    |                                  |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)                                                                                                                                                                         | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                        | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)                                                                                                                                                         | Tier 1    |                                  |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 60 ML (syringe, disposable, 60 mL)                                                                                                                                                       | Tier 1    |                                  |
| EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)                                                            | Tier 1    |                                  |
| EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)                                                                                                                                                          | Tier 1    |                                  |
| EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)                                                                                                                                | DME       |                                  |
| EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16" (pen needle, diabetic, safety)                                                                    | Tier 1    |                                  |
| EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)                                                   | Tier 1    |                                  |
| EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 10 ML 21 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (syringe,safety with needle,10 mL)                                                                               | Tier 1    |                                  |
| EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL) | Tier 1    |                                  |
| EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 5 ML 21 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1" (syringe,safety with needle,5 mL)                                                                                   | Tier 1    |                                  |
| EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)                                                                                                                                                      | Tier 1    |                                  |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                                                                                                                   | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)                                                                                                                   | Tier 1    |                                                                                                                                                                                                                    |
| EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)                                                                                       | Tier 1    |                                                                                                                                                                                                                    |
| EASY TOUCH SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL) | Tier 1    |                                                                                                                                                                                                                    |
| EASY TOUCH TEST STRIP STRIP (blood sugar diagnostic)                                                                                                                                     | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)                                                | Tier 1    |                                                                                                                                                                                                                    |
| EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)                          | Tier 1    |                                                                                                                                                                                                                    |
| EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)                                                                                                      | DME       |                                                                                                                                                                                                                    |
| EASY TOUCH UNI-SLIP SYRINGE 1 ML (syringe without needle,insulin disposable, 1 mL)                                                                                                       | Tier 1    |                                                                                                                                                                                                                    |
| EASY TOUCH UNI-SLIP SYRINGE 10 ML (syringe, disposable, 10 mL)                                                                                                                           | Tier 1    |                                                                                                                                                                                                                    |
| EASY TRAK BLOOD GLUCOSE METER (blood-glucose meter)                                                                                                                                      | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                      | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EASY TRAK GLUCOSE TEST STRIP (blood sugar diagnostic)                                       | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EASY TRAK HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)          | DME       |                                                                                                                                                                                                                    |
| EASY TRAK II BLOOD GLUCOSE MTR (blood-glucose meter)                                        | DME       |                                                                                                                                                                                                                    |
| EASY TRAK II CTRL SOLN-NORMAL SOLUTION (blood glucose calibration control solution, normal) | DME       |                                                                                                                                                                                                                    |
| EASY TRAK II TEST STRIP STRIP (blood sugar diagnostic)                                      | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EASY TRAK LOW CONTROL SOLUTION (blood glucose calibration control solution, low)            | DME       |                                                                                                                                                                                                                    |
| EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)                                               | DME       |                                                                                                                                                                                                                    |
| EASYGLUCO METER KIT (blood-glucose meter)                                                   | DME       |                                                                                                                                                                                                                    |
| EASYGLUCO MONITORING SYSTEM KIT (blood-glucose meter)                                       | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                               | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EASYGLUCO TEST STRIP (blood sugar diagnostic)                                        | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EASYMAX 15 LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)     | DME       |                                                                                                                                                                                                                    |
| EASYMAX 15 TEST STRIPS STRIP (blood sugar diagnostic)                                | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EASYMAX NG (blood-glucose meter)                                                     | DME       |                                                                                                                                                                                                                    |
| EASYMAX NG KIT (blood-glucose meter)                                                 | DME       |                                                                                                                                                                                                                    |
| EASYMAX NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal) | DME       |                                                                                                                                                                                                                    |
| EASYMAX STRIP (blood sugar diagnostic)                                               | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EASYMAX T1 KIT (blood-glucose meter)                                                 | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                           | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EASYMAX V SPEAKING GLUCOSE SYS (blood-glucose meter)                                             | DME       |                                                                                                                                                                                                                    |
| EASYPPOINT NEEDLE NEEDLE 25 GAUGE X 1 1/2" (needles, safety)                                     | Tier 2    |                                                                                                                                                                                                                    |
| EASY-TOUCH BLOOD GLUCOSE METER (blood-glucose meter)                                             | DME       |                                                                                                                                                                                                                    |
| EBASE CONTROLLER DEVICE (compressor, for nebulizer)                                              | Tier 2    |                                                                                                                                                                                                                    |
| ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8" (needles, safety)                           | Tier 2    |                                                                                                                                                                                                                    |
| ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)              | Tier 1    |                                                                                                                                                                                                                    |
| ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 mL) | Tier 1    |                                                                                                                                                                                                                    |
| ELEMENT COMPACT GLUCOSE METER (blood-glucose meter)                                              | DME       |                                                                                                                                                                                                                    |
| ELEMENT COMPACT HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)         | DME       |                                                                                                                                                                                                                    |
| ELEMENT COMPACT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)     | DME       |                                                                                                                                                                                                                    |
| ELEMENT COMPACT TEST STRIPS STRIP (blood sugar diagnostic)                                       | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ELEMENT COMPACT V GLUCOSE MTR (blood-glucose meter)                                              | DME       |                                                                                                                                                                                                                    |
| ELEMENT HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)                 | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                               | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ELEMENT LOW CONTROL SOLUTION (blood glucose calibration control solution, low)       | DME       |                                                                                                                                                                                                                    |
| ELEMENT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal) | DME       |                                                                                                                                                                                                                    |
| ELEMENT PLUS BLOOD GLUCOSE KIT KIT (blood-glucose meter)                             | DME       |                                                                                                                                                                                                                    |
| ELEMENT TEST STRIPS STRIP (blood sugar diagnostic)                                   | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ELLUME COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)                    | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years)                                                                                                                                                                           |
| EMBRACE BLOOD GLUCOSE SYSTEM (blood-glucose meter)                                   | DME       |                                                                                                                                                                                                                    |
| EMBRACE BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)                          | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EMBRACE EVO BLOOD GLUCOSE KIT KIT (blood-glucose meter)                              | DME       |                                                                                                                                                                                                                    |
| EMBRACE EVO GLUCOSE MONITOR (blood-glucose meter)                                    | DME       |                                                                                                                                                                                                                    |
| EMBRACE EVO LEVEL 1 SOLUTION (blood glucose calibration control solution, low)       | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                                                                                      | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EMBRACE EVO TEST STRIPS STRIP (blood sugar diagnostic)                                                                                                                      | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EMBRACE GLUCOSE CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)                                                                                    | DME       |                                                                                                                                                                                                                    |
| EMBRACE GLUCOSE CONTROL LOW SOLUTION (blood glucose calibration control solution, low)                                                                                      | DME       |                                                                                                                                                                                                                    |
| EMBRACE LANCETS 30 GAUGE (lancets)                                                                                                                                          | DME       |                                                                                                                                                                                                                    |
| EMBRACE LANCING DEVICE (lancing device)                                                                                                                                     | DME       |                                                                                                                                                                                                                    |
| EMBRACE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic) | Tier 1    |                                                                                                                                                                                                                    |
| EMBRACE PRO GLUCOSE METER (blood-glucose meter)                                                                                                                             | DME       |                                                                                                                                                                                                                    |
| EMBRACE PRO SOLUTION (blood glucose calibration control solution, high and normal)                                                                                          | DME       |                                                                                                                                                                                                                    |
| EMBRACE PRO TEST STRIPS STRIP (blood sugar diagnostic)                                                                                                                      | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (lancets)                                                                                                                          | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                     | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EMBRACE TALK BLOOD GLUCOSE SYS KIT (blood-glucose meter)                                   | DME       |                                                                                                                                                                                                                    |
| EMBRACE TALK CONTROL-HIGH (L2) SOLUTION (blood glucose calibration control solution, high) | DME       |                                                                                                                                                                                                                    |
| EMBRACE TALK CONTROL-LOW (L1) SOLUTION (blood glucose calibration control solution, low)   | DME       |                                                                                                                                                                                                                    |
| EMBRACE TALK GLUCOSE MONITOR (blood-glucose meter)                                         | DME       |                                                                                                                                                                                                                    |
| EMBRACE TALK TEST STRIPS STRIP (blood sugar diagnostic)                                    | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EMBRACE WAVE GLUCOSE TEST STRP STRIP (blood sugar diagnostic)                              | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EMBRACE WAVE PLUS GLUCOSE MTR (blood-glucose meter)                                        | DME       |                                                                                                                                                                                                                    |
| ENFIT IRRIGAT SYRINGE-CONTAINR KIT (feeder irrigation kit)                                 | Tier 2    |                                                                                                                                                                                                                    |
| ENFIT MEDICAL STRAW (medical supply, miscellaneous)                                        | Tier 2    |                                                                                                                                                                                                                    |
| ENFIT MEDICINE BOTTLE ADAPTER (adapter cap for bottle)                                     | Tier 2    |                                                                                                                                                                                                                    |
| <i>enteral connector, enfit</i>                                                            | Tier 2    |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                        | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ENTERAL GRAVITY BAG SET-ENFIT (feeder container with gravity set, ENFit)      | Tier 2    |                                                                                                                                                                                                                    |
| <i>eua patient assessment</i>                                                 | Tier 2    |                                                                                                                                                                                                                    |
| EVENCARE G2 (blood-glucose meter)                                             | DME       |                                                                                                                                                                                                                    |
| EVENCARE G2 SOLUTION (blood glucose calibration control high and low)         | DME       |                                                                                                                                                                                                                    |
| EVENCARE G2 STRIP (blood sugar diagnostic)                                    | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EVENCARE G3 CONTROL SOLUTION (blood glucose calibration control high and low) | DME       |                                                                                                                                                                                                                    |
| EVENCARE G3 GLUCOSE METER KIT (blood-glucose meter)                           | DME       |                                                                                                                                                                                                                    |
| EVENCARE G3 TEST STRIP (blood sugar diagnostic)                               | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EVENCARE KIT (blood-glucose meter)                                            | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                 | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EVENCARE MINI GLUCOSE TEST STR STRIP (blood sugar diagnostic)                                          | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EVENCARE MINI MONITOR SYSTEM (blood-glucose meter)                                                     | DME       |                                                                                                                                                                                                                    |
| EVENCARE PROVIEW TEST STRIP STRIP (blood sugar diagnostic)                                             | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EVENCARE SOLUTION (blood glucose calibration control high and low)                                     | DME       |                                                                                                                                                                                                                    |
| EVENCARE TEST STRIP (blood sugar diagnostic)                                                           | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE (glucose sensor,implantable,continuous/dexamethasone acetate) | Tier 2    | PA                                                                                                                                                                                                                 |

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| Prescription Drug Name                                                                                                     | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EVERSENSE 365 TRANSMITTER DEVICE (blood-glucose transmitter)                                                               | Tier 2    | PA                                                                                                                                                                                                                 |
| EVOLUTION BLOOD GLUCOSE METER KIT (blood-glucose meter)                                                                    | DME       |                                                                                                                                                                                                                    |
| EVOLUTION NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)                                     | DME       |                                                                                                                                                                                                                    |
| EVOLUTION TEST STRIPS STRIP (blood sugar diagnostic)                                                                       | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (syringe with needle,disposable, 3 mL)                                                  | Tier 1    |                                                                                                                                                                                                                    |
| EXEL HYPODERMIC NEEDLES NEEDLE 30 GAUGE X 1/2" (needles, disposable)                                                       | Tier 1    |                                                                                                                                                                                                                    |
| EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.3 mL)                                           | Tier 1    |                                                                                                                                                                                                                    |
| EXEL INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)                  | Tier 1    |                                                                                                                                                                                                                    |
| EXEL INSULIN SYRINGE 1 ML 30 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)                                    | Tier 1    |                                                                                                                                                                                                                    |
| EXEL SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)                                                                    | Tier 1    |                                                                                                                                                                                                                    |
| EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (syringe with needle,disposable, 3 mL) | Tier 1    |                                                                                                                                                                                                                    |
| EXEL SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)                                                                    | Tier 1    |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                      | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-----------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EXEL SYRINGE SYRINGE 50 ML (syringe, disposable, 50 mL)                     | Tier 1    |                                                                                                                                                                                                                    |
| EXTENDED RESERVOIR 3 ML (insulin pump syringe, 3 mL)                        | Tier 1    |                                                                                                                                                                                                                    |
| E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)         | DME       |                                                                                                                                                                                                                    |
| E-Z JECT THIN LANCETS 28 GAUGE (lancets)                                    | DME       |                                                                                                                                                                                                                    |
| EZ SMART CONTROL SOLUTION (blood glucose calibration control solution, low) | DME       |                                                                                                                                                                                                                    |
| EZ SMART LANCETS 28 GAUGE (lancets)                                         | DME       |                                                                                                                                                                                                                    |
| EZ SMART PLUS SYSTEM KIT (blood-glucose meter)                              | DME       |                                                                                                                                                                                                                    |
| EZ SMART PLUS TEST STRIP (blood sugar diagnostic)                           | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| EZ SMART SYSTEM KIT (blood-glucose meter)                                   | DME       |                                                                                                                                                                                                                    |
| EZ SMART TEST STRIP (blood sugar diagnostic)                                | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| FANTASY CONDOM DEVICE (condoms, latex, lubricated)                          | Tier 0    |                                                                                                                                                                                                                    |
| FASTEP COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)        | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years)                                                                                                                                                                           |

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|--------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FC2 FEMALE CONDOM (condoms, female)                                                              | Tier 0    |                                                                                                                                                                                                                    |
| FEMALE CATHETER 14 FR (catheter)                                                                 | Tier 2    |                                                                                                                                                                                                                    |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (cervical cap)                                         | Tier 0    |                                                                                                                                                                                                                    |
| FINGERSTIX LANCETS (lancets)                                                                     | DME       |                                                                                                                                                                                                                    |
| FLEXICHAMBER SPACER (inhaler, assist devices)                                                    | Tier 2    |                                                                                                                                                                                                                    |
| FLEXICHAMBER-LG CHILD MASK DEVICE (inhaler, assist devices, accessories)                         | Tier 2    |                                                                                                                                                                                                                    |
| FLEXICHAMBER-SM ADULT MASK DEVICE (inhaler, assist devices, accessories)                         | Tier 2    |                                                                                                                                                                                                                    |
| FLEXICHAMBER-SM CHILD MASK DEVICE (inhaler, assist devices, accessories)                         | Tier 2    |                                                                                                                                                                                                                    |
| FLEXI-SEAL SIGNAL FMS RECTAL (fecal collector with charcoal filter/catheter/syringe)             | Tier 2    |                                                                                                                                                                                                                    |
| FLOWFLEX COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)                           | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years)                                                                                                                                                                           |
| FLOWFLEX PLUS COVID-19 AND FLU KIT (COVID-19, influenza A, influenza B antigen immunoassay test) | Tier 2    |                                                                                                                                                                                                                    |
| FORA 6 CONNECT GLUCOSE STRIP STRIP (blood sugar diagnostic)                                      | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

Tier 0 = Preventive Drugs required under the Affordable Care Act at no cost  
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DME = Other pharmacy items and certain DME

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The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                       | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (blood sugar diagnostic)                                | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| FORA D40D GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff) | DME       |                                                                                                                                                                                                                    |
| FORA D40G GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff) | DME       |                                                                                                                                                                                                                    |
| FORA D40-G31 TEST STRIPS STRIP (blood sugar diagnostic)                                      | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| FORA G20 KIT (blood-glucose meter)                                                           | DME       |                                                                                                                                                                                                                    |
| FORA G20 STRIP (blood sugar diagnostic)                                                      | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| FORA G30A (blood-glucose meter)                                                              | DME       |                                                                                                                                                                                                                    |
| FORA GD50 BLOOD GLUCOSE SYSTEM (blood-glucose meter)                                         | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                            | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORA GD50 TEST STRIPS STRIP (blood sugar diagnostic)                              | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| FORA GTEL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)                       | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| FORA GTEL MULTI-FUNCTN MONITOR DEVICE (blood ketone and glucose monitor)          | DME       |                                                                                                                                                                                                                    |
| FORA HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)     | DME       |                                                                                                                                                                                                                    |
| FORA LANCING DEVICE (lancing device)                                              | DME       |                                                                                                                                                                                                                    |
| FORA LOW CONTROL SOLUTION (blood glucose calibration control solution, low)       | DME       |                                                                                                                                                                                                                    |
| FORA NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal) | DME       |                                                                                                                                                                                                                    |
| FORA PREMIUM V10 GLUCOSE METER (blood-glucose meter)                              | DME       |                                                                                                                                                                                                                    |
| FORA TEST N'GO VOICE METER (blood-glucose meter)                                  | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                   | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|--------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORA TEST STRIP STRIP (blood sugar diagnostic)                           | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| FORA TN'G ADV MOBILE MULTI MTR DEVICE (blood ketone and glucose monitor) | DME       |                                                                                                                                                                                                                    |
| FORA TN'G ADVAN PRO TEST STRIP STRIP (blood sugar diagnostic)            | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| FORA TN'G ADVANCE PRO MONITOR DEVICE (blood ketone and glucose monitor)  | DME       |                                                                                                                                                                                                                    |
| FORA TN'G VOICE METER (blood-glucose meter)                              | DME       |                                                                                                                                                                                                                    |
| FORA TN'G VOICE TEST STRIPS STRIP (blood sugar diagnostic)               | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

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| Prescription Drug Name                                     | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORA V10 STRIP (blood sugar diagnostic)                    | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| FORA V10-V12-D10-D20 STRIPS STRIP (blood sugar diagnostic) | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| FORA V12 BLOOD GLUCOSE SYSTEM (blood-glucose meter)        | DME       |                                                                                                                                                                                                                    |
| FORACARE GD20 GLUCOSE METER (blood-glucose meter)          | DME       |                                                                                                                                                                                                                    |
| FORACARE GD20 STRIP (blood sugar diagnostic)               | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

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| Prescription Drug Name                                                                    | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORACARE GD40 TEST STRIPS STRIP (blood sugar diagnostic)                                  | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| FORACARE GD40B GLUCOSE METER (blood-glucose meter)                                        | DME       |                                                                                                                                                                                                                    |
| FORACARE GDH HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)     | DME       |                                                                                                                                                                                                                    |
| FORACARE GDH LOW CONTROL SOLUTION (blood glucose calibration control solution, low)       | DME       |                                                                                                                                                                                                                    |
| FORACARE GDH NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal) | DME       |                                                                                                                                                                                                                    |
| FORACARE LANCETS 30 GAUGE (lancets)                                                       | DME       |                                                                                                                                                                                                                    |
| FREESTYLE CONTROL SOLUTION (blood glucose calibration control high and low)               | DME       |                                                                                                                                                                                                                    |
| FREESTYLE FLASH SYSTEM KIT (blood-glucose meter)                                          | DME       |                                                                                                                                                                                                                    |
| FREESTYLE FREEDOM KIT (blood-glucose meter)                                               | DME       |                                                                                                                                                                                                                    |
| FREESTYLE FREEDOM LITE KIT (blood-glucose meter)                                          | DME       |                                                                                                                                                                                                                    |
| FREESTYLE INSULINX (blood-glucose meter)                                                  | DME       |                                                                                                                                                                                                                    |
| FREESTYLE INSULINX STRIP (blood sugar diagnostic)                                         | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

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This Drug Formulary was updated:01/01/2026

| <b>Prescription Drug Name</b>                                        | <b>Drug Tier</b> | <b>Coverage Requirements and Limits</b>                 |
|----------------------------------------------------------------------|------------------|---------------------------------------------------------|
| FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)        | DME              |                                                         |
| FREESTYLE LANCETS 28 GAUGE (lancets)                                 | DME              |                                                         |
| FREESTYLE LIBRE 14 DAY READER (flash glucose scanning reader)        | Tier 2           | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| FREESTYLE LIBRE 14 DAY SENSOR KIT (flash glucose sensor)             | Tier 2           | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| FREESTYLE LIBRE 2 PLUS SENSOR DEVICE (blood-glucose sensor)          | Tier 2           | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| FREESTYLE LIBRE 2 READER (flash glucose scanning reader)             | Tier 2           | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| FREESTYLE LIBRE 2 SENSOR KIT (flash glucose sensor)                  | Tier 2           | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| FREESTYLE LIBRE 3 PLUS SENSOR DEVICE (blood-glucose sensor)          | Tier 2           | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| FREESTYLE LIBRE 3 READER (blood-glucose meter, receiver, continuous) | DME              | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| FREESTYLE LIBRE 3 SENSOR DEVICE (blood-glucose sensor)               | Tier 2           | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST |
| FREESTYLE LITE METER KIT (blood-glucose meter)                       | DME              |                                                         |

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| Prescription Drug Name                                                                                               | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic)                                                                 | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| FREESTYLE PRECISION NEO METER (blood-glucose meter)                                                                  | DME       |                                                                                                                                                                                                                    |
| FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic)                                                        | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)    | Tier 1    |                                                                                                                                                                                                                    |
| FREESTYLE PRECISION SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL) | Tier 1    |                                                                                                                                                                                                                    |
| FREESTYLE SIDEKICK II KIT (blood-glucose meter)                                                                      | DME       |                                                                                                                                                                                                                    |
| FREESTYLE SYSTEM KIT KIT (blood-glucose meter)                                                                       | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                      | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FREESTYLE TEST STRIP (blood sugar diagnostic)                                               | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| FREESTYLE UNISTIK 2 (lancets)                                                               | DME       |                                                                                                                                                                                                                    |
| GDRIVE KIT (blood-glucose meter)                                                            | DME       |                                                                                                                                                                                                                    |
| GE100 BLOOD GLUCOSE SYSTEM (blood-glucose meter)                                            | DME       |                                                                                                                                                                                                                    |
| GE100 BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)                                        | DME       |                                                                                                                                                                                                                    |
| GE100 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)                               | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| GE100 CONTROL SOLUTION NORMAL SOLUTION (blood glucose calibration control solution, normal) | DME       |                                                                                                                                                                                                                    |
| GE333 BLOOD GLUCOSE SYSTEM (blood-glucose meter)                                            | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GE333 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)                                         | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| GENABIO COVID-19 RAPID AT-HOME KIT (COVID-19 antigen immunoassay test)                                | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years)                                                                                                                                                                           |
| GIRLS TRAINING PANTS 4T-5T (diaper/brief, infant-toddler, disposable)                                 | Tier 2    |                                                                                                                                                                                                                    |
| GLUCO NAVII GLUCOSE MONITOR KIT (blood-glucose meter)                                                 | DME       |                                                                                                                                                                                                                    |
| GLUCO NAVII TEST STRIP STRIP (blood sugar diagnostic)                                                 | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION (blood glucose calibration control solution, high and normal) | DME       |                                                                                                                                                                                                                    |
| GLUCOCARD 01 METER KIT (blood-glucose meter)                                                          | DME       |                                                                                                                                                                                                                    |
| GLUCOCARD 01 NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)             | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                             | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GLUCOCARD 01 SENSOR PLUS STRIP (blood sugar diagnostic)                            | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| GLUCOCARD EXPRESSION (blood-glucose meter)                                         | DME       |                                                                                                                                                                                                                    |
| GLUCOCARD EXPRESSION KIT (blood-glucose meter)                                     | DME       |                                                                                                                                                                                                                    |
| GLUCOCARD EXPRESSION SOLUTION (blood glucose calibration control solution, normal) | DME       |                                                                                                                                                                                                                    |
| GLUCOCARD EXPRESSION STRIP (blood sugar diagnostic)                                | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| GLUCOCARD SHINE CONNEX METER (blood-glucose meter)                                 | DME       |                                                                                                                                                                                                                    |
| GLUCOCARD SHINE EXPRESS METER (blood-glucose meter)                                | DME       |                                                                                                                                                                                                                    |
| GLUCOCARD SHINE METER (blood-glucose meter)                                        | DME       |                                                                                                                                                                                                                    |
| GLUCOCARD SHINE METER KIT KIT (blood-glucose meter)                                | DME       |                                                                                                                                                                                                                    |
| GLUCOCARD SHINE SOLUTION (blood glucose calibration control solution, normal)      | DME       |                                                                                                                                                                                                                    |

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|-----------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GLUCOCARD SHINE TEST STRIPS STRIP (blood sugar diagnostic)                        | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| GLUCOCARD SHINE XL METER (blood-glucose meter)                                    | DME       |                                                                                                                                                                                                                    |
| GLUCOCARD VITAL KIT (blood-glucose meter)                                         | DME       |                                                                                                                                                                                                                    |
| GLUCOCARD VITAL SENSOR STRIP (blood sugar diagnostic)                             | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| GLUCOCARD VITAL TEST STRIPS STRIP (blood sugar diagnostic)                        | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| GLUCOCOM AUTOLINK (diabetic supplies, miscell)                                    | DME       |                                                                                                                                                                                                                    |
| GLUCOCOM BLOOD GLUCOSE KIT (blood-glucose meter)                                  | DME       |                                                                                                                                                                                                                    |
| GLUCOCOM CONTROL HIGH SOLUTION (blood glucose calibration control solution, high) | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                    | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GLUCOCOM CONTROL NORMAL SOLUTION (blood glucose calibration control solution, normal)     | DME       |                                                                                                                                                                                                                    |
| GLUCOCOM GLUCOSE STRIP (blood sugar diagnostic)                                           | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)                                   | DME       |                                                                                                                                                                                                                    |
| GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, normal)             | DME       |                                                                                                                                                                                                                    |
| GLUCOSE KETONE CONTROL SOLN SOLUTION (blood glucose calibration control solution, normal) | DME       |                                                                                                                                                                                                                    |
| GM100 KIT (blood-glucose meter)                                                           | DME       |                                                                                                                                                                                                                    |
| GM100 STRIP (blood sugar diagnostic)                                                      | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

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| Prescription Drug Name                                                                       | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GOJJI BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)                                | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION (blood glucose calibration control solution, normal) | DME       |                                                                                                                                                                                                                    |
| GOJJI LANCETS 30 GAUGE (lancets)                                                             | DME       |                                                                                                                                                                                                                    |
| GOJJI LANCING DEVICE (lancing device)                                                        | DME       |                                                                                                                                                                                                                    |
| GOJJI MULTI-FUNCTIONAL METER DEVICE (blood ketone and glucose monitor)                       | DME       |                                                                                                                                                                                                                    |
| GOJJI MULTI-FUNCTIONAL METER KIT (blood ketone and glucose monitor)                          | DME       |                                                                                                                                                                                                                    |
| GOTOKNOW COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)                       | Tier 2    | QL (8 EA per 30 days)                                                                                                                                                                                              |
| GUARDIAN 4 GLUCOSE SENSOR DEVICE (blood-glucose sensor)                                      | Tier 2    | PA                                                                                                                                                                                                                 |
| GUARDIAN 4 TRANSMITTER DEVICE (blood-glucose transmitter)                                    | Tier 2    | PA                                                                                                                                                                                                                 |
| GUARDIAN CONNECT TRANSMITTER DEVICE (blood-glucose transmitter)                              | Tier 2    | PA                                                                                                                                                                                                                 |
| GUARDIAN LINK 3 TRANSMITTER DEVICE (blood-glucose transmitter)                               | Tier 2    | PA                                                                                                                                                                                                                 |
| GUARDIAN SENSOR 3 DEVICE (blood-glucose sensor)                                              | Tier 2    | PA                                                                                                                                                                                                                 |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                                                      | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HARMONY GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)                                                                   | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| HEALTHPRO GLUCOSE MONITOR (blood-glucose meter)                                                                             | DME       |                                                                                                                                                                                                                    |
| HEALTHPRO HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)                                        | DME       |                                                                                                                                                                                                                    |
| HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)                                                                        | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)    | Tier 1    |                                                                                                                                                                                                                    |
| HEALTHWISE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)    | Tier 1    |                                                                                                                                                                                                                    |
| HEALTHWISE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL) | Tier 1    |                                                                                                                                                                                                                    |
| HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)                    | Tier 1    |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                           | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HOME NEBULIZER PLUS SIDESTREAM DEVICE (nebulizer and compressor)                                 | Tier 2    |                                                                                                                                                                                                                    |
| HYPOLANCE AST LANCING KIT (lancing device/lancets)                                               | DME       |                                                                                                                                                                                                                    |
| ID NOW COVID-19 TEST KIT KIT (COVID-19 molecular nucleic acid test assay)                        | Tier 2    |                                                                                                                                                                                                                    |
| IHEALTH CONTROL SOLN LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)       | DME       |                                                                                                                                                                                                                    |
| IHEALTH COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)                            | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years)                                                                                                                                                                           |
| IHEALTH GLUCO PLUS METER KIT (blood-glucose meter)                                               | DME       |                                                                                                                                                                                                                    |
| IHEALTH GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)                                        | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ILET INFUSION KIT-INSET 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)    | Tier 2    |                                                                                                                                                                                                                    |
| ILET INFUSION KIT-INSET 32" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)    | Tier 2    |                                                                                                                                                                                                                    |
| ILET INFUSION-CONTACT DTCH 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge) | Tier 2    |                                                                                                                                                                                                                    |
| ILET INSULIN PUMP (subcutaneous insulin pump)                                                    | Tier 2    | PA                                                                                                                                                                                                                 |
| ILET STARTER KIT CONTACT KIT (insulin pump/insulin cartridge/infusion set/syringe/needle)        | Tier 2    |                                                                                                                                                                                                                    |
| ILET STARTER KIT-INSET KIT (insulin pump/insulin cartridge/infusion set/syringe/needle)          | Tier 2    |                                                                                                                                                                                                                    |
| IN-CHECK NASAL WITH MASK DEVICE (peak flow meter)                                                | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                                                    | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IN-CHECK ORAL FLOW METER DEVICE (peak flow meter)                                                                                         | DME       |                                                                                                                                                                                                                    |
| INCONTROL LANCING DEVICE (lancing device)                                                                                                 | DME       |                                                                                                                                                                                                                    |
| INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic) | Tier 1    |                                                                                                                                                                                                                    |
| INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets)                                                                                           | DME       |                                                                                                                                                                                                                    |
| INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)                                                                                           | DME       |                                                                                                                                                                                                                    |
| INDICAID COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)                                                                    | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years)                                                                                                                                                                           |
| INFINITY CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)                                                | DME       |                                                                                                                                                                                                                    |
| INFINITY CONTROL SOLUTION LOW SOLUTION (blood glucose calibration control solution, low)                                                  | DME       |                                                                                                                                                                                                                    |
| INFINITY CONTROL SOLUTION NORM SOLUTION (blood glucose calibration control solution, normal)                                              | DME       |                                                                                                                                                                                                                    |
| INFINITY METER KIT KIT (blood-glucose meter)                                                                                              | DME       |                                                                                                                                                                                                                    |
| INFINITY STARTER KIT KIT (blood-glucose meter)                                                                                            | DME       |                                                                                                                                                                                                                    |
| INFINITY TEST STRIPS STRIP (blood sugar diagnostic)                                                                                       | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)                                                                                          | DME       |                                                                                                                                                                                                                    |
| INNOSPIRE DELUXE DEVICE (nebulizer and compressor)                                                                                        | Tier 2    |                                                                                                                                                                                                                    |
| INNOSPIRE ELEGANCE DEVICE (nebulizer and compressor)                                                                                      | Tier 2    |                                                                                                                                                                                                                    |

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|-----------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| INNOSPIRE ESSENCE DEVICE (nebulizer and compressor)                                                                   | Tier 2    |                                  |
| INNOSPIRE GO NEBULIZER (nebulizer)                                                                                    | Tier 2    |                                  |
| INNOSPIRE MINI DEVICE (nebulizer and compressor)                                                                      | Tier 2    |                                  |
| INNOSPIRE REPLACEMENT FILTER (nebulizer accessories)                                                                  | Tier 2    |                                  |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)      | DME       |                                  |
| INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)      | DME       |                                  |
| INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)      | DME       |                                  |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart) | DME       |                                  |
| INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart) | DME       |                                  |
| INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart) | DME       |                                  |
| INSPIRACHAMBER SPACER (inhaler, assist devices)                                                                       | Tier 2    |                                  |
| INSPIRACHAMBER WITH MASK-LARGE SPACER (inhaler,assist device with large mask)                                         | Tier 2    |                                  |
| INSPIRACHAMBER WITH MASK-MED SPACER (inhaler,assist device with medium mask)                                          | Tier 2    |                                  |
| INSPIRACHAMBER WITH MASK-SMALL SPACER (inhaler,assist device with small mask)                                         | Tier 2    |                                  |
| INSPIRATION ELITE FILTER (nebulizer accessories)                                                                      | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| INSUFLOX INFUSION SET 25 X 18 MM (subcutaneous administration set)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Tier 2    |                                  |
| INSUL-CAP (diabetic supplies,miscell)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DME       |                                  |
| INSUL-EZE (diabetic supplies,miscell)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DME       |                                  |
| <i>insulin syringe u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Tier 1    |                                  |
| INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Tier 1    |                                  |
| INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Tier 1    |                                  |
| <i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 1/4", 0.3 ml 31 gauge x 15/64", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 27 gauge x 1/2", 1 ml 27 gauge x 5/8", 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 3/8", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 1/4", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 27 gauge x 1/2", 1/2 ml 28 gauge, 1/2 ml 28 gauge x 1/2", 1/2 ml 29, 1/2 ml 30 gauge, 1/2 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 15/64"</i> | Tier 1    |                                  |
| <i>insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Tier 1    |                                  |
| INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Tier 1    |                                  |
| INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (intravenous catheter)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Tier 2    |                                  |
| INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1" (syringe,safety with needle,3 mL)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Tier 1    |                                  |

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|-----------------------------------------------------------------------------------------------|-----------|------------------------------------------|
| INTELISWAB COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)                         | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years) |
| INTERLINK LEVER LOCK CANNULA (syringe accessory)                                              | Tier 2    |                                          |
| INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML (syringe with cannula, disposable, 10 mL)    | Tier 1    |                                          |
| INVACARE LANCETS 30 GAUGE (lancets)                                                           | DME       |                                          |
| I-PORT (injection ports)                                                                      | Tier 2    |                                          |
| I-PORT ADVANCE 6 MM INJEC PORT (injection ports)                                              | Tier 2    |                                          |
| I-PORT ADVANCE 9 MM INJEC PORT (injection ports)                                              | Tier 2    |                                          |
| IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)                                    | Tier 1    |                                          |
| IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET (intravenous administration set)                  | Tier 2    |                                          |
| IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET (intravenous administration set)                  | Tier 2    |                                          |
| KANGAROO 924 SAFETY SCREW (pump set)                                                          | Tier 2    |                                          |
| KANGAROO EPUMP SET (feeder container with pump set)                                           | Tier 2    |                                          |
| KANGAROO GRAVITY SET (feeder container with gravity set)                                      | Tier 2    |                                          |
| KELOTOP TOPICAL PAD 4.7 X 5.7 " (gel-matrix pad dressing, silicone)                           | Tier 2    |                                          |
| KENDALL DISINFECTANT CAP (alcohol swab cap)                                                   | Tier 2    |                                          |
| KENGUARD FOLEY CATHETER 18-16 FR-" (catheter)                                                 | Tier 2    |                                          |
| KENGUARD FOLEY CATHETER TRAY (catheterization tray)                                           | Tier 2    |                                          |
| KERAGEL TOPICAL GEL (gel dressing)                                                            | Tier 2    |                                          |
| KERAGELT TOPICAL GEL (gel dressing)                                                           | Tier 2    |                                          |
| KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD (polyhexamethylene biguanide/gauze bandage) | Tier 2    |                                          |
| KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" (polyhexamethylene biguanide/gauze bandage)       | Tier 2    |                                          |

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|----------------------------------------------------------------------|-----------|----------------------------------|
| KETONE CARE STRIP (urine acetone test strips)                        | DME       |                                  |
| KETONE URINE TEST STRIP (urine acetone test strips)                  | DME       |                                  |
| KETOSTIX STRIP (urine acetone test strips)                           | DME       |                                  |
| KIMONO LUBRICATED CONDOMS DEVICE (condoms, latex, lubricated)        | Tier 0    |                                  |
| KIMONO MICROTHIN AQUA LUBE CON DEVICE (condoms, latex, lubricated)   | Tier 0    |                                  |
| KIMONO MICROTHIN CONDOMS DEVICE (condoms, latex, non-lubricated)     | Tier 0    |                                  |
| KIMONO MICROTHIN LARGE CONDOMS DEVICE (condoms, latex, lubricated)   | Tier 0    |                                  |
| KIMONO TEXTURED CONDOMS DEVICE (condoms, latex, lubricated)          | Tier 0    |                                  |
| KIMONO THIN LUBRICATED CONDOMS DEVICE (condoms, latex, lubricated)   | Tier 0    |                                  |
| <i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge</i>    | DME       |                                  |
| LANCETS, SUPER THIN (lancets)                                        | DME       |                                  |
| LANCETS, THIN , 28 GAUGE (lancets)                                   | DME       |                                  |
| LANCETS, ULTRA THIN (lancets)                                        | DME       |                                  |
| <i>lancing device</i>                                                | DME       |                                  |
| LANCING DEVICE WITH LANCETS (lancing device)                         | DME       |                                  |
| <i>lancing device with lancets kit</i>                               | DME       |                                  |
| LANCING SYSTEM (lancing device)                                      | DME       |                                  |
| LANZO LANCING DEVICE KIT (lancing device/lancets)                    | DME       |                                  |
| LC PLUS (nebulizer)                                                  | Tier 2    |                                  |
| LC PLUS NEBULIZER-PED MASK (nebulizer)                               | Tier 2    |                                  |
| LITE TOUCH-MEDIUM MASK DEVICE (inhaler, assist devices, accessories) | Tier 2    |                                  |

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|--------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------|
| LITEAIRE MDI CHAMBER SPACER (inhaler, assist devices)                                                                          | Tier 2    |                                          |
| LITETOUCH-LARGE MASK DEVICE (inhaler, assist devices, accessories)                                                             | Tier 2    |                                          |
| LITETOUCH-SMALL MASK DEVICE (inhaler, assist devices, accessories)                                                             | Tier 2    |                                          |
| LOFRIC 12-16 FR-", 14-16 FR-" (catheter)                                                                                       | Tier 2    |                                          |
| LOFRIC ORIGO 14-16 FR-" (catheter)                                                                                             | Tier 2    |                                          |
| LOFRIC PRIMO NELATON CATHETER 16-16 FR-" (catheter)                                                                            | Tier 2    |                                          |
| LOFRIC SENSE NELATON CATHETER 14-6 FR-" (catheter)                                                                             | Tier 2    |                                          |
| LUCIRA CHECK-IT COVID HOME TST KIT (COVID-19 molecular nucleic acid test assay)                                                | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years) |
| LUER LOCK SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)                                                                   | Tier 1    |                                          |
| LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML (syringe, disposable, 1 mL)                                                            | Tier 1    |                                          |
| LUER-LOK TIP SYRINGE 30 ML (syringe, disposable, 30 mL)                                                                        | Tier 1    |                                          |
| MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.3 mL)                    | Tier 1    |                                          |
| MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.5 mL)                    | Tier 1    |                                          |
| MAGELLAN INSULIN SAFETY SYRNG SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL) | Tier 1    |                                          |
| MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1" (syringe,safety with needle,1 mL)                                           | Tier 1    |                                          |

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| Prescription Drug Name                                                                                     | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16"<br>(syringe with needle, insulin, safety, 0.3 mL)               | Tier 1    |                                  |
| MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16"<br>(syringe with needle, insulin, safety, 0.5 mL)         | Tier 1    |                                  |
| MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2"<br>(syringe,safety with needle,1 mL)                         | Tier 1    |                                  |
| MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-"<br>(catheter)                                          | Tier 2    |                                  |
| MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"<br>(pen needle, diabetic)                                 | Tier 1    |                                  |
| MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2"<br>(syringe with needle,disposable,insulin 1 mL)  | Tier 1    |                                  |
| MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2"<br>(syringe with needle,disposable,insulin 1 mL) | Tier 1    |                                  |
| MAXICOMFORT INSULIN SYRINGE SYRINGE 1/2 ML 27 GAUGE X 1/2"<br>(syringe with needle,insulin,0.5 mL)         | Tier 1    |                                  |
| MAXI-COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2"<br>(syringe with needle,insulin,0.5 mL)        | Tier 1    |                                  |
| MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16"<br>(pen needle, diabetic, safety)  | Tier 1    |                                  |
| MC 300 NEBULIZER W-MOUTHPIECE (nebulizer)                                                                  | Tier 2    |                                  |
| MC 300 NEBULIZER-UNVRSL TUBING (nebulizer)                                                                 | Tier 2    |                                  |
| MEDIHONEY (CAL ALGINATE-HONEY) TOPICAL BANDAGE 2 X 2 ", 3/4 X 12 ", 4 X 5 "<br>(calcium alginate/honey)    | Tier 2    |                                  |
| MEDISENSE COMBO PACK (blood-glucose calib. control)                                                        | DME       |                                  |
| MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK (blood-glucose calib. control)                                     | DME       |                                  |

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|-------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MEDISENSE GLUCOSE KETONE COMBO PACK (blood-glucose calib. control)                  | DME       |                                                                                                                                                                                                                    |
| MEDISENSE MID CONTROL SOLUTION (blood glucose calibration control solution, normal) | DME       |                                                                                                                                                                                                                    |
| MEDISENSE THIN LANCETS 28 GAUGE (lancets)                                           | DME       |                                                                                                                                                                                                                    |
| MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (lancets)                        | DME       |                                                                                                                                                                                                                    |
| MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (blade lancet, safety)                       | DME       |                                                                                                                                                                                                                    |
| MEDTRONIC EXT INFUSION SET 23" INFUSION SET (infusion set for insulin pump)         | Tier 2    |                                                                                                                                                                                                                    |
| MEDTRONIC EXT INFUSION SET 32" INFUSION SET (infusion set for insulin pump)         | Tier 2    |                                                                                                                                                                                                                    |
| METER-CHECK SOLUTION (blood glucose calibration control solution, normal)           | DME       |                                                                                                                                                                                                                    |
| MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)                                  | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| MICRO THIN LANCETS 33 GAUGE (lancets)                                               | DME       |                                                                                                                                                                                                                    |
| MICROAIR MESH NEBULIZER (nebulizer)                                                 | Tier 2    |                                                                                                                                                                                                                    |
| MICROCHAMBER SPACER (inhaler, assist devices)                                       | Tier 2    |                                                                                                                                                                                                                    |
| MICRODOT BLOOD GLUCOSE SYSTEM (blood-glucose meter)                                 | DME       |                                                                                                                                                                                                                    |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MICRODOT BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)                          | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| MICRODOT HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)   | DME       |                                                                                                                                                                                                                    |
| MICRODOT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal) | DME       |                                                                                                                                                                                                                    |
| MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)                            | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| MICROLET 2 LANCING DEVICE KIT (lancing device/lancets)                                | DME       |                                                                                                                                                                                                                    |
| MICROLET LANCET (lancets)                                                             | DME       |                                                                                                                                                                                                                    |
| MICROLET NEXT LANCING DEVICE KIT (lancing device/lancets)                             | DME       |                                                                                                                                                                                                                    |
| MICROLIFE PEAK FLOW METER DEVICE (peak flow meter)                                    | DME       |                                                                                                                                                                                                                    |
| MICROSPACER SPACER (inhaler, assist devices)                                          | Tier 2    |                                                                                                                                                                                                                    |
| MINI LANCING DEVICE (lancing device)                                                  | DME       |                                                                                                                                                                                                                    |
| MINI PLUS NEBULIZER (nebulizer)                                                       | Tier 2    |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                      | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------|-----------|----------------------------------|
| MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)           | Tier 1    |                                  |
| MINI WRIGHT PEAK FLOW METER DEVICE (peak flow meter)                        | DME       |                                  |
| MINIMED 630G INSULIN PUMP (subcutaneous insulin pump)                       | Tier 2    | PA                               |
| MINIMED 770G INSULIN PUMP (subcutaneous insulin pump)                       | Tier 2    | PA                               |
| MINIMED 780G INSULIN PUMP (subcutaneous insulin pump)                       | Tier 2    | PA                               |
| MINIMED MIO ADVANCE INF SET23" INFUSION SET (infusion set for insulin pump) | Tier 2    |                                  |
| MINIMED MIO ADVANCE INF SET43" INFUSION SET (infusion set for insulin pump) | Tier 2    |                                  |
| MINIMED QUICK SET 18" INFUSION SET (infusion set for insulin pump)          | Tier 2    |                                  |
| MINIMED QUICK SET 23" INFUSION SET (infusion set for insulin pump)          | Tier 2    |                                  |
| MINIMED QUICK SET 32" INFUSION SET (infusion set for insulin pump)          | Tier 2    |                                  |
| MINIMED QUICK SET 43" INFUSION SET (infusion set for insulin pump)          | Tier 2    |                                  |
| MINIMED QUICK-SERTER (MMT-395) (diabetic supplies,miscell)                  | DME       |                                  |
| MINIMED SILHOUETTE 18" INFUSION SET (infusion set for insulin pump)         | Tier 2    |                                  |
| MINIMED SILHOUETTE 23" INFUSION SET (infusion set for insulin pump)         | Tier 2    |                                  |
| MINIMED SILHOUETTE 32" INFUSION SET (infusion set for insulin pump)         | Tier 2    |                                  |
| MINIMED SILHOUETTE 43" INFUSION SET (infusion set for insulin pump)         | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                 | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| MINIMED SURE T 18" INFUSION SET (infusion set for insulin pump)                                                        | Tier 2    |                                  |
| MINIMED SURE T 23" INFUSION SET (infusion set for insulin pump)                                                        | Tier 2    |                                  |
| MINIMED SURE T 32" INFUSION SET (infusion set for insulin pump)                                                        | Tier 2    |                                  |
| MOBILE LANCETS 30 GAUGE (lancets)                                                                                      | DME       |                                  |
| MODD1 PATIENT WELCOME KIT KIT (insulin pump/insulin cartridge/infusion set/syringe/needle)                             | Tier 2    |                                  |
| MODD1 SUPPLY KIT COMBO PACK (infusion set for insulin pump/insulin pump cartridge)                                     | Tier 2    |                                  |
| MONO-FLO DRAINAGE BAG 2,000 ML (drainage bag)                                                                          | Tier 2    |                                  |
| MONOJECT 140CC PISTON SYRINGE SYRINGE (syringe, disposable)                                                            | Tier 1    |                                  |
| MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML (syringe, disposable, 35 mL)                                              | Tier 1    |                                  |
| MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1" (syringe with needle,disposable, 3 mL)                              | Tier 1    |                                  |
| MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2" (syringe with needle 1 mL, disposable kit-tray)                       | Tier 1    |                                  |
| MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2" (syring w-needl 0.5 mL,kit-tray)                                           | Tier 1    |                                  |
| MONOJECT ALLERGY TRAY TRAY 1 ML 28 X 1/2" (syringe with needle 1 mL, disposable kit-tray)                              | Tier 1    |                                  |
| MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (needles, blood collection) | Tier 2    |                                  |
| MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML (syringe, disposable, 12 mL)                                               | Tier 1    |                                  |
| MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)                                                 | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                   | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML (syringe, disposable, 12 mL)                                                                                                                                                | Tier 1    |                                  |
| MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML (syringe, disposable, 35 mL)                                                                                                                                                | Tier 1    |                                  |
| MONOJECT HYPODERMIC NEEDLES NEEDLE 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (needles, disposable)         | Tier 2    |                                  |
| MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                                                                                             | Tier 1    |                                  |
| MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)                                                                                             | Tier 1    |                                  |
| MONOJECT INSULIN SAFETY SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 1 mL)                                                                                                                | Tier 1    |                                  |
| MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                                                                           | Tier 1    |                                  |
| MONOJECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)                                                   | Tier 1    |                                  |
| MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL) | Tier 1    |                                  |
| MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY (intravenous equipment)                                                                                                                                                | Tier 2    |                                  |
| MONOJECT LUER-LOCK TIP SYRINGE 12 ML (syringe, disposable, 12 mL)                                                                                                                                                        | Tier 1    |                                  |

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| Prescription Drug Name                                                                                       | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| MONOJECT LUER-LOCK TIP SYRINGE 3 ML (syringe, disposable, 3 mL)                                              | Tier 1    |                                  |
| MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 mL) | Tier 1    |                                  |
| MONOJECT MAGELLAN SYRINGE SYRINGE 3 ML 20 GAUGE X 1" (syringe,safety with needle,3 mL)                       | Tier 1    |                                  |
| MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML (syringe, disposable, 12 mL)                                       | Tier 1    |                                  |
| MONOJECT PHARMACY TRAY LUER SYRINGE 20 ML (syringe, disposable, 20 mL)                                       | Tier 1    |                                  |
| MONOJECT PHARMACY TRAY LUER SYRINGE 3 ML (syringe, disposable, 3 mL)                                         | Tier 1    |                                  |
| MONOJECT PHARMACY TRAY LUER SYRINGE 35 ML (syringe, disposable, 35 mL)                                       | Tier 1    |                                  |
| MONOJECT PHARMACY TRAY LUER SYRINGE 6 ML (syringe, disposable, 6 mL)                                         | Tier 1    |                                  |
| MONOJECT PHARMACY TRAY LUER SYRINGE 60 ML (syringe, disposable, 60 mL)                                       | Tier 1    |                                  |
| MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML (syringe, disposable, 1 mL)                                      | Tier 1    |                                  |
| MONOJECT REG TIP NON-STERILE SYRINGE 12 ML (syringe, disposable, 12 mL)                                      | Tier 1    |                                  |
| MONOJECT REG TIP NON-STERILE SYRINGE 20 ML (syringe, disposable, 20 mL)                                      | Tier 1    |                                  |
| MONOJECT REG TIP NON-STERILE SYRINGE 3 ML (syringe, disposable, 3 mL)                                        | Tier 1    |                                  |
| MONOJECT REG TIP NON-STERILE SYRINGE 6 ML (syringe, disposable, 6 mL)                                        | Tier 1    |                                  |
| MONOJECT REGULAR LUER SYRINGE 12 ML (syringe, disposable, 12 mL)                                             | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                      | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| MONOJECT REGULAR LUER SYRINGE 3 ML (syringe, disposable, 3 mL)                                                                                                                                                              | Tier 1    |                                  |
| MONOJECT REGULAR LUER SYRINGE 35 ML (syringe, disposable, 35 mL)                                                                                                                                                            | Tier 1    |                                  |
| MONOJECT REGULAR LUER SYRINGE 6 ML (syringe, disposable, 6 mL)                                                                                                                                                              | Tier 1    |                                  |
| MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML (syringe, disposable, 3 mL)                                                                                                                                                      | Tier 1    |                                  |
| MONOJECT SAFETY SYRINGES SYRINGE 12 ML (syringe, disposable, 12 mL)                                                                                                                                                         | Tier 1    |                                  |
| MONOJECT SAFETY SYRINGES SYRINGE 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2" (syringe,safety with needle,12 mL)                                                                                                                     | Tier 1    |                                  |
| MONOJECT SAFETY SYRINGES SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL) | Tier 1    |                                  |
| MONOJECT SAFETY SYRINGES SYRINGE 6 ML (syringe with needle,disposable, 6 mL)                                                                                                                                                | Tier 1    |                                  |
| MONOJECT SMARTIP CANNULA SYRINGE 12 ML (syringe with cannula,disposable 12 mL)                                                                                                                                              | Tier 1    |                                  |
| MONOJECT SMARTIP CANNULA SYRINGE 3 ML (syringe with cannula, disposable, 3 mL)                                                                                                                                              | Tier 1    |                                  |
| MONOJECT SMARTIP CANNULA SYRINGE 6 ML (syringe with cannula, disposable, 6 mL)                                                                                                                                              | Tier 1    |                                  |
| MONOJECT SYRINGE LUER LOK SYRINGE 35 ML (syringe, disposable, 35 mL)                                                                                                                                                        | Tier 1    |                                  |
| MONOJECT SYRINGE LUER LOK SYRINGE 6 ML (syringe, disposable, 6 mL)                                                                                                                                                          | Tier 1    |                                  |
| MONOJECT SYRINGE LUER LOK SYRINGE 60 ML (syringe, disposable, 60 mL)                                                                                                                                                        | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                                                                                                   | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML (syringe, disposable, 60 mL)                                                                                                                                                                                                                                 | Tier 1    |                                  |
| MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (syringe with needle,insulin,0.5 mL)                                                                                                                                                                                                                            | Tier 1    |                                  |
| MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1" (syringe with needle,disposable, 12 mL)                                                                                                                                                    | Tier 1    |                                  |
| MONOJECT SYRINGE SYRINGE 140 ML (syringe, disposable, 140 mL)                                                                                                                                                                                                                                            | Tier 1    |                                  |
| MONOJECT SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)                                                                                                                                                                                                                                                | Tier 1    |                                  |
| MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (syringe with needle,disposable, 3 mL) | Tier 1    |                                  |
| MONOJECT SYRINGE SYRINGE 6 ML (syringe, disposable, 6 mL)                                                                                                                                                                                                                                                | Tier 1    |                                  |
| MONOJECT SYRINGE SYRINGE 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2" (syringe with needle,disposable, 6 mL)                                                                                                                                                                       | Tier 1    |                                  |
| MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (syringe, disposable, 60 mL)                                                                                                                                                                                                                                  | Tier 1    |                                  |
| MONOJECT TB LUER LOK SYRINGE 1 ML (syringe, disposable, 1 mL)                                                                                                                                                                                                                                            | Tier 1    |                                  |
| MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML (syringe, disposable, 1 mL)                                                                                                                                                                                                                                    | Tier 1    |                                  |
| MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)                                                                                                                                                                                                           | Tier 1    |                                  |
| MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)                                                                                                                                                                                                                | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                      | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 mL)                                                                             | Tier 1    |                                                                                                                                                                                                                    |
| MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)                                                                                        | Tier 1    |                                                                                                                                                                                                                    |
| MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 mL) | Tier 1    |                                                                                                                                                                                                                    |
| MONOJECT TUBERCULIN SYRINGE SYRINGE 1/2 ML 28 X 1/2" (syringe with needle,disposable, 0.5 mL)                                                               | Tier 1    |                                                                                                                                                                                                                    |
| MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (syringe with needle,insulin,0.5 mL)                                                                 | Tier 1    |                                                                                                                                                                                                                    |
| MONOLET LANCETS 21 GAUGE (lancets)                                                                                                                          | DME       |                                                                                                                                                                                                                    |
| MONOLET THIN LANCETS 28 GAUGE (lancets)                                                                                                                     | DME       |                                                                                                                                                                                                                    |
| MULTI-LANCET DEVICE 2 KIT (lancing device/lancets)                                                                                                          | DME       |                                                                                                                                                                                                                    |
| MYGLUCOHEALTH CONTROL SOLUTION SOLUTION (blood glucose calibration control solutions high,normal,low)                                                       | DME       |                                                                                                                                                                                                                    |
| MYGLUCOHEALTH KIT (blood-glucose meter)                                                                                                                     | DME       |                                                                                                                                                                                                                    |
| MYGLUCOHEALTH LANCETS 30 GAUGE (lancets)                                                                                                                    | DME       |                                                                                                                                                                                                                    |
| MYGLUCOHEALTH STRIP (blood sugar diagnostic)                                                                                                                | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                      | Tier 1    |                                                                                                                                                                                                                    |
| NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                              | Tier 1    |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                                                                        | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nebulizer and compressor device                                                                                                                               | Tier 2    |                                                                                                                                                                                                                    |
| NEUTEK 2TEK TEST STRIPS STRIP (blood sugar diagnostic)                                                                                                        | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 " (intravenous catheter) | Tier 2    |                                                                                                                                                                                                                    |
| NIGHTTIME UNDERPANTS L-XL (diaper,brief,youth,disposable)                                                                                                     | Tier 2    |                                                                                                                                                                                                                    |
| NORM-JECT SYRINGE 10 ML (syringe, disposable, 10 mL)                                                                                                          | Tier 1    |                                                                                                                                                                                                                    |
| NORM-JECT SYRINGE 20 ML (syringe, disposable, 20 mL)                                                                                                          | Tier 1    |                                                                                                                                                                                                                    |
| NORM-JECT TUBERKULIN SYRINGE 1 ML (syringe, disposable, 1 mL)                                                                                                 | Tier 1    |                                                                                                                                                                                                                    |
| NOSE CLIP (nebulizer accessories)                                                                                                                             | Tier 2    |                                                                                                                                                                                                                    |
| NOVA MAX GLUCOSE TEST STRIP (blood sugar diagnostic)                                                                                                          | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| NOVA MAX PLUS GLUC-KETON METER DEVICE (blood ketone and glucose monitor)                                                                                      | DME       |                                                                                                                                                                                                                    |
| NOVA MAX PLUS GLUC-KETON METER KIT (blood ketone and glucose monitor)                                                                                         | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                                       | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (lancets)                                                                             | DME       |                                  |
| NOVA SUREFLEX LANCETS (lancets)                                                                                              | DME       |                                  |
| NOVAMAX PLUS GLU-KET SOLUTION (blood glucose and ketone control, normal)                                                     | DME       |                                  |
| NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)                                                                    | Tier 1    |                                  |
| NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6" (pen needle, diabetic)                                                                  | Tier 1    |                                  |
| NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)                                                              | DME       |                                  |
| NUVA III TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)                                                                     | Tier 2    |                                  |
| NUVAGEL TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)                                                                      | Tier 2    |                                  |
| NUVAZIL II TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)                                                                   | Tier 2    |                                  |
| OASIS ULTRA FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (porcine acellular small intestine submucosa, fenestrated)        | Tier 2    |                                  |
| OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (porcine acellular small intestine submucosa, fenestrated) | Tier 2    |                                  |
| OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM (porcine acell submucosa,meshed)                      | Tier 2    |                                  |
| OMBRA COMPRESSOR SYSTEM DEVICE (nebulizer and compressor)                                                                    | Tier 2    |                                  |
| OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,subcut automated dosing,BT,G6/L2)                 | Tier 2    |                                  |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                                               | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (insulin pump cart,automated dosing,BT,G6/G7 with controller)  | Tier 2    |                                                                                                                                                                                                                    |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,subcut automated dosing,BT,G6/G7)        | Tier 2    |                                                                                                                                                                                                                    |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE (insulin pump cart,automated dosing,BT,G6/L2 with controller)  | Tier 2    |                                                                                                                                                                                                                    |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,continuous infusion,BT and controller) | Tier 2    |                                                                                                                                                                                                                    |
| OMNIPOD DASH PDM KIT (GEN 4) (insulin pump controller)                                                               | Tier 2    |                                                                                                                                                                                                                    |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,continuous subcut infusion,bluetooth)       | Tier 2    |                                                                                                                                                                                                                    |
| ON CALL EXPRESS CONTROL SOLUTION (blood glucose calibration control solutions high,normal,low)                       | DME       |                                                                                                                                                                                                                    |
| ON CALL EXPRESS METER (blood-glucose meter)                                                                          | DME       |                                                                                                                                                                                                                    |
| ON CALL EXPRESS METER KIT (blood-glucose meter)                                                                      | DME       |                                                                                                                                                                                                                    |
| ON CALL EXPRESS TEST STRIP STRIP (blood sugar diagnostic)                                                            | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ON CALL LANCET 30 GAUGE (lancets)                                                                                    | DME       |                                                                                                                                                                                                                    |
| ON CALL LANCING DEVICE (lancing device)                                                                              | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                   | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ONETOUCH DELICA PLUS LANC DEV KIT (lancing device/lancets)                               | DME       |                                                                                                                                                                                                                    |
| ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)                                 | DME       |                                                                                                                                                                                                                    |
| ONETOUCH DELICA SAFETY LANCET 30 GAUGE (lancets)                                         | DME       |                                                                                                                                                                                                                    |
| ONETOUCH ULTRA CONTROL SOLUTION (blood glucose calibration control solution, normal)     | DME       |                                                                                                                                                                                                                    |
| ONETOUCH ULTRA TEST STRIP (blood sugar diagnostic)                                       | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ONETOUCH ULTRA2 METER (blood-glucose meter)                                              | DME       |                                                                                                                                                                                                                    |
| ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (lancets)                                           | DME       |                                                                                                                                                                                                                    |
| ONETOUCH VERIO FLEX METER (blood-glucose meter)                                          | DME       |                                                                                                                                                                                                                    |
| ONETOUCH VERIO HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)  | DME       |                                                                                                                                                                                                                    |
| ONETOUCH VERIO MID CONTROL SOLUTION (blood glucose calibration control solution, normal) | DME       |                                                                                                                                                                                                                    |
| ONETOUCH VERIO REFLECT METER (blood-glucose meter)                                       | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                      | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-----------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ONETOUCH VERIO TEST STRIPS STRIP (blood sugar diagnostic)                   | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ON-GO COVID-19 AG AT HOME TEST KIT (COVID-19 antigen immunoassay test)      | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years)                                                                                                                                                                           |
| ON-THE-GO LANCETS 30 GAUGE (lancets)                                        | DME       |                                                                                                                                                                                                                    |
| OPTICHAMBER ADULT MASK-LARGE DEVICE (inhaler, assist devices, accessories)  | Tier 2    |                                                                                                                                                                                                                    |
| OPTICHAMBER DIAMOND LG MASK SPACER (inhaler,assist device with large mask)  | Tier 2    |                                                                                                                                                                                                                    |
| OPTICHAMBER DIAMOND VHC SPACER (inhaler, assist devices)                    | Tier 2    |                                                                                                                                                                                                                    |
| OPTICHAMBER DIAMOND-MED MSK SPACER (inhaler,assist device with medium mask) | Tier 2    |                                                                                                                                                                                                                    |
| OPTICHAMBER DIAMOND-SML MASK SPACER (inhaler,assist device with small mask) | Tier 2    |                                                                                                                                                                                                                    |
| OPTIUM EZ STRIP (blood sugar diagnostic)                                    | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

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| Prescription Drug Name                                           | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OPTIUM TEST STRIP (blood sugar diagnostic)                       | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| OVAL TAPE (diabetic supplies,miscell)                            | DME       |                                                                                                                                                                                                                    |
| PARADIGM RESERVOIR 1.8 ML (insulin pump syringe, 1.8 mL)         | Tier 1    |                                                                                                                                                                                                                    |
| PARADIGM RESERVOIR 3 ML (insulin pump syringe, 3 mL)             | Tier 1    |                                                                                                                                                                                                                    |
| PARI BABY CONV KIT - SIZE 1 KIT (nebulizer accessories)          | Tier 2    |                                                                                                                                                                                                                    |
| PARI BABY CONV KIT - SIZE 2 KIT (nebulizer accessories)          | Tier 2    |                                                                                                                                                                                                                    |
| PARI BABY CONV KIT - SIZE 3 KIT (nebulizer accessories)          | Tier 2    |                                                                                                                                                                                                                    |
| PARI LC SPRINT NEBULIZER SET (nebulizer)                         | Tier 2    |                                                                                                                                                                                                                    |
| PARI LC SPRINT SINUS (nebulizer)                                 | Tier 2    |                                                                                                                                                                                                                    |
| PARI TREK S COMBO PACK DEVICE (nebulizer and compressor)         | Tier 2    |                                                                                                                                                                                                                    |
| PARI TREK S COMPACT COMPRESSOR DEVICE (nebulizer and compressor) | Tier 2    |                                                                                                                                                                                                                    |
| PARI TREK S PORTABLE PWR KIT (nebulizer accessories)             | Tier 2    |                                                                                                                                                                                                                    |
| PCCA ACCUPEN-15 DEVICE (topical cream metered-dose device)       | Tier 2    |                                                                                                                                                                                                                    |
| PEAK AIR PEAK FLOW METER DEVICE (peak flow meter)                | DME       |                                                                                                                                                                                                                    |
| PEDIATRIC BEAR NEBULIZER DEVICE (nebulizer and compressor)       | Tier 2    |                                                                                                                                                                                                                    |
| PEDIATRIC COMP-AIR COMPRES NEB DEVICE (nebulizer and compressor) | Tier 2    |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                                                                                                                                                                                                    | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                                                                         | Tier 1    |                                  |
| <i>pen needle, diabetic needle 29 gauge x 1/2", 30 gauge x 3/16", 30 gauge x 5/16", 31 gauge x 1/4", 31 gauge x 3/16", 31 gauge x 5/16", 31 gauge x 5/32", 32 gauge x 1/4", 32 gauge x 3/16", 32 gauge x 5/16", 32 gauge x 5/32", 33 gauge x 1/4", 33 gauge x 3/16", 33 gauge x 5/32"</i> | Tier 1    |                                  |
| <i>pen needle, diabetic needle 29 gauge x 15/32", 31 gauge x 1/3", 31 gauge x 1/6", 31 gauge x 13/64", 31 gauge x 15/64"</i>                                                                                                                                                              | Tier 1    |                                  |
| <i>pen needle, diabetic, safety needle 31 gauge x 3/16", 31 gauge x 5/32"</i>                                                                                                                                                                                                             | Tier 1    |                                  |
| PENTIPS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                                                                  | Tier 1    |                                  |
| PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (lancets)                                                                                                                                                                                                                                 | DME       |                                  |
| PERSONAL BEST FULL RANGE DEVICE (peak flow meter)                                                                                                                                                                                                                                         | DME       |                                  |
| PERSONAL BEST LOW RANGE DEVICE (peak flow meter)                                                                                                                                                                                                                                          | DME       |                                  |
| PETROLEUM GAUZE TOPICAL BANDAGE (petrolatum,white)                                                                                                                                                                                                                                        | Tier 2    |                                  |
| PFLEX INSPIRATORY TRAINER DEVICE (spirometers and accessories)                                                                                                                                                                                                                            | Tier 2    |                                  |
| PHARMACIST CHOICE GLUCOSE SYS (blood-glucose meter)                                                                                                                                                                                                                                       | DME       |                                  |

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| Prescription Drug Name                                                                    | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PHARMACIST CHOICE STRIP (blood sugar diagnostic)                                          | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| PHASEAL ASSEMBLY FIXTURE DEVICE (assembly system, vial to transfer device, closed system) | Tier 2    |                                                                                                                                                                                                                    |
| PHASEAL CONNECTOR LUER LOCK (connector luer lock, closed system)                          | Tier 2    |                                                                                                                                                                                                                    |
| PHASEAL INFUSION ADAPTER (infusion adapter, closed system)                                | Tier 2    |                                                                                                                                                                                                                    |
| PHASEAL INFUSION CLAMP (clamp, IV tubing)                                                 | Tier 2    |                                                                                                                                                                                                                    |
| PHASEAL INJECTOR LUER (needle injector, luer, closed system)                              | Tier 2    |                                                                                                                                                                                                                    |
| PHASEAL INJECTOR LUER LOCK (needle injector, luer lock, closed system)                    | Tier 2    |                                                                                                                                                                                                                    |
| PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM (transfer device, closed system)             | Tier 2    |                                                                                                                                                                                                                    |
| PHASEAL SECONDARY SET INFUSION SET (intravenous piggyback administration set)             | Tier 2    |                                                                                                                                                                                                                    |
| PHASEAL Y-SITE (y-site line connector, closed system)                                     | Tier 2    |                                                                                                                                                                                                                    |
| PIKO 1 DEVICE (peak flow meter)                                                           | DME       |                                                                                                                                                                                                                    |
| PILLOW MASK CHILD (nebulizer accessories)                                                 | Tier 2    |                                                                                                                                                                                                                    |
| PILOT COVID-19 AT-HOME TEST KIT (COVID-19 antigen immunoassay test)                       | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years)                                                                                                                                                                           |
| PIP BLOOD GLUCOSE MONITOR (blood-glucose meter)                                           | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                   | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PIP BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)                              | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION (blood glucose calibration control high and low) | DME       |                                                                                                                                                                                                                    |
| PIP LANCET 28 GAUGE, 30 GAUGE (lancets)                                                  | DME       |                                                                                                                                                                                                                    |
| PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)          | Tier 1    |                                                                                                                                                                                                                    |
| PIXEL COVID19 HOME COLLECT KIT (COVID-19 test specimen collection)                       | Tier 2    |                                                                                                                                                                                                                    |
| PLATINUM TEST STRIP STRIP (blood sugar diagnostic)                                       | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| POCKET CHAMBER SPACER (inhaler, assist devices)                                          | Tier 2    |                                                                                                                                                                                                                    |
| POCKET PEAK FLOW METER DEVICE (peak flow meter)                                          | DME       |                                                                                                                                                                                                                    |
| POLY HUB NEEDLE NEEDLE 30 GAUGE X 1/2" (needles, disposable)                             | Tier 1    |                                                                                                                                                                                                                    |
| PRECISION (blood-glucose meter)                                                          | DME       |                                                                                                                                                                                                                    |
| PRECISION GLUCOSE CONTROL SOLN COMBO PACK (blood-glucose calib. control)                 | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                   | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|--------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PRECISION GLUCOSE/KETONE CONTR COMBO PACK (blood-glucose calib. control) | DME       |                                                                                                                                                                                                                    |
| PRECISION PCX PLUS TEST STRIP (blood sugar diagnostic)                   | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| PRECISION PCX TEST STRIP (blood sugar diagnostic)                        | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| PRECISION POINT OF CARE TEST STRIP (blood sugar diagnostic)              | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

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| Prescription Drug Name                                               | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|----------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PRECISION Q-I-D TEST STRIP (blood sugar diagnostic)                  | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| PRECISION XTRA KETONE-GLUCOSE KIT (blood ketone and glucose monitor) | DME       |                                                                                                                                                                                                                    |
| PRECISION XTRA MONITOR (blood-glucose meter)                         | DME       |                                                                                                                                                                                                                    |
| PRECISION XTRA TEST STRIP (blood sugar diagnostic)                   | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| PREMIER BLU GLUCOSE METER (blood-glucose meter)                      | DME       |                                                                                                                                                                                                                    |
| PREMIER CLASSIC GLUCOSE METER (blood-glucose meter)                  | DME       |                                                                                                                                                                                                                    |
| PREMIER COMPACT GLUCOSE METER KIT (blood-glucose meter)              | DME       |                                                                                                                                                                                                                    |
| PREMIER TEST STRIP STRIP (blood sugar diagnostic)                    | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

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| Prescription Drug Name                                                                                                                             | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PREMIER VOICE GLUCOSE METER (blood-glucose meter)                                                                                                  | DME       |                                                                                                                                                                                                                    |
| PREMIUM BLOOD GLUCOSE MONITOR (blood-glucose meter)                                                                                                | DME       |                                                                                                                                                                                                                    |
| PREMIUM V10 (blood-glucose meter)                                                                                                                  | DME       |                                                                                                                                                                                                                    |
| PREMIUM V10 STRIP (blood sugar diagnostic)                                                                                                         | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)                                                                                            | DME       |                                                                                                                                                                                                                    |
| PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic, safety)                                                | Tier 1    |                                                                                                                                                                                                                    |
| PRIMEAIRE SPACER (inhaler, assist devices)                                                                                                         | Tier 2    |                                                                                                                                                                                                                    |
| PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)  | Tier 1    |                                                                                                                                                                                                                    |
| PRO COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL) | Tier 1    |                                                                                                                                                                                                                    |
| PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (lancets)                                                                                                    | DME       |                                                                                                                                                                                                                    |
| PRO COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)                                           | Tier 1    |                                                                                                                                                                                                                    |
| PRO COMFORT SAFETY LANCET 30 GAUGE (lancets)                                                                                                       | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                          | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PRO COMFORT TENS ELECTRODE PAD (tens unit electrodes)                                           | Tier 2    |                                                                                                                                                                                                                    |
| PRO COMFORT TENS UNIT COMBO PACK (transcutaneous electrical nerve stimulators(TENS)/electrodes) | Tier 2    |                                                                                                                                                                                                                    |
| PRO VOICE V8-V9 TEST STRIP STRIP (blood sugar diagnostic)                                       | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| PRO VOICE V9 GLUCOSE MONITOR (blood-glucose meter)                                              | DME       |                                                                                                                                                                                                                    |
| PROCARE COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)                                  | Tier 2    |                                                                                                                                                                                                                    |
| PROCARE PEDIATRIC NEBULIZER DEVICE (nebulizer and compressor)                                   | Tier 2    |                                                                                                                                                                                                                    |
| PROCARE SPACER WITH ADULT MASK SPACER (inhaler,assist device with large mask)                   | Tier 2    |                                                                                                                                                                                                                    |
| PROCARE SPACER WITH CHILD MASK SPACER (inhaler,assist device with medium mask)                  | Tier 2    |                                                                                                                                                                                                                    |
| PRO-CEPTION VAGINAL (medical supply, miscellaneous)                                             | Tier 2    |                                                                                                                                                                                                                    |
| PROCHAMBER SPACER (inhaler, assist devices)                                                     | Tier 2    |                                                                                                                                                                                                                    |
| PRODIGY AUTOCODE METER KIT (blood-glucose meter)                                                | DME       |                                                                                                                                                                                                                    |
| PRODIGY AUTOCODE MONITOR SYST (blood-glucose meter)                                             | DME       |                                                                                                                                                                                                                    |
| PRODIGY CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)        | DME       |                                                                                                                                                                                                                    |
| PRODIGY CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high)       | DME       |                                                                                                                                                                                                                    |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                             | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)       | Tier 1    |                                                                                                                                                                                                                    |
| PRODIGY INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)       | Tier 1    |                                                                                                                                                                                                                    |
| PRODIGY INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL) | Tier 1    |                                                                                                                                                                                                                    |
| PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets)                                                       | DME       |                                                                                                                                                                                                                    |
| PRODIGY LANCING DEVICE (lancing device)                                                            | DME       |                                                                                                                                                                                                                    |
| PRODIGY MINI-MIST NEBULIZER (nebulizer)                                                            | Tier 2    |                                                                                                                                                                                                                    |
| PRODIGY NO CODING STRIP (blood sugar diagnostic)                                                   | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| PRODIGY POCKET METER KIT (blood-glucose meter)                                                     | DME       |                                                                                                                                                                                                                    |
| PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)                                                        | DME       |                                                                                                                                                                                                                    |
| PRODIGY VOICE GLUCOSE METER KIT (blood-glucose meter)                                              | DME       |                                                                                                                                                                                                                    |
| PRONEB MAX COMPRESSOR-LC PLUS DEVICE (nebulizer and compressor)                                    | Tier 2    |                                                                                                                                                                                                                    |
| PRONEB MAX COMPRESSOR-LC SPRINT DEVICE (nebulizer and compressor)                                  | Tier 2    |                                                                                                                                                                                                                    |
| PRONEB ULTRA II FILTER ASSEM (nebulizer accessories)                                               | Tier 2    |                                                                                                                                                                                                                    |
| PROSILK TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)                                  | Tier 2    |                                                                                                                                                                                                                    |
| PROVATE PELVIC ORGAN SUPPORT VAGINAL 61 MM, 67 MM, 73 MM, 79 MM, 85 MM, 91 MM (pessary)            | Tier 2    |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                                      | Drug Tier | Coverage Requirements and Limits         |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------|
| PROVENT NASAL DEVICE (nasal exhalation resistance device)                                                                   | Tier 2    |                                          |
| PROVENT STARTER NASAL DEVICE (nasal exhalation resistance device)                                                           | Tier 2    |                                          |
| PULMO-AIDE COMPRESSOR DEVICE (compressor, for nebulizer)                                                                    | Tier 2    |                                          |
| PULMONEB LT COMPRESSOR NEBUL DEVICE (nebulizer and compressor)                                                              | Tier 2    |                                          |
| PURE COMFORT LANCETS 30 GAUGE (lancets)                                                                                     | DME       |                                          |
| PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic) | Tier 1    |                                          |
| PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)                                                                              | DME       |                                          |
| PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety)    | Tier 1    |                                          |
| PUREAIR MINI NEBULIZER DEVICE (nebulizer and compressor)                                                                    | Tier 2    |                                          |
| PURECOMFORT PEAK FLOW METER DEVICE (peak flow meter)                                                                        | DME       |                                          |
| PUSH BUTTON SAFETY LANCETS 28 GAUGE (lancets)                                                                               | DME       |                                          |
| QUAKE VIBRATORY PEP DEVICE (mucus clearing device)                                                                          | Tier 2    |                                          |
| QUICKVUE AT-HOME COVID-19 TEST KIT (COVID-19 antigen immunoassay test)                                                      | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years) |
| QUICKVUE SARS ANTIGEN KIT (COVID-19 antigen immunoassay test)                                                               | Tier 2    |                                          |
| QUINTET AC (blood-glucose meter)                                                                                            | DME       |                                          |

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| Prescription Drug Name                                                                          | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| QUINTET AC STRIP (blood sugar diagnostic)                                                       | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| QUINTET BLOOD GLUCOSE METER (blood-glucose meter)                                               | DME       |                                                                                                                                                                                                                    |
| QUINTET GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)                                      | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| RAPID SARS-COV-2 AG HOME TEST KIT (COVID-19 antigen immunoassay test)                           | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years)                                                                                                                                                                           |
| RAPIDGO FLU AND COVID-19 TEST KIT (COVID-19, influenza A, influenza B antigen immunoassay test) | Tier 2    |                                                                                                                                                                                                                    |
| RAPPORT VACUUM THERAPY KIT (vacuum erection device system)                                      | Tier 2    |                                                                                                                                                                                                                    |
| RECONSTITUTE KIT (medical supply, miscellaneous)                                                | Tier 2    |                                                                                                                                                                                                                    |
| REFUAH PLUS GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, high)         | DME       |                                                                                                                                                                                                                    |
| REFUAH PLUS GLUCOSE MONITOR KIT (blood-glucose meter)                                           | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                    | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-----------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| REFUAH PLUS STRIP (blood sugar diagnostic)                | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| RELIAMED LANCET 28 GAUGE, 30 GAUGE (lancets)              | DME       |                                                                                                                                                                                                                    |
| RELIAMED MINI LANCING DEVICE (lancing device)             | DME       |                                                                                                                                                                                                                    |
| RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets) | DME       |                                                                                                                                                                                                                    |
| RELION ALL-IN-ONE METER KIT (blood-glucose meter)         | DME       |                                                                                                                                                                                                                    |
| RELION CONFIRM KIT (blood-glucose meter)                  | DME       |                                                                                                                                                                                                                    |
| RELION CONFIRM-MICRO STRIP (blood sugar diagnostic)       | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| RELION MICRO GLUCOSE MONITOR (blood-glucose meter)        | DME       |                                                                                                                                                                                                                    |
| RELION MICRO GLUCOSE MONITOR KIT (blood-glucose meter)    | DME       |                                                                                                                                                                                                                    |
| RELION PRIME METER (blood-glucose meter)                  | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                       | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RELION PRIME TEST STRIPS STRIP (blood sugar diagnostic)                                      | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| RELION ULTIMA STRIP (blood sugar diagnostic)                                                 | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| RELIZORB CARTRIDGE (enteral pump accessory for fat hydrolysis)                               | Tier 2    |                                                                                                                                                                                                                    |
| REPLICARE DRESSING TOPICAL BANDAGE 1 1/2 X 2 1/2 " (hydrocolloid dressing)                   | Tier 2    |                                                                                                                                                                                                                    |
| REPLICARE THIN TOPICAL BANDAGE 2 X 2 3/4 ", 3 1/2 X 5 1/2 ", 6 X 8 " (hydrocolloid dressing) | Tier 2    |                                                                                                                                                                                                                    |
| REPLICARE ULTRA DRESSING TOPICAL BANDAGE 4 X 4 ", 7 X 8 " (hydrocolloid dressing)            | Tier 2    |                                                                                                                                                                                                                    |
| RESTORE TOPICAL BANDAGE 2 X 2 " (silver/calcium alginate)                                    | Tier 2    |                                                                                                                                                                                                                    |
| REUSABLE NEBULIZER KIT KIT (nebulizer accessories)                                           | Tier 2    |                                                                                                                                                                                                                    |
| REVEAL BLOOD GLUCOSE METER KIT (blood-glucose meter)                                         | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                       | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| REVEAL TEST STRIP STRIP (blood sugar diagnostic)                                             | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| RIGHTEST CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)   | DME       |                                                                                                                                                                                                                    |
| RIGHTEST CONTROL SOLUTION NORM SOLUTION (blood glucose calibration control solution, normal) | DME       |                                                                                                                                                                                                                    |
| RIGHTEST GD500 LANCING DEVICE (lancing device)                                               | DME       |                                                                                                                                                                                                                    |
| RIGHTEST GL300 LANCETS 30 GAUGE (lancets)                                                    | DME       |                                                                                                                                                                                                                    |
| RIGHTEST GM550 SYSTEM KIT (blood-glucose meter)                                              | DME       |                                                                                                                                                                                                                    |
| RIGHTEST GS550 TEST STRIPS STRIP (blood sugar diagnostic)                                    | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| RIGHTEST GT333 GLUCOSE METER (blood-glucose meter)                                           | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                                                                                                                                           | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RIGHTEST GT333 TEST STRIP STRIP (blood sugar diagnostic)                                                                                                                                                                         | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| RITEFLO AEROCHAMBER SPACER (inhaler, assist devices)                                                                                                                                                                             | Tier 2    |                                                                                                                                                                                                                    |
| ROBINSON CLEAR VINYL CATHETER 16 FR (catheter)                                                                                                                                                                                   | Tier 2    |                                                                                                                                                                                                                    |
| RUBBER MOUTHPIECE (nebulizer accessories)                                                                                                                                                                                        | Tier 2    |                                                                                                                                                                                                                    |
| SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (syringe w-needle 0.3 mL,insulin,safety w-self-cont.dis.unit)                                                                                                           | Tier 1    |                                                                                                                                                                                                                    |
| SAFESNAP INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle,safety,disposal unit,0.5 mL)                                                                                            | Tier 1    |                                                                                                                                                                                                                    |
| SAFESNAP INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (syringe with needle 1 mL,insulin,safety w-self-con.disp.unit)                                                                                       | Tier 1    |                                                                                                                                                                                                                    |
| SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2" (syringe,needle,safety 1 mL,self-contained disposal unit)                                                                                                    | Tier 1    |                                                                                                                                                                                                                    |
| SAFESNAP SYRINGE SYRINGE 10 ML (syringe, safety 10 mL, self-contained disposal unit)                                                                                                                                             | Tier 1    |                                                                                                                                                                                                                    |
| SAFESNAP SYRINGE SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1" (syringe,safety needle 10 mL and self-contained disposal unit) | Tier 1    |                                                                                                                                                                                                                    |
| SAFESNAP SYRINGE SYRINGE 3 ML (syringe, safety 3 mL, self-contained disposal unit)                                                                                                                                               | Tier 1    |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                                                                                                                                                                                                                           | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| SAFESNAP SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe 3 mL with safety needle,self-contained disposal unit) | Tier 1    |                                  |
| SAFESNAP SYRINGE SYRINGE 5 ML (syringe, safety 5 mL, self-contained disposal unit)                                                                                                                                                                                                                               | Tier 1    |                                  |
| SAFESNAP SYRINGE SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1" (syringe, safety needle 5 mL and self-contained disposal unit)                                                                                       | Tier 1    |                                  |
| SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)                                                                                                                                                                                                                                                                      | DME       |                                  |
| <i>safety needles needle 18 gauge x 1 1/2"</i>                                                                                                                                                                                                                                                                   | Tier 2    |                                  |
| SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)                                                                                                                                                                                                                                         | Tier 1    |                                  |
| SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)                                                                                                                                                                                                                                                                 | DME       |                                  |
| SAFETY-LET LANCETS 30 GAUGE (lancets)                                                                                                                                                                                                                                                                            | DME       |                                  |
| SAMI THE SEAL DEVICE (nebulizer and compressor)                                                                                                                                                                                                                                                                  | Tier 2    |                                  |
| SAMI THE SEAL MASK (nebulizer accessories)                                                                                                                                                                                                                                                                       | Tier 2    |                                  |
| SCARCIN PAD PLUS TOPICAL PAD 1.57 X 5.12 " (gel-matrix pad dressing, silicone)                                                                                                                                                                                                                                   | Tier 2    |                                  |
| SCARCINPAD TOPICAL PAD 1.57 X 5.12 " (gel-matrix pad dressing, silicone)                                                                                                                                                                                                                                         | Tier 2    |                                  |
| SCARHEAL TOPICAL SHEET 2 X 2.5 " (silicone adhesive)                                                                                                                                                                                                                                                             | Tier 2    |                                  |
| SCARSILK TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)                                                                                                                                                                                                                                               | Tier 2    |                                  |
| SECURESAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.5 mL)                                                                                                                                                                                                         | Tier 1    |                                  |
| SECURESAFE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 1 mL)                                                                                                                                                                                                             | Tier 1    |                                  |

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|------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic, safety)                   | Tier 1    |                                  |
| SELF-CATHETER, FEMALE 14 FR (catheter)                                                         | Tier 2    |                                  |
| SIDESTREAM (nebulizer)                                                                         | Tier 2    |                                  |
| SIDESTREAM MASK (nebulizer accessories)                                                        | Tier 2    |                                  |
| SIDESTREAM NEBULIZER (nebulizer)                                                               | Tier 2    |                                  |
| SIDESTREAM PLUS (nebulizer)                                                                    | Tier 2    |                                  |
| SILADERM TOPICAL SHEET 5 CM X 14 CM (silicone adhesive)                                        | Tier 2    |                                  |
| SILADONE TOPICAL SHEET 2 X 2.5 " (silicone adhesive)                                           | Tier 2    |                                  |
| SILASTIC FOLEY CATHETER 20 FR (catheter)                                                       | Tier 2    |                                  |
| SILICONE MASK (nebulizer accessories)                                                          | Tier 2    |                                  |
| SILICONE MASK - INFANT DEVICE (inhaler, assist devices, accessories)                           | Tier 2    |                                  |
| SIL-K TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)                                | Tier 2    |                                  |
| SILTREX TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)                              | Tier 2    |                                  |
| SIMPLERA SENSOR DEVICE (blood-glucose sensor)                                                  | Tier 2    | PA                               |
| SIMPLERA SYNC SENSOR DEVICE (blood-glucose sensor)                                             | Tier 2    | PA                               |
| SIMPLI PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)                               | Tier 1    |                                  |
| SINGLE-LET (lancets)                                                                           | DME       |                                  |
| SINUSTAR NEBULIZER (nebulizer)                                                                 | Tier 2    |                                  |
| SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" (pen needle, diabetic, safety) | Tier 1    |                                  |
| SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)                                     | DME       |                                  |
| SMART SENSE MONITORING SYSTEM (blood-glucose meter)                                            | DME       |                                  |

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|--------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic)                         | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| SMARTDIABETES VANTAGE (lancing device)                                         | DME       |                                                                                                                                                                                                                    |
| SMARTEST CONTROL SOLUTION (blood glucose calibration control solution, normal) | DME       |                                                                                                                                                                                                                    |
| SMARTEST EJECT KIT (blood-glucose meter)                                       | DME       |                                                                                                                                                                                                                    |
| SMARTEST LANCET (lancets)                                                      | DME       |                                                                                                                                                                                                                    |
| SMARTEST PERSONA GLUCOSE METER (blood-glucose meter)                           | DME       |                                                                                                                                                                                                                    |
| SMARTEST PERSONA STARTER KIT (blood-glucose meter)                             | DME       |                                                                                                                                                                                                                    |
| SMARTEST PRONTO GLUCOSE METER (blood-glucose meter)                            | DME       |                                                                                                                                                                                                                    |
| SMARTEST PRONTO STARTER KIT (blood-glucose meter)                              | DME       |                                                                                                                                                                                                                    |
| SMARTEST PROTEGE KIT (blood-glucose meter)                                     | DME       |                                                                                                                                                                                                                    |
| SMARTEST SMART CODE METER KIT (blood-glucose meter)                            | DME       |                                                                                                                                                                                                                    |
| SMARTEST TALKING METER KIT (blood-glucose meter)                               | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                        | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SMARTEST TEST STRIP (blood sugar diagnostic)                                                  | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| SMARTNEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)                               | Tier 2    |                                                                                                                                                                                                                    |
| SOFIA SARS ANTIGEN FIA KIT (COVID-19 antigen immunoassay test)                                | Tier 2    |                                                                                                                                                                                                                    |
| SOFIA2 FLU-SARS ANTIGEN FIA KIT (COVID-19, influenza A, influenza B antigen immunoassay test) | Tier 2    |                                                                                                                                                                                                                    |
| SOLUS V2 AUDIBLE METER (blood-glucose meter)                                                  | DME       |                                                                                                                                                                                                                    |
| SOLUS V2 AUDIBLE METER KIT (blood-glucose meter)                                              | DME       |                                                                                                                                                                                                                    |
| SOLUS V2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)     | DME       |                                                                                                                                                                                                                    |
| SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high)    | DME       |                                                                                                                                                                                                                    |
| SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)                                                 | DME       |                                                                                                                                                                                                                    |
| SOLUS V2 LANCING DEVICE KIT (lancing device/lancets)                                          | DME       |                                                                                                                                                                                                                    |
| SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)                                           | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |

Tier 0 = Preventive Drugs required under the Affordable Care Act at no cost

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| Prescription Drug Name                                                                                                                                                                             | Drug Tier | Coverage Requirements and Limits         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------|
| SOOTHENEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)                                                                                                                                   | Tier 2    |                                          |
| SOOTHENEB MESH NEBULIZER (nebulizer)                                                                                                                                                               | Tier 2    |                                          |
| SPACE CHAMBER SPACER (inhaler, assist devices)                                                                                                                                                     | Tier 2    |                                          |
| SPACE CHAMBER WITH LARGE MASK SPACER (inhaler,assist device with large mask)                                                                                                                       | Tier 2    |                                          |
| SPACE CHAMBER WITH MEDIUM MASK SPACER (inhaler,assist device with medium mask)                                                                                                                     | Tier 2    |                                          |
| SPACE CHAMBER WITH SMALL MASK SPACER (inhaler,assist device with small mask)                                                                                                                       | Tier 2    |                                          |
| SPECTRAGEL TOPICAL GEL (gel dressing)                                                                                                                                                              | Tier 2    |                                          |
| SPEEDICATH (FEMALE) 16 FR (catheter)                                                                                                                                                               | Tier 2    |                                          |
| SPEEDYSWAB COVID-19 AND FLU KIT (COVID-19, influenza A, influenza B antigen immunoassay test)                                                                                                      | Tier 2    |                                          |
| SPEEDYSWAB COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)                                                                                                                              | Tier 2    | QL (8 EA per 30 days); Age (Min 2 Years) |
| STERILANCE TL 30 GAUGE, 32 GAUGE (lancets)                                                                                                                                                         | DME       |                                          |
| STERILE DROPTAINERS (eye drop dispenser)                                                                                                                                                           | Tier 2    |                                          |
| STRATACTX TOPICAL GEL (gel dressing)                                                                                                                                                               | Tier 2    |                                          |
| STRATAGRT TOPICAL GEL (gel dressing)                                                                                                                                                               | Tier 2    |                                          |
| STRATAXRT TOPICAL GEL (gel dressing)                                                                                                                                                               | Tier 2    |                                          |
| SUNRISE COMPRESSOR-NEBULIZER DEVICE (compressor, for nebulizer)                                                                                                                                    | Tier 2    |                                          |
| SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets)                                                                                                                                                    | DME       |                                          |
| SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)                                                                                                   | Tier 1    |                                          |
| SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL) | Tier 1    |                                          |

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| Prescription Drug Name                                                                                                                                                                                                | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.5 mL)                    | Tier 1    |                                  |
| SURE COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL) | Tier 1    |                                  |
| SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)                                                                                                                                       | DME       |                                  |
| SURE COMFORT LANCING PEN (lancing device)                                                                                                                                                                             | DME       |                                  |
| SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)                                                        | Tier 1    |                                  |
| SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic, safety)                                                                                                                | Tier 1    |                                  |
| SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic)                                                                                                               | Tier 1    |                                  |
| SUREFLEX DEVICE WITH LANCETS KIT (lancing device/lancets)                                                                                                                                                             | DME       |                                  |
| SUREFLEX LANCING DEVICE (lancing device)                                                                                                                                                                              | DME       |                                  |
| SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                                                                       | Tier 1    |                                  |
| SURE-JECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)                                               | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                                                                                                                                                                    | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SURE-JECT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)                                                                                                                                                                    | Tier 1    |                                                                                                                                                                                                                    |
| SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)                                                                                                                                                                                                                                                                                                 | DME       |                                                                                                                                                                                                                    |
| SURE-LANCE ULTRA THIN 30 GAUGE (lancets)                                                                                                                                                                                                                                                                                                  | DME       |                                                                                                                                                                                                                    |
| SURE-PEN LANCING DEVICE (lancing device)                                                                                                                                                                                                                                                                                                  | DME       |                                                                                                                                                                                                                    |
| SURE-TEST EASYPLUS MINI METER (blood-glucose meter)                                                                                                                                                                                                                                                                                       | DME       |                                                                                                                                                                                                                    |
| SURE-TEST EASYPLUS MINI SOLUTION (blood glucose calibration control solution, normal)                                                                                                                                                                                                                                                     | DME       |                                                                                                                                                                                                                    |
| SURE-TEST EASYPLUS MINI STRIP (blood sugar diagnostic)                                                                                                                                                                                                                                                                                    | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| SURE-TOUCH LANCET (lancets)                                                                                                                                                                                                                                                                                                               | DME       |                                                                                                                                                                                                                    |
| SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2" (needles, safety) | Tier 2    |                                                                                                                                                                                                                    |
| SURGUARD2 SAFETY NEEDLE 30 GAUGE X 1 1/2" (needles, safety)                                                                                                                                                                                                                                                                               | Tier 1    |                                                                                                                                                                                                                    |
| SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 mL)                                                                                                                                                                                                               | Tier 1    |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                                                                                                                                                                      | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| SURGUARD2 SAFETY SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,10 mL)                                                                                                                           | Tier 1    |                                  |
| SURGUARD2 SAFETY SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL) | Tier 1    |                                  |
| SURGUARD2 SAFETY SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,5 mL)                                                                                                                               | Tier 1    |                                  |
| <i>syringe (disposable) syringe 10 ml, 20 ml, 3 ml, 30 ml, 5 ml, 60 ml</i>                                                                                                                                                                                  | Tier 1    |                                  |
| SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (syringe with needle,disposable, 3 mL)                                                                                                                                                                        | Tier 1    |                                  |
| SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (syringe with needle,disposable, 3 mL)                                                                                                                                                                        | Tier 1    |                                  |
| SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle,disposable, 3 mL)                                                                                                                                                                | Tier 1    |                                  |
| SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle,disposable, 3 mL)                                                                                                                                                                        | Tier 1    |                                  |
| SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (syringe with needle,disposable, 3 mL)                                                                                                                                                                    | Tier 1    |                                  |
| SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (syringe with needle,disposable, 3 mL)                                                                                                                                                                        | Tier 1    |                                  |
| <i>syringe with needle syringe 1 ml 25 gauge x 1", 10 ml 20 x 1", 3 ml 20 gauge x 1 1/2", 3 ml 22 x 1 1/2", 3 ml 23 x 1"</i>                                                                                                                                | Tier 1    |                                  |
| SYRINGE WITHOUT NEEDLE SYRINGE (syringe, disposable)                                                                                                                                                                                                        | Tier 1    |                                  |
| SZOSIL TOPICAL SHEET 5 CM X 14 CM (silicone adhesive)                                                                                                                                                                                                       | Tier 2    |                                  |
| SZOSIL TOPICAL STRIP 1.4 X 6 " (silicone adhesive)                                                                                                                                                                                                          | Tier 2    |                                  |

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| Prescription Drug Name                                                                           | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| T.E.D. ANTI-EMBOLISM STOCKING (compression stocking, knee high, regular length, small)           | Tier 2    |                                  |
| T.E.D. KNEE LENGTH-M-LONG (compression stocking, knee high, long length, small circumferen)      | Tier 2    |                                  |
| T.E.D. KNEE LENGTH-S-REGULAR (compression stocking, knee high, regular length, small)            | Tier 2    |                                  |
| T:FLEX SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)                                           | Tier 2    |                                  |
| T:SLIM X2 BASAL-IQ INSULIN PMP (subcutaneous insulin pump)                                       | Tier 2    | PA                               |
| T:SLIM X2 CONTROL-IQ (subcutaneous insulin pump)                                                 | Tier 2    | PA                               |
| T:SLIM X2 SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)                                        | Tier 2    |                                  |
| TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge) | Tier 2    |                                  |
| TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK (infusion set for insulin pump/insulin pump cartridge) | Tier 2    |                                  |
| TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge) | Tier 2    |                                  |
| TANDEM MOBI AUTOSOFT30 14PK 23 COMBO PACK (infusion set for insulin pump/insulin pump cartridge) | Tier 2    |                                  |
| TANDEM MOBI AUTOSOFTXC 14PK 23 COMBO PACK (infusion set for insulin pump/insulin pump cartridge) | Tier 2    |                                  |
| TANDEM MOBI AUTOSOFTXC 14PK 5" COMBO PACK (infusion set for insulin pump/insulin pump cartridge) | Tier 2    |                                  |
| TANDEM MOBI SYSTEM (subcutaneous insulin pump)                                                   | Tier 2    | PA                               |
| TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)   | Tier 2    |                                  |
| TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge) | Tier 2    |                                  |
| TANDEM T:SLIM ASFT 30 PK14 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge) | Tier 2    |                                  |

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| Prescription Drug Name                                                                                                                                                 | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)                                                                       | Tier 2    |                                  |
| TANDEM T:SLIM ASFT XC PK14 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)                                                                       | Tier 2    |                                  |
| TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)                                                                        | Tier 2    |                                  |
| TD GOLD LEVEL 1 CONTROL SOLUTION (blood glucose calibration control solution, low)                                                                                     | DME       |                                  |
| TD GOLD LEVEL 2 CONTROL SOLUTION (blood glucose calibration control solution, normal)                                                                                  | DME       |                                  |
| TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)                     | Tier 1    |                                  |
| TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))                         | Tier 1    |                                  |
| TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.5 mL (half unit mark)) | Tier 1    |                                  |
| TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)                                                                                                                | DME       |                                  |
| TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)                               | Tier 1    |                                  |
| TECHLITE PLUS PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                                | Tier 1    |                                  |
| TELCARE CONTROL SOLUTION (blood glucose calibration control high and low)                                                                                              | DME       |                                  |
| TELCARE LANCETS 30 GAUGE (lancets)                                                                                                                                     | DME       |                                  |

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| Prescription Drug Name                                                                                                                                                                         | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TELCARE TEST STRIPS STRIP (blood sugar diagnostic)                                                                                                                                             | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| TEMPO REFILL KIT WITH GAUZE KIT (lancets/blood glucose test strips/pen needles/gauze)                                                                                                          | DME       |                                                                                                                                                                                                                    |
| TEMPO SMART BUTTON DEVICE (data transfer accessory (insulin pen), bluetooth)                                                                                                                   | Tier 2    |                                                                                                                                                                                                                    |
| TEMPO WELCOME KIT KIT (blood glucose meter/insulin data transf accessory, bluetooth)                                                                                                           | Tier 2    |                                                                                                                                                                                                                    |
| TENS 502 DEVICE (Transcutaneous Electrical Nerve Stimulators (TENS Units))                                                                                                                     | Tier 2    |                                                                                                                                                                                                                    |
| TENS 504 DEVICE (Transcutaneous Electrical Nerve Stimulators (TENS Units))                                                                                                                     | Tier 2    |                                                                                                                                                                                                                    |
| TENSCARE ITOUCH SURE VAGINAL DEVICE (incont device,muscle toner,elt)                                                                                                                           | Tier 2    |                                                                                                                                                                                                                    |
| TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)                                                                                                           | Tier 1    |                                                                                                                                                                                                                    |
| TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1" (syringe with needle,disposable, 5 mL) | Tier 1    |                                                                                                                                                                                                                    |
| TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8" (syringe with needle,insulin,0.3 mL)                                                                                                           | Tier 1    |                                                                                                                                                                                                                    |
| TERUMO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (syringe with needle,insulin,0.5 mL)                                   | Tier 1    |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                                                                         | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TERUMO INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)                  | Tier 1    |                                                                                                                                                                                                                    |
| TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)                         | Tier 1    |                                                                                                                                                                                                                    |
| TERUMO SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)                                                                                                      | Tier 1    |                                                                                                                                                                                                                    |
| TEST N'GO BLOOD GLUCOSE SYSTEM (blood-glucose meter)                                                                                                           | DME       |                                                                                                                                                                                                                    |
| TEST N'GO TEST STRIP (blood sugar diagnostic)                                                                                                                  | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| THERAHONEY TOPICAL BANDAGE 4 X 5 " (honey)                                                                                                                     | Tier 2    |                                                                                                                                                                                                                    |
| THIN LANCETS 26 GAUGE (lancets)                                                                                                                                | DME       |                                                                                                                                                                                                                    |
| THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8" (syringe with needle,insulin,0.3 mL)                                | Tier 1    |                                                                                                                                                                                                                    |
| THINPRO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (syringe with needle,insulin,0.5 mL)        | Tier 1    |                                                                                                                                                                                                                    |
| THINPRO INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8" (syringe with needle,disposable,insulin 1 mL) | Tier 1    |                                                                                                                                                                                                                    |
| THRESHOLD IMT TRAINER DEVICE (spirometers and accessories)                                                                                                     | Tier 2    |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                                                                                                                              | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| THRESHOLD PEP DEVICE DEVICE (spirometers and accessories)                                                                                                                                                           | Tier 2    |                                  |
| TOOMEY SYRINGE SYRINGE 70 ML (syringe, disposable irrigation, 70 mL)                                                                                                                                                | Tier 1    |                                  |
| TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic)                                                                                                                                   | Tier 1    |                                  |
| TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                                                                         | Tier 1    |                                  |
| TOPCARE ULTRA COMFORT SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)                                                                         | Tier 1    |                                  |
| TOPCARE ULTRA COMFORT SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)                                                                        | Tier 1    |                                  |
| TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)                                                                                                                                                                      | DME       |                                  |
| TOUCH-TROL 10 FR (catheter)                                                                                                                                                                                         | Tier 2    |                                  |
| TROJAN ULTRA RIBBED CONDOM DEVICE (condoms, latex, lubricated)                                                                                                                                                      | Tier 0    |                                  |
| TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)                                                                                                                   | Tier 1    |                                  |
| TRUE COMFORT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)                                                                                                             | Tier 1    |                                  |
| TRUE COMFORT LANCET 30 GAUGE (lancets)                                                                                                                                                                              | DME       |                                  |
| TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic) | Tier 1    |                                  |

Tier 0 = Preventive Drugs required under the Affordable Care Act at no cost

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Specialty Drugs

DME = Other pharmacy items and certain DME

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SG = Weight Loss Drugs & Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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This Drug Formulary was updated:01/01/2026



| Prescription Drug Name                                                                                                                                                        | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| TRUE COMFORT PRO INS SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)   | Tier 1    |                                  |
| TRUE COMFORT PRO INS SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1 ML 32 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)  | Tier 1    |                                  |
| TRUE COMFORT SAFE INSULIN SYRG SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)                | Tier 1    |                                  |
| TRUE COMFORT SAFE INSULIN SYRG SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1 ML 32 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL) | Tier 1    |                                  |
| TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety)                                                      | Tier 1    |                                  |
| TRUE COVER CONDOM DEVICE (condoms, latex, lubricated)                                                                                                                         | Tier 0    |                                  |
| TRUE METRIX AIR GLUCOSE METER (blood-glucose meter)                                                                                                                           | DME       |                                  |
| TRUE METRIX AIR GLUCOSE METER KIT (blood-glucose meter)                                                                                                                       | DME       |                                  |
| TRUE METRIX GLUCOSE METER (blood-glucose meter)                                                                                                                               | DME       |                                  |

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| Prescription Drug Name                                                                                                                                         | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TRUE METRIX GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)                                                                                                  | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| TRUE METRIX GO GLUCOSE METER (blood-glucose meter)                                                                                                             | DME       |                                                                                                                                                                                                                    |
| TRUE METRIX LEVEL 1 SOLUTION (blood glucose calibration control solution, low)                                                                                 | DME       |                                                                                                                                                                                                                    |
| TRUE METRIX LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)                                                                              | DME       |                                                                                                                                                                                                                    |
| TRUE METRIX LEVEL 3 SOLUTION (blood glucose calibration control solution, high)                                                                                | DME       |                                                                                                                                                                                                                    |
| TRUE2GO BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)                                                                                                         | DME       |                                                                                                                                                                                                                    |
| TRUEDRAW LANCING DEVICE (lancing device)                                                                                                                       | DME       |                                                                                                                                                                                                                    |
| TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                         | Tier 1    |                                                                                                                                                                                                                    |
| TRUEPLUS INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL) | Tier 1    |                                                                                                                                                                                                                    |
| TRUEPLUS INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)  | Tier 1    |                                                                                                                                                                                                                    |
| TRUEPLUS KETONE STRIP (urine acetone test strips)                                                                                                              | DME       |                                                                                                                                                                                                                    |
| TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)                                                                                                        | DME       |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                                                   | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic) | Tier 1    |                                                                                                                                                                                                                    |
| TRUERESULT BLOOD GLUCOSE SYSTM KIT (blood-glucose meter)                                                                                 | DME       |                                                                                                                                                                                                                    |
| TRUETEST TEST STRIPS STRIP (blood sugar diagnostic)                                                                                      | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| TRUETRACK BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)                                                                                 | DME       |                                                                                                                                                                                                                    |
| TRUETRACK SMART SYSTEM KIT (blood-glucose meter)                                                                                         | DME       |                                                                                                                                                                                                                    |
| TRUETRACK TEST STRIP (blood sugar diagnostic)                                                                                            | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| TRUSTEEL INFUSION SET 23" INFUSION SET (infusion set for insulin pump)                                                                   | Tier 2    |                                                                                                                                                                                                                    |
| TRUSTEEL INFUSION SET 32" INFUSION SET (infusion set for insulin pump)                                                                   | Tier 2    |                                                                                                                                                                                                                    |
| TRUSTEX LATEX CONDOM DEVICE (condoms, latex, lubricated)                                                                                 | Tier 0    |                                                                                                                                                                                                                    |
| TRUSTEX LUBRICATED CONDOMS DEVICE (condoms, latex, lubricated)                                                                           | Tier 0    |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                                     | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| TRUSTEX NON-LUB CONDOMS DEVICE (condoms, latex, non-lubricated)                                                            | Tier 0    |                                  |
| TRUSTEX-RIA LUB/SPERMICIDE DEVICE (condoms, latex, lubricated)                                                             | Tier 0    |                                  |
| TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (condoms, latex, lubricated)                                                         | Tier 0    |                                  |
| TRUSTEX-RIA NON-LUB CONDOMS DEVICE (condoms, latex, non-lubricated)                                                        | Tier 0    |                                  |
| TRUZONE PEAK FLOW METER DEVICE (peak flow meter)                                                                           | DME       |                                  |
| TUBERCULIN SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)                                                                | Tier 1    |                                  |
| TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL) | Tier 1    |                                  |
| <i>tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"</i>                                                            | Tier 1    |                                  |
| TWIIST REFILL KT(CSST-NDL-SYR) KIT (insulin pump cartridge/insulin pump syringe/insulin needles)                           | Tier 2    |                                  |
| TWIIST RFL(INFUS-CSST-NDL-SYR) KIT (insulin pump cartridge/insulin infusion set/syringe/needle)                            | Tier 2    |                                  |
| TWIIST STARTER KIT KIT (insulin pump/insulin cartridge/infusion set/syringe/needle)                                        | Tier 2    |                                  |
| TWIST LANCETS 30 GAUGE, 32 GAUGE (lancets)                                                                                 | DME       |                                  |
| ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.3 mL)                               | Tier 1    |                                  |
| ULTICARE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 1/4" (syringe with needle,disposable,insulin 1 mL)                        | Tier 1    |                                  |
| ULTICARE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.5 mL)                               | Tier 1    |                                  |
| ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4" (syringe with needle,insulin 0.3 mL (half unit mark))        | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                             | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ULTICARE LOW DEAD SPACE SYRINGE SYRINGE 1 ML 22 GAUGE X 1 1/2" (syringe with needle,disposable, 1 mL)                                                                                              | Tier 1    |                                  |
| ULTICARE LOW DEAD SPACE SYRINGE SYRINGE 3 ML 22 X 1 1/2" (syringe with needle,disposable, 3 mL)                                                                                                    | Tier 1    |                                  |
| ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)                                          | Tier 1    |                                  |
| ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" (pen needle, diabetic, safety)                                                                                                | Tier 1    |                                  |
| ULTICARE SAFETY SYRINGE SYRINGE 3 ML (syringe, safety 3 mL)                                                                                                                                        | Tier 1    |                                  |
| ULTICARE SAFETY SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL) | Tier 1    |                                  |
| ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                                                                                              | Tier 1    |                                  |
| ULTICARE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)                                                                                              | Tier 1    |                                  |
| ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)                                                                                                                       | Tier 1    |                                  |
| ULTICARE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)                                                                                         | Tier 1    |                                  |
| ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)                                                              | Tier 1    |                                  |
| ULTIGUARD SAFEPAK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16" (syringe with needle,insulin disposable,0.3 mL/empty containr)                                                           | Tier 1    |                                  |
| ULTIGUARD SAFEPAK-INSULIN SYR SYRINGE 1 ML 30 X 1/2", 1 ML 31 X 5/16" (syringe with needle, insulin,1 mL and sharps container)                                                                     | Tier 1    |                                  |

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| Prescription Drug Name                                                                                                                                                                        | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ULTIGUARD SAFEPAK-INSULIN SYR SYRINGE 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16" (syringe-needle,insulin,0.5 mL/container,empty)                                                                     | Tier 1    |                                  |
| ULTIGUARD SAFEPAK-PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic, remover and disposal unit) | Tier 1    |                                  |
| ULTI-LANCE (lancing device)                                                                                                                                                                   | DME       |                                  |
| ULTI-LANCE KIT (lancing device/lancets)                                                                                                                                                       | DME       |                                  |
| ULTILET BASIC LANCETS 30 GAUGE (lancets)                                                                                                                                                      | DME       |                                  |
| ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)                                                                                                                              | DME       |                                  |
| ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                                | Tier 1    |                                  |
| ULTILET INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 29 (syringe with needle,insulin,0.5 mL)                                      | Tier 1    |                                  |
| ULTILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)                                 | Tier 1    |                                  |
| ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)                                                                                                                                        | DME       |                                  |
| ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                                                   | Tier 1    |                                  |
| ULTILET SAFETY LANCETS 23 GAUGE (lancets)                                                                                                                                                     | DME       |                                  |
| ULTIMA MONITOR (blood-glucose meter)                                                                                                                                                          | DME       |                                  |

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| Prescription Drug Name                                                                                                                                                                                                   | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ULTIMA TEST STRIPS STRIP (blood sugar diagnostic)                                                                                                                                                                        | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))                                                                             | Tier 1    |                                                                                                                                                                                                                    |
| ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                                                           | Tier 1    |                                                                                                                                                                                                                    |
| ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29, 1/2 ML 30 GAUGE (syringe with needle,insulin,0.5 mL) | Tier 1    |                                                                                                                                                                                                                    |
| ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)         | Tier 1    |                                                                                                                                                                                                                    |
| ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))                                                    | Tier 1    |                                                                                                                                                                                                                    |
| ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                                                                          | Tier 1    |                                                                                                                                                                                                                    |
| ULTRA FLO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)                                                                                                                            | Tier 1    |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                                                                                        | Drug Tier | Coverage Requirements and Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)                                    | Tier 1    |                                  |
| ULTRA THIN II LANCETS 30 GAUGE (lancets)                                                                                                                                      | DME       |                                  |
| ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE (lancets)                                                                                                                   | DME       |                                  |
| ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                                          | Tier 1    |                                  |
| ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)                                                                                                                                    | DME       |                                  |
| ULTRA TLC LANCETS (lancets)                                                                                                                                                   | DME       |                                  |
| ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                                                       | Tier 1    |                                  |
| ULTRACARE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)                               | Tier 1    |                                  |
| ULTRACARE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)                              | Tier 1    |                                  |
| ULTRA-CARE LANCETS 30 GAUGE (lancets)                                                                                                                                         | DME       |                                  |
| ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic) | Tier 1    |                                  |
| ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))                                | Tier 1    |                                  |
| ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                             | Tier 1    |                                  |
| ULTRA-FINE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.5 mL)                             | Tier 1    |                                  |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ULTRA-FINE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL) | Tier 1    |                                  |
| ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" (pen needle, diabetic)                            | Tier 1    |                                  |
| ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)                                                                                                     | DME       |                                  |
| ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                         | Tier 1    |                                  |
| ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)                         | Tier 1    |                                  |
| ULTRA-THIN II (SHORT) INS SYR SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)                      | Tier 1    |                                  |
| ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)                                                                        | Tier 1    |                                  |
| ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)                                                                         | Tier 1    |                                  |
| ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)                                                   | Tier 1    |                                  |
| ULTRA-THIN II INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)                                            | Tier 1    |                                  |
| ULTRA-THIN II LANCETS 28 GAUGE (lancets)                                                                                                            | DME       |                                  |
| ULTRATRAK GLUCOSE METER (blood-glucose meter)                                                                                                       | DME       |                                  |
| ULTRATRAK GLUCOSE METER KIT (blood-glucose meter)                                                                                                   | DME       |                                  |
| ULTRATRAK HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)                                                                | DME       |                                  |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                                                                                                                  | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ULTRATRAK NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)                                                                                  | DME       |                                                                                                                                                                                                                    |
| ULTRATRAK STRIP (blood sugar diagnostic)                                                                                                                                | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| ULTRATRAK ULTIMATE (blood-glucose meter)                                                                                                                                | DME       |                                                                                                                                                                                                                    |
| ULTRATRAK ULTIMATE SOLUTION (blood glucose calibration control high and low)                                                                                            | DME       |                                                                                                                                                                                                                    |
| ULTRATRAK ULTIMATE STRIP (blood sugar diagnostic)                                                                                                                       | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| UNIFINE OTC PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)                                                                                 | Tier 1    |                                                                                                                                                                                                                    |
| UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic)                                                                                                  | Tier 1    |                                                                                                                                                                                                                    |
| UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic) | Tier 1    |                                                                                                                                                                                                                    |
| UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic)                                                                                             | Tier 1    |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                                                                                         | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)                    | Tier 1    |                                  |
| UNIFINE PROTECT NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety)                                                                     | Tier 1    |                                  |
| UNIFINE SAFECONTROL PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety) | Tier 1    |                                  |
| UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)                                                   | Tier 1    |                                  |
| UNILET COMFORTOUCH LANCET , 26 GAUGE (lancets)                                                                                                                                 | DME       |                                  |
| UNILET GP LANCET (lancets)                                                                                                                                                     | DME       |                                  |
| UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)                                                                                                                                     | DME       |                                  |
| UNILET LANCETS 30 GAUGE (lancets)                                                                                                                                              | DME       |                                  |
| UNILET SUPER THIN LANCETS 30 GAUGE (lancets)                                                                                                                                   | DME       |                                  |
| UNISTIK 2 DEVICE KIT (lancing device/lancets)                                                                                                                                  | DME       |                                  |
| UNISTIK 2 EXTRA LANCET 21 GAUGE (lancets)                                                                                                                                      | DME       |                                  |
| UNISTIK 2 NORMAL LANCET 21 GAUGE (lancets)                                                                                                                                     | DME       |                                  |
| UNISTIK 3 COMFORT LANCET 28 GAUGE (lancets)                                                                                                                                    | DME       |                                  |
| UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)                                                                                                                                      | DME       |                                  |
| UNISTIK 3 GENTLE 30 GAUGE (lancets)                                                                                                                                            | DME       |                                  |
| UNISTIK 3 NORMAL LANCET 23 GAUGE (lancets)                                                                                                                                     | DME       |                                  |
| UNISTIK COMFORT LANCETS 28 GAUGE (lancets)                                                                                                                                     | DME       |                                  |
| UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (lancets)                                                                                                                                | DME       |                                  |
| UNISTIK EXTRA LANCETS 21 GAUGE (lancets)                                                                                                                                       | DME       |                                  |
| UNISTIK NORMAL LANCETS 23 GAUGE (lancets)                                                                                                                                      | DME       |                                  |
| UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)                                                                                                                      | DME       |                                  |

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| Prescription Drug Name                                                                                                                                                                                                                            | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)                                                                                                                                                                                                       | DME       |                                                                                                                                                                                                                    |
| UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)                                                                                                                                                                            | DME       |                                                                                                                                                                                                                    |
| UNISTRIPO LOW CONTROL SOLUTION (blood glucose calibration control solution, low)                                                                                                                                                                  | DME       |                                                                                                                                                                                                                    |
| UNISTRIPO1 TEST STRIP STRIP (blood sugar diagnostic)                                                                                                                                                                                              | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)                                                                                                                                                                              | DME       |                                                                                                                                                                                                                    |
| VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16" (syringe with needle, insulin, safety, 1 mL)                                                                                                                                            | Tier 1    |                                                                                                                                                                                                                    |
| VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)                                                                                                                                                           | Tier 1    |                                                                                                                                                                                                                    |
| VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (syringe with needle,disposable, 1 mL)                                                                                                                                                             | Tier 1    |                                                                                                                                                                                                                    |
| VANISHPOINT SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)                                                                                                                                                    | Tier 1    |                                                                                                                                                                                                                    |
| VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,10 mL)                                                                                                                                                            | Tier 1    |                                                                                                                                                                                                                    |
| VANISHPOINT SYRINGE SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL) | Tier 1    |                                                                                                                                                                                                                    |

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| Prescription Drug Name                                                                                                                   | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| VANISHPOINT SYRINGE SYRINGE 3 ML 25 GAUGE X 1 1/2", 3 ML 27 GAUGE X 1 1/2" (syringe,safety with needle,3 mL)                             | Tier 1    |                                  |
| VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,5 mL)                                                     | Tier 1    |                                  |
| VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" (syringe with needle,disposable, 5 mL)                            | Tier 1    |                                  |
| VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)                       | Tier 1    |                                  |
| VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" (urinary bag/catheter)                                         | Tier 2    |                                  |
| VARISOFT INFUSION SET 23" INFUSION SET (infusion set for insulin pump)                                                                   | Tier 2    |                                  |
| VARISOFT INFUSION SET 32" INFUSION SET (infusion set for insulin pump)                                                                   | Tier 2    |                                  |
| VARISOFT INFUSION SET 43" INFUSION SET (infusion set for insulin pump)                                                                   | Tier 2    |                                  |
| VARITHENA ADMINISTRATION PACK (transfer set/syringe, disposable/bandages,compression/tubing)                                             | Tier 2    |                                  |
| VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)                                            | Tier 1    |                                  |
| VERIFINE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)                    | Tier 1    |                                  |
| VERIFINE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)                | Tier 1    |                                  |
| VERIFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic) | Tier 1    |                                  |

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|-------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| VERIFINE PLUS PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic) | Tier 1    |                                  |
| VERIFINE PLUS PEN NEEDLE-SHARP NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic, remover and disposal unit)    | Tier 1    |                                  |
| VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)                                | DME       |                                  |
| VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)                                            | DME       |                                  |
| V-GO 20 DEVICE (sub-q insulin delivery device, 20 unit,disposable)                                          | Tier 2    |                                  |
| V-GO 30 DEVICE (sub-q insulin delivery device, 30 unit, disposable)                                         | Tier 2    |                                  |
| V-GO 40 DEVICE (sub-q insulin delivery device, 40 unit, disposable)                                         | Tier 2    |                                  |
| VIBRANT ORAL CAPSULE (vibrating transient device for constipation)                                          | Tier 2    |                                  |
| VIBRANT STARTER KIT COMBO PACK (vibrating transient device for constipation)                                | Tier 2    |                                  |
| VIOS AEROSOL DELIVERY SYSTEM DEVICE (nebulizer and compressor)                                              | Tier 2    |                                  |
| VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION (blood glucose calibration control solutions high,normal,low)       | DME       |                                  |
| VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION (blood glucose calibration control high and low)                     | DME       |                                  |
| VIVAGUARD INO CTRL SOLN-L2 SOLUTION (blood glucose calibration control solution, normal)                    | DME       |                                  |
| VIVAGUARD INO GLUCOSE METER (blood-glucose meter)                                                           | DME       |                                  |
| VIVAGUARD INO SMART GLUC METER (blood-glucose meter)                                                        | DME       |                                  |

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| Prescription Drug Name                                                     | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                                   |
|----------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VIVAGUARD INO TEST STRIP STRIP (blood sugar diagnostic)                    | DME       | ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days |
| VIVAGUARD LANCET 30 GAUGE (lancets)                                        | DME       |                                                                                                                                                                                                                    |
| VIVAGUARD LANCING DEVICE (lancing device)                                  | DME       |                                                                                                                                                                                                                    |
| VIVAGUARD SAFETY LANCET 28 GAUGE (lancets)                                 | DME       |                                                                                                                                                                                                                    |
| VORTEX HOLDING CHAMBER SPACER (inhaler, assist devices)                    | Tier 2    |                                                                                                                                                                                                                    |
| VORTEX VHC PEDIATRIC MASK SPACER (inhaler, assist device with medium mask) | Tier 2    |                                                                                                                                                                                                                    |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (diaphragms, wide seal)     | Tier 0    |                                                                                                                                                                                                                    |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (diaphragms, wide seal)     | Tier 0    |                                                                                                                                                                                                                    |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (diaphragms, wide seal)     | Tier 0    |                                                                                                                                                                                                                    |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (diaphragms, wide seal)     | Tier 0    |                                                                                                                                                                                                                    |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (diaphragms, wide seal)     | Tier 0    |                                                                                                                                                                                                                    |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (diaphragms, wide seal)     | Tier 0    |                                                                                                                                                                                                                    |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (diaphragms, wide seal)     | Tier 0    |                                                                                                                                                                                                                    |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (diaphragms, wide seal)     | Tier 0    |                                                                                                                                                                                                                    |

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|------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| WILLIS THE WHALE COMPRESSR NEB DEVICE (nebulizer and compressor)                                                                         | Tier 2    |                                  |
| XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 1 X 8 ", 2 X 2 ", 4 X 3 "-YARD, 4 X 4 ", 5 X 9 " (bismuth tribromophenate/petrolatum,white) | Tier 2    |                                  |
| XEROFORM PETROLATUM OVERWRAP TOPICAL BANDAGE 1 X 8 ", 5 X 9 " (bismuth tribromophenate/petrolatum,white)                                 | Tier 2    |                                  |
| XEROFORM TOPICAL BANDAGE 5 X 9 " (bismuth tribromophenate/petrolatum,white)                                                              | Tier 2    |                                  |
| YONI FIT BLADDER SUPPORT VAGINAL 34-38 MM, 34-38-42 MM, 42-45 MM, 45-48-52 MM, 48-52 MM (pessary)                                        | Tier 2    |                                  |
| ZENPHOR TOPICAL BANDAGE 2 X 4.7 " (gel dressing)                                                                                         | Tier 2    |                                  |
| ZENPHOR TOPICAL GEL (gel dressing)                                                                                                       | Tier 2    |                                  |
| <b>Metabolic Disease Enzyme Replacement Agents - Drugs For Metabolic Disease</b>                                                         |           |                                  |
| <b>Metabolic Disease Enzyme Replacement, Hypophosphatasia - Drugs For Metabolic Disease</b>                                              |           |                                  |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML (asfotase alfa)                                       | Tier 3    | PA                               |
| <b>Metabolic Disease Enzyme Replacement, Molybdenum Cofactor Deficiency - Drugs For Metabolic Disease</b>                                |           |                                  |
| NULIBRY INTRAVENOUS RECON SOLN 9.5 MG (fosdenopterin hydrobromide)                                                                       | Tier 3    | PA                               |
| <b>Metabolic Dx Enzyme Replacement, Severe Combined Immune Deficiency - Drugs For Metabolic Disease</b>                                  |           |                                  |
| REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) (elapegademase-lvlr)                                                            | Tier 3    | PA                               |

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|------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Metabolic Modifiers</b>                                                                     |           |                                  |
| <b>Metabolic Modifier - Neimann Pick Disease Type C (Npc)</b>                                  |           |                                  |
| AQNEURSA ORAL GRANULES IN PACKET 1 GRAM (levacetylleucine)                                     | Tier 3    | PA                               |
| MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG (arimoclomol citrate)                        | Tier 3    | PA                               |
| <b>Metabolic Modifier - Pompe Disease - Gcs Inhibitor</b>                                      |           |                                  |
| OPFOLDA ORAL CAPSULE 65 MG (miglustat)                                                         | Tier 3    | PA                               |
| <b>Metabolic Modifiers - Drugs That Alter Metabolism</b>                                       |           |                                  |
| <b>Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs That Alter Metabolism</b> |           |                                  |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>                                               | Tier 1    |                                  |
| <i>calcitriol oral solution 1 mcg/ml</i>                                                       | Tier 1    |                                  |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>                                    | Tier 1    |                                  |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>                                           | Tier 1    |                                  |
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG (calcifediol)                              | Tier 2    | QL (2 EA per 1 day)              |
| ROCALTROL ORAL SOLUTION 1 MCG/ML (calcitriol)                                                  | Tier 2    |                                  |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (paricalcitol)                                               | Tier 2    |                                  |
| <b>Metabolic Modifier - Carnitine Replenisher Agents - Drugs That Alter Metabolism</b>         |           |                                  |
| CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine)                                  | Tier 2    |                                  |
| CARNITOR ORAL SOLUTION 100 MG/ML (levocarnitine (with sugar))                                  | Tier 2    |                                  |
| CARNITOR ORAL TABLET 330 MG (levocarnitine)                                                    | Tier 2    |                                  |

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|-------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|
| <i>levocarnitine (with sugar) oral solution 100 mg/ml</i>                                                   | Tier 1    |                                                      |
| <i>levocarnitine oral solution 100 mg/ml</i>                                                                | Tier 1    |                                                      |
| <i>levocarnitine oral tablet 330 mg</i>                                                                     | Tier 1    |                                                      |
| <b>Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx - Drugs That Alter Metabolism</b> |           |                                                      |
| CERDELGA ORAL CAPSULE 84 MG (eliglustat tartrate)                                                           | Tier 3    |                                                      |
| <i>miglustat oral capsule 100 mg</i>                                                                        | Tier 3    | PA                                                   |
| miglustat (Yargesa Oral Capsule 100 Mg)                                                                     | Tier 3    | PA                                                   |
| ZAVESCA ORAL CAPSULE 100 MG (miglustat)                                                                     | Tier 3    | PA                                                   |
| <b>Metabolic Modifier - Hereditary Orotic Aciduria Treatment Agents - Drugs That Alter Metabolism</b>       |           |                                                      |
| XURIDEN ORAL GRANULES IN PACKET 2 GRAM (uridine triacetate)                                                 | Tier 3    | PA                                                   |
| <b>Metabolic Modifier - Homocystinuria Treatment Agents - Drugs That Alter Metabolism</b>                   |           |                                                      |
| <i>betaine oral powder 1 gram/scoop</i>                                                                     | Tier 3    | PA                                                   |
| CYSTADANE ORAL POWDER 1 GRAM/SCOOP (betaine)                                                                | Tier 3    | PA                                                   |
| <b>Metabolic Modifier - Phosphatidylinositol-3-Kinase (Pi3k) Inhibitors - Drugs That Alter Metabolism</b>   |           |                                                      |
| JOENJA ORAL TABLET 70 MG (leniolisib phosphate)                                                             | Tier 3    | PA                                                   |
| VIJOICE ORAL GRANULES IN PACKET 50 MG (alpelisib)                                                           | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |
| VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG (alpelisib)                              | Tier 3    | PA; COST SHARE NOT TO EXCEED \$200 PER 30-DAY SUPPLY |

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| Prescription Drug Name                                                                                     | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Metabolic Modifier - Tyrosine Metabolism Disorder Agents - Drugs That Alter Metabolism</b>              |           |                                  |
| HARLIKU ORAL TABLET 2 MG (nitisinone)                                                                      | Tier 3    | PA                               |
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>                                                    | Tier 3    | PA                               |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (nitisinone)                                                           | Tier 3    | PA                               |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)                                                 | Tier 3    | PA                               |
| ORFADIN ORAL SUSPENSION 4 MG/ML (nitisinone)                                                               | Tier 3    | PA                               |
| <b>Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating Agents - Drugs That Alter Metabolism</b>    |           |                                  |
| BUPHENYL ORAL POWDER 0.94 GRAM/GRAM (sodium phenylbutyrate)                                                | Tier 3    | PA                               |
| BUPHENYL ORAL TABLET 500 MG (sodium phenylbutyrate)                                                        | Tier 3    | PA                               |
| OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM (sodium phenylbutyrate)   | Tier 3    | PA                               |
| PHEBURANE ORAL GRANULES 483 MG/GRAM (sodium phenylbutyrate)                                                | Tier 3    | PA                               |
| RAVICTI ORAL LIQUID 1.1 GRAM/ML (glycerol phenylbutyrate)                                                  | Tier 3    | PA                               |
| <i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>                                                    | Tier 3    | PA                               |
| <i>sodium phenylbutyrate oral tablet 500 mg</i>                                                            | Tier 3    | PA                               |
| <b>Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (Cps 1) Activator - Drugs That Alter Metabolism</b> |           |                                  |
| CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)                                                  | Tier 3    | PA                               |
| <i>carglumic acid oral tablet, dispersible 200 mg</i>                                                      | Tier 3    | PA                               |

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|-------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Pharmacoenhancer - Cytochrome P450 Inhibitors - Drugs That Alter Metabolism</b>                          |           |                                  |
| TYBOST ORAL TABLET 150 MG (cobicistat)                                                                      | Tier 2    |                                  |
| <b>Pharmacological Chaperone Tx - Alpha-Galactosidase A Enzyme Stabilizer - Drugs That Alter Metabolism</b> |           |                                  |
| GALAFOLD ORAL CAPSULE 123 MG (migalastat HCl)                                                               | Tier 3    | PA                               |
| <b>Phenylketonuria(Pku) Tx Agents - Cofactor Of Phenylalanine Hydroxylase - Drugs That Alter Metabolism</b> |           |                                  |
| sapropterin dihydrochloride (Javygtor Oral Powder In Packet 100 Mg, 500 Mg)                                 | Tier 3    |                                  |
| sapropterin dihydrochloride (Javygtor Oral Tablet,Soluble 100 Mg)                                           | Tier 3    |                                  |
| KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin dihydrochloride)                                    | Tier 3    |                                  |
| KUVAN ORAL TABLET,SOLUBLE 100 MG (sapropterin dihydrochloride)                                              | Tier 3    |                                  |
| <i>sapropterin oral powder in packet 100 mg, 500 mg</i>                                                     | Tier 3    |                                  |
| <i>sapropterin oral tablet,soluble 100 mg</i>                                                               | Tier 3    |                                  |
| SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG (sepiapterin)                                              | Tier 3    | PA                               |
| <b>Phenylketonuria(Pku) Tx Agents - Phenylalanine Ammonia Lyase - Drugs That Alter Metabolism</b>           |           |                                  |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML (pegvaliase-pqpz)                       | Tier 3    | PA                               |

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|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------|
| <b>Progeria Syndrome Treatment Agents - Farnyltransferase Inhibitor - Drugs That Alter Metabolism</b>                                     |           |                                         |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG (lonafarnib)                                                                                            | Tier 3    | PA                                      |
| <b>Mouth-Throat-Dental - Preparations - Drugs For The Mouth And Throat</b>                                                                |           |                                         |
| <b>Dental Product - Fluoride Preparations - Drugs For The Mouth And Throat</b>                                                            |           |                                         |
| CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))                                                                                       | Tier 2    |                                         |
| DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))                                                                                    | Tier 1    |                                         |
| DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride/potassium nitrate)                                                        | Tier 1    |                                         |
| DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))                                                                                             | Tier 1    |                                         |
| <i>fluoride (sodium) dental cream 1.1 %</i>                                                                                               | Tier 1    |                                         |
| <i>fluoride (sodium) dental gel 1.1 %</i>                                                                                                 | Tier 1    |                                         |
| <i>fluoride (sodium) dental paste 1.1 %</i>                                                                                               | Tier 1    |                                         |
| <i>fluoride (sodium) dental solution 0.2 %</i>                                                                                            | Tier 1    |                                         |
| <i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>                                                                        | Tier 0    | \$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE |
| <i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> | Tier 1    | \$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE |
| FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))                                                                            | Tier 2    |                                         |
| FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sodium fluoride/potassium nitrate)                                                     | Tier 2    |                                         |
| FLUORIMAX 5000 DENTAL PASTE 1.1 % (fluoride (sodium))                                                                                     | Tier 2    |                                         |

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|----------------------------------------------------------------------------------------|-----------|----------------------------------|
| FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride/potassium nitrate)      | Tier 2    |                                  |
| FRAICHE 5000 DENTAL GEL 1.1 % (fluoride (sodium))                                      | Tier 2    |                                  |
| FRAICHE 5000 PREVI DENTAL GEL 1.1-3 % (sodium fluoride/hydroxyapatite)                 | Tier 2    |                                  |
| FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 % (sodium fluoride/potassium nitrate)        | Tier 2    |                                  |
| JUST RIGHT 5000 DENTAL PASTE 1.1 % (fluoride (sodium))                                 | Tier 2    |                                  |
| PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (fluoride (sodium))                     | Tier 2    |                                  |
| PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium))                        | Tier 2    |                                  |
| PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 % (sodium fluoride/potassium nitrate) | Tier 2    |                                  |
| PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))                    | Tier 2    |                                  |
| PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))                             | Tier 2    |                                  |
| PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride/potassium nitrate)      | Tier 2    |                                  |
| PREVIDENT DENTAL GEL 1.1 % (fluoride (sodium))                                         | Tier 2    |                                  |
| PREVIDENT DENTAL SOLUTION 0.2 % (fluoride (sodium))                                    | Tier 2    |                                  |
| PREVIDENT KIDS DENTAL PASTE 1.1 % (fluoride (sodium))                                  | Tier 2    |                                  |
| SF 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))                                    | Tier 1    |                                  |
| SF DENTAL GEL 1.1 % (fluoride (sodium))                                                | Tier 1    |                                  |
| SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium))                  | Tier 1    |                                  |
| SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))                       | Tier 1    |                                  |

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|----------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>                                                  | Tier 1    |                                  |
| <b>Mouth And Throat - Antifungals - Drugs For The Mouth And Throat</b>                                   |           |                                  |
| <i>clotrimazole mucous membrane troche 10 mg</i>                                                         | Tier 1    |                                  |
| <i>nystatin oral suspension 100,000 unit/ml</i>                                                          | Tier 1    |                                  |
| <b>Mouth And Throat - Anti-Infective Mixtures - Drugs For The Mouth And Throat</b>                       |           |                                  |
| DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % (sulfuric acid/sulfonated phenol)                            | Tier 2    |                                  |
| <b>Mouth And Throat - Antiseptics - Drugs For The Mouth And Throat</b>                                   |           |                                  |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>                                          | Tier 1    |                                  |
| PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)                                       | Tier 2    |                                  |
| chlorhexidine gluconate (Periogard Mucous Membrane Mouthwash 0.12 %)                                     | Tier 1    |                                  |
| <b>Mouth And Throat - Artificial Saliva - Drugs For The Mouth And Throat</b>                             |           |                                  |
| AQUORAL MUCOUS MEMBRANE AEROSOL, SPRAY (saliva substitute combo no.3)                                    | Tier 2    |                                  |
| CAPHOSOL MUCOUS MEMBRANE SOLUTION (saliva substitute combo no.2)                                         | Tier 2    |                                  |
| MUCOSITISRX MUCOUS MEMBRANE POWDER IN PACKET 351 MG (saliva substitute combination no.11)                | Tier 2    |                                  |
| NUMOISYN MUCOUS MEMBRANE LIQUID (flaxseed)                                                               | Tier 2    |                                  |
| NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM (sorbitol/saliva stimulant comb no. 1/malic acid/calcium phos) | Tier 2    |                                  |
| SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET 351 MG (saliva substitute combination no.11)                  | Tier 2    |                                  |

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|------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Mouth And Throat - Glucocorticoids - Drugs For The Mouth And Throat</b>                           |           |                                  |
| triamcinolone acetonide (Oralene Dental Paste 0.1 %)                                                 | Tier 1    |                                  |
| <i>triamcinolone acetonide dental paste 0.1 %</i>                                                    | Tier 1    |                                  |
| <b>Mouth And Throat - Local Anesthetic Amides - Drugs For The Mouth And Throat</b>                   |           |                                  |
| <i>lidocaine hcl mucous membrane jelly 2 %</i>                                                       | Tier 1    |                                  |
| <i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>                                    | Tier 1    |                                  |
| lidocaine HCl (Lidocaine Viscous Mucous Membrane Solution 2 %)                                       | Tier 1    |                                  |
| <b>Mouth And Throat - Mucositis-Stomatitis Agents - Drugs For The Mouth And Throat</b>               |           |                                  |
| GELCLAIR MUCOUS MEMBRANE GEL IN PACKET (potassium sorbate/hydroxyethylcellulose/povidone/hyaluronic) | Tier 2    |                                  |
| MUGARD MUCOUS MEMBRANE SOLUTION (glycerin/carbomer homopolymer type A/potassium hydroxide)           | Tier 2    |                                  |
| ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH (potassium sorbate/maltodextrin/aloe vera/mann ps)              | Tier 2    |                                  |
| ORAPEUTIC MUCOUS MEMBRANE GEL (xylitol/pectin/acemannan/sodium bicarbonate)                          | Tier 2    |                                  |
| <b>Mouth And Throat - Protectants - Drugs For The Mouth And Throat</b>                               |           |                                  |
| MUGARD MUCOUS MEMBRANE SOLUTION (glycerin/carbomer homopolymer type A/potassium hydroxide)           | Tier 2    |                                  |
| PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML (sucralfate malate, polymerized)                       | Tier 2    |                                  |

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|---------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Mouth And Throat - Saliva Stimulants - Drugs For The Mouth And Throat</b>                                  |           |                                  |
| <i>cevimeline oral capsule 30 mg</i>                                                                          | Tier 1    |                                  |
| EVOXAC ORAL CAPSULE 30 MG (cevimeline HCl)                                                                    | Tier 2    |                                  |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>                                                               | Tier 1    |                                  |
| SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG (pilocarpine HCl)                                              | Tier 2    |                                  |
| THERABREATH DRY MOUTH MUCOUS MEMBRANE LOZENGE (saliva stimulant combination no.11)                            | Tier 2    |                                  |
| THERABREATH MUCOUS MEMBRANE LOZENGE (saliva stimulant combination no.10)                                      | Tier 2    |                                  |
| XYLIGEL MUCOUS MEMBRANE GEL (saliva stimulant combination no.9)                                               | Tier 2    |                                  |
| XYLIMELTS MUCOUS MEMBRANE MUCO-ADHESIVE BUCCAL TABLET 500 MG (xylitol)                                        | Tier 2    |                                  |
| <b>Periodontal Product - Tetracycline Antiinfective, Local - Drugs For The Mouth And Throat</b>               |           |                                  |
| ARESTIN DENTAL CARTRIDGE 1 MG (minocycline HCl microspheres)                                                  | Tier 3    | PA                               |
| <b>Periodontal Product - Tetracycline-Type, Collagenase Inhibitors - Drugs For The Mouth And Throat</b>       |           |                                  |
| <i>doxycycline hyclate oral tablet 20 mg</i>                                                                  | Tier 1    |                                  |
| <b>Therapy For Drooling- Primary Or Secondary Sialorrhea-Anticholinergic - Drugs For The Mouth And Throat</b> |           |                                  |
| CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML) (glycopyrrolate)                                                  | Tier 2    |                                  |
| <i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>                                                     | Tier 1    |                                  |

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|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Multiple Sclerosis Agents - Drugs For The Nervous System</b>                                                                         |           |                                  |
| <b>Multiple Sclerosis Agent - Cd20 Specific Monoclonal Antibody - Drugs For Multiple Sclerosis</b>                                      |           |                                  |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML (ofatumumab)                                                                        | Tier 3    | PA                               |
| <b>Multiple Sclerosis Agent - Interferons - Drugs For Multiple Sclerosis</b>                                                            |           |                                  |
| AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML (interferon beta-1a)                                                                    | Tier 2    | PA                               |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (interferon beta-1a)                                                                | Tier 2    | PA                               |
| AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML (interferon beta-1a)                                                                         | Tier 2    | PA                               |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (interferon beta-1a)                                                                     | Tier 2    | PA                               |
| BETASERON SUBCUTANEOUS KIT 0.3 MG (interferon beta-1b)                                                                                  | Tier 2    | PA                               |
| PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML (peginterferon beta-1a)                                                                   | Tier 3    | PA                               |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (peginterferon beta-1a)                                 | Tier 2    | PA                               |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (peginterferon beta-1a)                                      | Tier 2    | PA                               |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (interferon beta-1a/albumin human)                               | Tier 2    | PA                               |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) (interferon beta-1a/albumin human) | Tier 2    | PA                               |

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|------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (interferon beta-1a/albumin human) | Tier 2    | PA                               |
| <b>Multiple Sclerosis Agent - Others - Drugs For Multiple Sclerosis</b>                                    |           |                                  |
| BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG (monomethyl fumarate)                                  | Tier 3    | PA                               |
| COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer acetate)                                      | Tier 2    | PA                               |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>     | Tier 1    | PA                               |
| <i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>                                                  | Tier 1    | PA                               |
| glatiramer acetate (Glatopa Subcutaneous Syringe 20 Mg/ML, 40 Mg/ML)                                       | Tier 1    | PA                               |
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG (dimethyl fumarate) | Tier 2    | PA                               |
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG (diroximel fumarate)                                   | Tier 3    | PA                               |
| <b>Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs For Multiple Sclerosis</b>                 |           |                                  |
| AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG (dalfampridine)                                            | Tier 3    | PA                               |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i>                                              | Tier 1    | PA                               |
| <b>Multiple Sclerosis Agent - Purine Nucleoside Analogs - Drugs For Multiple Sclerosis</b>                 |           |                                  |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (cladribine)                                                  | Tier 3    | PA                               |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (cladribine)                                                   | Tier 3    | PA                               |

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|-------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (cladribine)                                                    | Tier 3    | PA                               |
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (cladribine)                                                    | Tier 3    | PA                               |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (cladribine)                                                    | Tier 3    | PA                               |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (cladribine)                                                    | Tier 3    | PA                               |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (cladribine)                                                    | Tier 3    | PA                               |
| <b>Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors - Drugs For Multiple Sclerosis</b>            |           |                                  |
| AUBAGIO ORAL TABLET 14 MG, 7 MG (teriflunomide)                                                             | Tier 2    | PA                               |
| <i>teriflunomide oral tablet 14 mg, 7 mg</i>                                                                | Tier 1    | PA                               |
| <b>Multiple Sclerosis Agent - Sphingosine 1-Phosphate Receptor Modulator - Drugs For Multiple Sclerosis</b> |           |                                  |
| <i>fingolimod oral capsule 0.5 mg</i>                                                                       | Tier 1    | PA                               |
| GILENYA ORAL CAPSULE 0.25 MG (fingolimod HCl)                                                               | Tier 3    | PA                               |
| GILENYA ORAL CAPSULE 0.5 MG (fingolimod HCl)                                                                | Tier 2    | PA                               |
| MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (siponimod)                                                         | Tier 3    | PA                               |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) (siponimod)                          | Tier 3    | PA                               |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (siponimod)                         | Tier 3    | PA                               |
| PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3) (ponesimod)                         | Tier 3    | PA                               |
| PONVORY ORAL TABLET 20 MG (ponesimod)                                                                       | Tier 3    | PA                               |
| TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG (fingolimod lauryl sulfate)                         | Tier 3    | PA                               |

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| Prescription Drug Name                                                                                     | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ZEPOSIA ORAL CAPSULE 0.92 MG (ozanimod hydrochloride)                                                      | Tier 3    | PA                               |
| ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (ozanimod hydrochloride) | Tier 3    | PA                               |
| ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (ozanimod hydrochloride)      | Tier 3    | PA                               |
| <b>Ophthalmic Agents</b>                                                                                   |           |                                  |
| <b>Ophthalmic - Adrenergic-Carbonic Anhydrase Inhib-Prostaglandin Analog</b>                               |           |                                  |
| <i>brimonidine-dorzol-bimatoprost ophthalmic (eye) drops 0.1-2-0.01 %</i>                                  | Tier 1    |                                  |
| <b>Ophthalmic - Trpm8 Agonist</b>                                                                          |           |                                  |
| TRYPTYR OPHTHALMIC (EYE) DROPPERETTE 0.003 % (acoltremon)                                                  | Tier 2    | PA                               |
| <b>Ophthalmic Antiparasitics</b>                                                                           |           |                                  |
| XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % (lotilaner)                                                           | Tier 3    | PA                               |
| <b>Ophthalmic Agents - Drugs For The Eye</b>                                                               |           |                                  |
| <b>Artificial Tears And Lubricant Single Agents - Drugs For The Eye</b>                                    |           |                                  |
| KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 % (chondroitin sulfate A sodium/PF)                 | Tier 2    |                                  |
| MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % (perfluorohexyloctane/PF)                                          | Tier 2    |                                  |
| <b>Miotics - Cholinesterase Inhibitors - Drugs For Glaucoma</b>                                            |           |                                  |
| PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (echothiophate iodide)                                   | Tier 3    |                                  |

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|--------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Miotics - Direct Acting - Drugs For Glaucoma</b>                                                    |           |                                  |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>                                            | Tier 1    |                                  |
| <b>Mydriatic And Cycloplegic Combinations - Drugs For The Eye</b>                                      |           |                                  |
| CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % (cyclopentolate HCl/phenylephrine HCl)                      | Tier 2    |                                  |
| <i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>                                 | Tier 2    |                                  |
| <i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %- 0.5 %</i> | Tier 1    |                                  |
| <i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %- 2.5 %-0.4 %</i>                | Tier 1    |                                  |
| MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 % (phenylephrine HCl/tropicamide)                            | Tier 2    |                                  |
| <i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>                                   | Tier 1    |                                  |
| <b>Ophth - Beta Blocker-Adrenergic-Carbonic Anhyd Inh-Prostaglandin Analog - Drugs For Glaucoma</b>    |           |                                  |
| <i>timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.01 %</i>                  | Tier 1    |                                  |
| <i>timolol-brimon-dorzol-bimatop ophthalmic (eye) drops 0.5-0.1-2-0.01 %</i>                           | Tier 1    |                                  |
| <i>timolol-brimonidine-dorzolamid ophthalmic (eye) drops 0.5-0.1-2 %</i>                               | Tier 1    |                                  |
| <b>Ophthalmic - Adrenergic Receptor Agonist - Drugs For The Eye</b>                                    |           |                                  |
| UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 % (oxymetazoline HCl/PF)                                  | Tier 2    | PA                               |

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| Prescription Drug Name                                                                                                                      | Drug Tier | Coverage Requirements and Limits                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------|
| <b>Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations - Drugs For Glaucoma</b>                                               |           |                                                                                                                           |
| <i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>                                                                         | Tier 1    |                                                                                                                           |
| <i>brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %</i>                                                                               | Tier 1    |                                                                                                                           |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % (brinzolamide/brimonidine tartrate)                                                     | Tier 2    |                                                                                                                           |
| <b>Ophthalmic - Agents For Corneal Collagen Cross-Linking - Drugs For The Eye</b>                                                           |           |                                                                                                                           |
| PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 % (riboflavin 5-phosphate sodium in 20 % dextran) | Tier 3    |                                                                                                                           |
| <b>Ophthalmic - Agents For Presbyopia - Drugs For The Eye</b>                                                                               |           |                                                                                                                           |
| <i>pilocarpine hcl ophthalmic (eye) drops 1.25 %</i>                                                                                        | Tier 1    | QL (10 ML per 30 days)                                                                                                    |
| QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 % (pilocarpine HCl)                                                                                  | Tier 2    | ST: Requires prior prescription for generic Pilocarpine Ophthalmic solution within the past 120 days; QL (2 EA per 1 day) |
| VIZZ OPHTHALMIC (EYE) DROPPERETTE 1.44 % (aceclidine HCl)                                                                                   | Tier 2    | QL (1 EA per 1 day)                                                                                                       |
| VUITY OPHTHALMIC (EYE) DROPS 1.25 % (pilocarpine HCl)                                                                                       | Tier 2    | QL (10 ML per 30 days)                                                                                                    |
| <b>Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories</b>                                          |           |                                                                                                                           |
| BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 % (sulfacetamide sodium/prednisolone acetate)                                            | Tier 2    |                                                                                                                           |

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| Prescription Drug Name                                                                                                             | Drug Tier | Coverage Requirements and Limits                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------|
| MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 % (neomycin/polymyxin B sulfate/dexamethasone)              | Tier 2    |                                                                                                                |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>                                           | Tier 1    |                                                                                                                |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>                               | Tier 1    |                                                                                                                |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>                                        | Tier 1    |                                                                                                                |
| <i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>                                         | Tier 1    |                                                                                                                |
| neomycin sulfate/bacitracin zinc/polymyxin B/hydrocortisone (Neo-Polycin Hc Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit/G-1%) | Tier 1    |                                                                                                                |
| PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 % (gentamicin sulfate/prednisolone acetate)                                        | Tier 2    |                                                                                                                |
| <i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>                                                                 | Tier 1    |                                                                                                                |
| <i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>                                                     | Tier 1    |                                                                                                                |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>                                                      | Tier 1    |                                                                                                                |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (tobramycin/dexamethasone)                                                            | Tier 2    |                                                                                                                |
| TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 % (tobramycin/dexamethasone)                                                | Tier 2    | ST: Requires prior prescription for generic ophthalmic Tobramycin/Dexamethasone drops within the past 120 days |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>                                                        | Tier 1    |                                                                                                                |

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| Prescription Drug Name                                                                                   | Drug Tier | Coverage Requirements and Limits |
|----------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % (tobramycin/loteprednol etabonate)                     | Tier 2    |                                  |
| <b>Ophthalmic - Antibacterial-Glucocorticoid-Nsaid Combinations - Anti-Infective/Anti-Inflammatories</b> |           |                                  |
| <i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>                               | Tier 1    |                                  |
| <i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>                      | Tier 1    |                                  |
| <i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>                     | Tier 1    |                                  |
| <i>prednisolon-moxiflox-ketorolac ophthalmic (eye) drops 1-0.5-0.5 %</i>                                 | Tier 1    |                                  |
| <b>Ophthalmic - Antibacterial-Nsaid Combinations - Anti-Infective/Anti-Inflammatories</b>                |           |                                  |
| <i>moxifloxacin-bromfenac ophthalmic (eye) drops 0.5-0.075 %</i>                                         | Tier 1    |                                  |
| <b>Ophthalmic Antibiotic - Vancomycin And Derivatives - Anti-Infective/Anti-Inflammatories</b>           |           |                                  |
| <i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>                                              | Tier 1    |                                  |
| <b>Ophthalmic - Anticholinergics - Drugs For The Eye</b>                                                 |           |                                  |
| <i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>                                           | Tier 1    |                                  |
| <i>atropine ophthalmic (eye) drops 1 %</i>                                                               | Tier 1    |                                  |
| <i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>                                            | Tier 1    |                                  |
| <i>cyclopentolate HCl (Cyclogyl Ophthalmic (Eye) Drops 0.5 %, 1 %, 2 %)</i>                              | Tier 2    |                                  |
| <i>cyclopentolate ophthalmic (eye) drops 1 %</i>                                                         | Tier 1    |                                  |
| HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (homatropine Hbr)                                                | Tier 1    |                                  |

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|------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| tropicamide (Mydracyl Ophthalmic (Eye) Drops 1 %)                            | Tier 2    |                                                                                                                                                                  |
| <i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>                         | Tier 1    |                                                                                                                                                                  |
| <b>Ophthalmic - Antifibrotic Agents - Drugs For The Eye</b>                  |           |                                                                                                                                                                  |
| <i>mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml</i> | Tier 3    |                                                                                                                                                                  |
| MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG (mitomycin)                              | Tier 2    |                                                                                                                                                                  |
| <b>Ophthalmic - Antihistamines - Drugs For Itchy Eye</b>                     |           |                                                                                                                                                                  |
| <i>azelastine ophthalmic (eye) drops 0.05 %</i>                              | Tier 1    | QL (12 ML per 30 days)                                                                                                                                           |
| <i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>                     | Tier 1    | ST: Requires prior prescription for a generic ophthalmic antihistamine (Azelastine, Epinastine, or Olopatadine) within the past 120 days; QL (10 ML per 30 days) |
| BEPREVE OPHTHALMIC (EYE) DROPS 1.5 % (bepotastine besilate)                  | Tier 2    | ST: Requires prior prescription for a generic ophthalmic antihistamine (Azelastine, Epinastine, or Olopatadine) within the past 120 days; QL (10 ML per 30 days) |
| <i>epinastine ophthalmic (eye) drops 0.05 %</i>                              | Tier 1    | QL (10 ML per 30 days)                                                                                                                                           |
| <i>olopatadine ophthalmic (eye) drops 0.1 %</i>                              | Tier 1    |                                                                                                                                                                  |
| <i>olopatadine ophthalmic (eye) drops 0.2 %</i>                              | Tier 1    | QL (3 ML per 30 days)                                                                                                                                            |
| ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 % (cetirizine HCl)                 | Tier 2    | QL (60 EA per 30 days)                                                                                                                                           |

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|---------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories</b> |           |                                                                                                                                                                       |
| ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 % (loteprednol etabonate)                       | Tier 2    | ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)  |
| <i>clobetasol ophthalmic (eye) drops,suspension 0.05 %</i>                                  | Tier 1    | ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (3.5 ML per 14 days) |
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>                          | Tier 1    | QL (15 ML per 14 days)                                                                                                                                                |
| DEXTENZA INTRACANALICULAR INSERT 0.4 MG (dexamethasone)                                     | Tier 2    |                                                                                                                                                                       |
| <i>difluprednate ophthalmic (eye) drops 0.05 %</i>                                          | Tier 1    | QL (10 ML per 14 days)                                                                                                                                                |
| DUREZOL OPHTHALMIC (EYE) DROPS 0.05 % (difluprednate)                                       | Tier 2    | QL (10 ML per 14 days)                                                                                                                                                |
| EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (loteprednol etabonate)                    | Tier 2    | PA                                                                                                                                                                    |

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|--------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (fluorometholone acetate) | Tier 2    | ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (15 ML per 14 days)  |
| <i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>           | Tier 1    | QL (10 ML per 14 days)                                                                                                                                                |
| FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (fluorometholone)     | Tier 2    | ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)  |
| FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (fluorometholone)  | Tier 2    | QL (10 ML per 14 days)                                                                                                                                                |
| INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (loteprednol etabonate)   | Tier 2    | ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (5.6 ML per 14 days) |
| LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 % (loteprednol etabonate)         | Tier 2    | QL (10 GM per 14 days)                                                                                                                                                |
| LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 % (loteprednol etabonate)  | Tier 2    | QL (20 ML per 14 days)                                                                                                                                                |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % (loteprednol etabonate)          | Tier 2    | QL (7 GM per 14 days)                                                                                                                                                 |

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| Prescription Drug Name                                                    | Drug Tier | Coverage Requirements and Limits                                                                                                                                     |
|---------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % (loteprednol etabonate)      | Tier 2    | QL (10 GM per 14 days)                                                                                                                                               |
| <i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>             | Tier 1    | QL (10 GM per 14 days)                                                                                                                                               |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>      | Tier 1    | ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days) |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>      | Tier 1    | QL (20 ML per 14 days)                                                                                                                                               |
| MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (dexamethasone)           | Tier 2    | ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days) |
| PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (prednisolone acetate)   | Tier 2    | QL (20 ML per 14 days)                                                                                                                                               |
| PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % (prednisolone acetate) | Tier 2    | ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (20 ML per 14 days) |
| <i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>    | Tier 1    | QL (20 ML per 14 days)                                                                                                                                               |

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|-------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------|
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>                                     | Tier 1    | QL (20 ML per 14 days)                                                                                                                   |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>                                       | Tier 1    | QL (20 ML per 14 days)                                                                                                                   |
| <b>Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories</b>          |           |                                                                                                                                          |
| CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % (cyclosporine)                                              | Tier 2    | ST: At least 2 prior prescriptions for Cyclosporine/Restasis, Miebo, Tyrvaya, or Xiidra within the past 365 days; QL (60 EA per 30 days) |
| CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 % (cyclosporine/chondroitin sulfate A sodium) | Tier 1    |                                                                                                                                          |
| <i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>                                               | Tier 1    | QL (60 EA per 30 days)                                                                                                                   |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (cyclosporine)                                       | Tier 2    | QL (5.5 ML per 30 days)                                                                                                                  |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)                                           | Tier 1    | QL (60 EA per 30 days)                                                                                                                   |
| VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 % (cyclosporine)                                            | Tier 2    | PA                                                                                                                                       |
| VEVYE OPHTHALMIC (EYE) DROPS 0.1 % (cyclosporine)                                                     | Tier 2    | PA                                                                                                                                       |
| <b>Ophthalmic - Anti-Inflammatory, Lfa-1 Antagonists - Anti-Infective/Anti-Inflammatories</b>         |           |                                                                                                                                          |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (lifitegrast)                                                 | Tier 2    | QL (60 EA per 30 days)                                                                                                                   |
| <b>Ophthalmic - Anti-Inflammatory, Nsaids - Anti-Infective/Anti-Inflammatories</b>                    |           |                                                                                                                                          |
| ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 % (ketorolac tromethamine)                                       | Tier 2    |                                                                                                                                          |

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| Prescription Drug Name                                                       | Drug Tier | Coverage Requirements and Limits                                                                                                                              |
|------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACULAR OPHTHALMIC (EYE) DROPS 0.5 % (ketorolac tromethamine)                 | Tier 2    | QL (20 ML per 30 days)                                                                                                                                        |
| ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % (ketorolac tromethamine/PF) | Tier 2    | ST: Requires prior prescriptions for Ilevro 0.3% and one of the following: Diclofenac 0.1% or Ketorolac 0.5% within the past 365 days; QL (60 EA per 15 days) |
| <i>bromfenac ophthalmic (eye) drops 0.07 %</i>                               | Tier 1    | ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (3 ML per 16 days)                          |
| <i>bromfenac ophthalmic (eye) drops 0.075 %</i>                              | Tier 1    | ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (5 ML per 16 days)                          |
| <i>bromfenac ophthalmic (eye) drops 0.09 %</i>                               | Tier 1    | ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (3.4 ML per 16 days)                        |
| BROMSITE OPHTHALMIC (EYE) DROPS 0.075 % (bromfenac sodium)                   | Tier 2    | ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (5 ML per 16 days)                          |
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>                        | Tier 1    | QL (10 ML per 14 days)                                                                                                                                        |
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>                     | Tier 1    |                                                                                                                                                               |

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|----------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ILEVRO OPTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (nepafenac)                                          | Tier 2    | QL (3.4 ML per 16 days)                                                                                                                                      |
| <i>ketorolac ophthalmic (eye) drops 0.4 %</i>                                                      | Tier 1    |                                                                                                                                                              |
| <i>ketorolac ophthalmic (eye) drops 0.5 %</i>                                                      | Tier 1    | QL (20 ML per 30 days)                                                                                                                                       |
| NEVANAC OPTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (nepafenac)                                         | Tier 2    | ST: Requires prior prescriptions for Ilevro 0.3% and one of the following: Diclofenac 0.1% or Ketorolac 0.5% within the past 365 days; QL (9 ML per 16 days) |
| PROLENSA OPTHALMIC (EYE) DROPS 0.07 % (bromfenac sodium)                                           | Tier 2    | ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (3 ML per 16 days)                         |
| <b>Ophthalmic - Beta Blocker-Adrenergic-Carbonic Anhydrase Inhibitor Comb - Drugs For Glaucoma</b> |           |                                                                                                                                                              |
| <i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>                          | Tier 1    |                                                                                                                                                              |
| <b>Ophthalmic - Beta Blocker-Carbonic Anhydrase Inh-Prostaglandin Analog - Drugs For Glaucoma</b>  |           |                                                                                                                                                              |
| <i>timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %</i>                          | Tier 1    |                                                                                                                                                              |
| <i>timolol-dorzolamide-bimatopros ophthalmic (eye) drops 0.5-2-0.01 %</i>                          | Tier 1    |                                                                                                                                                              |
| <b>Ophthalmic - Beta Blockers-Adrenergic Combinations - Drugs For Glaucoma</b>                     |           |                                                                                                                                                              |
| <i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>                                        | Tier 1    |                                                                                                                                                              |

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|--------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------|
| COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %<br>(brimonidine tartrate/timolol maleate)              | Tier 2    |                                                                                                       |
| <b>Ophthalmic - Beta Blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs For Glaucoma</b> |           |                                                                                                       |
| COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %<br>(dorzolamide HCl/timolol maleate/PF)         | Tier 2    | ST: Requires prior prescription for Dorzolamide/Timolol within the past 120 days; QL (2 EA per 1 day) |
| COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML<br>(dorzolamide HCl/timolol maleate)                | Tier 2    |                                                                                                       |
| <i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>                             | Tier 1    | ST: Requires prior prescription for Dorzolamide/Timolol within the past 120 days; QL (2 EA per 1 day) |
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>                                 | Tier 1    |                                                                                                       |
| <b>Ophthalmic - Beta Blockers-Prostaglandin Analog Combinations - Drugs For Glaucoma</b>         |           |                                                                                                       |
| <i>timolol-bimatoprost ophthalmic (eye) drops 0.5-0.01 %</i>                                     | Tier 1    |                                                                                                       |
| <b>Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs For Glaucoma</b>                           |           |                                                                                                       |
| AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %<br>(brinzolamide)                                    | Tier 2    |                                                                                                       |
| <i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>                                        | Tier 1    |                                                                                                       |
| <i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>                                               | Tier 1    |                                                                                                       |
| <i>dorzolamide ophthalmic (eye) drops 2 %</i>                                                    | Tier 1    |                                                                                                       |

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|--------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Ophthalmic - Cystine Depleting Agents - Drugs For The Eye</b>                           |           |                                  |
| CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % (cysteamine HCl)                                  | Tier 3    | PA                               |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (cysteamine HCl)                                    | Tier 3    | PA                               |
| <b>Ophthalmic - Decongestants - Drugs For Itchy Eye</b>                                    |           |                                  |
| <i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>                                | Tier 1    |                                  |
| <b>Ophthalmic - Diagnostic Agents - Drugs For The Eye</b>                                  |           |                                  |
| ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (benoxinate HCl/fluorescein sodium)      | Tier 1    |                                  |
| <i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>                             | Tier 1    |                                  |
| <i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>                          | Tier 1    |                                  |
| <b>Ophthalmic - Glucocorticoid-Nsaid Combinations - Anti-Infective/Anti-Inflammatories</b> |           |                                  |
| <i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>          | Tier 1    |                                  |
| <i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>            | Tier 1    |                                  |
| <i>prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %</i>                      | Tier 1    |                                  |
| <b>Ophthalmic - Human Nerve Growth Factor (Hngf) - Drugs For The Eye</b>                   |           |                                  |
| OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % (cenegermin-bkbj)                                  | Tier 3    | PA                               |

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|----------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Ophthalmic - Intraocular Pressure Reducing Agents, Beta-Blockers - Drugs For Glaucoma</b> |           |                                  |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i>                                                | Tier 1    |                                  |
| BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 % (timolol)                                       | Tier 2    |                                  |
| BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (betaxolol HCl)                          | Tier 2    |                                  |
| <i>carteolol ophthalmic (eye) drops 1 %</i>                                                  | Tier 1    |                                  |
| ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 % (timolol maleate)                           | Tier 2    |                                  |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>                                              | Tier 1    |                                  |
| <i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>                       | Tier 1    | QL (2 EA per 1 day)              |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>                                  | Tier 1    |                                  |
| <i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>                              | Tier 1    |                                  |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>                   | Tier 1    |                                  |
| <i>timolol ophthalmic (eye) drops 0.5 %</i>                                                  | Tier 1    |                                  |
| TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 % (timolol maleate/PF)        | Tier 2    | QL (2 EA per 1 day)              |
| <b>Ophthalmic - Local Anesthetic Combinations - Drugs For The Eye</b>                        |           |                                  |
| ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (benoxinate HCl/fluorescein sodium)        | Tier 1    |                                  |
| <i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>                               | Tier 1    |                                  |
| <b>Ophthalmic - Local Anesthetic Esters - Drugs For The Eye</b>                              |           |                                  |
| proparacaine HCl (Alcaine Ophthalmic (Eye) Drops 0.5 %)                                      | Tier 1    |                                  |
| ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % (tetracaine HCl)                                      | Tier 1    |                                  |

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|-----------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE, GEL 3 % (chloroprocaine HCl/PF)                                                         | Tier 2    |                                                                                                                                                                                                                          |
| <i>proparacaine ophthalmic (eye) drops 0.5 %</i>                                                                                  | Tier 1    |                                                                                                                                                                                                                          |
| <i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>                                                                           | Tier 1    |                                                                                                                                                                                                                          |
| <i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>                                                                                | Tier 1    |                                                                                                                                                                                                                          |
| <b>Ophthalmic - Local Anesthetic, Amides - Drugs For The Eye</b>                                                                  |           |                                                                                                                                                                                                                          |
| AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 % (lidocaine HCl/PF)                                                                          | Tier 2    |                                                                                                                                                                                                                          |
| <b>Ophthalmic - Mast Cell Stabilizers - Drugs For Itchy Eye</b>                                                                   |           |                                                                                                                                                                                                                          |
| <i>cromolyn ophthalmic (eye) drops 4 %</i>                                                                                        | Tier 1    | QL (50 ML per 30 days)                                                                                                                                                                                                   |
| <b>Ophthalmic - Mydriatic-Nsaid Combinations - Anti-Infective/Anti-Inflammatories</b>                                             |           |                                                                                                                                                                                                                          |
| MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (tropicamide/proparacaine/phenylephrine/ketorolac in water) | Tier 1    |                                                                                                                                                                                                                          |
| <b>Ophthalmic - Rho Kinase Inhibitor And Prostaglandin Analog Combination - Drugs For Glaucoma</b>                                |           |                                                                                                                                                                                                                          |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % (netarsudil mesylate/latanoprost)                                                   | Tier 2    | ST: Requires prior prescriptions for Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Brimonidine 0.2%, Combigan, Lumigan 0.01%, Simbrinza, or Travatan Z within the past 365 days; QL (2.5 ML per 25 days) |

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|---------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Ophthalmic - Surgical Aids Other - Drugs For The Eye</b>                                                   |           |                                  |
| GELFILM OPHTHALMIC (EYE) FILM (gelatin)                                                                       | Tier 2    |                                  |
| <b>Ophthalmic - Viscoelastic Agents - Drugs For The Eye</b>                                                   |           |                                  |
| AMVISC INTRAOCULAR SYRINGE 12 MG/ML (hyaluronate sodium)                                                      | Tier 2    |                                  |
| AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML (hyaluronate sodium)                                                 | Tier 2    |                                  |
| BIOLON INTRAOCULAR SYRINGE 10 MG/ML (hyaluronate sodium)                                                      | Tier 2    |                                  |
| HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML (hyaluronate sodium)                                               | Tier 2    |                                  |
| HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML (hyaluronate sodium)                                                  | Tier 2    |                                  |
| HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML (hyaluronate sodium)                                                 | Tier 2    |                                  |
| PROVISC INTRAOCULAR SYRINGE 10 MG/ML (hyaluronate sodium)                                                     | Tier 2    |                                  |
| TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML) (hyaluronate sodium)                                    | Tier 2    |                                  |
| <b>Ophthalmic Antibacterial Mixtures - Anti-Infective/Anti-Inflammatories</b>                                 |           |                                  |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>                                  | Tier 1    |                                  |
| <i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>                  | Tier 1    |                                  |
| <i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>                    | Tier 1    |                                  |
| neomycin sulfate/bacitracin/polymyxin B (Neo-Polycin Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit-Unit/G) | Tier 1    |                                  |

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|-------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| bacitracin/polymyxin B sulfate (Polycin Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)         | Tier 1    |                                  |
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>                | Tier 1    |                                  |
| <i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>                                     | Tier 1    |                                  |
| <b>Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories</b>             |           |                                  |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i>                                                  | Tier 1    |                                  |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i>                                                  | Tier 1    |                                  |
| <i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>                                     | Tier 1    |                                  |
| TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % (tobramycin)                                             | Tier 2    |                                  |
| <b>Ophthalmic Antibiotic - Dehydropeptidase Inhibitors - Anti-Infective/Anti-Inflammatories</b> |           |                                  |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>                                       | Tier 1    |                                  |
| <b>Ophthalmic Antibiotic - Fluoroquinolones - Anti-Infective/Anti-Inflammatories</b>            |           |                                  |
| BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % (besifloxacin HCl)                            | Tier 2    |                                  |
| CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % (ciprofloxacin HCl)                                     | Tier 2    |                                  |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>                                           | Tier 1    |                                  |
| <i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>                                                | Tier 1    |                                  |
| <i>levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %</i>                                         | Tier 1    |                                  |
| <i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>                                                | Tier 1    |                                  |
| <i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>                                       | Tier 1    |                                  |
| OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 % (ofloxacin)                                                | Tier 2    |                                  |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i>                                                   | Tier 1    |                                  |
| VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 % (moxifloxacin HCl)                                         | Tier 2    |                                  |

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|----------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------|
| <b>Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories</b>   |           |                                                                                                           |
| AZASITE OPHTHALMIC (EYE) DROPS 1 % (azithromycin)                                | Tier 2    |                                                                                                           |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>                  | Tier 1    |                                                                                                           |
| <b>Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories</b> |           |                                                                                                           |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>                          | Tier 1    |                                                                                                           |
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>                       | Tier 1    |                                                                                                           |
| <b>Ophthalmic Antifungals - Anti-Infective/Anti-Inflammatories</b>               |           |                                                                                                           |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (natamycin)                        | Tier 2    |                                                                                                           |
| <b>Ophthalmic Antifungals - Tetraene Polyene-Type - Drugs For The Eye</b>        |           |                                                                                                           |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (natamycin)                        | Tier 2    |                                                                                                           |
| <b>Ophthalmic Antiseptics - Anti-Infective/Anti-Inflammatories</b>               |           |                                                                                                           |
| BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (povidone-iodine)         | Tier 2    |                                                                                                           |
| <i>povidone-iodine ophthalmic (eye) solution 5 %</i>                             | Tier 1    |                                                                                                           |
| <b>Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories</b>                |           |                                                                                                           |
| <i>trifluridine ophthalmic (eye) drops 1 %</i>                                   | Tier 1    |                                                                                                           |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (ganciclovir)                                 | Tier 2    | ST: Requires prior prescription for oral Acyclovir, Famciclovir, or Valacyclovir within the past 120 days |

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|----------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs For Glaucoma</b> |           |                                                                                                                                   |
| ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 % (brimonidine tartrate)                             | Tier 2    |                                                                                                                                   |
| <i>apraclonidine ophthalmic (eye) drops 0.5 %</i>                                                  | Tier 1    |                                                                                                                                   |
| <i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>                                     | Tier 1    |                                                                                                                                   |
| IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % (apraclonidine HCl)                                      | Tier 2    |                                                                                                                                   |
| <b>Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs For Glaucoma</b> |           |                                                                                                                                   |
| <i>bimatoprost ophthalmic (eye) drops 0.03 %</i>                                                   | Tier 1    | QL (1 ML per 12 days)                                                                                                             |
| IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 % (latanoprost/PF)                                  | Tier 2    | ST: Requires prior prescriptions for a generic prostaglandin analog and Lumigan within the past 365 days; QL (1 EA per 1 day)     |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i>                                                  | Tier 1    |                                                                                                                                   |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (bimatoprost)                                                | Tier 2    | QL (2.5 ML per 25 days)                                                                                                           |
| <i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>                                       | Tier 1    | QL (1 EA per 1 day)                                                                                                               |
| TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 % (travoprost)                                             | Tier 2    | QL (2.5 ML per 25 days)                                                                                                           |
| <i>travoprost ophthalmic (eye) drops 0.004 %</i>                                                   | Tier 1    | QL (2.5 ML per 25 days)                                                                                                           |
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % (latanoprostene bunod)                                      | Tier 2    | ST: Requires prior prescriptions for a generic prostaglandin analog and Lumigan within the past 365 days; QL (2.5 ML per 30 days) |

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| Prescription Drug Name                                                                              | Drug Tier | Coverage Requirements and Limits                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| XALATAN OPHTHALMIC (EYE) DROPS 0.005 % (latanoprost)                                                | Tier 2    |                                                                                                                                                                                                        |
| XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 % (latanoprost)                                      | Tier 2    | ST: Requires prior prescriptions for a generic prostaglandin analog and Lumigan within the past 365 days; QL (2.5 ML per 25 days)                                                                      |
| ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 % (tafluprost/PF)                                  | Tier 2    | QL (1 EA per 1 day)                                                                                                                                                                                    |
| <b>Ophthalmic-Intraocular Pressure Reducing Agents, Rho Kinase Inhibitors - Drugs For Glaucoma</b>  |           |                                                                                                                                                                                                        |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (netarsudil mesylate)                                       | Tier 2    | ST: Requires prior prescriptions for Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Combigan, Lumigan 0.01%, Travatan Z, or Simbrinza within the past 365 days; QL (2.5 ML per 30 days) |
| <b>Otic (Ear) - Drugs For The Ear</b>                                                               |           |                                                                                                                                                                                                        |
| <b>Otic (Ear) - Anti-Infective-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories</b> |           |                                                                                                                                                                                                        |
| CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 % (ciprofloxacin HCl/hydrocortisone)                     | Tier 2    |                                                                                                                                                                                                        |
| <i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>                            | Tier 1    |                                                                                                                                                                                                        |
| <i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i>                         | Tier 1    |                                                                                                                                                                                                        |

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| Prescription Drug Name                                                                                                       | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML (neomycin sulf/colistin sul/hydrocortisone ac/thonzonium brom) | Tier 2    |                                  |
| <i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>                                        | Tier 1    |                                  |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>                                                | Tier 1    |                                  |
| OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML) (ciprofloxacin HCl/fluocinolone acetonide)                                  | Tier 2    |                                  |
| <b>Otic (Ear) - Anti-Infectives Other - Antibiotics</b>                                                                      |           |                                  |
| <i>acetic acid otic (ear) solution 2 %</i>                                                                                   | Tier 1    |                                  |
| <b>Otic (Ear) - Fluoroquinolones - Antibiotics</b>                                                                           |           |                                  |
| CETRAXAL OTIC (EAR) DROPPERETTE 0.2 % (ciprofloxacin HCl)                                                                    | Tier 2    |                                  |
| <i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>                                                                        | Tier 1    |                                  |
| <i>ofloxacin otic (ear) drops 0.3 %</i>                                                                                      | Tier 1    |                                  |
| <b>Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories</b>                                                     |           |                                  |
| DERMOTIC OIL OTIC (EAR) DROPS 0.01 % (fluocinolone acetonide oil)                                                            | Tier 2    |                                  |
| fluocinolone acetonide oil (Flac Otic Oil Otic (Ear) Drops 0.01 %)                                                           | Tier 2    |                                  |
| <i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>                                                                    | Tier 1    |                                  |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>                                                                     | Tier 1    |                                  |
| <b>Otic (Ear) - Pinna Combinations - Antibiotics</b>                                                                         |           |                                  |
| CORTANE-B TOPICAL LOTION 1-1-0.1 % (hydrocortisone/pramoxine HCl/chloroxylenol)                                              | Tier 2    |                                  |

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|--------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------|
| <b>Respiratory Therapy Agents</b>                                                                                  |           |                                                                                                      |
| <b>Asthma/Copd - Phosphodiesterase-3 And -4 (Pde3 And Pde4) Inhibitors</b>                                         |           |                                                                                                      |
| OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML (ensifentrine)                                        | Tier 3    | PA                                                                                                   |
| <b>Bronchiectasis Therapy Agents</b>                                                                               |           |                                                                                                      |
| BRINSUPRI ORAL TABLET 10 MG, 25 MG (brensocatic)                                                                   | Tier 3    | PA; QL (1 EA per 1 day)                                                                              |
| <b>Respiratory Therapy Agents - Drugs For The Lungs</b>                                                            |           |                                                                                                      |
| <b>1St Generation Antihistamine-Decongestant Combinations - Drugs For Cough And Cold</b>                           |           |                                                                                                      |
| <i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>                                                        | Tier 1    |                                                                                                      |
| <b>1St Generation Antihistamine-Decongestant-Anticholinergic Combinations - Drugs For Cough And Cold</b>           |           |                                                                                                      |
| RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG (pseudoephedrine HCl/chlorpheniramine maleate/bellad alk) | Tier 1    |                                                                                                      |
| <b>2Nd Generation Antihistamine-Decongestant Combinations - Drugs For Cough And Cold</b>                           |           |                                                                                                      |
| CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG (desloratadine/pseudoephedrine sulfate)             | Tier 2    | ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days |
| <b>Antihistamine - 1St Generation - Alkylamines - Drugs For Allergies</b>                                          |           |                                                                                                      |
| <i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>                                                         | Tier 1    | QL (236 ML per 1 FILL)                                                                               |

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|----------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Antihistamine - 1St Generation - Ethanolamines<br/>- Drugs For Allergies</b>  |           |                                                                                                                                                                |
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>                               | Tier 1    | Age (Min 2 Years)                                                                                                                                              |
| <i>carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml</i>        | Tier 1    | ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years) |
| <i>carbinoxamine maleate oral tablet 4 mg</i>                                    | Tier 1    | Age (Min 2 Years)                                                                                                                                              |
| <i>carbinoxamine maleate oral tablet 6 mg</i>                                    | Tier 1    | ST: Requires prior prescriptions for Carbinoxamine 4mg tablets and IR solution within the past 365 days; QL (4 EA per 1 day); Age (Min 2 Years)                |
| carbinoxamine maleate (Carbzah Oral Liquid 4 Mg/5 ML)                            | Tier 1    | Age (Min 2 Years)                                                                                                                                              |
| <i>clemastine oral syrup 0.5 mg/5 ml</i>                                         | Tier 1    |                                                                                                                                                                |
| <i>clemastine oral tablet 2.68 mg</i>                                            | Tier 1    |                                                                                                                                                                |
| clemastine fumarate (Clemasz Oral Tablet 2.68 Mg)                                | Tier 1    |                                                                                                                                                                |
| clemastine fumarate (Clemsza Oral Tablet 2.68 Mg)                                | Tier 1    |                                                                                                                                                                |
| diphenhydramine HCl (Diphen Oral Elixir 12.5 Mg/5 ML)                            | Tier 1    |                                                                                                                                                                |
| KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (carbinoxamine maleate) | Tier 2    | ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years) |

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| Prescription Drug Name                                                       | Drug Tier | Coverage Requirements and Limits                                                                                                                               |
|------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Antihistamine - 1St Generation - Phenothiazines - Drugs For Allergies</b> |           |                                                                                                                                                                |
| promethazine HCl (Phenergan Injection Solution 25 Mg/ML, 50 Mg/ML)           | Tier 2    |                                                                                                                                                                |
| <i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>                    | Tier 1    |                                                                                                                                                                |
| <i>promethazine oral syrup 6.25 mg/5 ml</i>                                  | Tier 1    |                                                                                                                                                                |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>                        | Tier 1    |                                                                                                                                                                |
| <i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>                 | Tier 1    |                                                                                                                                                                |
| promethazine HCl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)      | Tier 1    |                                                                                                                                                                |
| <b>Antihistamine - 1St Generation - Piperidines - Drugs For Allergies</b>    |           |                                                                                                                                                                |
| <i>ciproheptadine oral syrup 2 mg/5 ml</i>                                   | Tier 1    |                                                                                                                                                                |
| <i>ciproheptadine oral tablet 4 mg</i>                                       | Tier 1    |                                                                                                                                                                |
| <b>Antihistamines - 1St Generation - Drugs For Allergies</b>                 |           |                                                                                                                                                                |
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>                           | Tier 1    | Age (Min 2 Years)                                                                                                                                              |
| <i>carbinoxamine maleate oral suspension, extended rel 12 hr 4 mg/5 ml</i>   | Tier 1    | ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years) |
| <i>carbinoxamine maleate oral tablet 4 mg</i>                                | Tier 1    | Age (Min 2 Years)                                                                                                                                              |

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| Prescription Drug Name                                                           | Drug Tier | Coverage Requirements and Limits                                                                                                                               |
|----------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>carbinoxamine maleate oral tablet 6 mg</i>                                    | Tier 1    | ST: Requires prior prescriptions for Carbinoxamine 4mg tablets and IR solution within the past 365 days; QL (4 EA per 1 day); Age (Min 2 Years)                |
| carbinoxamine maleate (Carbzah Oral Liquid 4 Mg/5 MI)                            | Tier 1    | Age (Min 2 Years)                                                                                                                                              |
| <i>clemastine oral syrup 0.5 mg/5 ml</i>                                         | Tier 1    |                                                                                                                                                                |
| <i>clemastine oral tablet 2.68 mg</i>                                            | Tier 1    |                                                                                                                                                                |
| clemastine fumarate (Clemasz Oral Tablet 2.68 Mg)                                | Tier 1    |                                                                                                                                                                |
| clemastine fumarate (Clemsza Oral Tablet 2.68 Mg)                                | Tier 1    |                                                                                                                                                                |
| <i>cyproheptadine oral syrup 2 mg/5 ml</i>                                       | Tier 1    |                                                                                                                                                                |
| <i>cyproheptadine oral tablet 4 mg</i>                                           | Tier 1    |                                                                                                                                                                |
| <i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>                       | Tier 1    | QL (236 ML per 1 FILL)                                                                                                                                         |
| diphenhydramine HCl (Diphen Oral Elixir 12.5 Mg/5 MI)                            | Tier 1    |                                                                                                                                                                |
| KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (carbinoxamine maleate) | Tier 2    | ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years) |
| promethazine HCl (Phenergan Injection Solution 25 Mg/ML, 50 Mg/ML)               | Tier 2    |                                                                                                                                                                |
| <i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>                        | Tier 1    |                                                                                                                                                                |
| <i>promethazine oral syrup 6.25 mg/5 ml</i>                                      | Tier 1    |                                                                                                                                                                |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>                            | Tier 1    |                                                                                                                                                                |
| <i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>                     | Tier 1    |                                                                                                                                                                |
| promethazine HCl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)          | Tier 1    |                                                                                                                                                                |

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| Prescription Drug Name                                                     | Drug Tier | Coverage Requirements and Limits                                                                     |
|----------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------|
| <b>Antihistamines - 2Nd Generation - Drugs For Allergies</b>               |           |                                                                                                      |
| <i>cetirizine oral solution 1 mg/ml</i>                                    | Tier 1    |                                                                                                      |
| CLARINEX ORAL TABLET 5 MG (desloratadine)                                  | Tier 2    |                                                                                                      |
| <i>desloratadine oral tablet 5 mg</i>                                      | Tier 1    |                                                                                                      |
| <i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>               | Tier 1    | ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days |
| <i>levocetirizine oral solution 2.5 mg/5 ml</i>                            | Tier 1    | ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days |
| <i>levocetirizine oral tablet 5 mg</i>                                     | Tier 1    |                                                                                                      |
| <b>Antihistamines - 2Nd Generation - Piperazines - Drugs For Allergies</b> |           |                                                                                                      |
| <i>cetirizine oral solution 1 mg/ml</i>                                    | Tier 1    |                                                                                                      |
| <i>levocetirizine oral solution 2.5 mg/5 ml</i>                            | Tier 1    | ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days |
| <i>levocetirizine oral tablet 5 mg</i>                                     | Tier 1    |                                                                                                      |
| <b>Antihistamines - 2Nd Generation - Piperidines - Drugs For Allergies</b> |           |                                                                                                      |
| CLARINEX ORAL TABLET 5 MG (desloratadine)                                  | Tier 2    |                                                                                                      |
| <i>desloratadine oral tablet 5 mg</i>                                      | Tier 1    |                                                                                                      |

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|----------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------|
| <i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>                          | Tier 1    | ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days           |
| <b>Antitussives - Non-Opioid - Drugs For Allergies</b>                                 |           |                                                                                                                |
| <i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>                                 | Tier 1    |                                                                                                                |
| <b>Asthma Therapy - 5-Lipoxygenase Inhibitors - Drugs For Asthma/Copd</b>              |           |                                                                                                                |
| <i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>                                | Tier 1    | ST: Requires prior prescriptions for Montelukast and Zafirlukast within the past 365 days; QL (2 EA per 1 day) |
| ZYFLO ORAL TABLET 600 MG (zileuton)                                                    | Tier 2    | ST: Requires prior prescriptions for Montelukast and Zafirlukast within the past 365 days; QL (4 EA per 1 day) |
| <b>Asthma Therapy - Alpha/Beta Adrenergic Agents - Drugs For Asthma/Copd</b>           |           |                                                                                                                |
| <i>epinephrine injection syringe 0.1 mg/ml</i>                                         | Tier 1    |                                                                                                                |
| <b>Asthma Therapy - Immunoglobulin E (Ige) Inhibitors, Mab - Drugs For Asthma/Copd</b> |           |                                                                                                                |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (omalizumab)    | Tier 3    | PA                                                                                                             |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (omalizumab)          | Tier 3    | PA                                                                                                             |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------|
| <b>Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs For Asthma/Copd</b>                                                                                             |           |                                                                                                                             |
| ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION (ciclesonide)                                                                                              | Tier 2    | ST: At least 2 prior prescriptions for Asmanex, Qvar, or Arnuity Ellipta within the past 365 days; QL (12.2 GM per 30 days) |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (fluticasone furoate)                                                           | Tier 2    | QL (30 EA per 30 days)                                                                                                      |
| ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (mometasone furoate)                                                                | Tier 2    | QL (13 GM per 30 days)                                                                                                      |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (mometasone furoate) | Tier 2    | QL (1 EA per 30 days)                                                                                                       |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>                                                                                         | Tier 1    | QL (120 ML per 30 days)                                                                                                     |
| <i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>                                                                                      | Tier 1    | QL (60 EA per 30 days)                                                                                                      |
| <i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>                                                                                                        | Tier 1    | QL (120 EA per 30 days)                                                                                                     |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>                                                                                                        | Tier 1    | QL (12 GM per 30 days)                                                                                                      |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>                                                                                                        | Tier 1    | QL (24 GM per 30 days)                                                                                                      |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>                                                                                                         | Tier 1    | QL (21.2 GM per 30 days)                                                                                                    |

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|-------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------|
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION (budesonide)          | Tier 2    | ST: At least 2 prior prescriptions for Asmanex, Qvar, or Arnuity Ellipta within the past 365 days; QL (1 EA per 30 days) |
| PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML (budesonide)                      | Tier 2    | QL (120 ML per 30 days)                                                                                                  |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (beclomethasone dipropionate) | Tier 2    | QL (21.2 GM per 30 days)                                                                                                 |
| <b>Asthma Therapy - Interleukin-4 (Il-4) Receptor Alpha Antagonists, Mab - Drugs For Asthma/Copd</b>                    |           |                                                                                                                          |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (dupilumab)                                          | Tier 3    | PA                                                                                                                       |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (dupilumab)                                           | Tier 3    | PA                                                                                                                       |
| <b>Asthma Therapy - Interleukin-5 (Il-5) Inhibitors, Mab - Drugs For Asthma/Copd</b>                                    |           |                                                                                                                          |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (mepolizumab)                                                               | Tier 3    | PA                                                                                                                       |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML (mepolizumab)                                                       | Tier 3    | PA                                                                                                                       |
| <b>Asthma Therapy - Interleukin-5 (Il-5) Receptor Alpha Antagonists, Mab - Drugs For Asthma/Copd</b>                    |           |                                                                                                                          |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML (benralizumab)                                                          | Tier 3    | PA                                                                                                                       |

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| Prescription Drug Name                                                                              | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Asthma Therapy - Leukotriene Receptor Antagonists - Drugs For Asthma/Copd</b>                    |           |                                  |
| ACCOLATE ORAL TABLET 10 MG, 20 MG (zafirlukast)                                                     | Tier 2    |                                  |
| <i>montelukast oral granules in packet 4 mg</i>                                                     | Tier 1    |                                  |
| <i>montelukast oral tablet 10 mg</i>                                                                | Tier 1    |                                  |
| <i>montelukast oral tablet, chewable 4 mg, 5 mg</i>                                                 | Tier 1    |                                  |
| SINGULAIR ORAL GRANULES IN PACKET 4 MG (montelukast sodium)                                         | Tier 2    |                                  |
| SINGULAIR ORAL TABLET 10 MG (montelukast sodium)                                                    | Tier 2    |                                  |
| SINGULAIR ORAL TABLET, CHEWABLE 4 MG, 5 MG (montelukast sodium)                                     | Tier 2    |                                  |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i>                                                         | Tier 1    |                                  |
| <b>Asthma Therapy - Mast Cell Stabilizers - Drugs For Asthma/Copd</b>                               |           |                                  |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>                                     | Tier 1    |                                  |
| <b>Asthma Therapy - Thymic Stromal Lymphopoietin Inhibitor, Mab - Drugs For Asthma/Copd</b>         |           |                                  |
| TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML) (tezepelumab-ekko)                    | Tier 3    | PA                               |
| <b>Asthma Therapy - Xanthines - Drugs For Asthma/Copd</b>                                           |           |                                  |
| theophylline anhydrous (Elixophyllin Oral Elixir 80 Mg/15 ML)                                       | Tier 1    |                                  |
| THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (theophylline anhydrous) | Tier 2    |                                  |
| <i>theophylline oral elixir 80 mg/15 ml</i>                                                         | Tier 1    |                                  |
| <i>theophylline oral solution 80 mg/15 ml</i>                                                       | Tier 1    |                                  |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>               | Tier 1    |                                  |

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| Prescription Drug Name                                                                            | Drug Tier | Coverage Requirements and Limits                                                                                        |
|---------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------|
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>                             | Tier 1    |                                                                                                                         |
| <b>Asthma/Copd - Phosphodiesterase-4 (Pde4) Inhibitors - Drugs For Asthma/Copd</b>                |           |                                                                                                                         |
| DALIRESP ORAL TABLET 250 MCG, 500 MCG (roflumilast)                                               | Tier 2    | QL (1 EA per 1 day)                                                                                                     |
| <i>roflumilast oral tablet 250 mcg, 500 mcg</i>                                                   | Tier 1    | QL (1 EA per 1 day)                                                                                                     |
| <b>Asthma/Copd - Anticholinergic Agents, Inhaled Long Acting - Drugs For Asthma/Copd</b>          |           |                                                                                                                         |
| INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (umeclidinium bromide)          | Tier 2    | QL (30 EA per 30 days)                                                                                                  |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (tiotropium bromide)       | Tier 2    | QL (4 GM per 30 days)                                                                                                   |
| SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (tiotropium bromide)       | Tier 2    | QL (30 EA per 30 days)                                                                                                  |
| <i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>                          | Tier 1    | QL (30 EA per 30 days)                                                                                                  |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (aclidinium bromide) | Tier 2    | ST: Requires prior prescription for Spiriva Respimat or Incruse Ellipta within the past 120 days; QL (1 EA per 30 days) |
| YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML (revefenacin)                           | Tier 2    | QL (90 ML per 30 days)                                                                                                  |
| <b>Asthma/Copd - Anticholinergic Agents, Inhaled Short Acting - Drugs For Asthma/Copd</b>         |           |                                                                                                                         |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (ipratropium bromide)                | Tier 2    | QL (25.8 GM per 30 days)                                                                                                |
| <i>ipratropium bromide inhalation solution 0.02 %</i>                                             | Tier 1    |                                                                                                                         |

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| Prescription Drug Name                                                                               | Drug Tier | Coverage Requirements and Limits                                                                                          |
|------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------|
| <b>Asthma/Copd - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting - Drugs For Asthma/Copd</b>    |           |                                                                                                                           |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (olodaterol HCl)                                | Tier 2    | QL (4 GM per 30 days)                                                                                                     |
| <b>Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs For Asthma/Copd</b>  |           |                                                                                                                           |
| <i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>                                 | Tier 1    | ST: Requires prior prescription for Perforomist, Serevent, or Striverdi within the past 120 days; QL (120 ML per 30 days) |
| BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML (arformoterol tartrate)                     | Tier 2    | ST: Requires prior prescription for Perforomist, Serevent, or Striverdi within the past 120 days; QL (120 ML per 30 days) |
| <i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>                          | Tier 1    | QL (120 ML per 30 days)                                                                                                   |
| PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML (formoterol fumarate)                   | Tier 2    | QL (120 ML per 30 days)                                                                                                   |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (salmeterol xinafoate)                    | Tier 2    | QL (60 EA per 30 days)                                                                                                    |
| <b>Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs For Asthma/Copd</b> |           |                                                                                                                           |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>                             | Tier 1    |                                                                                                                           |

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| Prescription Drug Name                                                                                                    | Drug Tier | Coverage Requirements and Limits                                                                         |
|---------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------|
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i> | Tier 1    |                                                                                                          |
| <i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>                                               | Tier 1    |                                                                                                          |
| <i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>     | Tier 1    |                                                                                                          |
| <i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>                                              | Tier 1    |                                                                                                          |
| PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION (albuterol sulfate)                          | Tier 2    | ST: Requires prior prescription for generic Albuterol Sulfate 90mcg HFA inhaler within the past 120 days |
| VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (albuterol sulfate)                                          | Tier 2    | ST: Requires prior prescription for generic Albuterol Sulfate 90mcg HFA inhaler within the past 120 days |
| XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION (levalbuterol tartrate)                                       | Tier 2    |                                                                                                          |
| <b>Asthma/Copd Therapy - Beta Adrenergic Agents - Drugs For Asthma/Copd</b>                                               |           |                                                                                                          |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i>                                                                             | Tier 1    |                                                                                                          |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i>                                                                           | Tier 1    |                                                                                                          |
| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>                                                    | Tier 1    |                                                                                                          |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i>                                                                               | Tier 1    |                                                                                                          |

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| Prescription Drug Name                                                                                                                                  | Drug Tier | Coverage Requirements and Limits                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------|
| <b>Asthma/Copd Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs For Asthma/Copd</b>                                                       |           |                                                                                                                           |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (umeclidinium bromide/vilanterol trifenate)                                          | Tier 2    | QL (60 EA per 30 days)                                                                                                    |
| BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG (glycopyrrolate/formoterol fumarate)                                                        | Tier 2    | ST: Requires prior prescription for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (10.7 GM per 30 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (ipratropium bromide/albuterol sulfate)                                                         | Tier 2    |                                                                                                                           |
| DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION (aclidinium bromide/formoterol fumarate)                                | Tier 2    | ST: Requires prior prescription for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (1 EA per 30 days)    |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>                                                         | Tier 1    |                                                                                                                           |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (tiotropium bromide/olodaterol HCl)                                                              | Tier 2    | QL (4 GM per 30 days)                                                                                                     |
| <b>Asthma/Copd Therapy - Beta Adrenergic-Glucocorticoid Combinations - Drugs For Asthma/Copd</b>                                                        |           |                                                                                                                           |
| ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone propionate/salmeterol xinafoate)            | Tier 2    | QL (60 EA per 30 days)                                                                                                    |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propionate/salmeterol xinafoate) | Tier 2    | QL (12 GM per 30 days)                                                                                                    |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION (fluticasone propionate/salmeterol xinafoate) | Tier 2    | QL (1 EA per 30 days)            |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION (albuterol sulfate/budesonide)                                                                                | Tier 2    | QL (32.1 GM per 30 days)         |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE (fluticasone furoate/vilanterol trifenate)                                   | Tier 2    | QL (60 EA per 30 days)           |
| budesonide/formoterol fumarate (Breyna Inhalation Hfa Aerosol Inhaler 160-4.5 Mcg/Actuation, 80-4.5 Mcg/Actuation)                                                        | Tier 1    | QL (30.9 GM per 30 days)         |
| <i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>                                                                   | Tier 1    | QL (30.9 GM per 30 days)         |
| DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (mometasone furoate/formoterol fumarate)                                                    | Tier 2    | QL (39 GM per 30 days)           |
| DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION (mometasone furoate/formoterol fumarate)                                                                        | Tier 2    | QL (13 GM per 30 days)           |
| <i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>                           | Tier 1    | QL (1 EA per 30 days)            |
| <i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>                                                    | Tier 1    | QL (60 EA per 30 days)           |
| SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide/formoterol fumarate)                                                     | Tier 2    | QL (30.9 GM per 30 days)         |
| fluticasone propionate/salmeterol xinafoate (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)                               | Tier 1    | QL (60 EA per 30 days)           |

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|--------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Asthma/Copd Tx - Beta-Adrenergic-Anticholinergic-Glucocorticoid Comb, - Drugs For Cystic Fibrosis</b>                       |           |                                  |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION (budesonide/glycopyrrolate/formoterol fumarate)      | Tier 2    | QL (10.7 GM per 30 days)         |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (fluticasone furoate/umeclidinium bromide/vilanterol trifenate) | Tier 2    | QL (60 EA per 30 days)           |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG (fluticasone furoate/umeclidinium bromide/vilanterol trifenate) | Tier 2    | QL (2 EA per 1 day)              |
| <b>Corticosteroid Implant For Maintaining Sinus Patency - Drugs For The Nose</b>                                               |           |                                  |
| SINUVA SINUS IMPLANT 1,350 MCG (mometasone furoate)                                                                            | Tier 2    | PA                               |
| <b>Cystic Fibrosis - Inhaled Aminoglycosides - Drugs For Cystic Fibrosis</b>                                                   |           |                                  |
| BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML (tobramycin)                                                          | Tier 3    |                                  |
| KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (tobramycin/nebulizer)                                            | Tier 2    |                                  |
| TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (tobramycin in 0.225 % sodium chloride)                                  | Tier 2    |                                  |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (tobramycin)                                                       | Tier 2    |                                  |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>                                             | Tier 1    |                                  |
| <i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>                                                             | Tier 3    |                                  |
| <i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>                                              | Tier 1    |                                  |

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|-------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Cystic Fibrosis - Inhaled Monobactams - Drugs For Cystic Fibrosis</b>                                    |           |                                                                                                                                            |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (aztreonam lysine)                                    | Tier 2    |                                                                                                                                            |
| <b>Cystic Fibrosis - Inhaled Osmotic Agents - Drugs For Cystic Fibrosis</b>                                 |           |                                                                                                                                            |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG (mannitol)                                         | Tier 3    | ST: Requires prior prescription for inhaled 7% Sodium Chloride solution within the past 120 days; QL (20 EA per 1 day); Age (Min 18 Years) |
| <b>Cystic Fibrosis-Transmembrane Conductance Regulator (Cftr) Potentiator - Drugs For Cystic Fibrosis</b>   |           |                                                                                                                                            |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG (ivacaftor)                           | Tier 3    | PA                                                                                                                                         |
| KALYDECO ORAL TABLET 150 MG (ivacaftor)                                                                     | Tier 3    | PA                                                                                                                                         |
| <b>Cystic Fib-Transmemb Conduct. Reg.(Cftr) Potentiator And Corrector Cmb - Drugs For Cystic Fibrosis</b>   |           |                                                                                                                                            |
| ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG (vanzacaftor calcium/tezacaftor/deutivacaftor)                | Tier 3    | PA                                                                                                                                         |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG (lumacaftor/ivacaftor)                     | Tier 3    | PA                                                                                                                                         |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (lumacaftor/ivacaftor)                                           | Tier 3    | PA                                                                                                                                         |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (tezacaftor/ivacaftor) | Tier 3    | PA                                                                                                                                         |

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| Prescription Drug Name                                                                                                                   | Drug Tier | Coverage Requirements and Limits |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) (elexacaftor/tezacaftor/ivacaftor) | Tier 3    | PA                               |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) (elexacaftor/tezacaftor/ivacaftor)            | Tier 3    | PA                               |
| <b>Elastase Inhibitors - Drugs For Asthma/Copd</b>                                                                                       |           |                                  |
| ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG (alpha-1-proteinase inhibitor)                                                        | Tier 3    | PA                               |
| GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %) (alpha-1-proteinase inhibitor)                                                               | Tier 3    | PA                               |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML (alpha-1-proteinase inhibitor)                                                     | Tier 3    | PA                               |
| ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG (alpha-1-proteinase inhibitor)                                               | Tier 3    | PA                               |
| <b>Lung Surfactants - Drugs For The Lungs</b>                                                                                            |           |                                  |
| CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML (poractant alfa)                                                            | Tier 2    |                                  |
| INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML (calfactant)                                                                                  | Tier 2    |                                  |
| SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML (beractant)                                                                                   | Tier 2    |                                  |
| <b>Mucolytics - Drugs For The Lungs</b>                                                                                                  |           |                                  |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>                                                                        | Tier 1    |                                  |
| PULMOZYME INHALATION SOLUTION 1 MG/ML (dornase alfa)                                                                                     | Tier 3    | PA                               |
| <b>Nasal Anesthetics - Allergy</b>                                                                                                       |           |                                  |
| <i>cocaine nasal solution 4 %</i>                                                                                                        | Tier 1    |                                  |
| GOPRELTO NASAL SOLUTION 4 % (cocaine HCl)                                                                                                | Tier 2    |                                  |
| NUMBRINO NASAL SOLUTION 4 % (cocaine HCl)                                                                                                | Tier 1    |                                  |

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| Prescription Drug Name                                                                    | Drug Tier | Coverage Requirements and Limits                                                                                                    |
|-------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------|
| <b>Nasal Anticholinergics - Allergy</b>                                                   |           |                                                                                                                                     |
| <i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>       | Tier 1    |                                                                                                                                     |
| <b>Nasal Antihistamine And Anti-Inflammatory Steroid Combinations - Allergy</b>           |           |                                                                                                                                     |
| <i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>                    | Tier 1    | ST: Requires prior prescription for Flunisolide (nasal formulation) or Fluticasone within the past 120 days; QL (23 GM per 30 days) |
| DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY (azelastine HCl/fluticasone propionate) | Tier 2    | ST: Requires prior prescription for Flunisolide (nasal formulation) or Fluticasone within the past 120 days; QL (23 GM per 30 days) |
| RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY (olopatadine HCl/mometasone furoate)   | Tier 2    | QL (29 GM per 30 days)                                                                                                              |
| <b>Nasal Antihistamines - Allergy</b>                                                     |           |                                                                                                                                     |
| <i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)</i>             | Tier 1    |                                                                                                                                     |
| <i>olopatadine nasal spray,non-aerosol 0.6 %</i>                                          | Tier 1    |                                                                                                                                     |
| <b>Nasal Corticosteroids - Allergy</b>                                                    |           |                                                                                                                                     |
| <i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>                               | Tier 1    | QL (25 ML per 30 days)                                                                                                              |
| <i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>                     | Tier 1    |                                                                                                                                     |
| <i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>                                | Tier 1    |                                                                                                                                     |

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|--------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG (ciclesonide)                                                                    | Tier 2    | ST: Requires prior prescription for Flunisolide or Fluticasone within the past 120 days; QL (5 GM per 12 days)                                                                           |
| QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION (beclomethasone dipropionate)                                           | Tier 2    | ST: Requires prior prescription for nasal Flunisolide or Fluticasone within the past 120 days; QL (6.8 GM per 30 days)                                                                   |
| QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION (beclomethasone dipropionate)                                           | Tier 2    | ST: Requires prior prescription for nasal Flunisolide or Fluticasone within the past 120 days; QL (10.6 GM per 30 days)                                                                  |
| TICANASE NASAL KIT, SPRAY SUSPENSION AND SPRAY 50 MCG- 0.9 % (fluticasone propionate/sodium chloride/sodium bicarbonate) | Tier 2    |                                                                                                                                                                                          |
| XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION (fluticasone propionate)                                          | Tier 2    | ST: Requires prior prescription for one of the following intranasal corticosteroids: Flunisolide, Fluticasone Propionate, or Mometasone within the past 120 days; QL (32 ML per 30 days) |
| ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION (ciclesonide)                                                         | Tier 2    | ST: Requires prior prescription for Flunisolide or Fluticasone within the past 120 days; QL (6.1 GM per 30 days)                                                                         |

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|----------------------------------------------------------------------------------------------------------|-----------|------------------------------------------|
| <b>Nasal Post-Surgical Agents - Drugs For The Nose</b>                                                   |           |                                          |
| SINUVA SINUS IMPLANT 1,350 MCG (mometasone furoate)                                                      | Tier 2    | PA                                       |
| <b>Nasal Preparations - Nicotinic Receptor Partial Agonist - Drugs For The Nose</b>                      |           |                                          |
| TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY (varenicline tartrate)                           | Tier 2    | PA                                       |
| <b>Nasal Wash Combinations - Allergy</b>                                                                 |           |                                          |
| ALKALOL NASAL WASH NASAL SOLUTION (menthol/eucal/thymol/camphor/benz/sod chloride/pot chlorate)          | Tier 2    |                                          |
| <b>Non-Opioid Antitussive-1St Gen.Antihistamine-Decongestant Combinations - Drugs For Cough And Cold</b> |           |                                          |
| brompheniramine maleate/pseudoephedrine HCl/dextromethorphan (Bromfed Dm Oral Syrup 2-30-10 Mg/5 MI)     | Tier 1    |                                          |
| <i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>                                           | Tier 1    |                                          |
| <b>Non-Opioid Antitussive-Antihistamine Combinations - Drugs For Cough And Cold</b>                      |           |                                          |
| <i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>                                                        | Tier 1    |                                          |
| <b>Opioid Antitussive-1St Generation Antihistamine Combinations - Drugs For Cough And Cold</b>           |           |                                          |
| <i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>                      | Tier 1    | QL (10 ML per 1 day); Age (Min 18 Years) |
| <i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>                                                   | Tier 1    | QL (30 ML per 1 day); Age (Min 18 Years) |

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|----------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------|
| TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG (chlorpheniramine maleate/codeine phosphate)     | Tier 2    | ST: Requires prior prescription for Promethazine/Codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years) |
| <b>Opioid Antitussive-1st Generation Antihistamine-Decongestant Comb. - Drugs For Cough And Cold</b>     |           |                                                                                                                            |
| HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML (triprolidine HCl/phenylephrine HCl/codeine phosphate)            | Tier 2    | Age (Min 12 Years)                                                                                                         |
| MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML (brompheniramine maleate/pseudoephedrine HCl/codeine phosphat)   | Tier 1    | Age (Min 12 Years)                                                                                                         |
| MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML (chlorpheniramine maleate/phenylephrine HCl/codeine phosphate)  | Tier 2    | Age (Min 12 Years)                                                                                                         |
| POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML (brompheniramine maleate/phenylephrine HCl/codeine phosphate) | Tier 2    | Age (Min 12 Years)                                                                                                         |
| RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML (brompheniramine maleate/pseudoephedrine HCl/codeine phosphate)     | Tier 1    | Age (Min 12 Years)                                                                                                         |
| <b>Opioid Antitussive-Anticholinergic Combinations - Drugs For Cough And Cold</b>                        |           |                                                                                                                            |
| HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG (hydrocodone bitartrate/homatropine methylbromide)       | Tier 2    | QL (6 EA per 1 day); Age (Min 18 Years)                                                                                    |
| <i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>                                               | Tier 1    | QL (30 ML per 1 day); Age (Min 18 Years)                                                                                   |
| <i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>                                                      | Tier 1    | QL (6 EA per 1 day); Age (Min 18 Years)                                                                                    |
| hydrocodone bitartrate/homatropine methylbromide (Hydromet Oral Solution 5-1.5 Mg/5 Ml)                  | Tier 1    | QL (30 ML per 1 day); Age (Min 18 Years)                                                                                   |

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| Prescription Drug Name                                                                           | Drug Tier | Coverage Requirements and Limits |
|--------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Opioid Antitussive-Decongestant-Expectorant Combinations - Drugs For Cough And Cold</b>       |           |                                  |
| CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML (pseudoephedrine HCl/codeine phosphate/guaifenesin) | Tier 2    | Age (Min 12 Years)               |
| GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML (pseudoephedrine HCl/codeine phosphate/guaifenesin) | Tier 1    | Age (Min 12 Years)               |
| <b>Opioid Antitussive-Expectorant Combinations - Drugs For Cough And Cold</b>                    |           |                                  |
| <i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>                                            | Tier 1    | Age (Min 12 Years)               |
| CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML (codeine phosphate/guaifenesin)                         | Tier 1    | Age (Min 12 Years)               |
| G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML (codeine phosphate/guaifenesin)                           | Tier 1    | Age (Min 12 Years)               |
| GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML (codeine phosphate/guaifenesin)                        | Tier 1    | Age (Min 12 Years)               |
| MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML (codeine phosphate/guaifenesin)                           | Tier 1    | Age (Min 12 Years)               |
| MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML (codeine phosphate/guaifenesin)                          | Tier 1    | Age (Min 12 Years)               |
| NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML (codeine phosphate/guaifenesin)                            | Tier 1    | Age (Min 12 Years)               |
| <b>Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy - Drugs For The Lungs</b>          |           |                                  |
| ESBRIET ORAL CAPSULE 267 MG (pirfenidone)                                                        | Tier 3    | PA                               |
| ESBRIET ORAL TABLET 267 MG, 801 MG (pirfenidone)                                                 | Tier 3    | PA                               |
| <i>pirfenidone oral capsule 267 mg</i>                                                           | Tier 3    | PA                               |
| <i>pirfenidone oral tablet 267 mg, 801 mg</i>                                                    | Tier 3    | PA                               |
| <i>pirfenidone oral tablet 534 mg</i>                                                            | Tier 3    | PA                               |

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|-------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs For The Lungs</b> |           |                                                                                                                                                                                             |
| OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib esylate)                                     | Tier 3    | PA                                                                                                                                                                                          |
| <b>Vaginal Products - Drugs For Women</b>                                                 |           |                                                                                                                                                                                             |
| <b>Vaginal Antibacterial - Lincosamides - Drugs For Infections</b>                        |           |                                                                                                                                                                                             |
| CLEOCIN VAGINAL CREAM 2 % (clindamycin phosphate)                                         | Tier 2    |                                                                                                                                                                                             |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG (clindamycin phosphate)                                | Tier 2    | ST: At least 2 prior prescriptions for Clindamycin, vaginal Clindamycin cream, oral Metronidazole, vaginal Metronidazole gel, or Tinidazole within the past 365 days; QL (3 EA per 30 days) |
| <i>clindamycin phosphate vaginal cream 2 %</i>                                            | Tier 1    |                                                                                                                                                                                             |
| CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 % (clindamycin phosphate)                      | Tier 2    | ST: Requires prior prescription for generic Clindamycin vaginal cream within the past 120 days                                                                                              |
| XACIATO VAGINAL GEL 2 % (clindamycin phosphate)                                           | Tier 2    |                                                                                                                                                                                             |
| <b>Vaginal Antifungal - Imidazoles - Drugs For Infections</b>                             |           |                                                                                                                                                                                             |
| GYNAZOLE-1 VAGINAL CREAM 2 % (butoconazole nitrate)                                       | Tier 2    |                                                                                                                                                                                             |
| MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG (miconazole nitrate)                              | Tier 1    |                                                                                                                                                                                             |

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|------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Vaginal Antifungal - Triazoles - Drugs For Infections</b>                                   |           |                                                                                                                                                             |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i>                                                  | Tier 1    |                                                                                                                                                             |
| <i>terconazole vaginal suppository 80 mg</i>                                                   | Tier 1    |                                                                                                                                                             |
| <b>Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs For Infections</b> |           |                                                                                                                                                             |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>                                        | Tier 1    |                                                                                                                                                             |
| NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (metronidazole)                                       | Tier 2    |                                                                                                                                                             |
| VANDAZOLE VAGINAL GEL 0.75 % (37.5MG/5 GRAM) (metronidazole)                                   | Tier 2    |                                                                                                                                                             |
| <b>Vaginal Antiseptic Mixtures - Drugs For Infections</b>                                      |           |                                                                                                                                                             |
| FEM PH VAGINAL GEL 0.9-0.025 % (acetic acid/oxyquinoline sulfate)                              | Tier 2    |                                                                                                                                                             |
| RELAGARD VAGINAL GEL 0.9-0.025 % (acetic acid/oxyquinoline sulfate)                            | Tier 2    |                                                                                                                                                             |
| TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 % (oxyquinoline sulfate/sodium lauryl sulfate)          | Tier 2    |                                                                                                                                                             |
| <b>Vaginal Estrogens - Drugs For Women</b>                                                     |           |                                                                                                                                                             |
| estradiol (Estrace Vaginal Cream 0.01 % (0.1 Mg/Gram))                                         | Tier 2    |                                                                                                                                                             |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>                                            | Tier 1    |                                                                                                                                                             |
| <i>estradiol vaginal tablet 10 mcg</i>                                                         | Tier 1    |                                                                                                                                                             |
| ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) (estradiol)                                       | Tier 2    | ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (1 EA per 90 days) |

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|-----------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR (estradiol acetate)                    | Tier 2    | ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (1 EA per 84 days) |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM (estrogens, conjugated)                            | Tier 2    |                                                                                                                                                             |
| VAGIFEM VAGINAL TABLET 10 MCG (estradiol)                                               | Tier 2    |                                                                                                                                                             |
| estradiol (Yuvaferm Vaginal Tablet 10 Mcg)                                              | Tier 1    |                                                                                                                                                             |
| <b>Vaginal Lubricants And Moisturizers - Drugs For Women</b>                            |           |                                                                                                                                                             |
| REPLENS EXTERNAL COMFORT VAGINAL GEL (glycerin/mineral oil/polycarbophil)               | Tier 2    |                                                                                                                                                             |
| <b>Vaginal Products Miscellaneous - Drugs For Women</b>                                 |           |                                                                                                                                                             |
| AZO BORIC ACID VAGINAL SUPPOSITORY 600 MG (boric acid)                                  | Tier 2    |                                                                                                                                                             |
| MONISTAT MAINTAIN VAGINAL SUPPOSITORY 600 MG (boric acid)                               | Tier 1    |                                                                                                                                                             |
| <b>Vaginal Progestins - Drugs For Women</b>                                             |           |                                                                                                                                                             |
| CRINONE VAGINAL GEL 4 % (progesterone, micronized)                                      | Tier 2    |                                                                                                                                                             |
| <b>Vaginal-Cervical Care And Treatment Agents - Drugs For Women</b>                     |           |                                                                                                                                                             |
| PROVATE PELVIC ORGAN SUPPORT VAGINAL 61 MM, 67 MM, 73 MM, 79 MM, 85 MM, 91 MM (pessary) | Tier 2    |                                                                                                                                                             |

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|----------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <b>Weight Loss/Gain Agents</b>                                                                                                         |           |                                  |
| <b>Anti-Obesity - Dual GIP And GLP-1 Receptor Agonists</b>                                                                             |           |                                  |
| ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (tirzepatide) | Tier 2    | PA; SG; QL (2 ML per 28 days)    |
| <b>Treatment Of Hyperphagia In Prader-Willi Syndrome (PWS)</b>                                                                         |           |                                  |
| VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG (diazoxide choline)                                                   | Tier 3    | PA                               |
| <b>Weight Loss/Gain Agents - Drugs For Eating Disorders</b>                                                                            |           |                                  |
| <b>Anorexiants Combinations - Drugs For Eating Disorders</b>                                                                           |           |                                  |
| <i>phentermine-topiramate oral capsule, er multiphase 24 hr 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg</i>                           | Tier 1    | PA; SG                           |
| QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (phentermine HCl/topiramate)                     | Tier 2    | PA; SG                           |
| <b>Anorexiants Nutritional Supplements (Diet Aids) - Drugs For Eating Disorders</b>                                                    |           |                                  |
| PLENITY (WELCOME KIT) ORAL CAPSULE 0.75 GRAM (carboxymethylcellulose/citric acid)                                                      | Tier 2    | PA; SG                           |
| PLENITY ORAL CAPSULE 0.75 GRAM (carboxymethylcellulose/citric acid)                                                                    | Tier 2    | PA; SG                           |
| <b>Anorexiants - Drugs For Eating Disorders</b>                                                                                        |           |                                  |
| <i>benzphetamine oral tablet 50 mg</i>                                                                                                 | Tier 1    | SG                               |
| <i>diethylpropion oral tablet 25 mg</i>                                                                                                | Tier 1    | SG                               |
| <i>diethylpropion oral tablet extended release 75 mg</i>                                                                               | Tier 1    | SG                               |
| phentermine HCl (Lomaira Oral Tablet 8 Mg)                                                                                             | Tier 1    | SG                               |

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|------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>                                      | Tier 1    | SG                               |
| <i>phendimetrazine tartrate oral tablet 35 mg</i>                                                          | Tier 1    | SG                               |
| <i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>                                                      | Tier 1    | SG                               |
| <i>phentermine oral tablet 37.5 mg, 8 mg</i>                                                               | Tier 1    | SG                               |
| <b>Anti-Obesity - Fat Absorption Decreasing Agents - Drugs For Eating Disorders</b>                        |           |                                  |
| <i>orlistat oral capsule 120 mg</i>                                                                        | Tier 1    | PA; SG                           |
| <b>Anti-Obesity - Glucagon-Like Peptide-1 (Glp-1) Receptor Agonists - Drugs For Eating Disorders</b>       |           |                                  |
| <i>liraglutide (weight loss) subcutaneous pen injector 3 mg/0.5 ml (18 mg/3 ml)</i>                        | Tier 1    | PA; SG                           |
| WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML (semaglutide)                  | Tier 2    | PA; SG; QL (2 ML per 28 days)    |
| WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML (semaglutide)                              | Tier 2    | PA; SG; QL (3 ML per 28 days)    |
| <b>Anti-Obesity-Opioid Antag/Norepinephrine And Dopamine Reuptake Inhibit - Drugs For Eating Disorders</b> |           |                                  |
| CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG (naltrexone HCl/bupropion HCl)                               | Tier 2    | PA; SG                           |
| <b>Appetite Stimulants - Cannabinoids - Drugs For Eating Disorders</b>                                     |           |                                  |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>                                                         | Tier 1    | QL (2 EA per 1 day)              |
| MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (dronabinol)                                                      | Tier 2    | QL (2 EA per 1 day)              |
| SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)                                                                 | Tier 2    | QL (60 ML per 30 days)           |

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This Drug Formulary was updated:01/01/2026

| Prescription Drug Name                                                           | Drug Tier | Coverage Requirements and Limits                                               |
|----------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------|
| <b>Appetite Stimulants - Progestin Hormone Type - Drugs For Eating Disorders</b> |           |                                                                                |
| <i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>                            | Tier 1    |                                                                                |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>                         | Tier 1    |                                                                                |
| <i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>                         | Tier 1    | ST: Requires prior prescription for Megestrol Acetate within the past 120 days |
| <b>Melanocortin 4 (Mc4) Receptor Agonist - Drugs For Eating Disorders</b>        |           |                                                                                |
| IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (setmelanotide acetate)                  | Tier 3    | PA; SG                                                                         |

Tier 0 = Preventive Drugs required under the Affordable Care Act at no cost  
Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Specialty Drugs  
DME = Other pharmacy items and certain DME

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SG = Weight Loss Drugs & Sexual Dysfunction Drugs Covered under the Small Group PPO Plan only

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## Index of Drugs

|                                                  |                                                             |                                                |
|--------------------------------------------------|-------------------------------------------------------------|------------------------------------------------|
| 1ST TIER UNIFINE<br>PENTIPS..... 615, 677        | ACCU-CHEK GUIDE TEST<br>STRIPS.....548, 678                 | ACTICOAT FLEX 3<br>DRESSING.....348            |
| 1ST TIER UNIFINE<br>PENTIPS PLUS.....615, 677    | ACCU-CHEK SAFE-T-PRO<br>.....587, 678                       | ACTICOAT FLEX 7<br>DRESSING.....348            |
| 2-IN-1 LANCET DEVICE<br>.....586, 677            | ACCU-CHEK SAFE-T-PRO<br>PLUS..... 587, 678                  | ACTIFLOVIT.....355                             |
| 2TEK CONTROL (HIGH-<br>NORMAL).....587, 677      | ACCU-CHEK SMARTVIEW<br>CONTRL SOL.....587, 678              | ACTI-LANCE LANCETS<br>.....587, 679            |
| 2TEK GLUCOSE/BLOOD<br>PRESSURE.....581, 587, 677 | ACCU-CHEK SMARTVIEW<br>TEST STRIP.....548, 679              | ACTIMMUNE.....53                               |
| A.I.R.S. NEBULIZER<br>REPLACEMENT.....661, 677   | ACCU-CHEK SOFT DEV<br>LANCETS.....587, 679                  | <i>activated charcoal</i> .....472             |
| A-25 (VIT A PALMITATE)....411                    | ACCU-CHEK SOFTCLIX<br>LANCETS.....587, 679                  | ACTIVELLA.....437                              |
| <i>abacavir</i> .....59                          | ACCUPRIL.....124                                            | ACTIVNUTRIENTS.....371                         |
| <i>abacavir-lamivudine</i> .....61               | ACCURETIC.....123                                           | ACTIVNUTRIENTS (NO<br>IRON).....370            |
| ABC COMPLETE SENIOR<br>WOMEN'S.....370           | Accutane.....263                                            | ACTIVNUTRIENTS<br>CHEWABLE.....370             |
| ABENOR.....264                                   | ACCUTREND GLUCOSE<br>CONTROL.....587, 679                   | ACTIVNUTRIENTS<br>MULTIVITAMIN.....371         |
| ABENOR HP.....264                                | ACCUTREND GLUCOSE<br>TEST STRIPS.....548, 679               | ACTIVNUTRIENTS<br>PERFORMANCE.....371          |
| Abigale.....437                                  | ACD SOLUTION A.....519                                      | ACTIVNUTRIENTS(NO<br>COPPER-IRON).....371      |
| Abigale Lo.....437                               | ACD-A.....519                                               | ACTONEL.....434                                |
| ABILIFY.....192, 209                             | ACE AEROSOL CLOUD<br>ENHANCER.....661, 679                  | ACTOPLUS MET.....430                           |
| <i>abiraterone</i> .....82, 86                   | <i>acebutolol</i> .....145                                  | ACTOS.....455                                  |
| Abirtega.....82, 86                              | ACESO AG.....348                                            | ACUICYN.....307                                |
| ABLYSINOL.....154                                | <i>acetaminophen-caff-</i><br><i>dihydrocod</i> .....19, 20 | ACULAR.....831                                 |
| ABRYSVO (PF).....109                             | <i>acetaminophen-codeine</i> .....19                        | ACULAR LS.....830                              |
| ABSORICA LD.....262                              | <i>acetazolamide</i> .....152                               | ACUVAIL (PF).....831                           |
| ACAI BERRY DIET.....5                            | <i>acetic acid</i> .....507, 842                            | <i>acyclovir</i> .....68, 296                  |
| <i>acamprosate</i> .....237                      | <i>acetylcysteine</i> .....45, 859                          | ACZONE.....264                                 |
| ACANYA.....267                                   | ACIDOPHILUS PROBIOTIC<br>BLEND.....483                      | ADACEL(TDAP<br>ADOLESN/ADULT)(PF).....115      |
| <i>acarbose</i> .....425                         | ACIDOPHILUS-PECTIN.....463                                  | ADAINZOXIA.....273                             |
| ACCOLATE.....851                                 | <i>acidophilus-pectin, citrus</i> ....483                   | <i>adalimumab-adaz</i><br>.....27, 28, 29, 482 |
| ACCRUFER.....361                                 | ACIOXIA.....322                                             | ADALINA.....277                                |
| ACCUCAINE KIT.....43, 331                        | ACIOXIAY.....264                                            | <i>adapalene</i> .....275                      |
| ACCU-CHEK AVIVA<br>CONTROL SOLN.....587, 678     | ACIPHEX.....468                                             | <i>adapalene-benzoyl peroxide</i> 273          |
| ACCU-CHEK AVIVA PLUS<br>TEST STRP.....547, 678   | ACIPHEX SPRINKLE.....468                                    | ADASUVE.....190                                |
| ACCU-CHEK FASTCLIX<br>LANCET DRUM.....587, 678   | <i>acitretin</i> .....291                                   | ADBRY.....281                                  |
| ACCU-CHEK FASTCLIX<br>LANCING DEV.....587, 678   | ACTEMRA.....33                                              | ADCIRCA.....158                                |
| ACCU-CHEK GUIDE<br>GLUCOSE METER.....587, 678    | ACTEMRA ACTPEN.....33                                       | Adderall.....194, 211, 229                     |
| ACCU-CHEK GUIDE L1-L2<br>CTRL SOL.....587, 678   | ACTHAR.....421                                              | ADDERALL XR.....194, 211                       |
| ACCU-CHEK GUIDE ME<br>GLUCOSE MTR.....587, 678   | ACTHAR SELFJECT.....421                                     | <i>adefovir</i> .....66                        |
|                                                  | ACTICOAT 7 DRESSING...348                                   | ADEINZDE.....270                               |
|                                                  | ACTICOAT DRESSING.....348                                   | ADEK GUMMIES PLUS<br>ZINC.....384              |
|                                                  |                                                             | ADEMPAS.....157                                |
|                                                  |                                                             | ADENO-HYDROXO B12....413                       |

|                         |          |                       |                    |                        |               |     |
|-------------------------|----------|-----------------------|--------------------|------------------------|---------------|-----|
| ADERMICA.....           | 270      | ADVOCATE PEN NEEDLE   | 615, 680           | AFLURIA 2025-2026 (3YR | UP)(PF).....  | 119 |
| ADERMICA HP.....        | 270      | ADVOCATE REDI-CODE    |                    | AFLURIA 2025-2026 (6MO | UP).....      | 119 |
| ADJUSTABLE LANCING      |          | PLUS.....             | 549, 588, 680, 681 | AFREZZA.....           |               | 448 |
| DEVICE.....             | 587, 679 | ADVOCATE REDI-CODE    |                    | AFSTYLA.....           |               | 524 |
| ADLARITY.....           | 243      | PLUS CTRL L.....      | 588, 680           | AFTER PILL.....        | 260, 261      |     |
| ADMELOG SOLOSTAR U-     |          | ADVOCATE REDI-CODE+   |                    | AFTERA.....            | 260, 261      |     |
| 100 INSULIN.....        | 451      | CTRL HIGH.....        | 588, 681           | AGAMATRIX AMP TEST     |               |     |
| ADMELOG U-100 INSULIN   |          | ADVOCATE SYRINGES     |                    | STRIPS.....            | 549, 682      |     |
| LISPRO.....             | 451      | .....                 | 615, 681           | AGAMATRIX CONTROL      |               |     |
| ADMIRAZOL.....          | 266      | ADYNOVATE.....        | 523                | SOLN-HIGH.....         | 588, 682      |     |
| ADMIRAZOL HP.....       | 266      | ADZENYS XR-ODT.....   | 194, 211           | AGAMATRIX CONTROL      |               |     |
| ADTHYZA.....            | 458      | AEROBIKA OSCILLATING  |                    | SOLN-NORMAL.....       | 588, 682      |     |
| ADULT 50 PLUS EYE       |          | PEP SYSTM.....        | 661, 681           | AGAMATRIX CONTROL      |               |     |
| HEALTH.....             | 2, 371   | AEROCHAMBER           |                    | SOLN-NORM-HI.....      | 588, 683      |     |
| ADULT 50 PLUS           |          | MECHANICAL VENT..     | 662, 681           | AGAMATRIX JAZZ TEST    |               |     |
| PROBIOTIC.....          | 483      | AEROCHAMBER MINI      | 662, 681           | STRIPS.....            | 549, 683      |     |
| ADULT ASPIRIN REGIMEN   |          | AEROCHAMBER MV..      | 662, 681           | AGAMATRIX JAZZ         |               |     |
| .....                   | 41, 534  | AEROCHAMBER PLUS      |                    | WIRELESS 2 MNTR....    | 588, 683      |     |
| ADULT LOW DOSE          |          | FLOW-VU.....          | 662, 681           | AGAMATRIX PRESTO       |               |     |
| ASPIRIN.....            | 41, 534  | AEROCHAMBER PLUS      |                    | SYSTEM.....            | 588, 683      |     |
| ADULT MULTIVITAMIN      |          | FLOW-VU,L MSK.....    | 662, 681           | AGAMATRIX PRESTO       |               |     |
| GUMMIES.....            | 371      | AEROCHAMBER PLUS      |                    | TEST STRIPS.....       | 549, 683      |     |
| ADULTS 50 PLUS.....     | 371      | FLOW-VU,M MSK.....    | 662, 681           | AGAMATRIX ULTRA-THIN   |               |     |
| ADULTS MULTIVITAMIN.... | 371      | AEROCHAMBER PLUS      |                    | LANCET.....            | 588, 683      |     |
| ADVAIR DISKUS.....      | 855      | FLOW-VU,S MSK.....    | 662, 682           | AGAMREE.....           | 442           |     |
| ADVAIR HFA.....         | 855      | AEROCHAMBER PLUS Z    |                    | AGRYLIN.....           | 534           |     |
| ADVANCE PLUS            |          | STAT.....             | 662, 682           | AIMOVIG AUTOINJECTOR   | 221           |     |
| INTERMITTENT.....       | 673, 679 | AEROCHAMBER PLUS Z    |                    | AIMSCO LATEX CONDOM    |               |     |
| ADVANCED ALLERGY        |          | STAT LG MSK.....      | 662, 682           | .....                  | 637, 683      |     |
| COLLECT KIT.....        | 307      | AEROCHAMBER PLUS Z    |                    | AIRDUO RESPICLICK..... | 856           |     |
| ADVANCED ALL-IN-ONE     |          | STAT MD MSK.....      | 662, 682           | AIRS ADULT AEROSOL     |               |     |
| METER.....              | 587, 680 | AEROCHAMBER PLUS Z    |                    | MASK.....              | 662, 683      |     |
| ADVANCED GLUC METER     |          | STAT SM MSK.....      | 662, 682           | AIRS DISPOSABLE        |               |     |
| TEST STRIP.....         | 548, 680 | AEROCHAMBER Z-STAT    |                    | NEBULIZER.....         | 641, 683      |     |
| ADVANCED GLUCOSE        |          | PLUS-FLW SG.....      | 662, 682           | AIRS PEDIATRIC         |               |     |
| METER.....              | 587, 680 | AEROCHAMBER2GO..      | 662, 682           | DISPOSABLE MASK        |               |     |
| ADVANCED HERBALS        |          | AEROECLIPSE II        |                    | .....                  | 639, 662, 683 |     |
| GINGER.....             | 5        | NEBULIZER.....        | 641, 682           | AIRSUPRA.....          | 856           |     |
| ADVANCED LANCING        |          | AEROECLIPSE XL        |                    | AIRZONE PEAK FLOW      |               |     |
| DEVICE.....             | 588, 680 | NEBULIZER.....        | 641, 682           | METER.....             | 660, 683      |     |
| ADVANCED PROBIOTIC....  | 483      | AERONEB GO.....       | 662, 682           | AJOVY AUTOINJECTOR.... | 220           |     |
| ADVANCED SKIN CARE....  | 302      | AERONEB GO NEBULIZER  |                    | AJOVY SYRINGE.....     | 220           |     |
| ADVANCED TRAVEL         |          | .....                 | 641, 682           | AKEEGA.....            | 81            |     |
| LANCETS.....            | 588, 680 | AEROTRACH PLUS....    | 662, 682           | AKLIEF.....            | 276           |     |
| ADVATE.....             | 523      | AEROVENT PLUS.....    | 662, 682           | AKTEN (PF).....        | 836           |     |
| ADVIN COVID-19 AG       |          | AFINITOR.....         | 97                 | AKYNZEO (NETUPITANT).. | 466           |     |
| HOME TEST.....          | 582, 680 | AFINITOR DISPERZ..... | 97                 | Ala-Cort.....          | 307           |     |
| ADVOCATE LANCET..       | 588, 680 | Afirmelle.....        | 248                | ALAMAX CR.....         | 2             |     |
| ADVOCATE LANCING        |          |                       |                    |                        |               |     |
| DEVICE.....             | 588, 680 |                       |                    |                        |               |     |

|                                        |                                      |                                         |
|----------------------------------------|--------------------------------------|-----------------------------------------|
| ALAMAX PROTECT.....2                   | ALIVE PREMIUM                        | <i>alogliptin-pioglitazone</i> .....431 |
| Ala-Scalp.....307                      | PRENATAL.....373                     | ALOMIRA.....271                         |
| <i>albendazole</i> .....50             | ALIVE WOMEN'S 50 PLUS                | ALOMIRA HP.....270                      |
| <i>albuterol sulfate</i> .....853, 854 | COMPLETE.....373                     | ALOMIRA LP.....271                      |
| Alcaine.....835                        | ALIVE WOMEN'S 50 PLUS                | <i>alosetron</i> .....478, 498          |
| <i>alclometasone</i> .....307, 308     | GUMMY.....373                        | ALPHA BETIC.....373                     |
| ALCORTIN A.....283                     | ALIVE WOMEN'S ENERGY                 | <i>alpha lipoic acid</i> .....3         |
| ALDACTONE.....125, 151                 | ALIVE WOMEN'S GUMMY                  | <i>alpha lipoic acid-biotin</i> .....3  |
| ALECENSA.....85                        | VITAMIN.....373                      | ALPHAGAN P.....840                      |
| <i>alendronate</i> .....434            | ALIVE WOMEN'S                        | ALPHANATE.....524                       |
| ALFA-MAX ALFALFA.....5                 | MULTIVITAMIN.....373                 | ALPHANINE SD.....522                    |
| ALFAMINO JUNIOR.....389                | ALIVE WOMEN'S ULTRA                  | <i>alprazolam</i> .....160, 204         |
| ALFERON N.....326                      | POTENCY.....373                      | ALPRAZOLAM INTENSOL                     |
| <i>alfuzosin</i> .....511              | ALIXI.....266                        | .....160, 204                           |
| ALHEMO PEN.....528                     | ALIXI HP.....266                     | ALPROLIX.....522                        |
| ALIGN DUALBIOTIC.....483               | ALKALINE BATTERIES                   | ALREX.....827                           |
| ALINIA.....55                          | .....588, 683                        | ALTABAX.....283                         |
| <i>aliskiren</i> .....158              | ALKALOL NASAL WASH....862            | ALTACAINE.....835                       |
| ALIVE ADULT ULTRA                      | ALKERAN.....84                       | ALTACE.....124                          |
| POTENCY.....371                        | ALKINDI SPRINKLE.....442             | ALTAFLUOR BENOX..834, 835               |
| ALIVE CALCIUM-VITAMIN                  | ALL FLOW 1000 KIT...662, 683         | Altavera (28).....248                   |
| D3.....360                             | ALL FLOW 1000 PFT                    | ALTERA NEBULIZER                        |
| ALIVE COMPLETE                         | FILTER.....662, 684                  | HANDSET.....641, 684                    |
| PREMIUM PRENATL.....371                | ALL FLOW 3000 KIT...663, 684         | ALTERA NEBULIZER                        |
| ALIVE DAILY ENERGY.....371             | ALL FLOW 3000 PFT                    | SYSTEM.....641, 684                     |
| ALIVE DIABETIC                         | FILTER.....663, 684                  | ALTERNATE SITE LANCET                   |
| MULTIVITAMIN.....372                   | ALL FLOW 4000 KIT...663, 684         | .....588, 684                           |
| ALIVE ENERGY 50 PLUS...372             | ALL FLOW 4000 PFT                    | ALTERNATE SITE                          |
| ALIVE KIDS CHEWABLE...393              | FILTER.....663, 684                  | LANCING DEVICE.....588, 684             |
| ALIVE KIDS MULTIVITAMIN                | ALL FLOW 5000 KIT...663, 684         | ALTOPREV.....134                        |
| .....394                               | ALL FLOW 5000 PFT                    | ALTRENO.....276                         |
| ALIVE MAX POTENCY.....372              | FILTER.....663, 684                  | ALTRIXA.....384                         |
| ALIVE MAX6 POTENCY                     | ALL FLOW 6000 PFT                    | ALTRIXA OB.....407                      |
| COMPLETE.....372                       | FILTER.....663, 684                  | ALTUVIIIIO.....524                      |
| ALIVE MEN 50 PLUS                      | ALLERGIST TRAY 1/2 ML                | <i>alum, ammonium (bulk)</i> .....240   |
| ULTRA-LUTEIN.....372                   | 27GX3/8".....642, 684                | ALUNBRIG.....85                         |
| ALIVE MEN'S 50 PLUS                    | ALLERGIST TRAY                       | ALURIS.....274                          |
| MULTIVIT.....372                       | INTRADERMAL BEV...642, 684           | ALURIS HP.....274                       |
| ALIVE MEN'S 50 PLUS MV                 | ALLERGIST TRAY                       | ALURIS HP PLUS.....273                  |
| (VIT K).....372                        | REGULAR BEVEL.....642, 684           | ALURIS LP.....274                       |
| ALIVE MEN'S 50 PLUS                    | ALLERGY SYRINGE...642, 684           | ALURIS LP PLUS.....274                  |
| ULTRA.....372                          | ALLEVYN ADHESIVE                     | ALURIS PLUS.....274                     |
| ALIVE MEN'S ENERGY.....372             | DRESSING.....348, 684                | ALUXOF.....271                          |
| ALIVE MEN'S GUMMY.....372              | ALLEVYN AG ADHESIVE...348            | ALUXOF HP.....271                       |
| ALIVE MEN'S MAX3                       | ALLEVYN LIFE DRESSING                | ALVAIZ.....537                          |
| POTENCY.....372                        | .....348, 684                        | ALVESCO.....849                         |
| ALIVE MEN'S ULTRA                      | <i>allopurinol</i> .....518          | <i>alvimopan</i> .....47                |
| POTENCY.....373                        | <i>almotriptan malate</i> .....222   | ALVOX.....276                           |
| ALIVE PREMIUM ADULT...373              | <i>alogliptin</i> .....425           | ALVOX HP.....276                        |
|                                        | <i>alogliptin-metformin</i> .....432 | Alyacen 1/35 (28).....248               |

|                                          |               |                              |          |                                        |          |
|------------------------------------------|---------------|------------------------------|----------|----------------------------------------|----------|
| Alyacen 7/7/7 (28).....                  | 258           | <i>anagrelide</i> .....      | 534      | AQINJECT PEN NEEDLE                    |          |
| ALYFTREK.....                            | 858           | Analpram-Hc.....             | 44       | .....                                  | 615, 685 |
| Alyq.....                                | 158           | ANALPRAM-HC.....             | 44, 324  | AQNEURSA.....                          | 809      |
| <i>amantadine hcl</i> .....              | 186           | ANAPROX DS.....              | 39       | AQUA LANCE LANCING                     |          |
| AMBIEN.....                              | 235           | ANASCORP.....                | 110      | DEVICE.....                            | 588, 685 |
| AMBIEN CR.....                           | 235           | ANASPAZ.....                 | 473, 515 | AQUASTAT 0.9% SODIUM                   |          |
| <i>ambrisentan</i> .....                 | 157           | ANASTIA.....                 | 340      | CHLORIDE.....                          | 408      |
| <i>amcinonide</i> .....                  | 308           | <i>anastrozole</i> .....     | 89       | AQUASTAT SFR 0.9%                      |          |
| AMELUZ.....                              | 335           | ANCOBON.....                 | 51       | SODIUM CHLOR.....                      | 408      |
| Amethia.....                             | 246           | ANDEMBRY                     |          | AQUORAL.....                           | 815      |
| Amethyst (28).....                       | 248           | AUTOINJECTOR.....            | 122      | ARAKODA.....                           | 54       |
| AMICAR.....                              | 528           | ANDROGEL.....                | 423      | ARALAST NP.....                        | 859      |
| AMIELLE VAGINAL                          |               | ANGELIQ.....                 | 436      | Aranelle (28).....                     | 258      |
| TRAINER.....                             | 639, 684      | ANNOVERA.....                | 260      | ARANESP (IN                            |          |
| <i>amiloride</i> .....                   | 152           | ANODYNE LPT.....             | 330      | POLYSORBATE).....                      | 521, 522 |
| <i>amiloride-</i>                        |               | ANORO ELLIPTA.....           | 855      | ARAVA.....                             | 35       |
| <i>hydrochlorothiazide</i> .....         | 153           | <i>anticoag citrate phos</i> |          | ARAZLO.....                            | 276      |
| <i>aminocaproic acid</i> .....           | 528           | <i>dextrose</i> .....        | 520      | ARBLI.....                             | 128      |
| <i>amiodarone</i> .....                  | 132           | ANTIOXIDANT FORMULA          |          | ARCALYST.....                          | 27       |
| AMITIZA.....                             | 477, 498      | (SELENIUM).....              | 3, 373   | ARESTIN.....                           | 817      |
| <i>amitriptyline</i> .....               | 182           | ANUCORT-HC.....              | 43       | AREXVY (PF).....                       | 109      |
| <i>amitriptyline-</i>                    |               | ANUSOL-HC.....               | 43       | <i>arformoterol</i> .....              | 853      |
| <i>chlordiazepoxide</i> .....            | 181, 204      | Anusol-Hc.....               | 43, 308  | <i>arginine (l-arginine)</i> .....     | 352      |
| AMLACTIN.....                            | 306           | ANZUPGO.....                 | 281      | <i>arginine hcl (l-arginine)</i> ..... | 352      |
| <i>amlodipine</i> .....                  | 148           | APADAZ.....                  | 20       | ARGYLE TRACHEOSTOMY                    |          |
| <i>amlodipine-atorvastatin</i> .....     | 143           | Apexicon E.....              | 308      | CARE TRAY.....                         | 639, 685 |
| <i>amlodipine-benazepril</i> .....       | 123           | APEXOL.....                  | 267      | ARICEPT.....                           | 243      |
| <i>amlodipine-olmesartan</i> .....       | 126           | APEXOL HP.....               | 267      | ARIKAYCE.....                          | 48       |
| <i>amlodipine-valsartan</i> .....        | 126           | APHORIA.....                 | 274      | ARIMIDEX.....                          | 89       |
| <i>amlodipine-valsartan-</i>             |               | APIDRA SOLOSTAR U-100        |          | <i>aripiprazole</i> .....              | 192, 209 |
| <i>hcthiazid</i> .....                   | 126           | INSULIN.....                 | 452      | ARIXTRA.....                           | 532      |
| <i>ammonium lactate</i> .....            | 306           | APIDRA U-100 INSULIN....     | 452      | <i>armodafinil</i> .....               | 228      |
| Amnesteem.....                           | 263           | APLENZIN.....                | 181      | ARMOUR THYROID.....                    | 458      |
| <i>amoxapine</i> .....                   | 182           | APLIGRAF.....                | 346      | ARNUITY ELLIPTA.....                   | 849      |
| <i>amoxicil-clarithromy-</i>             |               | APOGEE IC INTERMIT           |          | AROMASIN.....                          | 89       |
| <i>lansopraz</i> .....                   | 477           | CATHETER.....                | 673, 684 | ARTHROTEC 50.....                      | 36       |
| <i>amoxicillin</i> .....                 | 48, 49        | APOGEE PLUS INTERMITT        |          | ARTHROTEC 75.....                      | 36       |
| <i>amoxicillin-pot clavulanate</i> ..... | 49            | CATHETER.....                | 673, 684 | ARTICHOKE PREMIUM                      |          |
| <i>amphetamine</i> .....                 | 194, 211      | APOKYN.....                  | 186      | EXTRACT.....                           | 6        |
| <i>amphetamine sulfate</i>               |               | <i>apomorphine</i> .....     | 186      | ARTILIS.....                           | 268      |
| .....                                    | 194, 212, 229 | APORIX.....                  | 264, 267 | ARTILIS HP.....                        | 268      |
| <i>ampicillin</i> .....                  | 49            | <i>apraclonidine</i> .....   | 840      | ARTISS.....                            | 340      |
| AM-PM MENOPAUSE                          |               | <i>aprepitant</i> .....      | 465      | Ascomp With Codeine.....               | 19       |
| FORMULA.....                             | 6             | APRETUDE.....                | 57       | ASCOR.....                             | 416      |
| AMPYRA.....                              | 819           | Apri.....                    | 248      | <i>ascorbate sodium (vitamin c)</i>    |          |
| AMVISC.....                              | 837           | APRISO.....                  | 479      | .....                                  | 416      |
| AMVISC PLUS.....                         | 837           | APTENSIO XR.....             | 194      | <i>ascorbic acid (vitamin c)</i> ..... | 416      |
| AMZEEQ.....                              | 264           | APTIOM.....                  | 165, 166 | <i>ascorbic acid(vitamin</i>           |          |
| ANACAINE.....                            | 342           | APTIVUS.....                 | 73       | <i>c)(bulk)</i> .....                  | 240, 416 |
| ANAFRANIL.....                           | 182           |                              |          |                                        |          |



|                                             |          |                                      |               |                                     |          |
|---------------------------------------------|----------|--------------------------------------|---------------|-------------------------------------|----------|
| <i>ascorbic acid-ascorbate sodium</i> ..... | 416      | ATACAND HCT.....                     | 127           | AUTOLET LITE.....                   | 589, 686 |
| <i>ascorbic acid-zinc oxide</i> .....       | 416      | <i>atazanavir</i> .....              | 73            | AUTOPEN 1 TO 21 UNITS.....          | 615, 687 |
| <i>asenapine maleate</i> .....              | 187, 209 | ATELVIA.....                         | 434           | AUTOPEN 2 TO 42 UNITS.....          | 616, 687 |
| Ashlyna.....                                | 246      | <i>atenolol</i> .....                | 144           | AUTOSHIELD DUO PEN NEEDLE.....      | 616, 687 |
| <i>ashwagandha extract</i> .....            | 6        | <i>atenolol-chlorthalidone</i> ..... | 149           | AUTOSOFT 30.....                    | 674, 687 |
| <i>ashwagandha root extract</i> .....       | 6        | ATIVAN.....                          | 160, 204      | AUTOSOFT 90.....                    | 675, 687 |
| ASHWAGANDHA ROOT LEAF EXTRACT.....          | 6        | <i>atomoxetine</i> .....             | 203           | AUTOSOFT XC INFUSION SET 23".....   | 675, 687 |
| ASMANEX HFA.....                            | 849      | ATORVALIQ.....                       | 134           | AUTOSOFT XC INFUSION SET 32".....   | 675, 687 |
| ASMANEX TWISTHALER...                       | 849      | <i>atorvastatin</i> .....            | 134           | AUTOSOFT XC INFUSION SET 43".....   | 675, 687 |
| <i>aspirin</i> .....                        | 41, 535  | <i>atovaquone</i> .....              | 55            | AUVELITY.....                       | 176      |
| ASPIRIN CHILDRENS..                         | 41, 535  | <i>atovaquone-proguanil</i> .....    | 53            | AUVI-Q.....                         | 149      |
| <i>aspirin-dipyridamole</i> .....           | 534      | ATRALIN.....                         | 276           | AVALIDE.....                        | 127      |
| ASPRUZYO SPRINKLE.....                      | 130      | ATRAPRO.....                         | 6             | AVAPRO.....                         | 128      |
| ASSURE 4 CONTROL SOLUTION.....              | 588, 685 | ATRAPRO CP.....                      | 303           | AVAR.....                           | 268      |
| ASSURE 4 STRIPS.....                        | 550, 685 | ATRAPRO DERMAL SPRAY.....            | 107, 347      | AVAR LS.....                        | 268      |
| ASSURE DOSE NORMAL CONTROL.....             | 588, 685 | ATRAPRO HYDROGEL.....                | 303           | AVEIDA.....                         | 337      |
| ASSURE DOSE NORM-HI CONTROL.....            | 588, 685 | ATROPEN.....                         | 154           | AVEIDAOXIA.....                     | 337      |
| ASSURE ID DUO PRO SFTY PEN NDL.....         | 615, 685 | <i>atropine</i> .....                | 825           | AVENOVA.....                        | 307      |
| ASSURE ID PEN NEEDLE.....                   | 615, 685 | <i>atropine sulfate (pf)</i> .....   | 825           | AVERI.....                          | 249      |
| ASSURE ID PRO PEN NEEDLE.....               | 615, 685 | ATROVENT HFA.....                    | 852           | Aviane.....                         | 249      |
| ASSURE LANCE.....                           | 589, 685 | ATTRUBY.....                         | 423           | AVIDORA.....                        | 271      |
| ASSURE LANCE PLUS.....                      | 589, 685 | AUBAGIO.....                         | 820           | AVIDORA HP.....                     | 271      |
| ASSURE PLATINUM GLUCOSE METER.....          | 589, 685 | Aubra.....                           | 248           | Avidoxy.....                        | 75       |
| ASSURE PLATINUM TEST STRIP.....             | 550, 686 | Aubra Eq.....                        | 248           | AVIDOXY DK.....                     | 75       |
| ASSURE PRISM CONTROL 1-2 SOLN.....          | 589, 686 | AUGMENTIN.....                       | 49            | AVITA.....                          | 276      |
| ASSURE PRISM MULTI METER.....               | 589, 686 | AUGMENTIN ES-600.....                | 49            | AVITENE.....                        | 529      |
| ASSURE PRISM MULTI STRIP.....               | 550, 686 | AUGMENTIN XR.....                    | 50            | AVITENE FLOUR.....                  | 529      |
| ASTAGRAF XL.....                            | 539      | AUGTYRO.....                         | 100           | AVMAPKI-FAKZYNJA.....               | 82       |
| ASTERO.....                                 | 340      | AUGUSTIL.....                        | 271           | AVO CREAM.....                      | 303      |
| ASTHMA CHECK METER.....                     | 660, 686 | AURA PORTANEB.....                   | 641, 686      | AVODART.....                        | 512      |
| ASTHMAPACK CHILDREN'S.....                  | 661, 686 | <i>auranofin</i> .....               | 32            | AVONEX.....                         | 818      |
| <i>astragalus root</i> .....                | 6        | Aurovela 1.5/30 (21).....            | 248           | AWANIS.....                         | 271      |
| ASTRINGYN.....                              | 529      | Aurovela 1/20 (21).....              | 248           | Ayuna.....                          | 249      |
| ATACAND.....                                | 128      | Aurovela 24 Fe.....                  | 248           | AYVAKIT.....                        | 100      |
|                                             |          | Aurovela Fe 1.5/30 (28).....         | 248           | AZALTA.....                         | 274      |
|                                             |          | Aurovela Fe 1-20 (28).....           | 249           | AZALTA HP.....                      | 274      |
|                                             |          | AURUMHEEL.....                       | 461           | Azasan.....                         | 32, 541  |
|                                             |          | AURYXIA.....                         | 361, 509, 510 | AZASITE.....                        | 839      |
|                                             |          | AUSTEDO.....                         | 225, 226, 227 | <i>azathioprine</i> .....           | 32, 541  |
|                                             |          | AUSTEDO XR.....                      | 226, 227      | <i>azelaic acid</i> .....           | 265, 337 |
|                                             |          | AUSTEDO XR TITRATION KT(WK1-4).....  | 226, 227      | <i>azelastine</i> .....             | 826, 860 |
|                                             |          | AUTOJECT 2 INJECTION DEVICE.....     | 615, 686      | <i>azelastine-fluticasone</i> ..... | 860      |
|                                             |          | AUTO-LANCET MINI...                  | 589, 686      | AZELEX.....                         | 265, 337 |
|                                             |          | AUTOLET IMPRESSION LANC DEV.....     | 589, 686      | AZESCO.....                         | 407      |
|                                             |          | AUTOLET LANCING DEVICE.....          | 589, 686      |                                     |          |

|                                     |          |                                      |                    |                                     |               |
|-------------------------------------|----------|--------------------------------------|--------------------|-------------------------------------|---------------|
| AZILECT.....                        | 185      | BAQSIMI.....                         | 421                | BD POSIFLUSH NORMAL                 |               |
| <i>azithromycin</i> .....           | 70       | BARACLUDE.....                       | 66                 | SALINE 0.9.....                     | 408           |
| AZO BORIC ACID.....                 | 867      | BARIATRIC                            |                    | BD PRECISIONGLIDE 644, 689          |               |
| AZO COMPLETE                        |          | MULTIVITAMINS.....                   | 374                | BD SAFETYGLIDE                      |               |
| FEMININE BALANCE.....               | 483      | BARRIGEL.....                        | 672                | ALLERGIST TRAY.....                 | 644, 689      |
| AZO CRANBERRY PLUS                  |          | BASADROX.....                        | 282                | BD SAFETYGLIDE INSULIN              |               |
| PROBIOTIC.....                      | 6        | BASAGLAR KWIKPEN U-                  |                    | SYRINGE.....                        | 616, 689, 690 |
| AZO CRANBERRY PLUS                  |          | 100 INSULIN.....                     | 450                | BD SAFETYGLIDE NEEDLE               |               |
| VIT C.....                          | 6        | BASAGLAR TEMPO                       |                    | .....                               | 644, 690      |
| AZO DUAL PROTECTION..               | 484      | PEN(U-100)INSLN.....                 | 450                | BD SAFETYGLIDE                      |               |
| AZO MENOPAUSE NIGHT-                |          | BATIZIA.....                         | 282                | SHIELDING REG.....                  | 644, 690      |
| MELATONIN.....                      | 218      | BAXDELA.....                         | 65                 | BD SAFETYGLIDE                      |               |
| AZO VAGINAL HEALTH                  |          | BAXONIL.....                         | 337                | SYRINGE.....                        | 616, 644, 690 |
| PROBIOTIC.....                      | 484      | BAYER ASPIRIN.....                   | 41, 535            | BD SAFETYGLIDE TB REG               |               |
| AZOPT.....                          | 833      | BAYER LOW DOSE                       |                    | BEVEL.....                          | 644, 690      |
| AZOR.....                           | 126      | ASPIRIN.....                         | 41, 535            | BD SAFETYGLIDE                      |               |
| AZSTARYS.....                       | 195      | B-COMPLEX INJECTION...               | 355                | TUBERCULIN.....                     | 645, 690      |
| AZULFIDINE.....                     | 34, 479  | B-COMPLEX PLUS B-12....              | 411                | BD SAF-T-INTIMA.....                | 637, 690      |
| AZULFIDINE EN-TABS.                 | 34, 479  | <i>b-complex with vitamin c</i> .... | 354                | BD SLIP TIP SYRINGE                 |               |
| Azurette (28).....                  | 247      | BD ALLERGIST TRAY REG                |                    | .....                               | 645, 690, 691 |
| B ACTIV.....                        | 353      | BEVEL.....                           | 642, 687           | B-D SLIP TIP SYRINGE                |               |
| B COMPLEX 100.....                  | 355      | BD ALLERGY SYRINGE                   |                    | .....                               | 645, 690      |
| <i>b complex-vitamin c-folic</i>    |          | .....                                | 642, 687           | BD SPECIALTY USE                    |               |
| <i>acid</i> .....                   | 353      | BD BLUNT PLASTIC                     |                    | NEEDLES.....                        | 645, 691      |
| B-100 COMPLEX.....                  | 353      | CANNULA.....                         | 642, 687           | BD SYRINGE.....                     | 646, 691      |
| B12.....                            | 413      | BD BULK SYRINGE SLIP                 |                    | BD SYRINGE CATH TIP                 |               |
| B12 ACTIVE.....                     | 413      | TIP.....                             | 642, 687           | NONSTERILE.....                     | 645, 691      |
| B-50 COMPLEX WITH                   |          | BD ECCENTRIC TIP                     |                    | BD SYRINGE CATHETER                 |               |
| INOSITOL.....                       | 354      | SYRINGE.....                         | 642, 687           | TIP.....                            | 645, 691      |
| BABY COUGH.....                     | 4        | BD ECLIPSE LUER-LOK                  |                    | BD SYRINGE LUER-LOK                 |               |
| BABY COUGH-MUCUS.....               | 4        | .....                                | 616, 643, 687, 688 | NONSTERILE.....                     | 645, 691      |
| BACICAP.....                        | 484      | BD FILTER NEEDLE-5                   |                    | BD SYRINGE LUER-LOK                 |               |
| BACID WITH                          |          | MICRON.....                          | 643, 688           | STERILE.....                        | 645, 691      |
| LACTOSPORE.....                     | 484      | BD INSYTE AUTOGUARD                  |                    | BD SYRINGE SLIP TIP                 |               |
| <i>bacitracin</i> .....             | 838      | .....                                | 637, 688           | NONSTERILE.....                     | 645, 646, 691 |
| <i>bacitracin-polymyxin b</i> ..... | 837      | BD INTEGRA SYRINGE                   |                    | BD SYRINGE-DUAL                     |               |
| <i>baclofen</i> .....               | 544      | .....                                | 643, 688           | CANNULA.....                        | 646, 691      |
| BACTRIM.....                        | 50       | BD INTERLINK BLUNT                   |                    | BD TUBERCULIN SLIP-TIP              |               |
| BACTRIM DS.....                     | 50       | PLASTIC CAN.....                     | 643, 688           | .....                               | 646, 692      |
| BAFIERTAM.....                      | 819      | BD INTERLINK SYRINGE                 |                    | BD TUBERCULIN SYRINGE               |               |
| BAL-CARE DHA.....                   | 397      | .....                                | 643, 688           | .....                               | 646, 692      |
| BAL-CARE DHA                        |          | BD LUER-LOK BULK                     |                    | BD VERITOR SARS-COV-2,              |               |
| ESSENTIAL.....                      | 397      | SYRINGE.....                         | 643, 688           | FLU A-B.....                        | 582, 692      |
| BALCOLTRA.....                      | 249      | BD LUER-LOK SYRINGE                  |                    | BD VERITOR SYSTEM                   |               |
| <i>balsalazide</i> .....            | 479      | .....                                | 643, 644, 688, 689 | SARS-COV-2.....                     | 582, 692      |
| <i>balsam peru-castor oil</i> ..... | 350      | BD LUER-LOK TIP                      |                    | BEANAID.....                        | 472           |
| BALVERSA.....                       | 93       | CONTROL SYRING....                   | 644, 689           | BEANO.....                          | 472           |
| Balziva (28).....                   | 249      | BD MICROTAINER                       |                    | BELBUCA.....                        | 25            |
| BANATROL PLUS.....                  | 463      | LANCET.....                          | 589, 689           | <i>belladonna alkaloids-opium</i> . | 475           |
| BANZEL.....                         | 173, 174 |                                      |                    | BELSOMRA.....                       | 235           |



|                                   |          |                                     |          |                                    |          |
|-----------------------------------|----------|-------------------------------------|----------|------------------------------------|----------|
| <i>benazepril</i> .....           | 124      | <i>beta carotene</i> .....          | 411      | BIGFOOT UNITY PEN CAP-             |          |
| <i>benazepril-</i>                |          | BETADINE OPHTHALMIC                 |          | TOUJEOMX.....                      | 640, 693 |
| <i>hydrochlorothiazide</i> .....  | 123      | PREP.....                           | 839      | BIGFOOT UNITY PEN CAP-             |          |
| BENEFIBER (INULIN-CORN            |          | <i>betaine</i> .....                | 810      | TRESIBA.....                       | 640, 693 |
| FIBER).....                       | 498      | BETALOAN SUIK.....                  | 442      | BIJUVA.....                        | 437      |
| BENEFIBER (WHEAT                  |          | <i>betamethasone dipropionate</i>   |          | BIKTARVY.....                      | 61       |
| DEXTRIN).....                     | 499      | .....                               | 308      | BILAC.....                         | 484      |
| BENEFIBER ADVANCED...             | 484      | <i>betamethasone valerate</i> ..... | 308      | BILTRICIDE.....                    | 50       |
| BENEFIBER CLEAR SF                |          | <i>betamethasone, augmented</i>     |          | <i>bimatoprost</i> .....           | 840      |
| (DEXTRIN).....                    | 499      | .....                               | 308, 309 | BIMZELX.....                       | 280      |
| BENEFIBER DUAL ACTION             |          | BETAPACE.....                       | 131, 145 | BIMZELX AUTOINJECTOR               | 280      |
| .....                             | 484      | BETAPACE AF.....                    | 131, 145 | BINAXNOW COVD AG                   |          |
| BENEFIBER DUAL                    |          | BETASERON.....                      | 818      | CARD HOME TST.....                 | 582, 693 |
| ACTION-THEANINE.....              | 484      | <i>betaxolol</i> .....              | 144, 835 | BINAXNOW COVID-19 AG               |          |
| BENEFIBER SUGAR FREE              |          | <i>bethanechol chloride</i> .....   | 517      | CARD.....                          | 582, 693 |
| (DEXTRIN).....                    | 499      | BETHKIS.....                        | 857      | BINAXNOW COVID-19 AG               |          |
| BENEFIBER SUGAR FREE              |          | BETIMOL.....                        | 835      | SELF TEST.....                     | 582, 693 |
| (INULIN).....                     | 499      | BETOPTIC S.....                     | 835      | BINOSTO.....                       | 435      |
| BENEFIX.....                      | 522      | BEVESPI AEROSPHERE...               | 855      | BIO C 1:1.....                     | 355      |
| <i>benfotiamine</i> .....         | 412      | BEVITROL.....                       | 466      | BIOLON.....                        | 837      |
| BENICAR.....                      | 128      | <i>bexarotene</i> .....             | 105, 290 | BIOLYTE.....                       | 366      |
| BENICAR HCT.....                  | 127      | BEXSERO.....                        | 117      | BIOMEPRO.....                      | 484      |
| BENLYSTA.....                     | 35       | BEYAZ.....                          | 249      | BIONIME RIGHTEST                   |          |
| BENTIVITE BX.....                 | 363      | BEYFORTUS.....                      | 110      | GM300 SYSTEM.....                  | 589, 693 |
| BENZAMYCIN.....                   | 268      | <i>bicalutamide</i> .....           | 86       | BIONIME RIGHTEST TEST              |          |
| BENZEPRO.....                     | 273      | BIDIL.....                          | 158      | STRIPS.....                        | 550, 693 |
| BENZEPRO                          |          | BIGFOOT UNITY.....                  | 589, 692 | BIOPETIT.....                      | 354      |
| (MICROSPHERES).....               | 273      | BIGFOOT UNITY PEN CAP-              |          | BIOSTEP.....                       | 348, 693 |
| <i>benzhydrocodone-</i>           |          | ADMELOG.....                        | 639, 692 | BIOSTEP AG.....                    | 348      |
| <i>acetaminophen</i> .....        | 20       | BIGFOOT UNITY PEN CAP-              |          | BIOTEL CARE BGM-4                  |          |
| <i>benznidazole</i> .....         | 55       | APIDRA.....                         | 639, 692 | METER.....                         | 589, 693 |
| BENZODOX 30.....                  | 75       | BIGFOOT UNITY PEN CAP-              |          | <i>biotin</i> .....                | 415      |
| BENZODOX 60.....                  | 75       | ASPART.....                         | 639, 692 | BIOTINEX.....                      | 484      |
| <i>benzoin (bulk)</i> .....       | 240, 336 | BIGFOOT UNITY PEN CAP-              |          | BIOZEN.....                        | 484      |
| <i>benzonatate</i> .....          | 848      | BASAGLAR.....                       | 639, 692 | <i>bismuth subcit k-metronidz-</i> |          |
| <i>benzoyl peroxide</i> .....     | 273      | BIGFOOT UNITY PEN CAP-              |          | <i>tcn</i> .....                   | 476      |
| <i>benzphetamine</i> .....        | 868      | FIASP.....                          | 639, 692 | <i>bisoprolol fumarate</i> .....   | 144      |
| <i>benztropine</i> .....          | 185      | BIGFOOT UNITY PEN CAP-              |          | <i>bisoprolol-</i>                 |          |
| <i>bepotastine besilate</i> ..... | 826      | HUMALOG.....                        | 639, 692 | <i>hydrochlorothiazide</i> .....   | 149      |
| BEPREVE.....                      | 826      | BIGFOOT UNITY PEN CAP-              |          | <i>bitter melon extract</i> .....  | 6        |
| <i>berberine chloride</i> .....   | 74       | LANTUS.....                         | 639, 692 | <i>black cohosh</i> .....          | 6        |
| BERBERINE ES-5.....               | 74       | BIGFOOT UNITY PEN CAP-              |          | <i>black walnut hull</i> .....     | 6        |
| BERGACOR.....                     | 6        | LISPRO.....                         | 639, 692 | BLANCHE.....                       | 298      |
| BERGACOR PLUS.....                | 6        | BIGFOOT UNITY PEN CAP-              |          | BLEPHAMIDE S.O.P.....              | 823      |
| BERINERT.....                     | 520      | LYUMJEV.....                        | 640, 693 | Blisovi 24 Fe.....                 | 249      |
| Beser.....                        | 308      | BIGFOOT UNITY PEN CAP-              |          | Blisovi Fe 1.5/30 (28).....        | 249      |
| BESER KIT.....                    | 324      | NOVOLOG.....                        | 640, 693 | Blisovi Fe 1/20 (28).....          | 249      |
| BESIVANCE.....                    | 838      | BIGFOOT UNITY PEN CAP-              |          | <i>blood glucose contrl</i>        |          |
| BESREMI.....                      | 94       | TOUJEO.....                         | 640, 693 | <i>hi,normal</i> .....             | 589, 693 |
| BEST FIBER.....                   | 499      |                                     |          |                                    |          |

|                                            |          |                                                        |          |                                             |               |
|--------------------------------------------|----------|--------------------------------------------------------|----------|---------------------------------------------|---------------|
| <i>blood glucose control, normal</i> ..... | 589, 693 | BREATHERITE SPACER-MASK,S.CHLD .....                   | 663, 695 | <i>buprenorphine-naloxone</i> .....         | 237           |
| BLOOD GLUCOSE MONITORING .....             | 589, 694 | BREATHERITE VALVED MDI CHAMBER .....                   | 663, 695 | <i>bupropion hcl</i> .....                  | 181           |
| BLOOD GLUCOSE TEST .....                   | 551, 694 | BREATHERITE VALVED MDI SPACER .....                    | 663, 695 | <i>bupropion hcl (smoking deter)</i> .....  | 238           |
| <i>blood-glucose meter</i> ....            | 589, 694 | BREEZE 2 CONTROL SOLUTION, LOW .....                   | 590, 695 | <i>buspirone</i> .....                      | 161           |
| BLULINK BG SYSTEM REFILL .....             | 590, 694 | BREEZE 2 CONTROL SOLUTION, NML .....                   | 590, 695 | <i>butalbital-acetaminop-caf-cod</i> .....  | 19            |
| BLULINK DIABETIC TEST BUNDLE .....         | 590, 694 | BREEZE 2 CONTROL SOLUTION,HIGH .....                   | 590, 695 | <i>butalbital-acetaminophen</i> .....       | 26            |
| BLULINK GLUCOSE MONITOR SYSTEM....         | 590, 694 | BRENZAVVY .....                                        | 429      | <i>butalbital-acetaminophen-caff</i> .....  | 26            |
| BLULINK GLUCOSE TEST STRIP .....           | 551, 694 | BREO ELLIPTA .....                                     | 856      | <i>butalbital-aspirin-caffeine</i> .....    | 41            |
| <i>blunt needle, disposable</i> .....      | 646, 695 | BREXAFEMME .....                                       | 51, 52   | <i>butorphanol</i> .....                    | 25            |
| BONEUP .....                               | 358      | Breyna .....                                           | 856      | BUTRANS .....                               | 25            |
| BONEUP (CALCIUM ASCORBATE) .....           | 358      | BREZTRI AEROSPHERE... 857                              |          | BUTTERFLY TOUCH LANCET .....                | 590, 695      |
| BONJESTA .....                             | 464      | Briellyn .....                                         | 249      | <i>butylated hydroxytoluene</i> ....        | 241           |
| BONSITY .....                              | 433      | BRILINTA .....                                         | 534      | BYDUREON BCISE .....                        | 427           |
| BOOST GLUCOSE CONTROL .....                | 389      | <i>brimonidine</i> .....                               | 337, 840 | BYLVAY .....                                | 538           |
| BOOSTNOW IMMUNE SUPPORT .....              | 374      | <i>brimonidine-dorzolamide</i> .....                   | 823      | BYSTOLIC .....                              | 144           |
| BOOSTRIX TDAP .....                        | 115      | <i>brimonidine-dorzolamide (pf)</i> .....              | 823      | <i>cabergoline</i> .....                    | 457           |
| BORON COMPLEX .....                        | 369      | <i>brimonidine-dorzol-</i><br><i>bimatoprost</i> ..... | 821      | CABLIV .....                                | 519           |
| <i>bosentan</i> .....                      | 158      | <i>brimonidine-timolol</i> .....                       | 832      | CABOMETYX .....                             | 97            |
| BOSULIF .....                              | 100      | BRINSUPRI .....                                        | 843      | CABTREO .....                               | 271           |
| <i>boswellia serrata extract</i> .....     | 6        | <i>brinzolamide</i> .....                              | 833      | <i>ca-d3-mag ox-zinc-cop-mang-bor</i> ..... | 358           |
| BOWEL SUPPORT-IRRITABLE BOWEL .....        | 6        | BRIVIACT .....                                         | 172      | <i>ca-d3-mag-zinc-cop-mang-bor</i> .....    | 358           |
| BOYS TRAINING PANTS 4T-5T .....            | 614, 695 | Bromfed Dm .....                                       | 862      | CADEAU DHA .....                            | 397           |
| BP 10-1 .....                              | 268      | <i>bromfenac</i> .....                                 | 831      | CADIRA COMPLIANT BLOOD STAT .....           | 674           |
| BP MANAGER .....                           | 6        | <i>bromocriptine</i> .....                             | 185      | CADUET .....                                | 143           |
| BPCO .....                                 | 350      | <i>brompheniramine-pseudoeph-dm</i> .....              | 862      | <i>caffeine</i> .....                       | 214           |
| BPO .....                                  | 273      | BROMSITE .....                                         | 831      | <i>caffeine citrate</i> .....               | 214           |
| BRAFTOVI .....                             | 90       | BRONCHIAL SOOTHE .....                                 | 7        | <i>calc carb-mag ox-d3-zinc gluc</i> .....  | 358           |
| BREATHERITE MDI SPACER .....               | 663, 695 | BRONCHITOL .....                                       | 858      | <i>calc-d3-magnes-b6-zn-cu-mangan</i> ..... | 358           |
| BREATHERITE SPACER-MASK, NEO .....         | 663, 695 | BROVANA .....                                          | 853      | <i>calcipotriene</i> .....                  | 291, 292      |
| BREATHERITE SPACER-MASK,ADULT .....        | 663, 695 | BRUKINSA .....                                         | 91, 100  | <i>calcipotriene-betamethasone</i> .....    | 278           |
| BREATHERITE SPACER-MASK,CHILD .....        | 663, 695 | BRYHALI .....                                          | 291, 309 | <i>calcitonin (salmon)</i> .....            | 436           |
| BREATHERITE SPACER-MASK,INFANT .....       | 663, 695 | BUCAPSOL .....                                         | 161      | <i>calcitriol</i> .....                     | 292, 417, 809 |
|                                            |          | <i>budesonide</i> .....                                | 480, 849 | <i>calcium acetate</i> .....                | 357           |
|                                            |          | <i>budesonide-formoterol</i> .....                     | 856      | <i>calcium acetate(phosphat bind)</i> ..... | 508, 509      |
|                                            |          | BUFFERED C POWDER....                                  | 416      | <i>calcium carb, citrate, malate</i>        | 357           |
|                                            |          | BULLSEYE MINI SAFETY LANCETS .....                     | 590, 695 | <i>calcium carb-d3-mag ox-zinc ox</i> ..... | 358           |
|                                            |          | <i>bumetanide</i> .....                                | 152      | <i>calcium carb-mag ox-zinc sulf</i> .....  | 358           |
|                                            |          | BUPHENYL .....                                         | 811      |                                             |               |
|                                            |          | <i>buprenorphine</i> .....                             | 25       |                                             |               |
|                                            |          | <i>buprenorphine hcl</i> .....                         | 25, 237  |                                             |               |

|                                        |          |                                 |               |                                     |          |
|----------------------------------------|----------|---------------------------------|---------------|-------------------------------------|----------|
| <i>calcium carbonate</i> .....         | 357      | CARAFATE .....                  | 505           | CARESENS N TEST                     |          |
| <i>calcium carbonate-vitamin</i>       |          | CARBAGLU .....                  | 811           | STRIPS .....                        | 551, 697 |
| <i>d3</i> .....                        | 360      | <i>carbamazepine</i> .....      | 166, 207      | CARESENS N VOICE .....              | 591, 697 |
| <i>calcium citrate</i> .....           | 357      | CARBATROL .....                 | 166, 207      | CARESTART COVID-19 AG               |          |
| <i>calcium citrate-vitamin d3</i> .... | 360      | <i>carbidopa</i> .....          | 185           | HOME TST .....                      | 582, 697 |
| <i>calcium no.38-d3-mag-boron</i>      |          | <i>carbidopa-levodopa</i> ..... | 183           | CARETOUCH CONTROL                   |          |
| .....                                  | 358      | <i>carbidopa-levodopa-</i>      |               | SOLN L2-L3 .....                    | 591, 697 |
| <i>calcium pantothenate</i> .....      | 415      | <i>entacapone</i> .....         | 183           | CARETOUCH GLUCOSE                   |          |
| <i>calcium phos-d3-</i>                |          | <i>carbinoxamine maleate</i>    |               | MONITORING .....                    | 591, 697 |
| <i>magnesium-zinc</i> .....            | 358      | .....                           | 844, 845, 846 | CARETOUCH INSULIN                   |          |
| <i>calcium phosphate-vitamin</i>       |          | Carbzah .....                   | 844, 846      | SYRINGE .....                       | 616, 697 |
| <i>d3</i> .....                        | 360      | CARDIZEM .....                  | 147           | CARETOUCH LANCING                   |          |
| <i>calcium-d3-zinc-copper-</i>         |          | CARDIZEM CD .....               | 146           | DEVICE .....                        | 591, 697 |
| <i>mangan</i> .....                    | 358      | CARDIZEM LA .....               | 146           | CARETOUCH LUER LOCK                 |          |
| <i>calcium-vitamin d3-vitamin k</i>    | 358      | CARDURA .....                   | 155           | SYRINGE .....                       | 647, 697 |
| CALMAID .....                          | 7        | CARDURA XL .....                | 155           | CARETOUCH LUER LOCK                 |          |
| CALQUENCE                              |          | CAREFINE PEN NEEDLE             |               | SYR-NEEDLE .....                    | 647, 698 |
| (ACALABRUTINIB MAL)                    |          | .....                           | 616, 695      | CARETOUCH LUER SLIP                 |          |
| .....                                  | 91, 101  | CAREONE LANCING                 |               | SYRINGE .....                       | 647, 698 |
| CALTRATE 600 PLUS D .....              | 360      | DEVICE .....                    | 590, 696      | CARETOUCH PEN                       |          |
| CALTRATE GUMMY BITES                   | 360      | CAREONE ULTRA THIN              |               | NEEDLE .....                        | 617, 698 |
| CALTRATE-D3 PLUS                       |          | LANCET .....                    | 590, 696      | CARETOUCH SAFETY                    |          |
| MINERALS .....                         | 358, 359 | CAREPOINT LUER LOCK             |               | LANCETS .....                       | 591, 698 |
| Camila .....                           | 257      | SYRINGE .....                   | 646, 696      | CARETOUCH TEST STRIP                |          |
| CAMRESE .....                          | 247      | CAREPOINT LUER LOCK             |               | .....                               | 551, 698 |
| CAMRESE LO .....                       | 247      | SYR-NEEDLE .....                | 646, 696      | CARETOUCH TWIST                     |          |
| CAMZYOS .....                          | 149      | CAREPOINT LUER SLIP             |               | LANCET .....                        | 591, 698 |
| CANASA .....                           | 479      | SYRINGE .....                   | 646, 696      | <i>carglumic acid</i> .....         | 811      |
| <i>candesartan</i> .....               | 128      | CAREPOINT LUER SLIP             |               | <i>carisoprodol</i> .....           | 544      |
| <i>candesartan-</i>                    |          | SYRING-NDL .....                | 646, 696      | <i>carisoprodol-aspirin</i> .....   | 544      |
| <i>hydrochlorothiazid</i> .....        | 127      | CAREPOINT PRECISION             |               | <i>carisoprodol-aspirin-codeine</i> | 546      |
| CANDICIDAL .....                       | 7        | LUER LOCK .....                 | 646, 696      | CARNITEX .....                      | 352      |
| <i>cantharidin in acetone</i> .....    | 328      | CAREPOINT PRECISION             |               | CARNITOR .....                      | 809      |
| CANTHARIS                              |          | NEEDLE .....                    | 647, 696      | CARNITOR (SUGAR-FREE)               |          |
| COMPOSITUM .....                       | 461      | CAREPOINT PRECISION             |               | .....                               | 809      |
| <i>capecitabine</i> .....              | 89       | SAFETY .....                    | 647, 696      | CAROSPIR .....                      | 125, 151 |
| CAPEX .....                            | 309      | CAREPOINT SAFETY LL             |               | CARRASYN HYDROGEL                   |          |
| CAPHOSOL .....                         | 815      | SYR-NEEDLE .....                | 647, 696      | WOUND DRESS .....                   | 348, 698 |
| CAPLYTA .....                          | 189      | CARESENS CONTROL A              |               | <i>carteolol</i> .....              | 835      |
| CAPRELSA .....                         | 101      | AND B .....                     | 590, 696      | Cartia Xt .....                     | 147      |
| CAPSFENAC PAK .....                    | 332      | CARESENS LANCETS                |               | <i>carvedilol</i> .....             | 125      |
| CAPSINAC .....                         | 333      | .....                           | 590, 696      | <i>carvedilol phosphate</i> .....   | 125      |
| CAPSUBLEND-H .....                     | 241      | CARESENS N .....                | 590, 696      | <i>cascara sagrada</i> .....        | 504      |
| CAPSULE #3                             |          | CARESENS N FELIZ BT             |               | CASODEX .....                       | 86       |
| (HYPROMELLOSE) .....                   | 241      | GLUC METER .....                | 590, 696      | CATAPRES-TTS-1 .....                | 150      |
| <i>captopril</i> .....                 | 124      | CARESENS N FELIZ                |               | CATAPRES-TTS-2 .....                | 150      |
| <i>captopril-hydrochlorothiazide</i>   |          | GLUCOSE METER .....             | 590, 696      | CATAPRES-TTS-3 .....                | 150      |
| .....                                  | 124      | CARESENS N PLUS BT              |               | CAYA CONTOURED .....                | 584, 698 |
| CAPVAXIVE .....                        | 116      | .....                           | 591, 696      | CAYSTON .....                       | 858      |
| CARAC .....                            | 289      |                                 |               | Caziant (28) .....                  | 258      |

|                                |          |                                 |          |                                      |               |
|--------------------------------|----------|---------------------------------|----------|--------------------------------------|---------------|
| <i>cefaclor</i> .....          | 63, 64   | CENTURY .....                   | 385      | CHILD PROBIOTIC                      |               |
| <i>cefadroxil</i> .....        | 63       | CENTURY ADULT                   |          | DIGEST-IMMUNE .....                  | 485           |
| CEFALY .....                   | 640, 699 | FORMULA.....                    | 375      | CHILDREN'S ASPIRIN..                 | 41, 535       |
| <i>cefdinir</i> .....          | 64       | CENTURY MATURE .....            | 375      | CHILDRENS CHEWABLE                   |               |
| <i>cefixime</i> .....          | 64       | <i>cephalexin</i> .....         | 63       | PROBIOTIC.....                       | 485           |
| <i>cefprozil</i> .....         | 64       | CEQUA.....                      | 830      | CHILDREN'S DAILY                     |               |
| <i>cefprozil</i> .....         | 64       | CEQUR SIMPLICITY ..             | 671, 699 | PROBIOTIC.....                       | 485           |
| <i>cefuroxime axetil</i> ..... | 64       | CEQUR SIMPLICITY                |          | CHILDRENS FIBER                      |               |
| CELACYN.....                   | 303, 669 | INSERTER.....                   | 591, 699 | GUMMY BEAR.....                      | 499           |
| CELEBREX.....                  | 37       | CERACADE.....                   | 303      | CHILDREN'S MELATONIN.                | 217           |
| <i>celecoxib</i> .....         | 37       | CERAMAX.....                    | 303      | CHILDREN'S                           |               |
| CELEXA.....                    | 176      | <i>ceramides 1,3,6-ii</i> ..... | 302      | MULTIVITAMIN .....                   | 393, 394      |
| CELLCEPT .....                 | 32, 540  | CERASPORT ENDURANCE             |          | CHILDREN'S                           |               |
| CELLPAD.....                   | 669, 699 | .....                           | 366      | MULTIVITAMIN GUMMY ....              | 394           |
| <i>cellulose (bulk)</i> .....  | 242      | CERASPORT EX1 .....             | 366      | CHILDREN'S PROBIOTIC..               | 485           |
| CELONTIN.....                  | 173      | CERASPORT PLUS .....            | 366      | CHILDREN'S SLEEP                     |               |
| CEM-UREA.....                  | 328      | CERAVE.....                     | 302      | (MELATONIN).....                     | 217           |
| CENTANY .....                  | 282      | CERAVE AM.....                  | 340      | CHLOHUX.....                         | 322           |
| CENTANY AT .....               | 282      | CERAVE DAILY                    |          | CHLOOXIA.....                        | 323           |
| CENTRUM.....                   | 375, 384 | MOISTURIZING .....              | 302      | <i>chlordiazepoxide hcl</i> ....     | 160, 204      |
| CENTRUM ADULT 50 PLUS          |          | CERAVE FOAMING FACIAL           |          | <i>chlordiazepoxide-clidinium</i>    |               |
| .....                          | 374      | .....                           | 302      | .....                                | 204, 475      |
| CENTRUM ADULTS.....            | 374      | CERAVE PM.....                  | 302      | <i>chlorhexidine gluconate</i> ..... | 815           |
| CENTRUM CHEWABLES...           | 374      | CERAVE SA.....                  | 302      | <i>chloroquine phosphate</i> .....   | 54            |
| CENTRUM KIDS                   |          | CERAVE SA (WITH                 |          | <i>chlorpromazine</i> .....          | 190           |
| MULTIGUMMY .....               | 394      | NIACINAMIDE).....               | 302      | <i>chlorthalidone</i> .....          | 153           |
| CENTRUM MENOPAUSE              |          | CERDELGA.....                   | 810      | <i>chlorzoxazone</i> .....           | 545           |
| MULTIVITAMIN.....              | 374      | CERTAVITE SENIOR.....           | 376      | CHOICE DM CLARUS                     |               |
| CENTRUM MINIS ADULTS           |          | CERTAVITE-ANTIOXIDANT           |          | NORM CONTROL.....                    | 591, 699      |
| 50 PLUS.....                   | 374      | .....                           | 385      | CHOICEDM CLARUS                      |               |
| CENTRUM MINIS MEN 50           |          | CERVIDIL.....                   | 421      | .....                                | 552, 591, 699 |
| PLUS.....                      | 374      | CETACAINE.....                  | 330      | CHOLBAM.....                         | 466           |
| CENTRUM MINIS WOMEN            |          | CETAPHIL GENTLE SKIN            |          | CHOLECAL DF.....                     | 410           |
| 50 PLUS.....                   | 374      | CLEANSER.....                   | 339      | <i>cholecalciferol (vitamin d3)</i>  |               |
| CENTRUM MULTI MENTAL           |          | <i>cetirizine</i> .....         | 847      | .....                                | 417, 418      |
| FOCUS.....                     | 374      | CETRAXAL.....                   | 842      | <i>cholestyramine (with sugar)</i> . | 132           |
| CENTRUM MULTI PLUS             |          | <i>cetorelix</i> .....          | 456      | Cholestyramine Light.....            | 132           |
| BEAUTY .....                   | 375      | CETROTIDE.....                  | 456      | <i>choline bitartrate</i> .....      | 139           |
| CENTRUM MULTI PLUS             |          | <i>cevimeline</i> .....         | 817      | <i>choline,magnesium</i>             |               |
| OMEGA-3.....                   | 375      | <i>chamomile flower</i> .....   | 7        | <i>salicylate</i> .....              | 41            |
| CENTRUM                        |          | Charlotte 24 Fe.....            | 249      | <i>chorionic gonadotropin,</i>       |               |
| MULTIGUMMIES MEN.....          | 375      | <i>chaste tree fruit</i> .....  | 7        | <i>human</i> .....                   | 447           |
| CENTRUM                        |          | Chateal Eq (28).....            | 249      | CHOSEN LANCET.....                   | 591, 699      |
| MULTIGUMMIES WOMEN.            | 375      | CHEMET.....                     | 47       | CHOSEN LANCING                       |               |
| CENTRUM POSTNATAL....          | 375      | CHEMSTRIP BG LOG                |          | DEVICE.....                          | 591, 699      |
| CENTRUM PRENATAL.....          | 375      | BOOK.....                       | 591, 699 | CHOSEN SAFETY LANCET                 |               |
| CENTRUM SILVER.....            | 375      | CHENODAL.....                   | 467, 538 | .....                                | 591, 699      |
| CENTRUM WOMEN.....             | 385      | CHEST RUB (WITH PINE            |          | <i>chromium nicotinate</i> .....     | 369           |
| CENTRUM WOMEN                  |          | OIL).....                       | 343      | <i>chromium picolinate</i> .....     | 369           |
| IMMUNE MINIS.....              | 375      |                                 |          | CIALIS.....                          | 351, 512      |



|                                        |              |                         |          |                                        |                    |
|----------------------------------------|--------------|-------------------------|----------|----------------------------------------|--------------------|
| CIBINQO.....                           | 281          | CLEANSING EYELID        |          | CLEVER CHOICE PRO                      |                    |
| CICASIL.....                           | 669, 699     | WIPES EXT STR.....      | 307      | .....                                  | 552, 592, 701      |
| CICATRACE PAD.....                     | 669, 699     | CLEANSING WASH....      | 268, 338 | CLEVER CHOICE TALK                     |                    |
| Ciclodan.....                          | 286          | CLEAR FIBER.....        | 499      | GLUCOSE SYS.....                       | 592, 701           |
| CICLODAN KIT.....                      | 285, 286     | <i>clemastine</i> ..... | 844, 846 | CLEVER CHOICE TALK                     |                    |
| <i>ciclopirox</i> .....                | 286          | Clemasz.....            | 844, 846 | TEST.....                              | 552, 701           |
| <i>ciclopirox-ure-camph-menth-</i>     |              | Clemsza.....            | 844, 846 | CLEVER CHOICE TEST                     |                    |
| <i>euc</i> .....                       | 286          | CLENPIQ.....            | 505      | STRIPS.....                            | 553, 701           |
| <i>cilostazol</i> .....                | 534          | CLEOCIN.....            | 865      | CLEVER CHOICE VOICE                    |                    |
| CILOXAN.....                           | 838          | CLEOCIN HCL.....        | 69       | PLUS TEST.....                         | 553, 702           |
| CIMDUO.....                            | 58           | Cleocin Pediatric.....  | 69       | CLEVER CHOICE                          |                    |
| <i>cimetidine</i> .....                | 468          | CLEOCIN T.....          | 265      | WHISPER AIRE PED..                     | 664, 702           |
| <i>cimetidine hcl</i> .....            | 468          | CLEVER CHEK BLOOD       |          | CLICKFINE PEN NEEDLE                   |                    |
| CIMZIA.....                            | 27, 29, 482  | GLUCOSE.....            | 591, 699 | .....                                  | 617, 702           |
| CIMZIA POWDER FOR                      |              | CLEVER CHEK BLOOD       |          | CLIMARA.....                           | 438                |
| RECONST.....                           | 27, 29, 482  | GLUCOSE SYST.....       | 591, 699 | CLIMARA PRO.....                       | 437                |
| CIMZIA STARTER KIT                     |              | CLEVER CHEK LANCETS     |          | Clindacin.....                         | 265                |
| .....                                  | 27, 29, 482  | .....                   | 591, 699 | Clindacin Etz.....                     | 265                |
| <i>cinacalcet</i> .....                | 436          | CLEVER CHOICE BLOOD     |          | CLINDACIN ETZ.....                     | 267                |
| <i>cinnamon bark</i> .....             | 7            | GLUC SYS.....           | 591, 700 | Clindacin P.....                       | 265                |
| <i>cinnamon bark extract</i> .....     | 7            | CLEVER CHOICE           |          | CLINDACIN PAC.....                     | 267                |
| CINRYZE.....                           | 520          | CHAMBER-LRG MASK        |          | CLINDAGEL.....                         | 265                |
| CIPRO.....                             | 65           | .....                   | 663, 700 | <i>clindamycin hcl</i> .....           | 69                 |
| CIPRO HC.....                          | 841          | CLEVER CHOICE           |          | <i>clindamycin palmitate hcl</i> ..... | 69                 |
| <i>ciprofloxacin</i> .....             | 65           | CHAMBER-MED MASK        |          | Clindamycin Pediatric.....             | 69                 |
| <i>ciprofloxacin hcl</i> .....         | 65, 838, 842 | .....                   | 663, 700 | <i>clindamycin phosphate</i>           |                    |
| <i>ciprofloxacin-</i>                  |              | CLEVER CHOICE           |          | .....                                  | 265, 266, 865      |
| <i>dexamethasone</i> .....             | 841          | CHAMBER-SM MASK.        | 663, 700 | <i>clindamycin-benzoyl</i>             |                    |
| <i>ciprofloxacin-fluocinolone</i> .... | 841          | CLEVER CHOICE           |          | <i>peroxide</i> .....                  | 268                |
| <i>citalopram</i> .....                | 176          | GLUCOSE MONITOR.        | 591, 700 | <i>clindamycin-tretinoin</i> .....     | 271                |
| CITRANATAL (DUAL-IRON)                 |              | CLEVER CHOICE LEVEL 1   |          | CLINDESSE.....                         | 865                |
| .....                                  | 397          | CONTROL.....            | 591, 700 | CLINITEST COVID-19                     |                    |
| CITRANATAL 90 DHA                      |              | CLEVER CHOICE LEVEL 2   |          | HOME TEST.....                         | 582, 702           |
| (ALGAL OIL).....                       | 397          | CONTROL.....            | 591, 700 | CLINPRO 5000.....                      | 813                |
| CITRANATAL ASSURE.....                 | 397          | CLEVER CHOICE LEVEL 3   |          | <i>clobazam</i> .....                  | 162, 204           |
| CITRANATAL BLOOM.....                  | 363          | CONTROL.....            | 592, 700 | <i>clobetasol</i> ....                 | 292, 309, 310, 827 |
| CITRANATAL DHA (ALGAL                  |              | CLEVER CHOICE MICRO     |          | <i>clobetasol-emollient</i> .....      | 310                |
| OIL).....                              | 397          | .....                   | 592, 700 | CLOBEX.....                            | 310                |
| CITRANATAL HARMONY                     |              | CLEVER CHOICE MICRO     |          | CLOBEZIN.....                          | 288                |
| (IRON FUM).....                        | 397          | TEST STRIP.....         | 552, 700 | <i>clocortolone pivalate</i> .....     | 310                |
| CITRANATAL MEDLEY.....                 | 376          | CLEVER CHOICE NEB KIT-  |          | Clodan.....                            | 310                |
| CITRATABS.....                         | 512          | ADULT.....              | 663, 700 | CLODAN KIT.....                        | 325                |
| CITRULLINE 1000.....                   | 353          | CLEVER CHOICE NEB KIT-  |          | Clomid.....                            | 441                |
| CLAIRVEE.....                          | 485          | CHILD.....              | 663, 700 | <i>clomiphene citrate</i> .....        | 441                |
| Claravis.....                          | 263          | CLEVER CHOICE           |          | <i>clomipramine</i> .....              | 182                |
| CLARINEX.....                          | 847          | NEBULIZER.....          | 664, 700 | <i>clonazepam</i> .....                | 160, 162, 204      |
| CLARINEX-D 12 HOUR.....                | 843          | CLEVER CHOICE PEAK      |          | <i>clonidine</i> .....                 | 151                |
| <i>clarithromycin</i> .....            | 70           | FLOW METER.....         | 661, 700 | <i>clonidine hcl</i> .....             | 150, 193           |
| CLEANSING EYELID                       |              |                         |          | <i>clopidogrel</i> .....               | 535                |
| MOIST PADS.....                        | 307          |                         |          |                                        |                    |

|                                            |                              |                                  |
|--------------------------------------------|------------------------------|----------------------------------|
| <i>clorazepate dipotassium</i>             | COMFORT TOUCH ULT            | CONTOUR NEXT GEN                 |
| ..... 160, 205                             | THIN LANCETS.....592, 703    | METER.....592, 704               |
| <i>clotrimazole</i> ..... 286, 815         | COMFORTSEAL LARGE            | CONTOUR NEXT                     |
| <i>clotrimazole-betamethasone</i> 288      | MASK..... 664, 703           | GLUCOSE METER..... 592, 704      |
| <i>clozapine</i> ..... 189                 | COMFORTSEAL MEDIUM           | CONTOUR NEXT LEV 1               |
| CLOZARIL..... 189                          | MASK..... 664, 703           | CONTROL SOL.....592, 704         |
| C-NATE DHA.....398                         | COMFORTSEAL SMALL            | CONTOUR NEXT LEV 2               |
| COAGADEX..... 526                          | MASK..... 664, 703           | CONTROL SOL.....592, 704         |
| COAGUCHEK LANCETS                          | COMIRNATY 2025-2026(5-       | CONTOUR NEXT LINK                |
| .....592, 702                              | 11Y)(PF)..... 117            | .....593, 704                    |
| COAGUCHEK XS.....547, 702                  | COMIRNATY 2025-26 (12Y       | CONTOUR NEXT LINK 2.4            |
| <i>coal tar</i> .....330                   | UP)(PF)..... 117             | .....592, 704                    |
| COARTEM.....54                             | COMPACT SPACE                | CONTOUR NEXT METER               |
| COBALEFOL..... 419                         | CHAMBER.....664, 703         | .....593, 704                    |
| COBENFY ..... 159                          | COMPACT SPACE                | CONTOUR NEXT ONE                 |
| COBENFY STARTER PACK                       | CHAMBER-LRG MASK             | METER.....593, 704               |
| .....159                                   | .....664, 703                | CONTOUR NEXT TEST                |
| <i>cocaine</i> ..... 859                   | COMPACT SPACE                | STRIPS.....553, 705              |
| COCOA BUTTER                               | CHAMBER-MED MASK             | CONTOUR PLUS BLUE                |
| FORMULA - VIT E.....303                    | .....664, 703                | METER.....593, 705               |
| <i>codeine sulfate</i> ..... 12            | COMPACT SPACE                | CONTOUR PLUS TEST                |
| <i>codeine-butalbital-asa-caff</i> .... 19 | CHAMBER-SM MASK.664, 703     | STRIP .....553, 705              |
| <i>codeine-guaifenesin</i> ..... 864       | COMP-AIR NEBULIZER           | CONTOUR TEST STRIPS              |
| CODITUSSIN AC..... 864                     | COMPRESSOR.....664, 704      | .....553, 705                    |
| CODITUSSIN DAC.....864                     | Compazine..... 191, 464      | CONTRAVE .....869                |
| COLAZAL.....480                            | COMPLERA..... 62             | COPAXONE..... 819                |
| <i>colchicine</i> .....517                 | COMPLETE BALANCE             | COPIKTRA..... 98, 99             |
| COLCRYS..... 518                           | MENOPAUSE RLF.....218        | <i>copper gluconate</i> .....369 |
| <i>colesevelam</i> .....132, 133           | COMPLETE LIVER               | COQMAX OMEGA..... 140            |
| COLESTID.....133                           | CLEANSE.....354              | CORDRAN..... 311                 |
| <i>colestipol</i> .....133                 | COMPLETE MV ADULT 50         | CORDRAN TAPE LARGE               |
| COLLATYL..... 348                          | PLUS..... 376                | ROLL..... 310                    |
| COLOR LANCETS..... 592, 702                | COMPLETE NATAL DHA....398    | CORDX COVID-19 AG                |
| COMBIGAN.....833                           | COMPLETENATE..... 398        | HOME TEST.....582, 705           |
| COMBIPATCH.....437                         | Compro.....464               | CORDX TYFAST FLU-                |
| COMBIVENT RESPIMAT ...855                  | CONCEPTION.....582, 704      | COVID-19 TEST.....582, 705       |
| COMBOGESIC.....36                          | CONCERTA..... 195            | COREG..... 126                   |
| COMETRIQ..... 97                           | CONDYLOX..... 328            | COREG CR..... 125                |
| COMFORT EZ INSULIN                         | CONJUPRI..... 148            | CORIFACT ..... 526               |
| SYRINGE..... 617, 702                      | CONSENSI.....146             | CORLANOR..... 154                |
| COMFORT EZ LANCETS                         | Constulose.....501           | CORTANE-B..... 842               |
| .....592, 702                              | CONTOUR CONTROL              | CORTEF .....442                  |
| COMFORT EZ PEN                             | SOLUTION, HIGH..... 592, 704 | CORTENEMA.....481                |
| NEEDLES.....617, 703                       | CONTOUR CONTROL              | CORTIFOAM.....481                |
| COMFORT EZ PRO                             | SOLUTION, LOW..... 592, 704  | CORTISOLV..... 7                 |
| SAFETY PEN NDL..... 617, 703               | CONTOUR CONTROL              | <i>cortisone</i> .....442        |
| COMFORT TOUCH PEN                          | SOLUTION, NML.....592, 704   | CORTISPORIN-TC .....842          |
| NEEDLE..... 617, 703                       | CONTOUR METER.....592, 704   | CORTROPHIN GEL..... 421          |
| COMFORT TOUCH PLUS                         | CONTOUR NEXT EZ              | COSENTYX.....280                 |
| SAFETY LANC..... 592, 703                  | METER..... 592, 704          | COSENTYX (2 SYRINGES) 280        |



|                                          |              |                        |          |                                    |              |
|------------------------------------------|--------------|------------------------|----------|------------------------------------|--------------|
| COSENTYX PEN.....                        | 280          | CULTURELLE BABY        |          | CURITY IODOFORM                    |              |
| COSENTYX PEN (2 PENS)                    | 280          | HEALTH DEVELOP .....   | 485      | PACKING STRIP .....                | 586, 705     |
| COSENTYX UNOREADY                        |              | CULTURELLE BLOATING    |          | CUROSURF .....                     | 859          |
| PEN.....                                 | 280          | GAS .....              | 486      | CUTAQUIG .....                     | 112          |
| COSOPT .....                             | 833          | CULTURELLE DIGESTIVE   |          | CUTEMOL EMOLLIENT .....            | 303          |
| COSOPT (PF) .....                        | 833          | HEALTH .....           | 486      | CUTTER ALL FAMILY .....            | 327          |
| COTELLIC .....                           | 96           | CULTURELLE IMMUNE      |          | CUTTER BACKWOODS                   |              |
| COTEMPLA XR-ODT .....                    | 195          | DEFENSE .....          | 486      | DRY .....                          | 327          |
| COVARYX .....                            | 436          | CULTURELLE KIDS 4 IN 1 |          | CUTTER SKINSATIONS .....           | 327          |
| COVARYX H.S. ....                        | 436          | IMMUNE .....           | 486      | CUVITRU .....                      | 112          |
| COVID-19 AT-HOME TEST                    |              | CULTURELLE KIDS        |          | CUVPOSA .....                      | 817          |
| .....                                    | 582, 705     | GROW-THRIVE .....      | 486      | CUVRIOR .....                      | 46           |
| <i>covid19 test adm.by</i>               |              | CULTURELLE KIDS        |          | <i>cyanocobalamin (vitamin b-</i>  |              |
| <i>pharmacist</i> .....                  | 582, 705     | GUMMY .....            | 486      | <i>12)</i> .....                   | 413          |
| COXANTO .....                            | 39           | CULTURELLE KIDS        |          | <i>cyanocobalamin-</i>             |              |
| COZAAR .....                             | 128          | IMMUNE DEFENSE .....   | 486      | <i>cobamamide</i> .....            | 413          |
| CRALONIN .....                           | 461          | CULTURELLE KIDS        |          | <i>cyanocobalamin-</i>             |              |
| <i>cranberry conc-ascorbic acid</i> ...  | 7            | PROBIO-FIBER .....     | 486      | <i>methylcobalamin</i> .....       | 411, 413     |
| <i>cranberry extract</i> .....           | 7            | CULTURELLE KIDS        |          | CYCLINEX-2 .....                   | 393          |
| <i>cranberry fruit</i> .....             | 7            | PROBIOT-FIBER .....    | 486      | <i>cyclobenzaprine</i> .....       | 545          |
| <i>cranberry fruit concentrate</i> ..... | 7            | CULTURELLE KIDS        |          | Cyclogyl .....                     | 825          |
| CRANBERRY URINARY                        |              | PROBIOTIC-MV .....     | 394      | CYCLOMYDRIL .....                  | 822          |
| TRACT HEALTH .....                       | 7            | CULTURELLE KIDS        |          | CYCLOPAK .....                     | 546          |
| CRANBERRY-                               |              | PROBIOTICS .....       | 486      | <i>cyclopentolate</i> .....        | 825          |
| PROBIOTC(BLEND)-VITC ..                  | 485          | CULTURELLE KIDS PRO-   |          | <i>cyclopen-tropic-phenyleph-</i>  |              |
| CRENESSITY .....                         | 420          | MV-LUTEIN .....        | 394      | <i>watr</i> .....                  | 822          |
| CREON .....                              | 466          | CULTURELLE MEN'S       |          | <i>cyclopent-tropic-phen-ketr-</i> |              |
| CRESEMBA .....                           | 52           | DAILY HEALTH .....     | 487      | <i>wat</i> .....                   | 822          |
| CRESTOR .....                            | 134          | CULTURELLE             |          | <i>cyclophosphamide</i> .....      | 32, 84       |
| CREXONT .....                            | 183, 184     | METABOLISM-WT MGMT ..  | 487      | <i>cyclop-trop-propa-phen-ket-</i> |              |
| CRINONE .....                            | 441, 867     | CULTURELLE PROBIOTIC-  |          | <i>wat</i> .....                   | 822          |
| <i>cromolyn</i> .....                    | 96, 836, 851 | MULTIVIT .....         | 376      | <i>cycloserine</i> .....           | 62           |
| Crotan .....                             | 346          | CULTURELLE PROBIOTIC-  |          | CYCLOSET .....                     | 426          |
| CRYODOSE TA MEDIUM                       |              | PREBIOTIC .....        | 487      | <i>cyclosporine</i> .....          | 32, 539, 830 |
| STREAM SPR .....                         | 331          | CULTURELLE             |          | CYCLOSPORINE IN                    |              |
| CRYODOSE TA MIST                         |              | SLIMBIOTICS .....      | 487      | KLARITY .....                      | 830          |
| SPRAY .....                              | 331          | CULTURELLE WOMEN'S 4-  |          | <i>cyclosporine modified</i> ....  | 32, 539      |
| CRYOSERV .....                           | 240          | IN-1 .....             | 487      | CYCLOTENS REFILL .....             | 545          |
| Cryselle (28) .....                      | 249          | CULTURELLE WOMEN'S     |          | CYCLOTENS STARTER .....            | 545          |
| CTEXLI .....                             | 468, 538     | WELLNESS .....         | 487      | CYMBALTA .....                     | 178, 216     |
| CULTURELLE .....                         | 487          | CUPRIMINE .....        | 34, 46   | <i>cypheptadine</i> .....          | 845, 846     |
| CULTURELLE ABDOMINAL                     |              | CURAFIL GEL WOUND      |          | Cyred .....                        | 250          |
| SUPP-CMFT .....                          | 485          | .....                  | 348, 705 | Cyred Eq .....                     | 250          |
| CULTURELLE ADVANCED                      |              | CURCUPLEX-95 .....     | 7        | CYSTADANE .....                    | 810          |
| REGULARITY .....                         | 485          | CURITY AMD .....       | 586, 705 | CYSTADROPS .....                   | 834          |
| CULTURELLE BABY                          |              | CURITY AMD (WITH       |          | CYSTAGON .....                     | 506          |
| COLIC-SOOTHING .....                     | 485          | POLYHEXAMETH) .....    | 349, 705 | CYSTARAN .....                     | 834          |
| CULTURELLE BABY                          |              | CURITY DRAINAGE BAG    |          | CYTOMEL .....                      | 459          |
| DIGESTIVE CALM .....                     | 485          | .....                  | 613, 705 | CYTOTEC .....                      | 472          |
|                                          |              |                        |          | D3-2000 .....                      | 418          |

|                                         |          |                                   |          |                         |     |
|-----------------------------------------|----------|-----------------------------------|----------|-------------------------|-----|
| <i>dabigatran etexilate</i> .....       | 537      | DAZAVEIDAOXIA.....                | 338      | DERMACINRX FOLTAMIN..   | 410 |
| DAFILOR.....                            | 286      | DAZINIA.....                      | 283      | DERMACINRX FOLTREXYL    |     |
| DAILY FIBER.....                        | 499      | DAZOMON.....                      | 338      | .....                   | 410 |
| DAILY FIBER (PSYLLIUM-<br>ASPART).....  | 499      | DDAVP.....                        | 424      | DERMACINRX LACTEROL     | 487 |
| DAILY FIBER (PSYLLIUM-<br>SUCROSE)..... | 499      | DEBACTEROL.....                   | 815      | DERMACINRX LEXITRAL..   | 333 |
| DAILY GUMMIES.....                      | 376      | Deblitane.....                    | 257      | Dermacinrx Lidocan..... | 340 |
| DAILY MULTIVITAMIN-<br>MINERALS.....    | 385      | DECARA K.....                     | 417      | DERMACINRX LIDOGEL....  | 340 |
| DAILY PROBIOTIC (4<br>STRAINS).....     | 487      | <i>deferasirox</i> .....          | 46       | DERMACINRX LIDOREX....  | 340 |
| DAILY PROBIOTIC<br>(B.INFANTIS).....    | 487      | <i>deferiprone</i> .....          | 46       | DERMACINRX MULTITAM.    | 376 |
| DAILY PROBIOTIC (S.<br>BOULARDII).....  | 487      | <i>deferoxamine</i> .....         | 46       | DERMACINRX              |     |
| DAILY-VITE (WITH FOLIC<br>ACID).....    | 385      | <i>deflazacort</i> .....          | 442      | MULTIVITAMIN.....       | 385 |
| DAIRY RELIEF.....                       | 467      | DELESTROGEN.....                  | 438      | DERMACINRX PHN PAK....  | 343 |
| <i>dalfampridine</i> .....              | 819      | DELIBON.....                      | 288      | DERMACINRX PRENATRIX    |     |
| DALIRESP.....                           | 852      | DELSTRIGO.....                    | 62       | .....                   | 398 |
| <i>danazol</i> .....                    | 445      | DELUO.....                        | 108, 347 | DERMACINRX              |     |
| <i>dandelion root</i> .....             | 7        | <i>demeclocycline</i> .....       | 75       | PRENATRYL.....          | 398 |
| DANTRIUM.....                           | 546      | DEMEROL.....                      | 12       | DERMACINRX PRETRATE     | 398 |
| <i>dantrolene</i> .....                 | 546      | DEMEROL (PF).....                 | 12       | DERMACINRX PROBINATE    |     |
| DANZITEN.....                           | 101      | DEMSE.....                        | 156      | .....                   | 487 |
| <i>dapsone</i> .....                    | 53, 266  | DENTA 5000 PLUS.....              | 813      | DERMACINRX PROBISOL.    | 488 |
| DARAPRIM.....                           | 54       | DENTA 5000 PLUS<br>SENSITIVE..... | 813      | DERMACINRX PROBITRAN    |     |
| <i>darifenacin</i> .....                | 515      | DENTAGEL.....                     | 813      | .....                   | 488 |
| DARTISLA.....                           | 474      | DENVITA.....                      | 285      | DERMACINRX PROBITROL    |     |
| <i>darunavir</i> .....                  | 73       | DEOXIA.....                       | 266, 267 | .....                   | 488 |
| <i>dasatinib</i> .....                  | 101      | DEOXIADEMTAR.....                 | 271      | DERMACINRX PROMEROL     |     |
| Dasetta 1/35 (28).....                  | 250      | DEOXIATAR.....                    | 271      | .....                   | 488 |
| Dasetta 7/7/7 (28).....                 | 258      | DEOXIAVAR.....                    | 272      | DERMACINRX RIBOTIN-E.   | 376 |
| DAURISMO.....                           | 94       | DEPAKOTE.....                     | 163, 207 | DERMACINRX SURGICAL     |     |
| DAVIMET WITH FLUORIDE                   |          | DEPAKOTE ER... 163, 207, 220      |          | PHARMAPAK.....          | 350 |
| .....                                   | 395      | DEPAKOTE SPRINKLES                |          | DERMACINRX              |     |
| DAVIMET WITH IRON.....                  | 376      | .....                             | 163, 207 | THERAZOLE PAK.....      | 289 |
| DAVIMET-M.....                          | 385      | DEPEN TITRATABS.....              | 34, 46   | DERMACINRX VENEXA....   | 377 |
| DAVOL IRRIGATION                        |          | DEPLIN FC.....                    | 419      | DERMACINRX VENEXA FE    |     |
| SYRINGE.....                            | 647, 706 | DEPO-ESTRADIOL.....               | 438      | .....                   | 377 |
| DAVOL PISTON                            |          | DEPO-PROVERA.....                 | 245      | DERMACINRX VENTRIXYL    | 377 |
| IRRIGATION.....                         | 647, 706 | DEPO-SUBQ PROVERA                 |          | FE.....                 | 377 |
| DAWNZERA.....                           | 123      | 104.....                          | 246      | DERMACINRX VITRAMYN.    | 377 |
| DAYAVITE.....                           | 376      | Depo-Testosterone.....            | 423      | DERMACINRX VITRANOL.    | 377 |
| DAYBUE.....                             | 243      | DERMACINRX                        |          | DERMACINRX VITRANOL     |     |
| DAYPRO.....                             | 39       | CLORHEXACIN.....                  | 350      | FE.....                 | 377 |
| Daysee.....                             | 247      | DERMACINRX DAVIMET...             | 385      | DERMACINRX VITREXATE    | 377 |
| DAYTRANA.....                           | 195      | DERMACINRX DEXATRAN               | 376      | DERMACINRX VITREXATE    |     |
| DAYVIGO.....                            | 236      | DERMACINRX DOTREMIN               | 410      | FE.....                 | 377 |
|                                         |          | DERMACINRX FOLDITAM.              | 410      | DERMACINRX ZINTREXYL-   |     |
|                                         |          | DERMACINRX FOLIFLEX..             | 376      | C.....                  | 377 |
|                                         |          | DERMACINRX FOLITIN-Z..            | 376      | DERMACINRX ZRM PAK...   | 343 |
|                                         |          | DERMACINRX                        |          | DERMALID.....           | 341 |
|                                         |          | FOLIXAPURE.....                   | 410      | DERMA-SMOOTH/FS         |     |
|                                         |          | DERMACINRX FOLIXATE..             | 410      | BODY OIL.....           | 311 |

|                                          |                                     |                                          |
|------------------------------------------|-------------------------------------|------------------------------------------|
| DERMA-SMOOTH/FS                          | DEXCOM G7 SENSOR                    | DIBENZYLINE..... 155                     |
| SCALP OIL..... 311                       | ..... 593, 706                      | <i>dichlorphenamide</i> ..... 152, 541   |
| DERMASO PLUS..... 304                    | DEXEDRINE SPANSULE                  | DICLEGIS..... 464                        |
| DERMAWERX SURGICAL                       | ..... 195, 196, 212, 229            | <i>diclofenac epolamine</i> ..... 334    |
| PLUS PAK..... 350                        | DEXERYL..... 304                    | <i>diclofenac potassium</i>              |
| DERMAZENE..... 289                       | DEXILANT..... 469                   | ..... 38, 40, 222                        |
| DERMELLE..... 336                        | <i>dexlansoprazole</i> ..... 469    | <i>diclofenac sodium</i>                 |
| DERMOTIC OIL..... 842                    | <i>dexmethylphenidate</i> ..... 196 | ..... 38, 39, 290, 334, 831              |
| DERM-SILK..... 669, 706                  | DEXONTO..... 443                    | <i>diclofenac submicronized</i> ..... 39 |
| DERMULCERA..... 351                      | DEXTENZA..... 827                   | <i>diclofenac-misoprostol</i> ..... 36   |
| DERPIXA..... 336                         | <i>dextroamphetamine sulfate</i>    | DICLOFEX DC..... 333                     |
| DESCOVY..... 58                          | ..... 196, 212, 213, 229, 230       | DICLOFONO..... 334                       |
| DESFERAL..... 46                         | <i>dextroamphetamine-</i>           | DICLOGEN..... 333                        |
| <i>desflurane</i> ..... 42               | <i>amphetamine</i>                  | DICLOPR..... 333                         |
| <i>desipramine</i> ..... 182             | ..... 197, 211, 212, 230            | DICLOSAICIN..... 333                     |
| <i>desloratadine</i> ..... 847, 848      | DHEA..... 1                         | DICLOTAL..... 333                        |
| <i>desmopressin</i> ..... 425            | DHIVY..... 184                      | DICLOTREX..... 333                       |
| <i>desog-e.estradiol/e.estradiol</i> 247 | DIABETIC MULTIVITAMIN.. 377         | DICLOVIX..... 332                        |
| <i>desonide</i> ..... 311, 312           | DIACOMIT..... 174, 175              | <i>dicloxacillin</i> ..... 73            |
| DESOWEN..... 312                         | DIADIMAXIA..... 267                 | <i>dicyclomine</i> ..... 474             |
| <i>desoximetasone</i> ..... 312          | DIAOXIA..... 267                    | <i>diethylpropion</i> ..... 868          |
| DESOXYN..... 195, 212                    | DIAPERS, UNISEX SIZE 1              | DIFFERIN..... 276                        |
| <i>desvenlafaxine</i> ..... 178          | ..... 614, 706                      | DIFICID..... 70                          |
| <i>desvenlafaxine succinate</i> .... 178 | DIAPERS, UNISEX SIZE 2              | <i>diflorasone</i> ..... 313             |
| DEVILBISS DISPOSABLE                     | ..... 614, 706                      | DIFLUCAN..... 52                         |
| NEBULIZER..... 641, 706                  | DIAPERS, UNISEX SIZE 3              | <i>diflunisal</i> ..... 41               |
| DEVILBISS PULMO-AIDE                     | ..... 614, 707                      | <i>difluprednate</i> ..... 827           |
| COMPRESSR..... 664, 706                  | DIAPERS, UNISEX SIZE 4              | DIFMETIOXRIME..... 285                   |
| DEVILBISS PULMOMATE                      | ..... 614, 707                      | DIGEST ADV PROBIO                        |
| COMPRESSOR..... 664, 706                 | DIAPERS, UNISEX SIZE 5              | PLUS GAS..... 488                        |
| DEVILBISS TRAVELER                       | ..... 614, 707                      | DIGEST PROBIOTIC                         |
| COMPRESSOR..... 664, 706                 | DIAPERS, UNISEX SIZE 6              | (S.BOULARDII)..... 488                   |
| Dexabliss..... 442                       | ..... 614, 707                      | DIGESTIVE ADVANTAGE                      |
| <i>dexamethasone</i> ..... 442, 443      | DIASAXIATAR..... 272                | IMMUNE..... 488                          |
| DEXAMETHASONE                            | DIASDIMAXIA..... 267                | DIGESTIVE ADVANTAGE                      |
| INTENSOL..... 442                        | DIASOXIA..... 267                   | INTENS BOW..... 488                      |
| <i>dexamethasone sodium</i>              | DIATROL..... 377                    | DIGESTIVE ADVANTAGE                      |
| <i>phosphate</i> ..... 827               | DIATRUE CONTROL SOLN                | KID PROBIO..... 488                      |
| <i>dexchlorpheniramine</i>               | NORMAL..... 593, 707                | DIGESTIVE ADVANTAGE                      |
| <i>maleate</i> ..... 843, 846            | DIATRUE CONTROL                     | LACTOS SUP..... 488                      |
| DEXCOM G6 RECEIVER                       | SOLUTION HIGH..... 593, 707         | DIGESTIVE ADVANTAGE                      |
| ..... 593, 706                           | DIATRUE CONTROL                     | PROBIOTIC..... 488                       |
| DEXCOM G6 SENSOR                         | SOLUTION LOW..... 593, 707          | DIGESTIVE PROBIOTIC..... 488             |
| ..... 593, 706                           | DIATRUE PLUS BLOOD                  | DIGESTIVE SUPPORT..... 7                 |
| DEXCOM G6                                | GLUCOSE MET..... 593, 707           | Digitek..... 151                         |
| TRANSMITTER..... 593, 706                | DIATRUE PLUS TEST                   | <i>digoxin</i> ..... 151                 |
| DEXCOM G7 RECEIVER                       | STRIP..... 554, 707                 | <i>dihydroergotamine</i> ..... 221       |
| ..... 593, 706                           | <i>diazepam</i> ..... 160, 162, 205 | Dilantin..... 165                        |
|                                          | Diazepam Intensol..... 160, 205     | Dilantin Extended..... 165               |
|                                          | <i>diazoxide</i> ..... 421          | Dilantin Infatabs..... 165               |

|                                     |               |                                       |               |                                     |               |
|-------------------------------------|---------------|---------------------------------------|---------------|-------------------------------------|---------------|
| DILANTIN-125.....                   | 165           | <i>dorzolamide (pf)</i> .....         | 833           | DROPSAFE PEN NEEDLE                 |               |
| DILAUDID.....                       | 12            | <i>dorzolamide-timolol</i> .....      | 833           | .....                               | 619, 709      |
| DILAUDID (PF).....                  | 12            | <i>dorzolamide-timolol (pf)</i> ..... | 833           | DROPSAFE SICURA                     |               |
| <i>diltiazem hcl</i> .....          | 147           | DOSOKAP.....                          | 417           | SAFETY NEEDLE.....                  | 647, 709      |
| DILT-XR.....                        | 147           | Dotti.....                            | 439           | <i>drospirenone-e.estradiol-</i>    |               |
| DILUTING MEDIUM FOR                 |               | DOVATO.....                           | 57            | <i>lm.fa</i> .....                  | 250           |
| NOVOLOG.....                        | 356           | DOVER BULB SYRINGE                    |               | <i>drospirenone-ethinyl</i>         |               |
| DIMENTHO.....                       | 333           | .....                                 | 647, 707      | <i>estradiol</i> .....              | 250           |
| <i>dimethyl fumarate</i> .....      | 819           | DOVER COATED LATEX                    |               | DROXIA.....                         | 536           |
| DIMOXIA.....                        | 278           | FOLEY.....                            | 673, 707      | <i>droxidopa</i> .....              | 150           |
| DIOCHLOY.....                       | 323           | DOVER LATEX FOLEY                     |               | DRY SKIN THERAPY(WITH               |               |
| DIONARIS.....                       | 289           | CATHETER.....                         | 673, 707      | LANOLIN).....                       | 304           |
| DIOOXIA.....                        | 292           | DOVER RED RUBBER                      |               | DRY SKIN THERAPY(W-                 |               |
| DIOVAN.....                         | 128           | ROBINSON CATH.....                    | 673, 707      | PETROLATUM).....                    | 304           |
| DIOVAN HCT.....                     | 127           | DOVER UNIVERSAL..                     | 673, 707      | DRYSOL.....                         | 290           |
| DIOVASC.....                        | 355           | <i>doxazosin</i> .....                | 155           | DRYSOL DAB-O-MATIC.....             | 290           |
| DIPENTUM.....                       | 480           | <i>doxepin</i> .....                  | 182, 236, 343 | DSUVIA.....                         | 12            |
| Diphen.....                         | 844, 846      | <i>doxercalciferol</i> .....          | 809           | DUAKLIR PRESSAIR.....               | 855           |
| <i>diphenoxylate-atropine</i> ..... | 462           | <i>doxycycline hyclate</i> ..         | 76, 77, 817   | DUAVEE.....                         | 436           |
| DIPROLENE                           |               | <i>doxycycline monohydrate</i>        |               | DUETACT.....                        | 431           |
| (AUGMENTED).....                    | 313           | .....                                 | 77, 78, 337   | DULERA.....                         | 856           |
| <i>dipyridamole</i> .....           | 536           | <i>doxylamine-pyridoxine (vit</i>     |               | <i>duloxetine</i> .....             | 178, 216      |
| DISALCID.....                       | 41            | <i>b6)</i> .....                      | 464           | DULOXICAINE....                     | 179, 216, 232 |
| DISKETTS.....                       | 12            | D-PENAMINE.....                       | 34, 46        | DUOBRII.....                        | 278           |
| <i>disopyramide phosphate</i> ....  | 130           | DRAMAMINE GINGER.....                 | 7             | DUODOTE.....                        | 45            |
| <i>disulfiram</i> .....             | 237           | DRAMAMINE NON-                        |               | DUOPA.....                          | 184           |
| DITHOL.....                         | 333           | DROWSY.....                           | 8             | DUPIXENT PEN.....                   | 281, 850      |
| DIURIL.....                         | 153           | DRAXACE.....                          | 268           | DUPIXENT SYRINGE..                  | 281, 850      |
| <i>divalproex</i> .....             | 163, 207, 220 | DRAXACEY.....                         | 268           | DUREX AVANTI BARE                   |               |
| DIVENDO.....                        | 289           | DRITHOCREME HP.....                   | 292           | REAL FEEL.....                      | 637, 709      |
| DIVIGEL.....                        | 438, 439      | DRIXECE.....                          | 268           | DUREX EXTRA SENSITIVE               |               |
| DIVINIX.....                        | 323           | DRIZALMA SPRINKLE                     | 178, 216      | CONDOM.....                         | 637, 709      |
| DM2.....                            | 455           | <i>dronabinol</i> .....               | 211, 464, 869 | DUREX TROPICAL                      |               |
| DMT SUIK.....                       | 443           | DROPLET GENTEEL                       |               | CONDOM.....                         | 637, 709      |
| Dodex.....                          | 413           | LANCING DEVICE.....                   | 593, 708      | DUREZOL.....                        | 827           |
| <i>dofetilide</i> .....             | 132           | DROPLET INSULIN                       |               | DURLAZA.....                        | 42, 535       |
| DOJOLVI.....                        | 388           | SYR(HALF UNIT).....                   | 618, 708      | DUROLANE.....                       | 543           |
| Dolishale.....                      | 250           | DROPLET INSULIN                       |               | <i>dutasteride</i> .....            | 512           |
| DOLOBID.....                        | 42            | SYRINGE.....                          | 618, 708      | <i>dutasteride-tamsulosin</i> ..... | 506           |
| DOLOTRANZ.....                      | 330           | DROPLET LANCETS..                     | 593, 708      | DUVYZAT.....                        | 541           |
| DOMELA.....                         | 323           | DROPLET LANCING                       |               | DYANAVEL XR.....                    | 197, 212      |
| <i>donepezil</i> .....              | 243           | DEVICE.....                           | 593, 708      | DYCLOPRO.....                       | 343           |
| DONNATAL.....                       | 475           | DROPLET MICRON PEN                    |               | DYMISTA.....                        | 860           |
| DOPTELET (10 TAB PACK)              | 537           | NEEDLE.....                           | 618, 708      | DYNAFOAM AG.....                    | 349           |
| DOPTELET (15 TAB PACK)              | 537           | DROPLET PEN NEEDLE                    |               | DYNAGINATE AG.....                  | 349           |
| DOPTELET (30 TAB PACK)              | 537           | .....                                 | 618, 708      | DYNOMA.....                         | 323           |
| DORAL.....                          | 205, 234      | DROPSAFE ACTI-LANCE                   |               | DYRENIUM.....                       | 152           |
| DORYX.....                          | 76            | .....                                 | 593, 709      | E.E.S. 400.....                     | 70            |
| DORYX MPC.....                      | 76            | DROPSAFE INSULIN                      |               | EAA UCD.....                        | 393           |
| <i>dorzolamide</i> .....            | 833           | SYRINGE.....                          | 618, 619, 709 |                                     |               |



|                                                    |                                                       |                                                          |
|----------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------|
| EAR POPPER INFLATION<br>DEVICE..... 674, 709       | EASY STEP NORMAL<br>CONTROL SOLN..... 594, 712        | EASY TOUCH LANCING<br>DEVICE..... 595, 715               |
| EASIVENT HOLDING<br>CHAMBER.....664, 709           | EASY TALK BLOOD<br>GLUCOSE METER..... 594, 712        | EASY TOUCH LUER LOCK<br>INSULIN..... 620, 715            |
| EASIVENT MASK LARGE<br>.....664, 709               | EASY TALK GLUCOSE<br>TEST..... 554, 712               | EASY TOUCH LUER LOCK<br>SYRINGE..... 649, 715, 716       |
| EASIVENT MASK MEDIUM<br>.....664, 709              | EASY TALK HIGH<br>CONTROL..... 594, 712               | EASY TOUCH PEN<br>NEEDLE..... 621, 716                   |
| EASIVENT MASK SMALL<br>.....665, 709               | EASY TALK LOW<br>CONTROL..... 594, 712                | EASY TOUCH SAFETY<br>LANCETS..... 595, 716               |
| EASY COMFORT INSULIN<br>SYRINGE..... 619, 710      | EASY TALK PLUS II HIGH<br>CONTROL..... 594, 712       | EASY TOUCH SAFETY<br>PEN NEEDLE..... 621, 716            |
| EASY COMFORT<br>LANCETS..... 593, 710              | EASY TALK PLUS II LOW<br>CONTROL..... 594, 712        | EASY TOUCH<br>SHEATHLOCK INSULIN<br>..... 621, 716       |
| EASY COMFORT PEN<br>NEEDLES..... 619, 710          | EASY TALK PLUS II TEST<br>STRIP..... 555, 713         | EASY TOUCH<br>SHEATHLOCK SYRG-NDL<br>..... 649, 650, 716 |
| EASY COMFORT SAFETY<br>PEN NEEDLE..... 619, 710    | EASY TOUCH<br>..... 620, 650, 716, 717                | EASY TOUCH<br>SHEATHLOCK SYRINGE<br>..... 650, 716, 717  |
| EASY FIBER..... 499                                | EASY TOUCH BLU CTRL<br>SOLN-L1,L3..... 594, 713       | EASY TOUCH TEST STRIP<br>..... 555, 717                  |
| EASY FIBER (WHEAT<br>DEXTRIN).....499              | EASY TOUCH BLULINK<br>GLUC SYST..... 594, 713         | EASY TOUCH<br>TUBERCULIN FLIPLOCK<br>..... 650, 717      |
| EASY GLIDE CATHETER<br>TIP SYRING..... 648, 710    | EASY TOUCH BLULINK<br>TEST STRIP..... 555, 713        | EASY TOUCH TWIST<br>LANCETS..... 595, 717                |
| EASY GLIDE INSULIN<br>SYRINGE..... 619, 620, 710   | EASY TOUCH FLIPLOCK<br>INSULIN..... 620, 713          | EASY TOUCH UNI-SLIP<br>..... 621, 650, 717               |
| EASY GLIDE LUER LOCK<br>SYRINGE..... 648, 710, 711 | EASY TOUCH FLIPLOCK<br>NEEDLE..... 648, 713           | EASY TRAK BLOOD<br>GLUCOSE METER..... 595, 717           |
| EASY GLIDE LUER SLIP<br>TB SYRING..... 648, 711    | EASY TOUCH FLIPLOCK<br>SYRINGE.... 648, 649, 713, 714 | EASY TRAK GLUCOSE<br>TEST..... 555, 718                  |
| EASY GLIDE PEN NEEDLE<br>..... 620, 711            | EASY TOUCH FLURINGE<br>..... 649, 714                 | EASY TRAK HIGH<br>CONTROL..... 595, 718                  |
| EASY MINI EJECT<br>LANCING DEVICE..... 594, 711    | EASY TOUCH FLURINGE<br>FLIPLOCK..... 649, 714         | EASY TRAK II BLOOD<br>GLUCOSE MTR..... 595, 718          |
| EASY NEB COMPRESSOR<br>NEBULIZER..... 665, 711     | EASY TOUCH FLURINGE<br>SHEATHLOCK..... 649, 714       | EASY TRAK II CTRL SOLN-<br>NORMAL..... 595, 718          |
| EASY PLUS II BLOOD<br>GLUCOSE MET..... 594, 711    | EASY TOUCH GLUCOSE<br>MONITOR..... 594, 714           | EASY TRAK II TEST STRIP<br>..... 556, 718                |
| EASY PLUS II HIGH<br>CONTROL..... 594, 711         | EASY TOUCH HIGH-LOW<br>CONTROL..... 595, 714          | EASY TRAK LOW<br>CONTROL..... 595, 718                   |
| EASY PLUS II LOW<br>CONTROL..... 594, 711          | EASY TOUCH<br>HYPODERMIC NEEDLE<br>..... 649, 714     | EASY TWIST AND CAP<br>LANCETS..... 595, 718              |
| EASY PLUS II TEST... 554, 711                      | EASY TOUCH INSULIN<br>SAFETY SYR..... 620, 715        | EASY-C IMMUNE HEALTH 416                                 |
| EASY STEP..... 554, 712                            | EASY TOUCH INSULIN<br>SYRINGE..... 620, 715           |                                                          |
| EASY STEP BLOOD<br>GLUCOSE METER..... 594, 711     | EASY TOUCH LANCETS<br>..... 595, 715                  |                                                          |
| EASY STEP HIGH<br>CONTROL SOLN..... 594, 711       |                                                       |                                                          |
| EASY STEP LOW<br>CONTROL SOLUTION 594, 711         |                                                       |                                                          |

|                                    |                                        |                                      |
|------------------------------------|----------------------------------------|--------------------------------------|
| EASYGLUCO METER.595, 718           | <i>efavirenz-lamivu-tenofov</i>        | ELMIRON..... 507                     |
| EASYGLUCO                          | <i>disop</i> ..... 62                  | ELOCTATE.....524                     |
| MONITORING SYSTEM                  | EFFER-K..... 368                       | <i>eltrombopag olamine</i> ..... 537 |
| .....595, 718                      | EFFEXOR XR.....179                     | Eluryng..... 260                     |
| EASYGLUCO TEST .... 556, 719       | EFFIENT .....535                       | ELYXYB.....222                       |
| EASYMAX..... 556, 719              | EFUDEX.....289                         | ELYZIA..... 297                      |
| EASYMAX 15 LEVEL 2                 | EGRIFTA SV ..... 446                   | ELYZIA (WITH                         |
| .....595, 719                      | EGRIFTA WR.....446                     | HYALURONATE)..... 297                |
| EASYMAX 15 TEST                    | EKTERLY ..... 156                      | EMBRACE BLOOD                        |
| STRIPS.....556, 719                | ELDERTONIC..... 357                    | GLUCOSE SYSTEM                       |
| EASYMAX NG.....595, 719            | ELECARE JR..... 389                    | .....557, 596, 721                   |
| EASYMAX NORMAL                     | <i>electrolytes-dextrose</i> ..... 366 | EMBRACE EVO BLOOD                    |
| CONTROL..... 595, 719              | ELEMAR.....330                         | GLUCOSE KIT..... 596, 721            |
| EASYMAX T1.....595, 719            | ELEMENT COMPACT                        | EMBRACE EVO GLUCOSE                  |
| EASYMAX V SPEAKING                 | GLUCOSE METER..... 596, 720            | MONITOR.....596, 721                 |
| GLUCOSE SYS.....596, 720           | ELEMENT COMPACT HIGH                   | EMBRACE EVO LEVEL 1                  |
| EASYPOINT NEEDLE.650, 720          | CONTROL..... 596, 720                  | .....596, 721                        |
| EASY-TOUCH BLOOD                   | ELEMENT COMPACT                        | EMBRACE EVO TEST                     |
| GLUCOSE METER..... 596, 720        | NORMAL CONTROL...596, 720              | STRIPS.....557, 722                  |
| EBASE CONTROLLER                   | ELEMENT COMPACT TEST                   | EMBRACE GLUCOSE                      |
| .....665, 720                      | STRIPS.....557, 720                    | CONTROL HIGH..... 596, 722           |
| EBGLYSS PEN..... 281               | ELEMENT COMPACT V                      | EMBRACE GLUCOSE                      |
| EBGLYSS SYRINGE.....281            | GLUCOSE MTR..... 596, 720              | CONTROL LOW.....596, 722             |
| ECEOXIA.....266                    | ELEMENT HIGH CONTROL                   | EMBRACE LANCETS. 597, 722            |
| <i>echinacea</i> ..... 8           | .....596, 720                          | EMBRACE LANCING                      |
| <i>echinacea purp aerial part</i>  | ELEMENT LOW CONTROL                    | DEVICE..... 597, 722                 |
| <i>ext</i> .....8                  | .....596, 721                          | EMBRACE PEN NEEDLE                   |
| ECLIPSE NEEDLE..... 650, 720       | ELEMENT NORMAL                         | .....621, 722                        |
| ECLIPSE SYRINGE                    | CONTROL..... 596, 721                  | EMBRACE PRO.....597, 722             |
| .....650, 651, 720                 | ELEMENT PLUS BLOOD                     | EMBRACE PRO GLUCOSE                  |
| EC-NAPROSYN..... 39                | GLUCOSE KIT..... 596, 721              | METER.....597, 722                   |
| EC-NAPROXEN..... 39                | ELEMENT TEST STRIPS                    | EMBRACE PRO TEST                     |
| <i>econazole nitrate</i> ..... 287 | .....557, 721                          | STRIPS.....558, 722                  |
| ECONTRA EZ..... 261                | ELEPSIA XR.....172                     | EMBRACE SAFETY                       |
| ECONTRA ONE-STEP.....261           | ELESTRIN.....439                       | LANCET..... 597, 722                 |
| ECOTRIN..... 42, 535               | <i>eletriptan</i> .....222             | EMBRACE TALK BLOOD                   |
| ECOZA.....287                      | ELIDEL..... 297                        | GLUCOSE SYS.....597, 723             |
| EDARBI..... 129                    | ELIGARD.....95                         | EMBRACE TALK                         |
| EDARBYCLOR.....127                 | ELIGARD (4 MONTH)..... 95              | CONTROL-HIGH (L2). 597, 723          |
| EDECRIIN..... 152                  | ELIMITE.....346                        | EMBRACE TALK                         |
| EDLUAR.....235                     | Elinest.....250                        | CONTROL-LOW (L1).. 597, 723          |
| ED-SPAZ..... 473, 516              | ELIQUIS..... 521                       | EMBRACE TALK                         |
| EDURANT..... 58                    | ELIQUIS DVT-PE TREAT                   | GLUCOSE MONITOR. 597, 723            |
| EDURANT PED.....58                 | 30D START..... 521                     | EMBRACE TALK TEST                    |
| EEMT.....437                       | ELITE-OB..... 377                      | STRIPS.....558, 723                  |
| EEMT HS.....437                    | Elixophyllin.....851                   | EMBRACE WAVE                         |
| <i>efavirenz</i> ..... 58          | ELLA.....261                           | GLUCOSE TEST STRP                    |
| <i>efavirenz-emtricitabin-</i>     | ELLUME COVID-19 HOME                   | .....558, 723                        |
| <i>tenofov</i> .....62             | TEST..... 583, 721                     | EMBRACE WAVE PLUS                    |
|                                    | ELLZIA PAK..... 324                    | GLUCOSE MTR..... 597, 723            |



|                                      |               |                                          |          |                                        |               |
|--------------------------------------|---------------|------------------------------------------|----------|----------------------------------------|---------------|
| EMEND.....                           | 465, 466      | Enilloring.....                          | 260      | EPRONTIA.....                          | 168           |
| EMERGEN-C.....                       | 409           | <i>enoxaparin</i> .....                  | 533      | <i>eprosartan</i> .....                | 129           |
| EMERGEN-C APPLE                      |               | ENOXILUV.....                            | 533      | EPSOLAY.....                           | 338           |
| CIDER VINEGAR.....                   | 8, 409        | Enpresse.....                            | 258      | EQUETRO.....                           | 166, 207      |
| EMERGEN-C                            |               | ENSACOVE.....                            | 85       | <i>ergocalciferol (vitamin d2)</i> ... | 418           |
| ASHWAGANDHA.....                     | 409           | Enskyce.....                             | 250      | <i>ergoloid</i> .....                  | 245           |
| EMERGEN-C                            |               | ENSPRYNG.....                            | 540      | ERGOMAR.....                           | 221           |
| ELDERBERRY.....                      | 409           | ENSTILAR.....                            | 278      | <i>ergotamine-caffeine</i> .....       | 222           |
| EMERGEN-C ENERGY                     |               | ENSURE CLEAR                             |          | ERIVEDGE.....                          | 94            |
| PLUS.....                            | 409           | THERAPEUTIC.....                         | 389      | ERLEADA.....                           | 86            |
| EMERGEN-C IMMUNE                     |               | ENSURE RAPID                             |          | <i>erlotinib</i> .....                 | 83            |
| PLUS.....                            | 409           | HYDRATION.....                           | 367      | ERMEZA.....                            | 459           |
| EMERGEN-C KIDZ DAILY                 |               | ENSURE SURGERY.....                      | 389      | Errin.....                             | 257           |
| IMMUNE.....                          | 394           | ENSURE SURGERY                           |          | ERTACZO.....                           | 287           |
| EMERGEN-C KIDZ                       |               | PERIOP BUNDLE.....                       | 389      | Ery Pads.....                          | 266           |
| IMMUNE PLUS.....                     | 394           | <i>entacapone</i> .....                  | 185      | ERYGEL.....                            | 266           |
| EMERGEN-C TURMERIC                   |               | ENTADFI.....                             | 506      | ERYPED 400.....                        | 70            |
| GINGER.....                          | 409, 410      | <i>entecavir</i> .....                   | 66       | Ery-Tab.....                           | 70            |
| EMFLAZA.....                         | 443           | <i>enteral connector, enfit</i> 585, 723 |          | ERYTHROCIN (AS                         |               |
| EMGALITY PEN.....                    | 220           | ENTERAL GRAVITY BAG                      |          | STEARATE).....                         | 70            |
| EMGALITY SYRINGE.....                | 159, 220      | SET-ENFIT.....                           | 585, 724 | <i>erythromycin</i> .....              | 70, 839       |
| EMPAVELI.....                        | 519, 536      | ENTRESTO.....                            | 128      | <i>erythromycin ethylsuccinate</i> ..  | 70            |
| EMROSI.....                          | 78, 337       | ENTRESTO SPRINKLE.....                   | 128      | <i>erythromycin with ethanol</i> ....  | 266           |
| EMSAM.....                           | 175           | ENTTY.....                               | 304      | <i>erythromycin-benzoyl</i>            |               |
| <i>emtricitabine</i> .....           | 59            | ENTYVIO PEN.....                         | 481      | <i>peroxide</i> .....                  | 268           |
| <i>emtricitabine-tenofovir (tdf)</i> |               | Enulose.....                             | 466      | ESBRIET.....                           | 864           |
| .....                                | 58, 59        | ENVARUSUS XR.....                        | 539      | <i>escitalopram oxalate</i> .....      | 176           |
| <i>emtricitabine-tenofovir</i> ..... | 62            | ENVIVE.....                              | 488      | Esgic.....                             | 26            |
| EMTRIVA.....                         | 59            | ENZNONUTY.....                           | 330      | <i>eslicarbazepine</i> .....           | 166           |
| EMULSION SB.....                     | 304           | EOHILIA.....                             | 443      | <i>esomeprazole magnesium</i> ..       | 469           |
| EMVERM.....                          | 50            | EPANED.....                              | 124      | ESPEROCT.....                          | 524           |
| Emzahh.....                          | 257           | EPCLUSA.....                             | 67       | Estarylla.....                         | 250           |
| <i>enalapril maleate</i> .....       | 124           | EPICERAM.....                            | 304      | <i>estazolam</i> .....                 | 205, 234      |
| <i>enalapril-hydrochlorothiazide</i> |               | EPICYN.....                              | 347      | Estrace.....                           | 866           |
| .....                                | 124           | EPIDIOLEX.....                           | 163      | <i>estradiol</i> .....                 | 439, 440, 866 |
| ENBRACE HR.....                      | 385           | EPIDUO.....                              | 274      | <i>estradiol valerate</i> .....        | 440           |
| ENBREL.....                          | 27, 29        | EPIDUO FORTE.....                        | 274      | <i>estradiol-norethindrone acet</i>    | 437           |
| ENBREL MINI.....                     | 27, 29        | EPIFIX AMNIOTIC                          |          | ESTRATEST F.S.....                     | 437           |
| ENBREL SURECLICK.....                | 27, 29        | MEMBRANE.....                            | 344      | ESTRING.....                           | 866           |
| ENDARI.....                          | 353, 388, 536 | EPIFOAM.....                             | 325      | ESTROGEL.....                          | 440           |
| ENDO AVITENE.....                    | 529           | <i>epinastine</i> .....                  | 826      | <i>estrogens-</i>                      |               |
| Endocet.....                         | 21, 23        | <i>epinephrine</i> .....                 | 149, 848 | <i>methyltestosterone</i> .....        | 437           |
| ENDOMETRIN.....                      | 441           | EPIPEN.....                              | 150      | ESTROVEN CMPLT                         |               |
| ENFIT IRRIGAT SYRINGE-               |               | EPIPEN 2-PAK.....                        | 150      | MENOPAUSE RLF.....                     | 8             |
| CONTAINR.....                        | 585, 723      | EPIPEN JR.....                           | 150      | ESTROVEN SLIMBIOTICS.....              | 489           |
| ENFIT MEDICAL STRAW                  |               | EPIPEN JR 2-PAK.....                     | 150      | <i>eszopiclone</i> .....               | 235           |
| .....                                | 640, 723      | Epitol.....                              | 166, 207 | <i>ethacrynic acid</i> .....           | 152           |
| ENFIT MEDICINE BOTTLE                |               | EPIVIR.....                              | 59       | <i>ethambutol</i> .....                | 63            |
| ADAPTER.....                         | 640, 723      | <i>eplerenone</i> .....                  | 125, 151 | <i>ethosuximide</i> .....              | 173           |
| ENGERIX-B (PF).....                  | 111           | EPOGEN.....                              | 522      | ETHOXIA.....                           | 276           |

|                                         |               |                                     |               |                                          |               |
|-----------------------------------------|---------------|-------------------------------------|---------------|------------------------------------------|---------------|
| <i>ethyl acetate</i> .....              | 241           | EVOLUTION TEST STRIPS               |               | FANAPT TITRATION PACK                    |               |
| <i>ethyl alcohol</i> .....              | 154           | .....                               | 560, 726      | B.....                                   | 188           |
| <i>ethyl chloride</i> .....             | 332           | EVOTAZ.....                         | 60, 73        | FANAPT TITRATION PACK                    |               |
| <i>ethynodiol diac-eth estradiol</i>    | 250           | EVOXAC.....                         | 817           | C.....                                   | 188           |
| <i>etodolac</i> .....                   | 40            | EVRYSDI.....                        | 546           | FANTASY CONDOM...637, 727                |               |
| <i>etonogestrel-ethinyl estradiol</i>   |               | EXCEL SYRINGE.....                  | 651, 726      | FARESTON.....                            | 104           |
| .....                                   | 260           | EXEL HYPODERMIC                     |               | FARXIGA.....                             | 429           |
| <i>etoposide</i> .....                  | 92            | NEEDLES.....                        | 651, 726      | FASENRA PEN.....                         | 850           |
| <i>etravirine</i> .....                 | 58            | EXEL INSULIN.....                   | 621, 726      | FASTEP COVID-19 AG                       |               |
| <i>eua patient assessment</i>           |               | EXEL SYRINGE..                      | 651, 726, 727 | HOME TEST.....                           | 583, 727      |
| .....                                   | 640, 724      | EXELDERM.....                       | 287           | FC2 FEMALE CONDOM                        |               |
| EUCERIN ADVANCED                        |               | EXELON PATCH.....                   | 243           | .....                                    | 586, 728      |
| REPAIR.....                             | 304           | <i>exemestane</i> .....             | 90            | <i>febuxostat</i> .....                  | 518           |
| EUCERIN INTENSIVE                       |               | <i>exenatide</i> .....              | 427           | FEIBA NF.....                            | 520           |
| REPAIR.....                             | 304           | EXFORGE.....                        | 126           | Feirza.....                              | 250           |
| EUCRISA.....                            | 282           | EXFORGE HCT.....                    | 126           | <i>felbamate</i> .....                   | 163           |
| EUFLEXXA.....                           | 543           | EXJADE.....                         | 46            | FELBATOL.....                            | 163           |
| EURAX.....                              | 346           | EXODERM.....                        | 285           | FELDENE.....                             | 38            |
| EUTHYROX.....                           | 459           | EXTENDED RESERVOIR                  |               | <i>felodipine</i> .....                  | 148           |
| EVAMIST.....                            | 440           | .....                               | 621, 727      | FEM DOPHILUS.....                        | 489           |
| Evekeo.....                             | 197, 213, 230 | EYE.....                            | 461           | FEM PH.....                              | 866           |
| EVENCARE.....                           | 597, 724, 725 | EYE HEALTH AREDS-2.....             | 3             | FEMALE CATHETER..                        | 673, 728      |
| EVENCARE G2...558, 597, 724             |               | EYE HEALTH PLUS                     |               | FEMARA.....                              | 90            |
| EVENCARE G3 CONTROL                     |               | LUTEIN.....                         | 3, 378        | FEMCAP.....                              | 581, 728      |
| .....                                   | 597, 724      | EYE MULTIVITAMIN.....               | 3, 378        | FEMLYV.....                              | 250           |
| EVENCARE G3 GLUCOSE                     |               | EYELID WIPES (WITH                  |               | FEMRING.....                             | 867           |
| METER.....                              | 597, 724      | CHAMOMILE).....                     | 307           | <i>fenofibrate</i> .....                 | 133           |
| EVENCARE G3 TEST.559, 724               |               | EYSUVIS.....                        | 827           | <i>fenofibrate micronized</i> .....      | 133           |
| EVENCARE MINI                           |               | E-Z JECT LANCETS...598, 727         |               | <i>fenofibrate nanocrystallized</i> ..   | 133           |
| GLUCOSE TEST STR.559, 725               |               | E-Z JECT THIN LANCETS               |               | <i>fenofibric acid</i> .....             | 133           |
| EVENCARE MINI                           |               | .....                               | 598, 727      | <i>fenofibric acid (choline)</i> .....   | 133           |
| MONITOR SYSTEM....597, 725              |               | EZ SMART CONTROL 598, 727           |               | FENOGLIDE.....                           | 133           |
| EVENCARE PROVIEW                        |               | EZ SMART LANCETS.598, 727           |               | <i>fenoprofen</i> .....                  | 39            |
| TEST STRIP.....                         | 559, 725      | EZ SMART PLUS SYSTEM                |               | FENOPRON.....                            | 39            |
| EVENCARE TEST.....                      | 559, 725      | .....                               | 598, 727      | FENOVAR.....                             | 333           |
| <i>evening primrose oil</i> .....       | 8             | EZ SMART PLUS TEST                  |               | FENOVIA.....                             | 285           |
| <i>everolimus (antineoplastic)</i> .... | 97            | .....                               | 560, 727      | <i>fentanyl</i> .....                    | 13            |
| <i>everolimus</i>                       |               | EZ SMART SYSTEM...598, 727          |               | <i>fentanyl citrate</i> .....            | 12, 13        |
| (immunosuppressive).....                | 540           | EZ SMART TEST.....                  | 560, 727      | <i>fentanyl citrate (pf)</i> .....       | 12, 43        |
| EVERSENSE 365 SENSOR                    |               | EZALLOR SPRINKLE.....               | 135           | <i>fentanyl citrate (pf)-0.9%nacl</i> .. | 12            |
| .....                                   | 597, 725      | <i>ezetimibe</i> .....              | 139           | <i>fenugreek seed</i> .....              | 8             |
| EVERSENSE 365                           |               | <i>ezetimibe-rosuvastatin</i> ..... | 143           | FERGON.....                              | 361           |
| TRANSMITTER.....                        | 598, 726      | <i>ezetimibe-simvastatin</i> .....  | 143           | FERIVA 21-7.....                         | 363           |
| EVICEL.....                             | 531           | FABHALTA.....                       | 519           | FERIVA FA (WITH                          |               |
| EVISTA.....                             | 457           | Falmina (28).....                   | 250           | SUMALATE).....                           | 363           |
| EVOCLIN.....                            | 266           | <i>famciclovir</i> .....            | 68            | FERRETTS IPS.....                        | 361           |
| EVOLUTION BLOOD                         |               | <i>famotidine</i> .....             | 468           | <i>ferric citrate</i> .....              | 362, 509, 510 |
| GLUCOSE METER.....                      | 598, 726      | FANAPT.....                         | 188           | <i>ferric glycinate</i> .....            | 362           |
| EVOLUTION NORMAL                        |               | FANAPT TITRATION PACK               |               | FERRIPROX.....                           | 47            |
| CONTROL.....                            | 598, 726      | A.....                              | 188           |                                          |               |

|                                      |          |                                     |          |                                             |               |
|--------------------------------------|----------|-------------------------------------|----------|---------------------------------------------|---------------|
| FERRIPROX (2 TIMES A DAY).....       | 47       | FIRVANQ.....                        | 65       | FLOWFLEX PLUS COVID-19 AND FLU.....         | 583, 728      |
| <i>ferrous fumarate</i> .....        | 362      | FISH OIL.....                       | 140      | FLUAD 2025-2026 (65 YR UP)(PF).....         | 119           |
| <i>ferrous gluconate</i> .....       | 362      | Flac Otic Oil.....                  | 842      | FLUARIX 2025-2026 (PF)...                   | 119           |
| <i>ferrous sulfate</i> .....         | 362      | FLAREX.....                         | 828      | FLUBLOK 2025-2026 (PF) ..                   | 119           |
| FERVINA.....                         | 285      | FLASHARREST.....                    | 8        | FLUCELVAX 2025-2026.....                    | 119           |
| <i>fesoterodine</i> .....            | 517      | <i>flavoxate</i> .....              | 517      | FLUCELVAX 2025-2026 (PF).....               | 119           |
| FETZIMA.....                         | 179      | <i>flaxseed oil</i> .....           | 8        | <i>fluconazole</i> .....                    | 52            |
| FE-VITE.....                         | 362      | <i>flecainide</i> .....             | 131      | <i>flucytosine</i> .....                    | 51            |
| Fexmid.....                          | 545      | FLECTOR.....                        | 334      | <i>fludrocortisone</i> .....                | 457           |
| FIASP FLEXTOUCH U-100 INSULIN.....   | 452      | FLEQSUVY.....                       | 545      | FLULAVAL 2025-2026 (PF) 119                 |               |
| FIASP PENFILL U-100 INSULIN.....     | 452      | FLEXICHAMBER.....                   | 665, 728 | FLUMIST 2025-2026... 113, 120               |               |
| FIASP PUMPCART.....                  | 452      | FLEXICHAMBER-LG CHILD MASK.....     | 665, 728 | FLUMIST HOME 2025-2026.....                 | 113, 120      |
| FIASP U-100 INSULIN.....             | 452      | FLEXICHAMBER-SM ADULT MASK.....     | 665, 728 | <i>flunisolide</i> .....                    | 860           |
| FIBER (DEXTRIN).....                 | 499      | FLEXICHAMBER-SM CHILD MASK.....     | 665, 728 | <i>fluocinolone</i> .....                   | 313           |
| FIBER (PSYLLIUM HUSK-SUGAR).....     | 499      | FLEXI-SEAL SIGNAL FMS.....          | 614, 728 | <i>fluocinolone acetonide oil</i> ...       | 842           |
| FIBER (WITH ASPARTAME).....          | 500      | FLINTSTONES COMPLETE (FE SULF)..... | 394      | <i>fluocinolone and shower cap</i> .....    | 313           |
| FIBER GUMMIES.....                   | 500      | FLINTSTONES IMMUNITY SUPPORT.....   | 394      | <i>fluocinonide</i> .....                   | 313, 314      |
| FIBER GUMMIES (WITH B-COMPLEX).....  | 500      | FLINTSTONES WITH EXTRA IRON.....    | 394      | Fluocinonide-E.....                         | 314           |
| FIBER SUPPLEMENT(WHEATDEX TRIN)..... | 500      | FLOLIPID.....                       | 135      | <i>fluocinonide-emollient</i> .....         | 314           |
| FIBER THERAPY (PSYLLIUM-SUCRO).....  | 500      | FLOMAX.....                         | 511      | FLUOPAR.....                                | 324           |
| FIBERWELL.....                       | 500      | FLORAFOL FE PEDIATRIC.....          | 395      | <i>fluorescein-benoxinate</i> 834, 835      |               |
| FIBRICOR.....                        | 134      | FLORAFOL PEDIATRIC.....             | 396      | <i>fluorescein-proparacaine</i> .....       | 834           |
| <i>fidaxomicin</i> .....             | 70       | FLORAFOL PEDIATRIC MULTIVITAMI..... | 395      | <i>fluoride (sodium)</i> .....              | 813           |
| FIDILA.....                          | 285      | FLORAJEN WOMEN.....                 | 489      | FLUORIDEX DAILY DEFENSE.....                | 813           |
| FILOMA.....                          | 286      | FLORAMAX.....                       | 489      | FLUORIDEX SENSITIVITY RELIEF.....           | 813           |
| FILSPARI.....                        | 122      | FLORASAVE.....                      | 489      | FLUORIMAX 5000.....                         | 813           |
| FILSUVEZ.....                        | 351      | FLORASTART.....                     | 489      | FLUORIMAX 5000 SENSITIVE.....               | 814           |
| FINACEA.....                         | 266, 338 | FLORASTOR ADVANCED..                | 489      | <i>fluorometholone</i> .....                | 828           |
| <i>finasteride</i> .....             | 511      | FLORASTOR DIGEST-METABOLIC.....     | 489      | <i>fluorouracil</i> .....                   | 289, 290      |
| FINAZOL.....                         | 378      | FLORASTOR WOMAN'S PROBIOTIC.....    | 489      | FLUOVIX.....                                | 314           |
| FINGERSTIX LANCETS.....              | 598, 728 | FLORASTORBABY.....                  | 489      | FLUOVIX PLUS.....                           | 314           |
| <i>fingolimod</i> .....              | 820      | FLORASTORKIDS.....                  | 489      | <i>fluoxetine</i> .....                     | 176, 177      |
| FINTEPLA.....                        | 175      | FLORASTORSELECT GUT BOOST.....      | 489      | FLUOXIA.....                                | 323           |
| Finzala.....                         | 250      | FLORASTORSELECT IMMUNITY BOOST..... | 489      | <i>fluphenazine hcl</i> .....               | 191           |
| Fioricet.....                        | 26       | FLORATUMMYS QUICK DISSOLVE.....     | 490      | <i>flurandrenolide</i> .....                | 314           |
| FIORICET WITH CODEINE..              | 19       | FLOWFLEX COVID-19 AG HOME TEST..... | 583, 728 | <i>flurazepam</i> .....                     | 205, 234      |
| FIRAZYR.....                         | 146      |                                     |          | <i>flurbiprofen</i> .....                   | 39            |
| FIRDAPSE.....                        | 543      |                                     |          | <i>flurbiprofen sodium</i> .....            | 831           |
| FIRMAGON KIT W DILUENT SYRINGE.....  | 96       |                                     |          | <i>fluticasone propionate</i> .....         | 314, 849, 860 |
|                                      |          |                                     |          | <i>fluticasone propion-salmeterol</i> ..... | 856           |

|                                      |               |                                  |          |                                  |               |
|--------------------------------------|---------------|----------------------------------|----------|----------------------------------|---------------|
| <i>fluvastatin</i> .....             | 135, 136      | FORA LANCING DEVICE              |          | FORTIFY OPTIMA WOMEN             |               |
| <i>fluvoxamine</i> .....             | 177           | .....                            | 598, 730 | PROBIOTIC.....                   | 490           |
| FLUZONE 2025-2026.....               | 120           | FORA LOW CONTROL                 |          | FORTIFY PROBIOTIC.....           | 490           |
| FLUZONE 2025-2026 (PF) ..            | 120           | .....                            | 598, 730 | FORTIFY PROBIOTIC 50             |               |
| FLUZONE HIGH-DOSE                    |               | FORA NORMAL CONTROL              |          | PLUS.....                        | 490           |
| 2025-26 (PF).....                    | 120           | .....                            | 598, 730 | FORTIFY WOMEN                    |               |
| FML FORTE.....                       | 828           | FORA PREMIUM V10                 |          | PROBIO(L.SALIV.).....            | 490           |
| FML LIQUIFILM.....                   | 828           | GLUCOSE METER.....               | 599, 730 | FORTIFY WOMEN                    |               |
| FOCALIN.....                         | 197           | FORA TEST N'GO VOICE             |          | PROBIOTIC.....                   | 491           |
| FOCALIN XR.....                      | 197           | METER.....                       | 599, 730 | FOSAMAX.....                     | 435           |
| FOLAGENT DHA.....                    | 378           | FORA TEST STRIP.....             | 562, 731 | FOSAMAX PLUS D.....              | 434           |
| FOLAMAX.....                         | 378           | FORA TN'G ADV MOBILE             |          | <i>fosamprenavir</i> .....       | 73            |
| FOLAMED DHA.....                     | 378           | MULTI MTR.....                   | 580, 731 | <i>fosfomycin tromethamine</i>   |               |
| FOLAPRIME.....                       | 378           | FORA TN'G ADVAN PRO              |          | .....                            | 51, 514       |
| FOLCYTEINE.....                      | 419           | TEST STRIP.....                  | 562, 731 | <i>fosinopril</i> .....          | 124           |
| FOLET ONE.....                       | 385, 398      | FORA TN'G ADVANCE                |          | <i>fosinopril-</i>               |               |
| FOLETRA.....                         | 419           | PRO MONITOR.....                 | 580, 731 | <i>hydrochlorothiazide</i> ..... | 124           |
| <i>folic acid</i> .....              | 419           | FORA TN'G VOICE METER            |          | FOSRENOL.....                    | 509           |
| <i>folic acid-vitamin b6-vit b12</i> | 411           | .....                            | 599, 731 | FOTIVDA.....                     | 101           |
| FOLIC D3.....                        | 410           | FORA TN'G VOICE TEST             |          | FRAGMIN.....                     | 533           |
| FOLICORE B COMPLEX.....              | 411           | STRIPS.....                      | 562, 731 | FRAICHE 5000.....                | 814           |
| FOLIKA-BC.....                       | 354           | FORA V10.....                    | 563, 732 | FRAICHE 5000 PREVI.....          | 814           |
| FOLIVANE-OB.....                     | 378           | FORA V10-V12-D10-D20             |          | FRAICHE 5000 SENSITIVE           | 814           |
| FOLLISTIM AQ.....                    | 441           | STRIPS.....                      | 563, 732 | FREESTYLE CONTROL                |               |
| FOLVITA COMPLEX.....                 | 411           | FORA V12 BLOOD                   |          | .....                            | 599, 733      |
| <i>fondaparinux</i> .....            | 532, 533      | GLUCOSE SYSTEM...                | 599, 732 | FREESTYLE FLASH                  |               |
| FORA 6 CONNECT                       |               | FORACARE GD20.....               | 563, 732 | SYSTEM.....                      | 599, 733      |
| GLUCOSE STRIP.....                   | 560, 728      | FORACARE GD20                    |          | FREESTYLE FREEDOM                |               |
| FORA 6CONN-GTEL-TN'G                 |               | GLUCOSE METER.....               | 599, 732 | .....                            | 599, 733      |
| ADV STRIP.....                       | 561, 729      | FORACARE GD40 TEST               |          | FREESTYLE FREEDOM                |               |
| FORA D40D GLUCOSE-BP                 |               | STRIPS.....                      | 563, 733 | LITE.....                        | 599, 733      |
| MONITOR.....                         | 581, 598, 729 | FORACARE GD40B                   |          | FREESTYLE INSULINX               |               |
| FORA D40G GLUCOSE-BP                 |               | GLUCOSE METER.....               | 599, 733 | .....                            | 564, 599, 733 |
| MONITOR.....                         | 581, 598, 729 | FORACARE GDH HIGH                |          | FREESTYLE INSULINX               |               |
| FORA D40-G31 TEST                    |               | CONTROL.....                     | 599, 733 | TEST STRIPS.....                 | 564, 734      |
| STRIPS.....                          | 561, 729      | FORACARE GDH LOW                 |          | FREESTYLE LANCETS                |               |
| FORA G20.....                        | 561, 598, 729 | CONTROL.....                     | 599, 733 | .....                            | 599, 734      |
| FORA G30A.....                       | 598, 729      | FORACARE GDH NORMAL              |          | FREESTYLE LIBRE 14 DAY           |               |
| FORA GD50 BLOOD                      |               | CONTROL.....                     | 599, 733 | READER.....                      | 599, 734      |
| GLUCOSE SYSTEM...                    | 598, 729      | FORACARE LANCETS                 |          | FREESTYLE LIBRE 14 DAY           |               |
| FORA GD50 TEST STRIPS                |               | .....                            | 599, 733 | SENSOR.....                      | 599, 734      |
| .....                                | 561, 730      | FORANE.....                      | 42       | FREESTYLE LIBRE 2 PLUS           |               |
| FORA GTEL GLUCOSE                    |               | <i>formoterol fumarate</i> ..... | 853      | SENSOR.....                      | 600, 734      |
| TEST STRIP.....                      | 562, 730      | FORTEO.....                      | 434      | FREESTYLE LIBRE 2                |               |
| FORA GTEL MULTI-                     |               | FORTIFY OPT ADV (L.              |          | READER.....                      | 600, 734      |
| FUNCTN MONITOR....                   | 580, 730      | SALIVARUS).....                  | 490      | FREESTYLE LIBRE 2                |               |
| FORA HIGH CONTROL                    |               | FORTIFY OPTIMA                   |          | SENSOR.....                      | 600, 734      |
| .....                                | 598, 730      | PROBIOTIC.....                   | 490      | FREESTYLE LIBRE 3 PLUS           |               |
|                                      |               | FORTIFY OPTIMA WOMEN             |          | SENSOR.....                      | 600, 734      |
|                                      |               | ADVANCED.....                    | 490      |                                  |               |



|                                                |                                                |                                                |
|------------------------------------------------|------------------------------------------------|------------------------------------------------|
| FREESTYLE LIBRE 3<br>READER.....600, 734       | GARDASIL 9 (PF)..... 118                       | Gemmily..... 251                               |
| FREESTYLE LIBRE 3<br>SENSOR..... 600, 734      | <i>garlic</i> ..... 8                          | GEMTESA..... 508                               |
| FREESTYLE LITE METER<br>.....600, 734          | <i>garlic extract</i> ..... 8                  | GENABIO COVID-19 RAPID<br>AT-HOME.....583, 737 |
| FREESTYLE LITE STRIPS<br>.....564, 735         | GARLICIN CARDIO.....8                          | GENADEK.....394                                |
| FREESTYLE PRECISION<br>.....621, 735           | GARLIX..... 8                                  | GENADEK STEP 1.....378                         |
| FREESTYLE PRECISION<br>NEO METER..... 600, 735 | GAS RELIEF-PREVENTION<br>.....472              | GENADEK STEP 2.....378                         |
| FREESTYLE PRECISION<br>NEO STRIPS.....564, 735 | GASTRACID.....467                              | GENADUR.....344                                |
| FREESTYLE SIDEKICK II<br>.....600, 735         | GASTROCROM..... 96                             | GENADUR (WITH<br>LEXINAL).....344              |
| FREESTYLE SYSTEM KIT<br>.....600, 735          | <i>gatifloxacin</i> .....838                   | Generlac.....466                               |
| FREESTYLE TEST..... 565, 736                   | GATTEX 30-VIAL..... 505                        | Gengraf.....33, 539                            |
| FREESTYLE UNISTIK 2<br>.....600, 736           | GATTEX ONE-VIAL..... 505                       | GENNAMD..... 8                                 |
| FRIVO.....285                                  | GAVILYTE-C..... 502                            | GENOTROPIN..... 446                            |
| FROTEK.....334                                 | Gavilyte-G.....502                             | GENOTROPIN MINIQUEL 446                        |
| FROVA.....223                                  | Gavilyte-N.....502                             | <i>gentamicin</i> ..... 282, 838               |
| <i>frovatriptan</i> .....223                   | GAVRETO.....105                                | GENTLE IRON.....363                            |
| FRUITIVITS.....389                             | GDRIVE.....600, 736                            | GENTLE SKIN CLEANSER 339                       |
| FRUZAQLA.....101                               | GE100 BLOOD GLUCOSE<br>SYSTEM.....600, 736     | GENTLE SKIN<br>CLEANSER(WITH SLS).....340      |
| FULPHILA.....526                               | GE100 BLOOD GLUCOSE<br>TEST STRIP.....565, 736 | GENVISC 850.....543                            |
| Fulvicin P/G.....53                            | GE100 CONTROL<br>SOLUTION NORMAL..600, 736     | GENVOYA.....61                                 |
| FURADANTIN.....51, 513                         | GE333 BLOOD GLUCOSE<br>SYSTEM.....600, 736     | GEODON.....188, 209                            |
| FUROSCIX.....152                               | GE333 BLOOD GLUCOSE<br>TEST STRIP.....565, 737 | GERI-MUCIL<br>(ASPARTAME).....500              |
| <i>furosemide</i> .....152                     | <i>gefitinib</i> .....83                       | GERI-MUCIL (SUGAR).....500                     |
| FUZEON.....56                                  | <i>gelatin</i> .....8                          | GI PROTECT.....392                             |
| Fyavolv.....437                                | GELCLAIR.....816                               | GILENYA.....820                                |
| FYCOMPA.....161                                | GELFILM.....529, 837                           | GILOTRIF.....83                                |
| FYLNETRA.....526                               | GEL-FLOW.....529                               | GIMOTI.....472                                 |
| Fyremadel.....456                              | GEL-FLOW NT.....529                            | <i>ginger (zingiber officinalis)</i> .....8    |
| G TUSSIN AC.....864                            | GELFOAM.....529, 530                           | <i>ginger root-ginger root ext</i> .....8      |
| <i>gabapentin</i> .....164, 232                | GELFOAM COMPRESSED<br>SIZE 100.....529         | <i>ginkgo biloba leaf extract</i> .....8       |
| GABARONE.....164                               | GELFOAM JMI POWDER...529                       | GINKGO BILOBA PLUS<br>(BACOPA).....8           |
| GALAFOLD.....812                               | GELFOAM JMI SPONGE...529                       | GIRLS TRAINING PANTS<br>4T-5T.....614, 737     |
| <i>galantamine</i> .....243                    | GELFOAM SPONGE SIZE<br>100.....529             | GLASSIA.....859                                |
| Galbriela.....250                              | GELFOAM SPONGE SIZE<br>12-7MM.....529          | <i>glatiramer</i> .....819                     |
| Gallifrey.....457                              | GELFOAM SPONGE SIZE<br>200.....529             | Glatopa.....819                                |
| GALZIN.....46                                  | GELFOAM SPONGE SIZE<br>50.....530              | GLEEEVEC.....101                               |
| <i>gamma-aminobutyric acid</i> .....8          | GELMIX.....242                                 | GLEOSTINE.....85                               |
| GAMMAGARD LIQUID.....112                       | GEL-ONE.....543                                | <i>glimepiride</i> .....429, 430               |
| GAMMAKED.....112                               | GELSYN-3.....543                               | <i>glipizide</i> .....430                      |
| GAMUNEX-C.....112                              | <i>gemfibrozil</i> .....134                    | <i>glipizide-metformin</i> .....429            |
| <i>ganirelix</i> .....456                      |                                                | GLOPERBA.....518                               |
|                                                |                                                | GLUCAGON (HCL)<br>EMERGENCY KIT.....422        |
|                                                |                                                | Glucagon Emergency Kit<br>(Human).....422      |

|                                             |               |                                             |               |                                          |          |
|---------------------------------------------|---------------|---------------------------------------------|---------------|------------------------------------------|----------|
| <i>gluc-chon-msm-col-hy-bos-c-min</i> ..... | 1             | GLUCOCOM LANCETS                            | 601, 740      | GOJJI BLOOD GLUCOSE                      |          |
| GLUCERNA 1.5 CAL.....                       | 390           | GLUCOSA IMMUNE                              |               | TEST STRIP.....                          | 567, 741 |
| GLUCERNA HUNGER                             |               | BOOSTER.....                                | 9             | GOJJI GLUCOSE CNTRL                      |          |
| SMART.....                                  | 390           | <i>glucosam su dip-chondroit-c-mn</i> ..... | 1             | SOL-NORMAL.....                          | 602, 741 |
| GLUCERNA SNACK BAR...390                    |               | <i>glucosam-chondr-msm-c-manganes</i> ..... | 1             | GOJJI LANCETS.....                       | 602, 741 |
| GLUCO NAVII GLUCOSE                         |               | <i>glucosam-chondr-vit c-mn-boron</i> ..... | 1             | GOJJI LANCING DEVICE                     | 602, 741 |
| MONITOR.....                                | 601, 737      | <i>glucosamine 2kcl-msm-chondroit</i> ..... | 1             | GOJJI MULTI-FUNCTIONAL                   |          |
| GLUCO NAVII TEST STRIP                      |               | <i>glucosamine sulfate</i> .....            | 1             | METER.....                               | 580, 741 |
| .....                                       | 565, 737      | GLUCOSAMINE-CHONDR-D3 (C-MANG).....         | 1             | GOLD BOND                                |          |
| GLUCOCARD 01 HI-                            |               | <i>glucosamine-chondroitin</i> .....        | 1             | THERAPEUTIC FOOT.....                    | 304      |
| NORMAL CONTROL...601, 737                   |               | <i>glucosamine-d3-boswellia serr</i> .....  | 1             | <i>goldenseal root</i> .....             | 9        |
| GLUCOCARD 01 METER                          |               | <i>glucosamine-d3-hyaluronic acid</i> ..... | 2             | GOLYTELY.....                            | 502      |
| .....                                       | 601, 737      | <i>glucosamine-msm-chondr-d3-bosw</i> ..... | 2             | GOMEKLI.....                             | 96       |
| GLUCOCARD 01 NORMAL                         |               | <i>glucosam-msm-chond-hrb149-hyal</i> ..... | 2             | GONAL-F.....                             | 442      |
| CONTROL.....                                | 601, 737      | <i>glucose</i> .....                        | 422           | GONAL-F RFF.....                         | 442      |
| GLUCOCARD 01 SENSOR                         |               | GLUCOSE CONTROL.....                        | 602, 740      | GONAL-F RFF REDI-JECT.....               | 441      |
| PLUS.....                                   | 566, 738      | GLUCOSE KETONE                              |               | GONITRO.....                             | 129      |
| GLUCOCARD                                   |               | CONTROL SOLN.....                           | 602, 740      | GOPRELTO.....                            | 859      |
| EXPRESSION.....                             | 566, 601, 738 | GLUCOTROL XL.....                           | 430           | GOTOKNOW COVID-19 AG                     |          |
| GLUCOCARD SHINE..601, 738                   |               | <i>glutamine</i> .....                      | 353, 505      | HOME TEST.....                           | 583, 741 |
| GLUCOCARD SHINE                             |               | <i>glutamine (sickle cell)</i> .....        | 353, 388, 536 | GRAFIX CORE.....                         | 344      |
| CONNEX METER.....                           | 601, 738      | <i>glutaraldehyde</i> .....                 | 108           | GRAFIX PRIME.....                        | 344      |
| GLUCOCARD SHINE                             |               | GLUTAREX-2.....                             | 387, 390      | GRAFIX XC.....                           | 344      |
| EXPRESS METER.....                          | 601, 738      | <i>glutathione (bulk)</i> .....             | 3, 240        | GRALISE.....                             | 232, 233 |
| GLUCOCARD SHINE                             |               | <i>glyburide</i> .....                      | 430           | <i>granisetron hcl</i> .....             | 465      |
| METER.....                                  | 601, 738      | <i>glyburide micronized</i> .....           | 430           | GRANIX.....                              | 526      |
| GLUCOCARD SHINE                             |               | <i>glyburide-metformin</i> .....            | 429           | <i>grape seed extract</i> .....          | 9        |
| METER KIT.....                              | 601, 738      | <i>glycerin</i> .....                       | 306           | GRASTEK.....                             | 109      |
| GLUCOCARD SHINE TEST                        |               | GLYCINE UROLOGIC.....                       | 507           | GREEN TEA-600.....                       | 9        |
| STRIPS.....                                 | 566, 739      | <i>glycine urologic solution</i> .....      | 507           | <i>griseofulvin microsize</i> .....      | 53       |
| GLUCOCARD SHINE XL                          |               | <i>glycopyrrolate</i> .....                 | 474, 817      | <i>griseofulvin ultramicrosize</i> ..... | 53       |
| METER.....                                  | 601, 739      | <i>glycopyrrolate (pf)</i> .....            | 474           | <i>guaiaicol</i> .....                   | 240      |
| GLUCOCARD VITAL...601, 739                  |               | Glydo.....                                  | 341           | GUAIFENESIN AC.....                      | 864      |
| GLUCOCARD VITAL                             |               | GLYRX-PF.....                               | 474           | GUAIFENESIN DAC.....                     | 864      |
| SENSOR.....                                 | 566, 739      | GLYTACTIN BETTERMILK                        |               | <i>guanfacine</i> .....                  | 151, 193 |
| GLUCOCARD VITAL TEST                        |               | 5-5.....                                    | 391           | GUARDIAN 4 GLUCOSE                       |          |
| STRIPS.....                                 | 567, 739      | GLYXAMBI.....                               | 429           | SENSOR.....                              | 602, 741 |
| GLUCOCOM AUTOLINK                           |               | GM100.....                                  | 567, 602, 740 | GUARDIAN 4                               |          |
| .....                                       | 601, 739      | GOCOVRI.....                                | 186           | TRANSMITTER.....                         | 602, 741 |
| GLUCOCOM BLOOD                              |               |                                             |               | GUARDIAN CONNECT                         |          |
| GLUCOSE.....                                | 601, 739      |                                             |               | TRANSMITTER.....                         | 602, 741 |
| GLUCOCOM CONTROL                            |               |                                             |               | GUARDIAN LINK 3                          |          |
| HIGH.....                                   | 601, 739      |                                             |               | TRANSMITTER.....                         | 602, 741 |
| GLUCOCOM CONTROL                            |               |                                             |               | GUARDIAN SENSOR 3                        | 602, 741 |
| NORMAL.....                                 | 601, 740      |                                             |               | .....                                    | 602, 741 |
| GLUCOCOM GLUCOSE                            |               |                                             |               | GUMMY DINOS.....                         | 394      |
| .....                                       | 567, 740      |                                             |               | GVOKE.....                               | 422      |



|                                        |                                            |                              |
|----------------------------------------|--------------------------------------------|------------------------------|
| GVOKE HYPOPEN 1-PACK                   | HEALTHWISE PEN                             | HIGH POTENCY                 |
| .....422                               | NEEDLE..... 622, 742                       | MULTIVITAMIN..... 385        |
| GVOKE HYPOPEN 2-PACK                   | HEALTHY EYES LUTEIN-                       | HISTEX-AC..... 863           |
| .....422                               | ZEAXANTHIN.....3                           | HIXDEFRIMA..... 286          |
| GVOKE PFS 1-PACK                       | HEALTHY EYES                               | HIZENTRA.....112             |
| SYRINGE..... 422                       | SUPERVISION2..... 3                        | HOMATROPAIRE..... 825        |
| GVOKE PFS 2-PACK                       | Heather.....257                            | HOME NEBULIZER PLUS          |
| SYRINGE..... 422                       | HEMADY..... 443                            | SIDESTREAM..... 665, 743     |
| GYNAZOLE-1.....865                     | HEMANGEOL.....145                          | HOMINEX-2.....388            |
| HAEGARDA..... 521                      | HEMATEX..... 362                           | HORIZANT..... 227            |
| Hailey.....251                         | HEMATOGEN..... 364                         | HORMONE PROTECT.....9        |
| Hailey 24 Fe..... 251                  | HEMATOGEN FORTE..... 364                   | HORNY GOAT WEED              |
| Hailey Fe 1.5/30 (28)..... 251         | HEMATRON-AF..... 364                       | PLUS..... 9                  |
| Hailey Fe 1/20 (28)..... 251           | HEMAX.....364                              | HOVYN.....297                |
| HAIR, SKIN AND NAILS                   | HEMICLOR.....153                           | HPR.....304                  |
| (BIOTIN)..... 415                      | HEMLIBRA..... 528                          | HPR PLUS.....304             |
| HAIR, SKIN AND NAILS                   | HEMMOREX-HC..... 44                        | HPR PLUS HYDROGEL..... 302   |
| (HERBS).....378                        | HEMOFIL M HIGH.....524                     | HPR PLUS-MB HYDROGEL         |
| HAIR,SKIN AND NAILS(FA-                | HEMOFIL M LOW..... 524                     | .....303                     |
| BIOTIN)..... 379                       | HEMOFIL M MID..... 524                     | HUMALOG JUNIOR               |
| <i>halcinonide</i> ..... 315           | HEMOFIL M SUPER HIGH. 524                  | KWIKPEN U-100..... 452       |
| HALCION.....205, 234                   | HEP FLUSH-10 (PF)..... 531                 | HUMALOG KWIKPEN              |
| <i>halobetasol propionate</i> 292, 315 | <i>heparin (porcine)</i> ..... 532         | INSULIN..... 452             |
| Haloette.....260                       | <i>heparin (porcine) in 0.9%</i>           | HUMALOG MIX 50-50            |
| HALOG.....316                          | <i>nacl</i> .....531, 532                  | KWIKPEN..... 449             |
| <i>haloperidol</i> ..... 190           | <i>heparin (porcine) in 5 % dex</i> 532    | HUMALOG MIX 75-25            |
| <i>haloperidol lactate</i> ..... 190   | <i>heparin lock flush (porcine)</i>        | KWIKPEN..... 449             |
| HALUCORT.....304                       | .....531, 532                              | HUMALOG MIX 75-25(U-         |
| HAPRODERM..... 304                     | HEPARIN                                    | 100)INSULN..... 449          |
| HARLIKU.....811                        | LOCKFLUSH(PORCINE)(PF                      | HUMALOG TEMPO PEN(U-         |
| HARMONY GLUCOSE                        | )..... 531, 532                            | 100)INSULN..... 452          |
| TEST STRIP.....568, 742                | <i>heparin, porcine (pf)</i> .... 531, 532 | HUMALOG U-100 INSULIN        |
| HARVONI..... 67                        | HEPLISAV-B (PF)..... 111                   | .....452, 453                |
| HAVRIX (PF)..... 111                   | HEPSERA..... 66                            | HUMATE-P.....524             |
| HAXCHLO.....289                        | HEPZATO (50 MM                             | HUMATROPE.....446            |
| HAXCHLODREX.....289                    | CATHETER)..... 84                          | HUMIRA..... 28, 29, 482      |
| HAXDRAX.....286                        | HEPZATO (62 MM                             | HUMIRA PEN..... 27, 29, 482  |
| HCU GEL POWDER..... 388                | CATHETER)..... 85                          | HUMIRA(CF)..... 28, 29, 482  |
| HCU MAXAMUM..... 388                   | HER STYLE.....261                          | HUMIRA(CF) PEN...28, 29, 482 |
| HEALON GV PRO.....837                  | HERBAL COLON                               | HUMIRA(CF) PEN               |
| HEALON PRO.....837                     | CLEANSER..... 5                            | CROHNS-UC-HS.... 28, 29, 482 |
| HEALON5 PRO.....837                    | HERNEXEOS..... 92                          | HUMIRA(CF) PEN PSOR-         |
| HEALTHPRO GLUCOSE                      | HETLIOZ..... 220                           | UV-ADOL HS.....28, 29, 482   |
| MONITOR.....602, 742                   | HETLIOZ LQ.....219                         | HUMULIN 70/30 U-100          |
| HEALTHPRO HIGH-LOW                     | HEXIOUNYL.....285                          | INSULIN..... 448             |
| CONTROL..... 602, 742                  | HI-D ADEK GUMMIES                          | HUMULIN 70/30 U-100          |
| HEALTHPRO TEST STRIPS                  | PLUS ZINC.....385                          | KWIKPEN..... 448             |
| .....568, 742                          | HI-D DROP.....395                          | HUMULIN N NPH INSULIN        |
| HEALTHWISE INSULIN                     | HIGH POTENCY MULTIVIT                      | KWIKPEN..... 448             |
| SYRINGE..... 621, 622, 742             | (W-IRON).....385                           |                              |

|                                       |                        |                                      |              |
|---------------------------------------|------------------------|--------------------------------------|--------------|
| HUMULIN N NPH U-100                   |                        |                                      |              |
| INSULIN.....                          | 448                    | <i>hydrocortisone-iodoquinol-</i>    |              |
| HUMULIN R REGULAR U-                  |                        | <i>aloe</i> .....                    | 283          |
| 100 INSULN.....                       | 449                    | <i>hydrocortisone-pramoxine</i>      |              |
| HUMULIN R U-500 (CONC)                |                        | .....                                | 44, 318, 325 |
| INSULIN.....                          | 449                    | <i>hydrogen peroxide (bulk)</i>      |              |
| HUMULIN R U-500 (CONC)                |                        | .....                                | 109, 240     |
| KWIKPEN.....                          | 449                    | Hydromet.....                        | 863          |
| HURRI-FREEZE.....                     | 331                    | <i>hydromorphone</i> .....           | 13           |
| HYALGAN.....                          | 543                    | <i>hydromorphone (pf)</i> .....      | 13           |
| HYCAMTIN.....                         | 106                    | <i>hydromorphone (pf)-0.9 %</i>      |              |
| HYCLODEX.....                         | 108, 347               | <i>nacl</i> .....                    | 13           |
| HYCODAN (WITH                         |                        | <i>hydroquinone</i> .....            | 298          |
| HOMATROPINE).....                     | 863                    | <i>hydroxocobalamin</i> .....        | 413          |
| <i>hydralazine</i> .....              | 151                    | <i>hydroxychloroquine</i> .....      | 30, 54       |
| HYDRALYTE.....                        | 367                    | <i>hydroxyethyl</i>                  |              |
| HYDRALYTE PLUS.....                   | 367                    | <i>methacrylate,bulk</i> .....       | 240          |
| HYDRATING                             |                        | HYDROXYM.....                        | 318          |
| ELECTROLYTE.....                      | 367                    | <i>hydroxypropyl cellulose</i> ..... | 242          |
| HYDRATING                             |                        | <i>hydroxyurea</i> .....             | 89           |
| ELECTROLYTE SF.....                   | 367                    | <i>hydroxyzine hcl</i> .....         | 159          |
| HYDRATION MULTIPLI                    |                        | <i>hydroxyzine pamoate</i> .....     | 159          |
| SUGAR FREE.....                       | 367                    | HYFTOR.....                          | 332          |
| HYDRATION MULTIPLIER                  |                        | HYGIENIC CLEANSING                   |              |
| IMMUNE.....                           | 367                    | LOTION.....                          | 304          |
| HYDREA.....                           | 89                     | HYLAZINC.....                        | 419          |
| HYDRO 35.....                         | 328                    | HYMOVIS.....                         | 543          |
| HYDRO 40.....                         | 328                    | HYMPAVZI PEN.....                    | 528          |
| <i>hydrochlorothiazide</i> .....      | 153                    | <i>hyoscyamine sulfate</i> ....      | 473, 516     |
| <i>hydrocodone bitartrate</i> .....   | 13                     | HYOSYNE.....                         | 473, 516     |
| <i>hydrocodone-</i>                   |                        | HYPER-SAL.....                       | 241          |
| <i>acetaminophen</i> .....            | 20, 21                 | HYPOCYN ANTIPRURITIC                 |              |
| <i>hydrocodone-</i>                   |                        | .....                                | 108, 347     |
| <i>chlorpheniramine</i> .....         | 862                    | HYPOCYN DERMAL... 108, 347           |              |
| <i>hydrocodone-homatropine</i> ...    | 863                    | HYPOLANCE AST                        |              |
| <i>hydrocodone-ibuprofen</i> .....    | 21                     | LANCING.....                         | 602, 743     |
| <i>hydrocortisone</i>                 |                        | <i>hypromellose</i> .....            | 242          |
| .....                                 | 44, 317, 318, 443, 481 | HYQVIA.....                          | 112          |
| <i>hydrocortisone acetate</i> ..      | 44, 316                | HYSINGLA ER.....                     | 14           |
| <i>hydrocortisone butyrate</i>        |                        | HYZAAR.....                          | 127          |
| .....                                 | 316, 317               | <i>ibandronate</i> .....             | 435          |
| HYDROCORTISONE                        |                        | IBRANCE.....                         | 92           |
| LOTION COMPLETE.....                  | 325                    | IBSRELA.....                         | 478          |
| <i>hydrocortisone sod</i>             |                        | IBTROZI.....                         | 101          |
| <i>succinate</i> .....                | 443                    | <i>ibu</i> .....                     | 39           |
| <i>hydrocortisone valerate</i> .....  | 318                    | IBUPAK.....                          | 39           |
| <i>hydrocortisone-acetic acid</i> ... | 842                    | <i>ibuprofen</i> .....               | 39, 40       |
| <i>hydrocortisone-iodoquinol-</i>     |                        | <i>ibuprofen-famotidine</i> .....    | 35           |
| <i>aloe2</i> .....                    | 283                    | <i>icatibant</i> .....               | 146          |
| <i>hydrocortisone-iodoquinol</i> ...  | 289                    | <i>lclevia</i> .....                 | 251          |
|                                       |                        | ICLOFENAC CP.....                    | 333          |
|                                       |                        | ICLUSIG.....                         | 98           |
|                                       |                        | <i>icosapent ethyl</i> .....         | 138          |
|                                       |                        | ID NOW COVID-19 TEST                 |              |
|                                       |                        | KIT.....                             | 583, 743     |
|                                       |                        | IDARAN.....                          | 338          |
|                                       |                        | IDEAL BOWEL SUPPORT..                | 491          |
|                                       |                        | IDELVION.....                        | 522          |
|                                       |                        | IDHIFA.....                          | 98           |
|                                       |                        | IDYYXIATAR.....                      | 274          |
|                                       |                        | IGALMI.....                          | 236          |
|                                       |                        | IGG 2000 CWP.....                    | 392          |
|                                       |                        | IGG PURE.....                        | 392          |
|                                       |                        | IHEALTH CONTROL SOLN                 |              |
|                                       |                        | LEVEL 2.....                         | 602, 743     |
|                                       |                        | IHEALTH COVID-19 AG                  |              |
|                                       |                        | HOME TEST.....                       | 583, 743     |
|                                       |                        | IHEALTH GLUCO PLUS                   |              |
|                                       |                        | METER.....                           | 602, 743     |
|                                       |                        | IHEALTH GLUCOSE TEST                 |              |
|                                       |                        | STRIP.....                           | 568, 743     |
|                                       |                        | IHEEZO (PF).....                     | 836          |
|                                       |                        | ILET INFUSION KIT-INSET              |              |
|                                       |                        | 23".....                             | 675, 743     |
|                                       |                        | ILET INFUSION KIT-INSET              |              |
|                                       |                        | 32".....                             | 675, 743     |
|                                       |                        | ILET INFUSION-CONTACT                |              |
|                                       |                        | DTCH 23".....                        | 675, 743     |
|                                       |                        | ILET INSULIN PUMP..                  | 672, 743     |
|                                       |                        | ILET STARTER KIT                     |              |
|                                       |                        | CONTACT.....                         | 671, 743     |
|                                       |                        | ILET STARTER KIT-INSET               |              |
|                                       |                        | .....                                | 671, 743     |
|                                       |                        | ILEVRO.....                          | 832          |
|                                       |                        | ILEXOR.....                          | 323          |
|                                       |                        | ILIDERM.....                         | 331          |
|                                       |                        | <i>imatinib</i> .....                | 101          |
|                                       |                        | IMBRUVICA.....                       | 91, 101, 102 |
|                                       |                        | IMCIVREE.....                        | 870          |
|                                       |                        | IMIOXIA.....                         | 285          |
|                                       |                        | <i>imipramine hcl</i> .....          | 182          |
|                                       |                        | <i>imipramine pamoate</i> .....      | 182          |
|                                       |                        | <i>imiquimod</i> .....               | 326          |
|                                       |                        | IMITREX.....                         | 223          |
|                                       |                        | IMITREX STATDOSE PEN.                | 223          |
|                                       |                        | IMITREX STATDOSE                     |              |
|                                       |                        | REFILL.....                          | 223          |
|                                       |                        | IMKELDI.....                         | 102          |
|                                       |                        | IMMUNERX.....                        | 379          |
|                                       |                        | IMPACT ADVANCED                      |              |
|                                       |                        | RECOVERY.....                        | 390          |

|                           |          |                                          |          |                                       |          |
|---------------------------|----------|------------------------------------------|----------|---------------------------------------|----------|
| IMPAVIDO.....             | 55       | INGREZZA SPRINKLE                        | 226, 228 | <i>insulin asp prt-insulin aspart</i> | 449, 450 |
| IMPOYZ.....               | 293, 318 | INJECT EASE LANCETS                      | 603, 744 | <i>insulin aspart u-100</i> .....     | 453      |
| IMURAN.....               | 33, 541  | INLYTA.....                              | 102      | <i>insulin glargine-yfgn</i> .....    | 450      |
| INBRIJA.....              | 185      | INNOPRAN XL.....                         | 145      | <i>insulin lispro</i> .....           | 453      |
| Incassia.....             | 257      | INNOSPIRE DELUXE.                        | 665, 744 | <i>insulin lispro protamin-lispro</i> | 450      |
| IN-CHECK NASAL WITH       |          | INNOSPIRE ELEGANCE                       | 665, 744 | <i>insulin syr/ndl u100 half</i>      |          |
| MASK.....                 | 661, 743 | INNOSPIRE ESSENCE                        | 665, 745 | <i>mark</i> .....                     | 622, 746 |
| IN-CHECK ORAL FLOW        |          | INNOSPIRE GO                             |          | INSULIN SYRINGE....                   | 623, 746 |
| METER.....                | 661, 744 | NEBULIZER.....                           | 641, 745 | <i>insulin syringe-needle u-100</i>   | 623, 746 |
| INCONTROL LANCING         |          | INNOSPIRE MINI.....                      | 665, 745 | .....                                 | 623, 746 |
| DEVICE.....               | 602, 744 | INNOSPIRE                                |          | INSUPEN PEN NEEDLE                    | 623, 746 |
| INCONTROL PEN NEEDLE      |          | REPLACEMENT FILTER                       | 665, 745 | INSYTE IV CATHETER                    | 637, 746 |
| .....                     | 622, 744 | <i>inositol</i> .....                    | 355      | .....                                 | 637, 746 |
| INCONTROL SUPER THIN      |          | <i>inositol-choline bitartrate</i> ..... | 140      | INTEGRA SYRINGE... 651, 746           |          |
| LANCETS.....              | 602, 744 | INPEFA.....                              | 420      | INTELENCE.....                        | 58       |
| INCONTROL ULTRA THIN      |          | INPEN (FOR HUMALOG)                      |          | INTELISWAB COVID-19                   |          |
| LANCETS.....              | 602, 744 | BLUE.....                                | 622, 745 | HOME TEST.....                        | 583, 747 |
| INCRELEX.....             | 455      | INPEN (FOR HUMALOG)                      |          | INTENSE DRY SKIN                      |          |
| INCRUSE ELLIPTA.....      | 852      | GREY.....                                | 622, 745 | THERAPY.....                          | 305      |
| <i>indapamide</i> .....   | 153      | INPEN (FOR HUMALOG)                      |          | INTERLINK LEVER LOCK                  |          |
| INDERAL LA.....           | 145      | PINK.....                                | 622, 745 | CANNULA.....                          | 660, 747 |
| INDERAL XL.....           | 145      | INPEN (NOVOLOG OR                        |          | INTERLINK SYRINGE AND                 |          |
| INDICAID COVID-19 AG      |          | FIASP) BLUE.....                         | 622, 745 | CANNULA.....                          | 651, 747 |
| HOME TEST.....            | 583, 744 | INPEN (NOVOLOG OR                        |          | Introvale.....                        | 251      |
| <i>indomethacin</i> ..... | 40, 41   | FIASP) GREY.....                         | 622, 745 | INTUNIV ER.....                       | 193      |
| INFANT-TODDLER            |          | INPEN (NOVOLOG OR                        |          | INVACARE LANCETS.                     | 603, 747 |
| MULTIVIT.....             | 393      | FIASP) PINK.....                         | 622, 745 | INVEGA.....                           | 188, 189 |
| INFANT-TODDLER            |          | INQOVI.....                              | 106      | INVELTYS.....                         | 828      |
| MULTIVITAMIN.....         | 393      | INREBIC.....                             | 95       | INVOKAMET.....                        | 428      |
| INFANT-TODDLER            |          | INSPIRACHAMBER....                       | 665, 745 | INVOKAMET XR.....                     | 428      |
| MULTIVIT-IRON.....        | 395      | INSPIRACHAMBER WITH                      |          | INVOKANA.....                         | 429      |
| INFASURF.....             | 859      | MASK-LARGE.....                          | 665, 745 | INZDEAXIATAR.....                     | 272      |
| INFINITY CONTROL          |          | INSPIRACHAMBER WITH                      |          | INZDEAXIAVAR.....                     | 272      |
| SOLUTION HIGH.....        | 602, 744 | MASK-MED.....                            | 665, 745 | INZDEOXIA.....                        | 268      |
| INFINITY CONTROL          |          | INSPIRACHAMBER WITH                      |          | INZIRQO.....                          | 153      |
| SOLUTION LOW.....         | 603, 744 | MASK-SMALL.....                          | 665, 745 | IODOFLEX.....                         | 108      |
| INFINITY CONTROL          |          | INSPIRATION ELITE                        |          | IODOSORB.....                         | 108      |
| SOLUTION NORM.....        | 603, 744 | FILTER.....                              | 665, 745 | IOPIDINE.....                         | 840      |
| INFINITY METER KIT.       | 603, 744 | INSPIRA.....                             | 125, 151 | IPOL.....                             | 121      |
| INFINITY STARTER KIT      |          | INSTA-GLUCOSE (WITH                      |          | I-PORT.....                           | 660, 747 |
| .....                     | 603, 744 | DEXTRIN).....                            | 422      | I-PORT ADVANCE 6 MM                   |          |
| INFINITY TEST STRIPS      |          | INSUFLO.....                             | 670, 746 | INJEC PORT.....                       | 660, 747 |
| .....                     | 568, 744 | INSUL-CAP.....                           | 603, 746 | I-PORT ADVANCE 9 MM                   |          |
| INFLAMMACIN.....          | 36       | INSUL-EZE.....                           | 603, 746 | INJEC PORT.....                       | 660, 747 |
| INFLAMMA-K.....           | 333      |                                          |          | <i>ipratropium bromide</i> ....       | 852, 860 |
| INFLATHERM(DICLOFENA      |          |                                          |          | <i>ipratropium-albuterol</i> .....    | 855      |
| C-MENTHOL).....           | 36       |                                          |          |                                       |          |
| INGREZZA.....             | 226, 228 |                                          |          |                                       |          |
| INGREZZA INITIATION       |          |                                          |          |                                       |          |
| PK(TARDIV).....           | 226, 227 |                                          |          |                                       |          |

|                                        |          |                           |         |                           |          |
|----------------------------------------|----------|---------------------------|---------|---------------------------|----------|
| IQIRVO.....                            | 538      | Jantoven.....             | 520     | K2-D3 MAX.....            | 417      |
| <i>irbesartan</i> .....                | 129      | JANUMET.....              | 432     | Kaitlib Fe.....           | 252      |
| <i>irbesartan-</i>                     |          | JANUMET XR.....           | 432     | KALETRA.....              | 60       |
| <i>hydrochlorothiazide</i> .....       | 127      | JANUVIA.....              | 425     | Kalliga.....              | 252      |
| IRESSA.....                            | 83       | JARDIANCE.....            | 429     | KALYDECO.....             | 858      |
| IRON (FERROUS                          |          | JARRO-DOPHILUS            |         | KANGAROO 924 SAFETY       |          |
| SULFATE).....                          | 362      | ALLERGEN FREE.....        | 491     | SCREW.....                | 585, 747 |
| <i>iron bisglycinate chelate</i> ..... | 362      | JARRO-DOPHILUS BABY..     | 491     | KANGAROO EPUMP SET        |          |
| IRON FOLATE PLUS.....                  | 364      | JARRO-DOPHILUS EPS.....   | 491     | .....                     | 585, 747 |
| <i>iron,carbonyl-vitamin c</i> .....   | 364      | JARRO-DOPHILUS PLUS       |         | KANGAROO GRAVITY SET      |          |
| IRRIGATION SYRINGE                     |          | FOS.....                  | 491     | .....                     | 585, 747 |
| .....                                  | 651, 747 | JARRO-DOPHILUS            |         | KAPSPARGO SPRINKLE...     | 144      |
| ISENTRESS.....                         | 57       | WOMEN.....                | 491     | KARBINAL ER.....          | 844, 846 |
| ISENTRESS HD.....                      | 57       | Jasmiel (28).....         | 251     | Kariva (28).....          | 247      |
| Isibloom.....                          | 251      | JATENZO.....              | 423     | KATARAXAP.....            | 299      |
| I-SIGHT.....                           | 3        | Javygtor.....             | 812     | KATARVIA.....             | 299      |
| <i>isoflurane</i> .....                | 42       | JAYPIRCA.....             | 91, 102 | KATARYA.....              | 299      |
| ISOLEUCINE 1000.....                   | 353, 388 | Jaythari.....             | 443     | KATARYAXN.....            | 299      |
| ISOLEUCINE AMINO ACID                  |          | JELMYTO.....              | 106     | KATERZIA.....             | 148      |
| SUPPLMNT.....                          | 353, 389 | Jencycla.....             | 257     | KAXM.....                 | 298      |
| <i>isoniazid</i> .....                 | 62, 63   | JENTADUETO.....           | 432     | KAZANO.....               | 432      |
| <i>isopropyl alcohol</i> .....         | 241      | JENTADUETO XR.....        | 432     | KAZURI.....               | 326      |
| ISORDIL.....                           | 129      | Jinteli.....              | 437     | KEFUNOVA.....             | 332      |
| ISORDIL TITRADOSE.....                 | 129      | JIVI.....                 | 525     | KEIDO.....                | 299      |
| <i>isosorbide dinitrate</i> .....      | 129      | JOENJA.....               | 810     | Kelnor 1/35 (28).....     | 252      |
| <i>isosorbide mononitrate</i> .....    | 129, 130 | JOINT COMFORT AND         |         | Kelnor 1/50 (28).....     | 252      |
| <i>isosorbide-hydralazine</i> .....    | 159      | MOVEMENT.....             | 9       | KELOTOP.....              | 669, 747 |
| <i>isotretinoin</i> .....              | 263      | JOINT HEALTH-BONE         |         | KENALOG.....              | 318, 443 |
| <i>isradipine</i> .....                | 148      | STRENGTH.....             | 359     | KENALOG-80.....           | 443      |
| ISTALOL.....                           | 835      | JOLESSA.....              | 251     | KENDALL DISINFECTANT      |          |
| ISTURISA.....                          | 421      | JORNAY PM.....            | 197     | CAP.....                  | 660, 747 |
| IS-ZC 50.....                          | 370      | JOURNAVX.....             | 11      | KENGUARD FOLEY            |          |
| ITHOXIA.....                           | 276      | Joyeaux.....              | 251     | CATHETER.....             | 673, 747 |
| ITOVEBI.....                           | 99       | JUBLIA.....               | 288     | KEPPRA.....               | 172      |
| <i>itraconazole</i> .....              | 52       | Juleber.....              | 251     | KEPPRA XR.....            | 172      |
| <i>ivabradine</i> .....                | 154      | JULUCA.....               | 57      | KERAGEL.....              | 349, 747 |
| I-VALEX-2.....                         | 388      | Junel 1.5/30 (21).....    | 251     | KERAGELT.....             | 349, 747 |
| IVENIX ADMIN SET 2INLET                |          | Junel 1/20 (21).....      | 251     | KERALYT.....              | 328      |
| 2YSITE.....                            | 637, 747 | Junel Fe 1.5/30 (28)..... | 252     | KERAMATRIX.....           | 345      |
| IVENIX ADMIN SET 2INLET                |          | Junel Fe 1/20 (28).....   | 252     | KERASTAT.....             | 306      |
| Y-SITE.....                            | 637, 747 | Junel Fe 24.....          | 252     | KERAXA.....               | 334      |
| <i>ivermectin</i> .....                | 50, 338  | JUST 4 KIDZ MULTIVIT-     |         | KERENDIA.....             | 125      |
| IWILFIN.....                           | 81       | PROBIOTIC.....            | 395     | KERIDA.....               | 326      |
| IXINITY.....                           | 523      | JUST RIGHT 5000.....      | 814     | KERLIX AMD.....           | 349, 747 |
| IYUZEH (PF).....                       | 840      | JUVAZIN.....              | 335     | KESIMPTA PEN.....         | 818      |
| JADENU.....                            | 47       | JUVEN (WITH COLLAGEN)     | 392     | KETARYA.....              | 299      |
| JADENU SPRINKLE.....                   | 47       | JUXTAPID.....             | 144     | <i>ketoconazole</i> ..... | 52, 287  |
| Jaimiess.....                          | 247      | JYLAMVO.....              | 30, 87  | Ketodan.....              | 287      |
| JAKAFI.....                            | 95       | JYNARQUE.....             | 511     | KETODAN KIT.....          | 287      |
| JALYN.....                             | 506      | K1-1000.....              | 420     | KETONE CARE.....          | 674, 748 |



|                                |          |                                       |               |                                       |               |
|--------------------------------|----------|---------------------------------------|---------------|---------------------------------------|---------------|
| KETONE URINE TEST              | 674, 748 | Klayesta                              | 284           | L.E.T.(LIDO-EPINEPH BIT-TETRA)        | 341           |
| KETONEX-2                      | 389      | KLISYRI (250 MG)                      | 290           | <i>labetalol</i>                      | 126           |
| <i>ketoprofen</i>              | 40       | KLISYRI (350 MG)                      | 290           | <i>lacosamide</i>                     | 163           |
| <i>ketorolac</i>               | 37, 832  | KLONOPIN                              | 160, 162, 205 | <i>lactase</i>                        | 467           |
| KETOSTIX                       | 674, 748 | Klor-Con                              | 368           | <i>lactated ringers</i>               | 357           |
| KEVARAXAP                      | 299      | Klor-Con 10                           | 368           | LACTEOL DIARRHEASE                    | 491           |
| KEVARTIA                       | 299      | KLOR-CON 8                            | 368           | LACTEOL DIARRHEASE                    |               |
| KEVARYA                        | 299      | Klor-Con M10                          | 368           | KIDS                                  | 491           |
| KEVEYIS                        | 541      | Klor-Con M15                          | 368           | <i>lactobacillus acidophilus</i>      | 491           |
| KEVZARA                        | 33       | Klor-Con M20                          | 368           | <i>lactobacillus acidoph-l.bulgar</i> | 491           |
| KEXM                           | 298      | KLOR-CON/EF                           | 369           | LACTOVIVE                             | 492           |
| KEYA                           | 299      | KLOXXADO                              | 47            | <i>lactulose</i>                      | 466, 501, 502 |
| KEYFOLIC                       | 379      | KOATE                                 | 525           | LAGEVRIO (EUA)                        | 74            |
| KHINDIVI                       | 443      | KOGENATE FS                           | 525           | LAMICTAL                              | 170           |
| KIDS BONES-MUSCLES             | 359      | KONSYL SUGAR-FREE                     | 500           | LAMICTAL ODT                          | 170, 207      |
| KIDS BRAIN BUILDER             | 411      | KONVOMEF                              | 471           | LAMICTAL ODT STARTER (BLUE)           | 170, 208      |
| KIDS MELATONIN                 | 217      | KOREAN GINSENG                        | 9             | LAMICTAL ODT STARTER (GREEN)          | 170, 208      |
| KIDS MULTI ZERO                | 395      | KORLYM                                | 427           | LAMICTAL ODT STARTER (ORANGE)         | 170, 208      |
| KIDS SLEEP CALM                | 218      | KOSELUGO                              | 96            | LAMICTAL STARTER (BLUE) KIT           | 171, 208      |
| KIDS SLEEP IMMUNE HEALTH       | 218      | KOSHER PRENATAL PLUS IRON             | 398           | LAMICTAL STARTER (GREEN) KIT          | 171, 208      |
| KIMONO LUBRICATED CONDOMS      | 638, 748 | KOTARAXAP                             | 299           | LAMICTAL STARTER (ORANGE) KIT         | 171, 208      |
| KIMONO MICROTHIN AQUA LUBE CON | 638, 748 | KOVALTRY                              | 525           | LAMICTAL XR                           | 171           |
| KIMONO MICROTHIN CONDOMS       | 638, 748 | K-PHOS NO 2                           | 512           | LAMICTAL XR STARTER (BLUE)            | 171           |
| KIMONO MICROTHIN LARGE CONDOMS | 638, 748 | K-PHOS ORIGINAL                       | 512           | LAMICTAL XR STARTER (GREEN)           | 171           |
| KIMONO TEXTURED CONDOMS        | 638, 748 | KPN                                   | 398           | LAMICTAL XR STARTER (ORANGE)          | 171           |
| KIMONO THIN LUBRICATED CONDOMS | 638, 748 | KRAZATI                               | 95            | LAMIOFLUR                             | 461           |
| KINDERLYTE HERBAL IMMUNITY     | 367      | <i>krill-om-3-dha-epa-phospho-ast</i> | 140           | <i>lamivudine</i>                     | 59, 66        |
| KINDERMED INFANTS COUGH PLUS   | 4        | KRINTAFEL                             | 54            | <i>lamivudine-zidovudine</i>          | 61            |
| KINDERMED INFANTS NIGHT COUGH  | 5        | Kristalose                            | 501           | <i>lamotrigine</i>                    | 171, 208      |
| KINERET                        | 33       | Kurvelo (28)                          | 252           | LAMPIT                                | 55            |
| Kionex (With Sorbitol)         | 356      | KUTAR                                 | 300           | <i>lancets</i>                        | 603, 748      |
| Kiprofen                       | 40       | KUTARVIA                              | 300           | LANCETS, SUPER THIN                   | 603, 748      |
| KIRSTY                         | 453      | KUTARYAXM                             | 300           | LANCETS, THIN                         | 603, 748      |
| KIRSTY PEN                     | 453      | KUTARYAXMPA                           | 300           | LANCETS, ULTRA THIN                   | 603, 748      |
| KISQALI                        | 92       | KUTEA                                 | 298           | <i>lancing device</i>                 | 603, 748      |
| KITABIS PAK                    | 857      | KUVAN                                 | 812           | LANCING DEVICE WITH LANCETS           | 603, 748      |
| KLARITY (CHONDROITIN) (PF)     | 821      | KUVARYA                               | 300           |                                       |               |
| KLARON                         | 266      | KUVARYE                               | 300           |                                       |               |
|                                |          | KUXM                                  | 298           |                                       |               |
|                                |          | KYLEENA                               | 246           |                                       |               |
|                                |          | KYNARA                                | 326           |                                       |               |
|                                |          | KYZATREX                              | 423           |                                       |               |
|                                |          | <i>l norgest/e.estradiol-e.estrad</i> | 247, 258      |                                       |               |
|                                |          | <i>l. acidophilus-b. coagulans</i>    | 491           |                                       |               |
|                                |          | L.E.T. (LIDO-EPINEPH-TETRA)           | 341           |                                       |               |

|                                    |                                         |                                        |          |
|------------------------------------|-----------------------------------------|----------------------------------------|----------|
| <i>lancing device with lancets</i> | LEVICYN ANTIPRURITIC                    | Lidocan V.....                         | 341      |
| ..... 603, 748                     | ..... 343, 351                          | LIDODERM.....                          | 341      |
| LANCING SYSTEM.....                | LEVICYN ANTIPRURITIC                    | LIDOMARK 1-5.....                      | 43       |
| LANOLIN (HPA).....                 | SG.....                                 | LIDOMARK 2-5.....                      | 43       |
| LANOXIN.....                       | LEVICYN DERMAL.....                     | LIDOPIN.....                           | 341      |
| <i>lansoprazole</i> .....          | <i>levobunolol</i> .....                | LIDOPURE PATCH.....                    | 342      |
| <i>lanthanum</i> .....             | <i>levocarnitine</i> .....              | LIDORX.....                            | 342      |
| LANZO LANCING DEVICE               | <i>levocarnitine (with sugar)</i> ..... | LIDTOPIC.....                          | 342      |
| ..... 603, 748                     | <i>levocarnitine tartrate</i> .....     | LIDTOPIC MAX.....                      | 342      |
| <i>lapatinib</i> .....             | <i>levocetirizine</i> .....             | LIKMEZ.....                            | 55       |
| Larin 1.5/30 (21).....             | <i>levofloxacin</i> .....               | LILETTA.....                           | 246      |
| Larin 1/20 (21).....               | Levonest (28).....                      | <i>linezolid</i> .....                 | 72       |
| Larin 24 Fe.....                   | <i>levonorgest-eth.estradiol-</i>       | LINZESS.....                           | 466, 477 |
| Larin Fe 1.5/30 (28).....          | <i>iron</i> .....                       | Liomny.....                            | 459      |
| Larin Fe 1/20 (28).....            | <i>levonorgestrel</i> .....             | <i>liothyronine</i> .....              | 459      |
| LASIX.....                         | <i>levonorgestrel-ethinyl estrad</i>    | LIPITOR.....                           | 136      |
| <i>latanoprost</i> .....           | 253                                     | LIPOCHOL PLUS.....                     | 140      |
| LATUDA.....                        | <i>levonorg-eth estrad triphasic</i>    | LIPOFEN.....                           | 134      |
| LAYOLIS FE.....                    | ..... 258                               | LIPO-FLAVONOID.....                    | 355      |
| LAZCLUZE.....                      | Levora-28.....                          | LIQREV.....                            | 158      |
| LC PLUS.....                       | <i>levorphanol tartrate</i> .....       | LIQUICAL PLUS.....                     | 359      |
| LC PLUS NEBULIZER-PED              | ..... 14                                | LIQUID C.....                          | 416      |
| MASK.....                          | LEVO-T.....                             | LIQUID MULTIVITAMIN.....               | 379      |
| LC-655.....                        | <i>levothyroxine</i> .....              | <i>liraglutide</i> .....               | 427      |
| L-CARNITINE.....                   | 459, 460                                | <i>liraglutide (weight loss)</i> ..... | 869      |
| L-CARNITINE (TARTRATE)             | LEVOXYL.....                            | <i>lisdexamfetamine</i> .....          | 198      |
| <i>L-cystine</i> .....             | 473, 516                                | <i>lisinopril</i> .....                | 124      |
| LDO PLUS.....                      | LEVULAN.....                            | <i>lisinopril-hydrochlorothiazide</i>  |          |
| <i>lecithin, soy</i> .....         | LEXAPRO.....                            | ..... 124                              |          |
| LEENA 28.....                      | Lexette.....                            | LITE TOUCH-MEDIUM                      |          |
| LEFLUNICLO.....                    | LIALDA.....                             | MASK.....                              | 666, 748 |
| <i>leflunomide</i> .....           | LIBERVANT.....                          | LITEAIRE MDI CHAMBER                   |          |
| <i>lenalidomide</i> .....          | ..... 162, 205                          | ..... 666, 749                         |          |
| LENVIMA.....                       | LIBRAX (WITH CLIDINIUM)                 | LITETOUCH-LARGE MASK                   |          |
| LEQEMBI IQLIK.....                 | ..... 205, 475                          | ..... 666, 749                         |          |
| LEQSELVI.....                      | LICART.....                             | LITETOUCH-SMALL MASK                   |          |
| Lessina.....                       | ..... 335                               | ..... 666, 749                         |          |
| LETAIRIS.....                      | LICE-BEDBUG-MITE                        | LITFULO.....                           | 262      |
| <i>letrozole</i> .....             | BEDDING.....                            | <i>lithium carbonate</i> .....         | 210      |
| <i>leucovorin calcium</i> .....    | <i>licorice root (g.glabra)</i> .....   | <i>lithium citrate</i> .....           | 211      |
| LEUKERAN.....                      | ..... 9                                 | LITHOBID.....                          | 211      |
| LEUKINE.....                       | LIDO BDK.....                           | LITHOLYTE.....                         | 513      |
| <i>leuprolide</i> .....            | <i>lidocaine</i> .....                  | LITHOSTAT.....                         | 512      |
| <i>levalbuterol hcl</i> .....      | <i>lidocaine hcl</i> .....              | LITTLE ANIMALS.....                    | 393      |
| <i>levalbuterol tartrate</i> ..... | ..... 43, 341, 816                      | LIVALO.....                            | 136      |
| <i>levamlodipine</i> .....         | <i>lidocaine hcl-hydrocortison</i>      | LIVDELZI.....                          | 538      |
| LEVBID.....                        | <i>ac</i> .....                         | LIVER PROTECT.....                     | 3        |
| <i>levetiracetam</i> .....         | 44, 45, 325                             | LIVITA FOR ADULT.....                  | 379      |
|                                    | Lidocaine Viscous.....                  | LIVITA FOR CHILDREN.....               | 395      |
|                                    | ..... 816                               | LIVMARLI.....                          | 538, 539 |
|                                    | <i>lidocaine-hydrocortisone-</i>        |                                        |          |
|                                    | <i>aloe</i> .....                       |                                        |          |
|                                    | ..... 45                                |                                        |          |
|                                    | <i>lidocaine-prilocaine</i> .....       |                                        |          |
|                                    | ..... 331                               |                                        |          |
|                                    | <i>lidocaine-racepinep-</i>             |                                        |          |
|                                    | <i>tetracaine</i> .....                 |                                        |          |
|                                    | ..... 341                               |                                        |          |
|                                    | <i>lidocaine-tetracaine</i> .....       |                                        |          |
|                                    | ..... 341                               |                                        |          |
|                                    | Lidocan Iii.....                        |                                        |          |
|                                    | ..... 341                               |                                        |          |
|                                    | Lidocan Iv.....                         |                                        |          |
|                                    | ..... 341                               |                                        |          |



|                                     |          |                                           |               |                                      |                    |
|-------------------------------------|----------|-------------------------------------------|---------------|--------------------------------------|--------------------|
| LIVTENCITY.....                     | 65       | LOUTREX.....                              | 295, 305      | LYUMJEV TEMPO PEN(U-                 |                    |
| L-MESITRAN SOFT.....                | 349      | <i>lovastatin</i> .....                   | 136           | 100)INSULN.....                      | 454                |
| LMR PLUS.....                       | 331      | Lovaza.....                               | 138           | LYUMJEV U-100 INSULIN..              | 454                |
| LO LOESTRIN FE.....                 | 247      | LOVENOX.....                              | 533, 534      | LYVISPAH.....                        | 545                |
| LOCOID.....                         | 319      | Low-Ogestrel (28).....                    | 253           | Lyza.....                            | 257                |
| LOCOID LIPOCREAM.....               | 319      | <i>loxapine succinate</i> .....           | 190           | <i>maca</i> .....                    | 9                  |
| Lodine.....                         | 41       | LOYON.....                                | 305           | MACROBID.....                        | 51, 513            |
| LODOCO.....                         | 12       | Lo-Zumandimine (28).....                  | 253           | <i>mafenide acetate</i> .....        | 296                |
| LODOSYN.....                        | 185      | <i>lubiprostone</i> .....                 | 477, 498      | <i>mag citrate-potassium citrate</i> |                    |
| Loestrin 1.5/30 (21).....           | 253      | LUCEMYRA.....                             | 237           | .....                                | 368                |
| Loestrin 1/20 (21).....             | 253      | LUCIRA CHECK-IT COVID                     |               | MAGE.....                            | 492                |
| Loestrin Fe 1.5/30 (28-Day).....    | 253      | HOME TST.....                             | 583, 749      | MAGELLAN INSULIN                     |                    |
| Loestrin Fe 1/20 (28-Day).....      | 253      | LUER LOCK SYRINGE                         |               | SAFETY SYRNG.....                    | 623, 749           |
| Lofena.....                         | 39       | .....                                     | 651, 749      | MAGELLAN SAFETY                      |                    |
| <i>lofexidine</i> .....             | 237      | LUER SLIP TIP SYRINGE                     |               | SYRINGE.....                         | 651, 749           |
| LOFRIC.....                         | 673, 749 | TRAY.....                                 | 651, 749      | MAGELLAN SYRINGE                     |                    |
| LOFRIC ORIGO.....                   | 673, 749 | LUER-LOK TIP.....                         | 651, 749      | .....                                | 623, 624, 651, 750 |
| LOFRIC PRIMO NELATON                |          | LUGOLS.....                               | 108, 361      | MAGIC3 INTERMITTENT                  |                    |
| CATHETER.....                       | 673, 749 | <i>luliconazole</i> .....                 | 287           | CATHETER.....                        | 673, 750           |
| LOFRIC SENSE NELATON                |          | LUMAKRAS.....                             | 95            | <i>magnesium chloride</i> .....      | 365                |
| CATHETER.....                       | 673, 749 | LUMIGAN.....                              | 840           | <i>magnesium citrate</i> .....       | 365                |
| Lojaimiess.....                     | 247      | LUMRYZ.....                               | 228           | <i>magnesium citrate,mag</i>         |                    |
| LOKELMA.....                        | 356      | LUMRYZ STARTER PACK.....                  | 228           | <i>oxide</i> .....                   | 365                |
| Lomaira.....                        | 868      | LUNESTA.....                              | 235           | <i>magnesium citrate-lemon</i>       |                    |
| LOMOTIL.....                        | 462      | LUPKYNIS.....                             | 539           | <i>balm</i> .....                    | 366                |
| LONSURF.....                        | 89       | <i>lurasidone</i> .....                   | 188           | MAGNESIUM COMPLEX....                | 365                |
| <i>loperamide</i> .....             | 462      | Lurbipr.....                              | 40            | <i>magnesium gluconate</i> .....     | 365                |
| LOPID.....                          | 134      | Lurbiro.....                              | 40            | <i>magnesium glycinate</i> .....     | 365                |
| <i>lopinavir-ritonavir</i> .....    | 60       | <i>lutein</i> .....                       | 3             | MAGNESIUM OPTIMIZER..                | 366                |
| LOPRESSOR.....                      | 144      | LUTEIN PLUS WITH                          |               | <i>magnesium oxide</i> .....         | 365, 462           |
| LOPROX (AS OLAMINE)....             | 286      | ZEAXANTHIN.....                           | 3, 379        | MALARONE.....                        | 54                 |
| LOPROX KIT.....                     | 286      | <i>lutein-zeaxanthin</i> .....            | 4             | MALARONE PEDIATRIC.....              | 54                 |
| <i>lorazepam</i> .....              | 160, 205 | <i>lutein-zeaxanthin-bilberry ext</i> ... | 4             | <i>malathion</i> .....               | 346                |
| Lorazepam Intensol....              | 160, 205 | Lutera (28).....                          | 253           | <i>maraviroc</i> .....               | 56                 |
| LORBRENA.....                       | 85       | LUXAMEND.....                             | 305           | MAR-COF BP.....                      | 863                |
| LOREEV XR.....                      | 160, 205 | LUXIQ.....                                | 319           | MAR-COF CG.....                      | 864                |
| LORMATE.....                        | 412      | LUZU.....                                 | 287           | MARINOL.....                         | 211, 464, 869      |
| Loryna (28).....                    | 253      | LYBALVI.....                              | 192, 193, 209 | Marlissa (28).....                   | 253                |
| <i>losartan</i> .....               | 129      | Lyleq.....                                | 257           | MARNATAL-F.....                      | 398                |
| <i>losartan-hydrochlorothiazide</i> | 127      | Lyllana.....                              | 440           | MARPLAN.....                         | 175                |
| LOTEMAX.....                        | 828      | LYNPARZA.....                             | 99            | MARVONA SUIK (PF).....               | 43                 |
| LOTEMAX SM.....                     | 829      | LYRICA.....                               | 164, 216      | MATERVIA.....                        | 407                |
| LOTENSIN.....                       | 124      | LYRICA CR.....                            | 215, 231, 233 | MATULANE.....                        | 84                 |
| LOTENSIN HCT.....                   | 124      | <i>lysine hcl</i> .....                   | 353           | Matzim La.....                       | 147                |
| <i>loteprednol etabonate</i> .....  | 829      | LYSODREN.....                             | 86            | MAVENCLAD (10 TABLET                 |                    |
| Lotrel.....                         | 123      | LYTGOBI.....                              | 93            | PACK).....                           | 819                |
| LOTREL.....                         | 123      | LYUMJEV KWIKPEN U-100                     |               | MAVENCLAD (4 TABLET                  |                    |
| LOTREXONE.....                      | 11       | INSULIN.....                              | 453           | PACK).....                           | 819                |
| LOTRONEX.....                       | 478, 498 | LYUMJEV KWIKPEN U-200                     |               | MAVENCLAD (5 TABLET                  |                    |
| LOUNZDOMDIOXIATAR.....              | 272      | INSULIN.....                              | 453           | PACK).....                           | 820                |

|                                         |          |                                        |             |                                                 |          |
|-----------------------------------------|----------|----------------------------------------|-------------|-------------------------------------------------|----------|
| MAVENCLAD (6 TABLET<br>PACK).....       | 820      | MEDIHONEY (CAL<br>ALGINATE-HONEY)....  | 349, 750    | <i>melatonin-pyridoxine (vit b6)</i><br>.....   | 9, 218   |
| MAVENCLAD (7 TABLET<br>PACK).....       | 820      | MEDIHONEY (HONEY).....                 | 349         | <i>melatonin-pyridoxine hcl (b6)</i><br>.....   | 9, 218   |
| MAVENCLAD (8 TABLET<br>PACK).....       | 820      | MEDISENSE.....                         | 603, 750    | <i>melatonin-theanine</i> .....                 | 218, 219 |
| MAVENCLAD (9 TABLET<br>PACK).....       | 820      | MEDISENSE CONTROLS<br>1-HI 1-LO.....   | 603, 750    | Meleya.....                                     | 257      |
| MAVILO.....                             | 300      | MEDISENSE GLUCOSE<br>KETONE.....       | 603, 751    | MELIDU.....                                     | 300      |
| MAVILO HP.....                          | 300      | MEDISENSE MID<br>CONTROL.....          | 603, 751    | MELONDIS.....                                   | 301      |
| MAVILO LP.....                          | 300      | MEDISENSE THIN<br>LANCETS.....         | 603, 751    | MELONDIS PLUS.....                              | 301      |
| MAVYRET.....                            | 67       | <i>medium chain triglycerides</i> ..   | 388         | <i>meloxicam</i> .....                          | 38       |
| MAX SLEEP JUNIOR.....                   | 217      | MEDLANCE PLUS<br>LANCETS.....          | 603, 751    | <i>meloxicam submicronized</i> ....             | 38       |
| MAXALT.....                             | 223      | MEDLANCE PLUS<br>SPECIAL BLADE.....    | 604, 751    | <i>memantine</i> .....                          | 244      |
| MAXALT-MLT.....                         | 223      | MEDORFA.....                           | 299         | <i>memantine-donepezil</i> .....                | 245      |
| MAXFE (FOLATE).....                     | 364      | MEDORFA HP.....                        | 298         | MEN 50 PLUS                                     |          |
| MAXICOMFORT II PEN<br>NEEDLE.....       | 624, 750 | MEDORFA HP PLUS.....                   | 298         | MULTIVITAMIN.....                               | 379      |
| MAXICOMFORT INSULIN<br>SYRINGE.....     | 624, 750 | MEDORFA LP.....                        | 299         | MENEST.....                                     | 440      |
| MAXI-COMFORT INSULIN<br>SYRINGE.....    | 624, 750 | MEDORFA PLUS.....                      | 300         | MENOFEM.....                                    | 9        |
| MAXICOMFORT SAFETY<br>PEN NEEDLE.....   | 624, 750 | MEDROL.....                            | 443         | MENOPUR.....                                    | 441      |
| MAXIDEX.....                            | 829      | MEDROL (PAK).....                      | 443         | MENOSTAR.....                                   | 440      |
| MAXITROL.....                           | 824      | MEDROLOAN II SUIK.....                 | 443         | MENQUADFI (PF).....                             | 116      |
| MAXI-TUSS AC.....                       | 864      | MEDROLOAN SUIK.....                    | 444         | MEN'S 50 PLUS                                   |          |
| MAXI-TUSS CD.....                       | 863      | <i>medroxyprogesterone</i> ..          | 246, 457    | MULTIVITAMIN.....                               | 379      |
| MAYZENT.....                            | 820      | MEDTRONIC EXT<br>INFUSION SET 23"..... | 675, 751    | MEN'S DAILY GUMMIES....                         | 379      |
| MAYZENT STARTER(FOR<br>1MG MAINT).....  | 820      | MEDTRONIC EXT<br>INFUSION SET 32"..... | 675, 751    | MEN'S DAILY                                     |          |
| MAYZENT STARTER(FOR<br>2MG MAINT).....  | 820      | <i>mefenamic acid</i> .....            | 37          | MULTIVITAMIN.....                               | 379      |
| MB HYDROGEL.....                        | 303      | <i>mefloquine</i> .....                | 54          | MEN'S MULTIVITAMIN.....                         | 380      |
| MB HYDROGEL<br>(CYCLOMETHICONE).....    | 303      | MEGARED ADV TOTAL<br>BODY REFRESH..... | 140         | MEN'S MULTIVITAMIN<br>GUMMIES.....              | 379      |
| MC 300 NEBULIZER W-<br>MOUTHPIECE.....  | 641, 750 | MEGARED ADVANCED 4-<br>IN-1.....       | 140         | MENTHO-CAINE.....                               | 331      |
| MC 300 NEBULIZER-<br>UNVRSL TUBING..... | 641, 750 | MEGARED ADVANCED<br>TOTAL BODY.....    | 140         | MENVEO A-C-Y-W-135-DIP<br>(PF).....             | 116      |
| MCT OIL.....                            | 388      | MEGARED OMEGA-3<br>KRILL OIL.....      | 141         | <i>meperidine</i> .....                         | 14       |
| MCT PRO-CAL.....                        | 390      | <i>megestrol</i> .....                 | 100, 870    | <i>meperidine (pf)</i> .....                    | 14       |
| <i>meclizine</i> .....                  | 463      | MEKAM.....                             | 300         | <i>meprobamate</i> .....                        | 161      |
| <i>meclofenamate</i> .....              | 37       | MEKAM HP.....                          | 300         | MEPRON.....                                     | 55       |
| <i>mecobalamin (vitamin b12)</i> ..     | 414      | MEKINIST.....                          | 96, 97      | <i>mercaptopurine</i> .....                     | 88       |
| MECORIX.....                            | 300      | MEKTOVI.....                           | 97          | MERILOG.....                                    | 454      |
| MECORIX HP.....                         | 300      | <i>melatonin</i> .....                 | 5, 217, 218 | MERILOG SOLOSTAR.....                           | 454      |
| MECORIX PLUS.....                       | 300      | MELATONINMAX.....                      | 218         | Merzee.....                                     | 253      |
| MEDCAPS MENOPAUSE.....                  | 9        |                                        |             | <i>mesalamine</i> .....                         | 480      |
|                                         |          |                                        |             | <i>mesalamine with cleansing<br/>wipe</i> ..... | 480      |
|                                         |          |                                        |             | <i>mesna</i> .....                              | 107      |
|                                         |          |                                        |             | MESNEX.....                                     | 107      |
|                                         |          |                                        |             | MESTINON.....                                   | 542      |
|                                         |          |                                        |             | MESTINON TIMESPAN.....                          | 542      |
|                                         |          |                                        |             | METADATE CD.....                                | 198      |
|                                         |          |                                        |             | Metadate Er.....                                | 198      |
|                                         |          |                                        |             | METAMUCIL (INULIN-<br>CORN FIBER).....          | 500      |

|                                                         |               |                                                        |                    |                                            |          |
|---------------------------------------------------------|---------------|--------------------------------------------------------|--------------------|--------------------------------------------|----------|
| METANX FC.....                                          | 411           | METROGEL.....                                          | 338                | MIGERGOT.....                              | 222      |
| <i>metaxalone</i> .....                                 | 545           | METROLOTION.....                                       | 338                | <i>miglitol</i> .....                      | 425      |
| METDRAY.....                                            | 327           | <i>metronidazole</i> .....                             | 55, 338, 866       | <i>miglustat</i> .....                     | 810      |
| METER-CHECK.....                                        | 604, 751      | <i>metyrosine</i> .....                                | 156                | MIGRANAL.....                              | 221      |
| <i>metformin</i> .....                                  | 455           | <i>mexiletine</i> .....                                | 131                | MIGRANOW.....                              | 223      |
| <i>methadone</i> .....                                  | 14            | MIACALCIN.....                                         | 436                | Mili.....                                  | 254      |
| Methadone Intensol.....                                 | 14            | Mibelas 24 Fe.....                                     | 254                | <i>milk thistle</i> .....                  | 9        |
| METHADOSE.....                                          | 14            | MICARDIS.....                                          | 129                | <i>milk thistle sd ext-blessed th</i> .... | 9        |
| Methadose.....                                          | 14            | MICARDIS HCT.....                                      | 127                | <i>milk thistle seed extract</i> .....     | 9        |
| <i>methamphetamine</i> .....                            | 198, 213      | <i>miconazole nitrate-zinc ox-</i><br><i>pet</i> ..... | 288                | MIMORA.....                                | 301      |
| <i>methazolamide</i> .....                              | 152           | MICONAZOLE-3.....                                      | 865                | Mimvey.....                                | 438      |
| <i>methenamine hippurate</i> .....                      | 71, 513       | MICORT-HC.....                                         | 44, 319            | MINCORA.....                               | 411      |
| <i>methenamine mandelate</i><br>.....                   | 71, 513       | MICRO BLOOD GLUCOSE<br>.....                           | 569, 751           | MIND AND MEMORY.....                       | 9        |
| <i>methen-sod phos-meth blue-</i><br><i>hyos</i> .....  | 71, 515       | MICRO THIN LANCETS<br>.....                            | 604, 751           | MINERIN CREME.....                         | 305      |
| <i>me-thfolate glucos-</i><br><i>mecobalamin</i> .....  | 412           | MICROAIR MESH<br>NEBULIZER.....                        | 641, 751           | MINI LANCING DEVICE<br>.....               | 604, 752 |
| <i>methimazole</i> .....                                | 433           | MICROCHAMBER.....                                      | 666, 751           | MINI MULTIVITAMINS-<br>IRON.....           | 386      |
| METHIONINE.....                                         | 353, 389      | MICROCYN.....                                          | 108, 347           | MINI PLUS NEBULIZER<br>.....               | 641, 752 |
| METHITEST.....                                          | 423           | MICRODOT BLOOD<br>GLUCOSE SYSTEM<br>.....              | 569, 604, 751, 752 | MINI PRENATAL.....                         | 398      |
| <i>methocarbamol</i> .....                              | 545           | MICRODOT HIGH-LOW<br>CONTROL.....                      | 604, 752           | MINI ULTRA-THIN II....                     | 624, 753 |
| METHOCEL E 4 M.....                                     | 242           | MICRODOT NORMAL<br>CONTROL.....                        | 604, 752           | MINI WRIGHT PEAK FLOW<br>METER.....        | 661, 753 |
| <i>methotrexate sodium</i> .....                        | 30, 87        | MICRODOT XTRA BLOOD<br>GLUCOSE.....                    | 569, 752           | MINIMED 630G INSULIN<br>PUMP.....          | 672, 753 |
| <i>methotrexate sodium (pf)</i> .....                   | 30, 87        | Microgestin 1.5/30 (21).....                           | 254                | MINIMED 770G INSULIN<br>PUMP.....          | 672, 753 |
| <i>methoxsalen</i> .....                                | 291           | Microgestin 1/20 (21).....                             | 254                | MINIMED 780G INSULIN<br>PUMP.....          | 672, 753 |
| <i>methscopolamine</i> .....                            | 473           | Microgestin Fe 1.5/30 (28)....                         | 254                | MINIMED MIO ADVANCE<br>INF SET23".....     | 675, 753 |
| <i>methsuximide</i> .....                               | 173           | Microgestin Fe 1/20 (28).....                          | 254                | MINIMED MIO ADVANCE<br>INF SET43".....     | 675, 753 |
| METHYL PROTECT.....                                     | 411           | MICROLET 2 LANCING<br>DEVICE.....                      | 604, 752           | MINIMED QUICK SET 18"<br>.....             | 675, 753 |
| <i>methyl salicylate</i> .....                          | 344           | MICROLET LANCET...604, 752                             |                    | MINIMED QUICK SET 23"<br>.....             | 675, 753 |
| <i>methylidopa</i> .....                                | 151           | MICROLET NEXT LANCING<br>DEVICE.....                   | 604, 752           | MINIMED QUICK SET 32"<br>.....             | 675, 753 |
| <i>methylidopa-</i><br><i>hydrochlorothiazide</i> ..... | 150           | MICROLIFE PEAK FLOW<br>METER.....                      | 661, 752           | MINIMED QUICK SET 43"<br>.....             | 675, 753 |
| <i>methylene blue (bulk-solid)</i> .....                | 241           | MICRONEX.....                                          | 385                | MINIMED QUICK-SERTER<br>(MMT-395).....     | 604, 753 |
| <i>methylergonovine</i> .....                           | 457           | MICROSPACER.....                                       | 666, 752           | MINIMED SILHOUETTE 18"<br>.....            | 675, 753 |
| METHYLIN.....                                           | 198, 229      | MICURADERM.....                                        | 295, 305           | MINIMED SILHOUETTE 23"<br>.....            | 676, 753 |
| <i>methylphenidate</i> .....                            | 199           | <i>midazolam</i> .....                                 | 43, 206, 234       |                                            |          |
| <i>methylphenidate hcl</i><br>.....                     | 198, 199, 229 | <i>midazolam (pf)</i> .....                            | 42, 206            |                                            |          |
| <i>methylprednisolone</i> .....                         | 444           | <i>midodrine</i> .....                                 | 150                |                                            |          |
| <i>methyltestosterone</i> .....                         | 423           | MIEBO (PF).....                                        | 821                |                                            |          |
| <i>methyltetrahydrofolate</i><br><i>glucos</i> .....    | 419           | MIFEPREX.....                                          | 421                |                                            |          |
| <i>metoclopramide hcl</i> .....                         | 472           | <i>mifepristone</i> .....                              | 421, 427           |                                            |          |
| <i>metolazone</i> .....                                 | 153           |                                                        |                    |                                            |          |
| <i>metoprolol succinate</i> .....                       | 144           |                                                        |                    |                                            |          |
| <i>metoprolol ta-</i><br><i>hydrochlorothiaz</i> .....  | 149           |                                                        |                    |                                            |          |
| <i>metoprolol tartrate</i> .....                        | 144           |                                                        |                    |                                            |          |
| METROCREAM.....                                         | 338           |                                                        |                    |                                            |          |

|                                         |                             |               |                                     |
|-----------------------------------------|-----------------------------|---------------|-------------------------------------|
| MINIMED SILHOUETTE 32"                  | <i>moexipril</i> .....      | 125           | MONOJECT PHARMACY                   |
| .....676, 753                           | MOISTURIZING CREAM....      | 305           | TRAY REG TIP.....653, 756           |
| MINIMED SILHOUETTE 43"                  | MOISTURIZING NORMAL-        |               | MONOJECT PREFILL                    |
| .....676, 753                           | DRY SKIN.....               | 302           | ADVANCED NS.....408                 |
| MINIMED SURE T 18".676, 754             | MOITURIZING LOTION.....     | 305           | MONOJECT REG TIP NON-               |
| MINIMED SURE T 23".676, 754             | MOKURA.....                 | 301           | STERILE.....653, 756                |
| MINIMED SURE T 32".676, 754             | MOKURA LP.....              | 301           | MONOJECT REGULAR                    |
| MINIVELLE.....441                       | MOKURA MOD.....             | 301           | LUER.....653, 756, 757              |
| <i>minocycline</i> .....34, 78, 263     | MOKURA PLUS.....            | 301           | MONOJECT SAFETY LUER                |
| <i>minoxidil</i> .....151               | MOLEXI.....                 | 301           | LOCK TIP.....654, 757               |
| MINREX.....366                          | <i>molindone</i> .....      | 190           | MONOJECT SAFETY                     |
| Minzoya.....254                         | <i>mometasone</i> .....     | 319, 860      | SYRINGES.....654, 757               |
| MIPLYFFA.....809                        | Mondoxyne NI.....           | 78, 79        | MONOJECT SMARTIP                    |
| MIRAPEX ER.....186                      | MONISTAT MAINTAIN.....      | 867           | CANNULA.....654, 757                |
| MIRCERA.....522                         | MONO-FLO DRAINAGE           |               | MONOJECT SYRINGE                    |
| MIRENA.....246                          | BAG.....                    | 614, 754      | .....625, 654, 655, 758             |
| MIRO3D.....345                          | MONOJECT 0.9% SODIUM        |               | MONOJECT SYRINGE                    |
| MIRO3D FIBERS.....345                   | CHLORIDE.....               | 408           | LUER LOK.....654, 757               |
| MIRODERM                                | MONOJECT 140CC              |               | MONOJECT SYRINGE                    |
| FENESTRATED.....345                     | PISTON SYRINGE.....         | 652, 754      | REGULAR LUER.....654, 758           |
| MIRODERM                                | MONOJECT 35CC               |               | MONOJECT SYRINGE                    |
| FENESTRATED PLUS.....345                | SYRINGE CATH TIP...652, 754 |               | TOOMEY TYPE.....655, 758            |
| MIRODRY WOUND                           | MONOJECT 3CC SYR            |               | MONOJECT TB.....655, 759            |
| MATRIX.....345                          | 25GX1".....                 | 652, 754      | MONOJECT TB LUER LOK                |
| MIROTRACT.....345                       | MONOJECT ALLERGY            |               | .....655, 758                       |
| <i>mirtazapine</i> .....175             | TRAY.....                   | 652, 754      | MONOJECT TB REGULAR                 |
| MIRVASO.....338                         | MONOJECT ALLERGY            |               | LUER TIP.....655, 758               |
| <i>misoprostol</i> .....472             | TRAY DETACH.....            | 652, 754      | MONOJECT TB SAFETY                  |
| MITIGARE.....518                        | MONOJECT BLOOD              |               | SYRINGE.....655, 758                |
| <i>mitomycin (pf) in water</i> .....826 | COLLECTION.....             | 547, 754      | MONOJECT TUBERCULIN                 |
| MITOPRIME.....4                         | MONOJECT CONTROL            |               | SYRINGE.....655, 759                |
| MITOSOL.....826                         | SYRINGE LUER.....           | 652, 754      | MONOJECT ULTRA                      |
| MIUDELLA.....246                        | MONOJECT DISPOSABLE         |               | COMFORT INSULIN...625, 759          |
| MI-VITE RX.....419                      | SYRINGE.....                | 652, 754      | MONOLET LANCETS.604, 759            |
| MKO (MIDAZOLAM-                         | MONOJECT ECCENTRIC          |               | MONOLET THIN LANCETS                |
| KETAMINE-ONDAN).....42                  | NON-STERILE.....            | 652, 755      | .....604, 759                       |
| MMA-PA GEL.....392                      | MONOJECT HYPODERMIC         |               | Mono-Linyah.....254                 |
| M-M-R II (PF)                           | NEEDLES.....                | 652, 755      | MONOVISC.....543                    |
| .....113, 120, 121, 122                 | MONOJECT INSULIN            |               | MONSEL'S.....530                    |
| M-NATAL PLUS.....398                    | SAFETY SYRING.....          | 624, 755      | <i>montelukast</i> .....851         |
| MNEXSPIKE 2025-2026                     | MONOJECT INSULIN            |               | MONUROL.....51, 514                 |
| (PF).....117                            | SYRINGE.....                | 624, 625, 755 | Morgidox.....79                     |
| MOBILE LANCETS.....604, 754             | MONOJECT LUER               |               | MORGIDOX 1X 50.....79               |
| <i>modafinil</i> .....228               | ADAPTER.....                | 660, 755      | MORGIDOX 1X100.....79               |
| MODD1 PATIENT                           | MONOJECT LUER-LOCK          |               | MORGIDOX 2X100.....79               |
| WELCOME KIT.....671, 754                | TIP.....                    | 652, 755, 756 | <i>moringa oleifera</i> .....9      |
| MODD1 SUPPLY KIT..676, 754              | MONOJECT MAGELLAN           |               | <i>morphine</i> .....15             |
| MODERNA COVID 24-                       | SYRINGE.....                | 652, 653, 756 | <i>morphine (pf)</i> .....14        |
| 25(6M-11Y)PF.....118                    | MONOJECT PHARMACY           |               | <i>morphine concentrate</i> .....14 |
| MODEYSO.....81                          | TRAY LUER.....              | 653, 756      |                                     |



|                                             |          |                                         |               |                                            |          |
|---------------------------------------------|----------|-----------------------------------------|---------------|--------------------------------------------|----------|
| <i>morphine in 0.9 % sodium chlor</i> ..... | 15       | MVW COMPLETE FORMUL PROBIOTIC.....      | 492           | NALTREX.....                               | 11       |
| MOTEGRITY.....                              | 472      | MVW MODULATOR FORMUL MULTIVIT.....      | 380           | <i>naltrexone</i> .....                    | 237      |
| MOTOFEN.....                                | 463      | MVW MODULATR FORM MINI MULTIVT.....     | 380           | NAMENDA TITRATION PAK.....                 | 244      |
| MOTPOLY XR.....                             | 164      | MVW MODULATR FORMMLTN PEDIATRIC.....    | 395           | NAMENDA XR.....                            | 244      |
| MOUNJARO.....                               | 427      | MY CHOICE.....                          | 261           | NAMZARIC.....                              | 245      |
| MOVANTIK.....                               | 47       | MY WAY.....                             | 261           | NANO 2ND GEN PEN.....                      |          |
| MOVE FREE PLUS MSM-VIT D3.....              | 2        | MYALEPT.....                            | 456           | NEEDLE.....                                | 625, 759 |
| MOVIPREP.....                               | 502      | MYCAPSSA.....                           | 458           | NANO PEN NEEDLE..                          | 625, 759 |
| MOXATAG.....                                | 49       | <i>mycophenolate mofetil</i> ...33, 540 |               | NANOVN ADULT.....                          | 380      |
| MOXICAINE.....                              | 342      | <i>mycophenolate sodium</i> .....       | 540           | NANRAN.....                                | 282      |
| <i>moxifloxacin</i> .....                   | 65, 838  | MYDAYIS.....                            | 199, 212      | NAPROSYN.....                              | 40       |
| <i>moxifloxacin-bromfenac</i> .....         | 825      | MYDCOMBI.....                           | 822           | NAPROXIN.....                              | 40       |
| MRESVIA (PF).....                           | 109      | Mydriacyl.....                          | 826           | <i>naproxen sodium</i> .....               | 40       |
| MS CONTIN.....                              | 15       | MYDRIATIC4(TROP-PROP-PE-KTRLC).....     | 836           | <i>naproxen-esomeprazole</i> .....         | 36       |
| MSUD GEL POWDER.....                        | 389      | MYFEMBREE.....                          | 456           | <i>naratriptan</i> .....                   | 223      |
| MUCOSITISRX.....                            | 815      | MYFORTIC.....                           | 540           | NARCAN.....                                | 48       |
| MUGARD.....                                 | 816      | MYGLUCOHEALTH.....                      | 569, 604, 759 | NARDIL.....                                | 175      |
| MULPLETA.....                               | 537      | MYGLUCOHEALTH CONTROL SOLUTION.....     | 604, 759      | NATACYN.....                               | 839      |
| MULTAQ.....                                 | 132      | MYGLUCOHEALTH LANCETS.....              | 604, 759      | NATAL PNV.....                             | 407      |
| MULTI PRO.....                              | 380      | MYHIBBIN.....                           | 540           | NATAZIA.....                               | 258      |
| MULTIA DAILY.....                           |          | MYLERAN.....                            | 84            | <i>nateglinide</i> .....                   | 428      |
| MULTIVITAMIN.....                           | 380      | MYLK.....                               | 359           | NATESTO.....                               | 423      |
| MULTI-LANCET DEVICE 2.....                  | 604, 759 | MYNATAL.....                            | 398, 399      | NATROBA.....                               | 346      |
| MULTITOL-M.....                             | 380      | MYNATAL ADVANCE.....                    | 398           | NAYZILAM.....                              | 162, 206 |
| <i>multivit with min-folic acid</i> ....    | 380      | MYNATAL PLUS.....                       | 399           | <i>nebivolol</i> .....                     | 144      |
| <i>multivit,calc,min-fa-k1-lycop</i>        | 380      | MYNATAL-Z.....                          | 399           | <i>nebulizer and compressor</i> .....      | 666, 760 |
| <i>multivitamin</i> .....                   | 386      | MYNATE 90 PLUS.....                     | 399           | NEBUPENT.....                              | 71       |
| MULTIVITAMIN GUMMIES.....                   | 380      | MYRBETRIQ.....                          | 508           | NEBUSAL.....                               | 241, 242 |
| MULTI-VITAMIN WITH FLUORIDE.....            | 396      | MYROSINASE.....                         | 9             | Necon 0.5/35 (28).....                     | 254      |
| MULTIVITAMIN WOMEN 50 PLUS.....             | 380      | MYSOLINE.....                           | 161           | <i>nefazodone</i> .....                    | 178      |
| MULTIVITAMIN-ZINC-STRESS.....               | 354      | MYTESI.....                             | 462           | NEFFY.....                                 | 150      |
| MULTI-VIT-FLOR.....                         | 396      | MYTHIUS.....                            | 301           | NEMPLUVIO.....                             | 262      |
| MULTIVIT-FLUORIDE (METAFO LIN).....         | 396      | MYVORI.....                             | 301           | NENDRUX.....                               | 327      |
| <i>multivit-min-ferrous fumarate</i> .....  | 380      | MYXREDLIN.....                          | 449           | NEOCATE JUNIOR WITH PREBIOTICS.....        | 390      |
| <i>multivit-min-ferrous gluconate</i> ..... | 380      | N.O.MAX ER.....                         | 353           | <i>neomycin</i> .....                      | 48       |
| <i>mupirocin</i> .....                      | 282      | <i>nabumetone</i> .....                 | 37            | <i>neomycin-bacitracin-poly-hc</i>         | 824      |
| <i>mupirocin calcium</i> .....              | 282      | <i>nadolol</i> .....                    | 145           | <i>neomycin-bacitracin-polymyxin</i> ..... | 837      |
| MURI-LUBE.....                              | 241      | <i>naftifine</i> .....                  | 284           | <i>neomycin-polymyxin b gu</i> ....        | 507      |
| MUSCUSOLICE.....                            | 332      | NAFTIN.....                             | 284           | <i>neomycin-polymyxin b-dexameth</i> ..... | 824      |
| MVW COMPLETE FORM PROBIOT MINI.....         | 492      | <i>nalbuphine</i> .....                 | 25            | <i>neomycin-polymyxin-gramicidin</i> ..... | 837      |
|                                             |          | Nalocet.....                            | 21, 23        | <i>neomycin-polymyxin-hc</i> .....         | 824, 842 |
|                                             |          | <i>naloxone</i> .....                   | 47            | NEONATAL COMPLETE....                      | 399      |

|                            |          |                                         |          |                                           |          |
|----------------------------|----------|-----------------------------------------|----------|-------------------------------------------|----------|
| NEONATAL FE.....           | 363      | NEXOBRID.....                           | 296      | NORA-BE.....                              | 257      |
| NEONATAL PLUS VITAMIN..... | 399      | NEXPLANON.....                          | 245      | NORDITROPIN FLEXPRO..                     | 446      |
| NEONATAL-DHA.....          | 399      | NEXTSTELLIS.....                        | 254      | <i>norelgestromin-</i>                    |          |
| NEOPHE.....                | 391      | NGENLA.....                             | 446      | <i>ethin.estradiol.....</i>               | 260      |
| Neo-Polycin.....           | 837      | <i>niacin.....</i>                      | 138, 414 | <i>noreth-ethinyl estradiol-iron.....</i> | 254      |
| Neo-Polycin Hc.....        | 824      | <i>niacin (inositol niacinate).....</i> | 414      | <i>norethindrone</i>                      |          |
| NEORAL.....                | 33, 539  | <i>niacinamide.....</i>                 | 414      | <i>(contraceptive).....</i>               | 257      |
| NEOSALUS.....              | 305      | Niacor.....                             | 138      | <i>norethindrone acetate.....</i>         | 457      |
| NEO-SYNALAR.....           | 284      | <i>nicardipine.....</i>                 | 148      | <i>norethindrone ac-eth</i>               |          |
| NEO-SYNALAR KIT.....       | 284      | NICOTINAMIDE (WITH                      |          | <i>estradiol.....</i>                     | 254, 438 |
| NEO-VITAL RX.....          | 399      | CHROMIUM).....                          | 381      | <i>norethindrone-e.estradiol-</i>         |          |
| NEOVITE.....               | 380      | <i>nicotine.....</i>                    | 238, 239 | <i>iron.....</i>                          | 254, 255 |
| NEPHRO VITAMINS.....       | 354      | <i>nicotine (polacrilex).....</i>       | 238      | Norgesic Forte.....                       | 544      |
| NEPHRON FA.....            | 354      | NICOTROL NS.....                        | 239      | <i>norgestimate-ethinyl</i>               |          |
| NEPHRO-VITE.....           | 354      | <i>nifedipine.....</i>                  | 148      | <i>estradiol.....</i>                     | 255, 258 |
| NEPRO CARB STEADY....      | 390      | NIFEREX (FERROUS                        |          | NORITATE.....                             | 338      |
| NERLYNX.....               | 83       | ASPARTO GLYC).....                      | 364      | NORLIQVA.....                             | 148      |
| NESINA.....                | 426      | NIGHTTIME UNDERPANTS                    |          | NORMAL SALINE FLUSH...                    | 409      |
| NESTABS ABC.....           | 399      | L-XL.....                               | 614, 760 | NORM-JECT.....                            | 656, 760 |
| NESTABS DHA.....           | 399      | Nikki (28).....                         | 254      | NORM-JECT TUBERKULIN                      |          |
| NESTABS ONE.....           | 386      | NILANDRON.....                          | 87       | .....                                     | 656, 760 |
| Neuac.....                 | 269      | <i>nilotinib hcl.....</i>               | 102      | NORMLGEL AG.....                          | 282      |
| NEUAC KIT.....             | 269      | <i>nilutamide.....</i>                  | 87       | NORPACE.....                              | 131      |
| NEULASTA.....              | 527      | <i>nimodipine.....</i>                  | 147      | NORPACE CR.....                           | 131      |
| NEULASTA ONPRO.....        | 526      | NINJACOF-XG.....                        | 864      | NORPRAMIN.....                            | 182      |
| NEUPOGEN.....              | 527      | NINLARO.....                            | 100      | NORTHERA.....                             | 150      |
| NEUPRO.....                | 187      | <i>nisoldipine.....</i>                 | 148      | Nortrel 0.5/35 (28).....                  | 255      |
| NEURAPTINE.....            | 332      | <i>nitazoxanide.....</i>                | 55       | NORTREL 1/35 (21).....                    | 255      |
| NEURIVA ORIGINAL.....      | 10       | <i>nitisinone.....</i>                  | 811      | Nortrel 1/35 (28).....                    | 255      |
| NEURONTIN.....             | 164      | Nitro-Bid.....                          | 130      | Nortrel 7/7/7 (28).....                   | 259      |
| NEUTEK 2TEK TEST           |          | NITRO-DUR.....                          | 130      | <i>nortriptyline.....</i>                 | 182      |
| STRIPS.....                | 570, 760 | <i>nitrofurantoin.....</i>              | 51, 514  | NORVASC.....                              | 148      |
| NEVANAC.....               | 832      | <i>nitrofurantoin macrocrystal</i>      |          | NORVIR.....                               | 73       |
| <i>nevirapine.....</i>     | 58       | .....                                   | 51, 514  | NOSE CLIP.....                            | 666, 760 |
| NEW DAY.....               | 261      | <i>nitrofurantoin monohydr/m-</i>       |          | NOURIANZ.....                             | 184      |
| NEW SKIN BOTANICALS...     | 335      | <i>cryst.....</i>                       | 51, 514  | NOVA MAX GLUCOSE                          |          |
| NEW SKIN KIDS.....         | 335      | <i>nitroglycerin.....</i>               | 43, 130  | TEST.....                                 | 570, 760 |
| NEW SKIN SENSITIVE.....    | 335      | NITROLINGUAL.....                       | 130      | NOVA MAX PLUS GLUC-                       |          |
| NEW ZEALAND WHEY           |          | NITROMIST.....                          | 130      | KETON METER...580, 581, 760               |          |
| PROTEIN.....               | 392      | NITROSTAT.....                          | 130      | NOVA SAFETY LANCETS                       |          |
| NEWFLORA.....              | 492      | NITRO-TIME.....                         | 130      | .....                                     | 604, 761 |
| NEWGEN.....                | 399      | NITYR.....                              | 811      | NOVA SUREFLEX                             |          |
| NEXA PLUS.....             | 399      | NIVA THYROID.....                       | 458      | LANCETS.....                              | 604, 761 |
| NEXAVAR.....               | 98       | NIVESTYM.....                           | 527      | NOVACORT.....                             | 325      |
| NEXIUM.....                | 469      | NIX LICE PREVENTION....                 | 345      | NOVAFERRUM YAY IRON.364                   |          |
| NEXIUM PACKET.....         | 470      | <i>nizatidine.....</i>                  | 468      | NOVAMAX PLUS GLU-KET                      |          |
| NEXIVA.....                | 637, 760 | NOBELA.....                             | 331      | .....                                     | 605, 761 |
| NEXLETOL.....              | 132      | NOC DURNA (MEN).....                    | 425      | NOVAREL.....                              | 447      |
| NEXLIZET.....              | 142      | NOC DURNA (WOMEN).....                  | 425      | NOVAVAX COVID 2024-                       |          |
|                            |          | NOLIRA.....                             | 342      | 25(PF)(EUA).....                          | 118      |



|                         |          |                                     |                   |                                        |               |
|-------------------------|----------|-------------------------------------|-------------------|----------------------------------------|---------------|
| NOVOEIGHT.....          | 525      | NUVA III.....                       | 669, 761          | OCM.....                               | 349           |
| NOVOFINE 32.....        | 625, 761 | NUVAGEL.....                        | 669, 761          | <i>octreotide acetate</i> .....        | 458, 505      |
| NOVOFINE PLUS.....      | 625, 761 | NUVARING.....                       | 260               | OCUFLOX.....                           | 838           |
| NOVOLIN 70/30 U-100     |          | NUVAXOVID 2025-2026                 |                   | OCUSOFT LID SCRUB                      |               |
| INSULIN.....            | 448      | (PF).....                           | 118               | ALLERGY.....                           | 307           |
| NOVOLIN 70-30 FLEXPEN   |          | NUVAZIL II.....                     | 669, 761          | ODACTRA.....                           | 110           |
| U-100.....              | 448      | NUVESSA.....                        | 866               | ODEFSEY.....                           | 62            |
| NOVOLIN N FLEXPEN.....  | 448      | NUVIGIL.....                        | 228               | ODOMZO.....                            | 94            |
| NOVOLIN N NPH U-100     |          | NUWIQ.....                          | 525               | OFEV.....                              | 102, 865      |
| INSULIN.....            | 448      | NUZYRA.....                         | 48, 79            | OFF ACTIVE.....                        | 327           |
| NOVOLIN R FLEXPEN.....  | 449      | Nyamyc.....                         | 284               | OFF DEEP WOODS.....                    | 327           |
| NOVOLIN R REGULAR       |          | Nylia 1/35 (28).....                | 255               | <i>ofloxacin</i> .....                 | 65, 838, 842  |
| U100 INSULIN.....       | 449      | Nylia 7/7/7 (28).....               | 259               | OGSIVEO.....                           | 81            |
| NOVOLOG FLEXPEN U-      |          | NYMALIZE.....                       | 147, 148          | OHTUVAYRE.....                         | 843           |
| 100 INSULIN.....        | 454      | NYNUTEY.....                        | 342               | OJEMDA.....                            | 90            |
| NOVOLOG MIX 70-30 U-    |          | NYPOZI.....                         | 527               | OJJAARA.....                           | 81            |
| 100 INSULN.....         | 450      | <i>nystatin</i> .....               | 51, 284, 285, 815 | <i>olanzapine</i> .....                | 192, 209      |
| NOVOLOG MIX 70-         |          | <i>nystatin-triamcinolone</i> ..... | 289               | <i>olanzapine-fluoxetine</i>           |               |
| 30FLEXPEN U-100.....    | 450      | Nystop.....                         | 285               | .....                                  | 181, 192, 209 |
| NOVOLOG PENFILL U-100   |          | NYVEPRIA.....                       | 527               | <i>olive oil</i> .....                 | 241           |
| INSULIN.....            | 454      | OASIS ULTRA                         |                   | <i>olmesartan</i> .....                | 129           |
| NOVOLOG U-100 INSULIN   |          | FENESTRATED.....                    | 346, 761          | <i>olmesartan-amlodipin-</i>           |               |
| ASPART.....             | 454      | OASIS WOUND MATRIX                  |                   | <i>hcthiiazid</i> .....                | 126           |
| NOVOPEN ECHO.....       | 625, 761 | FENESTRATED.....                    | 346, 761          | <i>olmesartan-</i>                     |               |
| NOVOSEVEN RT.....       | 523      | OASIS WOUND MATRIX                  |                   | <i>hydrochlorothiazide</i> .....       | 127           |
| NOXAFIL.....            | 52       | MESHED.....                         | 346, 761          | <i>olopatadine</i> .....               | 826, 860      |
| NOXIPAK.....            | 324      | OB COMPLETE.....                    | 381               | OLPRUVA.....                           | 811           |
| NP THYROID.....         | 458      | OB COMPLETE ONE.....                | 399               | OLUMIANT.....                          | 34, 262       |
| NRF2 ACTIVATOR.....     | 10       | OB COMPLETE PETITE.....             | 399               | OLUX.....                              | 319           |
| NUBEQA.....             | 87       | OB COMPLETE PREMIER.....            | 400               | OLUX-E.....                            | 319           |
| NUCALA.....             | 850      | OB COMPLETE WITH DHA.....           | 400               | OMBRA COMPRESSOR                       |               |
| NUCORT.....             | 324      | OBAGI ELASTIDERM.....               | 299               | SYSTEM.....                            | 666, 761      |
| NUCYNTA.....            | 16       | OBAGI NU-DERM                       |                   | OMECLAMOX-PAK.....                     | 477           |
| NUCYNTA ER.....         | 16       | BLENDER.....                        | 299               | <i>omega 3-dha-epa-fish oil</i> .....  | 141           |
| NUDEXTA.....            | 234      | OBAGI NU-DERM CLEAR..               | 299               | OMEGA MONOPURE.....                    | 141           |
| NUGUT BOWEL SUPPORT     |          | OBAGI NU-DERM                       |                   | OMEGA MONOPURE DHA                     |               |
| PROBIOTIC.....          | 492      | SUNFADER.....                       | 301               | EC.....                                | 141           |
| NU-IRON.....            | 363      | OBAGI-C CLARIFYING                  |                   | OMEGA MONOPURE EPA                     |               |
| NUJO.....               | 297      | SERUM.....                          | 301               | EC.....                                | 141           |
| NUJU.....               | 297      | OBAGI-C THERAPY NIGHT               |                   | <i>omega-3 acid ethyl esters</i> ...   | 138           |
| NULEV.....              | 473, 516 | .....                               | 301               | <i>omega-3 fatty acids-fish oil</i> .. | 141           |
| NULIBRY.....            | 808      | OBIZUR.....                         | 525               | OMEGA-3 KRILL OIL.....                 | 141           |
| NUMBONEX.....           | 342      | OBSTETRIX DHA.....                  | 400               | <i>omega-3s-dha-epa-fish oil</i> ...   | 141           |
| NUMBRINO.....           | 859      | OBSTETRIX DHA                       |                   | OMEGAPURE 900-TG.....                  | 141           |
| NUMOISYN.....           | 10, 815  | PRENATAL DUO.....                   | 400               | OMEGAPURE PRM.....                     | 141           |
| NUPLAZID.....           | 192      | OBSTETRIX EC.....                   | 400               | OMEGAPURE-600 EC.....                  | 142           |
| NURTEC ODT.....         | 221      | OBSTETRIX ONE.....                  | 386, 400          | OMEGAPURE-780 EC.....                  | 142           |
| NUTRASEB.....           | 305      | OBTREX DHA.....                     | 400               | OMEGAPURE-820.....                     | 142           |
| NUTRISOURCE FIBER.....  | 500      | OCALIVA.....                        | 538               | OMEGAPURE-900 EC.....                  | 142           |
| NUTROPIN AQ NUSPIN..... | 446      | OCELLA.....                         | 255               | <i>omeprazole</i> .....                | 470           |

|                                 |                            |                                     |                                     |
|---------------------------------|----------------------------|-------------------------------------|-------------------------------------|
| <i>omeprazole-sodium</i>        |                            | ONE DAILY MULTI-VIT W-              | ONEVITE DAILY                       |
| <i>bicarbonate</i> .....471     | MINERAL.....381            | MULTIVITAMIN.....386                | MULTIVITAMIN.....386                |
| OMEZA.....349                   | ONE DAILY MULTIVITAMIN     | ONEXTON.....269                     | ONEXTON.....269                     |
| OMNARIS.....861                 | .....386                   | ONFI.....162, 206                   | ONFI.....162, 206                   |
| OMNI-BIOTIC AB-10.....492       | ONE DAILY                  | ONGENTYS.....185                    | ONGENTYS.....185                    |
| OMNI-BIOTIC BALANCE....492      | MULTIVITAMIN-IRON.....381  | ON-GO COVID-19 AG AT                | ON-GO COVID-19 AG AT                |
| OMNI-BIOTIC HETOX.....492       | ONE DAILY PRENATAL....400  | HOME TEST.....583, 764              | HOME TEST.....583, 764              |
| OMNI-BIOTIC PANDA.....492       | ONE DAILY WOMEN 50         | ON-THE-GO LANCETS                   | ON-THE-GO LANCETS                   |
| OMNI-BIOTIC STRESS              | PLUS(VIT K).....381        | .....605, 764                       | .....605, 764                       |
| RELEASE.....493                 | ONE DAILY WOMEN'S.....381  | ONUREG.....89                       | ONUREG.....89                       |
| OMNIPOD 5 (G6/LIBRE 2           | ONE-A-DAY MEN              | ONYDA XR.....193                    | ONYDA XR.....193                    |
| PLUS).....671, 761              | VITACRAVES.....381         | ONZDEAXIADEMTAR.....272             | ONZDEAXIADEMTAR.....272             |
| OMNIPOD 5 G6-G7 INTRO           | ONE-A-DAY MEN'S 50         | ONZDEAXIADEMVAR.....272             | ONZDEAXIADEMVAR.....272             |
| KT(GEN5).....671, 762           | PLUS.....381               | ONZDEAXIATAR.....272                | ONZDEAXIATAR.....272                |
| OMNIPOD 5 G6-G7 PODS            | ONE-A-DAY MEN'S            | ONZDEAXIAVAR.....272                | ONZDEAXIAVAR.....272                |
| (GEN 5).....671, 762            | COMPLETE.....382           | ONZDEAXIAZAR.....272                | ONZDEAXIAZAR.....272                |
| OMNIPOD 5                       | ONE-A-DAY PRENATAL....407  | ONZDEOXIA.....269                   | ONZDEOXIA.....269                   |
| INTRO(G6/LIBRE2PLUS)            | ONE-A-DAY PRENATAL-1 .400  | ONZETRA XSAIL.....223               | ONZETRA XSAIL.....223               |
| .....671, 762                   | ONE-A-DAY TRUBIOTICS..493  | OPCICON ONE-STEP 261, 262           | OPCICON ONE-STEP 261, 262           |
| OMNIPOD DASH INTRO              | ONE-A-DAY WOMEN            | OPFOLDA.....809                     | OPFOLDA.....809                     |
| KIT (GEN 4).....671, 762        | VITACRAVES.....382         | OPILL.....257                       | OPILL.....257                       |
| OMNIPOD DASH PDM KIT            | ONE-A-DAY WOMEN'S 50       | OPIPZA.....193, 209                 | OPIPZA.....193, 209                 |
| (GEN 4).....625, 762            | PLUS.....382               | <i>opium tincture</i> .....462, 463 | <i>opium tincture</i> .....462, 463 |
| OMNIPOD DASH PODS               | ONE-A-DAY WOMEN'S          | OPSUMIT.....158                     | OPSUMIT.....158                     |
| (GEN 4).....671, 762            | COMPLETE.....382           | OPSYNVI.....122                     | OPSYNVI.....122                     |
| OMNITROPE.....446, 447          | ONE-DAILY MULTI.....382    | OPTICAMBER ADULT                    | OPTICAMBER ADULT                    |
| OMVOH.....479                   | ONETOUCH DELICA PLUS       | MASK-LARGE.....666, 764             | MASK-LARGE.....666, 764             |
| OMVOH PEN.....479               | LANC DEV.....605, 763      | OPTICAMBER DIAMOND                  | OPTICAMBER DIAMOND                  |
| ON CALL EXPRESS                 | ONETOUCH DELICA PLUS       | LG MASK.....666, 764                | LG MASK.....666, 764                |
| CONTROL.....605, 762            | LANCET.....605, 763        | OPTICAMBER DIAMOND                  | OPTICAMBER DIAMOND                  |
| ON CALL EXPRESS                 | ONETOUCH DELICA            | VHC.....666, 764                    | VHC.....666, 764                    |
| METER.....605, 762              | SAFETY LANCET.....605, 763 | OPTICAMBER DIAMOND-                 | OPTICAMBER DIAMOND-                 |
| ON CALL EXPRESS TEST            | ONETOUCH ULTRA             | MED MSK.....666, 764                | MED MSK.....666, 764                |
| STRIP.....570, 762              | CONTROL.....605, 763       | OPTICAMBER DIAMOND-                 | OPTICAMBER DIAMOND-                 |
| ON CALL LANCET.....605, 762     | ONETOUCH ULTRA TEST        | SML MASK.....666, 764               | SML MASK.....666, 764               |
| ON CALL LANCING                 | .....570, 763              | OPTICLEANSE GHI.....390             | OPTICLEANSE GHI.....390             |
| DEVICE.....605, 762             | ONETOUCH ULTRA2            | OPTIMAG 125.....365                 | OPTIMAG 125.....365                 |
| ONAPGO.....187                  | METER.....605, 763         | OPTIMAG NEURO.....365               | OPTIMAG NEURO.....365               |
| ONCOPLEX.....10                 | ONETOUCH ULTRASOFT 2       | OPTIMAG PLUS CALCIUM 359            | OPTIMAG PLUS CALCIUM 359            |
| ONCOPLEX ES.....10              | LANCET.....605, 763        | OPTION-2.....261, 262               | OPTION-2.....261, 262               |
| <i>ondansetron</i> .....465     | ONETOUCH VERIO FLEX        | OPTIUM EZ.....571, 764              | OPTIUM EZ.....571, 764              |
| <i>ondansetron hcl</i> .....465 | METER.....605, 763         | OPTIUM TEST.....571, 765            | OPTIUM TEST.....571, 765            |
| ONE A DAY MEN                   | ONETOUCH VERIO HIGH        | OPVEE.....48                        | OPVEE.....48                        |
| COMPLETE.....381                | CONTROL.....605, 763       | OPZELURA.....281                    | OPZELURA.....281                    |
| ONE DAILY ESSENTIAL.....381     | ONETOUCH VERIO MID         | ORACEA.....79, 337                  | ORACEA.....79, 337                  |
| ONE DAILY MEN'S 50              | CONTROL.....605, 763       | ORACIT.....513                      | ORACIT.....513                      |
| PLUS W-D3.....381               | ONETOUCH VERIO             | ORALAIR.....109                     | ORALAIR.....109                     |
| ONE DAILY MEN'S                 | REFLECT METER.....605, 763 | Oralone.....816                     | Oralone.....816                     |
| HEALTH.....381                  | ONETOUCH VERIO TEST        | ORALYTE.....367                     | ORALYTE.....367                     |
|                                 | STRIPS.....571, 764        | ORAMAGICRX.....816                  | ORAMAGICRX.....816                  |

|                                         |          |                                         |                |                                                 |          |
|-----------------------------------------|----------|-----------------------------------------|----------------|-------------------------------------------------|----------|
| ORAPEUTIC.....                          | 816      | OVACE PLUS WASH.....                    | 295            | PALFORZIA (LEVEL 10).....                       | 114      |
| ORAPRED ODT.....                        | 444      | OVAL TAPE.....                          | 605, 765       | PALFORZIA (LEVEL 11 UP-<br>DOSE).....           | 114      |
| ORAVIG.....                             | 52       | OVEGA-3.....                            | 142            | PALFORZIA INITIAL (1-3<br>YRS).....             | 114      |
| ORAXINOL.....                           | 10       | OVIDE.....                              | 346            | PALFORZIA INITIAL (4-17<br>YRS).....            | 115      |
| <i>oregano oil-flaxseed oil</i> .....   | 10       | OVIDREL.....                            | 447            | PALFORZIA LEVEL 11<br>MAINTENANCE.....          | 115      |
| ORENCIA.....                            | 32       | <i>oxaprozin</i> .....                  | 40             | <i>paliperidone</i> .....                       | 189      |
| ORENCIA CLICKJECT.....                  | 32       | <i>oxazepam</i> .....                   | 161, 206       | PALYNZIQ.....                                   | 812      |
| ORENITRAM.....                          | 156      | <i>oxcarbazepine</i> .....              | 166, 167       | PAMELOR.....                                    | 182      |
| ORENITRAM MONTH 1<br>TITRATION KT.....  | 156      | OXERVATE.....                           | 834            | PANCREAZE.....                                  | 467      |
| ORENITRAM MONTH 2<br>TITRATION KT.....  | 156      | OXIAICE.....                            | 266            | PANDEL.....                                     | 320      |
| ORENITRAM MONTH 3<br>TITRATION KT.....  | 156      | OXIANUJO.....                           | 297            | PANRETIN.....                                   | 290      |
| ORFADIN.....                            | 811      | OXIANUJO (WITH<br>HYALURONATE).....     | 297            | <i>pantoprazole</i> .....                       | 470      |
| ORGANIC NIPPLE BALM...                  | 305      | OXIATAR.....                            | 274            | PANXYME PH.....                                 | 467      |
| ORGOVYX.....                            | 96       | OXIAVARRY.....                          | 274            | <i>papaverine</i> .....                         | 155      |
| ORIAHNN.....                            | 456      | OXIAVARY.....                           | 274            | PAPAYA DIGESTIVE<br>ENZYME CMLPX.....           | 467      |
| ORILISSA.....                           | 456      | OXIAZAR.....                            | 274            | PARADIGM RESERVOIR<br>.....                     | 625, 765 |
| ORKAMBI.....                            | 858      | <i>oxiconazole</i> .....                | 288            | PARAGARD T 380A.....                            | 246      |
| ORLADEYO.....                           | 156      | OXISTAT.....                            | 288            | PARAGARD T380A<br>(SINGLE HAND).....            | 246      |
| <i>orlistat</i> .....                   | 869      | OXTELLAR XR.....                        | 167            | PARI BABY CONV KIT -<br>SIZE 1.....             | 666, 765 |
| ORLYNVAH.....                           | 48       | <i>oxybutynin chloride</i> .....        | 517            | PARI BABY CONV KIT -<br>SIZE 2.....             | 666, 765 |
| Ormalvi.....                            | 541      | <i>oxycodone</i> .....                  | 16             | PARI BABY CONV KIT -<br>SIZE 3.....             | 666, 765 |
| <i>orphenadrine citrate</i> .....       | 545      | <i>oxycodone-acetaminophen</i><br>..... | 21, 22, 23, 24 | PARI LC SPRINT<br>NEBULIZER SET.....            | 641, 765 |
| <i>orphenadrine-asa-caffeine</i> ...    | 544      | OXYCONTIN.....                          | 16             | PARI LC SPRINT SINUS<br>.....                   | 641, 765 |
| Orphengesic Forte.....                  | 544      | <i>oxymorphone</i> .....                | 16, 17         | PARI TREK S COMBO<br>PACK.....                  | 666, 765 |
| Orquidea.....                           | 257      | OXYTROL.....                            | 517            | PARI TREK S COMPACT<br>COMPRESSOR.....          | 666, 765 |
| ORSERDU.....                            | 104      | OYSTER SHELL CALCIUM<br>500.....        | 357            | PARI TREK S PORTABLE<br>PWR KIT.....            | 667, 765 |
| ORTHAPHEN.....                          | 334      | OYSTER SHELL CALCIUM-<br>VIT D3.....    | 360            | <i>paricalcitol</i> .....                       | 809      |
| ORTHOVISC.....                          | 543      | OZEMPIC.....                            | 427            | PARNATE.....                                    | 175      |
| ORTIKOS.....                            | 481      | OZOBAX.....                             | 545            | <i>paroxetine hcl</i> .....                     | 177      |
| OSAPLEX.....                            | 359      | Pacerone.....                           | 132            | <i>paroxetine<br/>mesylate(menop.sym)</i> ..... | 456      |
| OSAPLEX MK-7.....                       | 359      | PACNEX HP.....                          | 273            | PASER.....                                      | 62       |
| OSCIMIN.....                            | 473, 516 | PACNEX LP.....                          | 273            | PAXIL.....                                      | 177      |
| OSCIMIN SL.....                         | 473, 516 | PAIN EASE MEDIUM<br>STREAM SPRAY.....   | 331            | PAXIL CR.....                                   | 177      |
| <i>oseltamivir</i> .....                | 69       | PAIN EASE MIST SPRAY...                 | 332            | PAXLOVID.....                                   | 74       |
| OSENI.....                              | 431      | PAINGO KFT.....                         | 331            |                                                 |          |
| OSMOLEX ER.....                         | 187      | PALFORZIA (LEVEL 0).....                | 114            |                                                 |          |
| OSSOPAN MD.....                         | 357      | PALFORZIA (LEVEL 1).....                | 114            |                                                 |          |
| OSSOPAN-1100.....                       | 357      | PALFORZIA (LEVEL 2).....                | 114            |                                                 |          |
| OSTACHOL.....                           | 410      | PALFORZIA (LEVEL 3).....                | 114            |                                                 |          |
| OSTEOPRIME PLUS CALC-<br>MAGNESIUM..... | 359      | PALFORZIA (LEVEL 4).....                | 114            |                                                 |          |
| OTEZLA.....                             | 34, 294  | PALFORZIA (LEVEL 5).....                | 114            |                                                 |          |
| OTEZLA STARTER.....                     | 35, 294  | PALFORZIA (LEVEL 6).....                | 114            |                                                 |          |
| OTOVEL.....                             | 842      | PALFORZIA (LEVEL 7).....                | 114            |                                                 |          |
| OVACE.....                              | 295      | PALFORZIA (LEVEL 8).....                | 114            |                                                 |          |
| OVACE PLUS.....                         | 295      | PALFORZIA (LEVEL 9).....                | 114            |                                                 |          |
| OVACE PLUS SHAMPOO..                    | 295      |                                         |                |                                                 |          |

|                                       |          |                                       |                                       |               |
|---------------------------------------|----------|---------------------------------------|---------------------------------------|---------------|
| PAXLYTE.....                          | 412      | PEPTAMEN JUNIOR PHGG                  | PHENEX-2.....                         | 391           |
| <i>pazopanib</i> .....                | 102      | .....                                 | <i>phenobarb-hyoscy-atropine-</i>     |               |
| PCCA ACCUPEN-15...585, 765            |          | <i>perampanel</i> .....               | <i>scop</i> .....                     | 476           |
| PCCA SUSPENDIT                        |          | Percocet.....                         | <i>phenobarbital</i> .....            | 162, 234      |
| ANHYDROUS.....                        | 242      | PERFECT POINT SAFETY                  | PHENOHYTRO.....                       | 476           |
| PEAK AIR PEAK FLOW                    |          | LANCETS.....                          | <i>phenol</i> .....                   | 109           |
| METER.....                            | 661, 765 | PERFOROMIST.....                      | <i>phenoxybenzamine</i> .....         | 155           |
| <i>pedi multivit no.194-iron sulf</i> | 395      | PERIDEX.....                          | <i>phentermine</i> .....              | 869           |
| PEDIALYTE                             |          | <i>perindopril erbumine</i> .....     | <i>phentermine-topiramate</i> .....   | 868           |
| ELECTROLYTE.....                      | 367      | Periogard.....                        | <i>phenylalanine</i> .....            | 353           |
| PEDIALYTE                             |          | <i>permethrin</i> .....               | <i>phenylephrine hcl</i> .....        | 834           |
| ELECTROLYTE WATER.....                | 367      | <i>perphenazine</i> .....             | <i>phenyleph-tropicamide in</i>       |               |
| PEDIALYTE SPARKLING                   |          | <i>perphenazine-amitriptyline</i> ..  | <i>water</i> .....                    | 822           |
| RUSH.....                             | 367      | PERSONAL BEST FULL                    | Phenytek.....                         | 165           |
| PEDIAPRED.....                        | 444      | RANGE.....                            | <i>phenytoin</i> .....                | 165           |
| PEDIATRIC BEAR                        |          | PERSONAL BEST LOW                     | <i>phenytoin sodium extended</i> ..   | 165           |
| NEBULIZER.....                        | 667, 765 | RANGE.....                            | PHEODOYO.....                         | 283           |
| PEDIATRIC COMP-AIR                    |          | PERTZYE.....                          | PHEOXIA.....                          | 285           |
| COMPRES NEB.....                      | 667, 765 | PETROLEUM GAUZE.586, 766              | PHEXXI.....                           | 245           |
| PEDIATRIC D-VITE.....                 | 418      | PFLEX INSPIRATORY                     | PHEYO.....                            | 289           |
| PEDIATRIC ELECTROLYTE                 |          | TRAINER.....                          | Philith.....                          | 255           |
| .....                                 | 367      | PHARMABASE BARRIER...336              | PHOSPHALINE.....                      | 140           |
| <i>pediatric multivitamin no.171</i>  |          | PHARMACIST CHOICE                     | PHOSPHOLINE IODIDE.....               | 821           |
| .....                                 | 393      | .....                                 | PHOSPHOROUS                           |               |
| PEDIATRIC POLY-VITE.....              | 393      | PHARMACIST CHOICE                     | SUPPLEMENT.....                       | 368           |
| PEDIATRIC POLY-VITE                   |          | GLUCOSE SYS.....                      | PHOTREXA CROSS-                       |               |
| WITH IRON.....                        | 395      | PHASEAL ASSEMBLY                      | LINKING KIT.....                      | 823           |
| PEDIATRIC TRI-VITE.....               | 393      | FIXTURE.....                          | PHYSIOLYTE.....                       | 357           |
| <i>peg 3350-electrolytes</i> .....    | 502      | PHASEAL CONNECTOR                     | PHYSIOSOL IRRIGATION..                | 357           |
| <i>peg3350-sod sul-nacl-kcl-</i>      |          | LUER LOCK.....                        | <i>phytonadione (vitamin k1)</i> ...  | 420           |
| <i>asb-c</i> .....                    | 503      | PHASEAL INFUSION                      | PIFELTRO.....                         | 58            |
| PEGASYS.....                          | 66, 67   | ADAPTER.....                          | PIKO 1.....                           | 661, 767      |
| <i>peg-electrolyte soln</i> .....     | 503      | PHASEAL INFUSION                      | PILLOW MASK CHILD 667, 767            |               |
| PEMAZYRE.....                         | 93       | CLAMP.....                            | <i>pilocarpine hcl</i> .....          | 817, 822, 823 |
| PEN NEEDLE.....                       | 625, 766 | PHASEAL INJECTOR LUER                 | PILOT COVID-19 AT-HOME                |               |
| <i>pen needle, diabetic</i> ....      | 626, 766 | .....                                 | TEST.....                             | 583, 767      |
| <i>pen needle, diabetic, safety</i>   |          | PHASEAL INJECTOR LUER                 | <i>pimecrolimus</i> .....             | 298           |
| .....                                 | 626, 766 | LOCK.....                             | <i>pimozide</i> .....                 | 190           |
| PENBRAYA (PF).....                    | 116      | PHASEAL PROTECTOR                     | Pimtrea (28).....                     | 247           |
| <i>penciclovir</i> .....              | 296      | .....                                 | <i>pindolol</i> .....                 | 145           |
| <i>penicillamine</i> .....            | 34, 46   | PHASEAL SECONDARY                     | <i>pioglitazone</i> .....             | 455           |
| <i>penicillin v potassium</i> .....   | 72       | SET.....                              | <i>pioglitazone-glimepiride</i> ..... | 431           |
| <i>pentamidine</i> .....              | 71       | PHASEAL Y-SITE.....                   | <i>pioglitazone-metformin</i> .....   | 430           |
| PENTASA.....                          | 480      | PHEBURANE.....                        | PIP BLOOD GLUCOSE                     |               |
| <i>pentazocine-naloxone</i> .....     | 25       | PHEDRAX.....                          | MONITOR.....                          | 606, 767      |
| PENTIPS PEN NEEDLE                    |          | <i>phenazopyridine</i> .....          | PIP BLOOD GLUCOSE                     |               |
| .....                                 | 626, 766 | <i>phendimetrazine tartrate</i> ..... | TEST STRIP.....                       | 572, 768      |
| <i>pentoxifylline</i> .....           | 528      | <i>phenelzine</i> .....               | PIP GLUCOSE CONTROL                   |               |
| Pepcid.....                           | 468      | Phenergan.....                        | SOLN L1-L2.....                       | 606, 768      |
| PEPCIX.....                           | 370      | PHENEX-1.....                         | PIP LANCET.....                       | 606, 768      |



|                                    |          |                                         |          |                                        |                         |
|------------------------------------|----------|-----------------------------------------|----------|----------------------------------------|-------------------------|
| PIP PEN NEEDLE.....                | 626, 768 | POLY-VI-FLOR IRON                       |          | PRECISION                              |                         |
| PIQRAY.....                        | 99       | DROP(ARCOFO).....                       | 396      | GLUCOSE/KETONE                         |                         |
| <i>pirfenidone</i> .....           | 864      | POLY-VI-FLOR W-                         |          | CONTR.....                             | 606, 769                |
| <i>piroxicam</i> .....             | 38       | IRON(ARCOFOLIN).....                    | 396      | PRECISION PCX PLUS                     |                         |
| <i>pitavastatin calcium</i> .....  | 136      | POLY-VITA DROPS.....                    | 393      | TEST.....                              | 572, 769                |
| PIXEL COVID19 HOME                 |          | POLY-VITA WITH IRON.....                | 395      | PRECISION PCX TEST                     |                         |
| COLLECT KIT.....                   | 583, 768 | POMALYST.....                           | 105      | .....                                  | 572, 769                |
| PLANTAGO-HOMACCORD                 | 461      | PONVORY.....                            | 820      | PRECISION POINT OF                     |                         |
| PLAQUENIL.....                     | 30, 54   | PONVORY 14-DAY                          |          | CARE TEST.....                         | 573, 769                |
| PLATINUM TEST STRIP                |          | STARTER PACK.....                       | 820      | PRECISION Q-I-D TEST                   |                         |
| .....                              | 572, 768 | POPULUS COMPOSITUM..                    | 461      | .....                                  | 573, 770                |
| PLAVIX.....                        | 535      | Portia 28.....                          | 255      | PRECISION XTRA                         |                         |
| PLEGRIDY.....                      | 818      | <i>posaconazole</i> .....               | 52       | KETONE-GLUCOSE...                      | 581, 770                |
| PLENITY.....                       | 868      | <i>potassium aa (bisglycinate)</i> ..   | 369      | PRECISION XTRA                         |                         |
| PLENITY (WELCOME KIT) ..           | 868      | <i>potassium chloride</i> .....         | 369      | MONITOR.....                           | 606, 770                |
| PLENURA.....                       | 323      | <i>potassium citrate</i> .....          | 513      | PRECISION XTRA TEST                    |                         |
| PLENVU.....                        | 503      | <i>potassium citrate-citric acid</i> .. | 513      | .....                                  | 573, 770                |
| PLEXION.....                       | 269      | <i>potassium gluconate</i> .....        | 369      | PRECOSE.....                           | 425                     |
| PLEXION CLEANSING                  |          | <i>potassium iodide</i> .....           | 361      | PRED FORTE.....                        | 829                     |
| CLOTHS.....                        | 269      | <i>potassium, sodium</i>                |          | PRED MILD.....                         | 829                     |
| PLEXION NS.....                    | 295      | <i>phosphates</i> .....                 | 368      | PRED-G S.O.P.....                      | 824                     |
| PMS SOOTHE.....                    | 10       | <i>povidone-iodine</i> .....            | 839      | <i>prednicarbate</i> .....             | 320                     |
| PNEUMOVAX-23.....                  | 116      | PR BENZOYL PEROXIDE..                   | 273      | <i>prednisoln sp-moxiflox-</i>         |                         |
| <i>pnv no.95-ferrous fumarate-</i> |          | PR CREAM.....                           | 335      | <i>bromfen</i> .....                   | 825                     |
| <i>fa</i> .....                    | 400      | PR NATAL 400.....                       | 401      | <i>prednisolone</i> .....              | 444                     |
| PNV TABS 20-1.....                 | 407      | PR NATAL 400 EC.....                    | 401      | <i>prednisolone acetate</i> .....      | 830                     |
| PNV-DHA.....                       | 386      | PR NATAL 430.....                       | 401      | <i>prednisolone acetate (pf)</i> ..... | 829                     |
| PNV-DHA + DOCUSATE....             | 401      | PR NATAL 430 EC.....                    | 401      | <i>prednisolone acetate-</i>           |                         |
| PNV-OMEGA.....                     | 382      | PRADAXA.....                            | 537      | <i>bromfenac</i> .....                 | 834                     |
| PNV-SELECT.....                    | 401      | PRAKETAMIDE.....                        | 343      | <i>prednisolone acetate-</i>           |                         |
| POCKET CHAMBER...667, 768          |          | <i>pralidoxime</i> .....                | 45       | <i>nepafenac</i> .....                 | 834                     |
| POCKET PEAK FLOW                   |          | PRALUENT PEN.....                       | 138, 139 | <i>prednisolone sod ph-</i>            |                         |
| METER.....                         | 661, 768 | <i>pramipexole</i> .....                | 187      | <i>bromfenac</i> .....                 | 834                     |
| PODOCON.....                       | 328      | PRAMOSONE.....                          | 325      | <i>prednisolone sod ph-</i>            |                         |
| <i>podofilox</i> .....             | 328      | <i>prasterone (dhea)</i> .....          | 1        | <i>moxiflox</i> .....                  | 824                     |
| POKONZA.....                       | 369      | <i>prasugrel hcl</i> .....              | 535      | <i>prednisolone sodium</i>             |                         |
| POLY HUB NEEDLE...656, 768         |          | <i>pravastatin</i> .....                | 137      | <i>phosphate</i> .....                 | 444, 830                |
| Polycin.....                       | 838      | <i>praziquantel</i> .....               | 50       | <i>prednisolone-moxiflo-</i>           |                         |
| <i>polymyxin b sulf-</i>           |          | <i>prazosin</i> .....                   | 155      | <i>nepafenac</i> .....                 | 825                     |
| <i>trimethoprim</i> .....          | 838      | PREBIOMAX.....                          | 493      | <i>prednisolone-moxifloxacin</i>       |                         |
| <i>polysaccharide iron complex</i> |          | PREBIOTIC FIBER.....                    | 500      | <i>hcl</i> .....                       | 824                     |
| .....                              | 363      | PREBIOTIC FIBER (FOS)...                | 500      | <i>prednisolone-moxiflox-</i>          |                         |
| <i>polysorbate 80</i> .....        | 242      | PREBIOTIC FIBER                         |          | <i>bromfen</i> .....                   | 825                     |
| POLY-TUSSIN AC.....                | 863      | DIGESTIVE.....                          | 500      | <i>prednisolon-moxiflox-</i>           |                         |
| POLY-VI-FLOR                       |          | PREBIOTIC INULIN-FOS....                | 500      | <i>ketorolac</i> .....                 | 825                     |
| (ARCOFOLIN).....                   | 396      | PRECISION.....                          | 606, 768 | <i>prednisone</i> .....                | 444                     |
| POLY-VI-FLOR DROPS.....            | 396      | PRECISION GLUCOSE                       |          | PREDNISONE INTENSOL..                  | 444                     |
| POLY-VI-FLOR DROPS                 |          | CONTROL SOLN.....                       | 606, 768 | <i>pregabalin</i>                      |                         |
| (ARCOFOLIN).....                   | 396      |                                         |          | .....                                  | 164, 215, 216, 232, 233 |
|                                    |          |                                         |          | PREGEN DHA.....                        | 401                     |

|                                     |               |                                       |          |                                    |                    |
|-------------------------------------|---------------|---------------------------------------|----------|------------------------------------|--------------------|
| PREGNYL.....                        | 447           | PRENATAL PLUS VITAMIN-MINERAL.....    | 403      | PREVIDENT 5000 ENAMEL PROTECT..... | 814                |
| PRELIEF.....                        | 462           | PRENATAL TABLET.....                  | 403      | PREVIDENT 5000 ORTHO DEFENSE.....  | 814                |
| PREMARIN.....                       | 441, 867      | <i>prenatal vit no.179-iron-folic</i> | 403      | PREVIDENT 5000 PLUS.....           | 814                |
| PREMIER BLU GLUCOSE METER.....      | 606, 770      | PRENATAL VITAMIN.....                 | 403      | PREVIDENT 5000 SENSITIVE.....      | 814                |
| PREMIER CLASSIC GLUCOSE METER.....  | 606, 770      | PRENATAL VITAMIN PLUS LOW IRON.....   | 403      | PREVIDENT KIDS.....                | 814                |
| PREMIER COMPACT GLUCOSE METER.....  | 606, 770      | PRENATAL VITAMIN WITH MINERALS.....   | 404      | PREVNAR 20 (PF).....               | 116                |
| PREMIER TEST STRIP.....             | 573, 770      | <i>prenatal vit-iron fum-folic ac</i> | 404      | PREV-RX.....                       | 387                |
| PREMIER VOICE GLUCOSE METER.....    | 606, 771      | PRENATAL WITH DHA-FOLIC ACID.....     | 404      | PREVYMIS.....                      | 65                 |
| PREMIUM BLOOD GLUCOSE MONITOR.....  | 606, 771      | PRENATAL-U.....                       | 386      | PREZCOBIX.....                     | 60, 73             |
| PREMIUM V10....                     | 574, 606, 771 | PRENATE AM.....                       | 386      | PREZISTA.....                      | 73                 |
| PREMPHASE.....                      | 438           | PRENATE CHEWABLE.....                 | 386      | PRIFTIN.....                       | 63, 74             |
| PREMPRO.....                        | 438           | PRENATE DHA.....                      | 386      | PRILO PATCH.....                   | 343                |
| PRENAISSANCE.....                   | 401           | PRENATE DHA (FERR ASP GLYCIN).....    | 407      | PRIOSEC.....                       | 470                |
| PRENAISSANCE PLUS.....              | 401           | PRENATE ELITE.....                    | 407      | PRIMACARE.....                     | 404                |
| PRENATA.....                        | 401           | PRENATE ELITE (IRON ASP GLYC).....    | 407      | PRIMADOPHILUS BIFIDUS              | 493                |
| PRENATABS FA.....                   | 401           | PRENATE ENHANCE.....                  | 404      | PRIMADOPHILUS ORIGINAL.....        | 493                |
| PRENATABS RX.....                   | 401           | PRENATE ESSENTIAL.....                | 386      | <i>primaquine</i> .....            | 54                 |
| PRENATAL.....                       | 403, 407      | PRENATE.....                          |          | PRIMEAIRE.....                     | 667, 771           |
| PRENATAL + DHA.....                 | 401, 402      | ESSENTIAL(IRON-ASP-GL).....           | 386      | PRIMIDAR.....                      | 493                |
| PRENATAL 19.....                    | 402           | .....                                 |          | <i>primidone</i> .....             | 162                |
| PRENATAL 19 (WITH DOCUSATE).....    | 402           | PRENATE MINI (FERR ASP GLYCIN).....   | 408      | Primlev.....                       | 22, 24             |
| PRENATAL COMPLETE.....              | 402           | PRENATE PIXIE.....                    | 408      | PRIMSOL.....                       | 50                 |
| PRENATAL ESSENTIALS..               | 402           | PRENATE RESTORE.....                  | 404      | PRIORIX (PF).....                  | 113, 120, 121, 122 |
| PRENATAL FORMULA.....               | 402           | PRENATE STAR.....                     | 408      | PRISTIQ.....                       | 179                |
| PRENATAL FORMULA-DHA.....           | 402           | PREPIDIL.....                         | 421      | PRO COMFORT INSULIN SYRINGE.....   | 626, 771           |
| PRENATAL GUMMIES.....               | 407           | PRESERA.....                          | 305      | PRO COMFORT LANCET.....            | 606, 771           |
| PRENATAL GUMMIES(ZINC CHELATE)..... | 382           | PRESERVISION AREDS 2 PLUS MV.....     | 4, 382   | PRO COMFORT PEN NEEDLE.....        | 626, 771           |
| PRENATAL MULTI.....                 | 402           | PRESERVISION AREDS-2.....             | 4        | PRO COMFORT SAFETY LANCET.....     | 606, 771           |
| PRENATAL MULTI-DHA (ALGAL OIL)..... | 402           | PRESSURE ACTIVATED LANCETS.....       | 606, 771 | PRO COMFORT TENS ELECTRODE.....    | 640, 772           |
| PRENATAL MULTI-DHA(WITH VIT K)..... | 402           | PRESTALIA.....                        | 123      | PRO COMFORT TENS UNIT.....         | 640, 772           |
| PRENATAL MULTIVITAMINS.....         | 403           | <i>pretomanid</i> .....               | 63       | PRO VOICE V8-V9 TEST STRIP.....    | 574, 772           |
| PRENATAL ONE DAILY.....             | 403           | PREVACID.....                         | 470      | PRO VOICE V9 GLUCOSE MONITOR.....  | 606, 772           |
| PRENATAL PLUS.....                  | 403           | PREVACID SOLUTAB.....                 | 470      | PROAIR RESPIClick.....             | 854                |
| PRENATAL PLUS (CALCIUM CARB).....   | 403           | Prevalite.....                        | 133      | PROBACAP.....                      | 493                |
| PRENATAL PLUS DHA.....              | 403           | PREVENT DROPSAFE PEN NEEDLE.....      | 626, 771 | <i>probenecid</i> .....            | 518                |
|                                     |               | PREVIDENT.....                        | 814      | <i>probenecid-colchicine</i> ..... | 518                |
|                                     |               | PREVIDENT 5000 BOOSTER PLUS.....      | 814      | PROBICHEW.....                     | 493                |
|                                     |               | PREVIDENT 5000 DRY MOUTH.....         | 814      |                                    |                    |



|                         |          |                                     |          |                                   |               |
|-------------------------|----------|-------------------------------------|----------|-----------------------------------|---------------|
| PROBIO DEFENSE.....     | 493      | PROCARE SPACER WITH                 |          | Prolate.....                      | 22, 23, 24    |
| PROBIOFLEXX.....        | 493      | ADULT MASK.....                     | 667, 772 | PROLENSA.....                     | 832           |
| PROBIOMAX 350 DF.....   | 493      | PROCARE SPACER WITH                 |          | PROMACTA.....                     | 538           |
| PROBIOMAX COMPLETE      |          | CHILD MASK.....                     | 667, 772 | PROMELLA.....                     | 496           |
| DF.....                 | 493      | PROCEL SINGLES.....                 | 392      | <i>promethazine</i> .....         | 465, 845, 846 |
| PROBIOMAX DAILY DF..... | 494      | Procentra.....                      | 213      | <i>promethazine-codeine</i> ..... | 862           |
| PROBIOMAX DF.....       | 494      | PRO-CEPTION.....                    | 640, 772 | <i>promethazine-dm</i> .....      | 862           |
| PROBIOMAX IG 26 DF..... | 494      | PROCHAMBER.....                     | 667, 772 | <i>promethazine-phenylephrine</i> |               |
| PROBIOMAX LEAN DF.....  | 494      | <i>prochlorperazine</i> .....       | 464      | .....                             | 843           |
| PROBIOMAX PLUS DF.....  | 494      | <i>prochlorperazine maleate</i>     |          | Promethegan.....                  | 465, 845, 846 |
| PROBIOMAX SB DF.....    | 494      | .....                               | 191, 464 | PROMETRIUM.....                   | 457           |
| PROBIOMAX SERENITY....  | 494      | PROCORT.....                        | 45       | PROMISEB.....                     | 295, 305      |
| PROBIONEXX.....         | 494      | PROCRT.....                         | 522      | PRONAL.....                       | 328           |
| PROBIOTIC.....          | 495      | Proctocort.....                     | 44, 320  | PRONEB MAX                        |               |
| PROBIOTIC (B.           |          | PROCTOFOAM HC.....                  | 45       | COMPRESSOR-LC PLUS                |               |
| COAGULANS).....         | 494      | Procto-Med Hc.....                  | 44, 320  | .....                             | 667, 773      |
| PROBIOTIC (S.BOULARDII) |          | Proctosol Hc.....                   | 44, 320  | PRONEB MAX                        |               |
| .....                   | 494      | Proctozone-Hc.....                  | 44, 320  | COMPRESSR-LC SPRINT               |               |
| PROBIOTIC (WITH         |          | PROCYSBI.....                       | 506      | .....                             | 667, 773      |
| VITAMIN D3).....        | 494      | PRODIGY AUTOCODE                    |          | PRONEB ULTRA II FILTER            |               |
| PROBIOTIC ACIDOPHILUS   |          | METER.....                          | 606, 772 | ASSEM.....                        | 667, 773      |
| (4 STRN).....           | 495      | PRODIGY AUTOCODE                    |          | PROOXIA.....                      | 301           |
| PROBIOTIC               |          | MONITOR SYST.....                   | 606, 772 | <i>propafenone</i> .....          | 131           |
| ACIDOPHILUS(14-STRN)... | 495      | PRODIGY CONTROL                     |          | <i>proparacaine</i> .....         | 836           |
| PROBIOTIC COLON         |          | SOLUTION, LOW.....                  | 607, 772 | PROPIMEX-2.....                   | 392           |
| SUPPORT.....            | 495      | PRODIGY CONTROL                     |          | <i>propranolol</i> .....          | 145, 146      |
| PROBIOTIC DIGEST SUPP   |          | SOLUTION,HIGH.....                  | 607, 772 | <i>propranolol-</i>               |               |
| (4-STRN).....           | 495      | PRODIGY INSULIN                     |          | <i>hydrochlorothiazid</i> .....   | 155           |
| PROBIOTIC DIGEST SUPP   |          | SYRINGE.....                        | 626, 773 | <i>propylthiouracil</i> .....     | 433           |
| (6-STRN).....           | 495      | PRODIGY LANCETS..                   | 607, 773 | PROSCAR.....                      | 511           |
| PROBIOTIC               |          | PRODIGY LANCING                     |          | PROSILK.....                      | 670, 773      |
| DIGEST(L.RHAM,INULN)... | 495      | DEVICE.....                         | 607, 773 | PROSILK GEL.....                  | 335           |
| PROBIOTIC               |          | PRODIGY MINI-MIST                   |          | PROSOURCE.....                    | 392           |
| DIGEST(LACTO,BIFIDO)... | 495      | NEBULIZER.....                      | 641, 773 | PROTECT IRON LIQUID....           | 364           |
| PROBIOTIC FORMULA       |          | PRODIGY NO CODING                   |          | PROTHELIAL.....                   | 816           |
| (INULIN).....           | 495      | .....                               | 574, 773 | PROTONIX.....                     | 471           |
| PROBIOTIC PEARLS        |          | PRODIGY POCKET METER                |          | <i>protriptyline</i> .....        | 182           |
| ACIDOPHILUS.....        | 495      | .....                               | 607, 773 | PROVATE PELVIC ORGAN              |               |
| PROBIOTIC PEARLS        |          | PRODIGY TWIST TOP                   |          | SUPPORT.....                      | 773, 867      |
| COMPLETE.....           | 496      | LANCET.....                         | 607, 773 | PROVENT.....                      | 667, 774      |
| PROBIOTIC PEARLS        |          | PRODIGY VOICE                       |          | PROVENT STARTER. 667,             | 774           |
| WOMEN'S.....            | 496      | GLUCOSE METER.....                  | 607, 773 | PROVERA.....                      | 457           |
| PROBIOTIC-10.....       | 496      | PROFILNINE.....                     | 523      | PROVIDA OB.....                   | 404           |
| PROBIOTIC-IMMUNE.....   | 496      | PROFINAC.....                       | 335      | PROVIGIL.....                     | 229           |
| PROBIZEN.....           | 496      | PROFOLA.....                        | 382      | PROVIMIN.....                     | 390           |
| PROCARDIA XL.....       | 148      | <i>progesterone</i> .....           | 457      | PROVISC.....                      | 837           |
| PROCARE COMPRESSOR      |          | <i>progesterone micronized</i> .... | 457      | PROXIVOL.....                     | 342           |
| NEBULIZER.....          | 667, 772 | PROGLYCEM.....                      | 422      | PROZAC.....                       | 177           |
| PROCARE PEDIATRIC       |          | PROGRAF.....                        | 539      | <i>prucalopride</i> .....         | 472           |
| NEBULIZER.....          | 667, 772 | PROLASTIN-C.....                    | 859      | PRUCLAIR.....                     | 305           |

|                                       |          |                                      |                    |                                        |          |
|---------------------------------------|----------|--------------------------------------|--------------------|----------------------------------------|----------|
| PRUMYX.....                           | 305      | <i>pyridostigmine bromide</i>        |                    | QUIT 2.....                            | 239      |
| Pruradik.....                         | 346      | .....                                | 45, 542, 543       | QUIT 4.....                            | 239      |
| PSORINOHEEL.....                      | 461      | <i>pyridoxine (vitamin b6)</i> ..... | 415                | QULIPTA.....                           | 221      |
| <i>psyllium husk</i> .....            | 501      | <i>pyrimethamine</i> .....           | 54                 | QUTENZA.....                           | 344      |
| <i>psyllium husk (with sugar)</i> ... | 501      | PYRUKYND.....                        | 536                | QUVIVIQ.....                           | 236      |
| PULMICORT.....                        | 850      | QBRELIS.....                         | 125                | QVAR REDIHALER.....                    | 850      |
| PULMICORT FLEXHALER.....              | 850      | QBREXZA.....                         | 284                | <i>rabeprazole</i> .....               | 471      |
| PULMO-AIDE                            |          | Q-CARE RX Q2.....                    | 584                | RADIAGEL.....                          | 306      |
| COMPRESSOR.....                       | 667, 774 | Q-CARE RX Q4.....                    | 584                | RADIAPLEXRX.....                       | 336      |
| PULMONEB LT                           |          | QDOLO.....                           | 17                 | RADICAVA ORS.....                      | 542      |
| COMPRESSOR NEBUL                      |          | QELBREE.....                         | 203, 204           | RADICAVA ORS STARTER                   |          |
| .....                                 | 668, 774 | QFITLIA.....                         | 519                | KIT SUSP.....                          | 542      |
| PULMOSAL.....                         | 242      | QFITLIA PEN.....                     | 519                | RADIOGARDASE.....                      | 45, 46   |
| PULMOZYME.....                        | 859      | QINLOCK.....                         | 102                | RAGWITEK.....                          | 110      |
| PURAZIL.....                          | 293      | QLOSI.....                           | 823                | RALDESY.....                           | 178      |
| PURE COMFORT                          |          | QNASL.....                           | 861                | <i>raloxifene</i> .....                | 457      |
| LANCETS.....                          | 607, 774 | QSYMIA.....                          | 868                | <i>ramelteon</i> .....                 | 220      |
| PURE COMFORT PEN                      |          | QTERN.....                           | 429                | <i>ramipril</i> .....                  | 125      |
| NEEDLE.....                           | 627, 774 | QUAKE VIBRATORY PEP                  |                    | <i>ranolazine</i> .....                | 130      |
| PURE COMFORT SAFETY                   |          | .....                                | 668, 774           | RAPAFLO.....                           | 511      |
| LANCETS.....                          | 607, 774 | QUALAQUIN.....                       | 54                 | RAPID SARS-COV-2 AG                    |          |
| PURE COMFORT SAFETY                   |          | <i>quazepam</i> .....                | 206, 234           | HOME TEST.....                         | 584, 775 |
| PEN NEEDLE.....                       | 627, 774 | QUDEXY XR.....                       | 168                | RAPIDGO FLU AND                        |          |
| PUREAIR MINI NEBULIZER                |          | <i>quercetin</i> .....               | 415                | COVID-19 TEST.....                     | 584, 775 |
| .....                                 | 668, 774 | Questran.....                        | 133                | RAPPORT VACUUM                         |          |
| PURECOMFORT PEAK                      |          | Questran Light.....                  | 133                | THERAPY.....                           | 639, 775 |
| FLOW METER.....                       | 661, 774 | <i>quetiapine</i> .....              | 191, 209, 210      | <i>rasagiline</i> .....                | 185      |
| PUREVITA ALPHA LIPOIC                 |          | QUICKVUE AT-HOME                     |                    | RASUVO (PF).....                       | 31       |
| ACID.....                             | 4        | COVID-19 TEST.....                   | 583, 774           | RAVICTI.....                           | 811      |
| PUREVITA FOLIC ACID.....              | 419      | QUICKVUE SARS                        |                    | RAYALDEE.....                          | 809      |
| PUREVITA MAGNESIUM                    |          | ANTIGEN.....                         | 583, 774           | RAYASAL.....                           | 328      |
| OXIDE.....                            | 365      | QUIDROXZAR.....                      | 327                | RAYOS.....                             | 444      |
| PUREVITA SUPER B-                     |          | QUIHOXAXIA.....                      | 327                | REBIF (WITH ALBUMIN)....               | 818      |
| COMPLEX.....                          | 354      | QUIHOXVAR.....                       | 327                | REBIF REBIDOSE.....                    | 818      |
| PUREVITA VITAMIN A.....               | 411      | QUILLICHEW ER.....                   | 199, 200           | REBIF TITRATION PACK...                | 819      |
| PUREVITA VITAMIN B1.....              | 412      | QUILLIVANT XR.....                   | 200, 201           | REBINYN.....                           | 523      |
| PUREVITA VITAMIN B12....              | 414      | <i>quinapril</i> .....               | 125                | REBYOTA.....                           | 461      |
| PUREVITA VITAMIN B2.....              | 414      | <i>quinapril-hydrochlorothiazide</i> |                    | RECEDO.....                            | 336      |
| PUREVITA VITAMIN B3.....              | 414      | .....                                | 124                | Reclipsen (28).....                    | 255      |
| PUREVITA VITAMIN B5.....              | 415      | <i>quinidine gluconate</i> .....     | 131                | RECOMBINATE.....                       | 525      |
| PUREVITA VITAMIN B6.....              | 415      | <i>quinidine sulfate</i> .....       | 131                | RECOMBIVAX HB (PF).....                | 111      |
| PUREVITA VITAMIN C.....               | 416      | <i>quinine sulfate</i> .....         | 54                 | RECONSTITUTE.....                      | 640, 775 |
| PUREVITA VITAMIN D3.....              | 418      | QUINIXIL.....                        | 324                | RECORLEV.....                          | 421      |
| PUREVITA VITAMIN E.....               | 418      | QUINJA.....                          | 282                | RECOTHROM.....                         | 530      |
| PURIXAN.....                          | 88       | QUINTET AC                           |                    | RECOTHROM SPRAY KIT.....               | 530      |
| PUSH BUTTON SAFETY                    |          | .....                                | 574, 607, 774, 775 | RECTIV.....                            | 43       |
| LANCETS.....                          | 607, 774 | QUINTET BLOOD                        |                    | <i>red beet</i> .....                  | 10       |
| PYLERA.....                           | 476      | GLUCOSE METER.....                   | 607, 775           | <i>red beet-sour cherry extract</i> .. | 10       |
| <i>pyrazinamide</i> .....             | 63       | QUINTET GLUCOSE TEST                 |                    | <i>red yeast rice</i> .....            | 10       |
| PYRIDIUM.....                         | 513      | STRIPS.....                          | 575, 775           | <i>red yeast rice extract</i> .....    | 10       |

|                        |          |                          |               |                                      |              |
|------------------------|----------|--------------------------|---------------|--------------------------------------|--------------|
| REFUAH PLUS.....       | 575, 776 | REMYDA.....              | 339           | REVEAL TEST STRIP .                  | 576, 778     |
| REFUAH PLUS GLUCOSE    |          | RENACIDIN.....           | 507           | REVITAFLOr.....                      | 496          |
| CONTROL.....           | 607, 775 | RENAMENT.....            | 390           | REVLIMID.....                        | 105          |
| REFUAH PLUS GLUCOSE    |          | RENEEL.....              | 461           | REVUFORJ.....                        | 81           |
| MONITOR.....           | 607, 775 | RENOVAR.....             | 108, 347      | REXTOVY.....                         | 48           |
| REGENECARE.....        | 342      | RENTHYROID.....          | 459           | REXULTI.....                         | 193          |
| REGENECARE WITH ALOE   |          | REVELA.....              | 510           | REYATAZ.....                         | 73           |
| .....                  | 342      | <i>repaglinide</i> ..... | 428           | REYVOW.....                          | 225          |
| REGLAN.....            | 472      | REPATHA PUSHTRONEX       |               | REZDIFFRA.....                       | 538          |
| REGRANEX.....          | 350      | .....                    | 138, 139      | REZLIDHIA.....                       | 98           |
| REGULOID (ASPARTAME)   | 501      | REPATHA SURECLICK.....   | 139           | REZUROCK.....                        | 35           |
| REGULOID (PSYLLIUM     |          | REPATHA SYRINGE.....     | 139           | REZVOGLAR KWIKPEN.....               | 450          |
| HUSK).....             | 501      | REPEL.....               | 327           | RHOFADE.....                         | 339          |
| REGULOID (PSYLLIUM     |          | REPEL SPORTSMEN.....     | 327           | RHOPRESSA.....                       | 841          |
| HUSK-SUCRO).....       | 501      | REPHRESH PRO-B.....      | 496           | <i>ribavirin</i> .....               | 68, 74       |
| REJUVAFLOR.....        | 496      | REPLENS EXTERNAL         |               | <i>riboflavin (vitamin b2)</i> ..... | 414          |
| RELAFEN DS.....        | 37       | COMFORT.....             | 867           | <i>ribose</i> .....                  | 388          |
| RELAGARD.....          | 866      | REPLICARE DRESSING       |               | RIDAURA.....                         | 32           |
| RELAX NIGHT CALM.....  | 219      | .....                    | 349, 777      | <i>rifabutin</i> .....               | 63, 74       |
| RELCARE.....           | 412      | REPLICARE THIN.....      | 349, 777      | <i>rifampin</i> .....                | 63, 74       |
| RELENZA DISKHALER..... | 69       | REPLICARE ULTRA          |               | RIGHTEST CONTROL                     |              |
| RELEUKO.....           | 527      | DRESSING.....            | 349, 777      | SOLUTION HIGH.....                   | 608, 778     |
| RELEXXII.....          | 201      | REPOZEN SLEEP AID.....   | 219           | RIGHTEST CONTROL                     |              |
| RELIAMED LANCET ..     | 607, 776 | RESISTANCE FORMULA       |               | SOLUTION NORM.....                   | 608, 778     |
| RELIAMED MINI LANCING  |          | PROBIOTIC.....           | 496           | RIGHTEST GD500                       |              |
| DEVICE.....            | 607, 776 | RESPA-AR.....            | 843           | LANCING DEVICE.....                  | 608, 778     |
| RELIAMED SAFETY SEAL   |          | RESTASIS.....            | 830           | RIGHTEST GL300                       |              |
| LANCETS.....           | 607, 776 | RESTASIS MULTIDOSE.....  | 830           | LANCETS.....                         | 608, 778     |
| RELIBIOTIC.....        | 496      | RESTIMO.....             | 339           | RIGHTEST GM550                       |              |
| RELION ALL-IN-ONE      |          | RESTORE.....             | 350, 586, 777 | SYSTEM.....                          | 608, 778     |
| METER.....             | 607, 776 | RESTORE CALCIUM          |               | RIGHTEST GS550 TEST                  |              |
| RELION CONFIRM.....    | 607, 776 | ALGINATE.....            | 350           | STRIPS.....                          | 576, 778     |
| RELION CONFIRM-MICRO   |          | RESTORE FUSION RENAL     |               | RIGHTEST GT333                       |              |
| .....                  | 575, 776 | SUPPORT.....             | 391           | GLUCOSE METER.....                   | 608, 778     |
| RELION MICRO GLUCOSE   |          | RESTORE RENAL            |               | RIGHTEST GT333 TEST                  |              |
| MONITOR.....           | 607, 776 | SUPPORT.....             | 391           | STRIP.....                           | 576, 779     |
| RELION PRIME METER     |          | RESTORIL.....            | 206, 235      | RILUTEK.....                         | 542          |
| .....                  | 608, 776 | RETACRIT.....            | 522           | <i>riluzole</i> .....                | 542          |
| RELION PRIME TEST      |          | RETEVMO.....             | 105           | <i>rimantadine</i> .....             | 69           |
| STRIPS.....            | 575, 777 | RETIN-A.....             | 277           | <i>ringer's</i> .....                | 357          |
| RELION ULTIMA.....     | 576, 777 | RETIN-A MICRO.....       | 277           | RINVOQ.....                          | 34, 281, 481 |
| RELISTOR.....          | 47       | RETIN-A MICRO PUMP       |               | RINVOQ LQ.....                       | 34           |
| RELIZORB.....          | 585, 777 | .....                    | 276, 277      | RIOMET.....                          | 455          |
| RELPAx.....            | 223      | RETROVIR.....            | 59            | <i>risedronate</i> .....             | 435          |
| RELTONE.....           | 468      | REUSABLE NEBULIZER       |               | RISPERDAL.....                       | 189, 210     |
| REMEDIENT.....         | 382      | KIT.....                 | 668, 777      | <i>risperidone</i> .....             | 189, 210     |
| REMERON.....           | 175      | REVATIO.....             | 158           | RITALIN.....                         | 202, 229     |
| REMERON SOLTAB.....    | 175      | REVCovi.....             | 808           | RITALIN LA.....                      | 201, 202     |
| REMIFEMIN MENOPAUSE..  | 10       | REVEAL BLOOD             |               |                                      |              |
| REMODULIN.....         | 157      | GLUCOSE METER.....       | 608, 777      |                                      |              |

|                                    |                                      |          |                                        |          |
|------------------------------------|--------------------------------------|----------|----------------------------------------|----------|
| RITEFLO AEROCHAMBER                | RYDAPT.....                          | 103      | SAMI THE SEAL MASK                     |          |
| .....668, 779                      | RYDEX.....                           | 863      | .....                                  | 668, 780 |
| <i>ritonavir</i> .....             | RYLAZE.....                          | 90       | SAMSCA.....                            | 153      |
| <i>rivaroxaban</i> .....           | RYNODERM.....                        | 329      | SANADERMRX.....                        | 324      |
| <i>rivastigmine</i> .....          | RYPLAZIM.....                        | 534      | SANCUSO.....                           | 465      |
| <i>rivastigmine tartrate</i> ..... | RYTARY.....                          | 184      | SANDIMMUNE.....                        | 33, 539  |
| RIVELSA.....                       | SABAL-HOMACCORD.....                 | 461      | SANDOSTATIN.....                       | 458, 505 |
| RIVFLOZA.....                      | SABRIL.....                          | 165      | SANTYL.....                            | 307      |
| RIXUBIS.....                       | <i>saccharin</i> .....               | 356      | SAPHRIS.....                           | 187, 210 |
| <i>rizatriptan</i> .....           | <i>saccharomyces boulardii</i> ..... | 496      | <i>sapropterin</i> .....               | 812      |
| R-NATAL OB.....                    | <i>saccharomyces boulardii</i> -     |          | SAROXIA.....                           | 274      |
| ROAOXIA.....                       | <i>yeast</i> .....                   | 496      | SAVAYSA.....                           | 521      |
| ROBINSON CLEAR VINYL               | <i>sacubitril-valsartan</i> .....    | 128      | SAVELLA.....                           | 179, 217 |
| CATHETER.....                      | SAFESNAP INSULIN                     |          | <i>saw palmetto</i> .....              | 10       |
| ROBINUL.....                       | SYRINGE.....                         | 627, 779 | <i>saw palmetto-zinc picolinate</i> .. | 10       |
| ROBINUL FORTE.....                 | SAFESNAP SYRINGE                     |          | SAWYER CONTROLLED                      |          |
| ROCALTROL.....                     | .....656, 779, 780                   |          | RELEASE.....                           | 327      |
| ROCKLATAN.....                     | SAFETY LANCETS.....                  | 608, 780 | <i>saxagliptin</i> .....               | 426      |
| <i>roflumilast</i> .....           | <i>safety needles</i> .....          | 656, 780 | <i>saxagliptin-metformin</i> .....     | 432      |
| ROLVEDON.....                      | SAFETY PEN NEEDLE                    |          | SCALACORT.....                         | 320      |
| ROMVIMZA.....                      | .....627, 780                        |          | SCALACORT DK.....                      | 320      |
| <i>ropinirole</i> .....            | SAFETY SEAL LANCETS                  |          | SCARCARE.....                          | 336, 670 |
| Rosadan.....                       | .....608, 780                        |          | SCARCIN PAD PLUS..                     | 670, 780 |
| ROSADAN.....                       | SAFETY-LET LANCETS                   |          | SCARCINPAD.....                        | 670, 780 |
| ROSITARA.....                      | .....608, 780                        |          | SCARHEAL.....                          | 670, 780 |
| ROSULA.....                        | SAFRYCYN.....                        | 336      | SCARSILK.....                          | 670, 780 |
| ROSULA CLEANSING                   | SAFYRAL.....                         | 255      | SCARSILK GEL.....                      | 336      |
| CLOTHS.....                        | SAIZEN SAIZENPREP.....               | 447      | SCARTRATE.....                         | 336      |
| <i>rosuvastatin</i> .....          | Sajazir.....                         | 146      | SCEMBLIX.....                          | 103      |
| Rosyras.....                       | SALAGEN (PILOCARPINE) 817            |          | <i>schisandra</i> .....                | 10       |
| ROSZET.....                        | SALICATE.....                        | 329      | <i>scopolamine base</i> .....          | 463      |
| ROTARIX.....                       | <i>salicylic acid</i> .....          | 329      | SEBUDERM.....                          | 306      |
| ROTATEQ VACCINE..                  | <i>salicylic acid-ceramides no.1</i> |          | SECUADO.....                           | 188      |
| ROVIS.....                         | .....329                             |          | SECURESAFE INSULIN                     |          |
| ROWASA.....                        | SALIMEZ.....                         | 329      | SYRINGE.....                           | 627, 780 |
| Roweepra.....                      | SALIMEZ FORTE.....                   | 329      | SECURESAFE PEN                         |          |
| Roweepra Xr.....                   | SALIVAMAX.....                       | 815      | NEEDLE.....                            | 627, 781 |
| ROXICODONE.....                    | SALOXICIN.....                       | 10       | SEGLENTIS.....                         | 26       |
| ROXYBOND.....                      | <i>salsalate</i> .....               | 42       | SEGLUROMET.....                        | 428      |
| ROZEREM.....                       | SALVAX.....                          | 329      | SELECT-OB.....                         | 404      |
| ROZLYTREK.....                     | SALVAX DUO PLUS.....                 | 328      | SELECT-OB (FOLIC ACID).404             |          |
| RUBBER MOUTHPIECE                  | SALYCIM.....                         | 329      | SELECT-OB + DHA.....                   | 404      |
| .....668, 779                      | SALYNTRA.....                        | 329      | <i>selegiline hcl</i> .....            | 185      |
| RUBRACA.....                       | SAMBUCUS ELDERBERRY                  |          | <i>selenium</i> .....                  | 369      |
| RUCONEST.....                      | ORIGINAL.....                        | 10       | <i>selenium sulfide</i> .....          | 295      |
| <i>rufinamide</i> .....            | SAMBUCUS                             |          | <i>selenomethionine</i> .....          | 369      |
| RUKOBIA.....                       | ELDERBERRY-VITAMIN C.410             |          | SELF-CATHETER, FEMALE                  |          |
| RUMILO.....                        | SAMBUCUS                             |          | .....673, 781                          |          |
| RYALTRIS.....                      | HONEYBERRY NIGHT.....                | 219      | SELZENTRY.....                         | 56       |
| RYBELSUS.....                      | SAMI THE SEAL.....                   | 668, 780 |                                        |          |



|                                                           |                                              |                                                               |
|-----------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------|
| SEMGLEE(INSULIN<br>GLARGINE-YFGN).....451                 | SIL-K.....670, 781                           | SLOW FE..... 363                                              |
| SEMGLEE(INSULIN<br>GLARG-YFGN)PEN..... 451                | <i>silodosin</i> .....511                    | SLOW RELEASE IRON..... 363                                    |
| SE-NATAL 19.....404                                       | SILTREX.....670, 781                         | SLOWMAG MUSCLE<br>RECOVERY..... 366                           |
| SE-NATAL 19 CHEWABLE.404                                  | SILVADENE..... 296                           | SLYND.....257                                                 |
| SENIOR PROBIOTIC..... 496                                 | <i>silver nitrate</i> .....282               | SMART SENSE LANCETS<br>.....608, 781                          |
| <i>senna leaf</i> ..... 504                               | <i>silver nitrate applicators</i> .....328   | SMART SENSE<br>MONITORING SYSTEM<br>.....608, 781             |
| SENOKOT..... 504                                          | <i>silver sulfadiazine</i> ..... 296         | SMART SENSE TEST                                              |
| SENOKOT KIDS.....504                                      | SILVRSTAT.....282                            | STRIPS.....577, 782                                           |
| SENOKOT-CHAMOMILE...504                                   | SIMBRINZA.....823                            | SMARTDIABETES                                                 |
| SENSIPAR.....436                                          | SIMILAC PRENATAL.....405                     | VANTAGE..... 608, 782                                         |
| SEPHIENCE.....812                                         | SIMILAC PROBIOTIC TRI-<br>BLEND.....497      | SMARTEST CONTROL<br>.....608, 782                             |
| SEREVENT DISKUS.....853                                   | SIMLANDI(CF)..... 28, 30, 483                | SMARTEST EJECT.....608, 782                                   |
| SERNIVO..... 320                                          | SIMLANDI(CF)<br>AUTOINJECTOR.....28, 29, 483 | SMARTEST LANCET..608, 782                                     |
| SEROQUEL.....191, 210                                     | Simliya (28).....247                         | SMARTEST PERSONA<br>GLUCOSE METER..... 608, 782               |
| SEROQUEL XR.....191, 210                                  | Simpesse.....248                             | SMARTEST PERSONA<br>STARTER.....609, 782                      |
| SEROSTIM.....447                                          | SIMPLERA SENSOR.. 608, 781                   | SMARTEST PRONTO<br>GLUCOSE METER..... 609, 782                |
| <i>sertraline</i> .....177                                | SIMPLERA SYNC SENSOR<br>.....608, 781        | SMARTEST PRONTO<br>STARTER.....609, 782                       |
| <i>sesame oil</i> ..... 241                               | SIMPLI PEN NEEDLE.627, 781                   | SMARTEST PROTEGE<br>.....609, 782                             |
| Setlakin.....255                                          | SIMPLY SALINE WOUND<br>WASH.....347          | SMARTEST SMART CODE<br>METER.....609, 782                     |
| <i>sevelamer carbonate</i> ..... 510                      | SIMPLYTHICK.....242                          | SMARTEST TALKING<br>METER.....609, 782                        |
| <i>sevelamer hcl</i> ..... 510                            | SIMPONI..... 28, 30, 483                     | SMARTEST TEST.....577, 783                                    |
| SEVENFACT.....523                                         | SIMPONI ARIA..... 28, 30                     | SMARTNEB<br>COMPRESSOR<br>NEBULIZER..... 668, 783             |
| <i>sevoflurane</i> .....42                                | <i>simvastatin</i> .....137                  | SMOOTH TEXTURE FIBER501                                       |
| SEYSARA.....79, 263                                       | SINEMET.....184                              | SOANZ..... 152                                                |
| SF.....814                                                | SINGLE-LET.....608, 781                      | <i>sodium bicarb-sodium<br/>chloride</i> .....240             |
| SF 5000 PLUS.....814                                      | SINGULAIR.....851                            | <i>sodium chlor 0.9%</i><br><i>bacteriostat</i> .....356, 409 |
| SFROWASA.....480                                          | SINUSTAR NEBULIZER<br>.....642, 781          | <i>sodium chloride</i><br>.....242, 356, 357, 369             |
| Sharobel.....257                                          | SINUVA.....857, 862                          | <i>sodium chloride 0.45 %</i> .....409                        |
| SHINGRIX (PF).....121                                     | <i>sirolimus</i> .....540, 541               | <i>sodium chloride 0.9 %</i> .356, 409                        |
| SIDESTREAM.....642, 781                                   | SIRTURO.....62                               | <i>sodium chloride 0.9 %<br/>(flush)</i> .....409             |
| SIDESTREAM MASK..668, 781                                 | SIRVANA.....275                              | <i>sodium citrate</i> .....520                                |
| SIDESTREAM NEBULIZER<br>.....642, 781                     | <i>sitagliptin</i> .....426                  | <i>sodium citrate in 0.9 % nacl</i> .520                      |
| SIDESTREAM PLUS..642, 781                                 | SIVEXTRO.....72                              |                                                               |
| SIGNIFOR.....458                                          | SKIN THERAPY.....306                         |                                                               |
| SIKLOS.....537                                            | SKY SAFETY PEN NEEDLE<br>.....627, 781       |                                                               |
| SILADERM.....670, 781                                     | SKYCLARYS.....541                            |                                                               |
| SILADONE.....670, 781                                     | SKYLA.....246                                |                                                               |
| SILASTIC FOLEY<br>CATHETER.....674, 781                   | SKYRIZI.....279, 479                         |                                                               |
| <i>sildenafil</i><br>( <i>pulm.hypertension</i> ).....158 | SKYTROFA.....447                             |                                                               |
| SILENOR.....236                                           | SLEEP CALM.....219                           |                                                               |
| SILICONE MASK.....668, 781                                | SLEEP IMMUNE HEALTH..219                     |                                                               |
| SILICONE MASK - INFANT<br>.....668, 781                   | SLEEP SUPPORT<br>(MELATONIN-HERB).....219    |                                                               |
| SILIGENTLE AG.....350                                     | SLEEP TONITE VALERIAN....5                   |                                                               |
| SILIQ.....280                                             |                                              |                                                               |

|                                         |          |                                |               |                               |          |
|-----------------------------------------|----------|--------------------------------|---------------|-------------------------------|----------|
| <i>sodium citrate-citric acid</i> ..... | 513      | SOOTHING NIGHT .....           | 219           | <i>spironolacton-</i>         |          |
| SODIUM FLUORIDE 5000                    |          | SOPORDREN .....                | 219           | <i>hydrochlorothiaz</i> ..... | 153      |
| DRY MOUTH .....                         | 814      | <i>sorafenib</i> .....         | 98            | SPORANOX .....                | 52, 53   |
| SODIUM FLUORIDE 5000                    |          | <i>sorbitol</i> .....          | 242, 502, 507 | SPRAVATO .....                | 176      |
| PLUS .....                              | 814      | <i>sorbitol-mannitol</i> ..... | 507           | SPRAY AND STRETCH .....       | 332      |
| <i>sodium fluoride-pot nitrate</i> ..   | 815      | SORILUX .....                  | 293           | Sprintec (28) .....           | 255      |
| <i>sodium oxybate</i> .....             | 228      | SORIXIA .....                  | 275           | SPRITAM .....                 | 173      |
| <i>sodium phenylbutyrate</i> .....      | 811      | <i>sotalol</i> .....           | 131, 146      | SPRIX .....                   | 37       |
| <i>sodium polystyrene</i>               |          | Sotalol Af .....               | 131, 146      | SPRYCEL .....                 | 103      |
| <i>sulfonate</i> .....                  | 356      | SOTYKTU .....                  | 280           | Sps (With Sorbitol) .....     | 356      |
| <i>sodium succinate</i> .....           | 241      | SOTYLIZE .....                 | 131, 146      | SPS (WITH SORBITOL) .....     | 356      |
| <i>sodium,potassium,mag</i>             |          | SOVALDI .....                  | 68            | Sronyx .....                  | 255      |
| <i>sulfates</i> .....                   | 503      | SOVUNA .....                   | 30, 54        | SSD .....                     | 296      |
| SOFDRA .....                            | 284      | SPACE CHAMBER ....             | 668, 784      | SSKI .....                    | 361      |
| SOFIA SARS ANTIGEN FIA                  |          | SPACE CHAMBER WITH             |               | SSS 10-5 .....                | 269      |
| .....                                   | 584, 783 | LARGE MASK .....               | 668, 784      | ST JOSEPH ASPIRIN ...         | 42, 535  |
| SOFIA2 FLU-SARS                         |          | SPACE CHAMBER WITH             |               | <i>st. john's wort</i> .....  | 2        |
| ANTIGEN FIA .....                       | 584, 783 | MEDIUM MASK .....              | 668, 784      | ST. JOSEPH ASPIRIN ..         | 42, 535  |
| SOGROYA .....                           | 447      | SPACE CHAMBER WITH             |               | <i>stavudine</i> .....        | 59       |
| SOHONOS .....                           | 541      | SMALL MASK .....               | 668, 784      | STEGLATRO .....               | 429      |
| <i>solifenacin</i> .....                | 515      | SPECTRACEF .....               | 64            | STEGLUJAN .....               | 429      |
| SOLQUA 100/33 .....                     | 432      | SPECTRAGEL .....               | 350, 784      | STELARA .....                 | 279, 478 |
| SOLOSEC .....                           | 56       | SPECTRAVITE ADULT .....        | 387           | STEQEYMA .....                | 279, 478 |
| SOLOX GEL .....                         | 283      | SPECTRAVITE ADULT 50           |               | STERILANCE TL .....           | 609, 784 |
| SOLTAMOX .....                          | 104      | PLUS .....                     | 382           | STERILE DROPTAINERS           |          |
| SOLU-CORTEF ACT-O-                      |          | SPECTRAVITE MEN 50             |               | .....                         | 585, 784 |
| VIAL (PF) .....                         | 445      | PLUS .....                     | 382           | STIMUFEND .....               | 527      |
| SOLUPAK .....                           | 331      | SPECTRAVITE MEN'S .....        | 383           | STIOLTO RESPIMAT .....        | 855      |
| SOLUS V2 AUDIBLE                        |          | SPECTRAVITE WOMEN ...          | 387           | STIVARGA .....                | 98       |
| METER .....                             | 609, 783 | SPECTRAVITE WOMEN 50           |               | STOP SMOKING AID .....        | 239      |
| SOLUS V2 CONTROL                        |          | PLUS .....                     | 383           | STRATACTX .....               | 350, 784 |
| SOLUTION, LOW .....                     | 609, 783 | SPEEDICATH (FEMALE)            |               | STRATAGRT .....               | 350, 784 |
| SOLUS V2 CONTROL                        |          | .....                          | 674, 784      | STRATAMARK .....              | 336      |
| SOLUTION,HIGH .....                     | 609, 783 | SPEEDYSWAB COVID-19            |               | STRATATRIZ .....              | 336      |
| SOLUS V2 LANCETS. 609, 783              |          | AND FLU .....                  | 584, 784      | STRATAXRT .....               | 350, 784 |
| SOLUS V2 LANCING                        |          | SPEEDYSWAB COVID-19            |               | STRATTERA .....               | 204      |
| DEVICE .....                            | 609, 783 | HOME TEST .....                | 584, 784      | STRAVIX .....                 | 344      |
| SOLUS V2 TEST STRIPS                    |          | SPEVIGO .....                  | 280           | STRENSIQ .....                | 808      |
| .....                                   | 577, 783 | SPIKEVAX 2024-2025(12Y         |               | STRESS B WITH ZINC .....      | 354      |
| SOLUVITA MULTIVITAMIN                   |          | UP)(PF) .....                  | 118           | STRIBILD .....                | 61       |
| FLUORIDE .....                          | 396, 397 | SPIKEVAX 2025-2026(12Y         |               | STRIVERDI RESPIMAT .....      | 853      |
| SOMA .....                              | 545      | UP)(PF) .....                  | 118           | STROMECTOL .....              | 50       |
| SOMAVERT .....                          | 446      | SPIKEVAX 2025-26 (6M-          |               | STRONG IODINE .....           | 108, 361 |
| SONAFINE .....                          | 306      | 11Y) (PF) .....                | 118           | STUART ONE .....              | 405      |
| SOOLANTRA .....                         | 339      | <i>spinosad</i> .....          | 346           | SUBOXONE .....                | 237      |
| SOOTHENEB                               |          | SPIRIVA RESPIMAT .....         | 852           | Subvenite .....               | 171      |
| COMPRESSOR                              |          | SPIRIVA WITH                   |               | Subvenite Starter (Blue) Kit  |          |
| NEBULIZER .....                         | 668, 784 | HANDIHALER .....               | 852           | .....                         | 172, 208 |
| SOOTHENEB MESH                          |          | <i>spironolactone</i> .....    | 125, 151      | Subvenite Starter (Green)     |          |
| NEBULIZER .....                         | 642, 784 |                                |               | Kit .....                     | 172, 208 |



|                                                       |          |                                        |                    |                                  |               |
|-------------------------------------------------------|----------|----------------------------------------|--------------------|----------------------------------|---------------|
| Subvenite Starter (Orange)<br>Kit.....                | 172, 208 | SUPLENA CARB STEADY .                  | 391                | SYMAX-SR.....                    | 474, 517      |
| SUCRAID.....                                          | 467      | SUPRANE.....                           | 42                 | SYMBICORT.....                   | 856           |
| <i>sucralfate</i> .....                               | 505      | SUPRAX.....                            | 64                 | SYMBRAVO.....                    | 159           |
| SUFLAVE.....                                          | 504      | SUPREP BOWEL PREP KIT<br>.....         | 504                | SYMDEKO.....                     | 858           |
| SULAR.....                                            | 148      | SURE COMFORT INS.<br>SYR. U-100.....   | 627, 784           | SYMFI.....                       | 62            |
| <i>sulconazole</i> .....                              | 288      | SURE COMFORT INSULIN<br>SYRINGE....    | 627, 628, 784, 785 | SYMFI LO.....                    | 62            |
| <i>sulfacetamide sodium</i> ..                        | 295, 839 | SURE COMFORT<br>LANCETS.....           | 609, 785           | SYMLINPEN 120.....               | 425           |
| <i>sulfacetamide sodium (acne)</i><br>.....           | 266      | SURE COMFORT LANCING<br>PEN.....       | 609, 785           | SYMLINPEN 60.....                | 425           |
| <i>sulfacetamide sodium-sulfur</i><br>.....           | 269, 270 | SURE COMFORT PEN<br>NEEDLE.....        | 628, 785           | SYMPAZAN.....                    | 162, 206      |
| <i>sulfacetamide sod-sulfur-</i><br><i>urea</i> ..... | 270, 339 | SURE COMFORT SAFETY<br>PEN NEEDLE..... | 628, 785           | SYMPROIC.....                    | 47            |
| <i>sulfacetamide-prednisolone</i> ..                  | 824      | SURE RESULT DSS<br>PREMIUM PACK.....   | 334                | SYMTUZA.....                     | 61            |
| SULFACLEANSE 8-4.....                                 | 270      | SUREBIOTIC.....                        | 497                | SYNALAR.....                     | 321           |
| <i>sulfadiazine</i> .....                             | 75       | SURE-FINE PEN NEEDLES<br>.....         | 628, 785           | SYNALAR CREAM KIT.....           | 324           |
| <i>sulfamethoxazole-</i><br><i>trimethoprim</i> ..... | 50       | SUREFLEX DEVICE WITH<br>LANCETS.....   | 609, 785           | SYNALAR OINTMENT KIT .           | 324           |
| SULFAMYLON.....                                       | 296, 297 | SUREFLEX LANCING<br>DEVICE.....        | 609, 785           | SYNALAR TS.....                  | 326           |
| <i>sulfasalazine</i> .....                            | 34, 480  | SURE-JECT INSULIN<br>SYRINGE.....      | 628, 785, 786      | SYNAREL.....                     | 456           |
| SULFATRIM.....                                        | 50       | SURE-LANCE.....                        | 609, 786           | SYNDROS.....                     | 211, 464, 869 |
| <i>sulindac</i> .....                                 | 38       | SURE-LANCE ULTRA THIN<br>.....         | 609, 786           | SYNJARDY.....                    | 428           |
| SUMADAN.....                                          | 270      | SURE-PEN LANCING<br>DEVICE.....        | 609, 786           | SYNJARDY XR.....                 | 428           |
| SUMADAN XLT.....                                      | 270, 339 | SURE-TEST EASYPLUS<br>MINI.....        | 577, 610, 786      | SYNOJOYNT.....                   | 544           |
| <i>sumatriptan</i> .....                              | 224      | SURE-TEST EASYPLUS<br>MINI METER.....  | 610, 786           | SYNOVX CALM.....                 | 5             |
| <i>sumatriptan succinate</i> .....                    | 224      | SURE-TOUCH LANCET<br>.....             | 610, 786           | SYNOVX DJD.....                  | 2             |
| <i>sumatriptan-naproxen</i> .....                     | 225      | SURGIFOAM.....                         | 530                | SYNOVX RECOVERY.....             | 2             |
| SUMAXIN.....                                          | 270      | SURGUARD2 SAFETY<br>.....              | 657, 786, 787      | SYNOVX RELIEF.....               | 11            |
| SUMAXIN CP.....                                       | 270      | SURVANTA.....                          | 859                | SYNTERMA PLUS.....               | 331           |
| <i>sunitinib malate</i> .....                         | 103      | SUTAB.....                             | 504                | SYNTHROID.....                   | 460           |
| SUNLENCA.....                                         | 48       | SUTENT.....                            | 103                | SYNVISC.....                     | 544           |
| SUNOSI.....                                           | 228      | SWEET OIL.....                         | 240, 241           | SYNVISC-ONE.....                 | 544           |
| SUNRISE COMPRESSOR-<br>NEBULIZER.....                 | 668, 784 | Syeda.....                             | 255                | SYPRINE.....                     | 46            |
| SUPARTZ FX.....                                       | 544      | SYMAX DUOTAB.....                      | 473, 516           | <i>syringe (disposable)</i> .... | 657, 787      |
| SUPER B-50 COMPLEX....                                | 354      | SYMAX FASTABS.....                     | 474, 516           | SYRINGE 3CC/20GX1"<br>.....      | 657, 787      |
| SUPER ENERGY HERBAL<br>COMPLEX.....                   | 11       | SYMAX-SL.....                          | 474, 516           | SYRINGE 3CC/21GX1"<br>.....      | 657, 787      |
| SUPER THIN LANCETS<br>.....                           | 609, 784 |                                        |                    | SYRINGE 3CC/21GX1-1/2"<br>.....  | 657, 787      |
| SUPERIOR JOINT<br>SUPPORT.....                        | 2        |                                        |                    | SYRINGE 3CC/22GX1"<br>.....      | 657, 787      |
| SUPERIOR MEN'S MULTI..                                | 383      |                                        |                    | SYRINGE 3CC/22GX3/4"<br>.....    | 658, 787      |
| SUPERIOR OMEGA3 WITH<br>VIT D.....                    | 142      |                                        |                    | SYRINGE 3CC/25GX1"<br>.....      | 658, 787      |
| SUPERIOR PROBIOTIC....                                | 497      |                                        |                    | SYRINGE AVITENE.....             | 530           |
| SUPERIOR SLEEP.....                                   | 219      |                                        |                    | <i>syringe with needle</i> ..... | 658, 787      |
| SUPERIOR WOMEN'S<br>MULTI.....                        | 383      |                                        |                    | SYRINGE WITHOUT<br>NEEDLE.....   | 658, 787      |
|                                                       |          |                                        |                    | SYZYGIUM COMPOSITUM              | 461           |
|                                                       |          |                                        |                    | SZOSIL.....                      | 670, 787      |
|                                                       |          |                                        |                    | T.E.D. ANTI-EMBOLISM             |               |
|                                                       |          |                                        |                    | STOCKING.....                    | 581, 640, 788 |

|                                             |          |                                     |               |                                             |          |
|---------------------------------------------|----------|-------------------------------------|---------------|---------------------------------------------|----------|
| T.E.D. KNEE LENGTH-M-LONG.....              | 581, 788 | TANDEM MOBI AUTOSOFTXC 14PK 23..... | 676, 788      | TD GOLD LEVEL 2 CONTROL.....                | 610, 789 |
| T.E.D. KNEE LENGTH-S-REGULAR.....           | 581, 788 | TANDEM MOBI AUTOSOFTXC 14PK 5"..... | 676, 788      | TECFIDERA.....                              | 819      |
| T.R.U.E. TEST ALLERGEN 110 T:FLEX.....      | 640, 788 | TANDEM MOBI SYSTEM.....             | 672, 788      | TECHLITE INSULIN SYRINGE.....               | 628, 789 |
| T:SLIM X2.....                              | 640, 788 | TANDEM MOBI TRUSTEEL KIT 23".....   | 676, 788      | TECHLITE INSULN SYR(HALF UNIT).....         | 629, 789 |
| T:SLIM X2 BASAL-IQ INSULIN PMP.....         | 672, 788 | TANDEM T:SLIM ASFT 30 PK10 23"..... | 676, 788      | TECHLITE LANCETS..                          | 610, 789 |
| T:SLIM X2 CONTROL-IQ.....                   | 672, 788 | TANDEM T:SLIM ASFT 30 PK14 23"..... | 676, 788      | TECHLITE PEN NEEDLE.....                    | 629, 789 |
| TAB-A-VITE.....                             | 387      | TANDEM T:SLIM ASFT XC PK10 23"..... | 677, 789      | TECHLITE PLUS PEN NEEDLE.....               | 629, 789 |
| TAB-A-VITE MULTIVITAMIN W-IRON.....         | 383, 387 | TANDEM T:SLIM ASFT XC PK14 23"..... | 677, 789      | TECHNA NAT UNSWT TROCHE BASEG2.....         | 240, 243 |
| TABLOID.....                                | 88       | TANDEM T:SLIM TRUSTL PK10 23".....  | 677, 789      | TECNU.....                                  | 340      |
| TABRECTA.....                               | 103      | Tanlor.....                         | 545           | TEGLUTIK.....                               | 542      |
| TACLONEX.....                               | 279      | Taperdex.....                       | 445           | TEGRETOL.....                               | 167, 208 |
| <i>tacrolimus</i> .....                     | 298, 540 | TAPERDEX.....                       | 445           | TEGRETOL XR.....                            | 167, 209 |
| <i>tadalafil</i> .....                      | 351, 512 | TARCEVA.....                        | 83            | TEKTURNA.....                               | 158      |
| <i>tadalafil (pulm. hypertension)</i> ..... | 158      | TARDEOXIA.....                      | 272           | TELCARE CONTROL.....                        | 610, 789 |
| TADLIQ.....                                 | 158      | TARDIMAXIA.....                     | 275           | TELCARE LANCETS..                           | 610, 789 |
| TAFINLAR.....                               | 91       | Targadox.....                       | 80            | TELCARE TEST STRIPS.....                    | 578, 790 |
| <i>tafluprost (pf)</i> .....                | 840      | TARGRETIN.....                      | 105, 290      | TELIORA.....                                | 323      |
| TAGRISSE.....                               | 84       | Tarina 24 Fe.....                   | 256           | <i>telmisartan</i> .....                    | 129      |
| TAKE ACTION.....                            | 261, 262 | Tarina Fe 1/20 (28).....            | 256           | <i>telmisartan-amlodipine</i> .....         | 126      |
| TAKHZYRO.....                               | 156      | Tarina Fe 1-20 Eq (28).....         | 256           | <i>telmisartan-hydrochlorothiazid</i> ..... | 127      |
| TALICIA.....                                | 477      | TARON-C DHA.....                    | 383           | <i>temazepam</i> .....                      | 206, 235 |
| TALTZ AUTOINJECTOR.....                     | 281      | TARON-PREX PRENATAL-DHA.....        | 387, 405      | TEMBEXA.....                                | 80       |
| TALTZ AUTOINJECTOR (2 PACK).....            | 280      | TAROXIA.....                        | 275           | <i>temozolomide</i> .....                   | 85       |
| TALTZ AUTOINJECTOR (3 PACK).....            | 280      | TARPEYO.....                        | 445           | TEMPO REFILL KIT WITH GAUZE.....            | 610, 790 |
| TALTZ SYRINGE.....                          | 281      | TASCENSO ODT.....                   | 820           | TEMPO SMART BUTTON.....                     | 640, 790 |
| TALZENNA.....                               | 99       | TASIGNA.....                        | 103           | TEMPO WELCOME KIT.....                      | 610, 790 |
| TAMIFLU.....                                | 69       | <i>tasimelteon</i> .....            | 220           | Tencon.....                                 | 26       |
| <i>tamoxifen</i> .....                      | 104      | TASMAR.....                         | 184           | TENIVAC (PF).....                           | 115      |
| <i>tamsulosin</i> .....                     | 511      | <i>tavaborole</i> .....             | 288           | <i>tenofovir disoproxil fumarate</i> .....  | 60, 66   |
| TANDEM MOBI AUTOSOFT 30 KT 23".....         | 676, 788 | TAVALISSE.....                      | 520           | TENORETIC 100.....                          | 149      |
| TANDEM MOBI AUTOSOFT XC KIT 5".....         | 676, 788 | TAVNEOS.....                        | 26            | TENORETIC 50.....                           | 149      |
| TANDEM MOBI AUTOSOFT XC KT 23".....         | 676, 788 | TAYTULLA.....                       | 256           | TENORMIN.....                               | 144      |
| TANDEM MOBI AUTOSOFT30 14PK 23.....         | 676, 788 | <i>tazarotene</i> .....             | 277, 293, 337 | TENS 502.....                               | 641, 790 |
| TANDEM MOBI AUTOSOFT30 14PK 23.....         | 676, 788 | TAZORAC.....                        | 293           | TENS 504.....                               | 641, 790 |
| TANDEM MOBI AUTOSOFT30 14PK 23.....         | 676, 788 | TAZVERIK.....                       | 93            | TENSCARE ITOUCH SURE.....                   | 614, 790 |
| TANDEM MOBI AUTOSOFT30 14PK 23.....         | 676, 788 | TD GOLD LEVEL 1 CONTROL.....        | 610, 789      | TEPMETKO.....                               | 103      |
| TANDEM MOBI AUTOSOFT30 14PK 23.....         | 676, 788 |                                     |               | <i>terazosin</i> .....                      | 155      |

|                                        |               |                                      |          |                                         |          |
|----------------------------------------|---------------|--------------------------------------|----------|-----------------------------------------|----------|
| <i>terbinafine hcl</i> .....           | 51            | <i>thiamine mononitrate (vit b1)</i> | 412      | TIROSINT-SOL.....                       | 460      |
| <i>terbutaline</i> .....               | 854           | .....                                | 412      | TISSEEL VHSD                            |          |
| <i>terconazole</i> .....               | 866           | THICK AND EASY.....                  | 242      | (APROTININ, SYN).....                   | 340      |
| <i>teriflunomide</i> .....             | 820           | THIN LANCETS.....                    | 610, 791 | TIVICAY.....                            | 57       |
| <i>teriparatide</i> .....              | 434           | THINPRO INSULIN                      |          | TIVICAY PD.....                         | 57       |
| Terrell.....                           | 42            | SYRINGE.....                         | 629, 791 | <i>tizanidine</i> .....                 | 545      |
| TERSI FOAM.....                        | 295           | THIOLA.....                          | 507      | TLANDO.....                             | 424      |
| TERUMO ALLERGY                         |               | THIOLA EC.....                       | 507      | TM-VITE RX.....                         | 354      |
| SYRINGE.....                           | 658, 790      | <i>thioridazine</i> .....            | 191      | TOBI.....                               | 857      |
| TERUMO HYPODERMIC                      |               | <i>thiothixene</i> .....             | 191      | TOBI PODHALER.....                      | 857      |
| NEEDLE/SYRIN.....                      | 658, 790      | THRESHOLD IMT TRAINER                |          | TOBRADEX.....                           | 824      |
| TERUMO INSULIN                         |               | .....                                | 668, 791 | TOBRADEX ST.....                        | 824      |
| SYRINGE.....                           | 629, 790, 791 | THRESHOLD PEP DEVICE                 |          | <i>tobramycin</i> .....                 | 838, 857 |
| TERUMO SYRINGE....                     | 658, 791      | .....                                | 669, 792 | <i>tobramycin in 0.225 % nacl</i> ..... | 857      |
| TEST N'GO BLOOD                        |               | THRIVITE RX.....                     | 405      | <i>tobramycin with nebulizer</i> ....   | 857      |
| GLUCOSE SYSTEM...                      | 610, 791      | THROMBI-GEL.....                     | 530      | <i>tobramycin-dexamethasone</i> .....   | 824      |
| TEST N'GO TEST.....                    | 578, 791      | THROMBIN-JMI.....                    | 530      | <i>tobramycin-vancomycin</i>            |          |
| TESTIM.....                            | 423           | THROMBI-PAD.....                     | 530      | .....                                   | 825, 838 |
| TESTOPLEX PLUS.....                    | 11            | THYQUIDITY.....                      | 460      | TOBREX.....                             | 838      |
| <i>testosterone</i> .....              | 424           | <i>thyroid (pork)</i> .....          | 459      | TOLAK.....                              | 290      |
| <i>testosterone cypionate</i> .....    | 423           | Tiadylt Er.....                      | 147      | <i>tolcapone</i> .....                  | 184      |
| <i>testosterone enanthate</i> .....    | 424           | <i>tiagabine</i> .....               | 164      | <i>tolmetin</i> .....                   | 38       |
| TETOXIA.....                           | 323           | TIAZAC.....                          | 147      | TOLSURA.....                            | 53       |
| <i>tetrabenazine</i> .....             | 226           | TIBSOVO.....                         | 98       | <i>tolterodine</i> .....                | 517      |
| <i>tetracaine hcl</i> .....            | 836           | <i>ticagrelor</i> .....              | 534      | <i>tolvaptan</i> .....                  | 153      |
| <i>tetracaine hcl (pf)</i> .....       | 836           | TICANASE.....                        | 861      | <i>tolvaptan (polycys kidney</i>        |          |
| <i>tetracycline</i> .....              | 80            | TIGLUTIK.....                        | 542      | <i>dis)</i> .....                       | 511      |
| Texacort.....                          | 321           | TIKOSYN.....                         | 132      | TOOMEY SYRINGE....                      | 658, 792 |
| TEZRULY.....                           | 155           | Tilia Fe.....                        | 259      | TOPAMAX.....                            | 168, 169 |
| TEZSPIRE.....                          | 851           | <i>timol-brimon-dorzol-</i>          |          | TOPCARE CLICKFINE.....                  | 629, 792 |
| THALITONE.....                         | 153           | <i>bimato(pf)</i> .....              | 822      | TOPCARE ULTRA                           |          |
| THALOMID.....                          | 53, 105       | <i>timolol</i> .....                 | 835      | COMFORT.....                            | 630, 792 |
| THEO-24.....                           | 851           | <i>timolol maleate</i> .....         | 146, 835 | TOPCARE UNIVERSAL1                      |          |
| <i>theophylline</i> .....              | 851, 852      | <i>timolol maleate (pf)</i> .....    | 835      | LANCET.....                             | 610, 792 |
| THERABREATH.....                       | 817           | <i>timolol-bimatoprost</i> .....     | 833      | Topicort.....                           | 321      |
| THERABREATH DRY                        |               | <i>timolol-brimon-dorzol-</i>        |          | TOPICORT.....                           | 321      |
| MOUTH.....                             | 817           | <i>bimatop</i> .....                 | 822      | <i>topiramate</i> .....                 | 169, 170 |
| TERAHONEY.....                         | 350, 791      | <i>timolol-brimonidi-</i>            |          | TOPROL XL.....                          | 144      |
| THERA-M.....                           | 383           | <i>dorzolam(pf)</i> .....            | 832      | <i>toremifene</i> .....                 | 104      |
| THERANATAL.....                        | 405           | <i>timolol-brimonidine-</i>          |          | TORONOVA II SUIK.....                   | 38       |
| THERANATAL COMPLETE                    | 405           | <i>dorzolamid</i> .....              | 822      | TORONOVA SUIK.....                      | 38       |
| THERANATAL ONE.....                    | 405           | <i>timolol-dorzolam-</i>             |          | Torpenz.....                            | 97       |
| THERANATAL OVAVITE....                 | 408           | <i>bimatopro(pf)</i> .....           | 832      | <i>torseamide</i> .....                 | 152      |
| THERANATAL PLUS.....                   | 405           | <i>timolol-dorzolamide-</i>          |          | TOSYMRA.....                            | 224      |
| THERAPEUTIC                            |               | <i>bimatopros</i> .....              | 832      | TOTALVISC.....                          | 837      |
| MOISTURIZING CREAM....                 | 306           | TIMOPTIC OCUDOSE (PF)                | 835      | TOUCH-TROL.....                         | 674, 792 |
| THERAPEUTIC-M.....                     | 383           | <i>tinidazole</i> .....              | 56       | TOUJEO MAX U-300                        |          |
| THERA-VITE MAX-M.....                  | 383           | <i>tiopronin</i> .....               | 507      | SOLOSTAR.....                           | 451      |
| THEREMS MULTIVITAMIN.                  | 387           | <i>tiotropium bromide</i> .....      | 852      | TOUJEO SOLOSTAR U-300                   |          |
| <i>thiamine hcl (vitamin b1)</i> ..... | 412           | TIROSINT.....                        | 460      | INSULIN.....                            | 451      |

|                                         |                    |                                   |          |                               |          |
|-----------------------------------------|--------------------|-----------------------------------|----------|-------------------------------|----------|
| Tovet Emollient.....                    | 321                | <i>trichloroacetic acid</i> ..... | 329      | TRUBIOTICS BABY.....          | 497      |
| TOVET KIT.....                          | 324                | TRICITRATES.....                  | 513      | TRUBIOTICS GUMMY.....         | 497      |
| TOVIAZ.....                             | 517                | TRICOR.....                       | 134      | TRUBIOTICS KIDS               |          |
| TPOXX (NATIONAL                         |                    | Triderm.....                      | 322      | CHEWABLE.....                 | 497      |
| STOCKPILE).....                         | 80                 | <i>trientine</i> .....            | 46       | TRUBIOTICS KIDS GUMMY         |          |
| TRACLEER.....                           | 158                | Tri-Estarylla.....                | 259      | .....                         | 497      |
| TRADJENTA.....                          | 426                | TRIFERIC.....                     | 363      | TRUDHESA.....                 | 222      |
| <i>tramadol</i> .....                   | 17, 18             | <i>trifluoperazine</i> .....      | 191      | TRUE COMFORT INSULIN          |          |
| <i>tramadol-acetaminophen</i> .....     | 25, 26             | <i>trifluridine</i> .....         | 839      | SYRINGE.....                  | 630, 792 |
| <i>trandolapril</i> .....               | 125                | <i>trihexyphenidyl</i> .....      | 185      | TRUE COMFORT LANCET           |          |
| <i>trandolapril-verapamil</i> .....     | 123                | TRIJARDY XR.....                  | 433      | .....                         | 610, 792 |
| <i>tranexamic acid</i> .....            | 528                | TRIKAFTA.....                     | 859      | TRUE COMFORT PEN              |          |
| TRANSDERM-SCOP.....                     | 463                | Tri-Legest Fe.....                | 259      | NEEDLE.....                   | 630, 792 |
| <i>tranylcypromine</i> .....            | 176                | TRILEPTAL.....                    | 168      | TRUE COMFORT PRO INS          |          |
| TRANZAREL.....                          | 342                | Tri-Linyah.....                   | 259      | SYRINGE.....                  | 630, 793 |
| TRAVATAN Z.....                         | 840                | TRILOAN II SUIK.....              | 445      | TRUE COMFORT SAFE             |          |
| <i>travoprost</i> .....                 | 840                | TRILOAN SUIK.....                 | 445      | INSULIN SYRG... 630, 631, 793 |          |
| <i>trazodone</i> .....                  | 178                | Tri-Lo-Estarylla.....             | 259      | TRUE COMFORT SAFETY           |          |
| TRECATOR.....                           | 63                 | Tri-Lo-Marzia.....                | 259      | PEN NEEDLE.....               | 631, 793 |
| TRELEGY ELLIPTA.....                    | 857                | Tri-Lo-Mili.....                  | 259      | TRUE COVER CONDOM             |          |
| TREMFYA.....                            | 279, 479           | Tri-Lo-Sprintec.....              | 259      | .....                         | 638, 793 |
| TREMFYA ONE-PRESS                       |                    | TRI-LUMA.....                     | 301      | TRUE METRIX AIR               |          |
| .....                                   | 279, 479           | TRILURON.....                     | 544      | GLUCOSE METER.....            | 610, 793 |
| TREMFYA PEN.....                        | 279, 479           | <i>trimethobenzamide</i> .....    | 464      | TRUE METRIX GLUCOSE           |          |
| TREMFYA PEN                             |                    | <i>trimethoprim</i> .....         | 51       | METER.....                    | 610, 793 |
| INDUCTION PK-CROHN....                  | 479                | Tri-Mili.....                     | 259      | TRUE METRIX GLUCOSE           |          |
| <i>treprostinil sodium</i> .....        | 157                | <i>trimipramine</i> .....         | 182      | TEST STRIP.....               | 578, 794 |
| TRESIBA FLEXTOUCH U-                    |                    | TRIMO-SAN JELLY.....              | 866      | TRUE METRIX GO                |          |
| 100.....                                | 451                | TRINATAL RX 1.....                | 405      | GLUCOSE METER.....            | 610, 794 |
| TRESIBA FLEXTOUCH U-                    |                    | TRINATE.....                      | 405      | TRUE METRIX LEVEL 1           |          |
| 200.....                                | 451                | TRINTELLIX.....                   | 180      | .....                         | 611, 794 |
| TRESIBA U-100 INSULIN...                | 451                | TRIONEX.....                      | 293      | TRUE METRIX LEVEL 2           |          |
| TRESNI.....                             | 39                 | TRIPLE OMEGA 3-6-9.....           | 142      | .....                         | 611, 794 |
| <i>tretinoin</i> .....                  | 277                | Tri-Sprintec (28).....            | 259      | TRUE METRIX LEVEL 3           |          |
| <i>tretinoin (antineoplastic)</i> ..... | 104                | TRISTART DHA.....                 | 405      | .....                         | 611, 794 |
| <i>tretinoin microspheres</i> .....     | 277                | TRIUMEQ.....                      | 61       | TRUE2GO BLOOD                 |          |
| TRETTEN.....                            | 526                | TRIUMEQ PD.....                   | 61       | GLUCOSE SYSTEM... 611, 794    |          |
| TREXALL.....                            | 31, 88             | TRIVIA COMPLETE.....              | 387      | TRUEDRAW LANCING              |          |
| <i>triacetin</i> .....                  | 289                | TRIVISC.....                      | 544      | DEVICE.....                   | 611, 794 |
| <i>triamcinolone acetonide</i>          |                    | TRI-VITAMIN (A-D-FOL)-            |          | TRUEPLUS INSULIN.. 631, 794   |          |
| .....                                   | 321, 322, 445, 816 | FLUORIDE.....                     | 397      | TRUEPLUS KETONE..674, 794     |          |
| <i>triamterene</i> .....                | 152                | Trivora (28).....                 | 259      | TRUEPLUS LANCETS 611, 794     |          |
| <i>triamterene-</i>                     |                    | Tri-Vylibra.....                  | 259      | TRUEPLUS PEN NEEDLE           |          |
| <i>hydrochlorothiazid</i> .....         | 153                | Tri-Vylibra Lo.....               | 259      | .....                         | 631, 795 |
| Trianex.....                            | 322                | TROJAN ULTRA RIBBED               |          | TRUERESULT BLOOD              |          |
| TRIASIL.....                            | 322                | CONDOM.....                       | 638, 792 | GLUCOSE SYSTM.....            | 611, 795 |
| <i>triazolam</i> .....                  | 206, 235           | TROKENDI XR.....                  | 170      | TRUETEST TEST STRIPS          |          |
| TRIBENZOR.....                          | 126                | <i>tropicamide</i> .....          | 826      | .....                         | 578, 795 |
| TRICARE.....                            | 405                | <i>tropium</i> .....              | 517      | TRUETRACK BLOOD               |          |
| TRI-CHLOR.....                          | 329                | TRUBIOTICS.....                   | 497      | GLUCOSE SYSTEM... 611, 795    |          |



|                                                     |                                                       |                                                  |
|-----------------------------------------------------|-------------------------------------------------------|--------------------------------------------------|
| TRUETRACK SMART<br>SYSTEM.....611, 795              | TWIIST RFL(INFUS-CSST-<br>NDL-SYR).....671, 796       | ULTI-LANCE.....611, 798                          |
| TRUETRACK TEST .... 579, 795                        | TWIIST STARTER KIT 672, 796                           | ULTILET BASIC LANCETS<br>.....611, 798           |
| TRULANCE..... 466, 477                              | TWINRIX (PF)..... 110                                 | ULTILET CLASSIC<br>LANCETS..... 611, 798         |
| TRULICITY.....427                                   | TWIRLA.....260                                        | ULTILET INSULIN<br>SYRINGE..... 632, 798         |
| TRUMENBA..... 117                                   | TWIST LANCETS.....611, 796                            | ULTILET LANCETS.....611, 798                     |
| TRUQAP.....80                                       | TWYNEO.....275                                        | ULTILET PEN NEEDLE<br>.....633, 798              |
| TRUSKIN.....344                                     | TYBLUME.....256                                       | ULTILET SAFETY<br>LANCETS..... 611, 798          |
| TRUSTEEL INFUSION SET<br>23"..... 677, 795          | TYBOST..... 812                                       | ULTIMA MONITOR..... 611, 798                     |
| TRUSTEEL INFUSION SET<br>32"..... 677, 795          | Tydemy.....256                                        | ULTIMA TEST STRIPS<br>.....579, 799              |
| TRUSTEX LATEX<br>CONDOM..... 638, 795               | TYENNE..... 34                                        | ULTRA B-100 COMPLEX<br>(FOODBASE)..... 354       |
| TRUSTEX LUBRICATED<br>CONDOMS.....638, 795          | TYENNE AUTOINJECTOR... 33                             | ULTRA BONEUP.....359                             |
| TRUSTEX NON-LUB<br>CONDOMS.....638, 796             | TYKERB..... 82                                        | ULTRA CMFT INS SYR<br>(HALF UNIT).....633, 799   |
| TRUSTEX-RIA<br>LUB/SPERMICIDE..... 638, 796         | TYMLOS.....433                                        | ULTRA COMFORT INSULIN<br>SYRINGE..... 633, 799   |
| TRUSTEX-RIA<br>LUBRICATED CONDOMS<br>.....638, 796  | TYREX-2..... 392                                      | ULTRA FLO INSUL<br>SYR(HALF UNIT)..... 633, 799  |
| TRUSTEX-RIA NON-LUB<br>CONDOMS.....638, 796         | TYRVAYA.....862                                       | ULTRA FLO INSULIN<br>SYRINGE..... 633, 799       |
| TRUVADA..... 59                                     | TYVASO..... 157                                       | ULTRA FLO PEN NEEDLE<br>.....633, 800            |
| TRUZONE PEAK FLOW<br>METER..... 661, 796            | TYVASO DPI..... 157                                   | ULTRA MOISTURE.....306                           |
| TRYNGOLZA.....122, 132                              | TYVASO INSTITUTIONAL<br>START KIT ..... 157           | ULTRA PRENATAL PLUS<br>DHA.....405               |
| TRYPTYR.....821                                     | TYVASO REFILL KIT ..... 157                           | ULTRA THIN II LANCETS<br>.....611, 800           |
| TRYVIO..... 122                                     | TYVASO STARTER KIT .....157                           | ULTRA THIN LANCETS<br>.....611, 800              |
| TUBERCULIN SYRINGE<br>.....658, 796                 | UBRELVY.....221                                       | ULTRA THIN PEN NEEDLE<br>.....633, 800           |
| <i>tuberculin-allergy syringes</i><br>.....658, 796 | UCERIS.....481                                        | ULTRA THIN PLUS<br>LANCETS..... 611, 800         |
| TUDORZA PRESSAIR.....852                            | UDENYCA.....527                                       | ULTRA TLC LANCETS611, 800                        |
| TUKYSA..... 92                                      | UDENYCA<br>AUTOINJECTOR.....527                       | ULTRACARE INSULIN<br>SYRINGE..... 634, 800       |
| Tulana.....257                                      | UDENYCA ONBODY ..... 527                              | ULTRA-CARE LANCETS<br>.....612, 800              |
| TULIVITE.....364                                    | ULESFIA.....346                                       | ULTRACARE PEN NEEDLE<br>.....634, 800            |
| TURALIO..... 103                                    | ULORIC.....518                                        | ULTRA-FINE INS SYR<br>(HALF UNIT).....634, 800   |
| <i>turmeric root extract</i> .....11                | ULTANE..... 42                                        | ULTRA-FINE INSULIN<br>SYRINGE..... 634, 800, 801 |
| <i>turmeric root ext-sour cherry.</i> 11            | ULTICARE.....632, 659, 797                            |                                                  |
| <i>turmeric root-ginger root ext..</i> 11           | ULTICARE INSULIN<br>SYRINGE..... 631, 796             |                                                  |
| <i>turmeric-ginger-black pepper.</i> 11             | ULTICARE INSULN<br>SYR(HALF UNIT)..... 631, 796       |                                                  |
| <i>turmeric-turmeric ext-pepper.</i> 11             | ULTICARE LOW DEAD<br>SPACE SYRING.....658, 797        |                                                  |
| <i>turmeric-turmeric root extract</i> 11            | ULTICARE PEN NEEDLE<br>.....631, 797                  |                                                  |
| Turqoz (28).....256                                 | ULTICARE SAFETY PEN<br>NEEDLE..... 632, 797           |                                                  |
| TUXARIN ER.....863                                  | ULTICARE SAFETY<br>SYRINGE..... 659, 797              |                                                  |
| TWIIST REFILL KT(CSST-<br>NDL-SYR).....671, 796     | ULTICARE TB SAFETY<br>SYRINGE..... 659, 797           |                                                  |
|                                                     | ULTIGUARD SAFEPACK-<br>INSULIN SYR..... 632, 797, 798 |                                                  |
|                                                     | ULTIGUARD SAFEPACK-<br>PEN NEEDLE.....632, 798        |                                                  |

|                                                    |                                            |                                                         |
|----------------------------------------------------|--------------------------------------------|---------------------------------------------------------|
| ULTRA-FINE PEN NEEDLE<br>.....634, 801             | UNISPEND ANHYDROUS<br>SWEET .....242       | UREA NAIL STICK.....330                                 |
| ULTRAFOAM.....531                                  | UNISTIK 2 DEVICE.....612, 803              | UREAPRO.....152                                         |
| ULTRALANCE LANCETS<br>.....612, 801                | UNISTIK 2 EXTRA LANCET<br>.....612, 803    | URELLE.....71, 514                                      |
| ULTRASAL-ER.....329                                | UNISTIK 2 NORMAL<br>LANCET .....612, 803   | URETRON D-S.....71, 514                                 |
| ULTRA-THIN II (SHORT)<br>INS SYR.....634, 635, 801 | UNISTIK 3 COMFORT<br>LANCET .....612, 803  | URIBEL TABS.....71, 514                                 |
| ULTRA-THIN II (SHORT)<br>PEN NDL.....635, 801      | UNISTIK 3 EXTRA LANCET<br>.....612, 803    | URIMAR-T.....72, 514                                    |
| ULTRA-THIN II INS PEN<br>NEEDLES.....635, 801      | UNISTIK 3 GENTLE....612, 803               | URNEVA.....72, 514                                      |
| ULTRA-THIN II INSULIN<br>SYRINGE.....635, 801      | UNISTIK 3 NORMAL<br>LANCET .....612, 803   | UROCIT-K 10.....513                                     |
| ULTRA-THIN II LANCETS<br>.....612, 801             | UNISTIK COMFORT<br>LANCETS.....612, 803    | UROCIT-K 15.....513                                     |
| ULTRATRAK.....579, 802                             | UNISTIK CZT LANCET<br>.....612, 803        | UROGESIC-BLUE.....72, 515                               |
| ULTRATRAK GLUCOSE<br>METER.....612, 801            | UNISTIK EXTRA LANCETS<br>.....612, 803     | URO-MP.....72, 515                                      |
| ULTRATRAK HIGH-LOW<br>CONTROL.....612, 801         | UNISTIK NORMAL<br>LANCETS.....612, 803     | UROQID-ACID NO.2....71, 513                             |
| ULTRATRAK NORMAL<br>CONTROL.....612, 802           | UNISTIK PRO LANCET<br>.....613, 803        | URO-SP.....72, 515                                      |
| ULTRATRAK ULTIMATE<br>.....579, 612, 802           | UNISTIK SAFETY.....613, 804                | UROXATRAL.....511                                       |
| ULTRAVATE.....294, 322                             | UNISTIK TOUCH LANCETS<br>.....613, 804     | URSO FORTE.....468                                      |
| UNIFINE OTC PEN<br>NEEDLE.....635, 802             | UNISTRIP LOW CONTROL<br>.....613, 804      | <i>ursodiol</i> .....468                                |
| UNIFINE PENTIPS.....635, 802                       | UNISTRIP1 TEST STRIP<br>.....580, 804      | URL.....72, 515                                         |
| UNIFINE PENTIPS<br>MAXFLOW.....635, 802            | UNITHROID.....460                          | VAFSEO.....518                                          |
| UNIFINE PENTIPS PLUS<br>.....635, 803              | UNIVERSAL 1 LANCETS<br>.....613, 804       | VAGIFEM.....867                                         |
| UNIFINE PENTIPS PLUS<br>MAXFLOW.....635, 802       | UNZDOMDIOXIAZAR.....273                    | VAGINAL<br>CONTRACEPTIVE FILM.....262                   |
| UNIFINE PROTECT....635, 803                        | UP4 PROBIOTICS KIDS<br>CUBES.....497       | <i>valacyclovir</i> .....68                             |
| UNIFINE SAFECONTROL<br>PEN NEEDLE.....636, 803     | UP4 PROBIOTICS MEN'S..497                  | VALCHLOR.....289                                        |
| UNIFINE ULTRA PEN<br>NEEDLE.....636, 803           | UP4 PROBIOTICS PLUS<br>PREBIOTIC.....497   | VALCYTE.....64                                          |
| UNILET COMFORTOUCH<br>LANCET .....612, 803         | UP4 PROBIOTICS ULTRA..498                  | <i>valerian</i> .....11                                 |
| UNILET GP LANCET..612, 803                         | UP4 PROBIOTICS<br>WOMEN'S.....498          | <i>valerian root</i> .....11                            |
| UNILET LANCET.....612, 803                         | UP4 PROBIOTICS-<br>PREBIOTICS KIDS.....498 | <i>valganciclovir</i> .....64, 65                       |
| UNILET LANCETS.....612, 803                        | UPNEEQ (PF).....822                        | VALINE 1000.....353                                     |
| UNILET SUPER THIN<br>LANCETS.....612, 803          | UPTRAVI.....155                            | VALINE AMINO ACID<br>SUPPLEMENT.....353                 |
| UNISOM SIMPLE<br>SLUMBERS.....219                  | URAMAXIN.....329, 330                      | VALIUM.....161, 206                                     |
|                                                    | URAMAXIN GT.....328, 329                   | <i>valproic acid</i> .....163, 209                      |
|                                                    | <i>urea</i> .....306, 330                  | <i>valproic acid (as sodium<br/>salt)</i> .....163, 209 |
|                                                    |                                            | <i>valsartan</i> .....129                               |
|                                                    |                                            | <i>valsartan-<br/>hydrochlorothiazide</i> .....128      |
|                                                    |                                            | VALTOCO.....162, 206                                    |
|                                                    |                                            | VALTREX.....68                                          |
|                                                    |                                            | Valtya.....256                                          |
|                                                    |                                            | Vanadom.....545                                         |
|                                                    |                                            | VANOCOCIN.....65                                        |
|                                                    |                                            | <i>vancomycin</i> .....66                               |
|                                                    |                                            | VANDAZOLE.....866                                       |
|                                                    |                                            | VANFLYTA.....93                                         |
|                                                    |                                            | VANISHPOINT INSULIN<br>SYRINGE.....636, 804             |
|                                                    |                                            | VANISHPOINT SYRINGE<br>.....636, 659, 804, 805          |



|                                   |          |                                   |          |                                          |          |
|-----------------------------------|----------|-----------------------------------|----------|------------------------------------------|----------|
| VANISHPOINT                       | 322      | VENELEX.....                      | 351      | VIGAMOX.....                             | 838      |
| TUBERCULIN SYRINGE                | 659, 805 | <i>venlafaxine</i> .....          | 180      | Vigpoder.....                            | 165      |
|                                   |          | <i>venlafaxine besylate</i> ..... | 180      | VIIBRYD.....                             | 180      |
| VANOS.....                        | 322      | VENNGEL II.....                   | 335      | VIJOICE.....                             | 810      |
| VANOXIDE-HC.....                  | 273      | VENNGEL ONE.....                  | 335      | <i>vilazodone</i> .....                  | 180      |
| VANRAFIA.....                     | 122      | VENTAVIS.....                     | 157      | VIMPAT.....                              | 164      |
| VAPRO PLUS INTERMITT              |          | VENTOLIN HFA.....                 | 854      | VIOKACE.....                             | 467      |
| CATHETER.....                     | 674, 805 | Venxxiva.....                     | 507      | Viorele (28).....                        | 248      |
| VAQTA (PF).....                   | 111      | VEOZAH.....                       | 420      | VIOS AEROSOL DELIVERY                    |          |
| VARDIMAXIA.....                   | 275      | <i>verapamil</i> .....            | 132, 149 | SYSTEM.....                              | 669, 806 |
| <i>varenicline tartrate</i> ..... | 240      | VERDESO.....                      | 322      | VIRACEPT.....                            | 74       |
| VARISOFT INFUSION SET             |          | VEREGEN.....                      | 326      | VIRAGRAPHIS.....                         | 11       |
| 23".....                          | 677, 805 | VERIFINE INSULIN                  |          | VIRASAL.....                             | 330      |
| VARISOFT INFUSION SET             |          | SYRINGE.....                      | 636, 805 | VIRAZOLE.....                            | 74       |
| 32".....                          | 677, 805 | VERIFINE PEN NEEDLE               |          | VIREAD.....                              | 60, 66   |
| VARISOFT INFUSION SET             |          |                                   | 636, 805 | VISCO-3.....                             | 544      |
| 43".....                          | 677, 805 | VERIFINE PLUS PEN                 |          | VISION HEALTH.....                       | 4        |
| VARITHENA                         |          | NEEDLE.....                       | 636, 806 | VISION OPTIMIZER.....                    | 4, 383   |
| ADMINISTRATION PACK               |          | VERIFINE PLUS PEN                 |          | VISTA ADVANCED                           |          |
|                                   | 660, 805 | NEEDLE-SHARP.....                 | 636, 806 | AREDS2.....                              | 4, 383   |
| VARIVAX (PF).....                 | 113, 121 | VERIFINE SAFETY                   |          | VISTA MEIBO EYELID                       |          |
| VAROPHEN                          |          | LANCET MINI.....                  | 613, 806 | CLEANSING.....                           | 307      |
| (DICLOFENAC).....                 | 334      | VERIFINE UNIVERSAL                |          | VISTASEAL-FIBRIN                         |          |
| VAROXIA.....                      | 275      | LANCET.....                       | 613, 806 | SEALANT.....                             | 531      |
| VARUBI.....                       | 466      | Veripred 20.....                  | 445      | VISTOGARD.....                           | 106      |
| VASCEPA.....                      | 138      | VERKAZIA.....                     | 830      | <i>vit a palmitate-vit c-vit d3</i> .... | 393      |
| VASELINE WHITE                    |          | VERQUVO.....                      | 130      | <i>vit b comp-folic-choline-inosi</i>    | 355      |
| PETROLEUM.....                    | 336      | VERSACLOZ.....                    | 190      | <i>vit c-echinacea purpurea xt</i> ...   | 11       |
| VASERETIC.....                    | 124      | VERTIGOHEEL.....                  | 461      | VITABEX IRON.....                        | 364      |
| VASHE.....                        | 348      | VERZENIO.....                     | 92       | VITAFOL FE PLUS.....                     | 406      |
| VASOTEC.....                      | 125      | VESICARE.....                     | 515      | VITAFOL FE+ (WITH                        |          |
| VAXCHORA VACCINE                  | 113, 117 | VESICARE LS.....                  | 515      | DOCUSATE).....                           | 406      |
| VAXNEUVANCE (PF).....             | 117      | Vestura (28).....                 | 256      | VITAFOL GUMMIES.....                     | 408      |
| VCF CONTRACEPTIVE                 |          | VEVEN.....                        | 298      | VITAFOL ULTRA.....                       | 406      |
| FILM.....                         | 262      | VEVYE.....                        | 830      | VITAFOL-OB.....                          | 406      |
| VCF CONTRACEPTIVE                 |          | VFEND.....                        | 53       | VITAFOL-OB+DHA.....                      | 406      |
| GEL.....                          | 262      | V-GO 20.....                      | 672, 806 | VITAFOL-ONE.....                         | 406      |
| VECAMYL.....                      | 154      | V-GO 30.....                      | 672, 806 | VITAFUSION PRENATAL...                   | 383      |
| VECTICAL.....                     | 294      | V-GO 40.....                      | 672, 806 | VITAJOY ADULT MULTI....                  | 384      |
| VEGETARIAN BONEUP....             | 359      | VIBERZI.....                      | 478, 498 | VITAJOY BIOTIN.....                      | 415      |
| VEKLURY.....                      | 75       | VIBRANT.....                      | 641, 806 | VITAJOY DAILY C.....                     | 416      |
| Velivet Triphasic Regimen         |          | VIBRANT STARTER KIT               |          | VITAL AF 1.2 CAL.....                    | 391      |
| (28).....                         | 259      |                                   | 641, 806 | VITAL PEPTIDE 1.5 CAL....                | 391      |
| VELPHORO.....                     | 510      | VICTOZA 2-PAK.....                | 427      | VITALVASC.....                           | 11       |
| VELSIPITY.....                    | 481      | VICTOZA 3-PAK.....                | 427      | VITAMEDMD ONE RX.....                    | 406      |
| VELTASSA.....                     | 356      | VIEKIRA PAK.....                  | 68       | <i>vitamin a</i> .....                   | 411      |
| VEMLIDY.....                      | 66       | Vienna.....                       | 256      | <i>vitamin a palmitate</i> .....         | 411      |
| VENCLEXTA.....                    | 90       | <i>vigabatrin</i> .....           | 165      | <i>vitamin b complex</i> .....           | 355      |
| VENCLEXTA STARTING                |          | Vigadrone.....                    | 165      | VITAMIN B COMPLEX-                       |          |
| PACK.....                         | 90       | VIGAFYDE.....                     | 165      | ELECTROLYTES.....                        | 355      |

|                                       |          |                                          |          |                       |          |
|---------------------------------------|----------|------------------------------------------|----------|-----------------------|----------|
| <i>vitamin b12-folic acid</i> .....   | 412      | <i>voriconazole</i> .....                | 53       | WESNATAL DHA          |          |
| VITAMIN C FIZZY DRINK...              | 410      | VORTEX HOLDING                           |          | COMPLETE.....         | 406      |
| VITAMIN C WITH ROSE                   |          | CHAMBER.....                             | 669, 807 | WESNATE DHA.....      | 406      |
| HIPS.....                             | 416      | VORTEX VHC PEDIATRIC                     |          | WES-PHOS 250 NEUTRAL  |          |
| Vitamin D2.....                       | 418      | MASK.....                                | 669, 807 | .....                 | 368, 512 |
| <i>vitamin d2-vitamin k1</i> .....    | 417      | VOSEVI.....                              | 67       | WESTAB MAX.....       | 412, 419 |
| <i>vitamin d3-vitamin k2</i> .....    | 417      | VOTRIENT.....                            | 103      | WESTAB ONE.....       | 412, 419 |
| <i>vitamin e (dl, acetate)</i> ..     | 306, 418 | VOWST.....                               | 461      | WESTAB PLUS.....      | 406      |
| <i>vitamin e acetate (bulk)</i>       | 240, 419 | VOXZOGO.....                             | 433      | WESTGEL DHA.....      | 406      |
| <i>vitamin e-safflower oil</i> .....  | 306      | VOYDEYA.....                             | 519      | WHYTEDERM SURGIPAK.   | 351      |
| <i>vitamin e-vitamins a and d</i> ... | 306      | VP-CH-PNV.....                           | 406      | WHYTEDERM TDKAK.....  | 324      |
| VITAMIN K.....                        | 420      | VRAYLAR.....                             | 193, 210 | WHYTEDERM TRILASIL    |          |
| Vitamin K1.....                       | 420      | VTAMA.....                               | 294      | PAK.....              | 324      |
| <i>vitamin k2</i> .....               | 420      | VUITY.....                               | 823      | WIDE-SEAL DIAPHRAGM   |          |
| <i>vitamin k2 (mk-4)</i> .....        | 420      | VUMERITY.....                            | 819      | 60.....               | 584, 807 |
| VITRAKVI.....                         | 106      | VUSION.....                              | 288      | WIDE-SEAL DIAPHRAGM   |          |
| VITREXYL.....                         | 384      | VYALEV.....                              | 184      | 65.....               | 584, 807 |
| VITREXYL PLUS IRON.....               | 384      | Vyfemla (28).....                        | 256      | WIDE-SEAL DIAPHRAGM   |          |
| VITRON-C.....                         | 365      | VYKAT XR.....                            | 868      | 70.....               | 584, 807 |
| VIVAGUARD INO CTRL                    |          | Vylibra.....                             | 256      | WIDE-SEAL DIAPHRAGM   |          |
| SOLN-L1,2,3.....                      | 613, 806 | VYNDAMAX.....                            | 423      | 75.....               | 585, 807 |
| VIVAGUARD INO CTRL                    |          | VYNDAREL.....                            | 423      | WIDE-SEAL DIAPHRAGM   |          |
| SOLN-L1,L3.....                       | 613, 806 | VYTORIN.....                             | 283      | 80.....               | 585, 807 |
| VIVAGUARD INO CTRL                    |          | VYTORIN 10-10.....                       | 143      | WIDE-SEAL DIAPHRAGM   |          |
| SOLN-L2.....                          | 613, 806 | VYTORIN 10-20.....                       | 143      | 85.....               | 585, 807 |
| VIVAGUARD INO                         |          | VYTORIN 10-40.....                       | 143      | WIDE-SEAL DIAPHRAGM   |          |
| GLUCOSE METER.....                    | 613, 806 | VYTORIN 10-80.....                       | 144      | 90.....               | 585, 807 |
| VIVAGUARD INO SMART                   |          | VYVANSE.....                             | 202      | WIDE-SEAL DIAPHRAGM   |          |
| GLUC METER.....                       | 613, 806 | VYVGART HYTRULO.....                     | 542      | 95.....               | 585, 807 |
| VIVAGUARD INO TEST                    |          | VYZULTA.....                             | 840      | WILATE.....           | 525      |
| STRIP.....                            | 580, 807 | WAINUA.....                              | 423      | WILLIS THE WHALE      |          |
| VIVAGUARD LANCET                      | 613, 807 | WAKIX.....                               | 228      | COMPRESSR NEB.....    | 669, 808 |
| VIVAGUARD LANCING                     |          | <i>warfarin</i> .....                    | 520      | WINLEVI.....          | 264      |
| DEVICE.....                           | 613, 807 | <i>water for irrigation, sterile</i> ... | 357      | WINREVAIR.....        | 123      |
| VIVAGUARD SAFETY                      |          | WAYRILZ.....                             | 520      | WINTERGREEN OIL.....  | 344      |
| LANCET.....                           | 613, 807 | WAYZEN.....                              | 328      | Wixela Inhub.....     | 856      |
| VIVELLE-DOT.....                      | 441      | WEEKLY-D.....                            | 418      | WOMEN'S 50 PLUS       |          |
| VIVJOA.....                           | 52       | WEGOVY.....                              | 869      | ADVANCED.....         | 384      |
| VIVONEX PEDIATRIC.....                | 391      | WELCHOL.....                             | 133      | WOMENS DAILY GUMMIES  |          |
| VIVOTIF.....                          | 114, 115 | WELERIS.....                             | 328      | .....                 | 384      |
| VIZIMPRO.....                         | 83       | WELIREG.....                             | 94       | WOMEN'S DAILY         |          |
| VIZZ.....                             | 823      | WELLBUTRIN SR.....                       | 182      | MULTIVITAMIN.....     | 384, 387 |
| VOGELXO.....                          | 424      | WELLBUTRIN XL.....                       | 182      | WOMEN'S MULTIVITAMIN  |          |
| Volnea (28).....                      | 248      | WELFOLA.....                             | 384      | COLLAGEN.....         | 384      |
| VONJO.....                            | 95       | WELLPRO-31.....                          | 498      | WOMEN'S PRENATAL      |          |
| VONVENDI.....                         | 528      | Wera (28).....                           | 256      | PLUS DHA.....         | 407      |
| VOQUEZNA.....                         | 461      | WESCAP-C DHA.....                        | 384      | WOUNDGELHA MATRIX.... | 336      |
| VOQUEZNA DUAL PAK.....                | 477      | WESCAP-PN DHA.....                       | 387      | WPR PLUS.....         | 331      |
| VOQUEZNA TRIPLE PAK...                | 477      | WESCAPS.....                             | 355      | Wymzya Fe.....        | 256      |
| VORANIGO.....                         | 82       |                                          |          | WYNZORA.....          | 279      |

|                                          |          |                                         |          |                                                  |            |
|------------------------------------------|----------|-----------------------------------------|----------|--------------------------------------------------|------------|
| XACIATO.....                             | 865      | XOLREMDI.....                           | 521      | ZARONTIN.....                                    | 173        |
| XADAGO.....                              | 186      | XOPENEX HFA.....                        | 854      | Zarontin.....                                    | 173        |
| XALATAN.....                             | 841      | XOSPATA.....                            | 94       | ZARXIO.....                                      | 527        |
| XALIX.....                               | 330      | XPHOZAH.....                            | 352      | ZATEAN-PN DHA.....                               | 387        |
| XALKORI.....                             | 86       | XPOVIO.....                             | 93, 104  | ZATEAN-PN PLUS.....                              | 384        |
| XANAX.....                               | 161, 206 | XROMI.....                              | 537      | ZAVESCA.....                                     | 810        |
| XANAX XR.....                            | 161, 206 | XRYLIX (DICLOFENAC-<br>KINES TAPE)..... | 335      | ZAVZPRET.....                                    | 221        |
| Xarah Fe.....                            | 260      | XTAMPZA ER.....                         | 18       | ZCORT.....                                       | 445        |
| XARELTO.....                             | 521      | XTANDI.....                             | 87       | ZEGALOGUE<br>AUTOINJECTOR.....                   | 422        |
| XARELTO DVT-PE TREAT<br>30D START.....   | 521      | Xulane.....                             | 260      | ZEGALOGUE SYRINGE.....                           | 422        |
| XATMEP.....                              | 31, 88   | XULTOPHY 100/3.6.....                   | 433      | ZEJULA.....                                      | 100        |
| XCELLENT C.....                          | 416      | XUREA.....                              | 330      | ZELAPAR.....                                     | 186        |
| XCELLENT E.....                          | 410      | XURIDEN.....                            | 810      | ZELBORAF.....                                    | 91         |
| XCELLISTEM.....                          | 345      | XYBIOTIC.....                           | 498      | ZELSUVMI.....                                    | 262        |
| XCLAIR.....                              | 306      | XYLIDERM.....                           | 342      | ZEMAIRA.....                                     | 859        |
| XCOPRI.....                              | 175      | XYLIGEL.....                            | 817      | ZEMBRACE SYMTOUCH...<br>ZEMPLAR.....             | 224<br>809 |
| XCOPRI MAINTENANCE<br>PACK.....          | 175      | XYLIMELTS.....                          | 817      | Zenatane.....                                    | 263        |
| XCOPRI TITRATION PACK.....               | 175      | XYMOBOLX.....                           | 352      | ZENPEP.....                                      | 467        |
| XDEMVI.....                              | 821      | XYMODINE.....                           | 361      | ZENPHOR.....                                     | 350, 808   |
| XELJANZ.....                             | 34, 481  | XYNTHA.....                             | 526      | Zenzedi 202, 203, 214, 230, 231<br>ZEPATIER..... | 224<br>67  |
| XELJANZ XR.....                          | 34, 481  | XYNTHA SOLOFUSE.....                    | 526      | ZEPBOUND.....                                    | 868        |
| XELODA.....                              | 89       | XYOSTED.....                            | 424      | ZEPOSIA.....                                     | 481, 821   |
| XELPROS.....                             | 841      | XYREM.....                              | 228      | ZEPOSIA STARTER KIT<br>(28-DAY).....             | 482, 821   |
| Xelria Fe.....                           | 256      | XYWAV.....                              | 228      | ZEPOSIA STARTER PACK<br>(7-DAY).....             | 482, 821   |
| XELSTRYM.....                            | 202, 213 | Yargesa.....                            | 810      | ZERVIAE.....                                     | 826        |
| XEMBIFY.....                             | 113      | YASMIN (28).....                        | 257      | ZESTORETIC.....                                  | 124        |
| XENAZINE.....                            | 226, 227 | YAXATARXYN.....                         | 302      | ZESTRIL.....                                     | 125        |
| XENLETA.....                             | 73       | YAZ (28).....                           | 257      | ZETIA.....                                       | 139        |
| XEPI.....                                | 283      | YCANTH.....                             | 330      | ZETONNA.....                                     | 861        |
| XERESE.....                              | 296      | YESINTEK.....                           | 279, 478 | ZIAGEN.....                                      | 59         |
| XERMELO.....                             | 462      | YEZTUGO.....                            | 48       | ZICLOCIN.....                                    | 334        |
| XEROFORM.....                            | 586, 808 | YOGURT PLUS CALCIUM<br>GUMMIES.....     | 361      | ZICLOPRO.....                                    | 334        |
| XEROFORM<br>PETROLATUM DRESSING<br>..... | 586, 808 | YOKATAR.....                            | 302      | <i>zidovudine</i> .....                          | 59, 60     |
| XEROFORM<br>PETROLATUM<br>OVERWRAP.....  | 586, 808 | YONI FIT BLADDER<br>SUPPORT.....        | 614, 808 | ZIEXTENZO.....                                   | 527        |
| XHANCE.....                              | 861      | YONSA.....                              | 82, 87   | ZILACAINE PATCH.....                             | 342, 670   |
| XIFAXAN.....                             | 74       | YORVIPATH.....                          | 457      | ZILBRYSQ.....                                    | 543        |
| XIGDUO XR.....                           | 428      | YOSPRALA.....                           | 536      | <i>zileuton</i> .....                            | 848        |
| XIIDRA.....                              | 830      | YUM-YUM DOPHILUS.....                   | 498      | ZILOVAL.....                                     | 342        |
| XILAPAK.....                             | 326      | YUPELRI.....                            | 852      | ZILXI.....                                       | 339        |
| XIMINO.....                              | 80, 264  | YUTREPIA.....                           | 157      | ZIMHI.....                                       | 48         |
| XIRUN.....                               | 328      | Yuvaferm.....                           | 867      | <i>zinc amino acid chelate</i> .....             | 370        |
| XOFLUZA.....                             | 69       | Zafemy.....                             | 260      | ZINC BALANCE.....                                | 370        |
| XOLAIR.....                              | 848      | <i>zafirlukast</i> .....                | 851      | <i>zinc citrate</i> .....                        | 370        |
| XOLEGEL.....                             | 288      | <i>zaleplon</i> .....                   | 235      | <i>zinc gluc, oxide-ascorbic<br/>acid</i> .....  | 370        |
|                                          |          | ZALVIT.....                             | 408      |                                                  |            |
|                                          |          | ZANAFLEX.....                           | 545      |                                                  |            |
|                                          |          | Zarah.....                              | 257      |                                                  |            |

|                              |               |            |    |
|------------------------------|---------------|------------|----|
| <i>zinc gluconate</i> .....  | 370           | ZYVOX..... | 72 |
| <i>zinc glycinate</i> .....  | 370           |            |    |
| <i>zinc oxide</i> .....      | 336           |            |    |
| <i>zinc sulfate</i> .....    | 370           |            |    |
| ZINGIBER.....                | 412           |            |    |
| ZIOPTAN (PF).....            | 841           |            |    |
| ZIPHEX.....                  | 408           |            |    |
| <i>ziprasidone hcl</i> ..... | 188, 210      |            |    |
| ZIRGAN.....                  | 839           |            |    |
| ZITHRANOL.....               | 294           |            |    |
| ZITHROMAX.....               | 71            |            |    |
| ZITHROMAX TRI-PAK.....       | 71            |            |    |
| ZITHROMAX Z-PAK.....         | 71            |            |    |
| ZITUVIO.....                 | 426           |            |    |
| ZMA CLEAR.....               | 270           |            |    |
| ZOCOR.....                   | 137           |            |    |
| ZOKINVY.....                 | 813           |            |    |
| ZOLINZA.....                 | 94            |            |    |
| <i>zolmitriptan</i> .....    | 224, 225      |            |    |
| ZOLOFT.....                  | 177           |            |    |
| <i>zolpidem</i> .....        | 235           |            |    |
| ZOMACTON.....                | 447           |            |    |
| ZOMIG.....                   | 225           |            |    |
| Zomig.....                   | 225           |            |    |
| ZONEGRAN.....                | 173           |            |    |
| ZONISADE.....                | 173           |            |    |
| <i>zonisamide</i> .....      | 173           |            |    |
| ZONTIVITY.....               | 536           |            |    |
| ZORTRESS.....                | 541           |            |    |
| ZORVOLEX.....                | 39            |            |    |
| ZORYVE.....                  | 282, 294, 296 |            |    |
| Zovia 1-35 (28).....         | 257           |            |    |
| ZOVIRAX.....                 | 68, 296       |            |    |
| ZTALMY.....                  | 170           |            |    |
| ZTLIDO.....                  | 342           |            |    |
| ZUBSOLV.....                 | 237           |            |    |
| Zumandimine (28).....        | 257           |            |    |
| ZUNVEYL.....                 | 244           |            |    |
| ZURZUVAE.....                | 176           |            |    |
| ZYCLARA.....                 | 326           |            |    |
| ZYDELIG.....                 | 99            |            |    |
| ZYFLO.....                   | 848           |            |    |
| ZYKADIA.....                 | 86            |            |    |
| ZYLET.....                   | 825           |            |    |
| ZYLOPRIM.....                | 518           |            |    |
| ZYMFENTRA.....               | 28, 483       |            |    |
| ZYPITAMAG.....               | 137           |            |    |
| ZYPRAM.....                  | 45            |            |    |
| ZYPREXA.....                 | 192, 210      |            |    |
| ZYTIGA.....                  | 83, 87        |            |    |