MEDPERFORM®
PREMIER

STANDARD FORMULARY

July 2026

medimpact.com

Copyright © 2025. MedImpact Healthcare Systems, Inc.

This document is confidential and proprietary to MedImpact and contains material MedImpact may consider Trade Secrets. This document is intended for specified use by Business Partners of MedImpact under permission by MedImpact and may not otherwise be used, reproduced, transmitted, published, or disclosed to others without prior written authorization. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document.

Table of Contents

What is the Standard Formulary? 3
Can the Formulary (drug list) change? 3
Is the member's medication included in the formulary? 3
What are generic drugs? 3
Are there any restrictions on coverage of drugs on the formulary? 4
Tier Benefit Design 4
General Exclusions 4
What if a drug is not on the Formulary? 5
How does a member request an exception to the Formulary? 5
For more information 5

Copyright © 2025. MedImpact Healthcare Systems, Inc.
All rights reserved.

What is the Standard Formulary?

The MedImpact formulary is a list of covered drugs selected by physician and pharmacist subject matter experts who collaboratively support MedImpact's Pharmacy and Therapeutics (P&T) Committee. The plan will cover drugs listed in the formulary if the drug is indicated for the clinical condition, is prescribed in the appropriate manner, the prescription is filled at a participating network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Drugs may be added or removed from the formulary during the year. The plan will notify affected members if a drug is removed from the formulary, moves to a higher cost-sharing tier, or when prior authorization, quantity limits and/or step therapy requirements are added. Members are notified before the change becomes effective. If the Food and Drug Administration (FDA) deems a drug on the formulary to be unsafe or the drug's manufacturer removes the drug from the market, the plan will immediately remove the drug from the formulary.

Is the member's medication included in the formulary?

There are 3 ways for a member to confirm their current medication is on their plan-specific formulary:

- **Drug Categories**

  The drugs in this formulary are grouped into categories according to the types of medical conditions they are used to treat.

- **Alphabetical Index Listing**

  If the member is not sure what category to look under, the member should look for the drug in the Index. The Index provides an alphabetical listing of all drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. First, look in the Index and find the drug. Next to the drug, there is a page number where the member can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column.

- **Website or Mobile App**

  Drug search capability is on the MedImpact Consumer Portal (MedImpact.com), mobile app (available in Apple and Google apps store), or member plan's website.

What are generic drugs?

The plan covers both brand name and generic drugs provided they are prescribed per FDA approved indications and in accordance with the plan's benefit design. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs. Generic drugs appear in the formulary listing with all lower-case letters and italicized (i.e. terbutaline oral tablet 2.5 mg). Brand drugs appear in formulary listing with all upper-case letters (i.e. DIPHEN ORAL ELIXIR 12.5 MG/5ML).

Copyright © 2025. MedImpact Healthcare Systems, Inc.
All rights reserved.

Are there any restrictions on coverage of drugs on the formulary?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits are noted throughout the Formulary listing using the following symbols:

Symbol	Guideline	Description
AGE	Age Restriction	Coverage depends upon member age
PA	Prior Authorization	Requires specific physician request and clinical criteria be met for prescription to be covered
QL	Quantity Limit	Prescription quantity limits for specific drugs and/or time period needed for coverage
ST	Step Therapy	Coverage requires a trial of certain clinically appropriate alternative drug(s) before obtaining the prescribed drug
SP	Specialty Drug	Coverage may require dispensing from a specialty pharmacy. Specialty copay/coinsurance applies according to benefit plan

The member can ask the plan to make an exception to these restrictions or for a list of other, similar drugs that may treat their health condition. See the section: “How does a member request an exception to the formulary?”

Tier Benefit Design

A tier benefit design is where a member is responsible for a portion of the cost of a prescription drug based on the drug’s tier and copayment or coinsurance. Specialty drugs may be covered at a higher copay or coinsurance. Per the Affordable Care Act (ACA), some medications qualify as preventive under the Essential Health Benefit (EHB). If available on the plan, EHB medications will be covered without cost share ($0 copay for members). The following is an example of a formulary tier design:

- Tier 1: Generic medications
- Tier 2: Preferred brand medications (formulary agents)
- Tier 3: Non-preferred brand medications (non-formulary agents)

General Exclusions

Many plans have specific benefit inclusions, exclusions, copayments, or a lack of coverage, which are reflected in other Plan Benefit Documents.

The Formulary applies only to outpatient drugs provided to members and does not apply to medications used at inpatient settings. If a member has any specific questions regarding their coverage, they should contact their plan. Examples of benefit exclusions include:

- Over the Counter (OTC) medications
- Anti-Obesity drugs

Copyright © 2025. MedImpact Healthcare Systems, Inc.
All rights reserved.

- Medical food/nutritional supplements
- Non-Diabetic supplies/Diagnostic supplies/Ostomy supplies/Devices
- Disposable Needles & Syringes (Non-Insulin related)
- Any drug products used for cosmetic purposes
- Experimental drug products or any drug product used in an experimental manner
- Repackaged drugs and institutional use drugs (e.g., hospital use)
- Lifestyle drugs (e.g., sexual dysfunction, infertility)
- Non self-administered injectable drug products

What if a drug is not on the Formulary?

If a drug is not included on the formulary, the member should contact the plan. If the member is informed the plan does not cover the drug, the member has two options:

1. The member can ask the plan for a list of similar drugs covered by the plan. When the member receives the list, they should show it to their doctor and ask the doctor to prescribe a similar drug that is covered by the plan that is determined by the doctor to be an appropriate alternative drug.

2. The member can ask the plan to make an exception and cover the drug.

How does a member request an exception to the Formulary?

The member will need to contact the plan for details on how to file an exception request.

For more information

MedImpact encourages members to review the Summary Benefit Design, Evidence of Coverage, MedImpact Consumer Portal, or plan's website for more detailed plan information.

Copyright © 2025. MedImpact Healthcare Systems, Inc.
All rights reserved.

Table of Contents

Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants 3
Allergenic Extracts/Biologicals Misc 8
Alternative Medicines 9
Amebicides 10
Aminoglycosides 10
Analgesics - Anti-Inflammatory 10
Analgesics - Nonnarcotic 14
Analgesics - Opioid 18
Androgens-Anabolic 22
Anorectal And Related Products 23
Anthelmintics 24
Antianginal Agents 24
Antianxiety Agents 25
Antiarrhythmics 26
Antiasthmatic And Bronchodilator Agents 26
Anticoagulants 31
Anticonvulsants 33
Antidepressants 38
Antidiabetics 41
Antidiarrheal/Probiotic Agents 48
Antidotes And Specific Antagonists 50
Antiemetics 50
Antifungals 51
Antihistamines 52
Antihyperlipidemics 53
Antihypertensives 57
Anti-Infective Agents - Misc. 60
Antimalarials 61
Antimyasthenic/Cholinergic Agents 62
Antimycobacterial Agents 62
Antineoplastics And Adjunctive Therapies 62
Antiparkinson And Related Therapy Agents 71
Antipsychotics/Antimanic Agents 72
Antiseptics & Disinfectants 77
Antivirals 78
Beta Blockers 82
Calcium Channel Blockers 83
Cardiotonics 85
Cardiovascular Agents - Misc. 85
Cephalosporins 88
Chemicals 89
Contraceptives 89
Corticosteroids 97

Cough/Cold/Allergy 99
Dermatologicals 100
Diagnostic Products 125
Dietary Products/Dietary Management Products 125
Digestive Aids 126
Diuretics 126
Endocrine And Metabolic Agents - Misc. 127
Estrogens 133
Eye - Glaucoma 135
Fluoroquinolones 135
Gastrointestinal Agents - Misc. 136
General Anesthetics 139
Genitourinary Agents - Miscellaneous 139
Gout Agents 141
Hematological Agents - Misc. 142
Hematopoietic Agents 146
Hemostatics 148
Hypnotics/Sedatives/Sleep Disorder Agents 149
Laxatives 151
Local Anesthetics-Parenteral 152
Macrolides 152
Medical Devices And Supplies 153
Migraine Products 168
Minerals & Electrolytes 170
Miscellaneous Therapeutic Classes 171
Mouth/Throat/Dental Agents 175
Multivitamins 176
Musculoskeletal Therapy Agents 181
Nasal Agents - Systemic And Topical 182
Neuromuscular Agents 183
Nutrients 184
Ophthalmic Agents 184
Other Drugs 191
Otic Agents 191
Oxytocics 192
Passive Immunizing And Treatment Agents 192
Penicillins 193
Pharmaceutical Adjuvants 194
Progestins 198
Psychotherapeutic And Neurological Agents - Misc. 198
Respiratory Agents - Misc. 207
Sulfonamides 208
Tetracyclines 208
Thyroid Agents 209
Toxoids 210
Ulcer Drugs/Antispasmodics/Anticholinergics 211
Urinary Antispasmodics 214
Vaccines 214
Vaginal And Related Products 218
Vasopressors 219
Vitamins 220

Drug	Status	Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants		
Amphetamines		
amphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	QL (4 EA per 1 day)
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	Tier 1	QL (2 EA per 1 day)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	QL (2 EA per 1 day)
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
ARYNTA ORAL SOLUTION 10 MG/ML	Tier 3	PA; QL (7 ML per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	Tier 1	QL (4 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine sulfate oral solution 5 mg/5ml	Tier 1	QL (1800 ML per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg	Tier 1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 20 mg	Tier 1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 30 mg	Tier 1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (2 EA per 1 day)
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	Tier 1	QL (1 EA per 1 day)
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
methamphetamine hcl oral tablet 5 mg	Tier 1	QL (5 EA per 1 day)
PROCENTRA ORAL SOLUTION 5 MG/5ML	Tier 1	QL (1800 ML per 30 days)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 7.5 MG	Tier 3	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)
ZENZEDI ORAL TABLET 20 MG	Tier 3	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (3 EA per 1 day)
ZENZEDI ORAL TABLET 30 MG	Tier 3	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (2 EA per 1 day)
Analeptics		
caffeine citrate oral solution 60 mg/3ml	Tier 1	
Anorexiants Non-Amphetamine		
benzphetamine hcl oral tablet 50 mg	Tier 1	QL (3 EA per 1 day); AGE (Min 18 Years)
diethylpropion hcl er oral tablet extended release 24 hour 75 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
diethylpropion hcl oral tablet 25 mg	Tier 1	QL (3 EA per 1 day); AGE (Min 18 Years)
LOMAIRA ORAL TABLET 8 MG	Tier 1	QL (3 EA per 1 day); AGE (Min 18 Years)
phendimetrazine tartrate oral tablet 35 mg	Tier 1	QL (6 EA per 1 day); AGE (Min 18 Years)
phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
phentermine hcl oral tablet 37.5 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
phentermine hcl oral tablet 8 mg	Tier 1	QL (3 EA per 1 day); AGE (Min 18 Years)
phentermine-topiramate er oral capsule extended release 24 hour 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg	Tier 1	PA
Anti-Obesity Agents		
FOUNDAYO ORAL TABLET 0.8 MG, 14.5 MG, 17.2 MG, 2.5 MG, 5.5 MG, 9 MG	Tier 2	PA
liraglutide -weight management subcutaneous solution pen-injector 18 mg/3ml	Tier 1	PA; QL (0.5 ML per 1 day)
orlistat oral capsule 120 mg	Tier 1	PA
WEGOVY HD SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.2 MG/0.75ML	Tier 2	PA; QL (3 ML per 28 days)
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG	Tier 2	PA

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	Tier 2	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	Tier 2	PA; QL (3 ML per 28 days)
XENICAL ORAL CAPSULE 120 MG	Tier 3	PA
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	Tier 2	PA; QL (2 ML per 28 days)
Attention-Deficit/Hyperactivity Disorder (Adhd) Agents		
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	Tier 1	
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	Tier 1	
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML	Tier 3	ST: TRIAL OF CLONIDINE 0.1 MG ER TABLETS IN THE PAST 120 DAYS; QL (4 ML per 1 day)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	Tier 3	ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE-AMPHETAMINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG	Tier 3	ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE-AMPHETAMINE IN THE PAST 120 DAYS; QL (2 EA per 1 day)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	Tier 3	ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE-AMPHETAMINE IN THE PAST 120 DAYS; QL (3 EA per 1 day)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)		
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 2	PA
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 3	PA; SP
Stimulants - Misc.		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	Tier 1	QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	Tier 1	QL (3 EA per 1 day)
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG	Tier 2	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 35 MG	Tier 1	QL (1 EA per 1 day)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 2	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day)
METADATE CD ORAL CAPSULE EXTENDED RELEASE 50 MG	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl er (cd) oral capsule extended release 30 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	Tier 1	QL (2 EA per 1 day)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	Tier 1	QL (3 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	Tier 1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 1	QL (3 EA per 1 day)
methylphenidate hcl oral tablet chewable 10 mg	Tier 1	QL (6 EA per 1 day)
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	Tier 1	QL (3 EA per 1 day)
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr	Tier 1	ST: TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHYLPHENIDATE SUSPENSION/SOLUTION IN THE PAST 120 DAYS; QL (1 EA per 1 day)
modafinil oral tablet 100 mg, 200 mg	Tier 1	QL (2 EA per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 1	QL (1 EA per 1 day)
NUVIGIL ORAL TABLET 50 MG	Tier 1	QL (3 EA per 1 day)
PROVIGIL ORAL TABLET 100 MG, 200 MG	Tier 1	QL (2 EA per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 40 MG	Tier 3	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG	Tier 3	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (2 EA per 1 day)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	120mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (240 ML per 30 days)
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	150mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (300 ML per 30 days)
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	180mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (360 ML per 30 days)
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	60mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (60 ML per 30 days)
Allergenic Extracts/Biologicals Misc		
Allergenic Extracts		
dandelion subcutaneous solution 1:20	Tier 3	
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU	Tier 2	PA
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM	Tier 2	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR	Tier 2	PA
PALFORZIA (1 MG DAILY DOSE) ORAL 1 X 1 MG	Tier 2	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG	Tier 2	PA; SP
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG	Tier 2	PA; SP
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG	Tier 2	PA; SP
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG	Tier 2	PA; SP
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG	Tier 2	PA; SP
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG	Tier 2	PA; SP
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG	Tier 2	PA; SP
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG	Tier 2	PA; SP
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG	Tier 2	PA; SP
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG	Tier 2	PA; SP
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG	Tier 2	PA; SP
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG	Tier 2	PA; SP
PALFORZIA INITIAL DOSE 1-3YRS ORAL 0.5 & 1 & 1.5 & 3 MG	Tier 2	PA; SP
PALFORZIA INITIAL DOSE 4-17YRS ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	Tier 2	PA; SP
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	Tier 2	PA; SP
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U	Tier 2	PA
Alternative Medicines		
Alternative Medicine - A's		
NEOKE RA LIPOIC ORAL POWDER 800 MG/GM	Tier 3	
Alternative Medicine - P's		
EC-RX DHEA EXTERNAL CREAM 10 %, 4 %	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Amebicides		
Amebicides		
SOLOSEC ORAL PACKET 2 GM	Tier 3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS; QL (1 EA per 30 days)
Aminoglycosides		
Aminoglycosides		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	Tier 3	PA; SP
HUMATIN ORAL CAPSULE 250 MG	Tier 3	
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML	Tier 3	PA; SP
neomycin sulfate oral tablet 500 mg	Tier 1	
TOBI PODHALER INHALATION CAPSULE 28 MG	Tier 2	PA; SP
tobramycin inhalation nebulization solution 300 mg/4ml, 300 mg/5ml	Tier 1	PA; SP
tobramycin pak inhalation nebulization solution 300 mg/5ml	Tier 1	PA; SP
Analgesics - Anti-Inflammatory		
Analgesics - Anti-Inflammatory Combinations		
PRASTERA ORAL KIT 200 & 400 MG	Tier 3	
Antirheumatic - Enzyme Inhibitors		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 3	PA; SP
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 2	PA; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	Tier 2	PA; SP
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 2	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 2	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	Tier 2	PA; SP
Antirheumatic Antimetabolites		
methotrexate (anti-rheumatic) oral tablet 2.5 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.4ML	Tier 2	QL (1.6 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML	Tier 2	QL (0.8 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML	Tier 2	QL (1 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML	Tier 2	QL (1.2 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML	Tier 2	QL (1.4 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	Tier 2	QL (1.6 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML	Tier 2	QL (1.8 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML	Tier 2	QL (2 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML	Tier 2	QL (2.4 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML	Tier 2	QL (0.6 ML per 28 days)
Anti-Tnf-Alpha - Monoclonal Antibodies		
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	Tier 2	PA; SP
adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	Tier 2	PA; SP
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	Tier 2	PA; SP
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit 80 mg/0.8ml	Tier 2	PA; SP
adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml	Tier 3	PA; SP
adalimumab-ryvk (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml	Tier 2	PA; SP
adalimumab-ryvk (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	Tier 2	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	Tier 3	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Tier 3	PA; SP
Gold Compounds		
auranofin oral capsule 3 mg	Tier 1	
RIDAURA ORAL CAPSULE 3 MG	Tier 3	
Interleukin-1 Blockers		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	Tier 3	PA; SP
Interleukin-1 Receptor Antagonist (Il-1Ra)		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Tier 3	PA; SP
Interleukin-6 Receptor Inhibitors		
AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Tier 2	PA; SP
AVTOZMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 2	PA; SP
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	Tier 3	PA; SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	Tier 3	PA; SP
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Tier 2	PA; SP
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 2	PA; SP
Nonsteroidal Anti-Inflammatory Agents (Nsaids)		
CELEBREX ORAL CAPSULE 100 MG, 200 MG	Tier 1	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	Tier 1	
diclofenac potassium oral tablet 50 mg	Tier 1	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	Tier 1	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	Tier 1	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	Tier 1	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
etodolac oral capsule 200 mg, 300 mg	Tier 1	
etodolac oral tablet 400 mg, 500 mg	Tier 1	
flurbiprofen oral tablet 100 mg	Tier 1	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Tier 1	
ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	Tier 1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Tier 1	
indomethacin er oral capsule extended release 75 mg	Tier 1	
indomethacin oral capsule 25 mg, 50 mg	Tier 1	
indomethacin rectal suppository 100 mg	Tier 1	
ketoprofen er oral capsule extended release 24 hour 200 mg	Tier 1	
ketoprofen oral capsule 25 mg, 50 mg	Tier 1	
ketorolac tromethamine +rfid injection solution 30 mg/ml	Tier 1	
ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml	Tier 1	
ketorolac tromethamine intramuscular solution 30 mg/ml, 60 mg/2ml	Tier 1	
ketorolac tromethamine oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
LURBIRO ORAL TABLET 100 MG	Tier 3	
meclofenamate sodium oral capsule 100 mg, 50 mg	Tier 1	
mefenamic acid oral capsule 250 mg	Tier 1	
meloxicam oral tablet 15 mg, 7.5 mg	Tier 1	
nabumetone oral tablet 500 mg, 750 mg	Tier 1	
naproxen dr oral tablet delayed release 500 mg	Tier 1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	Tier 1	
naproxen oral tablet delayed release 375 mg, 500 mg	Tier 1	
naproxen sodium oral tablet 275 mg, 550 mg	Tier 1	
oxaprozin oral tablet 600 mg	Tier 1	
piroxicam oral capsule 10 mg, 20 mg	Tier 1	
PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-%	Tier 3	
sulindac oral tablet 150 mg, 200 mg	Tier 1	
TOLECTIN 600 ORAL TABLET 600 MG	Tier 3	
TOLECTIN DS ORAL CAPSULE 400 MG	Tier 3	
TORONOVA II SUIK COMBINATION KIT 30 MG/ML	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
TORONOVA SUIK COMBINATION KIT 30 MG/ML	Tier 3	
VYSCOXA ORAL SUSPENSION 10 MG/ML	Tier 3	PA; QL (40 ML per 1 day)
Phosphodiesterase 4 (Pde4) Inhibitors		
OTEZLA ORAL TABLET 20 MG, 30 MG	Tier 2	PA; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	Tier 2	PA; SP
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG	Tier 2	PA; SP
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG	Tier 2	PA; SP
Pyrimidine Synthesis Inhibitors		
leflunomide oral tablet 10 mg, 20 mg	Tier 1	
Selective Costimulation Modulators		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	Tier 3	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	Tier 3	PA; SP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	Tier 2	PA; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Tier 2	PA; SP
Analgesics - Nonnarcotic		
Analgesic Combinations		
BAC (BUTALBITAL-ACETAMIN-CAFF) ORAL TABLET 50-325-40 MG	Tier 1	
butalbital-acetaminophen oral tablet 50-300 mg	Tier 1	ST: TRIAL OF GENERIC BUTALBITAL/ACETAMINOPHEN 50MG-325MG COMBINATION PRODUCT IN THE PAST 120 DAYS; QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 50-325 mg	Tier 1	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
butalbital-apap-caffeine oral tablet 50-325-40 mg	Tier 1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	Tier 1	
TENCON ORAL TABLET 50-325 MG	Tier 3	
Analgesics - Sodium Channel Pain Signal Inhibitors		
JOURNAVX ORAL TABLET 50 MG	Tier 3	PA
Analgesics Other		
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 3	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 3	
Salicylates		
aspirin 81 oral tablet chewable 81 mg	$0	
aspirin 81 oral tablet delayed release 81 mg	$0	
aspirin adult low dose oral tablet delayed release 81 mg	$0	
aspirin adult low strength oral tablet delayed release 81 mg	$0	
aspirin childrens oral tablet chewable 81 mg	$0	
aspirin ec adult low dose oral tablet delayed release 81 mg	$0	
aspirin ec adult low strength oral tablet delayed release 81 mg	$0	
aspirin ec low dose oral tablet delayed release 81 mg	$0	
aspirin ec low strength oral tablet delayed release 81 mg	$0	
aspirin low dose oral tablet chewable 81 mg	$0	
aspirin low dose oral tablet delayed release 81 mg	$0	
aspirin oral tablet 325 mg	$0	
aspirin oral tablet chewable 81 mg	$0	
aspirin oral tablet delayed release 325 mg, 81 mg	$0	
aspirin regimen oral tablet delayed release 81 mg	$0	
BAYER ADVANCED ASPIRIN REG ST ORAL TABLET 325 MG	$0	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	$0	
BAYER ASPIRIN ORAL TABLET 325 MG	$0	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG	$0	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
BAYER ASPIRIN REGIMEN ORAL TABLET DELAYED RELEASE 325 MG	$0	
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG	$0	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	$0	
childrens aspirin oral tablet chewable 81 mg	$0	
cvs aspirin adult low dose oral tablet chewable 81 mg	$0	
cvs aspirin adult low strength oral tablet delayed release 81 mg	$0	
cvs aspirin ec oral tablet delayed release 81 mg	$0	
cvs aspirin low dose oral tablet delayed release 81 mg	$0	
cvs aspirin low strength oral tablet delayed release 81 mg	$0	
cvs aspirin oral tablet 325 mg	$0	
cvs aspirin oral tablet delayed release 325 mg	$0	
cvs genuine aspirin oral tablet 325 mg	$0	
diflunisal oral tablet 500 mg	Tier 1	
ECOTRIN ARTHRTIS PAIN ORAL TABLET DELAYED RELEASE 325 MG	$0	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG	$0	
ECOTRIN ORAL TABLET DELAYED RELEASE 325 MG	$0	
eq aspirin adult low dose oral tablet delayed release 81 mg	$0	
eq aspirin low dose oral tablet chewable 81 mg	$0	
eq aspirin low dose oral tablet delayed release 81 mg	$0	
eq aspirin oral tablet 325 mg	$0	
eql aspirin ec oral tablet delayed release 325 mg	$0	
eql aspirin low dose oral tablet chewable 81 mg	$0	
eql aspirin low dose oral tablet delayed release 81 mg	$0	
ft aspirin low dose oral tablet delayed release 81 mg	$0	
ft aspirin oral tablet 325 mg	$0	
ft aspirin oral tablet chewable 81 mg	$0	
ft enteric coated aspirin oral tablet delayed release 325 mg	$0	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
genuine aspirin oral tablet 325 mg	$0	
gnp adult aspirin low strength oral tablet chewable 81 mg	$0	
gnp aspirin low dose oral tablet delayed release 81 mg	$0	
gnp aspirin oral tablet 325 mg	$0	
gnp aspirin oral tablet delayed release 325 mg, 81 mg	$0	
goodsense aspirin low dose oral tablet delayed release 81 mg	$0	
goodsense aspirin oral tablet 325 mg	$0	
goodsense aspirin oral tablet chewable 81 mg	$0	
h-e-b aspirin oral tablet delayed release 81 mg	$0	
kls aspirin low dose oral tablet delayed release 81 mg	$0	
kp aspirin oral tablet delayed release 81 mg	$0	
MEDI-FIRST ASPIRIN ORAL TABLET 325 MG	$0	
MEDIQUE ASPIRIN ORAL TABLET 325 MG	$0	
meijer aspirin ec oral tablet delayed release 325 mg	$0	
mm aspirin oral tablet delayed release 81 mg	$0	
qc aspirin low dose oral tablet chewable 81 mg	$0	
qc aspirin low dose oral tablet delayed release 81 mg	$0	
qc aspirin oral tablet 325 mg	$0	
qc aspirin oral tablet delayed release 325 mg	$0	
qc childrens aspirin oral tablet chewable 81 mg	$0	
qc enteric aspirin oral tablet delayed release 325 mg	$0	
salsalate oral tablet 500 mg, 750 mg	Tier 1	
sb aspirin ec oral tablet delayed release 325 mg	$0	
sb aspirin oral tablet 325 mg	$0	
sb childrens aspirin oral tablet chewable 81 mg	$0	
sb low dose asa ec oral tablet delayed release 81 mg	$0	
sm aspirin ec oral tablet delayed release 325 mg	$0	
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG	$0	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG	$0	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	$0	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Analgesics - Opioid		
Opioid Agonists		
codeine sulfate oral tablet 30 mg	Tier 1	QL (12 EA per 1 day); AGE (Min 12 Years)
DEMEROL INJECTION SOLUTION 75 MG/ML	Tier 3	
DSUVIA SUBLINGUAL TABLET SUBLINGUAL 30 MCG	Tier 3	PA
fentanyl citrate intravenous solution 1500 mcg/30ml	Tier 1	
fentanyl citrate solution 1500 mcg/30ml intravenous	Tier 3	
fentanyl citrate-nacl intravenous solution prefilled syringe 500-0.9 mcg/50ml-%	Tier 3	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	Tier 1	PA; ST: TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	Tier 1	QL (2 EA per 1 day)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day)
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	Tier 1	PA
hydromorphone hcl injection solution 1 mg/ml	Tier 1	
hydromorphone hcl oral liquid 1 mg/ml	Tier 1	
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
hydromorphone hcl rectal suppository 3 mg	Tier 1	
hydromorphone hcl-nacl injection solution prefilled syringe 30-0.9 mg/30ml-%	Tier 1	
hydromorphone hcl-nacl intravenous solution 100-0.9 mg/100ml-%, 20-0.9 mg/100ml-%, 50-0.9 mg/50ml-%	Tier 1	
hydromorphone hcl-nacl intravenous solution prefilled syringe 30-0.9 mg/30ml-%	Tier 1	
hydromorphone hcl-nacl solution prefilled syringe 30-0.9 mg/30ml-% intravenous	Tier 3	
levorphanol tartrate oral tablet 2 mg	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS
meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
meperidine hcl oral solution 50 mg/5ml	Tier 1	QL (30 ML per 1 day)
meperidine hcl oral tablet 50 mg	Tier 1	QL (6 EA per 1 day)
methadone hcl injection solution 10 mg/ml	Tier 1	QL (4 ML per 1 day)
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 1	QL (4 ML per 1 day)
methadone hcl oral concentrate 10 mg/ml	Tier 1	QL (4 ML per 1 day)
methadone hcl oral solution 10 mg/5ml	Tier 1	QL (20 ML per 1 day)
methadone hcl oral solution 5 mg/5ml	Tier 1	QL (40 ML per 1 day)
methadone hcl oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
methadone hcl oral tablet 5 mg	Tier 1	QL (8 EA per 1 day)
methadone hcl oral tablet soluble 40 mg	Tier 1	QL (1 EA per 1 day)
METHADOSE ORAL TABLET SOLUBLE 40 MG	Tier 1	QL (1 EA per 1 day)
morphine sulfate (concentrate) oral solution 100 mg/5ml	Tier 1	PA
morphine sulfate er beads oral capsule extended release 24 hour 120 mg	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day)
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day)
morphine sulfate intravenous solution 0.5 mg/ml	Tier 1	
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	Tier 1	
morphine sulfate oral tablet 15 mg, 30 mg	Tier 1	
morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	Tier 1	
morphine sulfate-nacl intravenous solution 100-0.9 mg/100ml-%, 50-0.9 mg/50ml-%, 500-0.9 mg/100ml-%	Tier 3	
morphine sulfate-nacl solution 100-0.9 mg/100ml-% intravenous	Tier 1	
morphine sulfate-nacl solution 100-0.9 mg/100ml-% intravenous	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 2	ST: TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
oxycodone hcl oral capsule 5 mg	Tier 1	
oxycodone hcl oral concentrate 100 mg/5ml	Tier 1	PA
oxycodone hcl oral solution 5 mg/5ml	Tier 1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Tier 1	
oxycodone hcl oral tablet abuse-deterrent 10 mg, 15 mg, 30 mg, 5 mg	Tier 1	
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
oxymorphone hcl er oral tablet extended release 12 hour 30 mg, 40 mg	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)
oxymorphone hcl oral tablet 10 mg, 5 mg	Tier 1	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG, 15 MG, 30 MG, 5 MG	Tier 3	
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED 10 MG/ML	Tier 3	
tapentadol hcl oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day); AGE (Min 12 Years)
tramadol hcl (er biphasic) oral tablet extended release 24 hour 200 mg, 300 mg	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day); AGE (Min 12 Years)
tramadol hcl er oral tablet extended release 24 hour 100 mg	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day); AGE (Min 12 Years)
tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day); AGE (Min 12 Years)
tramadol hcl oral solution 5 mg/ml	Tier 1	PA
tramadol hcl oral tablet 50 mg	Tier 1	QL (8 EA per 1 day); AGE (Min 12 Years)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 9 MG	Tier 2	ST: TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG	Tier 2	ST: TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG	Tier 2	ST: TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS; QL (8 EA per 1 day)
XYVONA ORAL TABLET 2 MG	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS
Opioid Combinations		
acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml	Tier 1	QL (150 ML per 1 day); AGE (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	Tier 1	QL (12 EA per 1 day); AGE (Min 12 Years)
acetaminophen-codeine oral tablet 300-60 mg	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years)
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years)
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years)
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)
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	Tier 1	QL (200 ML per 1 day)
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	Tier 1	QL (184 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	Tier 1	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral tablet 2.5-325 mg	Tier 1	QL (8 EA per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Tier 1	
oxycodone-acetaminophen oral solution 5-325 mg/5ml	Tier 1	QL (61 ML per 1 day)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 1	QL (10 EA per 1 day); AGE (Min 12 Years)
Opioid Partial Agonists		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Tier 2	ST: TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
buprenorphine hcl buccal film 150 mcg, 300 mcg, 450 mcg, 600 mcg, 75 mcg, 750 mcg, 900 mcg	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
buprenorphine hcl injection solution 0.3 mg/ml	Tier 1	
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	Tier 1	QL (3 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	Tier 1	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	Tier 1	QL (3 EA per 1 day)
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOD FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 28 days)
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	Tier 1	
butorphanol tartrate nasal solution 10 mg/ml	Tier 1	
nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml	Tier 1	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	Tier 1	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 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	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	Tier 2	QL (2 EA per 1 day)
Androgens-Anabolic		
Androgens		
danazol oral capsule 100 mg, 200 mg, 50 mg	Tier 1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	Tier 1	PA; QL (10 ML per 28 days)
ec-rx testosterone transdermal cream 0.2 %, 0.4 %, 10 %, 20 %	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
methitest oral tablet 10 mg	Tier 3	PA
methyltestosterone oral capsule 10 mg	Tier 1	PA
testosterone cypionate injection solution 200 mg/ml	Tier 3	PA; QL (10 ML per 28 days)
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	Tier 1	PA; QL (10 ML per 28 days)
testosterone enanthate intramuscular solution 200 mg/ml	Tier 1	PA; QL (5 ML per 28 days)
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)	Tier 1	PA; QL (5 GM per 1 day)
testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)	Tier 1	PA; QL (10 GM per 1 day)
testosterone transdermal gel 20.25 mg/1.25gm (1.62%)	Tier 1	PA; QL (1.25 GM per 1 day)
testosterone transdermal solution 30 mg/act	Tier 1	PA; QL (6 ML per 1 day)
TLANDO ORAL CAPSULE 112.5 MG	Tier 3	PA; QL (4 EA per 1 day)
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%)	Tier 3	PA; QL (10 GM per 1 day)
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	Tier 3	PA; QL (10 GM per 1 day)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	Tier 3	PA; QL (2 ML per 28 days)
Anorectal And Related Products		
Intrarectal Steroids		
budesonide rectal foam 2 mg, 2 mg/act	Tier 1	
CORTIFOAM EXTERNAL FOAM 10 %	Tier 2	
hydrocortisone rectal enema 100 mg/60ml	Tier 1	
Rectal Combinations		
ANA-LEX RECTAL KIT 2-2 %	Tier 3	
ANALPRAM HC EXTERNAL CREAM 1-1 %, 2.5-1 %	Tier 3	
ANALPRAM HC EXTERNAL LOTION 2.5-1 %	Tier 2	
hydrocortisone ace-pramoxine external cream 1-1 %	Tier 1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	Tier 1	
lidocaine-hydrocort (perianal) external cream 3-0.5 %	Tier 1	
lidocaine-hydrocortisone ace rectal gel 2.8-0.55 %	Tier 1	
lidocaine-hydrocortisone ace rectal kit 1-3 %, 2-2 %, 3-0.5 %, 3-2.5 %	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
LIDOCORT EXTERNAL CREAM 3-0.5 %	Tier 3	
PROCORT EXTERNAL CREAM 1.85-1.15 %	Tier 3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 %	Tier 2	
Rectal Products - Misc.		
BARRIGEL RECTAL GEL 20 MG/ML	Tier 3	
Rectal Steroids		
anucort-hc rectal suppository 25 mg	Tier 3	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	Tier 3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG	Tier 3	
hydrocortisone (perianal) external cream 2.5 %	Tier 1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	Tier 1	
PROCTOCORT EXTERNAL CREAM 1 %	Tier 3	
PROCTOCORT RECTAL SUPPOSITORY 30 MG	Tier 3	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	Tier 1	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	Tier 1	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	Tier 1	
Vasodilating Agents		
nitroglycerin rectal ointment 0.4 %	Tier 1	
Anthelmintics		
Anthelmintics		
albendazole oral tablet 200 mg	Tier 1	
EMVERM ORAL TABLET CHEWABLE 100 MG	Tier 2	PA
ivermectin oral tablet 3 mg, 6 mg	Tier 1	
praziquantel oral tablet 600 mg	Tier 1	
Antianginal Agents		
Antianginals-Other		
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	Tier 1	
Nitrates		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	Tier 1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 2	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	Tier 1	
nitroglycerin transdermal ointment 2 %	Tier 1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Tier 1	
nitroglycerin translingual solution 0.4 mg/spray	Tier 1	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY	Tier 1	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG	Tier 3	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 6.5 MG, 9 MG	Tier 2	
Antianxiety Agents		
Antianxiety Agents - Misc.		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	
hydroxyzine hcl oral syrup 10 mg/5ml	Tier 1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
meprobamate oral tablet 200 mg, 400 mg	Tier 1	
Benzodiazepines		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 1	
diazepam oral concentrate 5 mg/ml	Tier 1	
diazepam oral solution 5 mg/5ml	Tier 1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 1	
lorazepam oral concentrate 2 mg/ml	Tier 1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Tier 1	
Antiarrhythmics		
Antiarrhythmics Type I-A		
disopyramide phosphate oral capsule 100 mg, 150 mg	Tier 1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	Tier 2	
quinidine gluconate er oral tablet extended release 324 mg	Tier 1	
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 1	
Antiarrhythmics Type I-B		
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	Tier 1	
Antiarrhythmics Type I-C		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	Tier 1	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	Tier 1	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	Tier 1	
Antiarrhythmics Type Iii		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	Tier 1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tier 1	
MULTAQ ORAL TABLET 400 MG	Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG	Tier 1	
Antiasthmatic And Bronchodilator Agents		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	Tier 2	PA; SP
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	Tier 2	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 2	PA; SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML	Tier 2	PA; SP
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	Tier 2	PA; SP
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML	Tier 2	PA; SP
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML	Tier 2	PA; SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 2	PA; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Tier 2	PA; SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	Tier 2	PA; SP
Anti-Inflammatory Agents		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	Tier 1	
Bronchodilators - Anticholinergics		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	Tier 2	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	Tier 2	QL (1 EA per 1 day)
ipratropium bromide inhalation solution 0.02 %	Tier 1	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	Tier 2	QL (4 GM per 30 days)
tiotropium bromide inhalation capsule 18 mcg	Tier 1	QL (1 EA per 1 day)
YUPELRI INHALATION NEBULIZATION SOLUTION 175 MCG/3ML	Tier 3	QL (3 ML per 1 day)
Leukotriene Modulators		
montelukast sodium oral packet 4 mg	Tier 1	
montelukast sodium oral tablet 10 mg	Tier 1	
montelukast sodium oral tablet chewable 4 mg, 5 mg	Tier 1	
zafirlukast oral tablet 10 mg, 20 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Phosphodiesterase 3 & 4 (Pde3 & Pde4) Inhibitors		
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML	Tier 3	PA; SP
Selective Phosphodiesterase 4 (Pde4) Inhibitors		
roflumilast oral tablet 250 mcg, 500 mcg	Tier 1	QL (1 EA per 1 day)
Steroid Inhalants		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 2	QL (1 EA per 1 day)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 2	QL (1 EA per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 2	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	Tier 2	QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 2	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 2	QL (13 GM per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	Tier 1	QL (4 ML per 1 day)
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act	Tier 1	QL (2 EA per 1 day)
fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act	Tier 1	QL (4 EA per 1 day)
fluticasone propionate hfa inhalation aerosol 110 mcg/act	Tier 1	QL (12 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act	Tier 1	QL (24 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	Tier 1	QL (21.2 GM per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	Tier 2	QL (21.2 GM per 30 days)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Sympathomimetics		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	Tier 2	QL (12 GM per 30 days)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT	Tier 2	10.7gm/Pkg; QL (32.1 GM per 30 days)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 1	18gm/Pkg; QL (54 GM per 30 days)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 1	6.7gm/Pkg; QL (20.1 GM per 30 days)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 1	8.5gm/Pkg; QL (25.5 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	Tier 1	6.7gm/Pkg; QL (20.1 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	Tier 1	
albuterol sulfate oral syrup 2 mg/5ml, 8 mg/20ml	Tier 1	
albuterol sulfate oral tablet 2 mg, 4 mg	Tier 1	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	Tier 2	QL (2 EA per 1 day)
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	Tier 1	ST: TRIAL OF SEREVENT, STRIVERDI, OR PERFOROMIST IN THE PAST 120 DAYS; QL (4 ML per 1 day)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	Tier 2	QL (2 EA per 1 day)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	Tier 2	QL (60 EA per 30 days)
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Tier 1	QL (30.9 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	Tier 2	QL (10.7 GM per 30 days)
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	Tier 1	QL (30.6 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Tier 2	4gm/Pkg
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 50-5 MCG/ACT	Tier 2	QL (39 GM per 30 days)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
DULERA INHALATION AEROSOL 200-5 MCG/ACT	Tier 2	QL (13 GM per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	Tier 1	QL (2 EA per 1 day)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	Tier 1	QL (1 EA per 30 days)
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	Tier 1	QL (4 ML per 1 day)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	Tier 1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	Tier 1	
levalbuterol tartrate inhalation aerosol 45 mcg/act	Tier 1	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 2	QL (2 EA per 1 day)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	Tier 2	QL (4 GM per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Tier 2	QL (4 GM per 30 days)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	Tier 1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Tier 2	QL (2 EA per 1 day)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Tier 1	QL (2 EA per 1 day)
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT	Tier 3	
Xanthines		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	Tier 1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	Tier 2	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	Tier 1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	Tier 1	
theophylline oral elixir 80 mg/15ml	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
theophylline oral solution 80 mg/15ml	Tier 1	
Anticoagulants		
Anticoagulants - Misc.		
sodium citrate in vitro solution prefilled syringe 4 %	Tier 3	
Coumarin Anticoagulants		
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	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 1	
Direct Factor Xa Inhibitors		
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG	Tier 2	QL (32 EA per 1 day)
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG	Tier 2	QL (32 EA per 1 day)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG	Tier 2	QL (4 EA per 1 day)
ELIQUIS ORAL TABLET 2.5 MG	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG	Tier 2	QL (32 EA per 1 day)
rivaroxaban oral suspension reconstituted 1 mg/ml	Tier 1	QL (20 ML per 1 day)
rivaroxaban oral tablet 2.5 mg	Tier 1	QL (2 EA per 1 day)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	Tier 2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 2	QL (2 EA per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	Tier 2	QL (51 EA per 30 days)
Heparins And Heparinoid-Like Agents		
enoxaparin sodium injection solution 300 mg/3ml	Tier 1	QL (1 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	Tier 1	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	Tier 1	QL (24 ML per 30 days)
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	Tier 1	QL (15 ML per 30 days)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	Tier 1	QL (12 ML per 30 days)
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	Tier 1	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	Tier 3	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	Tier 3	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML	Tier 3	QL (2 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML	Tier 3	QL (1 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML	Tier 3	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML	Tier 3	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	Tier 3	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML	Tier 3	QL (18 ML per 30 days)
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%, 2500-0.9 ut/500ml-%, 5000-0.9 ut/500ml-%	Tier 1	
heparin sodium (porcine) +rfid injection solution 1000 unit/ml	Tier 1	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	Tier 1	
heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml	Tier 1	
In Vitro/Lock Anticoagulants		
acd formula a in vitro solution 0.73-2.45-2.2 gm/100ml	Tier 3	
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML	Tier 3	
DEFENCATH IN VITRO SOLUTION 1000-13.5 UNIT-MG/ML	Tier 3	
TRICITRASOL IN VITRO CONCENTRATE 46.7 %	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Thrombin Inhibitors		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	Tier 1	QL (2 EA per 1 day)
Anticonvulsants		
Ampa Glutamate Receptor Antagonists		
perampanel oral suspension 0.5 mg/ml	Tier 1	QL (680 ML per 28 days)
perampanel oral tablet 10 mg, 12 mg, 8 mg	Tier 1	QL (1 EA per 1 day)
perampanel oral tablet 2 mg	Tier 1	QL (4 EA per 1 day)
perampanel oral tablet 4 mg, 6 mg	Tier 1	QL (2 EA per 1 day)
Anticonvulsants - Benzodiazepines		
clobazam oral suspension 2.5 mg/ml	Tier 1	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	Tier 1	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	Tier 1	
midazolam intramuscular solution auto-injector 10 mg/0.7ml	Tier 3	QL (7 ML per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	Tier 2	PA; QL (10 EA per 30 days)
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	Tier 2	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	Tier 2	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	Tier 2	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	Tier 2	PA; QL (10 EA per 30 days)
Anticonvulsants - Misc.		
brivaracetam oral solution 10 mg/ml	Tier 1	QL (600 ML per 30 days)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	Tier 1	
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	Tier 1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	Tier 1	
carbamazepine oral suspension 100 mg/5ml, 200 mg/10ml	Tier 1	
carbamazepine oral tablet 200 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
carbamazepine oral tablet chewable 100 mg, 200 mg	Tier 1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Tier 3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 3	PA; SP
DIACOMIT ORAL PACKET 250 MG, 500 MG	Tier 3	PA; SP
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 2	SP; ST: TRIAL OF ONE OF THE FOLLOWING GENERIC ANTICONSULVANTS: CLOBAZAM, VALPROIC ACID DERIVATIVES, LAMOTRIGINE, LEVETIRACETAM, TOPIRAMATE, VIGABATRIN, CARBAMAZEPINE, AND OXCARBAZEPINE in 365 days
eslicarbazepine acetate oral tablet 200 mg, 400 mg	Tier 1	QL (1 EA per 1 day)
eslicarbazepine acetate oral tablet 600 mg, 800 mg	Tier 1	QL (2 EA per 1 day)
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML	Tier 3	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 3	PA; SP
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Tier 1	
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	Tier 1	PA; QL (72 ML per 1 day)
gabapentin oral tablet 25 mg, 50 mg, 600 mg, 800 mg	Tier 1	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	Tier 1	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG	Tier 3	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	Tier 1	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	Tier 1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 1	
lamotrigine oral tablet chewable 25 mg, 5 mg	Tier 1	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
lamotrigine starter kit-blue oral kit 35 x 25 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	Tier 1	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	Tier 1	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	Tier 1	
levetiracetam oral solution 100 mg/ml, 500 mg/5ml	Tier 1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	Tier 1	
LYRICA ORAL CAPSULE 200 MG, 75 MG	Tier 1	
NEURONTIN ORAL CAPSULE 400 MG	Tier 1	
NEURONTIN ORAL TABLET 600 MG	Tier 1	
oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg	Tier 1	ST: TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (3 EA per 1 day)
oxcarbazepine er oral tablet extended release 24 hour 600 mg	Tier 1	ST: TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (4 EA per 1 day)
oxcarbazepine oral suspension 300 mg/5ml	Tier 1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Tier 1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	Tier 1	
pregabalin oral solution 20 mg/ml	Tier 1	PA; QL (30 ML per 1 day)
primidone oral tablet 125 mg, 250 mg, 50 mg	Tier 1	
RELGAABI ORAL CAPSULE 300 MG, 400 MG	Tier 1	
ROWEEPRA ORAL TABLET 500 MG	Tier 1	
rufinamide oral suspension 40 mg/ml	Tier 1	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (80 ML per 1 day)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
rufinamide oral tablet 200 mg	Tier 1	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (16 EA per 1 day)
rufinamide oral tablet 400 mg	Tier 1	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (8 EA per 1 day)
SUBVENITE ORAL SUSPENSION 10 MG/ML	Tier 3	PA
SUBVENITE STARTER KIT-BLUE ORAL KIT 35 X 25 MG	Tier 1	
SUBVENITE STARTER KIT-GREEN ORAL KIT 84 X 25 MG & 14X100 MG	Tier 1	
SUBVENITE STARTER KIT-ORANGE ORAL KIT 42 X 25 MG & 7 X 100 MG	Tier 1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML	Tier 3	
TEGRETOL ORAL TABLET 200 MG	Tier 3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG	Tier 3	
topiramate er oral capsule er 24 hour sprinkle 100 mg	Tier 1	ST: TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (3 EA per 1 day)
topiramate er oral capsule er 24 hour sprinkle 150 mg, 200 mg	Tier 1	ST: TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (2 EA per 1 day)
topiramate er oral capsule er 24 hour sprinkle 25 mg	Tier 1	ST: TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
topiramate er oral capsule er 24 hour sprinkle 50 mg	Tier 1	ST: TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS; QL (7 EA per 1 day)
topiramate er oral capsule extended release 24 hour 100 mg	Tier 1	QL (3 EA per 1 day)
topiramate er oral capsule extended release 24 hour 200 mg	Tier 1	QL (2 EA per 1 day)
topiramate er oral capsule extended release 24 hour 25 mg	Tier 1	QL (8 EA per 1 day)
topiramate er oral capsule extended release 24 hour 50 mg	Tier 1	QL (7 EA per 1 day)
topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg	Tier 1	
topiramate oral solution 25 mg/ml	Tier 1	PA
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
ZONISADE ORAL SUSPENSION 100 MG/5ML	Tier 3	PA

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 3	PA; SP
Carbamates		
felbamate oral suspension 600 mg/5ml	Tier 1	
felbamate oral tablet 400 mg, 600 mg	Tier 1	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Tier 2	QL (2 EA per 1 day)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	Tier 2	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 2	QL (2 EA per 1 day)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	Tier 2	QL (1 EA per 1 day)
Gaba Modulators		
tiagabine hcl oral tablet 12 mg, 2 mg, 4 mg	Tier 1	ST: TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (4 EA per 1 day)
tiagabine hcl oral tablet 16 mg	Tier 1	ST: TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS; QL (3 EA per 1 day)
vigabatrin oral packet 500 mg	Tier 1	PA; SP
vigabatrin oral tablet 500 mg	Tier 1	PA; SP
VIGADRONE ORAL PACKET 500 MG	Tier 1	PA; SP
VIGADRONE ORAL TABLET 500 MG	Tier 1	PA; SP
VIGAFYDE ORAL SOLUTION 100 MG/ML	Tier 3	PA; SP
Hydantoins		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
DILANTIN ORAL CAPSULE 100 MG	Tier 1	
DILANTIN ORAL CAPSULE 30 MG	Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML	Tier 3	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 1	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG	Tier 1	
phenytoin oral suspension 125 mg/5ml	Tier 1	
phenytoin oral tablet chewable 50 mg	Tier 1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	Tier 1	
Succinimides		
ethosuximide oral capsule 250 mg	Tier 1	
ethosuximide oral solution 250 mg/5ml	Tier 1	
methsuximide oral capsule 300 mg	Tier 1	
Valproic Acid		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG	Tier 3	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG	Tier 3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG	Tier 3	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	Tier 1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	Tier 1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	Tier 1	
valproic acid oral capsule 250 mg	Tier 1	
valproic acid oral solution 250 mg/5ml, 500 mg/10ml	Tier 1	
Antidepressants		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	Tier 1	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	Tier 1	
Antidepressant Combinations		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Antidepressants - Misc.		
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	Tier 1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Tier 1	
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	Tier 1	ST: TRIAL OF BUPROPION HCL ER (XL), BUPROPION HCL, OR BUPROPION HCL ER (SR) IN THE PAST 120 DAYS; QL (1 EA per 1 day)
bupropion hcl oral tablet 100 mg, 75 mg	Tier 1	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	Tier 3	ST: TRIAL OF BUPROPION HCL ER (XL), BUPROPION HCL, OR BUPROPION HCL ER (SR) IN THE PAST 120 DAYS; QL (1 EA per 1 day)
Gaba Receptor Modulator - Neuroactive Steroid		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	Tier 2	PA; SP
Monoamine Oxidase Inhibitors (Maois)		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Tier 3	ST: TRIAL OF MARPLAN, PHENELZINE, OR TRANYLCYPROMINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
MARPLAN ORAL TABLET 10 MG	Tier 3	
NARDIL ORAL TABLET 15 MG	Tier 3	
phenelzine sulfate oral tablet 15 mg	Tier 1	
tranylcypromine sulfate oral tablet 10 mg	Tier 1	
N-Methyl-D-Aspartic Acid (Nmda) Receptor Antagonists		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	Tier 2	PA; SP
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	Tier 2	PA; SP
Selective Serotonin Reuptake Inhibitors (Ssris)		
citalopram hydrobromide oral solution 10 mg/5ml, 20 mg/10ml	Tier 1	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
escitalopram oxalate oral solution 10 mg/10ml, 5 mg/5ml	Tier 1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	Tier 1	
fluoxetine hcl oral capsule delayed release 90 mg	Tier 1	
fluoxetine hcl oral solution 20 mg/5ml	Tier 1	
fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg	Tier 1	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	Tier 1	ST: TRIAL OF CITALOPRAM, ESCITALOPRAM, FLUOXETINE, FLUVOXAMINE IR, PAROXETINE, OR SERTRALINE IN THE PAST 120 DAYS; QL (2 EA per 1 day)
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	Tier 1	
paroxetine hcl oral suspension 10 mg/5ml	Tier 1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	
sertraline hcl oral concentrate 20 mg/ml	Tier 1	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Serotonin Modulators		
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 1	
RALDESY ORAL SOLUTION 10 MG/ML	Tier 3	PA
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	Tier 1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)		
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	Tier 1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG	Tier 3	ST: TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	Tier 3	ST: TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (2 EA per 1 day)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
duloxetine hcl oral capsule delayed release particles 40 mg	Tier 1	ST: TRIAL OF GENERIC DULOXETINE 20MG CAPSULES IN THE PAST 120 DAYS; QL (1 EA per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG	Tier 1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	Tier 2	QL (1 EA per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	Tier 2	QL (1 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	Tier 1	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg	Tier 1	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 1	
Tricyclic Agents		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Tier 1	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	Tier 1	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
doxepin hcl oral concentrate 10 mg/ml	Tier 1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	Tier 1	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Tier 1	
nortriptyline hcl oral solution 10 mg/5ml	Tier 1	
protriptyline hcl oral tablet 10 mg, 5 mg	Tier 1	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Antidiabetics		
Alpha-Glucosidase Inhibitors		
acarbose oral tablet 100 mg, 25 mg, 50 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
miglitol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Antidiabetic Combinations		
dapagliflozin base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-500 mg	Tier 1	QL (1 EA per 1 day)
dapagliflozin base-metformin er oral tablet extended release 24 hour 5-1000 mg	Tier 1	QL (2 EA per 1 day)
dapagliflozin-saxagliptin oral tablet 10-5 mg	Tier 1	QL (1 EA per 1 day)
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2	QL (1 EA per 1 day)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	Tier 2	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)
linagliptin-metformin hcl oral tablet 2.5-1000 mg, 2.5-500 mg, 2.5-850 mg	Tier 1	ST: TRIAL OF JANUVIA, JANUMET, OR JANUMET XR IN THE PAST 120 DAYS; QL (2 EA per 1 day)
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	Tier 1	ST: TRIAL OF METFORMIN, SULFONYLUREA OR METFORMIN/SULFONYLUREA COMBO IN THE PAST 120 DAYS; QL (1 EA per 1 day)
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	Tier 1	ST: TRIAL OF METFORMIN, SULFONYLUREA OR METFORMIN/SULFONYLUREA COMBO IN THE PAST 120 DAYS; QL (3 EA per 1 day)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	Tier 2	QL (15 ML per 25 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	Tier 2	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	Tier 2	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	Tier 2	QL (2 EA per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	Tier 2	QL (1 EA per 1 day)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	Tier 2	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	Tier 2	QL (2 EA per 1 day)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	Tier 2	QL (15 ML per 28 days)
Biguanides		
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	Tier 1	
metformin hcl oral solution 500 mg/5ml	Tier 1	PA; QL (20 ML per 1 day)
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	Tier 1	
Diabetic Other		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	Tier 2	QL (4 EA per 1 FILL)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	Tier 2	QL (4 EA per 1 FILL)
diazoxide oral suspension 50 mg/ml	Tier 1	
glucagon emergency injection solution reconstituted 1 mg	Tier 1	ST: TRIAL OF BAQSIMI OR GVOKE IN THE PAST 120 DAYS; QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	Tier 2	QL (0.8 ML per 1 FILL)
mifepristone oral tablet 300 mg	Tier 1	PA; SP
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	ST: TRIAL OF METFORMIN, METFORMIN ER, GLYBURIDE/METFORMIN, OR GLIPIZIDE/METFORMIN IN THE PAST 120 DAYS; QL (6 EA per 1 day)
Incretin Mimetic Agents		
exenatide subcutaneous solution pen-injector 10 mcg/0.04ml	Tier 1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (2.4 ML per 30 days)
exenatide subcutaneous solution pen-injector 5 mcg/0.02ml	Tier 1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (1.2 ML per 30 days)
liraglutide subcutaneous solution pen-injector 18 mg/3ml	Tier 1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (9 ML per 30 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (0.5 ML per 7 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (3 ML per 28 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (1 EA per 1 day)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (1 EA per 1 day)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; QL (2 ML per 28 days)
Insulin		
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	Tier 3	PA
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
FIASP INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMALOG INJECTION SOLUTION 100 UNIT/ML	Tier 3	QL (40 ML per 28 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	Tier 2	QL (12 ML per 28 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	Tier 3	QL (30 ML per 28 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	Tier 2	QL (24 ML per 28 days)
insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml	Tier 1	QL (30 ML per 28 days)
insulin degludec flextouch subcutaneous solution pen-injector 200 unit/ml	Tier 1	QL (18 ML per 28 days)
insulin degludec subcutaneous solution 100 unit/ml	Tier 1	QL (40 ML per 28 days)
insulin glargine-yfgn subcutaneous solution 100 unit/ml	Tier 2	QL (40 ML per 28 days)
insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml	Tier 2	QL (30 ML per 28 days)
insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml	Tier 1	QL (30 ML per 28 days)
insulin lispro injection solution 100 unit/ml	Tier 1	QL (40 ML per 28 days)
insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml	Tier 1	QL (30 ML per 28 days)
insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml	Tier 1	QL (30 ML per 28 days)
LYUMJEV INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	Tier 2	QL (12 ML per 28 days)
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3	ST: TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO OR TRESIBA IN THE PAST 120 DAYS; QL (30 ML per 28 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 2	QL (18 ML per 28 days)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 2	QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	Tier 2	QL (18 ML per 28 days)
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
Insulin Sensitizing Agents		
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	Tier 1	
Meglitinide Analogues		
nateglinide oral tablet 120 mg, 60 mg	Tier 1	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors		
dapagliflozin oral tablet 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
Sulfonylureas		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Tier 1	
glipizide oral tablet 10 mg, 5 mg	Tier 1	
glipizide oral tablet 2.5 mg	Tier 1	QL (2 EA per 1 day)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	Tier 1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 1	
Antidiarrheal/Probiotic Agents		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	Tier 3	SP; ST: TRIAL OF ANTI-RETROVIRAL THERAPY IN THE PAST 120 DAYS; QL (2 EA per 1 day)
Antidiarrheal/Probiotic Agents - Misc.		
BACILLEX ORAL CAPSULE 250 MG	Tier 3	
bilac oral capsule	Tier 3	
BIOCORE DAILY ORAL CAPSULE	Tier 3	
BIOCORE IMMUNE+ ORAL CAPSULE	Tier 3	
BIOCORE RESTORE ORAL CAPSULE	Tier 3	
biomyra oral capsule	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
BIONARA ULTRA ORAL CAPSULE DELAYED RELEASE	Tier 3	
biostora oral capsule	Tier 3	
DERMACINRX PROBISOL ORAL CAPSULE	Tier 3	
DERMACINRX PROBITRAN ORAL CAPSULE	Tier 3	
floramyra oral capsule	Tier 3	
FLORRAGUT ORAL CAPSULE	Tier 3	
gutstor oral capsule	Tier 3	
gutvantage oral capsule	Tier 3	
gutvia oral capsule	Tier 3	
LACTEROL ORAL CAPSULE	Tier 3	
lactovive oral capsule	Tier 3	
microbalance oral capsule	Tier 3	
microbiota oral capsule	Tier 3	
microvera oral tablet	Tier 3	
microvia oral capsule	Tier 3	
microwell oral capsule	Tier 3	
MOVYRA ORAL CAPSULE	Tier 3	
novora oral capsule	Tier 3	
PAXOTIN ORAL CAPSULE	Tier 3	
PROBENTRA ORAL CAPSULE DELAYED RELEASE	Tier 3	
PROBINATE ORAL CAPSULE	Tier 3	
promella in prebiotic oral capsule	Tier 3	
proriva oral capsule	Tier 3	
relibiotic oral capsule	Tier 3	
surebiotic probiotic support oral capsule	Tier 3	
SYMBIARA ORAL CAPSULE	Tier 3	
VIREX ORAL TABLET	Tier 3	
wellpro 31 oral capsule	Tier 3	
xybiotic oral capsule	Tier 3	
zelac oral capsule	Tier 3	
ZENVYRA ORAL CAPSULE	Tier 3	
Antidiarrheal/Probiotic Combinations		
probichew oral tablet chewable	Tier 3	
RESTORA RX ORAL CAPSULE 60-1.25 MG	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Antiperistaltic Agents		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	Tier 1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Tier 1	
loperamide hcl oral capsule 2 mg	Tier 1	
opium oral tincture 10 mg/ml (1%)	Tier 1	
Antidotes And Specific Antagonists		
Antidotes - Chelating Agents		
CHEMET ORAL CAPSULE 100 MG	Tier 3	
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	Tier 1	PA; SP
deferasirox oral packet 180 mg, 360 mg, 90 mg	Tier 1	PA; SP
deferasirox oral tablet 180 mg, 360 mg, 90 mg	Tier 1	PA; SP
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	Tier 1	PA; SP
deferiprone oral tablet 1000 mg, 500 mg	Tier 1	PA; SP
Antidotes And Specific Antagonists		
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	Tier 1	PA
RADIOGARDASE ORAL CAPSULE 0.5 GM	Tier 3	
VISTOGARD ORAL PACKET 10 GM	Tier 2	SP; QL (24 EA per 14 days)
Opioid Antagonists		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	Tier 2	QL (4 EA per 30 days)
naloxone hcl injection solution cartridge 0.4 mg/ml	Tier 1	
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	Tier 1	
naltrexone hcl oral tablet 50 mg	Tier 1	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	Tier 3	QL (4 EA per 30 days)
REXTOVY NASAL LIQUID 4 MG/0.25ML	Tier 3	QL (4 EA per 30 days)
ZURNAI INJECTION SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML	Tier 3	QL (4 ML per 30 days)
Antiemetics		
5-Ht3 Receptor Antagonists		
ANZEMET ORAL TABLET 50 MG	Tier 3	ST: TRIAL OF ONDANSETRON TABLET OR ODT IN THE PAST 120 DAYS; QL (10 EA per 21 FILLs)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
granisetron hcl oral tablet 1 mg	Tier 1	ST: TRIAL OF ONDANSETRON TABLET OR ODT IN THE PAST 120 DAYS; QL (10 EA per 21 days)
ondansetron hcl oral solution 4 mg/5ml	Tier 1	QL (150 ML per 21 days)
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	Tier 1	
ondansetron oral tablet dispersible 4 mg, 8 mg	Tier 1	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	Tier 3	ST: TRIAL OF ONDANSETRON TABLET OR ODT IN THE PAST 120 DAYS; QL (1 EA per 21 days)
Antiemetics - Anticholinergic		
meclizine hcl oral tablet 12.5 mg, 25 mg	Tier 1	
meclizine hcl oral tablet chewable 25 mg	Tier 1	
scopolamine transdermal patch 72 hour 1 mg/3days	Tier 1	
trimethobenzamide hcl oral capsule 300 mg	Tier 1	
Antiemetics - Miscellaneous		
AKYNZEO ORAL CAPSULE 300-0.5 MG	Tier 2	QL (1 EA per 21 days)
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	Tier 1	QL (4 EA per 1 day)
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 3	ST: TRIAL OF GENERIC DRONABINOL (MARINOL) CAPSULES IN THE PAST 120 DAYS; QL (2 ML per 1 day)
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists		
aprepitant oral capsule 125 mg	Tier 1	QL (1 EA per 21 days)
aprepitant oral capsule 40 mg	Tier 1	QL (1 EA per 28 days)
aprepitant oral capsule 80 mg	Tier 1	QL (2 EA per 21 days)
aprepitant oral capsule therapy pack 80 & 125 mg	Tier 1	QL (3 EA per 21 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	Tier 2	PA; QL (3 EA per 21 days)
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	Tier 2	QL (2 EA per 21 days)
Antifungals		
Antifungals		
flucytosine oral capsule 250 mg, 500 mg	Tier 1	
griseofulvin microsize oral suspension 125 mg/5ml	Tier 1	
griseofulvin microsize oral tablet 500 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg	Tier 1	
nystatin oral tablet 500000 unit	Tier 1	
terbinafine hcl oral tablet 250 mg	Tier 1	
Imidazole-Related Antifungals		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 3	PA
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	Tier 1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1	
itraconazole oral capsule 100 mg	Tier 1	
itraconazole oral solution 10 mg/ml	Tier 1	
ketoconazole oral tablet 200 mg	Tier 1	
NOXAFIL ORAL PACKET 300 MG	Tier 3	PA
posaconazole oral suspension 40 mg/ml	Tier 1	PA
posaconazole oral tablet delayed release 100 mg	Tier 1	PA
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG	Tier 3	PA
voriconazole oral suspension reconstituted 40 mg/ml	Tier 1	
voriconazole oral tablet 200 mg, 50 mg	Tier 1	
Antihistamines		
Antihistamines - Ethanolamines		
carbinoxamine maleate er oral suspension extended release 4 mg/5ml	Tier 1	ST: TRIAL OF CARBINOXAMINE IR ORAL SOLUTION IN THE PAST 120 DAYS; QL (960 ML per 30 days); AGE (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg	Tier 1	AGE (Min 2 Years)
carbzah oral solution 4 mg/5ml	Tier 3	AGE (Min 2 Years)
clemastine fumarate oral tablet 2.68 mg	Tier 1	
CLEMSZA ORAL TABLET 2.68 MG	Tier 1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML	Tier 3	
diphenhydramine hcl injection solution 50 mg/ml	Tier 1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	Tier 1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	Tier 3	ST: TRIAL OF CARBINOXAMINE IR ORAL SOLUTION IN THE PAST 120 DAYS; QL (960 ML per 30 days); AGE (Min 2 Years)
Antihistamines - Non-Sedating		
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
desloratadine oral tablet 5 mg	Tier 1	
desloratadine oral tablet dispersible 2.5 mg, 5 mg	Tier 1	ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLETS IN THE PAST 120 DAYS; QL (1 EA per 1 day)
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	Tier 1	ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLET IN THE PAST 120 DAYS
levocetirizine dihydrochloride oral tablet 5 mg	Tier 1	
Antihistamines - Phenothiazines		
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	Tier 1	
promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml	Tier 1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	Tier 3	
Antihistamines - Piperidines		
cyproheptadine hcl oral syrup 2 mg/5ml	Tier 1	
cyproheptadine hcl oral tablet 4 mg	Tier 1	
Antihyperlipidemics		
Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors		
NEXLETOL ORAL TABLET 180 MG	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	Tier 1	
ezetimibe-simvastatin oral tablet 10-80 mg	Tier 1	PA; QL (1 EA per 1 day)
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS
sure result o3d3 system oral kit 1 & 1000 gm & unit	Tier 3	
Antihyperlipidemics - Misc.		
icosapent ethyl oral capsule 0.5 gm	Tier 1	QL (8 EA per 1 day)
icosapent ethyl oral capsule 1 gm	Tier 1	QL (4 EA per 1 day)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
LOVAZA ORAL CAPSULE 1 GM	Tier 1	ST: TRIAL OF GENERIC FENOFIBRATE IN THE PAST 120 DAYS; QL (4 EA per 1 day)
omega-3-acid ethyl esters oral capsule 1 gm	Tier 1	ST: TRIAL OF GENERIC FENOFIBRATE IN THE PAST 120 DAYS; QL (4 EA per 1 day)
Bile Acid Sequestrants		
cholestyramine light oral packet 4 gm	Tier 1	
cholestyramine light oral powder 4 gm/dose	Tier 1	
cholestyramine light powder 4 gm/dose oral	Tier 3	
cholestyramine light powder 4 gm/dose oral	Tier 1	
cholestyramine oral packet 4 gm	Tier 1	
cholestyramine oral powder 4 gm/dose	Tier 1	
cholestyramine powder 4 gm/dose oral	Tier 3	
cholestyramine powder 4 gm/dose oral	Tier 1	
colesevelam hcl oral packet 3.75 gm	Tier 1	
colesevelam hcl oral tablet 625 mg	Tier 1	
colestipol hcl oral granules 5 gm	Tier 1	
colestipol hcl oral packet 5 gm	Tier 1	
colestipol hcl oral tablet 1 gm	Tier 1	
PREVALITE ORAL PACKET 4 GM	Tier 1	
PREVALITE ORAL POWDER 4 GM/DOSE	Tier 1	
Fibric Acid Derivatives		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	Tier 1	
fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg	Tier 1	
fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg	Tier 1	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	Tier 1	
fenofibric acid oral tablet 105 mg, 35 mg	Tier 1	
gemfibrozil oral tablet 600 mg	Tier 1	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	Tier 3	ST: TRIAL OF GEMFIBROZIL OR GENERIC FENOFIBRATE IN THE PAST 120 DAYS

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Hmg Coa Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG	Tier 3	ST: TRIAL OF 2 OF THE FOLLOWING: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN IN THE PAST 365 DAYS; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5ML	Tier 3	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
atorvastatin calcium oral tablet 40 mg, 80 mg	Tier 1	
flolipid oral suspension 20 mg/5ml, 40 mg/5ml	Tier 3	PA
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	$0	ST: TRIAL OF 2 OF THE FOLLOWING: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN IN THE PAST 365 DAYS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
fluvastatin sodium oral capsule 20 mg	$0	ST: TRIAL OF 2 OF THE FOLLOWING: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN IN THE PAST 365 DAYS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
fluvastatin sodium oral capsule 40 mg	$0	ST: TRIAL OF 2 OF THE FOLLOWING: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN IN THE PAST 365 DAYS; $0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
lovastatin oral tablet 10 mg, 20 mg	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
lovastatin oral tablet 40 mg	$0	$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
rosuvastatin calcium oral tablet 10 mg, 5 mg	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
rosuvastatin calcium oral tablet 20 mg, 40 mg	Tier 1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
simvastatin oral tablet 80 mg	Tier 1	PA; QL (1 EA per 1 day)
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe oral tablet 10 mg	Tier 1	QL (1 EA per 1 day)
Microsomal Triglyceride Transfer Protein (Mtp) Inhibitors		
JUXTAPID ORAL CAPSULE 10 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 2	PA; SP
Nicotinic Acid Derivatives		
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	Tier 1	
NIACOR ORAL TABLET 500 MG	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS; QL (6 ML per 84 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS; QL (6 ML per 84 days)
Antihypertensives		
Ace Inhibitors		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1	
enalapril maleate oral solution 1 mg/ml	Tier 1	PA
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 1	
moexipril hcl oral tablet 15 mg, 7.5 mg	Tier 1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	PA
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
Agents For Pheochromocytoma		
metyrosine oral capsule 250 mg	Tier 1	PA; SP
phenoxybenzamine hcl oral capsule 10 mg	Tier 1	PA; SP
Angiotensin Ii Receptor Antagonists		
ARBLI ORAL SUSPENSION 10 MG/ML	Tier 3	PA
azilsartan medoxomil oral tablet 40 mg, 80 mg	Tier 1	ST: TRIAL OF ACE-I, ACE-I COMBO, ARB, OR ARB COMBO IN THE PAST 120 DAYS
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Tier 1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	Tier 1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Antiadrenergic Antihypertensives		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Tier 1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	Tier 1	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Tier 1	
guanfacine hcl oral tablet 1 mg, 2 mg	Tier 1	
JAVADIN ORAL SOLUTION 0.02 MG/ML	Tier 3	PA; QL (120 ML per 1 day)
methyldopa oral tablet 250 mg, 500 mg	Tier 1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	Tier 1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
TEZRULY ORAL SOLUTION 1 MG/ML	Tier 3	PA
Antihypertensive Combinations		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	Tier 1	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	Tier 1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Tier 1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	Tier 1	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	Tier 1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Tier 1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	Tier 1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	Tier 1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	Tier 1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Tier 1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Tier 1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	Tier 1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	Tier 1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	Tier 1	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	Tier 1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 1	
Antihypertensives - Misc.		
VECAMYL ORAL TABLET 2.5 MG	Tier 3	PA; SP
Direct Renin Inhibitors		
aliskiren fumarate oral tablet 150 mg, 300 mg	Tier 1	
Endothelin Receptor Antagonists		
TRYVIO ORAL TABLET 12.5 MG	Tier 3	PA; SP
Selective Aldosterone Receptor Antagonists (Saras)		
eplerenone oral tablet 25 mg, 50 mg	Tier 1	
Vasodilators		
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Anti-Infective Agents - Misc.		
Anti-Infective Agents - Misc.		
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML	Tier 3	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 2	PA
LIKMEZ ORAL SUSPENSION 500 MG/5ML	Tier 3	PA
metronidazole oral capsule 375 mg	Tier 1	
metronidazole oral tablet 250 mg, 500 mg	Tier 1	
pentamidine isethionate inhalation solution reconstituted 300 mg	Tier 1	
tinidazole oral tablet 250 mg, 500 mg	Tier 1	
trimethoprim oral tablet 100 mg	Tier 1	
XIFAXAN ORAL TABLET 200 MG	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG	Tier 2	PA
Anti-Infective Misc. - Combinations		
mb caps oral capsule 120 mg	Tier 3	
me/naphos/mb/hyo1 oral tablet 81.6 mg	Tier 3	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	Tier 1	
SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML	Tier 1	
URELLE ORAL TABLET 81 MG	Tier 3	
URETRON D/S ORAL TABLET 81.6 MG	Tier 3	
URIBEL ORAL TABLET 81.6 MG	Tier 3	
URIMAR-T ORAL CAPSULE 120 MG	Tier 3	
urneva oral capsule 120 mg	Tier 3	
UROGESIC-BLUE ORAL TABLET 81.6 MG	Tier 3	
uro-mp oral capsule 118 mg	Tier 3	
VILAMIT MB ORAL CAPSULE 118 MG	Tier 3	
VILEVEV MB ORAL TABLET 81 MG	Tier 3	
Antiprotozoal Agents		
atovaquone oral suspension 750 mg/5ml	Tier 1	
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 3	
nitazoxanide oral tablet 500 mg	Tier 1	QL (2 EA per 1 day)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Glycopeptides		
vancomycin hcl oral capsule 125 mg	Tier 1	QL (77 EA per 28 days)
vancomycin hcl oral capsule 250 mg	Tier 1	QL (112 EA per 1 FILL)
vancomycin hcl oral solution reconstituted 25 mg/ml	Tier 1	QL (300 ML per 1 FILL)
vancomycin hcl oral solution reconstituted 250 mg/5ml, 50 mg/ml	Tier 1	QL (600 ML per 1 FILL)
VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML	Tier 3	
Leprostatics		
dapsone oral tablet 100 mg, 25 mg	Tier 1	
Lincosamides		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Tier 1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	Tier 1	
Monobactams		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	Tier 2	PA; SP
Oxazolidinones		
linezolid oral suspension reconstituted 100 mg/5ml	Tier 1	
linezolid oral tablet 600 mg	Tier 1	
SIVEXTRO ORAL TABLET 200 MG	Tier 2	PA
Penems		
ORLYNVAH ORAL TABLET 500-500 MG	Tier 3	PA; QL (2 EA per 1 day)
Urinary Anti-Infectives		
BLUJEPA ORAL TABLET 750 MG	Tier 3	PA; QL (4 EA per 1 day)
fosfomycin tromethamine oral packet 3 gm	Tier 1	
methenamine hippurate oral tablet 1 gm	Tier 1	
methenamine mandelate oral tablet 0.5 gm, 1 gm	Tier 1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
nitrofurantoin monohyd macro oral capsule 100 mg	Tier 1	
nitrofurantoin oral suspension 25 mg/5ml	Tier 1	PA
Antimalarials		
Antimalarial Combinations		
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	Tier 1	
COARTEM ORAL TABLET 20-120 MG	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Antimalarials		
ARAKODA ORAL TABLET 100 MG	Tier 3	
chloroquine phosphate oral tablet 250 mg, 500 mg	Tier 1	
hydroxychloroquine sulfate oral tablet 100 mg	Tier 1	QL (6 EA per 1 day)
hydroxychloroquine sulfate oral tablet 200 mg	Tier 1	QL (100 EA per 30 days)
hydroxychloroquine sulfate oral tablet 300 mg, 400 mg	Tier 1	QL (2 EA per 1 day)
KRINTAFEL ORAL TABLET 150 MG	Tier 2	QL (2 EA per 1 FILL)
mefloquine hcl oral tablet 250 mg	Tier 1	
primaquine phosphate oral tablet 26.3 (15 base) mg	Tier 1	
pyrimethamine oral tablet 25 mg	Tier 1	PA; SP
quinine sulfate oral capsule 324 mg	Tier 1	
SOVUNA ORAL TABLET 200 MG	Tier 3	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG	Tier 3	QL (2 EA per 1 day)
Antimyasthenic/Cholinergic Agents		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE ORAL TABLET 10 MG	Tier 3	PA; SP
pyridostigmine bromide er oral tablet extended release 180 mg	Tier 1	
pyridostigmine bromide oral solution 60 mg/5ml	Tier 1	
pyridostigmine bromide oral tablet 30 mg, 60 mg	Tier 1	
Antimycobacterial Agents		
Antimycobacterial Agents		
cycloserine oral capsule 250 mg	Tier 1	
ethambutol hcl oral tablet 100 mg, 400 mg	Tier 1	
isoniazid oral syrup 50 mg/5ml	Tier 1	
isoniazid oral tablet 100 mg, 300 mg	Tier 1	
PRIFTIN ORAL TABLET 150 MG	Tier 3	
pyrazinamide oral tablet 500 mg	Tier 1	
rifabutin oral capsule 150 mg	Tier 1	
rifampin oral capsule 150 mg, 300 mg	Tier 1	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML	Tier 3	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 3	PA; SP
Antineoplastics And Adjunctive Therapies		
Alkylating Agents		
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 1	SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
LEUKERAN ORAL TABLET 2 MG	Tier 2	SP
lomustine oral capsule 10 mg, 100 mg, 40 mg	Tier 1	PA; SP
MYLERAN ORAL TABLET 2 MG	Tier 2	SP
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Tier 1	PA; SP
Antimetabolites		
capecitabine oral tablet 150 mg, 500 mg	Tier 1	PA; SP
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 3	PA
mercaptopurine oral suspension 2000 mg/100ml	Tier 1	SP; ST: TRIAL OF MERCAPTOPURINE TABLET IN THE PAST 120 DAYS
mercaptopurine oral tablet 50 mg	Tier 1	
methotrexate intramuscular solution prefilled syringe 125 mg/5ml	Tier 1	
methotrexate intravenous solution 1000 mg/40ml	Tier 1	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	Tier 1	
methotrexate sodium injection solution 250 mg/10ml	Tier 1	
methotrexate sodium injection solution reconstituted 1 gm	Tier 1	
methotrexate sodium oral tablet 2.5 mg	Tier 1	
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 2	PA; SP
TABLOID ORAL TABLET 40 MG	Tier 2	SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 2	
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 3	PA; QL (120 ML per 60 days)
Antineoplastic - Angiogenesis Inhibitors		
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 2	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 2	PA; SP
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	Tier 2	PA; SP
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	Tier 2	PA; SP
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	Tier 2	PA; SP
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	Tier 2	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	Tier 2	PA; SP
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Tier 2	PA; SP
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	Tier 2	PA; SP
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	Tier 2	PA; SP
Antineoplastic - Anti-Her2 Agents		
HERNEXEOS ORAL TABLET 60 MG	Tier 3	PA; SP; QL (3 EA per 1 day)
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 2	PA; SP
Antineoplastic - Bcl-2 Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 2	PA; SP
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	Tier 2	PA; SP
Antineoplastic - Egfr Inhibitors		
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	Tier 1	PA; SP
gefitinib oral tablet 250 mg	Tier 1	PA; SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 2	PA; SP
LAZCLUZE ORAL TABLET 240 MG, 80 MG	Tier 3	PA; SP
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 2	PA; SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 3	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 2	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG	Tier 2	PA; SP
ODOMZO ORAL CAPSULE 200 MG	Tier 2	PA; SP
Antineoplastic - Hormonal And Related Agents		
abiraterone acetate oral tablet 250 mg, 500 mg	Tier 1	PA; SP
ABIRTEGA ORAL TABLET 250 MG	Tier 1	PA; SP
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 3	PA; SP
anastrozole oral tablet 1 mg	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
bicalutamide oral tablet 50 mg	Tier 1	
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 2	PA; SP
EULEXIN ORAL CAPSULE 125 MG	Tier 3	
exemestane oral tablet 25 mg	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	Tier 3	SP; QL (2 EA per 365 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier 3	SP; QL (1 EA per 30 days)
INLURIYO ORAL TABLET 200 MG	Tier 3	PA; SP; QL (2 EA per 1 day)
letrozole oral tablet 2.5 mg	Tier 1	
leuprolide acetate injection kit 1 mg/0.2ml	Tier 1	PA; SP
leuprolide acetate-bupivacaine intramuscular solution 25-5 mg/ml	Tier 1	SP
LYSODREN ORAL TABLET 500 MG	Tier 2	SP
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	Tier 1	
megestrol acetate oral tablet 20 mg, 40 mg	Tier 1	
nilutamide oral tablet 150 mg	Tier 1	SP; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG	Tier 2	PA; SP
ORGOVYX ORAL TABLET 120 MG	Tier 2	PA; SP
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 3	PA; SP
SOLTAMOX ORAL SOLUTION 10 MG/5ML	Tier 2	
tamoxifen citrate oral tablet 10 mg, 20 mg	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
toremifene citrate oral tablet 60 mg	Tier 1	PA; SP
XTANDI ORAL CAPSULE 40 MG	Tier 2	PA; SP
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 2	PA; SP
YONSA ORAL TABLET 125 MG	Tier 3	PA; SP
Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
WELIREG ORAL TABLET 40 MG	Tier 2	PA; SP
Antineoplastic - Immunomodulators		
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	PA; SP
Antineoplastic - Menin Inhibitors		
KOMZIFTI ORAL CAPSULE 200 MG	Tier 3	PA; SP; QL (3 EA per 1 day)
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	Tier 3	PA; SP
Antineoplastic - Pdgfr-Alpha Inhibitors		
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 2	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Antineoplastic - Protease Activators		
MODEYSO ORAL CAPSULE 125 MG	Tier 3	PA; SP; QL (20 EA per 28 days)
Antineoplastic - Xpo1 Inhibitors		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Tier 2	PA; SP
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	Tier 2	PA; SP
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 2	PA; SP
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	Tier 2	PA; SP
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 2	PA; SP
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG, 80 MG	Tier 2	PA; SP
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 2	PA; SP
Antineoplastic Antibiotics		
JELMYTO KIT 2 X 40 MG	Tier 3	PA; SP
Antineoplastic Combinations		
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	Tier 3	PA; SP
INQOVI ORAL TABLET 35-100 MG	Tier 2	PA; SP
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 2	PA; SP
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	Tier 2	PA; SP
ALECENSA ORAL CAPSULE 150 MG	Tier 2	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 2	PA; SP
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	Tier 2	PA; SP
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	Tier 2	PA; SP
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 2	PA; SP
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 2	PA; SP
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 2	PA; SP
BRAFTOVI ORAL CAPSULE 75 MG	Tier 2	PA; SP
BRUKINSA ORAL CAPSULE 80 MG	Tier 2	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
BRUKINSA ORAL TABLET 160 MG	Tier 2	PA; SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 2	PA; SP
CALQUENCE ORAL TABLET 100 MG	Tier 2	PA; SP
CAPRELSA ORAL TABLET 100 MG, 300 MG	Tier 3	PA; SP
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Tier 2	PA; SP
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Tier 2	PA; SP
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	Tier 2	PA; SP
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 3	PA; SP
COTELLIC ORAL TABLET 20 MG	Tier 2	PA; SP
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 2	PA; SP
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	Tier 1	PA; SP
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	Tier 2	PA; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier 1	PA; SP
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	Tier 1	PA; SP
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 2	PA; SP
GAVRETO ORAL CAPSULE 100 MG	Tier 2	PA; SP
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	Tier 3	PA; SP
GOMEKLI ORAL TABLET SOLUBLE 1 MG	Tier 3	PA; SP
HYRNUO ORAL TABLET 10 MG	Tier 3	PA; SP; QL (4 EA per 1 day)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 3	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 3	PA; SP
IBTROZI ORAL CAPSULE 200 MG	Tier 2	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 2	PA; SP
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 3	PA; SP
imatinib mesylate oral tablet 100 mg, 400 mg	Tier 1	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 2	PA; SP
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 2	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 2	PA; SP
imkeldi oral solution 80 mg/ml	Tier 3	PA; SP
INREBIC ORAL CAPSULE 100 MG	Tier 3	PA; SP; QL (4 EA per 1 day)
ITOVEBI ORAL TABLET 3 MG, 9 MG	Tier 2	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 3	PA; SP
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 2	PA; SP
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 2	PA; SP
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 2	PA; SP
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 2	PA; SP
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG	Tier 2	PA; SP
KRAZATI ORAL TABLET 200 MG	Tier 2	PA; SP
lapatinib ditosylate oral tablet 250 mg	Tier 1	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 3	PA; SP
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	Tier 2	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 3	PA
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 3	PA
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 3	PA
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	Tier 2	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 2	PA; SP
MEKTOVI ORAL TABLET 15 MG	Tier 2	PA; SP
NERLYNX ORAL TABLET 40 MG	Tier 2	PA; SP
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	Tier 1	PA; SP
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 2	PA; SP
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 3	PA; SP
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	Tier 3	PA; SP
OJEMDA ORAL TABLET 100 MG	Tier 3	PA; SP
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 2	PA; SP
pazopanib hcl oral tablet 200 mg, 400 mg	Tier 1	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 2	PA; SP
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 2	PA; SP
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	Tier 2	PA; SP
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	Tier 2	PA; SP
QINLOCK ORAL TABLET 50 MG	Tier 2	PA; SP
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Tier 2	PA; SP
REZLIDHIA ORAL CAPSULE 150 MG	Tier 2	PA; SP
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	Tier 3	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 2	PA; SP
ROZLYTREK ORAL PACKET 50 MG	Tier 2	PA; SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 3	PA; SP
RYDAPT ORAL CAPSULE 25 MG	Tier 2	PA; SP
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Tier 2	PA; SP
sorafenib tosylate oral tablet 200 mg	Tier 1	PA; SP
STIVARGA ORAL TABLET 40 MG	Tier 2	PA; SP
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 1	PA; SP
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 2	PA; SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 2	PA; SP
TAFINLAR ORAL TABLET SOLUBLE 10 MG	Tier 2	PA; SP
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 2	PA; SP
TEPMETKO ORAL TABLET 225 MG	Tier 2	PA; SP
TIBSOVO ORAL TABLET 250 MG	Tier 2	PA; SP
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 1	PA; SP
TRUQAP ORAL TABLET 200 MG	Tier 2	PA; SP
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	Tier 2	PA; SP
TURALIO ORAL CAPSULE 125 MG	Tier 2	PA; SP
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 2	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 2	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 2	PA; SP
VONJO ORAL CAPSULE 100 MG	Tier 3	PA; SP; QL (4 EA per 1 day)
VORANIGO ORAL TABLET 10 MG, 40 MG	Tier 2	PA; SP
XOSPATA ORAL TABLET 40 MG	Tier 2	PA; SP
YULITHIRA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 1	PA; SP
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 2	PA; SP
ZELBORAF ORAL TABLET 240 MG	Tier 2	PA; SP
ZOLINZA ORAL CAPSULE 100 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
ZYKADIA ORAL TABLET 150 MG	Tier 2	PA; SP
Antineoplastic Enzymes		
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML	Tier 3	PA; SP
Antineoplastics Misc.		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	Tier 3	PA; SP
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	Tier 3	PA; SP
bexarotene oral capsule 75 mg	Tier 1	PA; SP
hydroxyurea oral capsule 500 mg	Tier 1	
MATULANE ORAL CAPSULE 50 MG	Tier 2	SP
tretinoin oral capsule 10 mg	Tier 1	SP
UVADEX EXTRACORPOREAL SOLUTION 20 MCG/ML	Tier 3	
Chemotherapy Rescue/Antidote/Protective Agents		
IWILFIN ORAL TABLET 192 MG	Tier 2	PA; SP
LEDERLE LEUCOVORIN ORAL TABLET 5 MG	Tier 3	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	Tier 1	
mesna oral tablet 400 mg	Tier 1	
Mitotic Inhibitors		
etoposide oral capsule 50 mg	Tier 1	
Topoisomerase I Inhibitors		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 2	SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Antiparkinson And Related Therapy Agents		
Antiparkinson Adjunctive Therapy		
carbidopa oral tablet 25 mg	Tier 1	
Antiparkinson Anticholinergics		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	Tier 1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	Tier 1	
Antiparkinson Comt Inhibitors		
entacapone oral tablet 200 mg	Tier 1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 3	PA
tolcapone oral tablet 100 mg	Tier 1	ST: TRIAL OF COMTAN IN THE PAST 120 DAYS; QL (3 EA per 1 day)
Antiparkinson Dopaminergics		
amantadine hcl oral capsule 100 mg	Tier 1	
amantadine hcl oral solution 100 mg/10ml, 50 mg/5ml	Tier 1	
amantadine hcl oral tablet 100 mg	Tier 1	
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	Tier 1	PA; SP
bromocriptine mesylate oral capsule 5 mg	Tier 1	
bromocriptine mesylate oral tablet 2.5 mg	Tier 1	
carbidopa-levodopa er oral capsule extended release 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg	Tier 1	ST: TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER (25mg-100 mg, 50mg-200 mg) IN THE PAST 120 DAYS; QL (10 EA per 1 day)
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	Tier 1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	Tier 1	
DHIVY ORAL TABLET 25-100 MG	Tier 3	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML	Tier 3	PA; SP
INBRIJA INHALATION CAPSULE 42 MG	Tier 3	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	Tier 2	ST: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML	Tier 3	PA; SP
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	Tier 1	ST: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 1	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 1	ST: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 1	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 48.75-195 MG, 61.25-245 MG	Tier 3	ST: TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER (25mg-100 mg, 50mg-200 mg) IN THE PAST 120 DAYS; QL (10 EA per 1 day)
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	Tier 3	PA; SP
Antiparkinson Monoamine Oxidase Inhibitors		
rasagiline mesylate oral tablet 0.5 mg, 1 mg	Tier 1	
selegiline hcl oral capsule 5 mg	Tier 1	
selegiline hcl oral tablet 5 mg	Tier 1	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	Tier 3	ST: TRIAL OF GENERIC SELEGILINE CAPSULES OR TABLETS IN THE PAST 120 DAYS; QL (2 EA per 1 day)
Antipsychotics/Antimanic Agents		
Antimanic Agents		
lithium carbonate er oral tablet extended release 300 mg, 450 mg	Tier 1	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	Tier 1	
lithium carbonate oral tablet 300 mg	Tier 1	
lithium oral solution 8 meq/5ml	Tier 1	
Antipsychotics - Misc.		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 2	QL (1 EA per 1 day)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Tier 3	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
NUPLAZID ORAL CAPSULE 34 MG	Tier 3	PA; SP
NUPLAZID ORAL TABLET 10 MG	Tier 3	PA; SP
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	QL (1 EA per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
Benzisoxazoles		
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	Tier 3	QL (0.75 ML per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML, 351 MG/2.25ML	Tier 3	QL (1 ML per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	Tier 3	QL (1.5 ML per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Tier 3	QL (0.25 ML per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	Tier 3	QL (0.5 ML per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS IN THE PAST 365 DAYS; QL (2 EA per 1 day)
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS IN THE PAST 365 DAYS; QL (8 EA per 28 days)
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS IN THE PAST 365 DAYS; QL (12 EA per 28 days)
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS IN THE PAST 365 DAYS; QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	Tier 2	QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	Tier 2	QL (5 ML per 166 days)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	Tier 2	QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	Tier 2	QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	Tier 2	QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Tier 2	QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	Tier 2	QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	Tier 2	QL (0.88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	Tier 2	QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	Tier 2	QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	Tier 2	QL (2.63 ML per 70 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	Tier 1	QL (1 EA per 1 day)
paliperidone er oral tablet extended release 24 hour 6 mg	Tier 1	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	Tier 3	QL (1 EA per 28 days)
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 1	QL (1 EA per 14 days)
risperidone oral solution 1 mg/ml	Tier 1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	Tier 2	QL (1 EA per 14 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 50 MG/0.14ML, 75 MG/0.21ML	Tier 2	QL (1 ML per 28 days)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	Tier 2	QL (1 ML per 56 days)
Butyrophenones		
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	
Dibenzapines		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG	Tier 2	SP
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Tier 1	QL (3 EA per 1 day)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	Tier 1	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 1	
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 1	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 5 MG	Tier 3	QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS IN THE PAST 365 DAYS; QL (1 EA per 1 day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS IN THE PAST 365 DAYS; QL (18 ML per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	Tier 3	QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	Tier 3	QL (1 EA per 28 days)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Dihydroindolones		
molindone hcl oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
molindone hcl oral tablet 25 mg	Tier 1	QL (9 EA per 1 day)
molindone hcl oral tablet 5 mg	Tier 1	
Muscarinic Agents		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 3	ST: TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, CAPLYTA, REXULTI, OR VRAYLAR WITHIN THE PAST 120 DAYS; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	Tier 3	ST: TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, CAPLYTA, REXULTI, OR VRAYLAR WITHIN THE PAST 120 DAYS
Phenothiazines		
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	Tier 1	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 1	
fluphenazine hcl oral concentrate 5 mg/ml	Tier 1	
fluphenazine hcl oral elixir 2.5 mg/5ml	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	
prochlorperazine rectal suppository 25 mg	Tier 1	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Quinolinone Derivatives		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	Tier 2	QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	Tier 2	QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG	Tier 2	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 400 MG	Tier 2	QL (2 EA per 26 days)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG	Tier 2	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 400 MG	Tier 2	QL (2 EA per 26 days)
aripiprazole oral solution 1 mg/ml	Tier 1	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS IN THE PAST 365 DAYS
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 1	
aripiprazole oral tablet dispersible 10 mg	Tier 1	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS IN THE PAST 365 DAYS; QL (3 EA per 1 day)
aripiprazole oral tablet dispersible 15 mg	Tier 1	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS IN THE PAST 365 DAYS; QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	Tier 2	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	Tier 2	QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	Tier 2	QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	Tier 2	QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	Tier 2	QL (3.2 ML per 14 days)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Tier 3	ST: TRIAL OF GENERIC ARIPIPRAZOLE TABLETS IN THE PAST 120 DAYS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	QL (1 EA per 1 day)
Thioxanthenes		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Antiseptics & Disinfectants		
Chlorine Antiseptics		
chlorhexidine gluconate solution 20 %	Tier 1	
Iodine Antiseptics		
lugols strong iodine external solution 5-10 %	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Antivirals		
Antiretrovirals		
abacavir sulfate oral solution 20 mg/ml	Tier 1	SP; QL (960 ML per 30 days)
abacavir sulfate oral tablet 300 mg	Tier 1	SP; QL (2 EA per 1 day)
abacavir sulfate-lamivudine oral tablet 600-300 mg	Tier 1	SP; QL (1 EA per 1 day)
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML	$0	MUST BE AT LEAST 12 YEARS OLD|$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF HIV TREATMENT IN 120 DAYS; QL (21 ML per 365 days)
APTIVUS ORAL CAPSULE 250 MG	Tier 2	SP; QL (4 EA per 1 day)
atazanavir sulfate oral capsule 150 mg, 200 mg	Tier 1	SP; QL (2 EA per 1 day)
atazanavir sulfate oral capsule 300 mg	Tier 1	SP; QL (1 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 2	SP; QL (1 EA per 1 day)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	Tier 2	SP; QL (4 ML per 30 days); AGE (Min 12 Years)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	Tier 2	SP; QL (6 ML per 30 days); AGE (Min 12 Years)
CIMDUO ORAL TABLET 300-300 MG	Tier 2	SP; QL (1 EA per 1 day)
darunavir oral tablet 600 mg	Tier 1	SP; QL (2 EA per 1 day)
darunavir oral tablet 800 mg	Tier 1	SP; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG	Tier 2	SP; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	$0	$0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
DOVATO ORAL TABLET 50-300 MG	Tier 2	SP; QL (1 EA per 1 day)
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	Tier 2	SP; QL (6 EA per 1 day)
efavirenz oral tablet 600 mg	Tier 1	SP
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	Tier 1	SP; QL (1 EA per 1 day)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	Tier 1	SP; QL (1 EA per 1 day)
emtricitabine oral capsule 200 mg	$0	$0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Tier 1	SP; QL (1 EA per 1 day)
emtricitabine-tenofovir df oral tablet 200-300 mg	$0	$0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	Tier 1	SP
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 2	SP; QL (850 ML per 30 days)
etravirine oral tablet 100 mg	Tier 1	SP; QL (4 EA per 1 day)
etravirine oral tablet 200 mg	Tier 1	SP; QL (2 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	Tier 2	SP; QL (1 EA per 1 day)
fosamprenavir calcium oral tablet 700 mg	Tier 1	SP; QL (4 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 2	SP; QL (1 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	Tier 2	SP; QL (4 EA per 1 day)
ISENTRESS HD ORAL TABLET 600 MG	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL PACKET 100 MG	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Tier 2	SP; QL (6 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Tier 2	SP; QL (720 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	Tier 2	SP; QL (1 EA per 1 day)
KALETRA ORAL SOLUTION 400-100 MG/5ML	Tier 3	SP; QL (480 ML per 30 days)
KALETRA ORAL TABLET 100-25 MG	Tier 1	SP; QL (10 EA per 1 day)
lamivudine oral solution 10 mg/ml, 300 mg/30ml	Tier 1	SP; QL (960 ML per 30 days)
lamivudine oral tablet 150 mg	Tier 1	SP; QL (2 EA per 1 day)
lamivudine oral tablet 300 mg	Tier 1	SP; QL (1 EA per 1 day)
lamivudine-zidovudine oral tablet 150-300 mg	Tier 1	SP; QL (2 EA per 1 day)
lopinavir-ritonavir oral tablet 100-25 mg	Tier 1	SP; QL (10 EA per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	Tier 1	SP; QL (4 EA per 1 day)
maraviroc oral tablet 150 mg	Tier 1	SP; QL (2 EA per 1 day)
maraviroc oral tablet 300 mg	Tier 1	SP; QL (4 EA per 1 day)
nevirapine er oral tablet extended release 24 hour 400 mg	Tier 1	SP; QL (1 EA per 1 day)
nevirapine oral suspension 50 mg/5ml	Tier 1	SP; QL (1200 ML per 30 days)
nevirapine oral tablet 200 mg	Tier 1	SP; QL (2 EA per 1 day)
NORVIR ORAL PACKET 100 MG	Tier 2	SP; QL (12 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	SP; QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2	SP; QL (400 ML per 30 days)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
PREZISTA ORAL TABLET 150 MG	Tier 2	SP; QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 2	SP; QL (16 EA per 1 day)
REYATAZ ORAL PACKET 50 MG	Tier 2	SP; QL (5 EA per 1 day)
rilpivirine hcl oral tablet 25 mg	Tier 1	SP; QL (1 EA per 1 day)
ritonavir oral tablet 100 mg	Tier 1	SP; QL (12 EA per 1 day)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	Tier 2	PA; SP
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 2	SP; QL (31 ML per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 2	SP; QL (1 EA per 1 day)
SUNLENCA ORAL TABLET 300 MG	Tier 2	PA; SP
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	Tier 2	PA; SP
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	Tier 2	PA; SP
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 2	SP; QL (1 EA per 1 day)
tenofovir disoproxil fumarate oral tablet 300 mg	$0	$0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
TIVICAY ORAL TABLET 50 MG	Tier 2	SP; QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	Tier 2	SP; QL (6 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	SP; QL (1 EA per 1 day)
triumeq pd oral tablet soluble 60-5-30 mg	Tier 2	SP; QL (6 EA per 1 day)
TYBOST ORAL TABLET 150 MG	Tier 2	QL (1 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 2	SP
VIREAD ORAL POWDER 40 MG/GM	Tier 2	SP; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2	SP; QL (1 EA per 1 day)
YEZTUGO ORAL TABLET 300 MG	Tier 2	SP
YEZTUGO SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	Tier 2	SP
zidovudine oral capsule 100 mg	Tier 1	SP; QL (6 EA per 1 day)
zidovudine oral syrup 50 mg/5ml	Tier 1	SP; QL (1920 ML per 30 days)
zidovudine oral tablet 300 mg	Tier 1	SP; QL (2 EA per 1 day)
Antiviral Combinations		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	Tier 2	QL (20 EA per 28 days); AGE (Min 12 Years)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	Tier 2	QL (11 EA per 28 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	Tier 2	QL (30 EA per 28 days); AGE (Min 12 Years)
Cmv Agents		
LIVTENCITY ORAL TABLET 200 MG	Tier 2	PA; SP
PREVYMIS ORAL PACKET 120 MG, 20 MG	Tier 3	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 3	PA
valganciclovir hcl oral solution reconstituted 50 mg/ml	Tier 1	
valganciclovir hcl oral tablet 450 mg	Tier 1	
Hepatitis Agents		
adefovir dipivoxil oral tablet 10 mg	Tier 1	SP; QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 2	SP; QL (630 ML per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	Tier 1	SP; QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG	Tier 2	PA; SP
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Tier 2	PA; SP
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	Tier 2	PA; SP
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Tier 2	PA; SP
lamivudine oral tablet 100 mg	Tier 1	QL (1 EA per 1 day)
MAVYRET ORAL PACKET 50-20 MG	Tier 3	PA; SP
MAVYRET ORAL TABLET 100-40 MG	Tier 3	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 2	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	Tier 2	PA; SP
ribavirin oral capsule 200 mg	Tier 1	
ribavirin oral tablet 200 mg	Tier 1	
SOVALDI ORAL PACKET 150 MG, 200 MG	Tier 3	PA; SP
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 3	PA; SP
VEMLIDY ORAL TABLET 25 MG	Tier 2	SP; QL (1 EA per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG	Tier 2	PA; SP
Herpes Agents		
acyclovir oral capsule 200 mg	Tier 1	
acyclovir oral suspension 200 mg/5ml, 800 mg/20ml	Tier 1	
acyclovir oral tablet 400 mg, 800 mg	Tier 1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
valacyclovir hcl oral tablet 1 gm, 500 mg	Tier 1	
Influenza Agents		
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	Tier 1	
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	Tier 1	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 3	QL (40 EA per 180 days)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	Tier 2	QL (2 EA per 180 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Tier 2	QL (2 EA per 180 days)
Misc. Antivirals		
LAGEVRIO ORAL CAPSULE 200 MG	Tier 2	QL (40 EA per 29 days); AGE (Min 18 Years)
TEMBEXA ORAL SUSPENSION 10 MG/ML	Tier 3	
TEMBEXA ORAL TABLET 100 MG	Tier 3	
Respiratory Syncytial Virus (Rsv) Agents		
ribavirin inhalation solution reconstituted 6 gm	Tier 1	
Beta Blockers		
Alpha-Beta Blockers		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Tier 1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	Tier 1	QL (1 EA per 1 day)
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg	Tier 1	
Beta Blockers Cardio-Selective		
acebutolol hcl oral capsule 200 mg, 400 mg	Tier 1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML	Tier 3	
betaxolol hcl oral tablet 10 mg, 20 mg	Tier 1	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG	Tier 3	
LOPRESSOR ORAL SOLUTION 10 MG/ML	Tier 3	PA
LOPRESSOR ORAL TABLET 12.5 MG	Tier 3	QL (4 EA per 1 day)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 1	
metoprolol tartrate oral tablet 12.5 mg	Tier 3	QL (4 EA per 1 day)
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	
TENORMIN ORAL TABLET 25 MG	Tier 1	
Beta Blockers Non-Selective		
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 3	ST: TRIAL OF GENERIC PROPRANOLOL ORAL SOLUTION IN THE PAST 120 DAYS|; QL (360 ML per 30 days)
nadolol oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
pindolol oral tablet 10 mg, 5 mg	Tier 1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	Tier 1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	Tier 1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	Tier 1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 3	250mL Bottle; ST: TRIAL OF SOTALOL TABLETS IN THE PAST 120 DAYS; QL (64 ML per 1 day)
SOTYLIZE SOLUTION 5 MG/ML ORAL	Tier 3	480mL Bottle; ST: TRIAL OF SOTALOL TABLETS IN THE PAST 120 DAYS; QL (64 ML per 1 day)
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
Calcium Channel Blockers		
Calcium Channel Blockers		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML	Tier 3	
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
CARDAMYST NASAL SOLUTION 2 X 70 MG/DOSE	Tier 3	QL (2 EA per 1 FILL)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	Tier 1	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	Tier 3	PA

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	Tier 1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Tier 1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Tier 1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Tier 1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Tier 1	
isradipine oral capsule 2.5 mg, 5 mg	Tier 1	
levamlodipine maleate oral tablet 2.5 mg, 5 mg	Tier 1	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	
nicardipine hcl oral capsule 20 mg, 30 mg	Tier 1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	Tier 1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	Tier 1	
nifedipine oral capsule 10 mg, 20 mg	Tier 1	
nimodipine oral capsule 30 mg	Tier 1	
nimodipine oral solution 60 mg/20ml	Tier 1	
nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg	Tier 1	
NORLIQVA ORAL SOLUTION 1 MG/ML	Tier 3	PA
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 1	
NYMALIZE ORAL SOLUTION 6 MG/ML	Tier 3	PA
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	Tier 1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	Tier 1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	Tier 1	
Cardiotonics		
Cardiac Glycosides		
digoxin oral solution 0.05 mg/ml	Tier 3	
digoxin oral tablet 125 mcg, 250 mcg	Tier 1	
digoxin oral tablet 62.5 mcg	Tier 1	PA
digoxin solution 0.05 mg/ml oral	Tier 1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	Tier 3	
LANOXIN ORAL TABLET 62.5 MCG	Tier 3	PA
Cardiovascular Agents - Misc.		
Cardiac Myosin Inhibitors		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 2	PA; SP
Cardiovascular Agents Misc. - Combinations		
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	Tier 1	QL (1 EA per 1 day)
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	Tier 3	QL (8 EA per 1 day)
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	Tier 1	
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Tier 2	PA; SP
sacubitril-valsartan oral tablet 24-26 mg	Tier 1	QL (6 EA per 1 day)
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	Tier 1	QL (2 EA per 1 day)
Impotence Agents		
avanafil oral tablet 100 mg, 200 mg, 50 mg	Tier 1	ST: TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS; QL (1 EA per 5 days)
bi-mix intracavernosal solution reconstituted 150-5 mg	Tier 3	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 3	QL (1 EA per 5 days)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG	Tier 3	QL (1 EA per 5 days)
EDEX (2 CARTRIDGE) INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Tier 3	QL: 6 INJECTIONS IN 30 DAYS; QL (3 EA per 30 days)
EDEX (6 CARTRIDGE) INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Tier 3	QL: 6 INJECTIONS IN 30 DAYS; QL (3 EA per 30 days)
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30-1 MG/ML	Tier 3	
phenylephrine hcl intracavernosal solution 2 mg/2ml	Tier 3	
quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg	Tier 3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	Tier 1	QL (1 EA per 5 days)
super bi-mix intracavernosal solution reconstituted 150-10 mg	Tier 3	
super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg	Tier 3	
super tri-mix intracavernosal solution reconstituted 150-10-100 mg-mg-mcg	Tier 3	
tadalafil oral tablet 10 mg, 20 mg	Tier 1	QL (1 EA per 5 days)
tadalafil oral tablet 2.5 mg, 5 mg	Tier 1	PA; QL (1 EA per 1 day)
tri-mix intracavernosal solution reconstituted 150-5-50 mg-mg-mcg	Tier 3	
vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	ST: TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS; QL (1 EA per 5 days)
vardenafil hcl oral tablet dispersible 10 mg	Tier 1	ST: TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS; QL (1 EA per 5 days)
VYBRIQUE ORAL FILM 100 MG, 25 MG, 50 MG, 75 MG	Tier 3	
Peripheral Vasodilators		
papaverine hcl injection solution 30 mg/ml	Tier 1	
Prostaglandin Vasodilators		
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	Tier 2	PA; SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	Tier 2	PA; SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25	Tier 2	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 2	PA; SP
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	Tier 1	PA; SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	Tier 2	PA; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	Tier 2	PA; SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	Tier 2	PA; SP
TYVASO INHALATION SOLUTION 0.6 MG/ML	Tier 2	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML	Tier 2	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML	Tier 2	PA; SP
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	Tier 2	PA; SP
Pulmonary Hypertension - Activin Signaling Inhibitor		
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	Tier 2	PA; SP
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan oral tablet 10 mg, 5 mg	Tier 1	PA; SP
bosentan oral tablet 125 mg, 62.5 mg	Tier 1	PA; SP
bosentan oral tablet soluble 32 mg	Tier 1	PA; SP
OPSUMIT ORAL TABLET 10 MG	Tier 2	PA; SP
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ALYQ ORAL TABLET 20 MG	Tier 1	PA; SP; QL (2 EA per 1 day)
sildenafil citrate oral suspension reconstituted 10 mg/ml	Tier 1	PA
sildenafil citrate oral tablet 20 mg	Tier 1	PA
tadalafil (pah) oral tablet 20 mg	Tier 1	PA; SP; QL (2 EA per 1 day)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 2	PA; SP
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	Tier 2	PA; SP
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 2	PA; SP
Sinus Node Inhibitors		
CORLANOR ORAL SOLUTION 5 MG/5ML	Tier 2	QL (15 ML per 1 day)
ivabradine hcl oral tablet 5 mg, 7.5 mg	Tier 1	ST: TRIAL OF BISOPROLOL, CARVEDILOL, OR METOPROLOL SUCCINATE IN THE PAST 120 DAYS; QL (2 EA per 1 day)
Transthyretin Stabilizers		
ATTRUBY ORAL TABLET THERAPY PACK 356 MG	Tier 3	PA; SP
VYNDAMAX ORAL CAPSULE 61 MG	Tier 2	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG	Tier 3	PA; SP
Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	PA
Cephalosporins		
Cephalosporins - 1St Generation		
cefadroxil oral capsule 500 mg	Tier 1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	Tier 1	
cefadroxil oral tablet 1 gm	Tier 1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	Tier 1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	
cephalexin oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporins - 2Nd Generation		
cefaclor er oral tablet extended release 12 hour 500 mg	Tier 1	
cefaclor oral capsule 250 mg, 500 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
cefaclor oral suspension reconstituted 250 mg/5ml	Tier 1	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	
cefprozil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporins - 3Rd Generation		
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	
cefixime oral capsule 400 mg	Tier 1	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Tier 1	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	Tier 1	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	Tier 1	
Chemicals		
Bulk Chemicals - A's		
enovarx-amitriptyline external kit 2 %	Tier 3	
Contraceptives		
Combination Contraceptives - Oral		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
alyacen 1/35 oral tablet 1-35 mg-mcg	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AMETHYST ORAL TABLET 90-20 MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
APRI ORAL TABLET 0.15-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ASHLYNA ORAL TABLET 0.15-0.03 &0.01 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
AVERI ORAL TABLET 0.15-0.03 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AVIANE ORAL TABLET 0.1-20 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AYUNA ORAL TABLET 0.15-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
BALZIVA ORAL TABLET 0.4-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
briellyn oral tablet 0.4-35 mg-mcg	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
CAMRESE ORAL TABLET 0.15-0.03 &0.01 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
CHARLOTTE 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
CRYSELLE ORAL TABLET 0.3-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
DAYSEE ORAL TABLET 0.15-0.03 &0.01 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
DELYLA ORAL TABLET 0.1-20 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
DOLISHALE ORAL TABLET 90-20 MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ELINEST ORAL TABLET 0.3-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
FALMINA ORAL TABLET 0.1-20 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
FEIRZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
FEIRZA 1/20 ORAL TABLET 1-20 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
GALBRIELA ORAL TABLET CHEWABLE 0.8-25 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
GEMMILY ORAL CAPSULE 1-20 MG-MCG(24)	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ICLEVIA ORAL TABLET 0.15-0.03 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
INTROVALE ORAL TABLET 0.15-0.03 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
JAIMIESS ORAL TABLET 0.15-0.03 &0.01 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
JASMIEL ORAL TABLET 3-0.02 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
JOLESSA ORAL TABLET 0.15-0.03 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
JOYEAUX ORAL TABLET 0.1-20 MG-MCG(21)	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (1 EA per 1 day)
JULEBER ORAL TABLET 0.15-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
KALLIGA ORAL TABLET 0.15-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
KURVELO ORAL TABLET 0.15-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LESSINA ORAL TABLET 0.1-20 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (1 EA per 1 day)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
LORYNA ORAL TABLET 3-0.02 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LUIZZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LUIZZA 1/20 ORAL TABLET 1-20 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LUTERA ORAL TABLET 0.1-20 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
marlissa oral tablet 0.15-30 mg-mcg	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
MILI ORAL TABLET 0.25-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
MINZOYA ORAL TABLET 0.1-20 MG-MCG(21)	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (1 EA per 1 day)
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NEXTSTELLIS ORAL TABLET 3-14.2 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (1 EA per 1 day)
NIKKI ORAL TABLET 3-0.02 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
PHILITH ORAL TABLET 0.4-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
RIVELSA ORAL TABLET 42-21-21-7 DAYS	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ROSYRAH ORAL TABLET 42-21-21-7 DAYS	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
SETLAKIN ORAL TABLET 0.15-0.03 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
SIMPESSE ORAL TABLET 0.15-0.03 &0.01 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
SRONYX ORAL TABLET 0.1-20 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
SYEDA ORAL TABLET 3-0.03 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TAYSOFY ORAL CAPSULE 1-20 MG-MCG(24)	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TURQOZ ORAL TABLET 0.3-30 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
TYDEMY ORAL TABLET 3-0.03-0.451 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
VALTYA 1/35 ORAL TABLET 1-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
VALTYA 1/50 ORAL TABLET 1-50 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
VESTURA ORAL TABLET 3-0.02 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
VIENVA ORAL TABLET 0.1-20 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
WERA ORAL TABLET 0.5-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
XARAH FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
XELRIA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ZUMANDIMINE ORAL TABLET 3-0.03 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
Combination Contraceptives - Transdermal		
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	$0	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR	$0	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	$0	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	$0	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Combination Contraceptives - Vaginal		
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	$0	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	$0	
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	$0	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	$0	
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	$0	
Copper Contraceptives - Iud		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	$0	
Emergency Contraceptives		
AFTERA ORAL TABLET 1.5 MG	$0	
AFTERPILL ORAL TABLET 1.5 MG	$0	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	$0	
ELLA ORAL TABLET 30 MG	$0	
HER STYLE ORAL TABLET 1.5 MG	$0	
levonorgestrel oral tablet 1.5 mg	$0	
MY CHOICE ORAL TABLET 1.5 MG	$0	
MY WAY ORAL TABLET 1.5 MG	$0	
NEW DAY ORAL TABLET 1.5 MG	$0	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	$0	
OPTION 2 ORAL TABLET 1.5 MG	$0	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	$0	
REACT ORAL TABLET 1.5 MG	$0	
SHEWISE ORAL TABLET 1.5 MG	$0	
TAKE ACTION ORAL TABLET 1.5 MG	$0	
Progestin Contraceptives - Implants		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	$0	$0 COPAY IF QUANTITY IS LIMITED TO 1 IN 365 DAYS
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	$0	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (0.65 ML per 84 days)
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	$0	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	$0	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Progestin Contraceptives - Iud		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	$0	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	$0	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	$0	
Progestin Contraceptives - Oral		
CAMILA ORAL TABLET 0.35 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
DEBLITANE ORAL TABLET 0.35 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
EMZAHH ORAL TABLET 0.35 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ERRIN ORAL TABLET 0.35 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
HEATHER ORAL TABLET 0.35 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
INCASSIA ORAL TABLET 0.35 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
JENCYCLA ORAL TABLET 0.35 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LYLEQ ORAL TABLET 0.35 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
LYZA ORAL TABLET 0.35 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
MELEYA ORAL TABLET 0.35 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORA-BE ORAL TABLET 0.35 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone oral tablet 0.35 mg	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORLYROC ORAL TABLET 0.35 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
OPILL ORAL TABLET 0.075 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
ORQUIDEA ORAL TABLET 0.35 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
SHAROBEL ORAL TABLET 0.35 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS
SLYND ORAL TABLET 4 MG	$0	$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (1 EA per 1 day)
Corticosteroids		
Glucocorticosteroids		
AGAMREE ORAL SUSPENSION 40 MG/ML	Tier 3	PA; SP
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 3	PA; SP
BETALOAN SUIK COMBINATION KIT 30 MG/5ML	Tier 3	
budesonide er oral tablet extended release 24 hour 9 mg	Tier 1	ST: TRIAL OF BALSALAZIDE IN THE PAST 120 DAYS
budesonide oral capsule delayed release particles 3 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
cortisone acetate oral tablet 25 mg	Tier 1	
deflazacort oral suspension 22.75 mg/ml	Tier 1	PA; SP
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	Tier 1	PA; SP
dexamethasone acetate injection suspension 8 mg/ml	Tier 1	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 3	
dexamethasone oral elixir 0.5 mg/5ml	Tier 1	
dexamethasone oral solution 0.5 mg/5ml	Tier 1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	Tier 1	
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML	Tier 3	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
hydrocortisone sod suc (pf) injection solution reconstituted 100 mg	Tier 1	
IONTOSONE 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML	Tier 3	
jaythari oral suspension 22.75 mg/ml	Tier 1	PA; SP
jaythari oral tablet 18 mg, 30 mg, 36 mg, 6 mg	Tier 1	PA; SP
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	Tier 3	
KYMBEE ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Tier 1	PA; SP
MEDPREDKIT COMBINATION KIT 4 MG	Tier 1	
MEDROL ORAL TABLET 2 MG	Tier 2	
MEDROLOAN II SUIK COMBINATION KIT 40 MG/ML	Tier 3	
MEDROLOAN SUIK COMBINATION KIT 40 MG/ML	Tier 3	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
methylprednisolone oral tablet therapy pack 4 mg	Tier 1	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG	Tier 3	
p-care k40g combination kit 40 mg/ml	Tier 3	
p-care k80g combination kit 40 mg/ml	Tier 3	
physicians ez use joint/tunnel combination kit 40-1 mg/ml-%	Tier 3	
pod-care 100cg combination kit 30 mg/5ml	Tier 3	
pod-care 100kg combination kit 40 mg/ml	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
prednisolone oral solution 15 mg/5ml	Tier 1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml	Tier 1	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2	
prednisone oral solution 5 mg/5ml	Tier 1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Tier 1	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	Tier 1	
PYQUVI ORAL SUSPENSION 22.75 MG/ML	Tier 1	PA; SP
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG	Tier 3	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	Tier 3	PA; SP
triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml, 80 mg/ml	Tier 1	
TRILOAN II SUIK COMBINATION KIT 40 MG/ML	Tier 3	
TRILOAN SUIK COMBINATION KIT 40 MG/ML	Tier 3	
Mineralocorticoids		
fludrocortisone acetate oral tablet 0.1 mg	Tier 1	
Cough/Cold/Allergy		
Antitussives		
benzonatate oral capsule 100 mg, 200 mg	Tier 1	
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	Tier 1	QL (30 ML per 1 day); AGE (Min 18 Years)
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	Tier 1	QL (6 EA per 1 day); AGE (Min 18 Years)
hydromet oral solution 5-1.5 mg/5ml	Tier 1	QL (30 ML per 1 day); AGE (Min 18 Years)
Cough/Cold/Allergy Combinations		
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG	Tier 3	ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLETS IN THE PAST 120 DAYS
coditussin ac oral liquid 200-10 mg/5ml	Tier 3	AGE (Min 12 Years)
coditussin dac oral liquid 30-10-200 mg/5ml	Tier 3	AGE (Min 12 Years)
duratuss ac oral liquid 10-1 mg/5ml	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
g tussin ac oral solution 100-10 mg/5ml	Tier 1	AGE (Min 12 Years)
guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml	Tier 1	AGE (Min 12 Years)
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	Tier 1	QL (10 ML per 1 day); AGE (Min 18 Years)
MAR-COF CG EXPECTORANT ORAL LIQUID 225-7.5 MG/5ML	Tier 3	AGE (Min 12 Years)
maxi-tuss ac oral solution 100-10 mg/5ml	Tier 1	AGE (Min 12 Years)
maxi-tuss cd oral liquid 10-4-10 mg/5ml	Tier 3	AGE (Min 12 Years)
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML	Tier 3	
NINJACOF-XG ORAL LIQUID 200-8 MG/5ML	Tier 3	AGE (Min 12 Years)
poly-tussin ac oral liquid 10-4-10 mg/5ml	Tier 3	AGE (Min 12 Years)
promethazine-codeine oral solution 6.25-10 mg/5ml	Tier 1	QL (30 ML per 1 day); AGE (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5ml	Tier 1	QL (30 ML per 1 day); AGE (Min 18 Years)
promethazine-dm oral syrup 6.25-15 mg/5ml	Tier 1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	Tier 1	
PRO-RED AC ORAL SYRUP 5-1-9 MG/5ML	Tier 3	AGE (Min 12 Years)
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	Tier 1	
RYDEX ORAL LIQUID 10-1.33-6.33 MG/5ML	Tier 3	AGE (Min 12 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG	Tier 3	ST: TRIAL OF PROMETHAZINE/CODEINE IN THE PAST 120 DAYS; QL (2 EA per 1 day); AGE (Min 18 Years)
Expectorants		
potassium iodide (expectorant) oral solution 1 gm/ml	Tier 1	
SSKI ORAL SOLUTION 1 GM/ML	Tier 3	
Misc. Respiratory Inhalants		
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %, 7 %	Tier 3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %, 6 %	Tier 3	
sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %	Tier 1	
Mucolytics		
acetylcysteine inhalation solution 10 %, 20 %	Tier 1	
Dermatologicals		
Acne Products		
abenor external cream 4-10 %	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
abenor hp external lotion 4-15 %	Tier 3	
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
acioxiay external cream 15-4 %	Tier 3	
adainzoxia external gel 0.3-2.5-4 %	Tier 3	
adalina external gel 4-5 %	Tier 3	
adapalene external cream 0.1 %	Tier 1	
adapalene external gel 0.1 %, 0.3 %	Tier 1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %	Tier 1	
adeinzde external gel 0.1-2.5-1 %	Tier 3	
adermica external gel 2.5-1-2-0.025 %	Tier 3	
adermica hp external gel 2.5-1-2-0.05 %	Tier 3	
admirazol dual external cream 6-2-5 %	Tier 3	
admirazol external cream 6-2-5 %	Tier 3	
admirazol hp dual external cream 8.5-2-5 %	Tier 3	
admirazol hp external cream 8.5-2-5 %	Tier 3	
alixi external cream 6-4 %	Tier 3	
alixi hp external cream 8.5-4 %	Tier 3	
alomira external gel 5-1-2-0.05 %	Tier 3	
alomira hp external gel 5-1-2-0.1 %	Tier 3	
alomira lp external gel 5-1-2-0.025 %	Tier 3	
ALTRENO EXTERNAL LOTION 0.05 %	Tier 3	AGE (Max 39 Years)
aluris external cream 4-0.05 %	Tier 3	
aluris external gel 4-0.05 %	Tier 3	
aluris hp external cream 4-0.1 %	Tier 3	
aluris hp plus external cream 4-0.1 %	Tier 3	
aluris lp external cream 4-0.025 %	Tier 3	
aluris lp plus external cream 4-0.025 %	Tier 3	
aluris plus external cream 4-0.05 %	Tier 3	
aluxof dual external gel 5-1-2-2-0.025 %	Tier 3	
aluxof external therapy pack 10-4 & 2-4-0.05 %	Tier 3	
aluxof hp external therapy pack 10-4 & 2-4-0.1 %	Tier 3	
alvox external cream 4-0.05 %	Tier 3	
alvox hp external cream 4-0.1 %	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
AMZEEQ EXTERNAL FOAM 4 %	Tier 3	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS
apexol cleanser external suspension 2-8 %	Tier 3	
apexol hp cleanser external suspension 5-10 %	Tier 3	
aphoria external gel 0.3-2.5-4 %	Tier 3	
aporix external gel 1-4 %	Tier 3	
aporix external lotion 1-4 %	Tier 3	
artilis external gel 1-2.5-4 %	Tier 3	
artilis hp external gel 1-5-4 %	Tier 3	
augustil external gel 1-4-2-0.025 %	Tier 3	
AVAR CLEANSER EXTERNAL LIQUID 10-5 %	Tier 3	QL (1419 GM per 1 FILL)
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 %	Tier 3	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 %	Tier 3	
avidora external cream 1-4-0.025 %	Tier 3	
avidora external solution 1-4-0.025 %	Tier 3	
avidora hp external cream 1-4-0.05 %	Tier 3	
awanis external cream 8.5-2-0.025 %	Tier 3	
azalta external gel 2-5-0.025 %	Tier 3	
azalta hp external gel 2-5-0.05 %	Tier 3	
AZELEX EXTERNAL CREAM 20 %	Tier 3	PA
BENZAC AC WASH EXTERNAL LIQUID 5 %	Tier 3	
BENZEPRO EXTERNAL 5.8 %	Tier 3	
BENZEPRO EXTERNAL FOAM 5.2 %, 9.7 %	Tier 3	
BENZEPRO EXTERNAL LIQUID 6.8 %	Tier 3	
benzoyl peroxide-erythromycin external gel 5-3 %	Tier 1	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 %	Tier 3	PA
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
CLINDACIN ETZ EXTERNAL SWAB 1 %	Tier 1	
CLINDACIN EXTERNAL FOAM 1 %	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
CLINDACIN-P EXTERNAL SWAB 1 %	Tier 1	
clindamycin phos (once-daily) external gel 1 %	Tier 1	
clindamycin phos (twice-daily) external gel 1 %	Tier 1	
clindamycin phos-benzoyl perox external gel 1.2-2.5 %	Tier 1	ST: TRIAL OF CLINDAMYCIN/BENZOYL PEROXIDE 1 %-5 % GEL IN THE PAST 120 DAYS
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	Tier 1	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	Tier 1	
clindamycin phosphate external foam 1 %	Tier 1	
clindamycin phosphate external lotion 1 %	Tier 1	
clindamycin phosphate external solution 1 %	Tier 1	QL (180 ML per 1 FILL)
clindamycin phosphate external swab 1 %	Tier 1	
clindamycin-tretinoin external gel 1.2-0.025 %	Tier 1	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS
CLINOIN EXTERNAL CREAM 1.25-0.025-1 %	Tier 3	
dapsone external gel 5 %, 7.5 %	Tier 1	
deoxia external gel 1-4 %	Tier 3	
deoxia external lotion 1-4 %	Tier 3	
deoxiademtar external gel 1-4-2-0.025 %	Tier 3	
deoxiatar external solution 1-4-0.025 %	Tier 3	
deoxiavar external cream 1-4-0.05 %	Tier 3	
diadimaxia external cream 6-2-5 %	Tier 3	
diadimaxia external gel 6-2-5 %	Tier 3	
diaoxia external gel 6-4 %	Tier 3	
diasaxiatar external cream 8.5-2-0.025 %	Tier 3	
diasaxiatar external gel 8.5-2-0.025 %	Tier 3	
diasdimaxia external cream 8.5-2-5 %	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
diasdimaxia external gel 8.5-2-5 %	Tier 3	
diasoxia external cream 6-4 %, 8.5-4 %	Tier 3	
diasoxia external gel 8.5-4 %	Tier 3	
dimoxia external gel 4-5 %	Tier 3	
draxacey external suspension 2-8 %	Tier 3	
drixece external suspension 5-10 %	Tier 3	
dynoma external cream 0.05-4 %	Tier 3	
eceoxia external cream 4-10 %	Tier 3	
ery external pad 2 %	Tier 3	
erythromycin external gel 2 %	Tier 1	
erythromycin external solution 2 %	Tier 1	QL (180 ML per 1 FILL)
ethoxia external cream 4-0.05 %	Tier 3	
fluoxia external cream 0.05-4 %	Tier 3	
idyyxiatar external gel 5-0.025 %	Tier 3	
inzdeaxiatar external gel 2.5-1-2-0.025 %	Tier 3	
inzdeaxiavar external gel 2.5-1-2-0.05 %	Tier 3	
inzdeoxia external gel 2.5-1-4 %	Tier 3	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	
ithoxia external cream 4-0.1 %	Tier 3	
lounzdomdioxatar external therapy pack 10-4 & 2-4-0.05 %	Tier 3	
melzara external cream 10-2-6 %	Tier 3	
MYORISAN ORAL CAPSULE 30 MG	Tier 1	
NEUAC EXTERNAL GEL 1.2-5 %	Tier 1	
onzdeaxiademtar external gel 5-1-2-2-0.025 %	Tier 3	
onzdeaxiademvar external gel 5-1-2-2-0.05 %	Tier 3	
onzdeaxiatar external gel 5-1-2-0.025 %	Tier 3	
onzdeaxiavar external gel 5-1-2-0.05 %	Tier 3	
onzdeaxiazar external gel 5-1-2-0.1 %	Tier 3	
onzdeoxia external gel 1-5-4 %	Tier 3	
oxiaice external lotion 4-15 %	Tier 3	
oxiatar external cream 4-0.025 %	Tier 3	
oxiavar external cream 4-0.05 %	Tier 3	
oxiavarry external cream 4-0.05 %	Tier 3	
oxiavary external cream 4-0.1 %	Tier 3	
oxiazar external cream 4-0.1 %	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 %	Tier 3	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 %	Tier 3	
PR BENZOYL PEROXIDE EXTERNAL LIQUID 6.9 %	Tier 3	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 %	Tier 3	AGE (Max 39 Years)
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	Tier 3	AGE (Max 39 Years)
rumilo external cream 15-4 %	Tier 3	
saroxia external cream 4-0.05 %	Tier 3	
sirvana external gel 5-0.025 %	Tier 3	
sorixia external cream 4-0.05 %	Tier 3	
sss 10-5 external cream 10-5 %	Tier 3	
sulfacetamide sodium (acne) external lotion 10 %	Tier 1	
sulfacetamide sodium-sulfur external cream 10-5 %	Tier 1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %	Tier 1	
sulfacetamide sodium-sulfur external liquid 10-5 %	Tier 1	QL (1419 GM per 1 FILL)
sulfacetamide sodium-sulfur external suspension 8-4 %	Tier 1	
sulfacetamide sod-sulfur wash external liquid 9-4 %, 9-4.5 %	Tier 1	
sulfacetamide-sulfur in urea external emulsion 10-5 %	Tier 1	QL (1419 ML per 1 FILL)
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 %	Tier 3	
tardeoxia external cream 1-4-0.025 %	Tier 3	
tardimaxia external gel 2-5-0.025 %	Tier 3	
taroxia external cream 4-0.025 %	Tier 3	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	Tier 1	
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	Tier 1	
tretinoin microsphere external gel 0.04 %, 0.1 %	Tier 1	AGE (Max 39 Years)
tretinoin microsphere external gel 0.08 %	Tier 1	ST: TRIAL OF GENERIC TRETINOIN MICROSPHERES 0.04% AND 0.10% IN THE PAST 365 DAYS; AGE (Max 39 Years)
tretinoin microsphere pump external gel 0.04 %, 0.1 %	Tier 1	AGE (Max 39 Years)
tretinoin microsphere pump external gel 0.08 %	Tier 1	ST: TRIAL OF GENERIC TRETINOIN MICROSPHERES 0.04% AND 0.10% IN THE PAST 365 DAYS; AGE (Max 39 Years)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
unzdomdioxiazar external therapy pack 10-4 & 2-4-0.1 %	Tier 3	
VANOXIDE-HC EXTERNAL LOTION 5-0.5 %	Tier 3	
vardimaxia external gel 2-5-0.05 %	Tier 3	
varoxia external cream 4-0.05 %	Tier 3	
varoxia external gel 4-0.05 %	Tier 3	
WINLEVI EXTERNAL CREAM 1 %	Tier 3	PA; QL (60 GM per 30 days)
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 %	Tier 3	
zaclir cleansing external lotion 8 %	Tier 3	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
Analgesics - Topical		
A.A.G.C. KIT IN TERODERM EXTERNAL CREAM 8-4-10-4 %	Tier 3	
enovarx-baclofen external cream 1 %	Tier 3	
enovarx-tramadol external cream 5 %	Tier 3	
MISICARUB EXTERNAL CREAM 2 %, 5 %	Tier 3	
MUSCUSOLICE EXTERNAL CREAM 2 %, 5 %	Tier 3	
PRAKETAMIDE EXTERNAL CREAM 5 %	Tier 3	
Antibiotics - Topical		
batizia external ointment 2-2 %	Tier 3	
baxonil external ointment 1-2 %	Tier 3	
gentamicin sulfate external cream 0.1 %	Tier 1	QL (90 GM per 1 FILL)
gentamicin sulfate external ointment 0.1 %	Tier 1	QL (90 GM per 1 FILL)
idaran external ointment 1-2 %	Tier 3	
mupirocin calcium external cream 2 %	Tier 1	QL (90 GM per 1 FILL)
mupirocin external ointment 2 %	Tier 1	QL (90 GM per 1 FILL)
nanran external ointment 2-2 %	Tier 3	
XEPI EXTERNAL CREAM 1 %	Tier 3	ST: TRIAL OF MUPIROCIN OINTMENT IN THE PAST 120 DAYS
Antifungals - Topical		
CICLODAN EXTERNAL SOLUTION 8 %	Tier 1	QL (19.8 ML per 1 FILL)
ciclopirox external gel 0.77 %	Tier 1	
ciclopirox external shampoo 1 %	Tier 1	
ciclopirox external solution 8 %	Tier 1	QL (19.8 ML per 1 FILL)
ciclopirox olamine external cream 0.77 %	Tier 1	QL (180 GM per 1 FILL)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ciclopirox olamine external suspension 0.77 %	Tier 1	QL (180 ML per 1 FILL)
ciclopirox treatment external kit 8 %	Tier 3	
clotrimazole external cream 1 %	Tier 1	
clotrimazole external solution 1 %	Tier 1	
clotrimazole-betamethasone external cream 1-0.05 %	Tier 1	
clotrimazole-betamethasone external lotion 1-0.05 %	Tier 1	
dazinia external cream 1-2.5-2 %	Tier 3	
delibon external cream 2-2.5 %	Tier 3	
denvita external cream 2-4 %	Tier 3	
DERMAZENE EXTERNAL CREAM 1-1 %	Tier 1	
difmetioxrime external solution 4-2-1-4 %	Tier 3	
econazole nitrate external cream 1 %	Tier 1	QL (170 GM per 1 FILL)
EXELDERM EXTERNAL CREAM 1 %	Tier 2	
EXODERM EXTERNAL LOTION 25-1 %	Tier 3	
fenovia external solution 4-2-1-4 %	Tier 3	
fervina external lotion 3-5-20 %	Tier 3	
fidila external shampoo 2-2 %	Tier 3	
filoma external solution 8-1-1 %	Tier 3	
frivo external cream 1-4 %	Tier 3	
fungimez external solution	Tier 3	
hexiounyl external lotion 3-5-20 %	Tier 3	
hixdefrima external solution 8-1-1 %	Tier 3	
hydrocortisone-iodoquinol external cream 1-1 %	Tier 1	
imioxia external cream 1-4 %	Tier 3	
iodoquimez-hc external cream 1-1.9 %	Tier 3	
iodoquinol-hydrocortisone-aloe external cream 1-1.9 %	Tier 1	
ketoconazole external cream 2 %	Tier 1	QL (180 GM per 1 FILL)
ketoconazole external shampoo 2 %	Tier 1	QL (360 ML per 1 FILL)
ketoconazole shampoo 2 % external	Tier 3	QL (360 ML per 1 FILL)
ketoconazole shampoo 2 % external	Tier 1	QL (360 ML per 1 FILL)
KLAYESTA EXTERNAL POWDER 100000 UNIT/GM	Tier 1	
luliconazole external cream 1 %	Tier 1	ST: TRIAL OF KETOCONAZOLE AND CLOTRIMAZOLE CREAM IN THE PAST 365 DAYS; QL (60 GM per 28 days)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
LUZU EXTERNAL CREAM 1 %	Tier 3	ST: TRIAL OF KETOCONAZOLE AND CLOTRIMAZOLE CREAM IN THE PAST 365 DAYS; QL (60 GM per 28 days)
MICONATATE EXTERNAL THERAPY PACK 2-1 %	Tier 3	
miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %	Tier 1	
MYCOZYL AL EXTERNAL SOLUTION 1 %	Tier 3	
naftifine hcl external cream 1 %	Tier 1	
naftifine hcl external cream 2 %	Tier 1	QL (180 GM per 1 FILL)
naftifine hcl external gel 2 %	Tier 1	
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	Tier 1	
nystatin external cream 100000 unit/gm	Tier 1	
nystatin external ointment 100000 unit/gm	Tier 1	QL (90 GM per 1 FILL)
nystatin external powder 100000 unit/gm	Tier 1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	Tier 1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	Tier 1	QL (180 GM per 1 FILL)
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	Tier 1	
oxiconazole nitrate external cream 1 %	Tier 1	QL (180 GM per 1 FILL)
OXISTAT EXTERNAL LOTION 1 %	Tier 3	
phedrax external shampoo 2-2 %	Tier 3	
pheodoyo external cream 1-2.5-2 %	Tier 3	
pheoxia external cream 2-4 %	Tier 3	
pheyo external cream 2.5-2 %	Tier 3	
sulconazole nitrate external solution 1 %	Tier 1	
tavaborole external solution 5 %	Tier 1	PA
VUSION EXTERNAL OINTMENT 0.25-15-81.35 %	Tier 3	
VYTONE EXTERNAL CREAM 1-1.9 %	Tier 3	
Anti-Inflammatory Agents - Topical		
diclofenac epolamine external patch 1.3 %	Tier 1	
diclofenac sodium external gel 1 %	Tier 1	QL (900 GM per 28 days)
diclofenac sodium external solution 1.5 %	Tier 1	QL (300 ML per 28 days)
diclofenac sodium external solution 2 %	Tier 1	ST: TRIAL OF DICLOFENAC 1% GEL OR DICLOFENAC 1.5% DROPS IN THE PAST 120 DAYS; QL (224 GM per 28 days)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
dual complex formula 1 kit external cream	Tier 3	
enovarx-diclofenac sodium external cream 2.5 %	Tier 3	
enovarx-ibuprofen external cream 10 %	Tier 3	
enovarx-naproxen external cream 10 %	Tier 3	
fbl kit external cream 15-4-5 %	Tier 3	
FLECTOR EXTERNAL PATCH 1.3 %	Tier 3	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 %	Tier 3	
napro external cream 15 %	Tier 3	
triple complex formula 3 kit external cream 20-2-10 %	Tier 3	
vp fc kit external cream	Tier 3	
vp gkl kit external cream 20-2-10 %	Tier 3	
Antineoplastic Or Premalignant Lesion Agents - Topical		
AMELUZ EXTERNAL GEL 10 %	Tier 3	
bexarotene external gel 1 %	Tier 1	PA; SP
diclofenac sodium external gel 3 %	Tier 1	
fluorouracil external cream 0.5 %	Tier 1	PA
fluorouracil external cream 5 %	Tier 1	
fluorouracil external solution 2 %, 5 %	Tier 1	
kazuri external gel 5-1-0.05 %	Tier 3	
KEFUNOVA EXTERNAL CREAM 5-0.005 %	Tier 3	
keraxa external gel 3-4 %	Tier 3	
kerida external gel 5-30-0.1 %	Tier 3	
KLISYRI (250 MG) EXTERNAL OINTMENT 1 %	Tier 3	QL (5 EA per 1 FILL)
KLISYRI (350 MG) EXTERNAL OINTMENT 1 %	Tier 3	QL (5 EA per 1 FILL)
kynara external gel 5-1-2 %	Tier 3	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 %	Tier 3	
PANRETIN EXTERNAL GEL 0.1 %	Tier 3	SP; QL (60 GM per 28 days)
quidroxzar external gel 5-30-0.1 %	Tier 3	
quihoxaxia external gel 5-1-2 %	Tier 3	
quihoxvar external gel 5-1-0.05 %	Tier 3	
roaoxia external gel 3-4 %	Tier 3	
TOLAK EXTERNAL CREAM 4 %	Tier 2	
VALCHLOR EXTERNAL GEL 0.016 %	Tier 2	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Antipsoriatics		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 1	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML, 320 MG/2ML	Tier 2	PA; SP
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML, 320 MG/2ML	Tier 2	PA; SP
calcipotriene external cream 0.005 %	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
calcipotriene external ointment 0.005 %	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
calcipotriene external solution 0.005 %	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
CALCITRENE EXTERNAL OINTMENT 0.005 %	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
calcitriol external ointment 3 mcg/gm	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
cipotrex external kit 0.005 %	Tier 3	
diooxia external cream 0.005-4 %	Tier 3	
ICOTYDE ORAL TABLET 200 MG	Tier 2	PA; SP
methoxsalen rapid oral capsule 10 mg	Tier 1	
purazil external cream 0.005-4 %	Tier 3	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 2	PA; SP
SOTYKTU ORAL TABLET 6 MG	Tier 2	PA; SP
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	Tier 3	PA; SP
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 2	PA; SP
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 2	PA; SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	Tier 2	PA; SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML	Tier 2	PA; SP
tazarotene external cream 0.05 %	Tier 1	AGE (Max 39 Years)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
tazarotene external cream 0.1 %	Tier 1	
tazarotene external gel 0.05 %, 0.1 %	Tier 1	AGE (Max 39 Years)
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	Tier 2	PA; SP
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 2	PA; SP
ustekinumab-aekn subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml	Tier 2	PA; SP
VECTICAL EXTERNAL OINTMENT 3 MCG/GM	Tier 3	ST: TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
VTAMA EXTERNAL CREAM 1 %	Tier 2	PA; QL (60 GM per 30 days)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 2	PA; SP
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 2	PA; SP
ZITHRANOL EXTERNAL SHAMPOO 1 %	Tier 3	ST: TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
Antiseborrheic Products		
dafilor external shampoo 0.77-2 %	Tier 3	
dionaris external shampoo 0.77-0.05-3 %	Tier 3	
divendo external shampoo 0.77-0.05 %	Tier 3	
ESKATA EXTERNAL SOLUTION 40 %	Tier 3	
haxchlo external shampoo 0.77-0.05 %	Tier 3	
haxchlodrex external shampoo 0.77-0.05-3 %	Tier 3	
haxdrax external shampoo 0.77-2 %	Tier 3	
OVACE PLUS EXTERNAL SHAMPOO 10 %	Tier 3	
OVACE PLUS WASH EXTERNAL GEL 10 %	Tier 3	
OVACE PLUS WASH EXTERNAL LIQUID 10 %	Tier 3	
OVACE WASH EXTERNAL LIQUID 10 %	Tier 3	
PLEXION NS EXTERNAL SHAMPOO 9.8 %	Tier 3	
selenium sulfide external lotion 2.5 %	Tier 1	
selenium sulfide external shampoo 2.25 %, 2.3 %	Tier 1	
sodium sulfacetamide external shampoo 10 %, 9.8 %	Tier 1	
sodium sulfacetamide wash external liquid 10 %	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
sulfacetamide sodium (cleans) external gel 10 %	Tier 1	
sulfacetamide sodium external liquid 10 %	Tier 1	
Antivirals - Topical		
acyclovir external ointment 5 %	Tier 1	
ZELSUVMI EXTERNAL GEL 10.3 %	Tier 3	PA
Burn Products		
silver sulfadiazine external cream 1 %	Tier 1	
SSD EXTERNAL CREAM 1 %	Tier 1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	Tier 3	
Cauterizing Agents		
ARZOL SILVER NIT APPLICATORS EXTERNAL 75-25 %	Tier 3	
silver nitrate external solution 0.5 %	Tier 1	
Corticosteroids - Topical		
acioxia external gel 0.5-0.1 %	Tier 3	
ADVANCED ALLERGY COLLECTION EXTERNAL KIT 2.5 %	Tier 3	
ALA SCALP EXTERNAL LOTION 2 %	Tier 1	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
ala-cort external cream 1 %	Tier 1	
ALA-SCALP EXTERNAL LOTION 2 %	Tier 1	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
alclometasone dipropionate external cream 0.05 %	Tier 1	
alclometasone dipropionate external ointment 0.05 %	Tier 1	
amcinonide external cream 0.1 %	Tier 1	ST: TRIAL OF BETAMETHASONE 0.1% OINT, FLUTICASONE 0.005% OINT, TRIAMCINOLONE 0.5% (OINT, CREAM), OR MOMETASONE 0.1% OINT IN THE PAST 120 DAYS
betamethasone dipropionate aug external cream 0.05 %	Tier 1	
betamethasone dipropionate aug external gel 0.05 %	Tier 1	
betamethasone dipropionate aug external lotion 0.05 %	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
betamethasone dipropionate aug external ointment 0.05 %	Tier 1	
betamethasone dipropionate external cream 0.05 %	Tier 1	
betamethasone dipropionate external lotion 0.05 %	Tier 1	
betamethasone dipropionate external ointment 0.05 %	Tier 1	
betamethasone valerate external cream 0.1 %	Tier 1	
betamethasone valerate external foam 0.12 %	Tier 1	
betamethasone valerate external ointment 0.1 %	Tier 1	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
calcipotriene-betameth diprop external suspension 0.005-0.064 %	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS
chlohux external shampoo 0.05-2 %	Tier 3	
chlooxia external cream 0.05-4 %	Tier 3	
chlooxia external ointment 0.05-4 %	Tier 3	
chlooxia external solution 0.05-4 %	Tier 3	
clobetasol prop emollient base external cream 0.05 %	Tier 1	
clobetasol propionate e external cream 0.05 %	Tier 1	
clobetasol propionate emulsion external foam 0.05 %	Tier 1	
clobetasol propionate external cream 0.05 %	Tier 1	
clobetasol propionate external foam 0.05 %	Tier 1	
clobetasol propionate external gel 0.05 %	Tier 1	
clobetasol propionate external liquid 0.05 %	Tier 1	
clobetasol propionate external lotion 0.05 %	Tier 1	
clobetasol propionate external ointment 0.05 %	Tier 1	
clobetasol propionate external shampoo 0.05 %	Tier 1	
clobetasol propionate external solution 0.05 %	Tier 1	
clocortolone pivalate external cream 0.1 %	Tier 1	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
CLODAN EXTERNAL SHAMPOO 0.05 %	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	Tier 3	ST: TRIAL OF 1 OF THE FOLLOWING: BETAMETHASONE AUGMENTED (OINT, GEL, LOTION), FLUOCINONIDE 0.1% CREAM, CLOBETASOL (SPRAY, LOTION, GEL, OINT, CRM, SOLN), OR HALOBETASOL 0.05% (CREAM, OINT) IN PAST 120 DAYS; QL (2 EA per 30 days)
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML	Tier 3	
dermavyx external kit 0.1 %	Tier 3	
desonide external cream 0.05 %	Tier 1	
desonide external gel 0.05 %	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
desonide external lotion 0.05 %	Tier 1	
desonide external ointment 0.05 %	Tier 1	
desoximetasone external cream 0.05 %, 0.25 %	Tier 1	
desoximetasone external gel 0.05 %	Tier 1	
desoximetasone external liquid 0.25 %	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING:BETAMETHASONE AUGMENTED 0.05%(CRM,GEL,LTN,OINT),DESOXIMETASONE (CRM,GEL,OINT),FLUOCINONIDE(CRM,GEL),CLOBETASOL(EXCEPT FOAM/SHAMPOO)OR HALOBETASOL(CRM,OINT)IN PAST 120 DAYS
desoximetasone external ointment 0.05 %, 0.25 %	Tier 1	
diochloy external solution 0.005-0.05 %	Tier 3	
divinix external cream 0.05-4 %	Tier 3	
divinix external ointment 0.05-4 %	Tier 3	
divinix external solution 0.05-4 %	Tier 3	
domela external cream 0.01-4 %	Tier 3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	Tier 2	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
EPIFOAM EXTERNAL FOAM 1-1 %	Tier 3	ST: TRIAL OF HYDROCORTISONE/PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
fluocinolone acetonide body external oil 0.01 %	Tier 1	
fluocinolone acetonide external cream 0.01 %, 0.025 %	Tier 1	
fluocinolone acetonide external ointment 0.025 %	Tier 1	
fluocinolone acetonide external solution 0.01 %	Tier 1	
fluocinolone acetonide scalp external oil 0.01 %	Tier 1	
fluocinonide emulsified base external cream 0.05 %	Tier 1	
fluocinonide external cream 0.05 %, 0.1 %	Tier 1	
fluocinonide external gel 0.05 %	Tier 1	
fluocinonide external ointment 0.05 %	Tier 1	
fluocinonide external solution 0.05 %	Tier 1	
flurandrenolide external lotion 0.05 %	Tier 1	
fluticasone propionate external cream 0.05 %	Tier 1	
fluticasone propionate external lotion 0.05 %	Tier 1	
fluticasone propionate external ointment 0.005 %	Tier 1	
halcinonide external cream 0.1 %	Tier 1	ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PAST 120 DAYS
halcinonide external solution 0.1 %	Tier 1	ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PAST 120 DAYS
halobetasol propionate external cream 0.05 %	Tier 1	
halobetasol propionate external ointment 0.05 %	Tier 1	
hydrocortisone ace-pramoxine external cream 2.5-1 %	Tier 1	
hydrocortisone butyrate external cream 0.1 %	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
hydrocortisone butyrate external lotion 0.1 %	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS; QL (236 ML per 30 days)
hydrocortisone butyrate external ointment 0.1 %	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
hydrocortisone butyrate external solution 0.1 %	Tier 1	
hydrocortisone external cream 1 %, 2.5 %	Tier 1	
hydrocortisone external lotion 2 %	Tier 1	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
hydrocortisone external lotion 2.5 %	Tier 1	
hydrocortisone external ointment 1 %, 2.5 %	Tier 1	
hydrocortisone valerate external cream 0.2 %	Tier 1	
hydrocortisone valerate external ointment 0.2 %	Tier 1	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
ilexor external shampoo 0.05-2 %	Tier 3	
mezparox-hc external cream 1-2.5 %	Tier 1	
mezparox-hc forte external cream 2.5-2.5 %	Tier 3	
mometasone furoate external cream 0.1 %	Tier 1	
mometasone furoate external ointment 0.1 %	Tier 1	
mometasone furoate external solution 0.1 %	Tier 1	
NUCORT EXTERNAL LOTION 2 %	Tier 3	
paramox-hc external gel 1-2 %	Tier 1	
plenura external solution 0.005-0.05 %	Tier 3	
PRAMOSONE EXTERNAL CREAM 1-1 %	Tier 2	ST: TRIAL OF HYDROCORTISONE/PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 %	Tier 2	
PRAMOSONE EXTERNAL OINTMENT 1-1 %	Tier 2	ST: TRIAL OF HYDROCORTISONE/PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
PRAMOSONE EXTERNAL OINTMENT 1-2.5 %	Tier 2	
SCALACORT DK EXTERNAL KIT 2 & 2-2 %	Tier 2	
SCARZEN SKIN REPAIR EXTERNAL KIT 0.1 & 5 % (LOTION)	Tier 3	
SERNIVO EXTERNAL EMULSION 0.05 %	Tier 3	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
teliora external gel 0.1-0.5 %	Tier 3	
tetoxia external cream 0.01-4 %	Tier 3	
TEXACORT EXTERNAL SOLUTION 2.5 %	Tier 2	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
TOVET EXTERNAL FOAM 0.05 %	Tier 1	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	Tier 1	
triamcinolone acetonide external cream 0.025 %, 0.1 %	Tier 1	
triamcinolone acetonide external cream 0.5 %	Tier 1	QL (454 GM per 30 days)
triamcinolone acetonide external lotion 0.025 %, 0.1 %	Tier 1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	Tier 1	
TRIDERM EXTERNAL CREAM 0.5 %	Tier 1	QL (454 GM per 30 days)
Eczema Agents		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Tier 2	PA; SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 2	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML	Tier 2	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	Tier 2	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML	Tier 2	PA; SP
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML	Tier 2	PA; SP
OPZELURA EXTERNAL CREAM 1.5 %	Tier 2	PA; QL (60 GM per 30 days)
Emollient/Keratolytic Agents		
CEM-UREA EXTERNAL SOLUTION 45 %	Tier 3	
DERMACINRX URACIN EXTERNAL CREAM 20 %	Tier 3	
HYDRO 40 EXTERNAL FOAM 40 %	Tier 3	
PRONAL EXTERNAL GEL 40-10 %	Tier 3	
URAMAXIN EXTERNAL GEL 45 %	Tier 3	
urea external cream 20 %, 39 %, 40 %	Tier 1	
urea external lotion 40 %	Tier 1	
UREDEB EXTERNAL CREAM 39 %	Tier 3	
uremez-40 external cream 40 %	Tier 3	
URESOL EXTERNAL CREAM 42.5 %	Tier 3	
xirun external gel 40-10 %	Tier 3	
xurea external cream 39 %	Tier 3	
Emollients		
ammonium lactate external cream 12 %	Tier 1	
ammonium lactate external lotion 12 %	Tier 1	
vitamin c brightening serum external liquid	Tier 1	
Enzymes - Topical		
NEXOBRID EXTERNAL GEL 8.8 %	Tier 3	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	Tier 3	PA
Hair Growth Agents		
finapid external solution 0.1-5 %	Tier 3	
finapod external solution 0.1-7 %	Tier 3	
finapodtar external solution 0.1-7-0.025 %	Tier 3	
flyprogpidtar external solution 0.1-0.1-5-0.025 %	Tier 3	
harisis external solution 0.1-0.1-5-0.025 %	Tier 3	
harviva external solution 0.1-5 %	Tier 3	
harviva hp external solution 0.1-7 %	Tier 3	
hemtara external solution 0.05-5 %	Tier 3	
hemtara hp external solution 0.05-7 %	Tier 3	
hentis external solution 5-0.1-0.025 %	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
hentis hp external solution 7-0.1-0.025 %	Tier 3	
hesmilla external solution 0.05-5-2-0.5 %	Tier 3	
hevona external solution 0.01-5-0.025 %	Tier 3	
holixia external solution 0.1-7 %	Tier 3	
holizar external solution 7-0.025 %	Tier 3	
honista external solution 0.1-7-0.025 %	Tier 3	
hovitra external solution 7-4 %	Tier 3	
LITFULO ORAL CAPSULE 50 MG	Tier 3	PA; SP
oxopid external solution 0.05-5 %	Tier 3	
oxopidaxiaqup external solution 0.05-5-2-0.5 %	Tier 3	
oxopod external solution 0.05-7 %	Tier 3	
pidprogtar external solution 5-0.1-0.025 %	Tier 3	
podoxia external solution 7-4 %	Tier 3	
podprog external solution 0.1-7 %	Tier 3	
podprogtar external solution 7-0.1-0.025 %	Tier 3	
podtar external solution 7-0.025 %	Tier 3	
tetpidtar external solution 0.01-5-0.025 %	Tier 3	
Immunomodulating Agents - Systemic		
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG	Tier 2	PA; SP
Immunomodulating Agents - Topical		
imiquimod external cream 5 %	Tier 1	
Immunosuppressive Agents - Topical		
elyzia external cream 4-0.1 %	Tier 3	
elyzia external ointment 4-0.1 %	Tier 3	
hovyn external solution 0.1 %	Tier 3	
HYFTOR EXTERNAL GEL 0.2 %	Tier 3	PA; SP
nujo external solution 0.1 %	Tier 3	
nuju external cream 0.1 %	Tier 3	
oxianujo external cream 4-0.1 %	Tier 3	
oxianujo external ointment 4-0.1 %	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
pimecrolimus external cream 1 %	Tier 1	ST: TRIAL OF GENERIC MOMETASONE CREAM OR OINTMENT, CLOBETASOL CREAM OR OINTMENT, HYDROCORTISONE 1% OR 2.5% CREAM OR OINTMENT, OR TRIAMCINOLONE 0.1% or 0.5% OINTMENT IN THE PAST 120 DAYS
tacrolimus external ointment 0.03 %, 0.1 %	Tier 1	ST: TRIAL OF GENERIC MOMETASONE CREAM OR OINTMENT, CLOBETASOL CREAM OR OINTMENT, HYDROCORTISONE 1% OR 2.5% CREAM OR OINTMENT, OR TRIAMCINOLONE 0.1% or 0.5% OINTMENT IN THE PAST 120 DAYS
veven external cream 0.1 %	Tier 3	
Keratolytic/Antimitotic/Vesicant Agents		
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 %	Tier 3	
KERALYT EXTERNAL SHAMPOO 6 %	Tier 3	
metdray external gel 2-17 %	Tier 3	
PODOCON-25 EXTERNAL SOLUTION 25 %	Tier 3	
podofilox external gel 0.5 %	Tier 1	ST: TRIAL OF 0.5% PODOFILOX SOLUTION IN THE PAST 120 DAYS; QL (0.5 GM per 1 day)
podofilox external solution 0.5 %	Tier 1	QL (0.5 ML per 1 day)
salicylic acid er external solution 28.5 %	Tier 1	
salicylic acid external shampoo 6 %	Tier 1	
salicylic acid external solution 26 %	Tier 1	
salicylic acid wart remover external liquid 27.5 %	Tier 3	
salimez external cream 6 %	Tier 3	
salimez forte external cream 10 %	Tier 3	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 %	Tier 3	
SALVAX EXTERNAL FOAM 6 %	Tier 3	
SALYCIM EXTERNAL CREAM 6 %	Tier 3	
ULTRASAL-ER EXTERNAL SOLUTION 28.5 %	Tier 3	
VIRASAL EXTERNAL LIQUID 27.5 %	Tier 3	
weleris external gel 2-17 %	Tier 3	
XALIX EXTERNAL SOLUTION 28 %	Tier 3	
YCANTH EXTERNAL SOLUTION 0.7 %	Tier 3	PA

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Local Anesthetics - Topical		
alegenix external disk 0.0375-5 %	Tier 1	
anodynerx external patch 0.05-2.5-5 %	Tier 3	
CADIRAMD EXTERNAL KIT 2.5-2.5 %	Tier 3	
CETACAINE EXTERNAL AEROSOL 2-2-14 %	Tier 3	
CETACAINE EXTERNAL GEL 2-2-14 %	Tier 3	
CETACAINE EXTERNAL LIQUID 2-2-14 %	Tier 3	
CLEVER CHOICE COMFORT EZ TRANSDERMAL PATCH 2-4-1 %, 20-4-1 %	Tier 3	
CRYODOSE TA EXTERNAL AEROSOL	Tier 3	
DERMACINRX LIDOGEL EXTERNAL GEL 2.8 %	Tier 3	
dyclopro external solution 0.5 %	Tier 3	
eha external lotion 4 %	Tier 3	
enovarx-lidocaine hcl external cream 10 %, 5 %	Tier 3	
enznonuty external ointment 20-10-10 %	Tier 3	
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL	Tier 3	
GLYDO EXTERNAL PREFILLED SYRINGE 2 %	Tier 1	
l.e.t. (racepinephrine) external gel 4-0.05-0.5 %	Tier 3	
l.e.t. (racepinephrine) external solution 4-0.05-0.5 %	Tier 3	
l.e.t. external gel 4-0.05-0.5 %	Tier 3	
levatio external patch 0.03-5 %	Tier 3	
lidocaine external ointment 5 %	Tier 1	QL (240 GM per 30 days)
lidocaine external patch 5 %	Tier 1	QL (3 EA per 1 day)
lidocaine hcl external cream 3 %, 4.12 %	Tier 1	
lidocaine hcl external solution 4 %	Tier 1	
lidocaine hcl urethral/mucosal external gel 2 %	Tier 1	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	Tier 1	
lidocaine-prilocaine external cream 2.5-2.5 %	Tier 1	
LIDOCAN EXTERNAL PATCH 5 %	Tier 1	QL (3 EA per 1 day)
lidopin external cream 3 %, 3.25 %	Tier 3	
lido-racepinephrine-tetracaine external solution 4-0.05-0.5 %	Tier 1	
LIDOREX EXTERNAL GEL 2.8 %	Tier 3	
LIDORUB EXTERNAL CREAM 7.5 %	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
lidostream external kit 5 & 10 %	Tier 3	
LIDOTHOL ES EXTERNAL PATCH 4-5 %	Tier 3	
LIDOTHOL EXTERNAL GEL 4.5-5 %	Tier 3	
LIDTOPIC EXTERNAL CREAM 7.5 %	Tier 3	
LIDTOPIC MAX EXTERNAL CREAM 10 %	Tier 3	
LM PLUS RELIEF EXTERNAL PATCH 3.5-7 %	Tier 3	
LYDEXA EXTERNAL CREAM 4.12 %	Tier 3	
nendrux external gel 5-40 %	Tier 3	
NEUROZYL EXTERNAL CREAM 4.12 %	Tier 3	
nobela external ointment 20-10-10 %	Tier 3	
nolira external cream 23-7 %	Tier 3	
nynutey external cream 23-7 %	Tier 3	
PHARMACIST CHOICE TSX TRANSDERMAL PATCH 2-4-1 %	Tier 3	
premium lidocaine external ointment 5 %	Tier 3	QL (240 GM per 30 days)
premium scar external patch 2-4-30 %	Tier 3	
prepiv supply combination kit 2.5-2.5 & 0.9 %	Tier 3	
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 %	Tier 3	
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL 4-0.18-0.5 %	Tier 3	
SX1 MEDICATED POST-OPERATIVE EXTERNAL KIT 2 %	Tier 3	
topical l.e.t. external gel 4-0.09-0.5 %	Tier 3	
TRIDACAINE II EXTERNAL PATCH 5 %	Tier 1	QL (3 EA per 1 day)
TRIDACAINE III EXTERNAL PATCH 5 %	Tier 1	QL (3 EA per 1 day)
TRILOCAINE EXTERNAL CREAM 4.12 %	Tier 1	
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 %	Tier 3	
wayzen external gel 5-40 %	Tier 3	
Misc. Dermatological Products		
DERMASO PLUS EXTERNAL CREAM	Tier 3	
GENADUR COMBINATION KIT	Tier 3	
PR CREAM EXTERNAL KIT	Tier 3	
PRESERA EXTERNAL FOAM	Tier 3	
Misc. Topical		
dermacinrx surgical combopak external kit	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
DRYSOL EXTERNAL SOLUTION 20 %	Tier 3	
HYPOCYN ANTIPRURITIC EXTERNAL GEL 0.012 %	Tier 3	
QBREXZA EXTERNAL PAD 2.4 %	Tier 3	PA
XERAC AC EXTERNAL SOLUTION 6.25 %	Tier 3	
Phosphodiesterase 4 (Pde4) Inhibitors - Topical		
EUCRISA EXTERNAL OINTMENT 2 %	Tier 2	PA; QL (100 GM per 30 days)
ZORYVE EXTERNAL CREAM 0.05 %	Tier 2	PA; QL (2 GM per 1 day)
ZORYVE EXTERNAL CREAM 0.15 %, 0.3 %	Tier 2	PA; QL (60 GM per 30 days)
ZORYVE EXTERNAL FOAM 0.3 %	Tier 2	PA; QL (60 GM per 30 days)
Podiatric Products		
DIABECIN HR EXTERNAL CREAM 4.12-0.13 %	Tier 3	
Rosacea Agents		
aveida external gel 1-1 %	Tier 3	
aveidaoxia external gel 1-1-4 %	Tier 3	
azelaic acid external gel 15 %	Tier 1	
brimonidine tartrate external gel 0.33 %	Tier 1	
dazaveidaoxia external gel 0.25-1-1-4 %	Tier 3	
dazomon external gel 0.25 %	Tier 3	
doxycycline oral capsule delayed release 40 mg	Tier 1	PA
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	Tier 3	PA
FINACEA EXTERNAL FOAM 15 %	Tier 2	
ivermectin external cream 1 %	Tier 1	ST: TRIAL OF FINACEA GEL OR FOAM IN THE PAST 120 DAYS
metronidazole external cream 0.75 %	Tier 1	
metronidazole external gel 0.75 %, 1 %	Tier 1	
metronidazole external lotion 0.75 %	Tier 1	
remyda external gel 0.25 %	Tier 3	
rensoti external cream 1-4-1 %	Tier 3	
restimo external gel 1-1 %	Tier 3	
rocelix external cream 4-1 %	Tier 3	
rositara external gel 1-1-4 %	Tier 3	
rovis external gel 0.25-1-1-4 %	Tier 3	
Scabicides & Pediculicides		
malathion external lotion 0.5 %	Tier 1	
NATROBA EXTERNAL SUSPENSION 0.9 %	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
permethrin external cream 5 %	Tier 1	
spinosad external suspension 0.9 %	Tier 1	
Scar Treatment Products		
RECEDO EXTERNAL GEL	Tier 3	
Wound Care Products		
ALLEVYN GENTLE EXTERNAL PAD	Tier 3	
AQUACEL AG BURN EXTERNAL PAD 4"X5"	Tier 3	
ATRAPRO CP EXTERNAL KIT	Tier 3	
COLLANEX EXTERNAL POWDER	Tier 3	
CURITY HYPERTONIC NACL STRIP EXTERNAL	Tier 3	
CURITY NACL DRESSING 6"X6-3/4" EXTERNAL PAD	Tier 3	
FILSUVEZ EXTERNAL GEL 10 %	Tier 3	PA; SP
HYDROFERA BLUE FOAM DRESSING EXTERNAL PAD	Tier 3	
HYDROFERA BLUE READY FOAM EXTERNAL PAD	Tier 3	
KENDALL ALGINATE 12" ROPE EXTERNAL	Tier 3	
KENDALL ALGINATE DRESS 2"X2" EXTERNAL PAD	Tier 3	
KENDALL ALGINATE DRESS 4"X8" EXTERNAL PAD	Tier 3	
KENDALL HYDROGEL GAUZE 2"X2" EXTERNAL PAD	Tier 3	
KENDALL HYDROGEL GAUZE 4"X4" EXTERNAL PAD	Tier 3	
KENDALL HYDROGEL GAUZE 4"X8" EXTERNAL PAD	Tier 3	
KENDALL HYDROGEL WOUND DRESS EXTERNAL	Tier 3	
KENDALL ZINC CA ALGINATE 4"X4" EXTERNAL PAD	Tier 3	
KERASTAT EXTERNAL GEL 5 %	Tier 3	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL PAD	Tier 3	
MICROCYN SKIN AND WOUND EXTERNAL GEL	Tier 3	
MICROMATRIX WOUND POWDER EXTERNAL POWDER	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
PETROLEUM GAUZE NON-WOVEN 3X9" EXTERNAL	Tier 3	
VASHE WOUND EXTERNAL SOLUTION , 0.033 %	Tier 3	
Diagnostic Products		
Diagnostic Tests		
CONTOUR NEXT TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
CONTOUR PLUS TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
CONTOUR TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE LITE TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE TEST IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	Tier 2	QL (200 EA per 30 days)
udsx medicated system combination kit 20 mg	Tier 3	
udsxmp medicated system combination kit 20 mg	Tier 3	
Dietary Products/Dietary Management Products		
Dietary Management Products		
ASTAMED MYO ORAL CAPSULE	Tier 3	
AVAILNEX ORAL TABLET CHEWABLE 750 MG	Tier 3	
AXONA ORAL PACKET	Tier 3	
CEREFOLIN BRAIN WELLNESS ORAL TABLET 6-2-600 MG	Tier 3	
DEPLIN 15 ORAL CAPSULE 15-90.314 MG	Tier 3	
DEPLIN 7.5 ORAL CAPSULE 7.5-90.314 MG	Tier 3	
DEPLIN FC ORAL CAPSULE 15 MG, 7.5 MG	Tier 3	
ELFOLATE ORAL TABLET 15 MG, 7.5 MG	Tier 3	
ENLYTE ORAL CAPSULE	Tier 3	
ENTERAGAM ORAL PACKET 5 GM	Tier 3	
FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT	Tier 3	
FOSTEUM PLUS ORAL CAPSULE	Tier 3	
GALAXTRA ORAL POWDER	Tier 3	
LDL CARE ORAL POWDER	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
l-methylfolate forte oral capsule 15-90.314 mg, 7.5-90.314 mg	Tier 3	
lormate oral capsule	Tier 3	
medactiv oral tablet	Tier 3	
METAFOLBIC PLUS ORAL TABLET 6-2-600 MG	Tier 3	
neoke bhb oral powder	Tier 3	
pro-critic oral packet	Tier 3	
PROLEEVA ORAL CAPSULE	Tier 3	
RHEUMATE ORAL CAPSULE	Tier 3	
SULFZIX ORAL CAPSULE	Tier 3	
TOBAKIENT ORAL CAPSULE	Tier 3	
VASCAZEN ORAL CAPSULE 1 GM	Tier 3	
vb6 p5p oral powder	Tier 3	
Digestive Aids		
Digestive Enzymes		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	Tier 2	
SUCRAID ORAL SOLUTION 8500 UNIT/ML	Tier 3	PA; SP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	Tier 2	
Diuretics		
Carbonic Anhydrase Inhibitors		
acetazolamide er oral capsule extended release 12 hour 500 mg	Tier 1	
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	
dichlorphenamide oral tablet 50 mg	Tier 1	PA; SP
methazolamide oral tablet 25 mg, 50 mg	Tier 1	
ORMALVI ORAL TABLET 50 MG	Tier 1	PA; SP
Diuretic Combinations		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 1	
spironolactone-hctz oral tablet 25-25 mg	Tier 1	
triamterene-hctz oral capsule 37.5-25 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	Tier 1	
Loop Diuretics		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
ethacrynic acid oral tablet 25 mg	Tier 1	PA
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML	Tier 3	PA; SP
furosemide oral solution 10 mg/ml, 8 mg/ml	Tier 1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
LASIX ONYU SUBCUTANEOUS CARTRIDGE KIT 80 MG/2.67ML	Tier 3	PA; SP; QL (1 EA per 1 FILL)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Tier 1	
Potassium Sparing Diuretics		
amiloride hcl oral tablet 5 mg	Tier 1	
spironolactone oral suspension 25 mg/5ml	Tier 1	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
triamterene oral capsule 100 mg, 50 mg	Tier 1	
Thiazides And Thiazide-Like Diuretics		
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5ML	Tier 3	
HEMICLOR ORAL TABLET 12.5 MG	Tier 3	
hydrochlorothiazide oral capsule 12.5 mg	Tier 1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 1	
INZIRQO ORAL SUSPENSION RECONSTITUTED 10 MG/ML	Tier 3	PA
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
THALITONE ORAL TABLET 15 MG	Tier 3	
Endocrine And Metabolic Agents - Misc.		
Adrenal Steroid Inhibitors		
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 3	PA; SP
RECORLEV ORAL TABLET 150 MG	Tier 3	PA
Bone Density Regulators		
alendronate sodium oral solution 70 mg/75ml	Tier 1	QL (75 ML per 7 days)
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	Tier 1	
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	Tier 3	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
calcitonin (salmon) injection solution 200 unit/ml	Tier 1	
calcitonin (salmon) nasal solution 200 unit/act	Tier 1	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	Tier 3	QL (4 EA per 28 days)
ibandronate sodium oral tablet 150 mg	Tier 1	
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 2	PA; SP
risedronate sodium oral tablet 150 mg	Tier 1	ST: TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS; QL (1 EA per 30 days)
risedronate sodium oral tablet 30 mg, 5 mg	Tier 1	ST: TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS; QL (1 EA per 1 day)
risedronate sodium oral tablet 35 mg	Tier 1	ST: TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS; QL (1 EA per 7 days)
risedronate sodium oral tablet delayed release 35 mg	Tier 1	ST: TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS; QL (1 EA per 7 days)
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 2	PA; SP
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	Tier 1	PA; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	Tier 2	PA; SP
Corticotropin		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML	Tier 3	PA; SP
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 3	PA; SP
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML	Tier 3	PA; SP
CORTROPHIN INJECTION GEL 80 UNIT/ML	Tier 3	PA; SP
Corticotropin-Releasing Factor (Crf) Receptor Antagonists		
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG	Tier 3	PA; SP
CRENESSITY ORAL SOLUTION 50 MG/ML	Tier 3	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Fertility Regulators		
chorionic gonadotropin intramuscular solution reconstituted 10000 unit	Tier 3	ST: TRIAL OF NOVAREL OR OVIDREL IN THE PAST 120 DAYS
CLOMID ORAL TABLET 50 MG	Tier 1	
clomiphene citrate oral tablet 50 mg	Tier 1	
clomiphene citrate tablet 50 mg oral	Tier 1	
clomiphene citrate tablet 50 mg oral	Tier 3	
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	Tier 3	SP; ST: TRIAL OF GONAL-F OR GONAL-F-RFF IN THE PAST 120 DAYS
GONAL-F INJECTION SOLUTION RECONSTITUTED 450 UNIT	Tier 2	SP
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML	Tier 2	SP
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	Tier 2	SP
MILOPHENE ORAL TABLET 50 MG	Tier 1	
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	Tier 2	
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML	Tier 2	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	Tier 3	ST: TRIAL OF NOVAREL OR OVIDREL IN THE PAST 120 DAYS
Gnrh/Lhrh Antagonists		
cetrorelix acetate subcutaneous kit 0.25 mg	Tier 1	SP
ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml	Tier 1	SP
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 2	PA
Growth Hormone Receptor Antagonists		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 3	PA; SP
Growth Hormone Releasing Hormones (Ghrh)		
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	Tier 3	PA; SP
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	Tier 3	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	Tier 3	PA; SP
Growth Hormones		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Tier 2	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	Tier 2	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	Tier 2	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	Tier 3	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	Tier 3	PA; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 2	PA; SP
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	Tier 2	PA; SP
Hormone Receptor Modulators		
raloxifene hcl oral tablet 60 mg	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	Tier 3	PA; SP
Lhrh/Gnrh Agonist Analog Pituitary Suppressants		
SYNAREL NASAL SOLUTION 2 MG/ML	Tier 3	PA; SP
Menopausal Symptoms Suppressants		
VEOZAH ORAL TABLET 45 MG	Tier 3	
Metabolic Modifiers		
betaine oral powder	Tier 1	PA; SP
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	
calcitriol oral solution 1 mcg/ml	Tier 1	
CARBAGLU ORAL TABLET SOLUBLE 200 MG	Tier 3	PA; SP
carglumic acid oral tablet soluble 200 mg	Tier 1	PA; SP
cinacalcet hcl oral tablet 30 mg, 60 mg	Tier 1	SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
cinacalcet hcl oral tablet 90 mg	Tier 1	SP; QL (4 EA per 1 day)
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 1	
FORZINITY SUBCUTANEOUS SOLUTION 280 MG/3.5ML	Tier 3	PA; SP; QL (3.5 ML per 7 days)
GALAFOLD ORAL CAPSULE 123 MG	Tier 3	PA; SP
glycerol phenylbutyrate oral liquid 1.1 gm/ml	Tier 1	PA; SP
HARLIKU ORAL TABLET 2 MG	Tier 3	PA; SP
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 3	PA; SP
JAVYGTOR ORAL PACKET 100 MG, 500 MG	Tier 1	SP
JAVYGTOR ORAL TABLET 100 MG	Tier 1	SP
KUVAN ORAL PACKET 100 MG, 500 MG	Tier 2	SP
KUVAN ORAL TABLET 100 MG	Tier 2	SP
levocarnitine oral solution 1 gm/10ml	Tier 1	
levocarnitine oral tablet 330 mg	Tier 1	
levocarnitine sf oral solution 1 gm/10ml	Tier 1	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	Tier 3	PA; SP
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 2	PA; SP
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG	Tier 3	PA; SP
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK 2 GM	Tier 3	PA; SP
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK 3 GM	Tier 3	PA; SP
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM	Tier 3	PA; SP
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM	Tier 3	PA; SP
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM	Tier 3	PA; SP
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM	Tier 3	PA; SP
OPFOLDA ORAL CAPSULE 65 MG	Tier 3	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	Tier 3	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 2	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML	Tier 2	PA; SP
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	Tier 1	
PHEBURANE ORAL PELLET 483 MG/GM	Tier 3	PA; SP
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	Tier 2	QL (2 EA per 1 day)
REDEMPLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Tier 3	PA; SP; QL (0.5 ML per 90 days)
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	Tier 3	PA; SP
sapropterin dihydrochloride oral packet 100 mg, 500 mg	Tier 1	SP
sapropterin dihydrochloride oral tablet 100 mg	Tier 1	SP
SEPHIENCE ORAL PACKET 1000 MG, 250 MG	Tier 3	PA; SP
sodium phenylbutyrate oral powder 3 gm/tsp	Tier 1	PA; SP
sodium phenylbutyrate oral tablet 500 mg	Tier 1	PA; SP
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	Tier 2	PA; SP
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 25 MG, 75 MG	Tier 3	PA; SP
XPHOZAH ORAL TABLET 20 MG, 30 MG	Tier 3	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (2 EA per 1 day)
XURIDEN ORAL PACKET 2 GM	Tier 2	PA; SP
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML	Tier 3	PA; SP
ZELVYSIA ORAL PACKET 100 MG, 500 MG	Tier 1	SP
Mineralocorticoid Receptor Antagonists		
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 3	PA
Natriuretic Peptides		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG	Tier 3	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
YUVIWEL SUBCUTANEOUS SOLUTION RECONSTITUTED 1.3 MG, 2.8 MG	Tier 3	PA; SP; QL (1 EA per 28 days)
YUVIWEL SUBCUTANEOUS SOLUTION RECONSTITUTED 5.5 MG	Tier 3	PA; SP; QL (2 EA per 28 days)
Posterior Pituitary Hormones		
desmopressin ace spray refrig nasal solution 0.01 %	Tier 1	
desmopressin acetate injection solution 4 mcg/ml	Tier 1	
desmopressin acetate nasal solution 1.5 mg/ml	Tier 3	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	Tier 1	
desmopressin acetate pf injection solution 4 mcg/ml	Tier 1	
desmopressin acetate spray nasal solution 0.01 %	Tier 1	
Progesterone Receptor Antagonists		
mifepristone oral tablet 200 mg	Tier 1	
Prolactin Inhibitors		
cabergoline oral tablet 0.5 mg	Tier 1	
Somatostatic Agents		
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG	Tier 3	PA; SP
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 1	SP
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 1	SP
PALSONIFY ORAL TABLET 20 MG, 30 MG	Tier 3	PA; SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	Tier 3	PA; SP
Vasopressin Receptor Antagonists		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 1	PA; SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	Tier 1	PA; SP
tolvaptan (hyponatremia) oral tablet 15 mg	Tier 1	SP; QL (30 EA per 365 days)
tolvaptan (hyponatremia) oral tablet 30 mg	Tier 1	SP; QL (60 EA per 365 days)
Estrogens		
Estrogen Combinations		
ABIGALE LO ORAL TABLET 0.5-0.1 MG	Tier 1	
ABIGALE ORAL TABLET 1-0.5 MG	Tier 1	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	Tier 2	QL (1 EA per 1 day)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	Tier 2	QL (2 EA per 7 days)
COVARYX HS ORAL TABLET 0.625-1.25 MG	Tier 3	
COVARYX ORAL TABLET 1.25-2.5 MG	Tier 3	
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	
EEMT HS ORAL TABLET 0.625-1.25 MG	Tier 3	
EEMT ORAL TABLET 1.25-2.5 MG	Tier 3	
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	Tier 1	
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	Tier 1	
est estrogens-methyltest oral tablet 1.25-2.5 mg	Tier 1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Tier 1	
ESTRATEST H.S. ORAL TABLET 0.625-1.25 MG	Tier 3	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 1	
JINTELI ORAL TABLET 1-5 MG-MCG	Tier 1	
MIMVEY ORAL TABLET 1-0.5 MG	Tier 1	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 2	PA
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	Tier 2	PA
PREMPHASE ORAL TABLET 0.625-5 MG	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	
Estrogens		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 3	QL (2 EA per 7 days)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 3	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 1	QL (2 EA per 7 days)
ec-rx estradiol transdermal cream 0.4 %, 0.6 %	Tier 3	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	Tier 3	ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS; QL (52 GM per 30 days)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm	Tier 1	QL (1 EA per 1 day)
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	Tier 1	ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS
estradiol transdermal gel 1 mg/gm	Tier 1	QL (1 GM per 1 day)
estradiol transdermal gel 1.25 mg/1.25gm	Tier 1	QL (37.5 GM per 30 days)
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Tier 1	QL (2 EA per 7 days)
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Tier 1	QL (1 EA per 7 days)
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	Tier 1	
estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	Tier 1	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	Tier 3	ST: TRIAL OF ONE GENERIC TRANSDERMAL ESTROGENS AND ONE ESTRADIOL TRANSDERMAL PATCH IN THE PAST 365 DAYS; QL (16.2 ML per 30 days)
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 1	QL (2 EA per 7 days)
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR	Tier 3	QL (1 EA per 7 days)
Eye - Glaucoma		
Miotics/Other Intraoc. Pressure Reducers		
YUVEZZI OPHTHALMIC SOLUTION 2.75-0.1 %	Tier 3	ST: TRIAL OF GENERIC PILOCARPINE IN THE PAST 365 DAYS
Fluoroquinolones		
Fluoroquinolones		
BAXDELA ORAL TABLET 450 MG	Tier 3	PA
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%)	Tier 2	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
levofloxacin oral solution 25 mg/ml	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
moxifloxacin hcl oral tablet 400 mg	Tier 1	
ofloxacin oral tablet 300 mg, 400 mg	Tier 1	
Gastrointestinal Agents - Misc.		
5-Ht4 Receptor Agonists		
prucalopride succinate oral tablet 1 mg, 2 mg	Tier 1	QL (1 EA per 1 day)
Agents For Chronic Idiopathic Constipation (Cic)		
TRULANCE ORAL TABLET 3 MG	Tier 2	QL (1 EA per 1 day)
Bile Acid Synthesis Disorder Agents		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 3	PA; SP
CTEXLI ORAL TABLET 250 MG	Tier 3	PA; SP
Gallstone Solubilizing Agents		
ursodiol oral capsule 300 mg	Tier 1	
ursodiol oral tablet 250 mg, 500 mg	Tier 1	
URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML	Tier 3	
Gastrointestinal Antiallergy Agents		
cromolyn sodium oral concentrate 100 mg/5ml	Tier 1	
Gastrointestinal Chloride Channel Activators		
lubiprostone oral capsule 24 mcg, 8 mcg	Tier 1	QL (2 EA per 1 day)
Gastrointestinal Stimulants		
dexpanthenol injection solution 250 mg/ml	Tier 3	
GIMOTI NASAL SOLUTION 15 MG/ACT	Tier 3	PA; SP
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 1	
Hepatotropics		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 3	PA; SP
Ileal Bile Acid Transporter (Ibat) Inhibitors		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG	Tier 3	PA; SP
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	Tier 3	PA; SP
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	Tier 3	PA; SP
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	Tier 3	PA; SP
Inflammatory Bowel Agents		
balsalazide disodium oral capsule 750 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 3	PA; SP
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 3	PA; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 3	PA; SP
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 3	PA; SP
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML	Tier 3	PA; SP
mesalamine er oral capsule extended release 24 hour 0.375 gm	Tier 1	
mesalamine er oral capsule extended release 500 mg	Tier 1	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	Tier 1	
mesalamine rectal enema 4 gm	Tier 1	
mesalamine rectal suppository 1000 mg	Tier 1	
mesalamine-cleanser rectal kit 4 gm	Tier 1	
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML	Tier 2	PA; SP
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML	Tier 2	PA; SP
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 200 MG/2ML	Tier 2	PA; SP
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML	Tier 2	PA; SP
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG	Tier 3	
SFROWASA RECTAL ENEMA 4 GM/60ML	Tier 3	
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	Tier 2	PA; SP
sulfasalazine oral tablet 500 mg	Tier 1	
sulfasalazine oral tablet delayed release 500 mg	Tier 1	
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	Tier 2	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	Tier 2	PA; SP
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Tier 2	PA; SP
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML	Tier 2	PA; SP
Intestinal Acidifiers		
enulose oral solution 10 gm/15ml	Tier 1	
generlac oral solution 10 gm/15ml	Tier 1	
lactulose encephalopathy oral solution 10 gm/15ml	Tier 1	
Irritable Bowel Syndrome (Ibs) Agents		
alosetron hcl oral tablet 0.5 mg, 1 mg	Tier 1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	QL (1 EA per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 2	QL (2 EA per 1 day)
Live Fecal Microbiota		
REBYOTA RECTAL SUSPENSION 150 ML	Tier 3	PA; SP
VOWST ORAL CAPSULE	Tier 3	PA; SP; QL (4 EA per 1 day)
Peripheral Opioid Receptor Antagonists		
alvimopan oral capsule 12 mg	Tier 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML	Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG	Tier 2	QL (1 EA per 1 day)
Peroxisome Proliferator-Activated Receptor(Ppar) Agonists		
IQIRVO ORAL TABLET 80 MG	Tier 2	PA; SP
LIVDELZI ORAL CAPSULE 10 MG	Tier 2	PA; SP
Phosphate Binder Agents		
calcium acetate (phos binder) oral capsule 667 mg	Tier 1	
calcium acetate (phos binder) oral tablet 667 mg	Tier 1	
calcium acetate oral tablet 667 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ferric citrate oral tablet 1 gm 210 mg(fe)	Tier 1	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (12 EA per 1 day)
FOSRENOL ORAL PACKET 1000 MG, 750 MG	Tier 3	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (3 EA per 1 day)
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	Tier 1	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	Tier 1	
sevelamer carbonate oral tablet 800 mg	Tier 1	
sevelamer hcl oral tablet 400 mg, 800 mg	Tier 1	
VELPHORO ORAL TABLET CHEWABLE 500 MG	Tier 2	QL (6 EA per 1 day)
Short Bowel Syndrome (Sbs) Agents		
GATTEX SUBCUTANEOUS KIT 5 MG	Tier 2	PA; SP
Tryptophan Hydroxylase Inhibitors		
XERMELO ORAL TABLET 250 MG	Tier 2	PA; SP
General Anesthetics		
Volatile Anesthetics		
desflurane inhalation solution	Tier 1	
isoflurane inhalation solution	Tier 1	
sevoflurane inhalation solution	Tier 1	
TERRELL INHALATION SOLUTION	Tier 1	
Genitourinary Agents - Miscellaneous		
Acidifiers		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 3	
Alkalinizers		
cytra k crystals oral packet 3300-1002 mg	Tier 3	
ORACIT ORAL SOLUTION 490-640 MG/5ML	Tier 3	
oral citrate oral solution 490-640 mg/5ml	Tier 3	
pot & sod cit-cit ac oral solution 550-500-334 mg/5ml	Tier 1	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
potassium citrate-citric acid oral solution 1100-334 mg/5ml	Tier 1	
sod citrate-citric acid oral solution 1.5-1 gm/15ml, 1500-1002 mg/15ml, 3-2 gm/30ml, 3000-2004 mg/30ml, 500-334 mg/5ml	Tier 1	
sodium citrate-citric acid oral solution 1500-1002 mg/15ml, 3000-2004 mg/30ml	Tier 1	
tricitrates oral solution 550-500-334 mg/5ml	Tier 3	
Cystinosis Agents		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 3	SP
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG	Tier 2	PA; SP
PROCYSBI ORAL PACKET 300 MG, 75 MG	Tier 2	PA; SP
Genitourinary Irrigants		
acetic acid irrigation solution 0.25 %	Tier 1	
ARGYLE STERILE SALINE IRRIGATION SOLUTION 0.9 %	Tier 3	
CURITY STERILE SALINE IRRIGATION SOLUTION 0.9 %	Tier 3	
glycine irrigation solution 1.5 %	Tier 1	
glycine urologic irrigation solution 1.5 %	Tier 1	
neomycin-polymyxin b gu irrigation solution 40-200000	Tier 1	
RENACIDIN IRRIGATION SOLUTION	Tier 3	
sodium chloride irrigation solution 0.9 %	Tier 1	
Hyperoxaluria Agents		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5ML	Tier 3	PA; SP
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML	Tier 3	PA; SP
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML	Tier 3	PA; SP
Iga Nephropathy (Igan) Agents		
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 2	PA; SP
VANRAFIA ORAL TABLET 0.75 MG	Tier 2	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Prostatic Hypertrophy Agents		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	Tier 1	
AVODART ORAL CAPSULE 0.5 MG	Tier 1	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	Tier 3	
dutasteride oral capsule 0.5 mg	Tier 1	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	Tier 1	ST: TRIAL OF FINASTERIDE 5MG, ALFUZOSIN, DOXAZOSIN, PRAZOSIN, SILODOSIN, TAMSULOSIN OR TERAZOSIN IN THE PAST 120 DAYS
finasteride oral tablet 5 mg	Tier 1	
silodosin oral capsule 4 mg, 8 mg	Tier 1	
tamsulosin hcl oral capsule 0.4 mg	Tier 1	
Urinary Analgesics		
phenazopyridine hcl oral tablet 100 mg, 200 mg	Tier 1	
PYRIDIUM ORAL TABLET 100 MG, 200 MG	Tier 3	
Urinary Stone Agents		
LITHOSTAT ORAL TABLET 250 MG	Tier 3	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	Tier 2	SP
tiopronin oral tablet 100 mg	Tier 1	SP
tiopronin oral tablet delayed release 100 mg, 300 mg	Tier 1	SP
VENXXIVA ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	Tier 1	SP
Gout Agents		
Gout Agent Combinations		
colchicine-probenecid oral tablet 0.5-500 mg	Tier 1	
Gout Agents		
allopurinol oral tablet 100 mg, 300 mg	Tier 1	
colchicine oral capsule 0.6 mg	Tier 1	QL (2 EA per 1 day)
colchicine oral tablet 0.6 mg	Tier 1	
febuxostat oral tablet 40 mg, 80 mg	Tier 1	
GLOPERBA ORAL SOLUTION 0.6 MG/5ML	Tier 3	PA; QL (10 ML per 1 day)
Uricosurics		
probenecid oral tablet 500 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Hematological Agents - Misc.		
Antihemophilic Products		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 2	SP
adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit	Tier 2	SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT	Tier 2	SP
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML, 300 MG/3ML, 60 MG/1.5ML	Tier 3	PA; SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 3	SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Tier 3	SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 2	SP
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 750 UNIT	Tier 2	SP
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 2	SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT	Tier 3	SP
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT	Tier 3	SP
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT	Tier 2	SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 2	SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	Tier 3	SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	Tier 3	PA; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	Tier 3	SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	Tier 3	SP
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 3	PA; SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT	Tier 2	SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 3000 UNIT, 500 UNIT	Tier 3	SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 2	SP
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	Tier 3	SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	Tier 3	SP
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 2	SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 2	SP
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 2	SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG	Tier 3	SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 3	SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 3	SP
obizur intravenous solution reconstituted 500 unit	Tier 3	SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Tier 3	SP
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2ML	Tier 3	PA; SP
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	Tier 3	PA; SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	Tier 2	SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	Tier 3	SP
rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit	Tier 3	SP
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG	Tier 3	SP
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT	Tier 3	SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT	Tier 3	SP
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT	Tier 3	SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 2	SP
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 2	SP
Bradykinin B2 Receptor Antagonists		
icatibant acetate subcutaneous solution 30 mg/3ml	Tier 1	PA; SP
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	Tier 1	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	Tier 1	PA; SP
Complement Inhibitors		
BERINERT INTRAVENOUS KIT 500 UNIT	Tier 3	PA; SP
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Tier 2	PA; SP
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML	Tier 3	PA; SP
FABHALTA ORAL CAPSULE 200 MG	Tier 2	PA; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	Tier 2	PA; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	Tier 3	PA; SP
TAVNEOS ORAL CAPSULE 10 MG	Tier 3	PA; SP
VOYDEYA ORAL TABLET 100 MG	Tier 3	PA; SP
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG	Tier 3	PA; SP
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML	Tier 3	PA; SP
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
WAYRILZ ORAL TABLET 400 MG	Tier 3	PA; SP
Hematorheologic Agents		
pentoxifylline er oral tablet extended release 400 mg	Tier 1	
Plasma Factor Xiia Inhibitors		
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML	Tier 2	PA; SP
Plasma Kallikrein Inhibitors		
EKTERLY ORAL TABLET 300 MG	Tier 3	PA; SP; QL (4 EA per 1 day)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 3	PA; SP
ORLADEYO ORAL PACKET 108 MG, 132 MG, 72 MG, 96 MG	Tier 3	
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	Tier 2	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Plasma Proteins		
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED 68.8 MG	Tier 3	PA; SP
Platelet Aggregation Inhibitors		
anagrelide hcl oral capsule 0.5 mg, 1 mg	Tier 1	
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	Tier 1	
CABLIVI INJECTION KIT 11 MG	Tier 3	PA; SP
cilostazol oral tablet 100 mg, 50 mg	Tier 1	
clopidogrel bisulfate oral tablet 300 mg	Tier 1	QL (4 EA per 30 days)
clopidogrel bisulfate oral tablet 75 mg	Tier 1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	Tier 1	
prasugrel hcl oral tablet 10 mg, 5 mg	Tier 1	
ticagrelor oral tablet 60 mg	Tier 1	QL (2 EA per 1 day)
ticagrelor oral tablet 90 mg	Tier 1	
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3	QL (1 EA per 1 day)
Prekallikrein-Directed Antisense Oligonucleotides (Aso)		
DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Tier 2	PA; SP; QL (0.8 ML per 28 days)
Pyruvate Kinase Activators		
AQVESME ORAL TABLET 100 MG	Tier 3	PA; SP; QL (2 EA per 1 day)
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 3	PA; SP
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	Tier 3	PA; SP
Hematopoietic Agents		
Agents For Gaucher Disease		
CERDELGA ORAL CAPSULE 84 MG	Tier 2	SP
miglustat oral capsule 100 mg	Tier 1	PA; SP
YARGESA ORAL CAPSULE 100 MG	Tier 1	PA; SP
Agents For Sickle Cell Disease		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	
l-glutamine oral packet 5 gm	Tier 1	PA; SP
SIKLOS ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
SIKLOS ORAL TABLET 1000 MG	Tier 3	ST: TRIAL OF GENERIC HYDROXYUREA AND DROXIA IN THE PAST 365 DAYS

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
XROMI ORAL SOLUTION 100 MG/ML	Tier 3	PA
Cobalamins		
cyanocobalamin injection solution 1000 mcg/ml	Tier 1	
hydroxocobalamin acetate intramuscular solution 1000 mcg/ml	Tier 1	
methylcobalamin injection solution reconstituted 10000 mcg	Tier 1	
Folic Acid/Folates		
cvs folic acid oral tablet 800 mcg	$0	
folate oral tablet 400 mcg	$0	
folic acid injection solution 5 mg/ml	Tier 1	
folic acid oral tablet 1 mg	Tier 1	
folic acid oral tablet 400 mcg, 800 mcg	$0	
ft folic acid oral tablet 400 mcg, 800 mcg	$0	
gnp folic acid oral tablet 400 mcg	$0	
kp folic acid oral tablet 800 mcg	$0	
qc folic acid oral tablet 800 mcg	$0	
true folic acid oral tablet 400 mcg	$0	
yl folic acid oral tablet 400 mcg	$0	
Hematopoietic Growth Factors		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 3	PA; SP
DOPTELET ORAL TABLET 20 MG	Tier 2	PA; SP
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG	Tier 2	PA; SP
eltrombopag olamine oral packet 12.5 mg, 25 mg	Tier 1	PA; SP
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg	Tier 1	PA; SP
eltrombopag olamine tablet 25 mg oral	Tier 1	PA; SP
eltrombopag olamine tablet 25 mg oral	Tier 3	PA; SP
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	Tier 3	PA; SP
MULPLETA ORAL TABLET 3 MG	Tier 3	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier 2	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 2	PA; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Tier 2	PA; SP
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 3	PA; SP
VAFSEO ORAL TABLET 150 MG, 300 MG	Tier 3	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 2	PA; SP
Hematopoietic Mixtures		
cholecal df oral tablet 1-3800 mg-unit	Tier 3	
CIFEREX ORAL CAPSULE 1-3775 MG-UNIT	Tier 3	
DERMACINRX FOLTAMIN ORAL TABLET 125-1 MCG-MG	Tier 3	
folic d3 oral capsule 1-3775 mg-unit	Tier 3	
FOLI-D ORAL TABLET 1-2000 MG-UNIT	Tier 3	
folite oral tablet	Tier 3	
FOLIXAPURE ORAL TABLET 1-5000 MG-UNIT	Tier 3	
FOLIXATE ORAL TABLET 1-125 MG-MCG	Tier 3	
FOLTIRA ORAL TABLET 1000-125 MCG	Tier 3	
FOLTREXYL ORAL TABLET 1-5000 MG-UNIT	Tier 3	
FOLVITE-D ORAL TABLET 1-3775 MG-UNIT	Tier 3	
folvitra oral tablet 1000-125 mcg	Tier 3	
hematinic/folic acid oral tablet 324-1 mg	Tier 3	
ortho df oral capsule 1-3775 mg-unit	Tier 3	
ortho-folic oral capsule 1-3760 mg-unit	Tier 3	
ostachol oral tablet 1-3800 mg-unit	Tier 3	
Stem Cell Mobilizers		
XOLREMDI ORAL CAPSULE 100 MG	Tier 3	PA; SP
Hemostatics		
Hemostatics - Systemic		
aminocaproic acid oral solution 0.25 gm/ml	Tier 1	
aminocaproic acid oral tablet 1000 mg, 500 mg	Tier 1	
tranexamic acid oral tablet 650 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Hemostatics - Topical		
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML	Tier 3	
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM	Tier 3	
GEL-FLOW EXTERNAL KIT	Tier 3	
GELFOAM-JMI POWDER EXTERNAL KIT	Tier 3	
GELFOAM-JMI SPONGE EXTERNAL KIT	Tier 3	
monsels ferric subsulfate external paste	Tier 3	
monsels ferric subsulfate external solution	Tier 3	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT	Tier 3	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT	Tier 3	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT 5000 UNIT	Tier 3	
THROMBIN-JMI EXTERNAL KIT 20000 UNIT, 5000 UNIT	Tier 3	
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT	Tier 3	
THROMBOGEN EXTERNAL KIT 10000 UNIT	Tier 3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED 1000 UNIT, 10000 UNIT	Tier 3	
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML	Tier 3	
TISSEEL EXTERNAL SOLUTION	Tier 3	
VISTASEAL EXTERNAL PREFILLED SYRINGE KIT 10 ML, 2 ML, 4 ML	Tier 3	
Hypnotics/Sedatives/Sleep Disorder Agents		
Barbiturate Hypnotics		
phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml	Tier 1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	Tier 1	
Hypnotics - Tricyclic Agents		
doxepin hcl oral tablet 3 mg, 6 mg	Tier 1	ST: TRIAL OF ZOLPIDEM, ZALEPLON, ESZOPICLONE, DOXEPIN SOLUTION, OR DOXEPIN 10MG CAPSULE IN THE PAST 120 DAYS; QL (1 EA per 1 day)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Non-Barbiturate Hypnotics		
estazolam oral tablet 1 mg, 2 mg	Tier 1	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Tier 1	QL (1 EA per 1 day)
flurazepam hcl oral capsule 15 mg, 30 mg	Tier 1	
midazolam hcl (pf) injection solution 10 mg/2ml, 5 mg/ml	Tier 1	
midazolam hcl injection solution 10 mg/2ml, 5 mg/ml	Tier 1	
midazolam hcl oral syrup 2 mg/ml	Tier 1	
MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML	Tier 3	
quazepam oral tablet 15 mg	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING ORAL GENERICS: ESZOPICLONE, FLURAZEPAM, TEMAZEPAM, ZALEPLON, OR ZOLPIDEM IN THE PAST 120 DAYS
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Tier 1	
triazolam oral tablet 0.125 mg, 0.25 mg	Tier 1	
zaleplon oral capsule 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	Tier 1	QL (1 EA per 1 day)
zolpidem tartrate oral tablet 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	Tier 1	QL (1 EA per 1 day)
Orexin Receptor Antagonists		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 2	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
QUVIVIQ ORAL TABLET 25 MG, 50 MG	Tier 3	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
Selective Melatonin Receptor Agonists		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 3	PA; SP
ramelteon oral tablet 8 mg	Tier 1	ST: TRIAL OF ZOLPIDEM IR, ZALEPLON, OR ESZOPICLONE IN THE PAST 120 DAYS

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
tasimelteon oral capsule 20 mg	Tier 1	PA; SP
Laxatives		
Laxative Combinations		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/175ML	$0	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	$0	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	$0	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	$0	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	$0	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	$0	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
peg-3350/electrolytes oral solution reconstituted 236 gm	$0	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	$0	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	$0	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
PEG-PREP ORAL KIT 5-210 MG-GM	$0	$0 COPAY IF FILL OF 2 IN 365 DAYS AND 45-75 YEARS OF AGE
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	$0	ST: TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP IN THE LAST 120 DAYS; $0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (3 EA per 1 FILL)
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM	$0	ST: TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP IN THE LAST 120 DAYS; $0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (2 EA per 1 FILL)
SUTAB ORAL TABLET 1479-225-188 MG	$0	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
Laxatives - Miscellaneous		
constulose oral solution 10 gm/15ml	Tier 1	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	Tier 1	
VIBRANT ORAL CAPSULE	Tier 3	
VIBRANT STARTER KIT ORAL KIT	Tier 3	
Local Anesthetics-Parenteral		
Local Anesthetic Combinations		
lets kit	Tier 3	
MARVONA SUIK COMBINATION KIT 0.5 %	Tier 3	
MARVONA-25 SUIK COMBINATION KIT 0.25 %	Tier 3	
Local Anesthetics - Amides		
bupivacaine hcl injection solution prefilled syringe 0.125 % (50 ml)	Tier 1	
Macrolides		
Azithromycin		
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Tier 1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	Tier 1	
ZITHROMAX ORAL TABLET 500 MG	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Clarithromycin		
clarithromycin er oral tablet extended release 24 hour 500 mg	Tier 1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	
clarithromycin oral tablet 250 mg, 500 mg	Tier 1	
Erythromycins		
E.E.S. 400 ORAL TABLET 400 MG	Tier 3	
erythromycin base oral capsule delayed release particles 250 mg	Tier 1	
erythromycin base oral tablet 250 mg, 500 mg	Tier 1	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	Tier 1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	Tier 1	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	Tier 1	
Fidaxomicin		
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG	Tier 1	QL (2 EA per 1 day)
fidaxomicin oral tablet 200 mg	Tier 1	QL (2 EA per 1 day)
Medical Devices And Supplies		
Bandages-Dressings-Tape		
AMD FOAM DRESSING PAD 3-1/2"X3" , 4"X4" , 6"X6"	Tier 3	
AMD FOAM DRESSING TOPSHEET PAD 4"X4"	Tier 3	
CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4"	Tier 3	
CURITY AMD ANTIMICROBIAL STRIP	Tier 3	
CURITY IODOFORM PACKING STRIP	Tier 3	
CURITY WOUND CLOSURE 1/2"X4"	Tier 3	
CURITY WOUND CLOSURE 1/4"X1.5"	Tier 3	
CURITY WOUND CLOSURE 1/4"X3"	Tier 3	
CURITY WOUND CLOSURE 1/4"X4"	Tier 3	
CURITY WOUND CLOSURE 1/8"X3"	Tier 3	
EXCILON AMD DRAIN SPONGES PAD 4"X4"	Tier 3	
KERLIX AMD ANTIMICROBIAL	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
KERLIX AMD SUPER SPONGES PAD 6"X6-3/4"	Tier 3	
TELFA AMD ISLAND DRESSING PAD 4"X5" , 4"X8"	Tier 3	
TELFA AMD NON-ADHERENT PAD 3"X8"	Tier 3	
Contraceptives		
aimsco lubricated	$0	IF QL=60 THEN $0 COPAY
CAYA VAGINAL DIAPHRAGM	$0	
condoms	$0	IF QL=60 THEN $0 COPAY
DUREX EXTRA SENSITIVE THIN	$0	IF QL=60 THEN $0 COPAY
DUREX EXTRA SENSITIVE THIN DEVICE	$0	IF QL=60 THEN $0 COPAY
DUREX REALFEEL DEVICE	$0	IF QL=60 THEN $0 COPAY
DUREX TROPICAL	$0	IF QL=60 THEN $0 COPAY
FANTASY LUBRICATED	$0	IF QL=60 THEN $0 COPAY
FANTASY LUBRICATED/SPERMICIDE	$0	IF QL=60 THEN $0 COPAY
FC2 FEMALE CONDOM	$0	IF QS LIMIT=60 THEN $0 COPAY AND TIER=10.|IF QL/DAY=1 THEN $0 COPAY AND TIER=10.
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	$0	
KAMELEON LUBRICATED	$0	IF QL=60 THEN $0 COPAY
kimono	$0	IF QL=60 THEN $0 COPAY
KIMONO COLORS DEVICE	$0	IF QL=60 THEN $0 COPAY
KIMONO MAXX-LARGE FLARE	$0	IF QL=60 THEN $0 COPAY
kimono micro thin	$0	IF QL=60 THEN $0 COPAY
kimono micro thin plus	$0	IF QL=60 THEN $0 COPAY
kimono plus	$0	IF QL=60 THEN $0 COPAY
kimono ps	$0	IF QL=60 THEN $0 COPAY
kimono ps plus	$0	IF QL=60 THEN $0 COPAY
kimono sensation	$0	IF QL=60 THEN $0 COPAY
kimono sensation plus	$0	IF QL=60 THEN $0 COPAY
KIMONO SPECIAL DEVICE	$0	IF QL=60 THEN $0 COPAY
maxx	$0	IF QL=60 THEN $0 COPAY
maxx plus	$0	IF QL=60 THEN $0 COPAY
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	$0	
REALITY LATEX CONDOMS	$0	IF QL=60 THEN $0 COPAY
REALITY LATEX/ULTRA TEXTURED DEVICE	$0	IF QL=60 THEN $0 COPAY
REALITY LATEX/ULTRA THIN DEVICE	$0	IF QL=60 THEN $0 COPAY
TROJAN BARESKIN DEVICE	$0	IF QL=60 THEN $0 COPAY

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
TROJAN ENZ	$0	IF QL=60 THEN $0 COPAY
TROJAN MAGNUM	$0	IF QL=60 THEN $0 COPAY
TROJAN ULTRA RIBBED LUBRICATED DEVICE	$0	IF QL=60 THEN $0 COPAY
TROJAN ULTRA THIN	$0	IF QL=60 THEN $0 COPAY
TROJAN ULTRA THIN/SPERMICIDAL	$0	IF QL=60 THEN $0 COPAY
TROJAN-ENZ LUBRICATED	$0	IF QL=60 THEN $0 COPAY
TROJAN-ENZ/SPERMICIDAL	$0	IF QL=60 THEN $0 COPAY
true cover device	$0	IF QL=60 THEN $0 COPAY
TRUSTEX COLOR CONDOMS + LUBE	$0	IF QL=60 THEN $0 COPAY
TRUSTEX LUB/RIBBED/STUDDED	$0	IF QL=60 THEN $0 COPAY
TRUSTEX LUB/SPERMICIDE EX ST	$0	IF QL=60 THEN $0 COPAY
TRUSTEX LUB/SPERMICIDE XL	$0	IF QL=60 THEN $0 COPAY
TRUSTEX LUBRICATED	$0	IF QL=60 THEN $0 COPAY
TRUSTEX LUBRICATED EX LARGE	$0	IF QL=60 THEN $0 COPAY
TRUSTEX LUBRICATED EXTRA ST	$0	IF QL=60 THEN $0 COPAY
TRUSTEX LUBRICATED/SPERMICIDE	$0	IF QL=60 THEN $0 COPAY
TRUSTEX NATURAL CONDOMS + LUBE	$0	IF QL=60 THEN $0 COPAY
TRUSTEX NON-LUBRICATED	$0	IF QL=60 THEN $0 COPAY
TRUSTEX RIA LUB/SPERMICIDE	$0	IF QL=60 THEN $0 COPAY
TRUSTEX RIA LUBRICATED	$0	IF QL=60 THEN $0 COPAY
TRUSTEX RIA NON-LUBRICATED	$0	IF QL=60 THEN $0 COPAY
TRUSTEX-NONOXYNOL-9/RIB/STUD	$0	IF QL=60 THEN $0 COPAY
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	$0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	$0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	$0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	$0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	$0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	$0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	$0	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	$0	
Diabetic Supplies		
ACCU-CHEK FASTCLIX LANCETS	Tier 2	
ACCU-CHEK SAFE-T PRO LANCETS	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS	Tier 2	
acti-lance 28g	Tier 2	
acti-lance lite lancets 28g	Tier 2	
acti-lance special lancets 17g	Tier 2	
acti-lance universal 23g	Tier 2	
advanced mobile lancet	Tier 2	
advantage safety lancets 28g	Tier 2	
ADVOCATE LANCETS	Tier 2	
ADVOCATE LANCETS 30G	Tier 2	
ADVOCATE SAFETY LANCETS	Tier 2	
ADVOCATE SAFETY LANCETS 21G	Tier 2	
ADVOCATE SAFETY LANCETS 23G	Tier 2	
ADVOCATE SAFETY LANCETS 26G	Tier 2	
ADVOCATE SAFETY LANCETS 28G	Tier 2	
AGAMATRIX ULTRA-THIN LANCETS	Tier 2	
aimsco twist lancets 32g	Tier 2	
AIMSCO TWIST LANCETS 33G	Tier 2	
AQUALANCE LANCETS 30G	Tier 2	
assure comfort lancets 28g	Tier 2	
ASSURE LANCE LANCETS	Tier 2	
ASSURE LANCE LANCETS 21G	Tier 2	
ASSURE LANCE PLUS SAFETY 25G	Tier 2	
ASSURE LANCE PLUS SAFETY 30G	Tier 2	
ASSURE LANCE SAFETY LANCET 28G	Tier 2	
aurora lancet super thin 30g	Tier 2	
aurora lancet thin 23g	Tier 2	
BD MICROTAINER LANCETS	Tier 2	
CAREONE LANCET SUPER THIN 30G	Tier 2	
careone lancet thin 23g	Tier 2	
CARESENS LANCETS	Tier 2	
CARESENS LANCETS 30G	Tier 2	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
CARETOUCH SAFETY LANCETS	Tier 2	
CARETOUCH SAFETY LANCETS 26G	Tier 2	
CARETOUCH TWIST LANCETS 28G	Tier 2	
CARETOUCH TWIST LANCETS 30G	Tier 2	
CARETOUCH TWIST LANCETS 33G	Tier 2	
CARETOUCH TWIST MC LANCETS 30G	Tier 2	
CHOSEN LANCETS 30G	Tier 2	
CHOSEN SAFETY LANCETS 28G	Tier 2	
CLEANLET LANCETS 28G	Tier 2	
CLEVER CHEK LANCETS	Tier 2	
CLEVER CHOICE COMFORT EZ	Tier 2	
CLEVER CHOICE LANCETS 21G	Tier 2	
CLEVER CHOICE LANCETS 23G	Tier 2	
CLEVER CHOICE LANCETS 28G	Tier 2	
COAGUCHEK LANCETS	Tier 2	
comfort assured lancets 28g	Tier 2	
comfort assured lancets 33g	Tier 2	
COMFORT TOUCH LANCETS 31G	Tier 2	
COMFORT TOUCH PLUS LANCETS 28G	Tier 2	
COMFORT TOUCH PLUS LANCETS 30G	Tier 2	
COMFORT TOUCH TWIST LANCET 30G	Tier 2	
cvs lancets original	Tier 2	
cvs lancets thin 26g	Tier 2	
cvs ultra thin lancets	Tier 2	
DEXCOM G7 15 DAY SENSOR	Tier 2	QL (2 EA per 30 days)
DEXCOM G7 RECEIVER DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G7 SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 10 days)
diabetes monitor digit add-on kit	Tier 3	
diabetes monitor digit soln kit	Tier 3	
DIATHRIVE LANCET ULTRA THIN 30	Tier 2	
DIATHRIVE LANCETS	Tier 2	
DROPLET LANCETS ULTRA THIN 30G	Tier 2	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
DROPLET PERSONAL LANCETS 30G	Tier 2	
DROPSAFE ACTI-LANCE 23G	Tier 2	
DROPSAFE MEDLANCE LANCET 30G	Tier 2	
DRUG MART ON-THE-GO LANCET 30G	Tier 2	
DRUG MART UNILET LANCETS 28G	Tier 2	
DRUG MART UNILET LANCETS 30G	Tier 2	
DRUG MART UNILET LANCETS 33G	Tier 2	
easy comfort lancets	Tier 2	
easy comfort lancets twist top	Tier 2	
EASY TOUCH LANCETS 21G	Tier 2	
EASY TOUCH LANCETS 23G	Tier 2	
EASY TOUCH LANCETS 26G	Tier 2	
EASY TOUCH LANCETS 28G	Tier 2	
EASY TOUCH LANCETS 28G/TWIST	Tier 2	
EASY TOUCH LANCETS 30G	Tier 2	
EASY TOUCH LANCETS 30G/TWIST	Tier 2	
EASY TOUCH LANCETS 32G	Tier 2	
EASY TOUCH LANCETS 32G/TWIST	Tier 2	
EASY TOUCH LANCETS 33G/TWIST	Tier 2	
EASY TOUCH SAFETY LANCETS 21G	Tier 2	
EASY TOUCH SAFETY LANCETS 23G	Tier 2	
EASY TOUCH SAFETY LANCETS 26G	Tier 2	
EASY TOUCH SAFETY LANCETS 28G	Tier 2	
EMBRACE LANCETS ULTRA THIN 30G	Tier 2	
EMBRACE PRESSURE ACTIVATED 21G	Tier 2	
EMBRACE PRESSURE ACTIVATED 28G	Tier 2	
ENLITE GLUCOSE SENSOR	Tier 3	
EVERSENSE 365 SENSOR/HOLDER	Tier 3	PA
EVERSENSE 365 SMART TRANSMIT	Tier 3	PA
EVERSENSE SENSOR/HOLDER	Tier 3	PA
EVERSENSE SMART TRANSMITTER	Tier 3	PA
extended infusion set 23"/6mm	Tier 3	
extended infusion set 23"/9mm	Tier 3	
extended infusion set 32"/6mm	Tier 3	
extended infusion set 32"/9mm	Tier 3	
FIFTY50 SAFETY SEAL LANCETS	Tier 2	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
FIFTY50 UNILET LANCETS 33G	Tier 2	
FINGERSTIX LANCETS	Tier 2	
fondcircle single use lancets	Tier 2	
FORA LANCETS	Tier 2	
FREESTYLE LANCETS	Tier 2	
FREESTYLE LIBRE 14 DAY READER DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 14 days)
FREESTYLE LIBRE 2 PLUS SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 14 days)
FREESTYLE LIBRE 2 READER DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 14 days)
FREESTYLE LIBRE 3 PLUS SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 14 days)
FREESTYLE LIBRE 3 READER DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 14 days)
FREESTYLE UNISTICK II LANCETS	Tier 2	
GENTEEL BUTTERFLY TOUCH LANCET	Tier 2	
global inject ease lancets 28g	Tier 2	
global inject ease lancets 30g	Tier 2	
GLUCOCOM LANCETS 28G	Tier 2	
GLUCOCOM LANCETS 30G	Tier 2	
GLUCOCOM LANCETS 33G	Tier 2	
gnp sterile lancets 28g	Tier 2	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
gnp sterile lancets 30g	Tier 2	
gnp sterile lancets 33g	Tier 2	
GOJJI STERILE LANCETS	Tier 2	
GUARDIAN 4 GLUCOSE SENSOR	Tier 3	PA
GUARDIAN 4 TRANSMITTER	Tier 3	PA
GUARDIAN LINK 3 TRANSMITTER	Tier 3	PA
GUARDIAN SENSOR (3)	Tier 3	PA
guardian sensor 3	Tier 3	PA
HAEMOLANCE	Tier 2	
HAEMOLANCE LOW FLOW LANCETS	Tier 2	
HAEMOLANCE PLUS	Tier 2	
HAEMOLANCE PLUS HIGH FLOW	Tier 2	
HAEMOLANCE PLUS LOW FLOW	Tier 2	
HAEMOLANCE PLUS MAX FLOW	Tier 2	
HAEMOLANCE PLUS PEDIATRIC FLOW	Tier 2	
h-e-b incontrol lancets 28g	Tier 2	
h-e-b incontrol lancets 30g	Tier 2	
h-e-b incontrol lancets 33g	Tier 2	
HY-VEE LANCETS	Tier 2	
hy-vee thin lancets	Tier 2	
ilet insulin pump device	Tier 3	PA
IN TOUCH STERILE LANCETS 30G	Tier 2	
kinney lancets	Tier 2	
kinney thin lancets	Tier 2	
KROGER HEALTHPRO LANCET 26G	Tier 2	
kroger lancets	Tier 2	
kroger lancets super thin	Tier 2	
kroger lancets thin	Tier 2	
lancets	Tier 2	
lancets 28g thin	Tier 2	
lancets 30g	Tier 2	
lancets 33g	Tier 2	
lancets micro thin 33g	Tier 2	
LANCETS SUPER THIN	Tier 2	
lancets super thin 28g	Tier 2	
lancets thin	Tier 2	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
LANCETS ULTRA THIN	Tier 2	
lancets ultra thin 30g	Tier 2	
LIBERTY MEDICAL LANCETS	Tier 2	
lite touch lancets	Tier 2	
LITETOUCH LANCETS	Tier 2	
live better lancet super thin	Tier 2	
medichoice safety lancet	Tier 2	
medichoice safety lancet extra	Tier 2	
medichoice safety lancet norm	Tier 2	
MEDLANCE PLUS EXTRA 21G	Tier 2	
MEDLANCE PLUS LITE 25G	Tier 2	
MEDLANCE PLUS SPECIAL 0.8MM	Tier 2	
MEDLANCE PLUS SUPERLITE 30G	Tier 2	
MEDLANCE PLUS UNIVERSAL 21G	Tier 2	
MEIJER LANCETS	Tier 2	
MEIJER LANCETS UNIVERSAL 21G	Tier 2	
MEIJER LANCETS UNIVERSAL 30G	Tier 2	
MEIJER LANCETS UNIVERSAL 33G	Tier 2	
MICROLET LANCETS	Tier 2	
MICROLET NEXT LANCETS	Tier 2	
MINIMED 780G INSULIN PUMP KIT	Tier 3	PA
MM TWIST LANCETS	Tier 2	
mobile lancets 30g	Tier 2	
MONOLET LANCETS	Tier 2	
MONOLET OPD LANCETS	Tier 2	
MONOLETTOR SAFETY LANCETS	Tier 2	
MYGLUCOHEALTH LANCETS 30G	Tier 2	
NOVA SAFETY LANCETS 23G	Tier 2	
NOVA SAFETY LANCETS 28G	Tier 2	
NOVA SUREFLEX LANCETS	Tier 2	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	Tier 2	QL (1 EA per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5	Tier 2	
OMNIPOD 5 LIBRE INTRO KIT	Tier 2	QL (1 EA per 365 days)
OMNIPOD 5 LIBRE PODS	Tier 2	
OMNIPOD DASH INTRO (GEN 4) KIT	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH PDM (GEN 4) KIT	Tier 2	QL (1 EA per 365 days)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
OMNIPOD DASH PODS (GEN 4)	Tier 2	
ONETOUCH DELICA PLUS LANCET30G	Tier 2	
ONETOUCH DELICA PLUS LANCET33G	Tier 2	
ONETOUCH DELICA SAFETY LANCING	Tier 3	
ONETOUCH ULTRASOFT 2 LANCETS	Tier 2	
PERFECT LANCETS 28G	Tier 2	
PERFECT LANCETS 30G	Tier 2	
PERFECT POINT SAFETY LANCETS	Tier 2	
PHARMACIST CHOICE LANCETS	Tier 2	
pip lancets 28g	Tier 2	
pip lancets 30g	Tier 2	
pro comfort lancets 30g	Tier 2	
pro comfort lancets 31g	Tier 2	
pro comfort safety lancets 30g	Tier 2	
PRODIGY LANCETS 28G	Tier 2	
PRODIGY SAFETY LANCETS 26G	Tier 2	
PRODIGY TWIST TOP LANCETS 28G	Tier 2	
pure comfort lancets 30g	Tier 2	
pure comfort safety lancet 30g	Tier 2	
px lancets microthin 33g	Tier 2	
px lancets ultra thin 28g	Tier 2	
qc lancets super thin 30g	Tier 2	
qc lancets ultra thin	Tier 2	
qc unilet lancets 28g	Tier 2	
qc unilet lancets micro thin	Tier 2	
READYLANCE SAFETY LANCETS	Tier 2	
reality lancets	Tier 2	
reality trigger lancets	Tier 2	
RELION LANCET DEVICES 30G	Tier 3	
RELION LANCETS	Tier 3	
RELION LANCETS MICRO-THIN 33G	Tier 2	
RELION LANCETS THIN 26G	Tier 2	
RELION LANCETS ULTRA-THIN 30G	Tier 2	
RELION ULTRA THIN LANCETS 30G	Tier 2	
RIGHTEST GL300 LANCETS	Tier 2	
safety lancet 30g/pressure act	Tier 2	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
SAFETY LANCETS	Tier 2	
SAFETY LANCETS 21G	Tier 2	
SAFETY LANCETS 23G	Tier 2	
safety lancets 28g	Tier 2	
saps health plus lancets	Tier 2	
saps health twist top lancets	Tier 2	
saps twist top lancets	Tier 2	
sapscare twist top lancets	Tier 2	
sb lancets thin	Tier 2	
sb lancets ultra thin	Tier 2	
SENSILANCE SAFETY LANCETS 21G	Tier 2	
SENSILANCE SAFETY LANCETS 26G	Tier 2	
SENSILANCE SAFETY LANCETS 28G	Tier 2	
SIMPLERA SENSOR	Tier 3	PA
SIMPLERA SYNC SENSOR	Tier 3	PA
SIMPLERA SYSTEM	Tier 3	PA
SINGLE-LET	Tier 2	
SMARTEST LANCETS 28G	Tier 2	
SOLUS V2 LANCETS 28G	Tier 2	
SOLUS V2 TWIST LANCETS 30G	Tier 2	
STERILANCE TL	Tier 2	
super thin lancets	Tier 2	
sure comfort lancets 18g	Tier 2	
sure comfort lancets 21g	Tier 2	
sure comfort lancets 23g	Tier 2	
sure comfort lancets 28g	Tier 2	
sure comfort lancets 30g	Tier 2	
SURELITE LANCETS	Tier 2	
T:SLIM X2 BASAL-IQ PUMP DEVICE	Tier 3	PA
T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVICE	Tier 3	PA
T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVICE	Tier 3	PA
T:SLIM X2 INSULIN PMP BASAL6.4 DEVICE	Tier 3	PA
T:SLIM X2 INSULIN PUMP DEVICE	Tier 3	PA
T:SLIM X2 STARTER 7.10 KIT	Tier 3	
TANDEM MOBI AUTOSOFT 30 KIT	Tier 3	
TANDEM MOBI AUTOSOFTXC 14PK23"	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
TANDEM MOBI SYSTEM STARTER KIT	Tier 3	PA
TECHLITE AST LANCETS	Tier 2	
TECHLITE LANCETS	Tier 2	
TECHLITE LANCETS 26G	Tier 2	
todays health thin lancets 28g	Tier 2	
todays health thin lancets 30g	Tier 2	
TRAVEL LANCETS ADVANCED 28G	Tier 2	
true comfort safety lancets	Tier 2	
true comfort twist top lancets	Tier 2	
TRUEPLUS LANCETS 26G	Tier 2	
TRUEPLUS LANCETS 28G	Tier 2	
TRUEPLUS LANCETS 30G	Tier 2	
TRUEPLUS LANCETS 33G	Tier 2	
TRUEPLUS SAFETY LANCETS 28G	Tier 2	
TWIIST REFILL KIT KIT	Tier 2	
TWIIST REFILL KIT/INFUSION SET KIT	Tier 2	
TWIIST STARTER KIT KIT	Tier 2	QL (1 EA per 365 days)
twist top lancets 30g	Tier 2	
ULTILET CLASSIC LANCETS	Tier 2	
ULTILET LANCETS	Tier 2	
ULTILET SAFETY LANCETS	Tier 2	
ULTILET SAFETY LANCETS 23G	Tier 2	
ultra thin lancets 31g	Tier 2	
ultra-care lancets 30g	Tier 2	
ultra-care safety lancets 30g	Tier 2	
ULTRA-THIN II AUTO LANCET	Tier 2	
ULTRA-THIN II LANCETS	Tier 2	
UNILET COMFORTOUCH LANCET	Tier 2	
UNILET EXCELITE	Tier 2	
UNILET EXCELITE II	Tier 2	
UNILET G.P. LANCET	Tier 2	
UNILET G.P. SUPERLITE LANCET	Tier 2	
UNILET GP 28 ULTRA THIN	Tier 2	
UNILET LANCET	Tier 2	
UNILET MICRO-THIN 33G	Tier 2	
UNILET SUPERLITE LANCET	Tier 2	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
UNILET SUPER-THIN 30G	Tier 2	
UNILET ULTRA-THIN 28G	Tier 2	
UNISTIK 1	Tier 2	
UNISTIK 2	Tier 2	
UNISTIK 2 COMFORT	Tier 2	
UNISTIK 2 EXTRA	Tier 2	
UNISTIK 2 NEONATAL	Tier 2	
UNISTIK 2 NORMAL	Tier 2	
UNISTIK 2 SUPER	Tier 2	
UNISTIK 3	Tier 2	
UNISTIK 3 COMFORT	Tier 2	
UNISTIK 3 EXTRA	Tier 2	
UNISTIK 3 GENTLE	Tier 2	
UNISTIK 3 NEONATAL	Tier 2	
UNISTIK 3 NORMAL	Tier 2	
UNISTIK CZT COMFORT	Tier 2	
UNISTIK CZT NORMAL	Tier 2	
UNISTIK NORMAL	Tier 2	
UNISTIK PRO SAFETY LANCET	Tier 2	
UNISTIK SAFETY LANCETS 28G	Tier 2	
UNISTIK SAFETY LANCETS 30G	Tier 2	
UNISTIK TOUCH SAFETY LANC 21G	Tier 2	
UNISTIK TOUCH SAFETY LANC 23G	Tier 2	
UNISTIK TOUCH SAFETY LANC 28G	Tier 2	
UNISTIK TOUCH SAFETY LANC 30G	Tier 2	
VERIFINE SAFE LANCET MINI 21G	Tier 2	
VERIFINE SAFE LANCET MINI 23G	Tier 2	
VERIFINE SAFE LANCET MINI 28G	Tier 2	
VERIFINE SAFE LANCET MINI 30G	Tier 2	
VERIFINE UNIVERSAL LANCETS 28G	Tier 2	
VERIFINE UNIVERSAL LANCETS 30G	Tier 2	
VERIFINE UNIVERSAL LANCETS 33G	Tier 2	
V-GO 20 KIT 20 UNIT/24HR	Tier 2	
V-GO 30 KIT 30 UNIT/24HR	Tier 2	
V-GO 40 KIT 40 UNIT/24HR	Tier 2	
VIVAGUARD LANCETS	Tier 2	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
VIVAGUARD LANCETS 30G	Tier 2	
VIVAGUARD SAFETY LANCETS 28G	Tier 2	
zevrx twist top lancets 30g	Tier 2	
Foot Care Products		
BIOFREQUENCY INSOLES	Tier 3	
Gi-Gu Ostomy & Irrigation Supplies		
URESTA STARTER KIT	Tier 3	
yoni fit bladder support kit 1 vaginal device	Tier 3	
yoni fit bladder support kit 2 vaginal device	Tier 3	
yoni fit bladder support kit 3 vaginal device	Tier 3	
yoni fit bladder support kit 4 vaginal device	Tier 3	
yoni fit bladder support kit 5 vaginal device	Tier 3	
Impotence Aids		
RAPPORT RLS KIT	Tier 3	
RAPPORT VTD KIT	Tier 3	
Misc. Devices		
alcoh-wipe sheet	Tier 3	
essentra wipes 9x9" sheet 70 %	Tier 3	
Oral Hygiene Products		
MI PASTE DENTAL PASTE	Tier 3	
MI PASTE PLUS DENTAL PASTE	Tier 3	
REMESENSE DENTAL 3 %	Tier 3	
Parenteral Therapy Supplies		
AUTOJECT 2	Tier 3	
autopen device	Tier 3	
BD AUTOSHIELD DUO 30G X 5 MM	Tier 2	
BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ML	Tier 2	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	Tier 2	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
BD PEN	Tier 3	
BD PEN MINI	Tier 3	
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM	Tier 2	
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM	Tier 2	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	Tier 2	
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	Tier 2	
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM	Tier 2	
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM	Tier 2	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	Tier 2	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	Tier 2	
CEQUR SIMPLICITY 2U DEVICE	Tier 2	QL (10 EA per 30 days)
CEQUR SIMPLICITY INSERTER	Tier 2	QL (1 EA per 365 days)
CEQUR SIMPLICITY STARTER KIT	Tier 3	PA
EMBECTA AUTOSHIELD DUO 30G X 5 MM	Tier 2	
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML	Tier 2	
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	Tier 2	
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM	Tier 2	
EMBECTA PEN NEEDLE NANO 32G X 4 MM	Tier 2	
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM	Tier 2	
HAN-EASE	Tier 3	
inject-ease	Tier 3	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	Tier 2	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	Tier 2	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	Tier 2	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	Tier 2	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	Tier 2	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	Tier 2	
J-TIP KIT W/VIAL ADAPTERS KIT	Tier 3	
NORDIPEN 5 INJECTION DEVICE	Tier 3	
NORDIPEN DELIVERY SYSTEM	Tier 3	
NOVOPEN ECHO DEVICE	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Migraine Products		
Calcitonin Gene-Related Peptide (Cgrp) Receptor Antag		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA; QL (1 ML per 30 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	Tier 2	PA; QL (1.5 ML per 30 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	Tier 2	PA; QL (1.5 ML per 30 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 2	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	Tier 2	PA; QL (1 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Tier 2	PA; QL (1 ML per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	Tier 2	PA; QL (18 EA per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Tier 2	PA; QL (1 EA per 1 day)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 2	PA; QL (16 EA per 30 days)
Migraine Combinations		
CAFERGOT ORAL TABLET 1-100 MG	Tier 3	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (10 EA per 7 days)
ergotamine-caffeine oral tablet 1-100 mg	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (10 EA per 7 days)
Migraine Products		
dihydroergotamine mesylate injection solution 1 mg/ml	Tier 1	ST: TRIAL OF ONE OF THE FOLLOWING: SUMATRIPTAN INJECTION [CARTRIDGE, PEN, SYRINGE], SUMATRIPTAN INTRANASAL OR ZOLMITRIPTAN INTRANASAL IN THE PAST 120 DAYS; QL (15 ML per 14 days)
dihydroergotamine mesylate nasal solution 4 mg/ml	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (8 ML per 28 days)
Migraine Products - Nsaids		
ELYXYB ORAL SOLUTION 120 MG/4.8ML	Tier 3	PA

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Serotonin Agonists		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (18 EA per 30 days)
eletriptan hydrobromide oral tablet 20 mg, 40 mg	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (18 EA per 30 days)
frovatriptan succinate oral tablet 2.5 mg	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (18 EA per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML	Tier 3	QL (18 ML per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	Tier 3	QL (18 ML per 30 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg	Tier 1	QL (18 EA per 30 days)
RELPAX ORAL TABLET 20 MG, 40 MG	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (18 EA per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 2	PA; QL (8 EA per 30 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	Tier 1	QL (27 EA per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	Tier 1	QL (27 EA per 30 days)
sumatriptan nasal solution 20 mg/act	Tier 1	QL (18 EA per 30 days)
sumatriptan nasal solution 5 mg/act	Tier 1	QL (36 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	Tier 1	QL (18 EA per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	Tier 1	QL (18 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	Tier 1	QL (18 ML per 30 days)
zolmitriptan nasal solution 2.5 mg, 5 mg	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (18 EA per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (18 EA per 30 days)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (18 EA per 30 days)
ZOMIG NASAL SOLUTION 2.5 MG	Tier 3	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (18 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (18 EA per 30 days)
Minerals & Electrolytes		
Calcium		
CALCIFOL ORAL WAFER 1342-1.6 MG	Tier 3	
Fluoride		
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML	Tier 3	
sodium fluoride oral solution 0.5 mg/ml, 1.1 (0.5 f) mg/ml	$0	$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	$0	$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
Phosphate		
K-PHOS ORAL TABLET 500 MG	Tier 3	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG	Tier 3	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	Tier 3	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG	Tier 3	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG	Tier 3	
Potassium		
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ, 25 MEQ	Tier 3	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 1	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	Tier 1	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
KLOR-CON ORAL PACKET 20 MEQ	Tier 1	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	Tier 1	
KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ	Tier 1	
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	Tier 1	
potassium chloride er oral capsule extended release 10 meq, 8 meq	Tier 1	
potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq	Tier 1	
potassium chloride oral packet 20 meq	Tier 1	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	Tier 1	
Sodium		
sodium chloride (pf) injection solution 0.9 %	Tier 1	
sodium chloride intravenous solution 0.45 %, 0.9 %	Tier 1	
Trace Minerals		
ZYCUBO SUBCUTANEOUS SOLUTION RECONSTITUTED 2.9 MG	Tier 3	PA; SP; QL (1 EA per 1 day)
Zinc		
GALZIN ORAL CAPSULE 25 MG, 50 MG	Tier 3	
Miscellaneous Therapeutic Classes		
Chelating Agents		
CUVRIOR ORAL TABLET 300 MG	Tier 3	PA; SP
penicillamine oral capsule 250 mg	Tier 1	PA; SP
penicillamine oral tablet 250 mg	Tier 1	PA; SP
trientine hcl oral capsule 250 mg, 500 mg	Tier 1	PA; SP
Continuous Renal Replacement Therapy (Crrt) Solutions		
phoxillum b22k4/0 extracorporeal solution 22-4-1 meq-mmol/l	Tier 3	
phoxillum bk4/2.5 extracorporeal solution 32-4-2.5-1 meq-mmol/l	Tier 3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION 22-4 MEQ/L	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION 32-2.5 MEQ/L	Tier 3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION 32-2 MEQ/L	Tier 3	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION 32-2-3.5 MEQ/L	Tier 3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION 32-4-1.2 MEQ/L	Tier 3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5 MEQ/L	Tier 3	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION 32-1.2 MEQ/L	Tier 3	
REGIOCIT EXTRACORPOREAL SOLUTION 0.529 %	Tier 3	
trisodium citrate/crrt extracorporeal solution	Tier 3	
trisodium citrate/crrt solution extracorporeal	Tier 1	
Digital Therapy		
natural cycles contraceptive	$0	
Homeopathic Products		
ACUNOL ORAL TABLET	Tier 3	
COLCIGEL EXTERNAL GEL	Tier 3	
ECZEMOL ORAL TABLET	Tier 3	
morcin external cream	Tier 3	
PSORIZIDE FORTE ORAL TABLET 30-1-15 MG	Tier 3	
PSORIZIDE ULTRA ORAL TABLET	Tier 3	
SPEEDGEL RX EXTERNAL GEL	Tier 3	
streptococcinum 30c sublingual pellet	Tier 3	
TRANZGEL EXTERNAL GEL	Tier 3	
Immunomodulators		
JOENJA ORAL TABLET 70 MG	Tier 3	PA; SP
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Tier 1	PA; SP
REZUROCK ORAL TABLET 200 MG	Tier 2	PA; SP
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 2	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML	Tier 3	PA; SP
Immunosuppressive Agents		
AZASAN ORAL TABLET 100 MG, 75 MG	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
azathioprine oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
cyclosporine modified capsule 50 mg oral	Tier 1	
cyclosporine modified capsule 50 mg oral	Tier 3	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
cyclosporine modified oral solution 100 mg/ml	Tier 1	
cyclosporine oral capsule 100 mg, 25 mg	Tier 1	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Tier 3	PA; SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Tier 1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 1	
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 3	PA; SP
mycophenolate mofetil oral capsule 250 mg	Tier 1	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	Tier 1	
mycophenolate mofetil oral tablet 500 mg	Tier 1	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	Tier 1	
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	Tier 1	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Tier 3	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG	Tier 3	
NEORAL ORAL SOLUTION 100 MG/ML	Tier 3	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	Tier 3	
PROGRAF ORAL PACKET 0.2 MG, 1 MG	Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Tier 3	
sirolimus oral solution 1 mg/ml	Tier 1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
tacrolimus er oral capsule extended release 24 hour 0.5 mg, 1 mg, 5 mg	Tier 1	ST: TRIAL OF GENERIC TACROLIMUS IN THE PAST 120 DAYS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 1	
Irrigation Solutions		
ARGYLE STERILE WATER IRRIGATION SOLUTION	Tier 3	
lactated ringers irrigation solution	Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION	Tier 3	
sterile water for irrigation irrigation solution	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
sterile water for irrigation solution irrigation	Tier 3	
sterile water for irrigation solution irrigation	Tier 1	
water for irrigation, sterile irrigation solution	Tier 1	
Misc Natural Products		
BRUSELIX ORAL TABLET	Tier 3	
imubolic oral capsule	Tier 3	
ultra hers rx oral capsule	Tier 3	
ultra his oral capsule	Tier 3	
ultra pcos oral capsule	Tier 3	
Miscellaneous Therapeutic Classes		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 3	
Patient Assessment Services		
eua patient assessment	Tier 3	
Pik3ca-Related Overgrowth Spectrum (Pros) Agents		
VIJOICE ORAL PACKET 50 MG	Tier 3	PA; SP
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	Tier 3	PA; SP
Potassium Removing Agents		
KIONEX COMBINATION SUSPENSION 15 GM/60ML	Tier 1	
LOKELMA ORAL PACKET 10 GM	Tier 2	QL (34 EA per 30 days)
LOKELMA ORAL PACKET 5 GM	Tier 2	QL (1 EA per 1 day)
sodium polystyrene sulfonate combination suspension 15 gm/60ml	Tier 1	
sodium polystyrene sulfonate oral powder	Tier 1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML	Tier 1	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML	Tier 3	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM	Tier 3	PA
Progeria Treatment Agents		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 3	PA; SP
Sclerosing Agents		
polidocanol intravenous solution 5 %	Tier 1	
Systemic Lupus Erythematosus Agents		
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	Tier 3	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Tier 3	PA; SP
Mouth/Throat/Dental Agents		
Anesthetics Topical Oral		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION	Tier 3	
lidocaine hcl mouth/throat solution 4 %	Tier 1	
lidocaine viscous hcl mouth/throat solution 2 %	Tier 1	
Anti-Infectives - Throat		
clotrimazole mouth/throat troche 10 mg	Tier 1	
nystatin mouth/throat suspension 100000 unit/ml	Tier 1	
ORAVIG BUCCAL TABLET 50 MG	Tier 3	
Antiseptics - Mouth/Throat		
chlorhexidine gluconate mouth/throat solution 0.12 %	Tier 1	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 %	Tier 3	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	Tier 1	
Dental Products		
CLINPRO 5000 DENTAL PASTE 1.1 %	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	Tier 3	
denta 5000 plus sensitive dental gel 1.1-5 %	Tier 3	
dentagel dental gel 1.1 %	Tier 3	
EASYGEL DENTAL GEL 0.4 %	Tier 3	
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 %	Tier 3	
FLUORIDEX DENTAL PASTE 1.1 %	Tier 3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 %	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL 1.1-5 %	Tier 3	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	Tier 3	
FLUORIMAX 5000 SENSITIVE DENTAL GEL 1.1-5 %	Tier 3	
fraiche 5000 dental dental gel 1.1 %	Tier 3	
fraiche 5000 previ dental gel 1.1-3 %	Tier 3	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	Tier 3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 %	Tier 3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 %	Tier 3	
PREVIDENT 5000 KIDS DENTAL PASTE 1.1 %	Tier 3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	Tier 3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	Tier 3	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 %	Tier 3	
PREVIDENT DENTAL GEL 1.1 %	Tier 3	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 %	Tier 3	
sf 5000 plus dental cream 1.1 %	Tier 3	
sf dental gel 1.1 %	Tier 3	
sod fluoride-potassium nitrate dental gel 1.1-5 %	Tier 1	
sodium fluoride 5000 enamel dental gel 1.1-5 %	Tier 3	
sodium fluoride 5000 plus dental cream 1.1 %	Tier 3	
sodium fluoride 5000 ppm dental gel 1.1 %	Tier 3	
sodium fluoride 5000 ppm dental paste 1.1 %	Tier 3	
sodium fluoride 5000 sensitive dental gel 1.1-5 %	Tier 3	
sodium fluoride dental cream 1.1 %	Tier 1	
sodium fluoride dental gel 1.1 %	Tier 1	
sodium fluoride mouth/throat solution 0.2 %	Tier 1	
VANISH DENTAL LIQUID EXTENDED RELEASE 5 %	Tier 3	
Steroids - Mouth/Throat/Dental		
acyclonine mum mouth/throat aerosol powder 36.7-16.7-3.33 %	Tier 3	
ORALONE MOUTH/THROAT PASTE 0.1 %	Tier 1	
triamcinolone acetonide mouth/throat paste 0.1 %	Tier 1	
Throat Products - Misc.		
cevimeline hcl oral capsule 30 mg	Tier 1	
NUMOISYN MOUTH/THROAT LIQUID	Tier 3	
NUMOISYN MOUTH/THROAT LOZENGE	Tier 3	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Tier 1	
Multivitamins		
Ped Multi Vitamins W/Fl & Fe		
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML	Tier 3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG	Tier 3	
Ped Mv W/ Fluoride		
FLORIVA PLUS ORAL SUSPENSION 0.25 MG/ML	Tier 3	
FLOTREX ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Tier 3	
multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	Tier 1	
multivitamin/fluoride oral suspension 0.25 mg/ml	Tier 1	
multi-vitamin/fluoride oral suspension 0.25 mg/ml, 0.5 mg/ml	Tier 1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	Tier 1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Tier 3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML	Tier 3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Tier 3	
SOLUVITA ACD WITH FLUORIDE ORAL SOLUTION 0.25 MG/ML	Tier 3	
SOLUVITA WITH FLUORIDE ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	Tier 3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML	Tier 3	
tri-vi-floro oral suspension 0.25 mg/ml, 0.5 mg/ml	Tier 3	
tri-vitamin with fluoride oral suspension 0.25 mg/ml	Tier 3	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Tier 3	
Pediatric Multiple Vitamins & Minerals W/ Fluoride		
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Tier 3	
Prenatal Vitamins		
ALIVE DAILY SUP PRENATAL GUMMI ORAL TABLET CHEWABLE 0.18-25 MG	$0	
ALIVE PREMIUM PRENATAL ORAL CAPSULE 13.5-0.2-100 MG	$0	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ALIVE PRENATAL ORAL TABLET CHEWABLE 0.12-25 MG	$0	
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG	$0	
ATABEX ONE ORAL CAPSULE DELAYED RELEASE 27-1-40 MG	$0	
ATABEX ORAL TABLET CHEWABLE 18-0.8 MG	$0	
cadeau dha oral capsule 29-0.4-0.8-375 mg	$0	
CENTRUM PRENATAL GUMMIES ORAL TABLET CHEWABLE 0.18-25 MG	$0	
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG	$0	
classic prenatal oral tablet 28-0.8 mg	$0	
complete natal dha oral 29-1-200 & 200 mg	$0	
completenate oral tablet chewable 29-1 mg	$0	
CO-NATAL FA ORAL TABLET	$0	
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG	$0	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG	$0	
cvs prenatal gummy oral tablet chewable 0.18-25 mg, 0.4 mg, 0.4-113.5 mg, 0.4-25 mg	$0	
cvs prenatal multi+dha oral capsule 27-0.8-250 mg	$0	
cvs prenatal multivitamin oral capsule 27-0.8-250 mg	$0	
cvs prenatal oral tablet 27-0.8 mg	$0	
cvs womens prenatal+dha oral 28-0.975 & 200 mg	$0	
ENFAMIL EXPECTA ORAL 28-0.8 & 200 MG	$0	
eql prenatal formula oral tablet 28-0.8 mg	$0	
FOLIVANE-OB ORAL CAPSULE 85-1 MG	$0	
ft prenatal oral tablet 28-0.8 mg	$0	
gnp prenatal oral tablet 28-0.8 mg	$0	
gnp prenatal/folic acid oral tablet 28-0.8 mg	$0	
GOOD START PRENATAL NOURISH ORAL TABLET CHEWABLE 0.12-33.3 MG	$0	
HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK 28-0.8 & 450 MG	$0	
INATAL GT ORAL TABLET	$0	
jenliva prenatal/postnatal oral capsule 1 mg	$0	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
kp prenatal multivitamins oral tablet 28-0.8 mg	$0	
kpn prenatal oral tablet 0.1 mg	$0	
masonatal oral tablet 28-0.8 mg	$0	
matronex oral tablet 27-1 mg	$0	
m-natal plus oral tablet 27-1 mg	$0	
multi prenatal oral tablet 27-0.8 mg	$0	
natalchew oral tablet chewable 29-1 mg	$0	
NEONATAL PLUS ORAL TABLET 27-1 MG	$0	
neonatal prenatal oral tablet 27-0.8 mg	$0	
NEONATAL VITAMIN ORAL TABLET 27-0.8 MG	$0	
NIVA-PLUS ORAL TABLET 27-1 MG	$0	
OBSTETRIX DHA ORAL 29-1 & 350 MG	$0	
OBSTETRIX EC ORAL TABLET DELAYED RELEASE 29-1 MG	$0	
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG	$0	
OBTREX DHA ORAL 29-1 & 350 MG	$0	
OBTREX ORAL TABLET	$0	
ONE A DAY PRENATAL ADV BRAIN ORAL THERAPY PACK	$0	
ONE A DAY PRENATAL ADVANCED ORAL THERAPY PACK	$0	
ONE A DAY PRENATAL ORAL CAPSULE 27-0.8-200 MG	$0	
ONE A DAY PRENATAL ORAL TABLET CHEWABLE 0.4-25 MG	$0	
one vite womens oral tablet 27-0.8 mg	$0	
one vite womens plus oral tablet 27-1 mg	$0	
P2I PRENATAL WITH CHOLINE ORAL CAPSULE 0.333 MG	$0	
pnv 27-ca/fe/fa oral tablet 60-1 mg	$0	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	$0	
pnv-dha+docusate oral capsule 27-1.25-300 mg	$0	
pnv-select oral tablet 27-0.6-0.4 mg	$0	
prenatabs fa oral tablet 29-1 mg	$0	
PRENATABS RX ORAL TABLET 29-1 MG	$0	
prenatal (w/iron & fa) oral tablet 27-0.8 mg	$0	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
prenatal + complete multi oral therapy pack 0.267 & 373 mg, 18-0.8 & 290 mg	$0	
prenatal 19 oral tablet ，29-1 mg	$0	
prenatal 19 oral tablet chewable ，29-1 mg	$0	
prenatal complete oral capsule therapy pack	$0	
prenatal complete oral tablet 14-0.4 mg	$0	
PRENATAL ESSENTIALS ORAL CAPSULE 0.272 MG	$0	
prenatal fa + dha + choline oral tablet chewable 0.18-35 mg	$0	
prenatal formula a-free oral tablet 9-0.267 mg	$0	
prenatal formula oral capsule 28-0.8-235 mg	$0	
prenatal forte oral tablet	$0	
prenatal gummies oral tablet chewable 0.18-25 mg	$0	
prenatal gummies/dha & fa oral tablet chewable 0.4-32.5 mg	$0	
prenatal multi +dha oral capsule 27-0.8-200 mg, 27-0.8-228 mg, 27-0.8-250 mg	$0	
prenatal multivit plus folate oral tablet 0.8 mg	$0	
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG	$0	
prenatal multivitamin plus dha oral capsule 27-0.8-250 mg	$0	
prenatal one daily oral tablet 27-0.8 mg	$0	
prenatal oral tablet 27-0.8 mg, 27-1 mg, 28-0.8 mg, 6.75-0.2 mg	$0	
prenatal plus oral tablet 27-1 mg	$0	
prenatal plus vitamin/mineral oral tablet 27-1 mg	$0	
prenatal vitamin and mineral oral tablet 28-0.8 mg	$0	
prenatal vitamins oral tablet 27-0.8 mg	$0	
prenatal/folic acid+dha oral capsule 27-0.8-200 mg	$0	
prenatal/iron oral tablet	$0	
prenatal+dha oral 28-0.975 & 200 mg	$0	
PRENATAL-U ORAL CAPSULE 106.5-1 MG	$0	
PRENATOL-M ORAL TABLET 27-1.2 MG	$0	
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG	$0	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
qc prenatal oral tablet 28-0.8 mg	$0	
se-natal 19 oral tablet 29-1 mg	$0	
se-natal 19 oral tablet chewable 29-1 mg	$0	
SIMILAC PRENATAL EARLY SHIELD ORAL 27-0.8 & 200 MG	$0	
STUART ONE ORAL CAPSULE 27-0.8-200 MG	$0	
TARON-C DHA ORAL CAPSULE 35-1 MG	$0	
THERANATAL COMPLETE ORAL 27-1 & 300 MG	$0	
THERANATAL CORE NUTRITION ORAL TABLET 27-1 MG	$0	
THERANATAL ONE ORAL CAPSULE 27-1-300 MG	$0	
THERANATAL OVAVITE ORAL THERAPY PACK 18-1 & 125 MG	$0	
thrivite rx oral tablet 29-1 mg	$0	
trinatal rx 1 oral tablet 60-1 mg	$0	
TRINATE ORAL TABLET	$0	
ultra prenatal vit/min + dha oral capsule 23-0.8-200 mg	$0	
UPSPRING PRENATAL COMPLETE ORAL CAPSULE 9-0.267-191.67 MG	$0	
VINATE CARE ORAL TABLET CHEWABLE 40-1 MG	$0	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG	$0	
VITAFUSION PRENATAL ORAL TABLET CHEWABLE 0.18-32.5 MG	$0	
vita-pac oral capsule 0.9 mg	$0	
wesnatal dha complete oral 29-1-200 & 200 mg	$0	
westab plus oral tablet 27-1 mg	$0	
Musculoskeletal Therapy Agents		
Central Muscle Relaxants		
ATMEKSI ORAL SUSPENSION 750 MG/5ML	Tier 3	PA; QL (54 ML per 1 day)
baclofen oral solution 10 mg/5ml, 5 mg/5ml	Tier 1	PA
baclofen oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
carisoprodol oral tablet 250 mg, 350 mg	Tier 1	
chlorzoxazone oral tablet 500 mg	Tier 1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
enovarx-cyclobenzaprine hcl transdermal cream 20 mg/gm	Tier 3	
FEXMID ORAL TABLET 7.5 MG	Tier 1	
metaxalone oral tablet 400 mg, 800 mg	Tier 1	
methocarbamol oral tablet 500 mg, 750 mg	Tier 1	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	Tier 1	
TABRADOL FUSEPAQ ORAL SUSPENSION 1 MG/ML	Tier 3	
TANLOR ORAL TABLET 1000 MG	Tier 1	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	Tier 1	
tizanidine hcl oral tablet 2 mg, 4 mg	Tier 1	
Direct Muscle Relaxants		
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Fibrodysplasia Ossificans Progressiva (Fop) Agents		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Tier 3	PA; SP
Muscle Relaxant Combinations		
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	Tier 3	QL (4 EA per 1 day)
Viscosupplements		
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	Tier 2	PA; QL (12 ML per 180 days)
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML	Tier 2	PA; QL (12 ML per 180 days)
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML	Tier 2	PA; QL (12 ML per 180 days)
Nasal Agents - Systemic And Topical		
Nasal Agent Combinations		
azelastine-fluticasone nasal suspension 137-50 mcg/act	Tier 1	ST: TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE IN THE PAST 120 DAYS; QL (23 GM per 30 days)
lidocaine hcl-oxymetazoline nasal solution prefilled syringe 2-0.025 % (2 ml)	Tier 1	
Nasal Anesthetics		
cocaine hcl nasal solution 40 mg/ml	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
NUMBRINO NASAL SOLUTION 40 MG/ML	Tier 3	
Nasal Antiallergy		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	Tier 1	
olopatadine hcl nasal solution 0.6 %	Tier 1	
Nasal Anticholinergics		
ipratropium bromide nasal solution 0.03 %, 0.06 %	Tier 1	
Nasal Steroids		
flunisolide nasal solution 25 mcg/act (0.025%)	Tier 1	QL (25 ML per 30 days)
fluticasone propionate nasal suspension 50 mcg/act	Tier 1	
mometasone furoate nasal suspension 50 mcg/act	Tier 1	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT	Tier 2	ST: TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE IN THE PAST 120 DAYS; QL (6.8 GM per 30 days)
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT	Tier 2	ST: TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE IN THE PAST 120 DAYS; QL (10.6 GM per 30 days)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	Tier 2	ST: TRIAL OF 1 OF THE FOLLOWING INTRANASAL CORTICOSTEROIDS: MOMETASONE, FLUTICASONE PROPIONATE, OR FLUNISOLIDE IN THE PAST 120 DAYS; QL (32 ML per 30 days)
Neuromuscular Agents		
Als Agents		
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	Tier 3	PA; SP
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	Tier 3	PA; SP
riluzole oral tablet 50 mg	Tier 1	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML	Tier 3	PA; SP
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	Tier 3	PA; SP
Friedrich's Ataxia Agents		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 3	PA; SP
Muscular Dystrophy Agents		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Tier 3	PA; SP
Rett Syndrome Agents		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 3	PA; SP
DAYBUE STIX ORAL PACKET 5000 MG, 6000 MG, 8000 MG	Tier 3	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Spinal Muscular Atrophy Agents (Sma)		
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	Tier 3	PA; SP
EVRYSDI ORAL TABLET 5 MG	Tier 3	PA; SP
Nutrients		
Lipids		
DOJOLVI ORAL LIQUID 100 %	Tier 3	PA; SP
NEOKE MCT70 ORAL POWDER 70 GM/100GM	Tier 3	
Misc. Nutritional Substances		
ALTEMIA ORAL EMULSION	Tier 3	
CYTOTINE ORAL POWDER	Tier 3	
Proteins		
AMINOAMRMS ORAL CAPSULE	Tier 3	
AMINORELIEFRMS CAPSULE ORAL	Tier 3	
AMINORELIEFRMS ORAL CAPSULE	Tier 1	
NEOKE ALCAR ORAL POWDER	Tier 3	
REFRESH AA 15 PKU ORAL LIQUID	Tier 3	
REFRESH AA 15 TYR ORAL LIQUID	Tier 3	
Ophthalmic Agents		
Beta-Blockers - Ophthalmic		
betaxolol hcl ophthalmic solution 0.5 %	Tier 1	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	Tier 3	
bimatoprost-timolol maleate ophthalmic solution 0.01-0.5 %	Tier 1	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	Tier 1	
carteolol hcl ophthalmic solution 1 %	Tier 1	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	Tier 1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	Tier 1	ST: TRIAL OF DORZOLAMIDE/TIMOLOL (NON-COSOPT PF FORMULATION) IN THE PAST 120 DAYS; QL (2 EA per 1 day)
levobunolol hcl ophthalmic solution 0.5 %	Tier 1	
timolol hemihydrate ophthalmic solution 0.5 %	Tier 1	
timolol maleate (once-daily) ophthalmic solution 0.5 %	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION 0.5 %	Tier 1	ST: TRIAL OF TIMOLOL DROPS (NON-OCUDOSE FORMULATION) IN THE PAST 120 DAYS; QL (2 EA per 1 day)
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	Tier 1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	Tier 1	
timolol maleate pf ophthalmic solution 0.25 %	Tier 1	QL (2 EA per 1 day)
timolol maleate pf ophthalmic solution 0.5 %	Tier 1	ST: TRIAL OF TIMOLOL DROPS (NON-OCUDOSE FORMULATION) IN THE PAST 120 DAYS; QL (2 EA per 1 day)
timolol-brimon-dorzol-bimatopr ophthalmic solution 0.5-0.1-2-0.01 %	Tier 1	
timolol-brimonidine-dorzolamid ophthalmic solution 0.5-0.1-2 %	Tier 1	
timolol-dorzolamid-bimatoprost ophthalmic solution 0.5-2-0.01 %	Tier 1	
Cholinergic Agonists		
TYRVAYA NASAL SOLUTION 0.03 MG/ACT	Tier 2	PA
Cycloplegic Mydriatics		
atropine sulfate ophthalmic solution 0.01 %, 0.025 %, 0.05 %, 1 %	Tier 1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	Tier 3	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 %	Tier 3	
cyclopentolate hcl ophthalmic solution 1 %	Tier 1	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 %	Tier 3	
MYDCOMBI OPHTHALMIC SOLUTION CARTRIDGE 1-2.5 %	Tier 3	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	Tier 1	
tropicamide-cyclopentolate-pe ophthalmic solution 1-1-2.5 %	Tier 1	
tropicamide-cyclopentolate-pe solution 1-1-2.5 % ophthalmic	Tier 1	
tropicamide-cyclopentolate-pe solution 1-1-2.5 % ophthalmic	Tier 3	
tropicamide-phenylephrine ophthalmic solution 1-2.5 %	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
tropic-cyclopent-pe-ketorolac ophthalmic solution 1-1-10-0.5 %, 1-1-2.5-0.5 %	Tier 1	
tropic-cyclopent-pe-ketorolac ophthalmic solution prefilled syringe 1-1-10-0.5 %, 1-1-2.5-0.5 %	Tier 1	
tropic-cyclop-pe-keto-propar ophthalmic solution prefilled syringe	Tier 1	
Miotics		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	Tier 3	SP
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	Tier 1	
pilocarpine hcl ophthalmic solution 1.25 %	Tier 1	QL (10 ML per 30 days)
QLOSI OPHTHALMIC SOLUTION 0.4 %	Tier 3	ST: TRIAL OF ONE GENERIC PILOCARPINE OPHTHALMIC SOLUTION IN THE PAST 120 DAYS; QL (60 EA per 30 days)
VIZZ OPHTHALMIC SOLUTION 1.44 %	Tier 3	ST: TRIAL OF GENERIC PILOCARPINE IN THE PAST 365 DAYS; QL (1 EA per 1 day)
Ophthalmic Adrenergic Agents		
apraclonidine hcl ophthalmic solution 0.5 %	Tier 1	
bimatoprost-brimonidine-dorzol ophthalmic solution 0.01-0.1-2 %	Tier 3	
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %	Tier 1	
brimonidine-dorzolamide ophthalmic solution 0.1-2 %	Tier 1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	Tier 3	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	Tier 2	
Ophthalmic Anti-Infectives		
BACIGUENT OPHTHALMIC OINTMENT 500 UNIT/GM	Tier 3	
bacitracin ophthalmic ointment 500 unit/gm	Tier 1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Tier 1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	Tier 2	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 %	Tier 3	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	Tier 2	
ciprofloxacin hcl ophthalmic solution 0.3 %	Tier 1	
erythromycin ophthalmic ointment 5 mg/gm	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
gatifloxacin ophthalmic solution 0.5 %	Tier 1	
gentamicin sulfate ophthalmic solution 0.3 %	Tier 1	
levofloxacin ophthalmic solution 0.5 %, 1.5 %	Tier 1	
MITOSOL OPHTHALMIC KIT 0.2 MG	Tier 3	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	Tier 1	
moxifloxacin hcl ophthalmic solution 0.5 %	Tier 1	
moxifloxacin hcl-bss solution 1 mg/ml	Tier 1	
moxifloxacin-bromfenac ophthalmic solution 0.5-0.075 %	Tier 1	
NATACYN OPHTHALMIC SUSPENSION 5 %	Tier 3	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	Tier 1	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	Tier 1	
ofloxacin ophthalmic solution 0.3 %	Tier 1	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	Tier 1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	Tier 1	
povidone-iodine ophthalmic solution 5 %	Tier 1	
sulfacetamide sodium ophthalmic ointment 10 %	Tier 1	
sulfacetamide sodium ophthalmic solution 10 %	Tier 1	
tobramycin ophthalmic solution 0.3 %	Tier 1	
TOBREX OPHTHALMIC OINTMENT 0.3 %	Tier 2	
trifluridine ophthalmic solution 1 %	Tier 1	ST: TRIAL OF ORAL ACYCLOVIR, VALACYCLOVIR OR FAMCICLOVIR IN THE PAST 120 DAYS
XDEMVY OPHTHALMIC SOLUTION 0.25 %	Tier 2	PA; SP
Ophthalmic Immunomodulators		
cyclosporine (pf) ophthalmic emulsion 0.05 %	Tier 1	QL (2 EA per 1 day)
VERKAZIA OPHTHALMIC EMULSION 0.1 %	Tier 3	PA
Ophthalmic Integrin Antagonists		
XIIDRA OPHTHALMIC SOLUTION 5 %	Tier 2	QL (2 EA per 1 day)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Ophthalmic Kinase Inhibitors		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	Tier 3	ST: TRIAL OF LATANOPROST AND ONE OF THE FOLLOWING: LUMIGAN 0.01%, COMBIGAN, ALPHAGAN P 0.1%, TRAVATAN Z, AZOPT, OR SIMBRINZA IN THE PAST 365 DAYS.; QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	Tier 3	ST: TRIAL OF LATANOPROST AND ONE OF THE FOLLOWING: LUMIGAN 0.01%, COMBIGAN, ALPHAGAN P 0.1%, TRAVATAN Z, AZOPT, OR SIMBRINZA IN THE PAST 365 DAYS.; QL (2.5 ML per 25 days)
Ophthalmic Local Anesthetics		
AKTEN OPHTHALMIC GEL 3.5 %	Tier 3	
ALTACAINE OPHTHALMIC SOLUTION 0.5 %	Tier 3	
IHEEZO OPHTHALMIC GEL 3 %	Tier 3	
lidocaine hcl solution prefilled syringe 1 %	Tier 1	
proparacaine hcl ophthalmic solution 0.5 %	Tier 1	
tetracaine hcl ophthalmic solution 0.5 %	Tier 3	
tetracaine hcl solution 0.5 % ophthalmic	Tier 1	
tetracaine hcl solution 0.5 % ophthalmic	Tier 3	
Ophthalmic Nerve Growth Factors		
OXERVATE OPHTHALMIC SOLUTION 0.002 %	Tier 3	PA; SP
Ophthalmic Photoenhancers		
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE 0.146 &0.146-20 %	Tier 3	SP
Ophthalmic Steroids		
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	Tier 1	
BYQLOVI OPHTHALMIC SUSPENSION 0.05 %	Tier 3	QL (3.5 ML per 14 days)
clobetasol propionate ophthalmic suspension 0.05 %	Tier 3	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS.; QL (3.5 ML per 14 days)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
dexamethasone sodium phosphate ophthalmic solution 0.1 %	Tier 1	QL (15 ML per 14 days)
DEXTENZA OPHTHALMIC INSERT 0.4 MG	Tier 3	
difluprednate ophthalmic emulsion 0.05 %	Tier 1	QL (5 ML per 7 days)
double pm ophthalmic solution reconstituted 1-0.5 %	Tier 3	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %	Tier 2	QL (8.3 ML per 14 days)
fluorometholone ophthalmic suspension 0.1 %	Tier 1	QL (5 ML per 7 days)
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	Tier 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC GEL 0.38 %	Tier 2	QL (5 GM per 7 days)
loteprednol etabonate ophthalmic gel 0.5 %	Tier 1	QL (5 GM per 7 days)
loteprednol etabonate ophthalmic suspension 0.2 %	Tier 1	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS.; QL (5 ML per 7 days)
loteprednol etabonate ophthalmic suspension 0.5 %	Tier 1	QL (10 ML per 7 days)
loteprednol-tobramycin ophthalmic suspension 0.5-0.3 %	Tier 1	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	Tier 3	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS.; QL (25 ML per 14 days)
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	Tier 1	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	Tier 1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	Tier 1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	Tier 1	
prednisolone acetate ophthalmic suspension 1 %	Tier 1	QL (10 ML per 7 days)
prednisolone sodium phosphate ophthalmic solution 1 %	Tier 1	QL (10 ML per 7 days)
prednisolone-bromfenac ophthalmic solution 1-0.075 %	Tier 1	
prednisolone-moxifloxacin ophthalmic solution 1-0.5 %	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
prednisolon-moxiflox-bromfenac ophthalmic solution 1-0.5-0.075 %	Tier 1	
prednisolon-moxiflox-ketorolac ophthalmic solution 1-0.5-0.5 %	Tier 1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	Tier 1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	Tier 2	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	Tier 1	
triple pmb ophthalmic solution reconstituted 1-0.5-0.09 %	Tier 3	
triple pmk ophthalmic solution reconstituted 1-0.5-0.5 %	Tier 3	
Ophthalmic Surgical Aids		
GELFILM OPHTHALMIC FILM	Tier 3	
Ophthalmics - Misc.		
ACULAR LS OPHTHALMIC SOLUTION 0.4 %	Tier 3	
ACUVAIL OPHTHALMIC SOLUTION 0.45 %	Tier 3	ST: TRIAL OF ILEVRO 0.3% AND ONE OF THE FOLLOWING: DICLOFENAC 0.1% OR KETOROLAC 0.5% IN THE PAST 365 DAYS; QL (4 EA per 1 day)
ALOCRIL OPHTHALMIC SOLUTION 2 %	Tier 3	ST: TRIAL OF CROMOLYN 4% OPHTHALMIC DROPS IN THE PAST 120 DAYS; QL (20 ML per 30 days)
azelastine hcl ophthalmic solution 0.05 %	Tier 1	QL (12 ML per 30 days)
brinzolamide ophthalmic suspension 1 %	Tier 1	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	Tier 1	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMIC DROPS IN THE PAST 120 DAYS; QL (3.4 ML per 16 days)
bromfenac sodium ophthalmic solution 0.07 %	Tier 1	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMIC DROPS IN THE PAST 120 DAYS; QL (3 ML per 16 days)
bromfenac sodium ophthalmic solution 0.075 %	Tier 1	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMIC DROPS IN THE PAST 120 DAYS; QL (5 ML per 16 days)
cromolyn sodium ophthalmic solution 4 %	Tier 1	QL (50 ML per 30 days)
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	Tier 2	PA; SP
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	Tier 2	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
diclofenac sodium ophthalmic solution 0.1 %	Tier 1	QL (5 ML per 7 days)
dorzolamide hcl ophthalmic solution 2 %	Tier 1	
epinastine hcl ophthalmic solution 0.05 %	Tier 1	QL (10 ML per 30 days)
flurbiprofen sodium ophthalmic solution 0.03 %	Tier 1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	Tier 2	QL (3.4 ML per 16 days)
ketorolac tromethamine ophthalmic solution 0.4 %	Tier 1	
ketorolac tromethamine ophthalmic solution 0.5 %	Tier 1	QL (2 ML per 3 days)
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML	Tier 2	
olopatadine hcl ophthalmic solution 0.2 %	Tier 1	QL (3 ML per 30 days)
TRYPTYR OPHTHALMIC SOLUTION 0.003 %	Tier 2	QL (2 EA per 1 day)
UPNEEQ OPHTHALMIC SOLUTION 0.1 %	Tier 3	PA
Prostaglandins - Ophthalmic		
bimatoprost ophthalmic solution 0.01 %	Tier 1	
bimatoprost ophthalmic solution 0.03 %	Tier 1	QL (2.5 ML per 25 days)
latanoprost ophthalmic solution 0.005 %	Tier 1	
tafluprost (pf) ophthalmic solution 0.0015 %	Tier 1	QL (1 EA per 1 day)
travoprost (bak free) ophthalmic solution 0.004 %	Tier 1	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC SOLUTION 0.024 %	Tier 3	ST: TRIAL OF GENERIC PROSTAGLANDIN ANALOG AND LUMIGAN IN THE PAST 365 DAYS; QL (2.5 ML per 30 days)
XELPROS OPHTHALMIC EMULSION 0.005 %	Tier 3	ST: TRIAL OF GENERIC PROSTAGLANDIN ANALOG AND LUMIGAN IN THE PAST 365 DAYS; QL (2.5 ML per 25 days)
Other Drugs		
Metabolic Disease Enzyme Replacement,Arginase Def.		
LOARGYS INJECTION SOLUTION 2 MG/0.4ML	Tier 3	PA
Otic Agents		
Otic Agents - Miscellaneous		
acetic acid otic solution 2 %	Tier 1	
Otic Anti-Infectives		
ciprofloxacin hcl otic solution 0.2 %	Tier 1	
ofloxacin otic solution 0.3 %	Tier 1	
Otic Combinations		
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %	Tier 1	
ciprofloxacin-hydrocortisone otic suspension 0.2-1 %	Tier 1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	Tier 1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	Tier 1	
OTOVEL OTIC SOLUTION 0.3-0.025 %	Tier 3	
PRAMOTIC OTIC LIQUID 1-0.1 %	Tier 3	
Otic Steroids		
fluocinolone acetonide otic oil 0.01 %	Tier 1	
hydrocortisone-acetic acid otic solution 1-2 %	Tier 1	
Oxytocics		
Abortifacients/Agents For Cervical Ripening		
CERVIDIL VAGINAL INSERT 10 MG	Tier 3	
PREPIDIL VAGINAL GEL 0.5 MG/3GM	Tier 3	
Oxytocics		
METHERGINE ORAL TABLET 0.2 MG	Tier 1	QL (28 EA per 30 days)
methylergonovine maleate oral tablet 0.2 mg	Tier 1	QL (28 EA per 30 days)
Passive Immunizing And Treatment Agents		
Antitoxins-Antivenins		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED	Tier 3	
Immune Serums		
GAMMAGARD ERC INJECTION SOLUTION 10 GM/100ML, 5 GM/50ML	Tier 2	PA; SP
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 2	PA; SP
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Tier 3	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Tier 2	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 3	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 3	PA; SP
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 2	PA; SP
Monoclonal Antibodies		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Passive Immunizing Agents - Combinations		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 3	PA; SP
Penicillins		
Amidinopenicillins		
PIVYA ORAL TABLET 185 MG	Tier 3	PA
Aminopenicillins		
amoxicillin oral capsule 250 mg, 500 mg	Tier 1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	Tier 1	
amoxicillin oral tablet 500 mg, 875 mg	Tier 1	
amoxicillin oral tablet chewable 125 mg, 250 mg	Tier 1	
ampicillin oral capsule 500 mg	Tier 1	
Natural Penicillins		
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	
penicillin v potassium oral tablet 250 mg, 500 mg	Tier 1	
Penicillin Combinations		
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	Tier 1	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	Tier 1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	Tier 1	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium oral capsule 250 mg, 500 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Pharmaceutical Adjuvants		
Gelatin Capsules (Empty)		
capsule ezeefit #0 clear capsule	Tier 3	
capsule ezeefit #00 clear capsule	Tier 3	
DRCAPS SIZE 00 CAPSULE	Tier 3	
DRCAPS SIZE 1 CAPSULE	Tier 3	
empty capsule size 1 clear capsule	Tier 3	
Liquid Vehicles		
ADA EXTERNAL SHAMPOO	Tier 3	
bacteriostatic water(benz alc) injection solution	Tier 3	
cherry oral syrup	Tier 3	
FLAVOR BLEND ORAL SUSPENSION	Tier 3	
flavor plus oral liquid	Tier 3	
FLAVOR SWEET DYE FREE ORAL SYRUP	Tier 3	
flavor sweet oral syrup	Tier 3	
flavor sweet sf dye free oral syrup	Tier 3	
FOAMIL EXTERNAL LIQUID	Tier 3	
LOZIBASE S	Tier 3	
multi-peptide serum external liquid	Tier 3	
ORA-BLEND ORAL SUSPENSION	Tier 3	
ORA-BLEND SF ORAL SUSPENSION	Tier 3	
ORAPENN SD ANHYD SWEETENED ORAL LIQUID	Tier 3	
ORA-PLUS ORAL LIQUID	Tier 3	
ORA-SWEET ORAL SYRUP	Tier 3	
ORA-SWEET SF ORAL SYRUP	Tier 3	
PCCA ACACIA SYRUP BASE ORAL SYRUP	Tier 3	
PCCA SWEET-SF ORAL SYRUP	Tier 3	
PCCA SYRUP VEHICLE ORAL SYRUP	Tier 3	
PCCA-PLUS ORAL SUSPENSION	Tier 3	
raspberry syrup oral syrup	Tier 1	
RHEOSPRAY EXTERNAL LIQUID	Tier 3	
saline bacteriostatic injection solution 0.9 %	Tier 1	
SERAQUA EXTERNAL LIQUID	Tier 3	
sodium chloride bacteriostatic injection solution 0.9 %	Tier 1	
SOLYDRA EXTERNAL LIQUID	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
SUSPENDRX W/BITTERBLOC SWEET ORAL SUSPENSION	Tier 3	
SUSPENDRX W/BITTERBLOC UNSWEET ORAL SUSPENSION	Tier 3	
SYRPALTA ORAL SYRUP , 85 %	Tier 3	
SYRSPEND SF ORAL LIQUID	Tier 3	
SYRSPEND SF PH4 ORAL SUSPENSION RECONSTITUTED	Tier 3	
TRICHOSOL EXTERNAL SOLUTION	Tier 3	
U-MILD EXTERNAL SHAMPOO	Tier 3	
UNISPEND ANHYDROUS SWEETENED ORAL SUSPENSION	Tier 3	
VERSAFREE ORAL SYRUP	Tier 3	
VERSAPLUS ORAL SYRUP	Tier 3	
VERSAPRO EXTERNAL SHAMPOO	Tier 3	
Non Gelatin Capsules (Empty)		
non gelatin capsules (empty) capsule	Tier 3	
Semi Solid Vehicles		
1st base external cream	Tier 3	
ALPAWASH EXTERNAL OINTMENT	Tier 3	
ALTADERM EXTERNAL CREAM	Tier 3	
anhydrous cream base cream	Tier 3	
ATREVIS HYDROGEL EXTERNAL CREAM	Tier 3	
AUXIPRO VANISHING EXTERNAL CREAM	Tier 3	
CARBOGEL 940 GEL	Tier 3	
CARBOHOL 940 GEL	Tier 3	
CHRYSADERM DAY EXTERNAL CREAM	Tier 3	
CHRYSADERM NIGHT EXTERNAL CREAM	Tier 3	
cutis plus external cream	Tier 3	
DURABASE ADVANCED EXTERNAL CREAM	Tier 3	
DURABASE EXTERNAL CREAM	Tier 3	
EMOLIVAN EXTERNAL CREAM	Tier 3	
ESPUMIL FOAM	Tier 3	
fagron ls plus external cream	Tier 3	
fagron natural external cream	Tier 3	
fagron supreme external cream	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
FITALITE EXTERNAL CREAM	Tier 3	
freedom adaptaderm external cream	Tier 3	
freedom derma serum external cream	Tier 3	
FREEDOM DERMA-D EXTERNAL CREAM	Tier 3	
FREEDOM DERMA-N EXTERNAL CREAM	Tier 3	
HUMCO BASE PAIN MGMT EXTERNAL CREAM	Tier 3	
HYDROGEL GEL	Tier 3	
LIOPEN ABSORPTION ENHANCING EXTERNAL CREAM	Tier 3	
lipo cream base external cream	Tier 3	
LIPOCREAM BASE EXTERNAL CREAM	Tier 3	
lipofoam rx foam	Tier 3	
lipolayer external cream	Tier 3	
lipopen ultra base external cream	Tier 3	
LIPOZYME EXTERNAL CREAM	Tier 3	
MEDIDERM EXTERNAL CREAM	Tier 3	
MEDIHOL BASE GEL	Tier 3	
multi-phasic penetrating cmpd external cream	Tier 3	
NOURILITE EXTERNAL CREAM	Tier 3	
NOURIVAN ANTIOX BASE EXTERNAL CREAM	Tier 3	
OCCLUVAN EXTERNAL OINTMENT	Tier 3	
OMNIBASE EXTERNAL CREAM	Tier 3	
PCCA ALADERM BASE EXTERNAL CREAM	Tier 3	
PCCA ANHYDROUS BASE OINTMENT	Tier 3	
PCCA ANHYDROUS LIPODERM BASE EXTERNAL CREAM	Tier 3	
PCCA BIOPEPTIDE BASE EXTERNAL CREAM	Tier 3	
PCCA COBASE #1 EXTERNAL OINTMENT	Tier 3	
PCCA COSMETIC HRT BASE EXTERNAL CREAM	Tier 3	
PCCA CUSTOM LIPO-MAX EXTERNAL CREAM	Tier 3	
PCCA ELLAGE VAGINAL CREAM	Tier 3	
PCCA HYDRABASE SB CUSTOM BASE EXTERNAL CREAM	Tier 3	
PCCA LIPODERM BASE EXTERNAL CREAM	Tier 3	
PCCA LIPOSOMIC BASE DRY EXTERNAL CREAM	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
PCCA LIPOSOMIC BASE NORMAL EXTERNAL CREAM	Tier 3	
PCCA LIPOSOMIC BASE OILY EXTERNAL CREAM	Tier 3	
PCCA LIPOSOMIC BASE SENSITIVE EXTERNAL CREAM	Tier 3	
PCCA MVC BASE EXTERNAL CREAM	Tier 3	
PCCA NATACREAM EXTERNAL CREAM	Tier 3	
PCCA POLYPEG BASE EXTERNAL OINTMENT	Tier 3	
PCCA PRACASIL TM-PLUS BASE EXTERNAL CREAM	Tier 3	
PCCA VANISHING CREAM BASE EXTERNAL CREAM	Tier 3	
PCCA VANISHING CREAM LIGHT EXTERNAL CREAM	Tier 3	
PCCA VANPEN BASE EXTERNAL CREAM	Tier 3	
penderm external cream	Tier 3	
pensomal external cream	Tier 3	
PHARMABASE COSMETIC EXTERNAL CREAM	Tier 3	
PHARMABASE HEAVY EXTERNAL CREAM	Tier 3	
PHYTOBASE EXTERNAL CREAM	Tier 3	
PLO GEL - MEDIFLO 30 EXTERNAL KIT	Tier 3	
PLO GEL - MEDIFLO 30 PRE-MIXED EXTERNAL GEL	Tier 3	
PLO GEL - MEDIFLO EXTERNAL KIT	Tier 3	
PLO GEL - MEDIFLO PRE-MIXED EXTERNAL GEL	Tier 3	
p-siloxan ds external cream	Tier 3	
sa3 derm external cream	Tier 3	
salt durable cream external cream	Tier 3	
SALT STABLE LS ADVANCED EXTERNAL CREAM	Tier 3	
SALTSTABLE LO EXTERNAL CREAM	Tier 3	
silprotex plus external cream	Tier 3	
skyy derm external cream	Tier 3	
teroderm external cream	Tier 3	
teroderm-plus external cream	Tier 3	
vanishing cream botanical base external cream	Tier 3	
vanishing external cream	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
vanish-pen external cream	Tier 3	
VASELINE EXTERNAL GEL	Tier 3	
VERSAPRO EXTERNAL CREAM	Tier 3	
VERSAPRO FOAM	Tier 3	
VERSATILE ANHYDROUS CREAM BASE CREAM	Tier 3	
versatile cream base external cream	Tier 3	
VERSATILE RICH BASE EXTERNAL CREAM	Tier 3	
vp dermabase external cream	Tier 3	
XEMATOP BASE EXTERNAL CREAM	Tier 3	
ZOE SCRIPTS IDEALBASE EXTERNAL CREAM	Tier 3	
Progestins		
Progestins		
ec-rx progesterone transdermal cream 10 %, 20 %	Tier 3	
GALLIFREY ORAL TABLET 5 MG	Tier 1	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
megestrol acetate oral suspension 625 mg/5ml	Tier 1	ST: TRIAL OF MEGESTROL ACETATE 40MG/ML SUSPENSION IN THE PAST 120 DAYS
norethindrone acetate oral tablet 5 mg	Tier 1	
progesterone intramuscular oil 50 mg/ml	Tier 1	
progesterone micronized transdermal cream 10 %	Tier 3	
progesterone oral capsule 100 mg, 200 mg	Tier 1	
PROMETRIUM ORAL CAPSULE 200 MG	Tier 1	
Psychotherapeutic And Neurological Agents - Misc.		
Agents For Chemical Dependency		
acamprosate calcium oral tablet delayed release 333 mg	Tier 1	
disulfiram oral tablet 250 mg, 500 mg	Tier 1	
lofexidine hcl oral tablet 0.18 mg	Tier 1	PA
Anti-Cataplectic Agents		
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM	Tier 3	PA; SP
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM	Tier 3	PA; SP
sodium oxybate oral solution 500 mg/ml	Tier 3	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
XYWAV ORAL SOLUTION 500 MG/ML	Tier 3	PA; SP
Antidementia Agents		
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	Tier 1	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	Tier 1	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	Tier 1	QL (1 EA per 1 day)
galantamine hydrobromide oral solution 4 mg/ml	Tier 1	PA; QL (200 ML per 30 days)
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	Tier 1	QL (2 EA per 1 day)
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 360 MG/1.8ML	Tier 3	PA; SP
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	Tier 1	ST: TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS; QL (1 EA per 1 day)
memantine hcl oral solution 10 mg/5ml, 2 mg/ml	Tier 1	QL (300 ML per 30 days)
memantine hcl oral tablet 10 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	Tier 1	QL (49 EA per 28 days)
memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg	Tier 1	ST: TRIAL OF DONEPEZIL AND MEMANTINE IN THE PAST 365 DAYS; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	Tier 3	ST: TRIAL OF DONEPEZIL AND MEMANTINE IN THE PAST 365 DAYS; QL (1 EA per 1 day)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 1	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	Tier 1	QL (1 EA per 1 day)
ZUNVEYL ORAL TABLET DELAYED RELEASE 10 MG, 15 MG, 5 MG	Tier 3	ST: TRIAL OF GENERIC GALANTAMINE TABS OR GALANTAMINE ER CAPS IN THE PAST 120 DAYS; QL (2 EA per 1 day)
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	Tier 1	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 3	ST: TRIAL OF ONE GENERIC ATYPICAL ANTIPSYCHOTIC IN THE PAST 365 DAYS; QL (1 EA per 1 day)
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Tier 1	QL (1 EA per 1 day)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	Tier 1	
Fibromyalgia Agents		
milnacipran hcl oral 12.5 & 25 & 50 mg	Tier 1	ST: TRIAL OF TWO OF THE FOLLOWING: AMITRIPTYLINE TABS, CYCLOBENZAPRINE IR TABS, DULOXETINE (20, 30, 60 MG CAPS), GENERIC GABAPENTIN IR TABS/CAPS, OR PREGABALIN IR CAPS IN THE PAST 365 DAYS; QL (2 EA per 1 day)
milnacipran hcl oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1	ST: TRIAL OF TWO OF THE FOLLOWING: AMITRIPTYLINE TABS, CYCLOBENZAPRINE IR TABS, DULOXETINE (20, 30, 60 MG CAPS), GENERIC GABAPENTIN IR TABS/CAPS, OR PREGABALIN IR CAPS IN THE PAST 365 DAYS; QL (2 EA per 1 day)
Hypoactive Sexual Desire Disorder (Hsdd) Agents		
ADDYI ORAL TABLET 100 MG	Tier 3	PA
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML	Tier 3	PA
Movement Disorder Drug Therapy		
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 1	PA; SP
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Tier 2	PA; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Tier 2	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 2	PA; SP
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier 2	PA; SP
dalfampridine er oral tablet extended release 12 hour 10 mg	Tier 1	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	Tier 1	PA; SP
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	Tier 1	PA; SP
fingolimod hcl oral capsule 0.5 mg	Tier 1	PA; SP
GILENYA ORAL CAPSULE 0.25 MG	Tier 3	PA; SP
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	Tier 1	PA; SP
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	Tier 1	PA; SP
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	Tier 2	PA; SP
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 2	PA; SP
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 2	PA; SP
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 2	PA; SP
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 2	PA; SP
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 2	PA; SP
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 2	PA; SP
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	Tier 2	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	Tier 2	PA; SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG	Tier 2	PA; SP
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Tier 2	PA; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML	Tier 2	PA; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML	Tier 2	PA; SP

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Tier 2	PA; SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 2	PA; SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	Tier 2	PA; SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	Tier 2	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	Tier 2	PA; SP
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG	Tier 3	PA; SP
teriflunomide oral tablet 14 mg, 7 mg	Tier 1	PA; SP
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	Tier 2	PA; SP
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	Tier 3	PA; SP
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 3	PA; SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	Tier 3	PA; SP
Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents		
CONVENIENCE PAK COMBINATION THERAPY PACK 600 & 5 MG & %	Tier 3	
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	Tier 1	ST: TRIAL OF 2 OF THE FOLLOWING: PREGABALIN (IR), GABAPENTIN, TCA, DULOXETINE, VENLAFAXINE, VALPROIC ACID OR DIVALPROEX IN THE PAST 365 DAYS; QL (3 EA per 1 day)
pregabalin er oral tablet extended release 24 hour 330 mg	Tier 1	ST: TRIAL OF 2 OF THE FOLLOWING: PREGABALIN (IR), GABAPENTIN, TCA, DULOXETINE, VENLAFAXINE, VALPROIC ACID OR DIVALPROEX IN THE PAST 365 DAYS; QL (2 EA per 1 day)
Premenstrual Dysphoric Disorder (Pmdd) Agents		
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Pseudobulbar Affect (Pba) Agents		
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA
Psychotherapeutic And Neurological Agents - Misc.		
AQNEURSA ORAL PACKET 1 GM	Tier 2	PA; SP
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Tier 2	PA; SP
pimozide oral tablet 1 mg, 2 mg	Tier 1	
Smoking Deterrents		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	$0	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
cvs nicotine mouth/throat gum 2 mg, 4 mg	$0	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
cvs nicotine mouth/throat lozenge 2 mg	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg	$0	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine mouth/throat lozenge 4 mg	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg	$0	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eql nicotine polacrilex mouth/throat gum 2 mg	$0	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
folding paddle walker	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
ft nicotine mini mouth/throat lozenge 2 mg, 4 mg	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
ft nicotine mouth/throat gum 2 mg, 4 mg	$0	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
ft nicotine mouth/throat lozenge 2 mg, 4 mg	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
gnp nicotine mouth/throat gum 2 mg, 4 mg	$0	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg	$0	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
goodsense nicotine mouth/throat gum 2 mg, 4 mg	$0	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
goodsense nicotine mouth/throat lozenge 2 mg, 4 mg	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
goodsense nicotine policrilex mouth/throat gum 4 mg	$0	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
KLS QUIT2 MOUTH/THROAT GUM 2 MG	$0	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
KLS QUIT4 MOUTH/THROAT GUM 4 MG	$0	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
NICORETTE MOUTH/THROAT GUM 2 MG, 4 MG	$0	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
NICORETTE STARTER KIT MOUTH/THROAT GUM 2 MG, 4 MG	$0	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine mini mouth/throat lozenge 2 mg, 4 mg	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine polacrilex mini mouth/throat lozenge 2 mg	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	$0	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	$0	$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
NICOTROL NS NASAL SOLUTION 10 MG/ML	$0	$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS SUPPLY IN 365, 18 YEARS OF AGE OR OLDER, AND TRIAL OF NICOTINE TRANSDERMAL PATCH; QL (10 ML per 2 days)
qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	$0	$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
THRIVE MOUTH/THROAT GUM 2 MG	$0	$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	$0	$0 COPAY IF QUANTITY 53 IN 28 DAYS, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
varenicline tartrate oral tablet 0.5 mg, 1 mg	$0	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
varenicline tartrate(continue) oral tablet 1 mg	$0	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Transthyretin Amyloidosis Agents		
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML	Tier 3	PA; SP
Vasomotor Symptom Agents		
paroxetine mesylate oral capsule 7.5 mg	Tier 1	ST: TRIAL OF PAROXETINE HCL OR VENLAFAXINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
Respiratory Agents - Misc.		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	Tier 3	PA; SP
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML, 4 GM/200ML, 5 GM/250ML	Tier 3	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	Tier 3	PA; SP
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG	Tier 3	PA; SP
Cystic Fibrosis Agents		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	Tier 2	PA; SP
BRONCHITOL INHALATION CAPSULE 40 MG	Tier 3	SP; ST: TRIAL OF INHALED 7% SODIUM CHLORIDE SOLUTION IN THE PAST 120 DAYS.; QL (20 EA per 1 day)
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG	Tier 3	SP; ST: TRIAL OF INHALED 7% SODIUM CHLORIDE SOLUTION IN THE PAST 120 DAYS.; QL (20 EA per 1 day)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 2	PA; SP
KALYDECO ORAL TABLET 150 MG	Tier 2	PA; SP
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 2	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 2	PA; SP
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Tier 2	PA; SP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	Tier 2	PA; SP
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	Tier 2	PA; SP
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	Tier 2	PA; SP
Pulmonary Fibrosis Agents		
JASCAYD ORAL TABLET 18 MG, 9 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
nintedanib esylate oral capsule 100 mg, 150 mg	Tier 1	PA; SP
pirfenidone oral capsule 267 mg	Tier 1	PA; SP
pirfenidone oral tablet 267 mg, 534 mg, 801 mg	Tier 1	PA; SP
Respiratory Agents - Misc.		
BRINSUPRI ORAL TABLET 10 MG, 25 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
Sulfonamides		
Sulfonamides		
sulfadiazine oral tablet 500 mg	Tier 1	
Tetracyclines		
Aminomethylcyclines		
NUZYRA ORAL TABLET 150 MG	Tier 3	PA
Tetracyclines		
avidoxy oral tablet 100 mg	Tier 1	
demeclocycline hcl oral tablet 150 mg, 300 mg	Tier 1	
doxycycline hyclate oral capsule 100 mg, 50 mg	Tier 1	
doxycycline hyclate oral tablet 100 mg, 20 mg	Tier 1	
doxycycline hyclate oral tablet 150 mg	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 150 MG TABLET IN THE PAST 120 DAYS

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
doxycycline hyclate oral tablet 50 mg	Tier 1	ST: TRIAL OF DOXYCYCLINE HYCLATE 50MG CAPSULE OR DOXYCYCLINE MONOHYDRATE 50MG CAPSULES OR TABLETS REQUIRED
doxycycline hyclate oral tablet 75 mg	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET IN THE PAST 120 DAYS
doxycycline monohydrate oral capsule 100 mg, 50 mg	Tier 1	
doxycycline monohydrate oral capsule 150 mg	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 50, 75 OR 100MG TABLETS OR 50, 100 MG CAPSULES IN THE PAST 120 DAYS
doxycycline monohydrate oral capsule 75 mg	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET IN THE PAST 120 DAYS
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	Tier 1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
doxycycline monohydrate oral tablet 150 mg	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 50, 75 OR 100MG TABLETS OR 50, 100 MG CAPSULES IN THE PAST 120 DAYS
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	Tier 1	ST: TRIAL OF GENERIC MINOCYCLINE IR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	Tier 1	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
MONDOXYNE NL ORAL CAPSULE 100 MG	Tier 1	
TARGADOX ORAL TABLET 50 MG	Tier 1	ST: TRIAL OF DOXYCYCLINE HYCLATE 50MG CAPSULE OR DOXYCYCLINE MONOHYDRATE 50MG CAPSULES OR TABLETS REQUIRED
tetracycline hcl oral capsule 250 mg, 500 mg	Tier 1	
Thyroid Agents		
Antithyroid Agents		
methimazole oral tablet 10 mg, 5 mg	Tier 1	
propylthiouracil oral tablet 50 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
sodium iodide i-131 oral solution 1000 mci/ml	Tier 1	
Thyroid Hormones		
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	Tier 1	
levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1	ST: TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS; QL (2 EA per 1 day)
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1	
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	Tier 1	
LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Tier 1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 1	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML	Tier 3	PA; QL (20 ML per 1 day)
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	Tier 3	ST: TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS; QL (2 EA per 1 day)
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	Tier 3	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	Tier 1	
Toxoids		
Toxoid Combinations		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL INTRAMUSCULAR SUSPENSION	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS INTRAMUSCULAR SUSPENSION	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Ulcer Drugs/Antispasmodics/Anticholinergics		
Antispasmodics		
atropine sulfate intramuscular solution auto-injector 2 mg/0.7ml	Tier 3	
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	Tier 1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Tier 1	
dicyclomine hcl oral capsule 10 mg	Tier 1	
dicyclomine hcl oral solution 10 mg/5ml	Tier 1	
dicyclomine hcl oral tablet 20 mg	Tier 1	
glycopyrrolate oral solution 1 mg/5ml	Tier 1	
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 1	
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	Tier 1	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	Tier 1	
hyoscyamine sulfate oral solution 0.125 mg/ml	Tier 1	
hyoscyamine sulfate oral tablet 0.125 mg	Tier 1	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg	Tier 1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	Tier 1	
hyosyne oral elixir 0.125 mg/5ml	Tier 3	
hyosyne oral solution 0.125 mg/ml	Tier 3	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG	Tier 3	
LEVSIN ORAL TABLET 0.125 MG	Tier 3	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	Tier 3	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	Tier 1	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG	Tier 3	
oscimin oral tablet 0.125 mg	Tier 3	
oscimin sublingual tablet sublingual 0.125 mg	Tier 3	
H-2 Antagonists		
cimetidine hcl oral solution 300 mg/5ml	Tier 1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	Tier 1	
famotidine oral suspension reconstituted 40 mg/5ml	Tier 1	
famotidine oral tablet 20 mg, 40 mg	Tier 1	
nizatidine oral capsule 150 mg, 300 mg	Tier 1	
Misc. Anti-Ulcer		
sucralfate oral suspension 1 gm/10ml	Tier 1	
sucralfate oral tablet 1 gm	Tier 1	
Proton Pump Inhibitors		
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	Tier 1	ST: TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZOLE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	Tier 1	
esomeprazole magnesium oral packet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
esomeprazole magnesium oral packet 40 mg	Tier 1	QL (2 EA per 1 day)
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML	Tier 3	
lansoprazole oral capsule delayed release 15 mg, 30 mg	Tier 1	
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	Tier 1	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	Tier 1	
pantoprazole sodium oral packet 40 mg	Tier 1	ST: TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZOLE IN THE PAST 120 DAYS
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	Tier 1	
rabeprazole sodium oral capsule sprinkle 10 mg	Tier 1	ST: TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZOLE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
rabeprazole sodium oral tablet delayed release 20 mg	Tier 1	
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 3	PA; QL (1 EA per 1 day)
Ulcer Drugs - Prostaglandins		
misoprostol oral tablet 100 mcg, 200 mcg	Tier 1	
Ulcer Therapy Combinations		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	Tier 1	QL (112 EA per 10 days)
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	Tier 1	
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	Tier 1	
omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg	Tier 1	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG	Tier 3	QL (168 EA per 14 days); AGE (Min 18 Years)
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG	Tier 3	PA; QL (112 EA per 14 days)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG	Tier 3	PA; QL (112 EA per 14 days)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
Urinary Antispasmodics		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	Tier 1	
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	Tier 1	QL (1 EA per 1 day)
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	Tier 1	
oxybutynin chloride oral solution 5 mg/5ml	Tier 1	
oxybutynin chloride oral tablet 2.5 mg, 5 mg	Tier 1	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR	Tier 3	ST: TRIAL OF OXYBUTYNIN IR/XR AND MYRBETRIQ IN THE PAST 365 DAYS
solifenacin succinate oral tablet 10 mg, 5 mg	Tier 1	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	Tier 1	
tolterodine tartrate oral tablet 1 mg, 2 mg	Tier 1	
trospium chloride er oral capsule extended release 24 hour 60 mg	Tier 1	
trospium chloride oral tablet 20 mg	Tier 1	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	Tier 2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	Tier 1	QL (1 EA per 1 day)
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl oral tablet 100 mg	Tier 1	
Vaccines		
Bacterial Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO INTRAMUSCULAR SOLUTION	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
penmenvy intramuscular suspension reconstituted	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Viral Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AFLURIA INTRAMUSCULAR SUSPENSION	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
COMIRNATY 5-11 YEARS INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX INTRAMUSCULAR SUSPENSION	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST NASAL LIQUID	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE INTRAMUSCULAR SUSPENSION	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
IPOL INJECTION SUSPENSION	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
M-M-R II INJECTION SOLUTION RECONSTITUTED	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 10 MCG/0.2ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
nuvaxovid covid-19 vaccine intramuscular suspension prefilled syringe 5 mcg/0.5ml	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTARIX ORAL SUSPENSION	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTARIX ORAL SUSPENSION RECONSTITUTED	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ ORAL SOLUTION	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	$0	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaginal And Related Products		
Miscellaneous Vaginal Products		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 3	
TRIMO-SAN VAGINAL GEL 0.025-0.01 %	Tier 3	
Spermicides		
ENCARE VAGINAL SUPPOSITORY 100 MG	$0	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	$0	
TODAY SPONGE VAGINAL 1000 MG	$0	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	$0	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	$0	
Vaginal Anti-Infectives		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS; QL (3 EA per 30 days)
clindamycin phosphate vaginal cream 2 %	Tier 1	
CLINDESSE VAGINAL CREAM 2 %	Tier 3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 2	
metronidazole vaginal gel 0.75 %	Tier 1	
miconazole 3 vaginal suppository 200 mg	Tier 3	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
NUVESSA VAGINAL GEL 1.3 %	Tier 3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS
terconazole vaginal cream 0.4 %, 0.8 %	Tier 1	
terconazole vaginal suppository 80 mg	Tier 1	
VANDAZOLE VAGINAL GEL 0.75 %	Tier 3	
Vaginal Contraceptive - Ph Modulators		
PHEXX VAGINAL GEL 1.8-1-0.4 %	$0	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	$0	
Vaginal Estrogens		
estradiol vaginal cream 0.01 %	Tier 1	
estradiol vaginal tablet 10 mcg	Tier 1	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	ST: TRIAL OF ONE GENERIC ESTRADIOL CREAM AND ONE GENERIC ESTRADIOL VAGINAL TABLETS IN THE PAST 365 DAYS; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	ST: TRIAL OF ONE GENERIC ESTRADIOL CREAM AND ONE GENERIC ESTRADIOL VAGINAL TABLETS IN THE PAST 365 DAYS; QL (18 EA per 28 days)
PREMARIN VAGINAL CREAM 0.625 MG/GM	Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG	Tier 1	
Vaginal Progestins		
CRINONE VAGINAL GEL 4 %, 8 %	Tier 2	
ENDOMETRIN VAGINAL INSERT 100 MG	Tier 3	
progesterone vaginal insert 100 mg	Tier 1	
Vasopressors		
Anaphylaxis Therapy Agents		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML	Tier 2	QL (2 EA per 365 days)
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	Tier 1	QL (4 EA per 1 FILL)

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Drug	Status	Notes
epinephrine injection solution prefilled syringe 0.3 mg/0.3ml	Tier 1	QL (4 EA per 1 FILL)
NEFFY NASAL SOLUTION 1 MG/0.1ML, 2 MG/0.1ML	Tier 2	QL (4 EA per 1 FILL)
Neurogenic Orthostatic Hypotension (Noh) - Agents		
droxidopa oral capsule 100 mg, 200 mg, 300 mg	Tier 1	PA; SP
Vasopressors		
epinephrine injection solution prefilled syringe 1 mg/ml	Tier 1	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
phenylephrine hcl-nacl intravenous solution 40-0.9 mg/250ml-%	Tier 1	
Vitamins		
Oil Soluble Vitamins		
ergocalciferol oral capsule 1.25 mg (50000 ut)	Tier 1	
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	Tier 1	
phytonadione oral tablet 5 mg	Tier 1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	Tier 1	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	Tier 1	
Water Soluble Vitamins		
pyridoxine hcl injection solution 100 mg/ml	Tier 1	
thiamine hcl injection solution 100 mg/ml, 200 mg/2ml	Tier 1	

Copyright © 2004-2026 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change. Your estimated coverage and copayment/coinsurance may vary based on your benefit plan.

Index

1st base 195
A.A.G.C. KIT IN TERODERM 106
abacavir sulfate 78
abacavir sulfate-lamivudine 78
abenor 100
abenor hp 101
ABIGALE 133
ABIGALE LO 133
ABILIFY ASIMTUFII 76
ABILIFY MAINTENA 76, 77
abiraterone acetate 64
ABIRTEGA 64
ABRYSVO 215
acamprosate calcium 198
acarbose 41
ACCU-CHEK FASTCLIX LANCETS 156
ACCU-CHEK SAFE-T PRO LANCETS 156
ACCU-CHEK SOFTCLIX LANCETS 156
ACCUTANE 101
acd formula a 32
ACD-A NOCLOT-50 32
acebutolol hcl 82
acetaminophen-codeine 21
acetazolamide 126
acetazolamide er 126
acetic acid 140, 191
acetylcysteine 100
acioxia 112
acioxiay 101
acitretin 110
ACTHAR 128
ACTHAR GEL 128
ACTHIB 214
acti-lance 28g 156
acti-lance lite lancets 28g 156
acti-lance special lancets 17g 156
acti-lance universal 23g 156
ACTIMMUNE 70
ACULAR LS 190
ACUNOL 172
ACUVAIL 190
acyclonine mum 176
acyclovir 81, 112
ADA 194
ADACEL 210
adainzoxia 101
adalimumab-aaty (1 pen) 11
adalimumab-aaty (2 pen) 11
adalimumab-aaty (2 syringe) 11
adalimumab-aaty cd/uc/hs start 11
adalimumab-adaz 11
adalimumab-ryvk (1 pen) 11
adalimumab-ryvk (2 pen) 11
adalina 101
adapalene 101
adapalene-benzoyl peroxide 101
ADASUVE 75
ADBRY 117
ADDYI 200
adefovir dipivoxil 81
adeinzde 101
ADEMPAS 88
adermica 101
adermica hp 101
admirazol 101
admirazol dual 101
admirazol hp 101
admirazol hp dual 101
ADVAIR HFA 29
ADVANCED ALLERGY COLLECTION 112
advanced mobile lancet 156
advantage safety lancets 28g 156
ADVATE 142
ADVOCATE LANCETS 156
ADVOCATE LANCETS 30G 156
ADVOCATE SAFETY LANCETS 156
ADVOCATE SAFETY LANCETS 21G 156
ADVOCATE SAFETY LANCETS 23G 156
ADVOCATE SAFETY LANCETS 26G 156
ADVOCATE SAFETY LANCETS 28G 156
adynovate 142
AFINITOR DISPERZ 66
AFIRMELLE 89
AFLURIA 215
AFLURIA PRESERVATIVE FREE 215
AFREZZA 45
AFSTYLA 142
AFTERA 96
AFTERPILL 96
AGAMATRIX ULTRA-THIN LANCETS 156
AGAMREE 97
AIMOVIG 168
aimsco lubricated 154
aimsco twist lancets 32g 156
AIMSCO TWIST LANCETS 33G 156
AIRSUPRA 29
AJOVY 168
AKEEGA 64
AKTEN 188
AKYNZEO 51
ALA SCALP 112
ala-cort 112
ALA-SCALP 112
albendazole 24
albuterol sulfate 29
albuterol sulfate hfa 29
alclometasone dipropionate 112
alcoh-wipe 166
ALECENSA 66
alegenix 121
alendronate sodium 127
alfuzosin hcl er 141
ALHEMO 142
aliskiren fumarate 59
ALIVE DAILY SUP PRENATAL GUMMI 177
ALIVE PREMIUM PRENATAL 177
ALIVE PRENATAL 178
alixi 101
alixi hp 101
ALKINDI SPRINKLE 97
ALLEVYN GENTLE 124
allopurinol 141
almotriptan malate 169
ALOCRIL 190
alomira 101

alomira hp 101
alomira lp 101
ALORA 134
alosetron hcl 138
ALPAWASH 195
ALPHANATE 142
ALPHANINE SD 142
alprazolam 25
alprazolam er 25
ALPRAZOLAM INTENSOL 25
alprazolam xr 25
ALPROLIX 142
ALTACAINE 188
ALTADERM 195
ALTAVERA 89
ALTEMIA 184
ALTOPREV 55
ALTRENO 101
ALTUVIIIO 142
ALUNBRIG 66
aluris 101
aluris hp 101
aluris hp plus 101
aluris lp 101
aluris lp plus 101
aluris plus 101
aluxof 101
aluxof dual 101
aluxof hp 101
ALVAIZ 147
alvimopan 138
alvox 101
alvox hp 101
alyacen 1/35 89
alyacen 7/7/7 89
ALYFTREK 207
ALYQ 87
amantadine hcl 71
ambrisentan 87
amcinonide 112
AMD FOAM DRESSING 153
AMD FOAM DRESSING TOPSHEET 153
AMELUZ 109
AMETHYST 89
amiloride hcl 127
amiloride-hydrochlorothiazide 126
AMINOAMRMS 184
aminocaproic acid 148
AMINORELIEFRMS 184
amiodarone hcl 26
amitriptyline hcl 41
AMLODIPINE BES+SYRSPEND SF 83
amlodipine besy-benazepril hcl 58
amlodipine besylate 83
amlodipine besylate-valsartan 58
amlodipine-atorvastatin 85
amlodipine-olmesartan 58
amlodipine-valsartan-hctz 58
ammonium lactate 118
AMNESTEEM 102
amoxapine 41
amoxicill-clarithro-lansopraz 213
amoxicillin 193
amoxicillin-pot clavulanate 193
amoxicillin-pot clavulanate er 193
amphetamine sulfate 3
amphetamine-dextroamphet er 3
amphetamine-dextroamphetamine 3
amphet-dextroamphet 3-bead er 3
ampicillin 193
AMZEEQ 102
anagrelide hcl 146
ANA-LEX 23
ANALPRAM HC 23
ANASCORP 192
anastrozole 64
ANDEMBRY 145
ANGELIQ 133
anhydrous cream base 195
ANNOVERA 96
anodynerx 121
ANORO ELLIPTA 29
anucort-hc 24
ANUSOL-HC 24
ANZEMET 50
apexol cleanser 102
apexol hp cleanser 102
aphoria 102
apomorphine hcl 71
aporix 102
apraclonidine hcl 186
aprepitant 51
APRETUDE 78
APRI 89
APTIVUS 78
AQNEURSA 203
AQUACEL AG BURN 124
AQUALANCE LANCETS 30G 156
AQVESME 146
ARAKODA 62
ARALAST NP 207
ARANELLE 89
ARBLI 57
ARCALYST 12
AREXVY 215
arformoterol tartrate 29
ARGYLE STERILE SALINE 140
ARGYLE STERILE WATER 173
ARIKAYCE 10
aripiprazole 77
ARISTADA 77
ARISTADA INITIO 77
armodafinil 6
ARNUITY ELLIPTA 28
artilis 102
artilis hp 102
ARTISS 149
ARYNTA 3
ARZOL SILVER NIT APPLICATORS 112
ASCOMP-CODEINE 21
asenapine maleate 75
ASHLYNA 89
ASMANEX (120 METERED DOSES) 28
ASMANEX (14 METERED DOSES) 28
ASMANEX (30 METERED DOSES) 28
ASMANEX (60 METERED DOSES) 28
ASMANEX HFA 28
aspirin 15
aspirin 81 15
aspirin adult low dose 15
aspirin adult low strength 15
aspirin childrens 15
aspirin ec adult low dose 15
aspirin ec adult low strength 15
aspirin ec low dose 15
aspirin ec low strength 15
aspirin low dose 15
aspirin regimen 15
aspirin-dipyridamole er 146
assure comfort lancets 28g 156

ASSURE LANCE LANCETS.....156
ASSURE LANCE LANCETS 21G..156
ASSURE LANCE PLUS SAFETY 25G..... 156
ASSURE LANCE PLUS SAFETY 30G..... 156
ASSURE LANCE SAFETY LANCET 28G..... 156
ASTAMED MYO..... 125
ASTRINGYN..... 149
ATABEX..... 178
ATABEX EC..... 178
ATABEX ONE..... 178
atazanavir sulfate..... 78
atenolol..... 82
ATENOLOL+SYRSPEND SF..... 82
atenolol-chlorthalidone..... 58
ATMEKSI..... 181
atomoxetine hcl..... 5
ATORVALIQ..... 55
atorvastatin calcium..... 55
atovaquone..... 60
atovaquone-proguanil hcl..... 61
ATRAPRO CP..... 124
ATREVIS HYDROGEL..... 195
atropine sulfate..... 185, 211
ATROVENT HFA..... 27
ATTRUBY..... 88
AUBRA EQ..... 89
AUGTYRO..... 66
augustil..... 102
auranofin..... 12
aurora lancet super thin 30g..... 156
aurora lancet thin 23g..... 156
AUROVELA 1.5/30..... 89
AUROVELA 1/20..... 89
AUROVELA 24 FE..... 89
AUROVELA FE 1.5/30..... 89
AUROVELA FE 1/20..... 89
AUTOJECT 2..... 166
autopen..... 166
AUVELITY..... 38
AUVI-Q..... 219
AUXIPRO VANISHING..... 195
AVAILNEX..... 125
avanafil..... 85
AVAR CLEANSER..... 102
AVAR LS CLEANSER..... 102
AVAR-E EMOLLIENT..... 102
aveida..... 123
aveidaoxia..... 123
AVERI..... 90
AVIANE..... 90
avidora..... 102
avidora hp..... 102
avidoxy..... 208
AVMAPKI FAKZYNJA CO-PACK..... 66
AVODART..... 141
AVONEX PEN..... 200
AVONEX PREFILLED..... 200
AVTOZMA..... 12
awanis..... 102
AXONA..... 125
AYUNA..... 90
AYVAKIT..... 65
azalta..... 102
azalta hp..... 102
AZASAN..... 172
azathioprine..... 173
azelaic acid..... 123
azelastine hcl..... 183, 190
azelastine-fluticasone..... 182
AZELEX..... 102
azilsartan medoxomil..... 57
azithromycin..... 152
AZSTARYS..... 6
AZURETTE..... 90
BAC (BUTALBITAL-ACETAMIN-CAFF)..... 14
BACIGUENT..... 186
BACILLEX..... 48
bacitracin..... 186
bacitracin-polymyxin b..... 186
bacitra-neomycin-polymyxin-hc..... 188
baclofen..... 181
bacteriostatic water(benz alc)..... 194
balsalazide disodium..... 136
BALVERSA..... 66
BALZIVA..... 90
BAQSIMI ONE PACK..... 43
BAQSIMI TWO PACK..... 43
BARACLUDE..... 81
BARRIGEL..... 24
batizia..... 106
BAXDELA..... 135
baxonil..... 106
BAYER ADVANCED ASPIRIN REG ST..... 15
BAYER ASPIRIN..... 15
BAYER ASPIRIN EC LOW DOSE..... 15
BAYER ASPIRIN REGIMEN..... 16
BAYER LOW DOSE..... 16
BD AUTOSHIELD DUO..... 166
BD INS SYR ULTRAFINE 1/2UNIT 166
BD INSULIN SYRINGE U-500..... 166
BD INSULIN SYRINGE ULTRAFINE..... 166
BD MICROTAINER LANCETS..... 156
BD PEN..... 166
BD PEN MINI..... 166
BD PEN NEEDLE MICRO ULTRAFINE..... 166
BD PEN NEEDLE MINI ULTRAFINE..... 166
BD PEN NEEDLE NANO 2ND GEN..... 167
BD PEN NEEDLE NANO ULTRAFINE..... 167
BD PEN NEEDLE ORIG ULTRAFINE..... 167
BD PEN NEEDLE SHORT ULTRAFINE..... 167
BD VEO INSULIN SYR U/F 1/2UNIT..... 167
BD VEO INSULIN SYR ULTRAFINE..... 167
BELBUCA..... 22
belladonna alkaloids-opium..... 211
BELSOMRA..... 150
benazepril hcl..... 57
benazepril-hydrochlorothiazide..... 58
BENEFIX..... 142
BENICAR HCT..... 58
BENLYSTA..... 174, 175
BENZAC AC WASH..... 102
BENZEPRO..... 102
benzonatate..... 99
benzoyl peroxide-erythromycin..... 102
benzphetamine hcl..... 4
benztropine mesylate..... 71
BERINERT..... 145
BESIVANCE..... 186
BESREMI..... 70
BETADINE OPHTHALMIC PREP..... 186
betaine..... 130
BETALOAN SUIK..... 97
betamethasone dipropionate..... 113

betamethasone dipropionate aug 112, 113
betamethasone valerate 113
BETASERON 200
betaxolol hcl 82, 184
bethanechol chloride 214
BETOPTIC-S 184
bexarotene 70, 109
BEXSERO 214
BEYFORTUS 193
bicalutamide 64
BIJUVA 133
BIKTARVY 78
bilac 48
bimatoprost 191
bimatoprost-brimonidine-dorzol 186
bimatoprost-timolol maleate 184
bi-mix 85
BIMZELX 110
BIOCORE DAILY 48
BIOCORE IMMUNE+ 48
BIOCORE RESTORE 48
BIOFREQUENCY INSOLES 166
biomyra 48
BIONARA ULTRA 49
biostora 49
bis subcit-metronid-tetracyc 213
bismuth/metronidaz/tetracyclin 213
bisoprolol fumarate 82
bisoprolol-hydrochlorothiazide 58
BLISOVI 24 FE 90
BLISOVI FE 1.5/30 90
BLISOVI FE 1/20 90
BLUJEPA 61
BONSITY 127
BOOSTRIX 210
bosentan 87
BOSULIF 66
BRAFTOVI 66
BREO ELLIPTA 29
BREYNA 29
BREZTRI AEROSPHERE 29
briellyn 90
brimonidine tartrate 123, 186
brimonidine tartrate-timolol 184
brimonidine-dorzolamide 186
BRINSUPRI 208
brinzolamide 190
brivaracetam 33
bromfenac sodium 190
bromfenac sodium (once-daily) 190
bromocriptine mesylate 71
BRONCHITOL 207
BRONCHITOL TOLERANCE TEST 207
BRUKINSA 66, 67
BRUSELIX 174
budesonide 23, 28, 97
budesonide er 97
budesonide-formoterol fumarate 29
bumetanide 127
bupivacaine hcl 152
buprenorphine 22
buprenorphine hcl 22
buprenorphine hcl-naloxone hcl 22
bupropion hcl 39
bupropion hcl er (smoking det) 203
bupropion hcl er (sr) 39
bupropion hcl er (xl) 39
buspirone hcl 25
butalbital-acetaminophen 14
butalbital-apap-caff-cod 21
butalbital-apap-caffeine 14, 15
butalbital-asa-caff-codeine 21
butalbital-aspirin-caffeine 15
butorphanol tartrate 22
BYLVAY 136
BYLVAY (PELLETS) 136
BYQLOVI 188
CABENUVA 78
cabergoline 133
CABLIVI 146
CABOMETYX 67
CABTREO 102
cadeau dha 178
CADIRAMD 121
CAFERGOT 168
caffeine citrate 4
CALCIFOL 170
calcipotriene 110
calcipotriene-betameth diprop 113
calcitonin (salmon) 128
CALCITRENE 110
calcitriol 110, 130
calcium acetate 138
calcium acetate (phos binder) 138
CALQUENCE 67
CAMILA 97
CAMRESE 90
CAMRESE LO 90
CAMZYOS 85
candesartan cilexetil 57
candesartan cilexetil-hctz 58
capecitabine 63
CAPLYTA 72
CAPRELSA 67
capsule ezeefit #0 clear 194
capsule ezeefit #00 clear 194
captopril 57
captopril-hydrochlorothiazide 58
CAPVAXIVE 215
CARBAGLU 130
carbamazepine 33, 34
carbamazepine er 33
CARBATROL 34
carbidopa 71
carbidopa-levodopa 71
carbidopa-levodopa er 71
carbidopa-levodopa-entacapone 71
carbinoxamine maleate 52
carbinoxamine maleate er 52
CARBOGEL 940 195
CARBOHOL 940 195
carbzah 52
CARDAMYST 83
CARDURA XL 141
CAREONE LANCET SUPER THIN 30G 156
careone lancet thin 23g 156
CARESENS LANCETS 156
CARESENS LANCETS 30G 156
CARETOUCH SAFETY LANCETS 157
CARETOUCH SAFETY LANCETS 26G 157
CARETOUCH TWIST LANCETS 28G 157
CARETOUCH TWIST LANCETS 30G 157
CARETOUCH TWIST LANCETS 33G 157
CARETOUCH TWIST MC LANCETS 30G 157
carglumic acid 130
carisoprodol 181
carteolol hcl 184
CARTIA XT 83
carvedilol 82

carvedilol phosphate er 82
CAVERJECT 86
CAVERJECT IMPULSE 85
CAYA 154
CAYSTON 61
cefaclor 88, 89
cefaclor er 88
cefadroxil 88
cefdinir 89
cefixime 89
cefpodoxime proxetil 89
cefprozil 89
cefuroxime axetil 89
CELEBREX 12
celecoxib 12
CEM-UREA 118
CENTRUM PRENATAL GUMMIES 178
CENTRUM SPECIALIST PRENATAL 178
cephalexin 88
CEQUR SIMPLICITY 2U 167
CEQUR SIMPLICITY INSERTER 167
CEQUR SIMPLICITY STARTER 167
CERDELGA 146
CEREFOLIN BRAIN WELLNESS 125
CERVIDIL 192
CETACAINE 121
cetirizine hcl 52
cetrorelix acetate 129
cevimeline hcl 176
CHARLOTTE 24 FE 90
CHATEAL EQ 90
CHEMET 50
cherry 194
childrens aspirin 16
chlohux 113
chlooxia 113
chlordiazepoxide hcl 25
chlordiazepoxide-amitriptyline 199
chlordiazepoxide-clidinium 211
chlorhexidine gluconate 77, 175
chloroquine phosphate 62
chlorpromazine hcl 76
chlorthalidone 127
chlorzoxazone 181
CHOLBAM 136
cholecal df 148
cholestyramine 54
cholestyramine light 54
chorionic gonadotropin 129
CHOSEN LANCETS 30G 157
CHOSEN SAFETY LANCETS 28G 157
CHRYSADERM DAY 195
CHRYSADERM NIGHT 195
CICLODAN 106
ciclopirox 106
ciclopirox olamine 106, 107
ciclopirox treatment 107
CIFEREX 148
cilostazol 146
CILOXAN 186
CIMDUO 78
cimetidine 212
cimetidine hcl 212
CIMZIA 137
CIMZIA (1 SYRINGE) 137
CIMZIA (2 SYRINGE) 137
CIMZIA-STARTER 137
cinacalcet hcl 130, 131
CINRYZE 145
cipotrex 110
CIPRO 135
ciprofloxacin hcl 135, 186, 191
ciprofloxacin-dexamethasone 191
ciprofloxacin-fluocinolone pf 192
ciprofloxacin-hydrocortisone 192
citalopram hydrobromide 39
CLARAVIS 102
CLARINEX-D 12 HOUR 99
clarithromycin 153
clarithromycin er 153
classic prenatal 178
CLEANLET LANCETS 28G 157
clemastine fumarate 52
CLEMSZA 52
CLENPIQ 151
CLEOCIN 218
CLEVER CHEK LANCETS 157
CLEVER CHOICE COMFORT EZ 121, 157
CLEVER CHOICE LANCETS 21G 157
CLEVER CHOICE LANCETS 23G 157
CLEVER CHOICE LANCETS 28G 157
CLINDACIN 102
CLINDACIN ETZ 102
CLINDACIN-P 103
clindamycin hcl 61
clindamycin palmitate hcl 61
clindamycin phos (once-daily) 103
clindamycin phos (twice-daily) 103
clindamycin phos-benzoyl perox 103
clindamycin phosphate 103, 218
clindamycin-tretinoin 103
CLINDESSE 218
CLINOIN 103
CLINPRO 5000 175
clobazam 33
clobetasol prop emollient base 113
clobetasol propionate 113, 188
clobetasol propionate e 113
clobetasol propionate emulsion 113
clocortolone pivalate 113
CLODAN 113
CLOMID 129
clomiphene citrate 129
clomipramine hcl 41
clonazepam 33
clonidine 58
clonidine hcl 58
clonidine hcl er 5
clopidogrel bisulfate 146
clorazepate dipotassium 25
clotrimazole 107, 175
clotrimazole-betamethasone 107
clozapine 75
COAGADEX 142
COAGUCHEK LANCETS 157
COARTEM 61
COBENFY 76
COBENFY STARTER PACK 76
cocaine hcl 182
codeine sulfate 18
coditussin ac 99
coditussin dac 99
colchicine 141
colchicine-probenecid 141
COLCIGEL 172
colesevelam hcl 54
colestipol hcl 54
COLLANEX 124
COMBIPATCH 134
COMBIVENT RESPIMAT 29
COMETRIQ (100 MG DAILY DOSE) 67
COMETRIQ (140 MG DAILY DOSE) 67

COMETRIQ (60 MG DAILY DOSE) 67
comfort assured lancets 28g 157
comfort assured lancets 33g 157
COMFORT TOUCH LANCETS 31G 157
COMFORT TOUCH PLUS LANCETS 28G 157
COMFORT TOUCH PLUS LANCETS 30G 157
COMFORT TOUCH TWIST LANCET 30G 157
COMIRNATY 215
COMIRNATY 5-11 YEARS 215
complete natal dha 178
completenate 178
COMPRO 76
CO-NATAL FA 178
CONCEPT DHA 178
CONCEPT OB 178
condoms 154
CONJUPRI 83
constulose 152
CONTOUR NEXT TEST 125
CONTOUR PLUS TEST 125
CONTOUR TEST 125
CONVENIENCE PAK 202
COPAXONE 200
COPIKTRA 67
CORDRAN 114
CORIFACT 142
CORLANOR 88
CORTANE-B 114
CORTIFOAM 23
cortisone acetate 98
CORTISPORIN-TC 192
CORTROPHIN 128
CORTROPHIN GEL 128
COTELLIC 67
COVARYX 134
COVARYX HS 134
CRENESSITY 128
CREON 126
CRESEMBA 52
CRINONE 219
cromolyn sodium 27, 136, 190
CRYODOSE TA 121
CRYSELLE 90
CRYSELLE-28 90
CTEXLI 136
CURITY AMD ANTIMICROBIAL SPNGE 153
CURITY AMD ANTIMICROBIAL STRIP 153
CURITY HYPERTONIC NACL STRIP 124
CURITY IODOFORM PACKING STRIP 153
CURITY NACL DRESSING 6"X6-3/4" 124
CURITY STERILE SALINE 140
CURITY WOUND CLOSURE 1/2"X4" 153
CURITY WOUND CLOSURE 1/4"X1.5" 153
CURITY WOUND CLOSURE 1/4"X3" 153
CURITY WOUND CLOSURE 1/4"X4" 153
CURITY WOUND CLOSURE 1/8"X3" 153
cutis plus 195
CUVRIOR 171
cvs aspirin 16
cvs aspirin adult low dose 16
cvs aspirin adult low strength 16
cvs aspirin ec 16
cvs aspirin low dose 16
cvs aspirin low strength 16
cvs folic acid 147
cvs genuine aspirin 16
cvs lancets original 157
cvs lancets thin 26g 157
cvs nicotine 203
cvs nicotine polacrilex 203
cvs prenatal 178
cvs prenatal gummy 178
cvs prenatal multi+dha 178
cvs prenatal multivitamin 178
cvs ultra thin lancets 157
cvs womens prenatal+dha 178
cyanocobalamin 147
cyclobenzaprine hcl 181
CYCLOGYL 185
CYCLOMYDRIL 185
cyclopentolate hcl 185
cyclophosphamide 62
cycloserine 62
CYCLOSET 44
cyclosporine 173
cyclosporine (pf) 187
cyclosporine modified 173
cyproheptadine hcl 53
CYRED EQ 90
CYSTADROPS 190
CYSTAGON 140
CYSTARAN 190
CYTOTINE 184
cytra k crystals 139
dabigatran etexilate mesylate 33
dafilor 111
dalfampridine er 200
danazol 22
dandelion 8
dantrolene sodium 182
DANZITEN 67
dapagliflozin base-metformin er 42
dapagliflozin 48
dapagliflozin-saxagliptin 42
dapsone 61, 103
DAPTACEL 210
darifenacin hydrobromide er 214
darunavir 78
dasatinib 67
DASETTA 1/35 (28) 90
DASETTA 7/7/7 90
DAURISMO 64
DAWNZERA 146
DAYBUE 183
DAYBUE STIX 183
DAYSEE 90
DAYVIGO 150
dazaveidaoxia 123
dazinia 107
dazomon 123
DEBACTEROL 175
DEBLITANE 97
DEFENCATH 32
deferasirox 50
deferasirox granules 50
deferiprone 50
deferoxamine mesylate 50
deflazacort 98
delibon 107
DELYLA 90
demeclocycline hcl 208
DEMEROL 18
DENTA 5000 PLUS 175

denta 5000 plus sensitive 175
dentagel 175
denvita 107
deoxia 103
deoxiademtar 103
deoxiatar 103
deoxiavar 103
DEPAKOTE 38
DEPAKOTE ER 38
DEPAKOTE SPRINKLES 38
DEPLIN 15 125
DEPLIN 7.5 125
DEPLIN FC 125
DEPO-ESTRADIOL 134
DEPO-SUBQ PROVERA 104 96
DEPO-TESTOSTERONE 22
DERMACINRX FOLTAMIN 148
DERMACINRX LIDOGEL 121
DERMACINRX PROBISOL 49
DERMACINRX PROBITRAN 49
dermacinrx surgical combopak 122
DERMACINRX URACIN 118
DERMASO PLUS 122
dermavyx 114
DERMAZENE 107
DESCOVY 78
desflurane 139
desipramine hcl 41
desloratadine 53
desmopressin ace spray refrig 133
desmopressin acetate 133
desmopressin acetate pf 133
desmopressin acetate spray 133
desogestrel-ethinyl estradiol 90
desonide 114
desoximetasone 114
desvenlafaxine succinate er 40
dexamethasone 98
dexamethasone acetate 98
DEXAMETHASONE INTENSOL 98
dexamethasone sodium phosphate 189
DEXCOM G7 15 DAY SENSOR 157
DEXCOM G7 RECEIVER 157
DEXCOM G7 SENSOR 157
dexlansoprazole 212
dexmethylphenidate hcl 6
dexmethylphenidate hcl er 6
DEXONTO 0.4% 98
dexpanthenol 136
DEXTENZA 189
dextroamphetamine sulfate 3
dextroamphetamine sulfate er 3
DHIVY 71
DIABECIN HR 123
diabetes monitor digit add-on 157
diabetes monitor digit soln 157
DIACOMIT 34
diadimaxia 103
diaoxia 103
diasaxiatar 103
diasdimaxia 103, 104
diasoxia 104
DIATHRIVE LANCET ULTRA THIN 30 157
DIATHRIVE LANCETS 157
diazepam 26, 33
DIAZEPAM INTENSOL 26
diazoxide 43
dichlorphenamide 126
diclofenac epolamine 108
diclofenac potassium 12
diclofenac sodium 12, 108, 109, 191
diclofenac sodium er 12
diclofenac-misoprostol 12
dicloxacillin sodium 193
DICOPANOL FUSEPAQ 52
dicyclomine hcl 211
diethylpropion hcl 4
diethylpropion hcl er 4
DIFICID 153
diflunisal 16
difluprednate 189
difmetioxrime 107
digoxin 85
dihydroergotamine mesylate 168
DILANTIN 38
DILANTIN INFATABS 37
DILANTIN-125 38
diltiazem hcl 84
diltiazem hcl er 84
diltiazem hcl er beads 84
diltiazem hcl er coated beads 84
dilt-xr 84
dimethyl fumarate 201
dimethyl fumarate starter pack 201
dimoxia 104
diochloy 114
dionaris 111
diooxia 110
diphenhydramine hcl 52
diphenoxylate-atropine 50
dipyridamole 146
disopyramide phosphate 26
disulfiram 198
DIURIL 127
divalproex sodium 38
divalproex sodium er 38
divendo 111
divinix 114
dofetilide 26
DOJOLVI 184
DOLISHALE 90
domela 114
donepezil hcl 199
DOPTELET 147
DOPTELET SPRINKLE 147
dorzolamide hcl 191
dorzolamide hcl-timolol mal 184
dorzolamide hcl-timolol mal pf 184
DOTTI 134
double pm 189
DOVATO 78
doxazosin mesylate 58
doxepin hcl 41, 149
doxercalciferol 131
doxycycline 123
doxycycline hyclate 208, 209
doxycycline monohydrate 209
doxylamine-pyridoxine 51
draxacey 104
DRCAPS SIZE 00 194
DRCAPS SIZE 1 194
drixece 104
DRIZALMA SPRINKLE 40
dronabinol 51
DROPLET LANCETS ULTRA THIN 30G 157
DROPLET PERSONAL LANCETS 30G 158
DROPSAFE ACTI-LANCE 23G 158
DROPSAFE MEDLANCE LANCET 30G 158
drospiren-eth estrad-levomefol 90
drospirenone-ethinyl estradiol 90
DROXIA 146
droxidopa 220

DRUG MART ON-THE-GO LANCET 30G 158
DRUG MART UNILET LANCETS 28G 158
DRUG MART UNILET LANCETS 30G 158
DRUG MART UNILET LANCETS 33G 158
DRYSOL 123
DSUVIA 18
dual complex formula 1 kit 109
DUAVEE 134
DULERA 29, 30
duloxetine hcl 40, 41
DUOPA 71
DUPIXENT 117
DURABASE 195
DURABASE ADVANCED 195
duratuss ac 99
DUREX EXTRA SENSITIVE THIN 154
DUREX REALFEEL 154
DUREX TROPICAL 154
dutasteride 141
dutasteride-tamsulosin hcl 141
DUVYZAT 183
dyclopro 121
dynoma 104
E.E.S. 400 153
easy comfort lancets 158
easy comfort lancets twist top 158
EASY TOUCH LANCETS 21G 158
EASY TOUCH LANCETS 23G 158
EASY TOUCH LANCETS 26G 158
EASY TOUCH LANCETS 28G 158
EASY TOUCH LANCETS 28G/TWIST 158
EASY TOUCH LANCETS 30G 158
EASY TOUCH LANCETS 30G/TWIST 158
EASY TOUCH LANCETS 32G 158
EASY TOUCH LANCETS 32G/TWIST 158
EASY TOUCH LANCETS 33G/TWIST 158
EASY TOUCH SAFETY LANCETS 21G 158
EASY TOUCH SAFETY LANCETS 23G 158
EASY TOUCH SAFETY LANCETS 26G 158
EASY TOUCH SAFETY LANCETS 28G 158
EASYGEL 175
EBGLYSS 118
eceoxia 104
econazole nitrate 107
ECONTRA ONE-STEP 96
ECOTRIN 16
ECOTRIN ARTHRTIS PAIN 16
ECOTRIN LOW STRENGTH 16
EC-RX DHEA 9
ec-rx estradiol 134
ec-rx progesterone 198
ec-rx testosterone 22
ECZEMOL 172
EDEX (2 CARTRIDGE) 86
EDEX (6 CARTRIDGE) 86
EDURANT PED 78
EEMT 134
EEMT HS 134
efavirenz 78
efavirenz-emtricitab-tenofo df 78
efavirenz-lamivudine-tenofovir 78
EFFER-K 170
EFFEXOR XR 41
EGRIFTA 129
EGRIFTA SV 129
EGRIFTA WR 130
eha 121
EKTERLY 145
ELESTRIN 134
eletriptan hydrobromide 169
ELFOLATE 125
ELINEST 90
ELIQUIS 31
ELIQUIS (1.5 MG PACK) 31
ELIQUIS (2 MG PACK) 31
ELIQUIS DVT/PE STARTER PACK 31
ELIXOPHYLLIN 30
ELLA 96
ELOCTATE 142
eltrombopag olamine 147
ELURYNG 96
ELYXYB 168
elyzia 119
EMBECTA AUTOSHIELD DUO 167
EMBECTA INS SYR U/F 1/2 UNIT 167
EMBECTA INSULIN SYR ULTRAFINE 167
EMBECTA INSULIN SYRINGE U-500 167
EMBECTA PEN NEEDLE NANO 167
EMBECTA PEN NEEDLE NANO 2 GEN 167
EMBECTA PEN NEEDLE ULTRAFINE 167
EMBRACE LANCETS ULTRA THIN 30G 158
EMBRACE PRESSURE ACTIVATED 21G 158
EMBRACE PRESSURE ACTIVATED 28G 158
EMEND 51
EMGALITY 168
EMGALITY (300 MG DOSE) 168
EMOLIVAN 195
EMPAVELI 145
empty capsule size 1 clear 194
EMROSI 123
EMSAM 39
emtricitabine 78
emtricitabine-tenofovir df 79
emtricitab-rilpivir-tenofov df 79
EMTRIVA 79
EMVERM 24
EMZAHH 97
enalapril maleate 57
enalapril-hydrochlorothiazide 58
ENBREL 14
ENBREL MINI 14
ENBREL SURECLICK 14
ENCARE 218
ENDOCET 21
ENDOMETRIN 219
ENFAMIL EXPECTA 178
ENGERIX-B 216
ENILLORING 96
ENLITE GLUCOSE SENSOR 158
ENLYTE 125
enovarx-amitriptyline 89
enovarx-baclofen 106
enovarx-cyclobenzaprine hcl 182
enovarx-diclofenac sodium 109
enovarx-ibuprofen 109
enovarx-lidocaine hcl 121
enovarx-naproxen 109

enovarx-tramadol 106
enoxaparin sodium 31
ENPRESSE-28 90
ENSACOVE 67
ENSKYCE 90
ENSPRYNG 173
ENSTILAR 114
entacapone 71
entecavir 81
ENTERAGAM 125
ENTRESTO 85
ENTYVIO PEN 137
enulose 138
enznonuty 121
EPCLUSA 81
EPIDIOLEX 34
EPIFOAM 115
epinastine hcl 191
epinephrine 219, 220
eplerenone 59
eq aspirin 16
eq aspirin adult low dose 16
eq aspirin low dose 16
eq nicotine 203, 204
eq nicotine polacrilex 203
eq nicotine step 3 203
eql aspirin ec 16
eql aspirin low dose 16
eql nicotine polacrilex 204
eql prenatal formula 178
EQUETRO 73
ergocalciferol 220
ergotamine-caffeine 168
ERIVEDGE 64
ERLEADA 64
erlotinib hcl 64
ERRIN 97
ery 104
erythromycin 104, 153, 186
erythromycin base 153
erythromycin ethylsuccinate 153
ERZOFRI 73
escitalopram oxalate 39
ESKATA 111
eslicarbazepine acetate 34
esomeprazole magnesium 212
ESPEROCT 142
ESPUMIL 195
essentra wipes 9x9" 166
est estrogens-methyltest 134
est estrogens-methyltest ds 134
est estrogens-methyltest hs 134
ESTARYLLA 90
estazolam 150
estradiol 134, 135, 219
estradiol valerate 135
estradiol-norethindrone acet 134
ESTRATEST H.S. 134
estrogens conjugated 135
eszopiclone 150
ethacrynic acid 127
ethambutol hcl 62
ethosuximide 38
ethoxia 104
ethynodiol diac-eth estradiol 91
etodolac 13
etodolac er 12
etonogestrel-ethinyl estradiol 96
etoposide 70
etravirine 79
eua patient assessment 174
EUCRISA 123
EUFLEXXA 182
EULEXIN 64
EVAMIST 135
everolimus 67, 173
EVERSENSE 365 SENSOR/HOLDER 158
EVERSENSE 365 SMART TRANSMIT 158
EVERSENSE SENSOR/HOLDER 158
EVERSENSE SMART TRANSMITTER 158
EVOTAZ 79
EVRYSDI 184
EXCILON AMD DRAIN SPONGES 153
EXELDERM 107
exemestane 64
exenatide 44
EXODERM 107
extended infusion set 23"/6mm 158
extended infusion set 23"/9mm 158
extended infusion set 32"/6mm 158
extended infusion set 32"/9mm 158
EYSUVIS 189
ezetimibe 56
ezetimibe-simvastatin 53
FABHALTA 145
fagron ls plus 195
fagron natural 195
fagron supreme 195
FALMINA 91
famciclovir 81
famotidine 212
FANAPT 73
FANAPT TITRATION PACK A 73
FANAPT TITRATION PACK B 73
FANAPT TITRATION PACK C 73
FANATREX FUSEPAQ 34
FANTASY LUBRICATED 154
FANTASY LUBRICATED/SPERMICIDE 154
FASENRA 26
FASENRA PEN 26
fbl kit 109
FC2 FEMALE CONDOM 154
febuxostat 141
FEIBA 143
FEIRZA 1.5/30 91
FEIRZA 1/20 91
felbamate 37
felodipine er 84
FEM PH 218
FEMCAP 154
FEMLYV 91
fenofibrate 54
fenofibrate micronized 54
fenofibric acid 54
fenovia 107
fentanyl 18
fentanyl citrate 18
fentanyl citrate-nacl 18
ferric citrate 139
fervina 107
fesoterodine fumarate er 214
FETZIMA 41
FETZIMA TITRATION 41
FEXMID 182
FIASP 45
FIASP FLEXTOUCH 45
FIASP PENFILL 45
FIASP PUMPCART 45
fidaxomicin 153
fidila 107
FIFTY50 SAFETY SEAL LANCETS 158
FIFTY50 UNILET LANCETS 33G 159

filoma 107
FILSPARI 140
FILSUVEZ 124
FINACEA 123
finapid 118
finapod 118
finapodtar 118
finasteride 141
FINGERSTIX LANCETS 159
fingolimod hcl 201
FINTEPLA 34
FINZALA 91
FIRDAPSE 62
FIRMAGON 65
FIRMAGON (240 MG DOSE) 65
FIRST-LANSOPRAZOLE 212
FIRST-METRONIDAZOLE 60
FIRST-MOUTHWASH BLM 175
FIRST-OMEPRAZOLE 213
FITALITE 196
FLAVOR BLEND 194
flavor plus 194
flavor sweet 194
FLAVOR SWEET DYE FREE 194
flavor sweet sf dye free 194
flavoxate hcl 214
flecainide acetate 26
FLECTOR 109
flolipid 55
floramyra 49
FLORIVA 170, 177
FLORIVA PLUS 177
FLORRAGUT 49
FLOTREX 177
FLUAD 216
FLUARIX 216
FLUBLOK 216
FLUCELVAX 216
fluconazole 52
flucytosine 51
fludrocortisone acetate 99
FLULAVAL 216
FLUMIST 216
flunisolide 183
fluocinolone acetonide 115, 192
fluocinolone acetonide body 115
fluocinolone acetonide scalp 115
fluocinonide 115
fluocinonide emulsified base 115
FLUORIDEX 175
FLUORIDEX DAILY RENEWAL 175
FLUORIDEX ENHANCED WHITENING 175
FLUORIDEX SENSITIVITY RELIEF 175
FLUORIMAX 5000 175
FLUORIMAX 5000 SENSITIVE 175
fluorometholone 189
fluorouracil 109
fluoxetine hcl 40
fluoxetine hcl (pmdd) 202
fluoxia 104
fluphenazine hcl 76
flurandrenolide 115
flurazepam hcl 150
flurbiprofen 13
flurbiprofen sodium 191
fluticasone propionate 115, 183
fluticasone propionate diskus 28
fluticasone propionate hfa 28
fluticasone-salmeterol 30
fluvastatin sodium 55
fluvastatin sodium er 55
fluvoxamine maleate 40
fluvoxamine maleate er 40
FLUZONE 216
FLUZONE HIGH-DOSE 216
flyprogpidtar 118
FOAMIL 194
FOCALIN XR 6
folate 147
folding paddle walker 204
folic acid 147
folic d3 148
FOLI-D 148
folite 148
FOLIVANE-OB 178
FOLIXAPURE 148
FOLIXATE 148
FOLLISTIM AQ 129
FOLTIRA 148
FOLTREXYL 148
FOLVITE-D 148
folvitra 148
fondaparinux sodium 31, 32
fondcircle single use lancets 159
FORA LANCETS 159
FORFIVO XL 39
formoterol fumarate 30
FORZINITY 131
FOSAMAX PLUS D 128
fosamprenavir calcium 79
fosfomycin tromethamine 61
fosinopril sodium 57
fosinopril sodium-hctz 59
FOSRENOL 139
FOSTEUM 125
FOSTEUM PLUS 125
FOTIVDA 67
FOUNDAYO 4
FRAGMIN 32
fraiche 5000 dental 175
fraiche 5000 previ 175
freedom adaptaderm 196
freedom derma serum 196
FREEDOM DERMA-D 196
FREEDOM DERMA-N 196
FREESTYLE INSULINX TEST 125
FREESTYLE LANCETS 159
FREESTYLE LIBRE 14 DAY READER 159
FREESTYLE LIBRE 14 DAY SENSOR 159
FREESTYLE LIBRE 2 PLUS SENSOR 159
FREESTYLE LIBRE 2 READER 159
FREESTYLE LIBRE 2 SENSOR 159
FREESTYLE LIBRE 3 PLUS SENSOR 159
FREESTYLE LIBRE 3 READER 159
FREESTYLE LIBRE 3 SENSOR 159
FREESTYLE LITE TEST 125
FREESTYLE PRECISION NEO TEST 125
FREESTYLE TEST 125
FREESTYLE UNISTICK II LANCETS 159
frivo 107
frovatriptan succinate 169
FRUZAQLA 63
ft aspirin 16
ft aspirin low dose 16
ft enteric coated aspirin 16
ft folic acid 147
ft nicotine 204
ft nicotine mini 204
ft prenatal 178

fungimez 107
FUROSCIX 127
furosemide 127
FYAVOLV 134
g tussin ac 100
gabapentin 34
GALAFOLD 131
galantamine hydrobromide 199
galantamine hydrobromide er 199
GALAXTRA 125
GALBRIELA 91
GALLIFREY 198
GALZIN 171
GAMMAGARD 192
GAMMAGARD ERC 192
GAMMAKED 192
GAMUNEX-C 192
ganirelix acetate 129
GARDASIL 9 216
gatifloxacin 187
GATTEX 139
GAVILYTE-C 151
GAVILYTE-G 151
GAVILYTE-N WITH FLAVOR PACK 151
GAVRETO 67
GEBAUERS SPRAY AND STRETCH 121
gefitinib 64
GELFILM 190
GEL-FLOW 149
GELFOAM-JMI POWDER 149
GELFOAM-JMI SPONGE 149
gemfibrozil 54
GEMMILY 91
GENADUR 122
generlac 138
GENGRAF 173
GENOTROPIN 130
GENOTROPIN MINIQUICK 130
gentamicin sulfate 106, 187
GENTEEL BUTTERFLY TOUCH LANCET 159
genuine aspirin 17
GENVOYA 79
GILENYA 201
GILOTRIF 64
GIMOTI 136
GLASSIA 207
glatiramer acetate 201
GLATOPA 201
glimepiride 48
glipizide 48
glipizide er 48
glipizide-metformin hcl 42
global inject ease lancets 28g 159
global inject ease lancets 30g 159
GLOPERBA 141
glucagon emergency 43
GLUCOCOM LANCETS 28G 159
GLUCOCOM LANCETS 30G 159
GLUCOCOM LANCETS 33G 159
glyburide 48
glyburide micronized 48
glyburide-metformin 42
glycerol phenylbutyrate 131
glycine 140
glycine urologic 140
glycopyrrolate 211
GLYDO 121
GLYXAMBI 42
gnp adult aspirin low strength 17
gnp aspirin 17
gnp aspirin low dose 17
gnp folic acid 147
gnp nicotine 204
gnp nicotine mini 204
gnp nicotine polacrilex 204
gnp prenatal 178
gnp prenatal/folic acid 178
gnp sterile lancets 28g 159
gnp sterile lancets 30g 160
gnp sterile lancets 33g 160
GOJJI STERILE LANCETS 160
GOMEKLI 67
GONAL-F 129
GONAL-F RFF REDIJECT 129
GOOD START PRENATAL NOURISH 178
goodsense aspirin 17
goodsense aspirin low dose 17
goodsense nicotine 205
goodsense nicotine policrilex 205
GORDOFILM 120
granisetron hcl 51
GRASTEK 8
griseofulvin microsize 51
griseofulvin ultramicrosize 52
guaifenesin-codeine 100
guanfacine hcl 58
guanfacine hcl er 5
GUARDIAN 4 GLUCOSE SENSOR 160
GUARDIAN 4 TRANSMITTER 160
GUARDIAN LINK 3 TRANSMITTER 160
GUARDIAN SENSOR (3) 160
guardian sensor 3 160
gutstor 49
gutvantage 49
gutvia 49
GVOKE HYPOPEN 1-PACK 43
GVOKE HYPOPEN 2-PACK 43
GVOKE KIT 43
GVOKE PFS 43
GYNAZOLE-1 218
HABITROL 205
HAEGARDA 145
HAEMOLANCE 160
HAEMOLANCE LOW FLOW LANCETS 160
HAEMOLANCE PLUS 160
HAEMOLANCE PLUS HIGH FLOW 160
HAEMOLANCE PLUS LOW FLOW 160
HAEMOLANCE PLUS MAX FLOW 160
HAEMOLANCE PLUS PEDIATRIC FLOW 160
HAILEY 1.5/30 91
HAILEY 24 FE 91
HAILEY FE 1.5/30 91
HAILEY FE 1/20 91
halcinonide 115
halobetasol propionate 115
HALOETTE 96
haloperidol 75
haloperidol lactate 75
HAN-EASE 167
harisis 118
HARLIKU 131
harviva 118
harviva hp 118
HARVONI 81
HAVRIX 216
haxchlo 111
haxchlodrex 111

haxdrax 111
HEALTHY MAMA BE WELL ROUNDED 178
HEATHER 97
h-e-b aspirin 17
h-e-b incontrol lancets 28g 160
h-e-b incontrol lancets 30g 160
h-e-b incontrol lancets 33g 160
HEMANGEOL 83
hematinic/folic acid 148
HEMICLOR 127
HEMLIBRA 143
HEMMOREX-HC 24
HEMOFIL M 143
hemtara 118
hemtara hp 118
hentis 118
hentis hp 119
heparin (porcine) in nacl 32
heparin sodium (porcine) 32
heparin sodium (porcine) +rfid 32
heparin sodium (porcine) pf 32
HEPLISAV-B 216
HER STYLE 96
HERNEXEOS 64
hesmilla 119
HETLIOZ LQ 150
hevona 119
hexiounyl 107
HIBERIX 215
hixdefrima 107
HIZENTRA 192, 193
holixia 119
holizar 119
HOMATROPAIRE 185
honista 119
hovitra 119
hovyn 119
HUMALOG 45
HUMALOG KWIKPEN 45
HUMALOG MIX 50/50 KWIKPEN 45
HUMALOG MIX 75/25 45
HUMALOG MIX 75/25 KWIKPEN 45
HUMATE-P 143
HUMATIN 10
HUMCO BASE PAIN MGMT 196
HUMULIN 70/30 45
HUMULIN 70/30 KWIKPEN 45
HUMULIN N 46
HUMULIN N KWIKPEN 46
HUMULIN R 46
HUMULIN R U-500 KWIKPEN 46
HYCAMTIN 70
hydralazine hcl 59
HYDRO 40 118
hydrochlorothiazide 127
hydrocod poli-chlorphe poli er 100
hydrocodone bitartrate er 18
hydrocodone bit-homatrop mbr 99
hydrocodone-acetaminophen 21
hydrocodone-ibuprofen 21
hydrocortisone 23, 98, 116
hydrocortisone (perianal) 24
hydrocortisone ace-pramoxine 23, 115
hydrocortisone acetate 24
hydrocortisone butyrate 115, 116
hydrocortisone sod suc (pf) 98
hydrocortisone valerate 116
hydrocortisone-acetic acid 192
hydrocortisone-iodoquinol 107
hydrocort-pramoxine (perianal) 23
HYDROFERA BLUE FOAM DRESSING 124
HYDROFERA BLUE READY FOAM 124
HYDROGEL 196
hydromet 99
hydromorphone hcl 18
hydromorphone hcl er 18
hydromorphone hcl-nacl 18
hydroxocobalamin acetate 147
hydroxychloroquine sulfate 62
hydroxyurea 70
hydroxyzine hcl 25
hydroxyzine pamoate 25
HYFTOR 119
HYMPAVZI 143
hyoscyamine sulfate 211, 212
hyoscyamine sulfate er 211
hyoscyamine sulfate sl 212
hyosyne 212
HYPERSAL 100
HYPOCYN ANTIPRURITIC 123
HYQVIA 193
HYRNUO 67
HY-VEE LANCETS 160
hy-vee thin lancets 160
ibandronate sodium 128
IBRANCE 67
IBTROZI 67
IBU 13
ibuprofen 13
icatibant acetate 144
ICLEVIA 91
ICLUSIG 67
icosapent ethyl 53
ICOTYDE 110
idaran 106
IDELVION 143
IDHIFA 67
idyyxiatar 104
IFE-BIMIX 30/1 86
IHEEZO 188
ilet insulin pump 160
ILEVRO 191
ilexor 116
imatinib mesylate 67
IMBRUVICA 67
IMCIVREE 131
imioxia 107
imipramine hcl 41
imipramine pamoate 41
imiquimod 119
IMITREX STATDOSE REFILL 169
IMITREX STATDOSE SYSTEM 169
imkeldi 67
IMPAVIDO 60
imubolic 174
IMVEXXY MAINTENANCE PACK 219
IMVEXXY STARTER PACK 219
IN TOUCH STERILE LANCETS 30G 160
INATAL GT 178
INBRIJA 71
INCASSIA 97
INCRELEX 130
INCRUSE ELLIPTA 27
indapamide 127
indomethacin 13
indomethacin er 13
INFANRIX 211
INGREZZA 200
inject-ease 167
INLURIYO 65
INLYTA 63
INPEN 100-BLUE-LILLY-HUMALOG 167

INPEN 100-BLUE-NOVOLOG-FIASP 167
INPEN 100-GREY-LILLY-HUMALOG 167
INPEN 100-GREY-NOVOLOG-FIASP 167
INPEN 100-PINK-LILLY-HUMALOG 167
INPEN 100-PINK-NOVOLOG-FIASP 167
INQOVI 66
INREBIC 67
insulin degludec 46
insulin degludec flextouch 46
insulin glargine-yfgn 46
insulin lispro 46
insulin lispro (1 unit dial) 46
insulin lispro junior kwikpen 46
insulin lispro prot & lispro 46
INTELENCE 79
INTROVALE 91
INVEGA HAFYERA 73
INVEGA SUSTENNA 74
INVEGA TRINZA 74
inzdeaxiatar 104
inzdeaxiavar 104
inzdeoxia 104
INZIRQO 127
iodoquimez-hc 107
iodoquinol-hydrocortisone-aloe 107
IONTOSONE 0.4% 98
IOPIDINE 186
IPOL 216
ipratropium bromide 27, 183
ipratropium-albuterol 30
IQIRVO 138
irbesartan 57
irbesartan-hydrochlorothiazide 59
ISENTRESS 79
ISENTRESS HD 79
ISIBLOOM 91
isoflurane 139
isoniazid 62
isosorb dinitrate-hydralazine 85
isosorbide dinitrate 24
isosorbide mononitrate 24
isosorbide mononitrate er 24
isotretinoin 104
isradipine 84
ISTURISA 127
ithoxia 104
ITOVEBI 67
itraconazole 52
ivabradine hcl 88
ivermectin 24, 123
IWILFIN 70
IXINITY 143
JAIMIESS 91
JAKAFI 68
JANTOVEN 31
JANUMET 42
JANUMET XR 42
JANUVIA 43
JARDIANCE 48
JASCAYD 208
JASMIEL 91
JAVADIN 58
JAVYGTOR 131
JAYPIRCA 68
jaythari 98
JELMYTO 66
JENCYCLA 97
jenliva prenatal/postnatal 178
JINTELI 134
JIVI 143
JOENJA 172
JOLESSA 91
JORNAY PM 6
JOURNAVX 15
JOYEAUX 91
J-TIP KIT W/VIAL ADAPTERS 167
JULEBER 91
JULUCA 79
JUNEL 1.5/30 91
JUNEL 1/20 91
JUNEL FE 1.5/30 91
JUNEL FE 1/20 91
JUNEL FE 24 91
JUST RIGHT 5000 175
JUXTAPID 56
JYLAMVO 63
JYNARQUE 133
K.B.G.L IN TERODERM 109
KAITLIB FE 91
KALETRA 79
KALLIGA 91
KALYDECO 208
KAMELEON LUBRICATED 154
KAPSPARGO SPRINKLE 82
KARBINAL ER 52
KARIVA 91
kazuri 109
KEFUNOVA 109
KELNOR 1/35 92
KENALOG-80 98
KENDALL ALGINATE 12" ROPE 124
KENDALL ALGINATE DRESS 2"X2" 124
KENDALL ALGINATE DRESS 4"X8" 124
KENDALL HYDROGEL GAUZE 2"X2" 124
KENDALL HYDROGEL GAUZE 4"X4" 124
KENDALL HYDROGEL GAUZE 4"X8" 124
KENDALL HYDROGEL WOUND DRESS 124
KENDALL ZINC CA ALGINATE 4"X4" 124
KERALYT 120
KERASTAT 124
keraxa 109
KERENDIA 132
kerida 109
KERLIX AMD ANTIMICROBIAL 153
KERLIX AMD SUPER SPONGES 154
KESIMPTA 201
ketoconazole 52, 107
ketoprofen 13
ketoprofen er 13
ketorolac tromethamine 13, 191
ketorolac tromethamine +rfid 13
KEVZARA 12
kimono 154
KIMONO COLORS 154
KIMONO MAXX-LARGE FLARE 154
kimono micro thin 154
kimono micro thin plus 154
kimono plus 154
kimono ps 154
kimono ps plus 154
kimono sensation 154
kimono sensation plus 154
KIMONO SPECIAL 154
KINERET 12
kinney lancets 160

kinney thin lancets 160
KINRIX 211
KIONEX 174
KISQALI (200 MG DOSE) 68
KISQALI (400 MG DOSE) 68
KISQALI (600 MG DOSE) 68
KITABIS PAK (W/ NEBULIZER) 10
KLAYESTA 107
KLISYRI (250 MG) 109
KLISYRI (350 MG) 109
KLOR-CON 171
KLOR-CON 10 170
KLOR-CON M10 170
KLOR-CON M15 170
KLOR-CON M20 170
KLOR-CON/EF 171
KLOXXADO 50
kls aspirin low dose 17
KLS QUIT2 205
KLS QUIT4 205
KOATE 143
KOATE-DVI 143
KOGENATE FS 143
KOMZIFTI 65
KOSELUGO 68
KOVALTRY 143
kp aspirin 17
kp folic acid 147
kp prenatal multivitamins 179
K-PHOS 170
K-PHOS NO 2 139
K-PHOS-NEUTRAL 170
kpn prenatal 179
KRAZATI 68
KRINTAFEL 62
KROGER HEALTHPRO LANCET 26G 160
kroger lancets 160
kroger lancets super thin 160
kroger lancets thin 160
KURVELO 92
KUVAN 131
KYLEENA 97
KYMBEE 98
kynara 109
l.e.t. 121
l.e.t. (racepinephrine) 121
labetalol hcl 82
lacosamide 34
lactated ringers 173
LACTEROL 49
lactovive 49
lactulose 152
lactulose encephalopathy 138
LAGEVRIO 82
LAMICTAL XR 34
lamivudine 79, 81
lamivudine-zidovudine 79
lamotrigine 34
lamotrigine er 34
lamotrigine starter kit-blue 34
lamotrigine starter kit-green 35
lamotrigine starter kit-orange 35
LAMPIT 60
lancets 160
lancets 28g thin 160
lancets 30g 160
lancets 33g 160
lancets micro thin 33g 160
LANCETS SUPER THIN 160
lancets super thin 28g 160
lancets thin 160
LANCETS ULTRA THIN 161
lancets ultra thin 30g 161
LANOXIN 85
lansoprazole 213
lanthanum carbonate 139
lapatinib ditosylate 68
LARIN 1.5/30 92
LARIN 1/20 92
LARIN 24 FE 92
LARIN FE 1.5/30 92
LARIN FE 1/20 92
LASIX ONYU 127
latanoprost 191
LAZCLUZE 64
LDL CARE 125
LEDERLE LEUCOVORIN 70
leflunomide 14
lenalidomide 172
LENVIMA (10 MG DAILY DOSE) 63
LENVIMA (12 MG DAILY DOSE) 63
LENVIMA (14 MG DAILY DOSE) 63
LENVIMA (18 MG DAILY DOSE) 63
LENVIMA (20 MG DAILY DOSE) 64
LENVIMA (24 MG DAILY DOSE) 64
LENVIMA (4 MG DAILY DOSE) 64
LENVIMA (8 MG DAILY DOSE) 64
LEQEMBI IQLIK 199
LESSINA 92
letrozole 65
lets 152
leucovorin calcium 70
LEUKERAN 63
leuprolide acetate 65
leuprolide acetate-bupivacaine 65
levalbuterol hcl 30
levalbuterol tartrate 30
levamlodipine maleate 84
levatio 121
LEVBID 212
levetiracetam 35
levetiracetam er 35
levobunolol hcl 184
levocarnitine 131
levocarnitine sf 131
levocetirizine dihydrochloride 53
levofloxacin 135, 136, 187
LEVONEST 92
levonorgest-eth est & eth est 92
levonorgest-eth estrad 91-day 92
levonorgest-eth estradiol-iron 92
levonorgestrel 96
levonorgestrel-ethinyl estrad 92
levonorg-eth estrad triphasic 92
levorphanol tartrate 18
LEVO-T 210
levothyroxine sodium 210
LEVOXYL 210
LEVSIN 212
LEVSIN/SL 212
LEVULAN KERASTICK 109
l-glutamine 146
LIBERTY MEDICAL LANCETS 161
lidocaine 121
lidocaine hcl 121, 175, 188
lidocaine hcl urethral/mucosal 121
lidocaine hcl-oxymetazoline 182
lidocaine viscous hcl 175
lidocaine-hydrocort (perianal) 23
lidocaine-hydrocortisone ace 23
lidocaine-prilocaine 121
LIDOCAN 121
LIDOCORT 24
lidopin 121
lido-racepinephrine-tetracaine 121
LIDOREX 121

LIDORUB 121
lidostream 122
LIDOTHOL 122
LIDOTHOL ES 122
LIDTOPIC 122
LIDTOPIC MAX 122
LIKMEZ 60
LILETTA (52 MG) 97
linagliptin-metformin hcl 42
linezolid 61
LINZESS 138
LIOMNY 210
LIOPEN ABSORPTION ENHANCING 196
liothyronine sodium 210
lipo cream base 196
LIPOCREAM BASE 196
LIPOFEN 54
lipofoam rx 196
lipolayer 196
lipopen ultra base 196
LIPOZYME 196
liraglutide 44
liraglutide -weight management 4
lisdexamfetamine dimesylate 3
lisinopril 57
lisinopril-hydrochlorothiazide 59
lite touch lancets 161
LITETOUCH LANCETS 161
LITFULO 119
lithium 72
lithium carbonate 72
lithium carbonate er 72
LITHOSTAT 141
LIVDELZI 138
live better lancet super thin 161
LIVMARLI 136
LIVTENCITY 81
LM PLUS RELIEF 122
l-methylfolate forte 126
LO LOESTRIN FE 92
LOARGYS 191
LOESTRIN 1.5/30 (21) 92
LOESTRIN 1/20 (21) 92
LOESTRIN FE 1.5/30 92
LOESTRIN FE 1/20 92
lofexidine hcl 198
LOJAIMIESS 92
LOKELMA 174
LOMAIRA 4
lomustine 63
LONSURF 66
loperamide hcl 50
lopinavir-ritonavir 79
LOPRESSOR 82
lorazepam 26
LORAZEPAM INTENSOL 26
LORBRENA 68
lormate 126
LORYNA 92
losartan potassium 57
losartan potassium-hctz 59
LOTEMAX 189
LOTEMAX SM 189
loteprednol etabonate 189
loteprednol-tobramycin 189
LOTREXONE 15
lounzdomdioxatar 104
lovastatin 56
LOVAZA 54
LOW-OGESTREL 92
loxapine succinate 75
LOZIBASE S 194
LO-ZUMANDIMINE 92
lubiprostone 136
lugols strong iodine 77
LUIZZA 1.5/30 92
LUIZZA 1/20 92
luliconazole 107
LUMAKRAS 68
LUMRYZ 198
LUMRYZ STARTER PACK 198
LUPKYNIS 173
lurasidone hcl 73
LURBIRO 13
LUTERA 92
LUZU 108
LYBALVI 199
LYDEXA 122
LYLEQ 97
LYLLANA 135
LYNPARZA 68
LYRICA 35
LYSODREN 65
LYTGOBI (12 MG DAILY DOSE) 68
LYTGOBI (16 MG DAILY DOSE) 68
LYTGOBI (20 MG DAILY DOSE) 68
LYUMJEV 46
LYUMJEV KWIKPEN 46
LYZA 97
malathion 123
maraviroc 79
MAR-COF CG EXPECTORANT 100
marlissa 92
MARPLAN 39
MARVONA SUIK 152
MARVONA-25 SUIK 152
masonatal 179
matronex 179
MATULANE 70
MATZIM LA 84
MAVENCLAD (10 TABS) 201
MAVENCLAD (4 TABS) 201
MAVENCLAD (5 TABS) 201
MAVENCLAD (6 TABS) 201
MAVENCLAD (7 TABS) 201
MAVENCLAD (8 TABS) 201
MAVENCLAD (9 TABS) 201
MAVYRET 81
MAXIDEX 189
maxi-tuss ac 100
maxi-tuss cd 100
maxx 154
maxx plus 154
MAYZENT 201
MAYZENT STARTER PACK 201
mb caps 60
me/naphos/mb/hyo1 60
meclizine hcl 51
meclofenamate sodium 13
medactiv 126
medichoice safety lancet 161
medichoice safety lancet extra 161
medichoice safety lancet norm 161
MEDIDERM 196
MEDI-FIRST ASPIRIN 17
MEDIHOL BASE 196
MEDIHONEY WOUND/BURN DRESSING 124
MEDIQUE ASPIRIN 17
MEDLANCE PLUS EXTRA 21G 161
MEDLANCE PLUS LITE 25G 161
MEDLANCE PLUS SPECIAL 0.8MM 161
MEDLANCE PLUS SUPERLITE 30G 161

MEDLANCE PLUS UNIVERSAL 21G 161
MEDPREDKIT 98
MEDROL 98
MEDROLOAN II SUIK 98
MEDROLOAN SUIK 98
medroxyprogesterone acetate . 96, 198
mefenamic acid 13
mefloquine hcl 62
megestrol acetate 65, 198
meijer aspirin ec 17
MEIJER LANCETS 161
MEIJER LANCETS UNIVERSAL 21G 161
MEIJER LANCETS UNIVERSAL 30G 161
MEIJER LANCETS UNIVERSAL 33G 161
MEKINIST 68
MEKTOVI 68
MELEYA 97
meloxicam 13
melzara 104
memantine hcl 199
memantine hcl er 199
memantine hcl-donepezil hcl er 199
MENOPUR 129
MENOSTAR 135
MENQUADFI 215
MENVEO 215
meperidine hcl 18, 19
meprobamate 25
mercaptopurine 63
mesalamine 137
mesalamine er 137
mesalamine-cleanser 137
mesna 70
METADATE CD 6
METAFOLBIC PLUS 126
metaxalone 182
metdray 120
metformin hcl 43
metformin hcl er 43
methadone hcl 19
METHADONE HCL INTENSOL 19
METHADOSE 19
methamphetamine hcl 3
methazolamide 126
methenamine hippurate 61
methenamine mandelate 61
METHERGINE 192
methimazole 209
methitest 23
methocarbamol 182
methotrexate 63
methotrexate (anti-rheumatic) 10
methotrexate sodium 63
methotrexate sodium (pf) 63
methoxsalen rapid 110
methscopolamine bromide 212
methsuximide 38
methylcobalamin 147
methyldopa 58
methylergonovine maleate 192
methylphenidate 7
methylphenidate hcl 7
methylphenidate hcl er 7
methylphenidate hcl er (cd) 6
methylphenidate hcl er (la) 6
methylphenidate hcl er (osm) 7
methylprednisolone 98
methyltestosterone 23
metoclopramide hcl 136
metolazone 127
metoprolol succinate er 83
metoprolol tartrate 83
metoprolol-hydrochlorothiazide 59
metronidazole 60, 123, 218
metyrosine 57
mexiletine hcl 26
mezparox-hc 116
mezparox-hc forte 116
MI PASTE 166
MI PASTE PLUS 166
MIBELAS 24 FE 93
MICONATATE 108
miconazole 3 218
miconazole-zinc oxide-petrolat 108
microbalance 49
microbiota 49
MICROCYN SKIN AND WOUND .. 124
MICROGESTIN 1.5/30 93
MICROGESTIN 1/20 93
MICROGESTIN FE 1.5/30 93
MICROGESTIN FE 1/20 93
MICROLET LANCETS 161
MICROLET NEXT LANCETS 161
MICROMATRIX WOUND POWDER 124
microvera 49
microvia 49
microwell 49
midazolam 33
midazolam hcl 150
midazolam hcl (pf) 150
MIDAZOLAM+SYRSPEND SF 150
midodrine hcl 220
MIEBO 191
mifepristone 43, 133
miglitol 42
miglustat 146
MILI 93
milnacipran hcl 200
MILOPHENE 129
MIMVEY 134
MINIMED 780G INSULIN PUMP ... 161
minocycline hcl 209
minocycline hcl er 209
minoxidil 59
MINZOYA 93
MIPLYFFA 203
MIRCERA 147
mirtazapine 38
MISICARUB 106
misoprostol 213
MITOSOL 187
mm aspirin 17
MM TWIST LANCETS 161
M-M-R II 216
m-natal plus 179
MNEXSPIKE 217
mobile lancets 30g 161
modafinil 7
MODEYSO 66
moexipril hcl 57
molindone hcl 76
mometasone furoate 116, 183
MONDOXYNE NL 209
MONOLET LANCETS 161
MONOLET OPD LANCETS 161
MONOLETTOR SAFETY LANCETS 161
MONO-LINYAH 93
monsels ferric subsulfate 149
montelukast sodium 27
morcin 172

morphine sulfate 19
morphine sulfate (concentrate) 19
morphine sulfate er 19
morphine sulfate er beads 19
morphine sulfate-nacl 19
MOUNJARO 44
MOVANTIK 138
MOVYRA 49
moxifloxacin hcl 136, 187
moxifloxacin hcl (2x day) 187
moxifloxacin hcl-bss 187
moxifloxacin-bromfenac 187
MRESVIA 217
MULPLETA 147
MULTAQ 26
multi prenatal 179
multi-peptide serum 194
multi-phasic penetrating cmpd 196
multivitamin w/fluoride 177
multivitamin/fluoride 177
multi-vitamin/fluoride 177
multi-vitamin/fluoride/iron 176
MULTI-VIT-FLOR 177
mupirocin 106
mupirocin calcium 106
MUSCUSOLICE 106
MY CHOICE 96
MY WAY 96
MYALEPT 131
MYCAPSSA 133
mycophenolate mofetil 173
mycophenolate sodium 173
mycophenolic acid 173
MYCOZYL AL 108
MYDCOMBI 185
MYFEMBREE 134
MYGLUCOHEALTH LANCETS 30G 161
MYHIBBIN 173
MYLERAN 63
MYORISAN 104
MYRBETRIQ 214
MYTESI 48
na sulfate-k sulfate-mg sulf 151
nabumetone 13
nadolol 83
naftifine hcl 108
nalbuphine hcl 22
naloxone hcl 50
NALTREX 15
naltrexone hcl 50
NAMZARIC 199
nanran 106
napro 109
naproxen 13
naproxen dr 13
naproxen sodium 13
naratriptan hcl 169
NARDIL 39
NATACYN 187
natalchew 179
NATAZIA 93
nateglinide 48
NATROBA 123
natural cycles contraceptive 172
NAYZILAM 33
nebivolol hcl 83
NEBUSAL 100
NECON 0.5/35 (28) 93
nefazodone hcl 40
NEFFY 220
NEMLUVIO 119
nendrux 122
NEOKE ALCAR 184
neoke bhb 126
NEOKE MCT70 184
NEOKE RA LIPOIC 9
neomycin sulfate 10
neomycin-bacitracin zn-polymyx 187
neomycin-polymyxin b gu 140
neomycin-polymyxin-dexameth 189
neomycin-polymyxin-gramicidin 187
neomycin-polymyxin-hc 189, 192
NEONATAL PLUS 179
neonatal prenatal 179
NEONATAL VITAMIN 179
NEO-POLYCIN 187
NEO-POLYCIN HC 189
NEORAL 173
NEOTUSS PLUS 100
NERLYNX 68
NEUAC 104
NEUPRO 72
NEURONTIN 35
NEUROZYL 122
nevirapine 79
nevirapine er 79
NEW DAY 96
NEXAVIR 174
NEXLETOL 53
NEXLIZET 53
NEXOBRID 118
NEXPLANON 96
NEXTSTELLIS 93
niacin er (antihyperlipidemic) 56
NIACOR 56
nicardipine hcl 84
NICODERM CQ 205
NICORETTE 205
NICORETTE MINI 205
NICORETTE STARTER KIT 206
nicotine 206
nicotine mini 206
nicotine polacrilex 206
nicotine polacrilex mini 206
nicotine step 1 206
nicotine step 2 206
nicotine step 3 206
NICOTROL NS 206
nifedipine 84
nifedipine er 84
nifedipine er osmotic release 84
NIKKI 93
nilotinib hcl 68
nilutamide 65
nimodipine 84
NINJACOF-XG 100
NINLARO 68
nintedanib esylate 208
nisoldipine er 84
nitazoxanide 60
nitisinone 131
NITRO-BID 25
NITRO-DUR 25
nitrofurantoin 61
nitrofurantoin macrocrystal 61
nitrofurantoin monohyd macro 61
nitroglycerin 24, 25
NITROLINGUAL 25
NITRO-TIME 25
NITYR 131
NIVA-PLUS 179
NIVESTYM 147, 148
nizatidine 212
nobela 122
nolira 122
non gelatin capsules (empty) 195

NORA-BE 97
NORDIPEN 5 INJECTION DEVICE 167
NORDIPEN DELIVERY SYSTEM . 167
NORDITROPIN FLEXPRO 130
norelgestromin-eth estradiol 95
norethin ace-eth estrad-fe 93
norethindrone 97
norethindrone acetate 198
norethindrone acet-ethinyl est 93
norethindrone-eth estradiol 134
norethin-eth estradiol-fe 93
norgestimate-eth estradiol 93
norgestim-eth estrad triphasic 93
NORLIQVA 84
NORLYROC 97
NORPACE CR 26
NORTREL 0.5/35 (28) 93
NORTREL 1/35 (21) 93
NORTREL 1/35 (28) 93
NORTREL 7/7/7 93
nortriptyline hcl 41
NORVASC 84
NORVIR 79
NOURILITE 196
NOURIVAN ANTIOX BASE 196
NOVA SAFETY LANCETS 23G 161
NOVA SAFETY LANCETS 28G 161
NOVA SUREFLEX LANCETS 161
NOVAREL 129
NOVOEIGHT 143
NOVOLIN 70/30 46
NOVOLIN 70/30 FLEXPEN 46
NOVOLIN 70/30 FLEXPEN RELION 46
NOVOLIN 70/30 RELION 46
NOVOLIN N 47
NOVOLIN N FLEXPEN 47
NOVOLIN N FLEXPEN RELION 47
NOVOLIN N RELION 47
NOVOLIN R 47
NOVOLIN R FLEXPEN 47
NOVOLIN R FLEXPEN RELION 47
NOVOLIN R RELION 47
NOVOLOG 47
NOVOLOG 70/30 FLEXPEN RELION 47
NOVOLOG FLEXPEN 47
NOVOLOG FLEXPEN RELION 47
NOVOLOG MIX 70/30 47
NOVOLOG MIX 70/30 FLEXPEN 47
NOVOLOG MIX 70/30 RELION 47
NOVOLOG PENFILL 47
NOVOLOG RELION 47
NOVOPEN ECHO 167
novora 49
NOVOSEVEN RT 143
NOXAFIL 52
NUBEQA 65
NUCALA 27
NUCORT 116
NUCYNTA ER 20
NUEDEXTA 203
nujo 119
nuju 119
NULEV 212
NULIBRY 131
NUMBRINO 183
NUMOISYN 176
NUPLAZID 73
NURTEC 168
nuvaxovid covid-19 vaccine 217
NUVESSA 219
NUVIGIL 7
NUWIQ 144
NUZYRA 208
NYAMYC 108
NYLIA 1/35 94
NYLIA 7/7/7 94
NYMALIZE 84
nynutey 122
nystatin 52, 108, 175
nystatin-triamcinolone 108
NYSTOP 108
obizur 144
OBSTETRIX DHA 179
OBSTETRIX EC 179
OBSTETRIX ONE 179
OBTREX 179
OBTREX DHA 179
OCCLUVAN 196
octreotide acetate 133
ODACTRA 8
ODEFSEY 79
ODOMZO 64
ofloxacin 136, 187, 191
OGSIVEO 68
OHTUVAYRE 28
OJEMDA 68
OJJAARA 68
olanzapine 75
olanzapine-fluoxetine hcl 199
olmesartan medoxomil 57
olmesartan medoxomil-hctz 59
olmesartan-amlodipine-hctz 59
olopatadine hcl 183, 191
OLPRUVA (2 GM DOSE) 131
OLPRUVA (3 GM DOSE) 131
OLPRUVA (4 GM DOSE) 131
OLPRUVA (5 GM DOSE) 131
OLPRUVA (6 GM DOSE) 131
OLPRUVA (6.67 GM DOSE) 131
OLUMIANT 10
omega-3-acid ethyl esters 54
omeprazole 213
omeprazole-sodium bicarbonate 213
OMNIBASE 196
OMNIFLEX DIAPHRAGM 154
OMNIPOD 5 DEXG7G6 INTRO GEN 5 161
OMNIPOD 5 DEXG7G6 PODS GEN 5 161
OMNIPOD 5 LIBRE INTRO 161
OMNIPOD 5 LIBRE PODS 161
OMNIPOD DASH INTRO (GEN 4) 161
OMNIPOD DASH PDM (GEN 4) 161
OMNIPOD DASH PODS (GEN 4) . 162
OMNITROPE 130
OMVOH 137
OMVOH (300 MG DOSE) 137
ONAPGO 72
ondansetron 51
ondansetron hcl 51
ONE A DAY PRENATAL 179
ONE A DAY PRENATAL ADV BRAIN 179
ONE A DAY PRENATAL ADVANCED 179
one vite womens 179
one vite womens plus 179
ONETOUCH DELICA PLUS LANCET30G 162
ONETOUCH DELICA PLUS LANCET33G 162
ONETOUCH DELICA SAFETY LANCING 162

ONETOUCH ULTRASOFT 2 LANCETS 162
ONGENTYS 71
ONUREG 63
ONYDA XR 5
onzdeaxiademtar 104
onzdeaxiademvar 104
onzdeaxiatar 104
onzdeaxiavar 104
onzdeaxiazar 104
onzdeoxia 104
OPCICON ONE-STEP 96
OPFOLDA 131
OPILL 97
OPIPZA 77
opium 50
OPSUMIT 87
OPSYNVI 85
OPTION 2 96
OPTIONS GYNOL II CONTRACEPTIVE 218
OPVEE 50
OPZELURA 118
ORA-BLEND 194
ORA-BLEND SF 194
ORACIT 139
oral citrate 139
ORALAIR 8
ORALONE 176
ORAPENN SD ANHYD SWEETENED 194
ORA-PLUS 194
ORAPRED ODT 98
ORA-SWEET 194
ORA-SWEET SF 194
ORAVIG 175
ORENCIA 14
ORENCIA CLICKJECT 14
ORENITRAM 87
ORENITRAM MONTH 1 86
ORENITRAM MONTH 2 86
ORENITRAM MONTH 3 86
ORFADIN 131
ORGOVYX 65
ORIAHNN 134
ORILISSA 129
ORKAMBI 208
ORLADEYO 145
orlistat 4
ORLYNVAH 61
ORMALVI 126
orphenadrine citrate er 182
ORPHENGESIC FORTE 182
ORQUIDEA 97
ORSERDU 65
ortho df 148
ortho-folic 148
oscimin 212
oseltamivir phosphate 82
OSENVELT 128
ostachol 148
OTEZLA 14
OTEZLA XR 14
OTEZLA/OTEZLA XR INITIATION PK 14
OTOVEL 192
OTREXUP 11
OVACE PLUS 111
OVACE PLUS WASH 111
OVACE WASH 111
OVIDREL 129
oxaprozin 13
oxazepam 26
oxcarbazepine 35
oxcarbazepine er 35
OXERVATE 188
oxiaice 104
oxianujo 119
oxiatar 104
oxiavar 104
oxiavarry 104
oxiavary 104
oxiazar 104
oxiconazole nitrate 108
OXISTAT 108
OXLUMO 140
oxopid 119
oxopidaxiaqup 119
oxopod 119
oxybutynin chloride 214
oxybutynin chloride er 214
oxycodone hcl 20
oxycodone-acetaminophen 21, 22
oxymorphone hcl 20
oxymorphone hcl er 20
OXYTROL 214
OZEMPIC 44
OZEMPIC (0.25 OR 0.5 MG/DOSE) 44
OZEMPIC (1 MG/DOSE) 44
OZEMPIC (2 MG/DOSE) 44
P2I PRENATAL WITH CHOLINE .. 179
PACERONE 26
PALFORZIA (1 MG DAILY DOSE) 8
PALFORZIA (12 MG DAILY DOSE) .. 9
PALFORZIA (120 MG DAILY DOSE) 9
PALFORZIA (160 MG DAILY DOSE) 9
PALFORZIA (20 MG DAILY DOSE) .. 9
PALFORZIA (200 MG DAILY DOSE) 9
PALFORZIA (240 MG DAILY DOSE) 9
PALFORZIA (3 MG DAILY DOSE) 9
PALFORZIA (300 MG MAINTENANCE) 9
PALFORZIA (300 MG TITRATION) ... 9
PALFORZIA (40 MG DAILY DOSE) .. 9
PALFORZIA (6 MG DAILY DOSE) 9
PALFORZIA (80 MG DAILY DOSE) .. 9
PALFORZIA INITIAL DOSE 1-3YRS 9
PALFORZIA INITIAL DOSE 4-17YRS 9
PALFORZIA INITIAL ESCALATION 9
paliperidone er 74
PALSONIFY 133
PALYNZIQ 132
PANRETIN 109
pantoprazole sodium 213
papaverine hcl 86
PARAGARD INTRAUTERINE COPPER 96
paramox-hc 116
paricalcitol 132
paroxetine hcl 40
paroxetine hcl er 40
paroxetine mesylate 207
PAXLOVID (150/100) 80
PAXLOVID (300/100 & 150/100) 81
PAXLOVID (300/100) 81
PAXOTIN 49
pazopanib hcl 68
p-care k40g 98

p-care k80g 98
PCCA ACACIA SYRUP BASE 194
PCCA ALADERM BASE 196
PCCA ANHYDROUS BASE 196
PCCA ANHYDROUS LIPODERM BASE 196
PCCA BIOPEPTIDE BASE 196
PCCA COBASE #1 196
PCCA COSMETIC HRT BASE 196
PCCA CUSTOM LIPO-MAX 196
PCCA ELLAGE VAGINAL 196
PCCA HYDRABASE SB CUSTOM BASE 196
PCCA LIPODERM BASE 196
PCCA LIPOSOMIC BASE DRY 196
PCCA LIPOSOMIC BASE NORMAL 197
PCCA LIPOSOMIC BASE OILY 197
PCCA LIPOSOMIC BASE SENSITIVE 197
PCCA MVC BASE 197
PCCA NATACREAM 197
PCCA POLYPEG BASE 197
PCCA PRACASIL TM-PLUS BASE 197
PCCA SWEET-SF 194
PCCA SYRUP VEHICLE 194
PCCA VANISHING CREAM BASE 197
PCCA VANISHING CREAM LIGHT 197
PCCA VANPEN BASE 197
PCCA-PLUS 194
PEDIARIX 211
PEDVAX HIB 215
peg 3350-kcl-na bicarb-nacl 151
peg-3350/electrolytes 151
peg-3350/electrolytes/ascorbat 151
PEGASYS 81
peg-kcl-nacl-nasulf-na asc-c 151
PEG-PREP 152
PEMAZYRE 69
PENBRAYA 215
penderm 197
penicillamine 171
penicillin v potassium 193
penmenvy 215
pensomal 197
PENTACEL 211
pentamidine isethionate 60
PENTASA 137
pentazocine-naloxone hcl 22
pentoxifylline er 145
perampanel 33
PERFECT LANCETS 28G 162
PERFECT LANCETS 30G 162
PERFECT POINT SAFETY LANCETS 162
perindopril erbumine 57
PERIOGARD 175
permethrin 124
perphenazine 76
perphenazine-amitriptyline 200
PERSERIS 74
PETROLEUM GAUZE NON-WOVEN 3X9" 125
PHARMABASE COSMETIC 197
PHARMABASE HEAVY 197
PHARMACIST CHOICE LANCETS 162
PHARMACIST CHOICE TSX 122
PHEBURANE 132
phedrax 108
phenazopyridine hcl 141
phendimetrazine tartrate 4
phenelzine sulfate 39
phenobarbital 149
phenoxybenzamine hcl 57
phentermine hcl 4
phentermine-topiramate er 4
phenylephrine hcl 86, 185
phenylephrine hcl-nacl 220
PHENYTEK 38
phenytoin 38
PHENYTOIN INFATABS 38
phenytoin sodium extended 38
pheodoyo 108
pheoxia 108
PHEXX 219
PHEXXI 219
pheyo 108
PHILITH 94
PHOSPHA 250 NEUTRAL 170
PHOSPHOLINE IODIDE 186
PHOSPHO-TRIN 250 NEUTRAL 170
PHOSPHO-TRIN K500 170
PHOTREXA-PHOTREXA VISCOUS KIT 188
phoxillum b22k4/0 171
phoxillum bk4/2.5 171
physicians ez use joint/tunnel 98
PHYSIOLYTE 173
PHYTOBASE 197
phytonadione 220
pidprogtar 119
pilocarpine hcl 176, 186
pimecrolimus 120
pimozide 203
PIMTREA 94
pindolol 83
pioglitazone hcl 48
pioglitazone hcl-glimepiride 42
pioglitazone hcl-metformin hcl 42
pip lancets 28g 162
pip lancets 30g 162
PIQRAY (200 MG DAILY DOSE) 69
PIQRAY (250 MG DAILY DOSE) 69
PIQRAY (300 MG DAILY DOSE) 69
pirfenidone 208
piroxicam 13
pitavastatin calcium 56
PIVYA 193
PLAN B ONE-STEP 96
PLEGRIDY 201, 202
PLEGRIDY STARTER PACK 201
plenura 116
PLENVU 152
PLEXION CLEANSER 105
PLEXION CLEANSING CLOTH 105
PLEXION NS 111
PLO GEL - MEDIFLO 197
PLO GEL - MEDIFLO 30 197
PLO GEL - MEDIFLO 30 PRE-MIXED 197
PLO GEL - MEDIFLO PRE-MIXED 197
PNEUMOVAX 23 215
pnv 27-ca/fe/fa 179
pnv prenatal plus multivit+dha 179
pnv-dha+docusate 179
pnv-select 179
pod-care 100cg 98
pod-care 100kg 98
PODOCON-25 120
podofilox 120
podoxia 119
podprog 119
podprogtar 119
podtar 119

polidocanol 174
POLYCIN 187
polymyxin b-trimethoprim 187
poly-tussin ac 100
POLY-VI-FLOR 177
POLY-VI-FLOR/IRON 177
pomalidomide 65
POMALYST 65
PORTIA-28 94
posaconazole 52
pot & sod cit-cit ac 139
potassium chloride 171
potassium chloride crys er 171
potassium chloride er 171
potassium citrate er 139
potassium citrate-citric acid 140
potassium iodide (expectorant) 100
povidone-iodine 187
PR BENZOYL PEROXIDE 105
PR CREAM 122
PRAKETAMIDE 106
pramipexole dihydrochloride 72
pramipexole dihydrochloride er 72
PRAMOSONE 116, 117
PRAMOTIC 192
PRASTERA 10
prasugrel hcl 146
pravastatin sodium 56
praziquantel 24
prazosin hcl 58
PRECISION XTRA BLOOD GLUCOSE 125
prednisolone 99
prednisolone acetate 189
prednisolone sodium phosphate 99, 189
prednisolone-bromfenac 189
prednisolone-moxifloxacin 189
prednisolon-moxiflox-bromfenac 190
prednisolon-moxiflox-ketorolac 190
prednisone 99
PREDNISONE INTENSOL 99
pregabalin 35
pregabalin er 202
PREGNYL 129
PREMARIN 219
premium lidocaine 122
premium scar 122
PREMPHASE 134
PREMPRO 134
prenatabs fa 179
PRENATABS RX 179
prenatal 180
prenatal (w/iron & fa) 179
prenatal + complete multi 180
prenatal 19 180
prenatal complete 180
PRENATAL ESSENTIALS 180
prenatal fa + dha + choline 180
prenatal formula 180
prenatal formula a-free 180
prenatal forte 180
prenatal gummies 180
prenatal gummies/dha & fa 180
prenatal multi +dha 180
prenatal multivit plus folate 180
PRENATAL MULTIVITAMIN + DHA 180
prenatal multivitamin plus dha 180
prenatal one daily 180
prenatal plus 180
prenatal plus vitamin/mineral 180
prenatal vitamin and mineral 180
prenatal vitamins 180
prenatal/folic acid+dha 180
prenatal/iron 180
prenatal+dha 180
PRENATAL-U 180
PRENATOL-M 180
PREPIDIL 192
prepiv supply 122
PRESERA 122
PREVALITE 54
PREVIDENT 176
PREVIDENT 5000 BOOSTER PLUS 175
PREVIDENT 5000 DRY MOUTH 176
PREVIDENT 5000 ENAMEL PROTECT 176
PREVIDENT 5000 KIDS 176
PREVIDENT 5000 ORTHO DEFENSE 176
PREVIDENT 5000 PLUS 176
PREVIDENT 5000 SENSITIVE 176
PREVIDOLRX ANALGESIC 13
PREVNAR 20 215
PREVYMIS 81
PREZISTA 79, 80
PRIFTIN 62
primaquine phosphate 62
primidone 35
PRIORIX 217
PRISMASOL B22GK 4/0 171
PRISMASOL BGK 0/2.5 172
PRISMASOL BGK 2/0 172
PRISMASOL BGK 2/3.5 172
PRISMASOL BGK 4/0/1.2 172
PRISMASOL BGK 4/2.5 172
PRISMASOL BK 0/0/1.2 172
pro comfort lancets 30g 162
pro comfort lancets 31g 162
pro comfort safety lancets 30g 162
probenecid 141
PROBENTRA 49
probichew 49
PROBINATE 49
PROCENTRA 3
prochlorperazine 76
prochlorperazine maleate 76
PROCORT 24
pro-critic 126
PROCTOCORT 24
PROCTOFOAM HC 24
PROCTO-MED HC 24
PROCTOSOL HC 24
PROCTOZONE-HC 24
PROCYSBI 140
PRODIGY LANCETS 28G 162
PRODIGY SAFETY LANCETS 26G 162
PRODIGY TWIST TOP LANCETS 28G 162
PROFILNINE 144
progesterone 198, 219
progesterone micronized 198
PROGRAF 173
PROLASTIN-C 207
PROLEEVA 126
promella in prebiotic 49
promethazine hcl 53
promethazine-codeine 100
promethazine-dm 100
promethazine-phenylephrine 100
PROMETHEGAN 53
PROMETRIUM 198
PRONAL 118
propafenone hcl 26

propafenone hcl er 26
proparacaine hcl 188
propranolol hcl 83
propranolol hcl er 83
propylthiouracil 209
PROQUAD 217
PRO-RED AC 100
proriva 49
protriptyline hcl 41
PROVIDA OB 180
PROVIGIL 7
prucalopride succinate 136
pseudoeph-bromphen-dm 100
p-siloxan ds 197
PSORIZIDE FORTE 172
PSORIZIDE ULTRA 172
PULMOZYME 208
purazil 110
pure comfort lancets 30g 162
pure comfort safety lancet 30g 162
px lancets microthin 33g 162
px lancets ultra thin 28g 162
PYQUVI 99
pyrazinamide 62
PYRIDIUM 141
pyridostigmine bromide 62
pyridostigmine bromide er 62
pyridoxine hcl 220
pyrimethamine 62
PYRUKYND 146
PYRUKYND TAPER PACK 146
QBRELIS 57
QBREXZA 123
qc aspirin 17
qc aspirin low dose 17
qc childrens aspirin 17
qc enteric aspirin 17
qc folic acid 147
qc lancets super thin 30g 162
qc lancets ultra thin 162
qc nicotine transdermal system 206
qc prenatal 181
qc unilet lancets 28g 162
qc unilet lancets micro thin 162
QELBREE 5
QFITLIA 144
QINLOCK 69
QLOSI 186
QNASL 183
QNASL CHILDRENS 183
quad-mix 86
QUADRACEL 211
quazepam 150
quetiapine fumarate 75
quetiapine fumarate er 75
quidroxzar 109
quihoxaxia 109
quihoxvar 109
QUILLICHEW ER 7
QUILLIVANT XR 8
quinapril hcl 57
quinapril-hydrochlorothiazide 59
quinidine gluconate er 26
quinidine sulfate 26
quinine sulfate 62
QULIPTA 168
QUVIVIQ 150
QVAR REDIHALER 28
rabeprazole sodium 213
RADICAVA ORS 183
RADICAVA ORS STARTER KIT 183
RADIOGARDASE 50
RAGWITEK 9
RALDESY 40
raloxifene hcl 130
ramelteon 150
ramipril 57
ranolazine er 24
RAPPORT RLS 166
RAPPORT VTD 166
rasagiline mesylate 72
raspberry syrup 194
RASUVO 11
RAYALDEE 132
REACT 96
READYLANCE SAFETY LANCETS 162
reality lancets 162
REALITY LATEX CONDOMS 154
REALITY LATEX/ULTRA TEXTURED 154
REALITY LATEX/ULTRA THIN 154
reality trigger lancets 162
REBIF 202
REBIF REBIDOSE 202
REBIF REBIDOSE TITRATION PACK 202
REBIF TITRATION PACK 202
REBINYN 144
REBYOTA 138
RECEDO 124
RECLIPSEN 94
RECOMBINATE 144
RECOMBIVAX HB 217
RECORLEV 127
RECOTHROM 149
RECOTHROM SPRAY KIT 149
REDEMPLO 132
REFRESH AA 15 PKU 184
REFRESH AA 15 TYR 184
REGIOCIT 172
RELENZA DISKHALER 82
RELGAABI 35
relibiotic 49
RELION LANCET DEVICES 30G 162
RELION LANCETS 162
RELION LANCETS MICRO-THIN 33G 162
RELION LANCETS THIN 26G 162
RELION LANCETS ULTRA-THIN 30G 162
RELION ULTRA THIN LANCETS 30G 162
RELISTOR 138
RELPAX 169
REMESENSE 166
remyda 123
RENACIDIN 140
rensoti 123
repaglinide 48
REPATHA 57
REPATHA SURECLICK 57
restimo 123
RESTORA RX 49
RETACRIT 148
RETEVMO 69
RETIN-A MICRO 105
RETIN-A MICRO PUMP 105
REVCOVI 132
REVUFORJ 65
REXTOVY 50
REXULTI 77
REYATAZ 80
REYVOW 169
REZDIFFRA 136
REZLIDHIA 69
REZUROCK 172

REZVOGLAR KWIKPEN 47
RHEOSPRAY 194
RHEUMATE 126
RHOPRESSA 188
ribavirin 81, 82
RIDAURA 12
rifabutin 62
rifampin 62
RIFAMPIN+SYRSPEND SF 62
RIGHTEST GL300 LANCETS 162
rilpivirine hcl 80
riluzole 183
RINVOQ 10
RINVOQ LQ 10
risedronate sodium 128
risperidone 74
risperidone microspheres er 74
ritonavir 80
rivaroxaban 31
rivastigmine 199
rivastigmine tartrate 199
RIVELSA 94
RIVFLOZA 140
rixubis 144
rizatriptan benzoate 169
roaoxia 109
rocelix 123
ROCKLATAN 188
roflumilast 28
ROMVIMZA 69
ropinirole hcl 72
ropinirole hcl er 72
rositara 123
rosuvastatin calcium 56
ROSYRAH 94
ROTARIX 217
ROTATEQ 217
rovis 123
ROWEEPRA 35
ROXYBOND 20
ROZLYTREK 69
RUBRACA 69
RUCONEST 145
rufinamide 35, 36
RUKOBIA 80
rumilo 105
RYBELSUS 45
RYBELSUS (FORMULATION R2) ... 45
RYDAPT 69
RYDEX 100
RYKINDO 74
RYLAZE 70
RYPLAZIM 146
RYTARY 72
sa3 derm 197
sacubitril-valsartan 85
safety lancet 30g/pressure act 162
SAFETY LANCETS 163
SAFETY LANCETS 21G 163
SAFETY LANCETS 23G 163
safety lancets 28g 163
SAJAZIR 145
salicylic acid 120
salicylic acid er 120
salicylic acid wart remover 120
salimez 120
salimez forte 120
saline bacteriostatic 194
salsalate 17
salt durable cream 197
SALT STABLE LS ADVANCED 197
SALTSTABLE LO 197
SALVAX 120
SALVAX DUO PLUS 120
SALYCIM 120
SANCUSO 51
SANDIMMUNE 173
SANTYL 118
SAPHRIS 75
sapropterin dihydrochloride 132
saps health plus lancets 163
saps health twist top lancets 163
saps twist top lancets 163
sapscare twist top lancets 163
saroxia 105
sb aspirin 17
sb aspirin ec 17
sb childrens aspirin 17
sb lancets thin 163
sb lancets ultra thin 163
sb low dose asa ec 17
SCALACORT DK 117
SCARZEN SKIN REPAIR 117
SCEMBLIX 69
scopolamine 51
SECUADO 75
selegiline hcl 72
selenium sulfide 111
SELZENTRY 80
se-natal 19 181
SENSILANCE SAFETY LANCETS 21G 163
SENSILANCE SAFETY LANCETS 26G 163
SENSILANCE SAFETY LANCETS 28G 163
SEPHIENCE 132
SERAQUA 194
SEREVENT DISKUS 30
SERNIVO 117
sertraline hcl 40
SETLAKIN 94
sevelamer carbonate 139
sevelamer hcl 139
SEVENFACT 144
sevoflurane 139
sf 176
sf 5000 plus 176
SFROWASA 137
SHAROBEL 97
SHEWISE 96
SHINGRIX 217
SIGNIFOR 133
SIKLOS 146
sildenafil citrate 86, 87
silodosin 141
silprotex plus 197
silver nitrate 112
silver sulfadiazine 112
SIMBRINZA 186
SIMILAC PRENATAL EARLY SHIELD 181
SIMLIYA 94
SIMPESSE 94
SIMPLERA SENSOR 163
SIMPLERA SYNC SENSOR 163
SIMPLERA SYSTEM 163
SIMPONI 11, 12
simvastatin 56
SINGLE-LET 163
sirolimus 173
SIRTURO 62
sirvana 105
SIVEXTRO 61
SKYCLARYS 183
SKYLA 97
SKYRIZI 110, 137

SKYRIZI PEN....110
SKYTROFA....130
skyy derm....197
SLYND....97
sm aspirin ec....17
SMARTEST LANCETS 28G....163
sod citrate-citric acid....140
sod fluoride-potassium nitrate....176
sodium chloride....100, 140, 171
sodium chloride (pf)....171
sodium chloride bacteriostatic....194
sodium citrate....31
sodium citrate-citric acid....140
sodium fluoride....170, 176
sodium fluoride 5000 enamel....176
sodium fluoride 5000 plus....176
sodium fluoride 5000 ppm....176
sodium fluoride 5000 sensitive....176
sodium iodide i-131....210
sodium oxybate....198
sodium phenylbutyrate....132
sodium polystyrene sulfonate....174
sodium sulfacetamide....111
sodium sulfacetamide wash....111
SOGROYA....130
SOHONOS....182
solifenacin succinate....214
SOLIQUA....42
SOLOSEC....10
SOLTAMOX....65
SOLU-CORTEF....99
SOLUS V2 LANCETS 28G....163
SOLUS V2 TWIST LANCETS 30G 163
SOLUVITA ACD WITH FLUORIDE177
SOLUVITA WITH FLUORIDE....177
SOLYDRA....194
SOMAVERT....129
SOOTHEE....122
sorafenib tosylate....69
sorixia....105
sotalol hcl....83
sotalol hcl (af)....83
SOTYKTU....110
SOTYLIZE....83
SOVALDI....81
SOVUNA....62
SPEEDGEL RX....172
SPEVIGO....110
SPIKEVAX....217
SPIKEVAX 6M-11Y....217
spinosad....124
SPIRIVA RESPIMAT....27
spironolactone....127
spironolactone-hctz....126
SPRAVATO (56 MG DOSE)....39
SPRAVATO (84 MG DOSE)....39
SPRINTEC 28....94
SPS (SODIUM POLYSTYRENE SULF)....174
SRONYX....94
SSD....112
SSKI....100
sss 10-5....105
ST JOSEPH ASPIRIN....17
ST JOSEPH LOW DOSE....17
STEQEYMA....110
STERILANCE TL....163
STERILE TOPICAL L.E.T. GEL....122
sterile water for irrigation....173, 174
STIOLTO RESPIMAT....30
STIVARGA....69
STOBOCLO....128
STRENSIQ....132
streptococcinum 30c....172
STRIBILD....80
STRIVERDI RESPIMAT....30
STUART ONE....181
SUBVENITE....36
SUBVENITE STARTER KIT-BLUE..36
SUBVENITE STARTER KIT-GREEN....36
SUBVENITE STARTER KIT-ORANGE....36
SUCRAID....126
sucralfate....212
SUFLAVE....152
SULAR....84
sulconazole nitrate....108
sulfacetamide sodium....112, 187
sulfacetamide sodium (acne)....105
sulfacetamide sodium (cleans)....112
sulfacetamide sodium-sulfur....105
sulfacetamide sod-sulfur wash....105
sulfacetamide-prednisolone....190
sulfacetamide-sulfur in urea....105
SULFACLEANSE 8/4....105
sulfadiazine....208
sulfamethoxazole-trimethoprim....60
SULFAMYLON....112
sulfasalazine....137
SULFATRIM PEDIATRIC....60
SULFZIX....126
sulindac....13
sumatriptan....169
sumatriptan succinate....169
sunitinib malate....69
SUNLENCA....80
SUNOSI....6
super bi-mix....86
super quad-mix....86
super thin lancets....163
super tri-mix....86
sure comfort lancets 18g....163
sure comfort lancets 21g....163
sure comfort lancets 23g....163
sure comfort lancets 28g....163
sure comfort lancets 30g....163
sure result o3d3 system....53
surebiotic probiotic support....49
SURELITE LANCETS....163
SUSPENDRX W/BITTERBLOC SWEET....195
SUSPENDRX W/BITTERBLOC UNSWEET....195
SUTAB....152
SX1 MEDICATED POST-OPERATIVE....122
SYEDA....94
SYMBIARA....49
SYMDEKO....208
SYMPROIC....138
SYMTUZA....80
SYNAPRYN FUSEPAQ....20
SYNAREL....130
SYNDROS....51
SYNJARDY....42
SYNJARDY XR....42
SYNVISC....182
SYNVISC ONE....182
SYRPALTA....195
SYRSPEND SF....195
SYRSPEND SF PH4....195
T/SLIM X2 BASAL-IQ PUMP....163
T/SLIM X2 CONTROL-IQ 7.7 PUMP....163
T/SLIM X2 CONTROL-IQ 7.8 PUMP....163

T/SLIM X2 INSULIN PMP BASAL6.4 163
T/SLIM X2 INSULIN PUMP 163
T/SLIM X2 STARTER 7.10 163
TABLOID 63
TABRADOL FUSEPAQ 182
TABRECTA 69
tacrolimus 120, 173
tacrolimus er 173
tadalafil 86
tadalafil (pah) 87
TAFINLAR 69
tafluprost (pf) 191
TAGRISSO 64
TAKE ACTION 96
TAKHZYRO 145
TALICIA 213
TALTZ 110
TALZENNA 69
tamoxifen citrate 65
tamsulosin hcl 141
TANDEM MOBI AUTOSOFT 30 KIT 163
TANDEM MOBI AUTOSOFTXC 14PK23" 163
TANDEM MOBI SYSTEM STARTER 164
TANLOR 182
tapentadol hcl 20
tardeoxia 105
tardimaxia 105
TARGADOX 209
TARINA 24 FE 94
TARINA FE 1/20 EQ 94
TARON-C DHA 181
taroxia 105
TARPEYO 99
TASCENSO ODT 202
tasimelteon 151
tavaborole 108
TAVALISSE 145
TAVNEOS 145
TAYSOFY 94
tazarotene 110, 111
TECHLITE AST LANCETS 164
TECHLITE LANCETS 164
TECHLITE LANCETS 26G 164
TEGLUTIK 183
TEGRETOL 36
TEGRETOL-XR 36
TELFA AMD ISLAND DRESSING 154
TELFA AMD NON-ADHERENT 154
teliora 117
telmisartan 57
telmisartan-amlodipine 59
telmisartan-hctz 59
temazepam 150
TEMBEXA 82
temozolomide 63
TENCON 15
TENIVAC 211
tenofovir disoproxil fumarate 80
TENORMIN 83
TEPMETKO 69
terazosin hcl 58
terbinafine hcl 52
terbutaline sulfate 30
terconazole 219
teriflunomide 202
teriparatide 128
teroderm 197
teroderm-plus 197
TERRELL 139
testosterone 23
testosterone cypionate 23
testosterone enanthate 23
tetoxia 117
tetpidtar 119
tetrabenazine 200
tetracaine hcl 188
tetracycline hcl 209
TEXACORT 117
TEZRULY 58
TEZSPIRE 27
THALITONE 127
THALOMID 172
THEO-24 30
theophylline 30, 31
theophylline er 30
THERANATAL COMPLETE 181
THERANATAL CORE NUTRITION 181
THERANATAL ONE 181
THERANATAL OVAVITE 181
thiamine hcl 220
THIOLA EC 141
thioridazine hcl 76
thiothixene 77
THRIVE 206
thrivite rx 181
THROMBIN-JMI 149
THROMBIN-JMI EPISTAXIS 149
THROMBOGEN 149
THYQUIDITY 210
TIADYLT ER 85
tiagabine hcl 37
TIBSOVO 69
ticagrelor 146
TIGLUTIK 183
TILIA FE 94
timolol hemihydrate 184
timolol maleate 83, 185
timolol maleate (once-daily) 184
TIMOLOL MALEATE OCUDOSE 185
timolol maleate pf 185
timolol-brimon-dorzol-bimatopr 185
timolol-brimonidine-dorzolamid 185
timolol-dorzolamid-bimatoprost 185
tinidazole 60
tiopronin 141
tiotropium bromide 27
TIROSINT 210
TIROSINT-SOL 210
TISSEEL 149
TIVICAY 80
TIVICAY PD 80
tizanidine hcl 182
TLANDO 23
TOBAKIENT 126
TOBI PODHALER 10
TOBRADEX 190
tobramycin 10, 187
tobramycin pak 10
tobramycin-dexamethasone 190
TOBREX 187
TODAY SPONGE 218
todays health thin lancets 28g 164
todays health thin lancets 30g 164
TOLAK 109
tolcapone 71
TOLECTIN 600 13
TOLECTIN DS 13
tolterodine tartrate 214
tolterodine tartrate er 214
tolvaptan (hyponatremia) 133
topical l.e.t. 122
topiramate 36
topiramate er 36

toremifene citrate 65
TORONOVA II SUIK 13
TORONOVA SUIK 14
TORPENZ 69
torsemide 127
TOUJEO MAX SOLOSTAR 47
TOUJEO SOLOSTAR 48
TOVET 117
tramadol hcl 20
tramadol hcl (er biphasic) 20
tramadol hcl er 20
tramadol-acetaminophen 22
trandolapril 57
trandolapril-verapamil hcl er 59
tranexamic acid 148
tranylcypromine sulfate 39
TRANZGEL 172
TRAVEL LANCETS ADVANCED 28G 164
travoprost (bak free) 191
trazodone hcl 40
TRELEGY ELLIPTA 30
TREMFYA 111, 137, 138
TREMFYA ONE-PRESS 111
TREMFYA PEN 111, 138
TREMFYA-CD/UC INDUCTION 138
treprostinil 87
TRESIBA 48
TRESIBA FLEXTOUCH 48
tretinoin 70, 105
tretinoin microsphere 105
tretinoin microsphere pump 105
TRETTEN 144
TREXALL 63
triamcinolone acetonide 99, 117, 176
triamterene 127
triamterene-hctz 126, 127
triazolam 150
TRICHOSOL 195
TRICITRASOL 32
tricitrates 140
TRIDACAINE II 122
TRIDACAINE III 122
TRIDERM 117
trientine hcl 171
TRI-ESTARYLLA 94
trifluoperazine hcl 76
trifluridine 187
trihexyphenidyl hcl 71
TRIJARDY XR 42, 43
TRIKAFTA 208
TRI-LEGEST FE 94
TRI-LINYAH 94
TRILOAN II SUIK 99
TRILOAN SUIK 99
TRILOCAINE 122
TRI-LO-ESTARYLLA 94
TRI-LO-MARZIA 94
TRI-LO-MILI 94
TRI-LO-SPRINTEC 94
trimethobenzamide hcl 51
trimethoprim 60
TRI-MILI 94
trimipramine maleate 41
tri-mix 86
TRIMO-SAN 218
trinatal rx 1 181
TRINATE 181
TRINTELLIX 40
triple complex formula 3 kit 109
triple pmb 190
triple pmk 190
trisodium citrate/crrt 172
TRI-SPRINTEC 95
TRIUMEQ 80
triumeq pd 80
TRI-VI-FLOR 177
tri-vi-floro 177
tri-vitamin with fluoride 177
tri-vite/fluoride 177
TRI-VYLIBRA 95
TRI-VYLIBRA LO 95
TROJAN BARESKIN 154
TROJAN ENZ 155
TROJAN MAGNUM 155
TROJAN ULTRA RIBBED LUBRICATED 155
TROJAN ULTRA THIN 155
TROJAN ULTRA THIN/SPERMICIDAL 155
TROJAN-ENZ LUBRICATED 155
TROJAN-ENZ/SPERMICIDAL 155
tropicamide-cyclopentolate-pe 185
tropicamide-phenylephrine 185
tropic-cyclopent-pe-ketorolac 186
tropic-cyclop-pe-keto-propar 186
trospium chloride 214
trospium chloride er 214
true comfort safety lancets 164
true comfort twist top lancets 164
true cover 155
true folic acid 147
TRUEPLUS LANCETS 26G 164
TRUEPLUS LANCETS 28G 164
TRUEPLUS LANCETS 30G 164
TRUEPLUS LANCETS 33G 164
TRUEPLUS SAFETY LANCETS 28G 164
TRULANCE 136
TRULICITY 45
TRUMENBA 215
TRUQAP 69
TRUSTEX COLOR CONDOMS + LUBE 155
TRUSTEX LUB/RIBBED/STUDDED 155
TRUSTEX LUB/SPERMICIDE EX ST 155
TRUSTEX LUB/SPERMICIDE XL 155
TRUSTEX LUBRICATED 155
TRUSTEX LUBRICATED EX LARGE 155
TRUSTEX LUBRICATED EXTRA ST 155
TRUSTEX LUBRICATED/SPERMICIDE 155
TRUSTEX NATURAL CONDOMS + LUBE 155
TRUSTEX NON-LUBRICATED 155
TRUSTEX RIA LUB/SPERMICIDE 155
TRUSTEX RIA LUBRICATED 155
TRUSTEX RIA NON-LUBRICATED 155
TRUSTEX-NONOXYNOL-9/RIB/STUD 155
TRYPTYR 191
TRYVIO 59
TUKYSA 64
TURALIO 69
TURQOZ 95
TUXARIN ER 100
TWIIST REFILL KIT 164
TWIIST REFILL KIT/INFUSION SET 164
TWIIST STARTER KIT 164
TWINRIX 217
TWIRLA 95

twist top lancets 30g 164
TYBLUME 95
TYBOST 80
TYDEMY 95
TYENNE 12
TYMLOS 128
TYRVAYA 185
TYVASO 87
TYVASO DPI INSTITUTIONAL KIT . 87
TYVASO DPI MAINTENANCE KIT .. 87
TYVASO DPI TITRATION KIT 87
TYVASO REFILL KIT 87
TYVASO STARTER KIT 87
UBRELVY 168
UDENYCA ONBODY 148
udsx medicated system 125
udsxmp medicated system 125
ULTILET CLASSIC LANCETS 164
ULTILET LANCETS 164
ULTILET SAFETY LANCETS 164
ULTILET SAFETY LANCETS 23G 164
ultra hers rx 174
ultra his 174
ultra pcos 174
ultra prenatal vit/min + dha 181
ultra thin lancets 31g 164
ultra-care lancets 30g 164
ultra-care safety lancets 30g 164
ULTRASAL-ER 120
ULTRA-THIN II AUTO LANCET 164
ULTRA-THIN II LANCETS 164
U-MILD 195
UNILET COMFORTOUCH LANCET 164
UNILET EXCELITE 164
UNILET EXCELITE II 164
UNILET G.P. LANCET 164
UNILET G.P. SUPERLITE LANCET 164
UNILET GP 28 ULTRA THIN 164
UNILET LANCET 164
UNILET MICRO-THIN 33G 164
UNILET SUPERLITE LANCET 164
UNILET SUPER-THIN 30G 165
UNILET ULTRA-THIN 28G 165
UNISPEND ANHYDROUS SWEETENED 195
UNISTIK 1 165
UNISTIK 2 165
UNISTIK 2 COMFORT 165
UNISTIK 2 EXTRA 165
UNISTIK 2 NEONATAL 165
UNISTIK 2 NORMAL 165
UNISTIK 2 SUPER 165
UNISTIK 3 165
UNISTIK 3 COMFORT 165
UNISTIK 3 EXTRA 165
UNISTIK 3 GENTLE 165
UNISTIK 3 NEONATAL 165
UNISTIK 3 NORMAL 165
UNISTIK CZT COMFORT 165
UNISTIK CZT NORMAL 165
UNISTIK NORMAL 165
UNISTIK PRO SAFETY LANCET .. 165
UNISTIK SAFETY LANCETS 28G 165
UNISTIK SAFETY LANCETS 30G 165
UNISTIK TOUCH SAFETY LANC 21G 165
UNISTIK TOUCH SAFETY LANC 23G 165
UNISTIK TOUCH SAFETY LANC 28G 165
UNISTIK TOUCH SAFETY LANC 30G 165
UNITHROID 210
unzdomdioxiazar 106
UPNEEQ 191
UPSPRING PRENATAL COMPLETE 181
UPTRAVI 88
UPTRAVI TITRATION 88
URAMAXIN 118
urea 118
UREDEB 118
URELLE 60
uremez-40 118
URESOL 118
URESTA STARTER KIT 166
URETRON D/S 60
URIBEL 60
URIMAR-T 60
urneva 60
UROGESIC-BLUE 60
uro-mp 60
ursodiol 136
URSODIOL+SYRSPEND SF 136
ustekinumab-aekn 111
UVADEX 70
UZEDY 74, 75
VAFSEO 148
valacyclovir hcl 82
VALCHLOR 109
valganciclovir hcl 81
valproic acid 38
valsartan 57
valsartan-hydrochlorothiazide 59
VALTOCO 10 MG DOSE 33
VALTOCO 15 MG DOSE 33
VALTOCO 20 MG DOSE 33
VALTOCO 5 MG DOSE 33
VALTYA 1/35 95
VALTYA 1/50 95
vancomycin hcl 61
VANCOMYCIN+SYRSPEND SF 61
VANDAZOLE 219
VANFLYTA 69
VANISH 176
vanishing 197
vanishing cream botanical base 197
vanish-pen 198
VANOXIDE-HC 106
VANRAFIA 140
VAQTA 217
vardenafil hcl 86
vardimaxia 106
varenicline tartrate 207
varenicline tartrate (starter) 207
varenicline tartrate(continue) 207
VARIVAX 218
varoxia 106
VARUBI (180 MG DOSE) 51
VASCAZEN 126
VASELINE 198
VASHE WOUND 125
VAXELIS 211
VAXNEUVANCE 215
vb6 p5p 126
VCF VAGINAL CONTRACEPTIVE 218
VECAMYL 59
VECTICAL 111
VELIVET 95
VELPHORO 139
VELTASSA 174
VEMLIDY 81
VENCLEXTA 64
VENCLEXTA STARTING PACK 64

VENIPUNCTURE PX1 PHLEBOTOMY 122
venlafaxine hcl 41
venlafaxine hcl er 41
VENXXIVA 141
VEOZAH 130
verapamil hcl 85
verapamil hcl er 85
VERIFINE SAFE LANCET MINI 21G 165
VERIFINE SAFE LANCET MINI 23G 165
VERIFINE SAFE LANCET MINI 28G 165
VERIFINE SAFE LANCET MINI 30G 165
VERIFINE UNIVERSAL LANCETS 28G 165
VERIFINE UNIVERSAL LANCETS 30G 165
VERIFINE UNIVERSAL LANCETS 33G 165
VERKAZIA 187
VERQUVO 88
VERSACLOZ 75
VERSAFREE 195
VERSAPLUS 195
VERSAPRO 195, 198
VERSATILE ANHYDROUS CREAM BASE 198
versatile cream base 198
VERSATILE RICH BASE 198
VERZENIO 69
VESTURA 95
veven 120
V-GO 20 165
V-GO 30 165
V-GO 40 165
VIBERZI 138
VIBRANT 152
VIBRANT STARTER KIT 152
VIENVA 95
vigabatrin 37
VIGADRONE 37
VIGAFYDE 37
VIJOICE 174
VILAMIT MB 60
vilazodone hcl 40
VILEVEV MB 60
VINATE CARE 181
viorele 95
VIRACEPT 80
VIRASAL 120
VIREAD 80
VIREX 49
VISTASEAL 149
VISTOGARD 50
VITAFOL GUMMIES 181
VITAFUSION PRENATAL 181
vitamin c brightening serum 118
vitamin d (ergocalciferol) 220
vitamin k1 220
vita-pac 181
VITRAKVI 70
VIVAGUARD LANCETS 165
VIVAGUARD LANCETS 30G 166
VIVAGUARD SAFETY LANCETS 28G 166
VIVJOA 52
VIZIMPRO 64
VIZZ 186
VOGELXO 23
VOGELXO PUMP 23
VOLNEA 95
VONJO 70
VONVENDI 144
VOQUEZNA 213
VOQUEZNA DUAL PAK 213
VOQUEZNA TRIPLE PAK 213
VORANIGO 70
voriconazole 52
VOSEVI 81
VOWST 138
VOXZOGO 132
VOYDEYA 145
vp dermabase 198
vp fc kit 109
vp gkl kit 109
VRAYLAR 73
VTAMA 111
VUMERITY 202
VUSION 108
VYALEV 72
VYBRIQUE 86
VYFEMLA 95
VYKAT XR 132
VYLEESI 200
VYLIBRA 95
VYNDAMAX 88
VYNDAQEL 88
VYSCOXA 14
VYTONE 108
VYVGART HYTRULO 172
VYZULTA 191
WAINUA 207
WAKIX 6
warfarin sodium 31
water for irrigation, sterile 174
WAYRILZ 145
wayzen 122
WEGOVY 4, 5
WEGOVY HD 4
weleris 120
WELIREG 65
wellpro 31 49
WERA 95
wesnatal dha complete 181
westab plus 181
WIDE-SEAL DIAPHRAGM 60 155
WIDE-SEAL DIAPHRAGM 65 155
WIDE-SEAL DIAPHRAGM 70 155
WIDE-SEAL DIAPHRAGM 75 155
WIDE-SEAL DIAPHRAGM 80 155
WIDE-SEAL DIAPHRAGM 85 155
WIDE-SEAL DIAPHRAGM 90 155
WIDE-SEAL DIAPHRAGM 95 156
WILATE 144
WINLEVI 106
WINREVAIR 87
WIXELA INHUB 30
WYMZYA FE 95
XALIX 120
XARAH FE 95
XARELTO 31
XARELTO STARTER PACK 31
XATMEP 63
XCOPRI 37
XCOPRI (250 MG DAILY DOSE) 37
XCOPRI (350 MG DAILY DOSE) 37
XDEMVY 187
XELJANZ 10
XELJANZ XR 10
XELPROS 191
XELRIA FE 95
XEMATOP BASE 198
XEMBIFY 193
XENICAL 5

XEPI 106
XERAC AC 123
XERMELO 139
XHANCE 183
XIFAXAN 60
XIGDUO XR 43
XIIDRA 187
xirun 118
XOFLUZA (40 MG DOSE) 82
XOFLUZA (80 MG DOSE) 82
XOLAIR 27
XOLREMDI 148
XOPENEX HFA 30
XOSPATA 70
XPHOZAH 132
XPOVIO (100 MG ONCE WEEKLY) 66
XPOVIO (40 MG ONCE WEEKLY) 66
XPOVIO (40 MG TWICE WEEKLY) 66
XPOVIO (60 MG ONCE WEEKLY) 66
XPOVIO (60 MG TWICE WEEKLY) 66
XPOVIO (80 MG ONCE WEEKLY) 66
XPOVIO (80 MG TWICE WEEKLY) 66
XROMI 147
XTAMPZA ER 21
XTANDI 65
XULANE 95
XULTOPHY 43
xurea 118
XURIDEN 132
xybiotic 49
XYNTHA 144
XYNTHA SOLOFUSE 144
XYOSTED 23
XYVONA 21
XYWAV 199
YARGESA 146
YCANTH 120
YESINTEK 111, 138
YEZTUGO 80
yl folic acid 147
yoni fit bladder support kit 1 166
yoni fit bladder support kit 2 166
yoni fit bladder support kit 3 166
yoni fit bladder support kit 4 166
yoni fit bladder support kit 5 166
YONSA 65
YORVIPATH 132
YULITHIRA 70
YUPELRI 27
YUTREPIA 87
YUVAFEM 219
YUVEZZI 135
YUVIWEL 133
ZACARE 106
zaclir cleansing 106
ZAFEMY 95
zafirlukast 27
zaleplon 150
ZEJULA 70
zelac 49
ZELAPAR 72
ZELBORAF 70
ZELSUVMI 112
ZELVYSIA 132
ZEMAIRA 207
ZENATANE 106
ZENPEP 126
ZENVYRA 49
ZENZEDI 4
ZEPBOUND 5
ZEPOSIA 202
ZEPOSIA 7-DAY STARTER PACK 202
ZEPOSIA STARTER KIT 202
zevrx twist top lancets 30g 166
zidovudine 80
ZIEXTENZO 148
ZILBRYSQ 145
ziprasidone hcl 73
ZITHRANOL 111
ZITHROMAX 152
ZOE SCRIPTS IDEALBASE 198
ZOKINVY 174
ZOLINZA 70
zolmitriptan 169, 170
zolpidem tartrate 150
zolpidem tartrate er 150
ZOMIG 170
ZONISADE 36
zonisamide 37
ZONTIVITY 146
ZORYVE 123
ZOVIA 1/35 (28) 95
ZTALMY 37
ZUBSOLV 22
ZUMANDIMINE 95
ZUNVEYL 199
ZURNAI 50
ZURZUVAE 39
ZYCUBO 171
ZYDELIG 70
ZYKADIA 70
ZYPREXA RELPREVV 75