

2026 Express Scripts Drug List for the New York City PICA Program

The following is a list of the drugs included in the NYC PICA prescription plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. For specific questions about your coverage, please call the phone number printed on your member ID card.

INJECTABLES

NOTE: Coverage based on benefit design.

ABILIFY MAINTENA	BENTYL	COLY-MYCIN M PARENTERAL	fosphenytoin sodium
ACTEMRA [PA] [SP]	benztropine mesylate	CORTROSYN	FRAGMIN [SP]
ACTEMRA ACTPEN [PA] [SP]	betamethasone acet and na phos	cosyntropin	FULPHILA [PA] [SP]
ACTHAR SELFJECT [PA] [SP]	betamethasone sod phos-acetate	CRYSVITA [SP]	furosemide
ADALIMUMAB-ADAZ (CF) [PA] [SP]	betamethasone sod phos-water	cyanocobalamin	FUZEON [SP]
ADALIMUMAB-ADB (CF) [PA] [SP]	BETASERON [PA] [SP]	CYLTEZO (CF) [PA] [SP]	fyremadel [FER]
ADALIMUMAB-RYVK (CF) [PA] [SP]	BICILLIN C-R	DDAVP	ganirelix [FER]
ADALIMUMAB-RYVK (CF) AUTOINJECT [PA] [SP]	BICILLIN L-A	DELESTROGEN	GATTEX [PA] [SP]
ADBRY [PA] [SP]	BONSITY [PA] [SP]	DEMEROL	GENOTROPIN [PA] [SP]
ADBRY AUTOINJECTOR [PA] [SP]	bumetanide	DEPO-ESTRADIOL	gentamicin sulfate
adrenalin chloride	bupivacaine hcl	DEPO-MEDROL	gentamicin-sodium citrate
AIMOVIG [PA]	bupivacaine hcl-epinephrine	DEPO-PROVERA	GEODON
AJOVY [PA]	bupivacaine-dexamethasone sod	DEPO-SUBQ PROVERA	glatiramer acetate [PA] [SP]
ALFENTA	bupivacaine-dextrose	DEPO-TESTOSTERONE [PA]	glatopa [PA] [SP]
ALHEMO PEN [PA] [SP]	bupivacaine-ketorolac-ketamine	desmopressin acetate	glycopyrrolate
amikacin sulfate	BUPRENEX	dexamethasone sodium phosphate	GLYRX-PF
ampicillin sodium	buprenorphine hydrochloride	diazepam	GONAL-F/RFF [FER]
ampicillin-sulbactam [PA]	butorphanol tartrate	dicyclomine hcl	H.P. ACTHAR [PA] [SP]
AMVUTTRA [PA] [SP]	CABLIVI [PA] [SP]	dihydroergotamine mesylate	HAEGARDA [PA] [SP]
AMYTAL SODIUM	caffeine & sodium benzoate	DILAUDID	haloperidol
AQUASOL A	calcium disodium versenate	diphenhydramine hcl	haloperidol decanoate
ARCALYST [PA] [SP]	CAPASTAT SULFATE	droperidol	haloperidol lactate
ARISTADA	CAVERJECT [PA]	DUPIXENT [PA] [SP]	HEMLIBRA [PA] [SP]
ARISTADA INITIO	cefazolin sodium	duramorph	heparin sodium
ARIXTRA [SP]	cefepime hcl	EBGLYSS PEN [PA] [SP]	hydralazine hcl
ATIVAN	CEFOTAN	EBGLYSS SYRINGE [PA] [SP]	hydrocortisone sod succinate
ATROPEN	cefotaxime sodium	EDEX [PA]	hydromorphone hcl
atropine sulfate	cefotetan	EGRIFTA [PA] [SP]	hydromorphone hcl-water
AUVI-Q	ceftazidime	EMGALITY [PA]	hydroxocobalamin
AVONEX [PA] [SP]	ceftriaxone	ENBREL [PA] [SP]	hydroxyzine hcl
AZACTAM	cefuroxime sodium	enoxaparin sodium [SP]	hyoscyamine sulfate
aztreonam	CELESTONE	ENSPRYNG [SP]	icatibant [PA] [SP]
bacitracin	CEREBYX	epinephrine auto-injector	IFE-BIMIX 30/1
BAL IN OIL	cetrotrelil acetate [FER]	ertapenem	IMULDOSA [SP]
b-complex	CETROTIDE [FER]	ERZOFRI	INCRELEX [PA] [SP]
BENLYSTA [SP]	chloroprocaine hcl	estradiol valerate	infed
	chlorpromazine hcl	EXTAVIA [PA] [SP]	INFUMORPH
	chorionic gonadotropin [FER]	FENSOLVI [PA] [SP]	INVANZ
	CLAFORAN	fantanyl citrate	INVEGA SUSTENNA
	CLEOCIN PHOSPHATE	fluphenazine decanoate	INVEGA TRINZA
	clindamycin phosphate	fluphenazine hcl	isoniazid
	COGENTIN	folic acid	isoproterenol hcl
	colistimethate sodium	fondaparinux sodium [SP]	ISUPREL

(continued)

Costs for covered alternatives may vary. Log on to [express-scripts.com/covered](https://www.express-scripts.com/covered) to compare drug prices.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2026 THROUGH DECEMBER 31, 2026. THIS LIST IS SUBJECT TO CHANGE. You can find more information at [express-scripts.com](https://www.express-scripts.com).

KENALOG	oxacillin sodium	SENSORCAINE	XYLOCAINE WITH EPINEPHRINE
KESIMPTA PEN [PA] [SP]	PALYNZIQ [PA] [SP]	WITH EPINEPHRINE	XYOSTED [PA]
KETALAR	papaverine hcl	SENSORCAINE-MPF	YESINTEK [PA] [SP]
ketamine hcl	papaverine-alprostadil	SEROSTIM [SP]	YORVIPATH [PA] [SP]
ketamine hcl-ns	PEGASYS [PA] [SP]	SIMLANDI (CF) [PA] [SP]	ZEMBRACE SYMTOUCH
ketamine hcl-water	PEGASYS PROCLICK [PA] [SP]	SIMLANDI (CF) AUTOINJECTOR	ziprasidone mesylate
ketorolac tromethamine	penicillin g procaine	[PA] [SP]	ZYMFENTRA [PA] [SP]
lanreotide acetate [PA] [SP]	PENTAM 300	SKYRIZI [PA] [SP]	ZYPREXA
LEUKINE [SP]	pentamidine isethionate	SOLU-CORTEF	
LEVSIN	pentobarbital sodium	SOLU-MEDROL	CHEMOTHERAPY
lidocaine hcl	PERSERIS	SOMATULINE DEPOT [SP]	
lidocaine hcl w/epinephrine	PHENERGAN	SOMAVERT [PA] [SP]	abiraterone acetate [PA] [SP]
LINCOCIN	phenobarbital sodium	SPEVIGO [PA] [SP]	abirtega [PA] [SP]
lincomycin hcl	phenylephrine hcl	STELARA [PA] [SP]	ACTIMMUNE [INJ] [SP]
lorazepam	physostigmine salicylate	STRENSIQ [PA] [SP]	ALECENSA [PA] [SP]
magnesium chloride	PHYTONADIONE	STREPTOMYCIN SULFATE	ALFERON N
MARCAINE	PLEGRIDY [PA] [SP]	SUCCINYLCHOLINE	ALKERAN
marcaine-epinephrine	plerixafor [SP]	CHLORIDE-NACL	ALUNBRIG [PA] [SP]
medroxyprogesterone acetate	polocaine	sumatriptan succinate	AMELUZ
MENOPUR [FER]	polymyxin b sulfate	SUMAVEL DOSEPRO	anastrozole
meperidine hcl	PREGNYL [PA] [SP]	SUSTOL	ANZEMET
methadone hcl	prochlorperazine edisylate	TAKHZYRO [PA] [SP]	aprepitant
methocarbamol	PROCRIT [PA] [SP]	TALTZ [PA] [SP]	AROMASIN
methylcobalamin	progesterone [FER]	TAZICEF	AUGTYRO [PA] [SP]
methylergonovine maleate	promethazine hcl	TEGSEDI [PA] [SP]	AVMAPKI-FAKZYNJA [PA] [SP]
methylprednisolone	PROTOPAM CHLORIDE	terbutaline sulfate	azacitidine
methylprednisolone acetate	pyridoxine hcl	teriparatide [PA] [SP]	BALVERSA [PA] [SP]
methylprednisolone sod succ	R.E.C.K.	testosterone cypionate [PA]	bexarotene
MIACALCIN	(ROPIV-EPI-CLON-KETOR)	testosterone enanthate [PA]	bicalutamide
midazolam hcl	RASUVO [ST]	tetracaine hcl	bleomycin sulfate [INJ]
MITIGO	REBIF [PA] [SP]	TEZSPIRE [PA] [SP]	BOSULIF [PA] [SP]
morphine sulfate	REBIF REBIDOSE	TIGAN	BRAFTOVI [PA] [SP]
morphine sulfate/ns	REDITREX	tobramycin sulfate	BRUKINSA [PA] [SP]
MOZOBIL [SP]	RELISTOR	TREMFYA [PA] [SP]	CABOMETYX [PA] [SP]
MYALEPT	REMODULIN	TREMFYA PEN [PA] [SP]	capecitabine [SP]
MYOBLOC [PA] [SP]	REPATHA [PA]	TREMFYA PEN INDUCTION	CAPRELSA [PA] [SP]
nafcillin sodium	RETACRIT [PA] [SP]	PK-CROHN [PA] [SP]	CASODEX
nalbuphine hcl	REVCOVI	treprostinil [SP]	COMETRIQ [PA] [SP]
NAROPIN	RISPERDAL CONSTA	triamcinolone acetonide	COMPAZINE
NATPARA [PA]	risperidone er	tricitrasol	compro
NEMBUTAL SODIUM	ROBAXIN	TRIPTODUR [SP]	COPIKTRA [PA] [SP]
NEMLUVIO [PA] [SP]	ROBINUL	TYENNE [PA] [SP]	COTELLIC [PA] [SP]
NESACAINE	ropivacaine hcl/pf	TYMLOS [PA] [SP]	CYCLOPHOSPHAMIDE
NESACAINE-MPF	ropivacaine hcl-ns	UNASYN	cytarabine [INJ]
NGENLA [PA] [SP]	ropivacaine-clonidine-ketorolac	USTEKINUMAB-TTWE [PA] [SP]	DANZITEN [PA] [SP]
NIVESTYM [PA] [SP]	ropivacaine-ketorolac-ketamine	UZEDY [PA] [SP]	dasatinib [PA] [SP]
octreotide acetate [SP]	RYKINDO	vancomycin hcl	DAURISMO [PA] [SP]
olanzapine	SAIZEN [PA]	VAZCULEP	diclofenac sodium
OMNITROPE [PA] [SP]	SAIZENPREP [PA]	vitamin k	dronabinol
OMVOH [PA] [SP]	SELARSDI [PA] [SP]	WINREVAIR [PA] [SP]	DROXIA
OMVOH PEN [PA] [SP]	SENSORCAINE	XGEVA	EFUDEX
orphenadrine citrate	SENSORCAINE	XOLAIR [PA] [SP]	ELIGARD [INJ] [PA] [SP]
OVIDREL [FER]	WITH DEXTROSE	XYLOCAINE	EMCYT

(continued)

Costs for covered alternatives may vary. Log on to [express-scripts.com/covered](https://www.express-scripts.com/covered) to compare drug prices.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2026 THROUGH DECEMBER 31, 2026. THIS LIST IS SUBJECT TO CHANGE. You can find more information at [express-scripts.com](https://www.express-scripts.com).

ERIVEDGE [PA] [SP]	KISQALI FEMARA CO-PACK	ORGOVYX [PA] [SP]	TOLAK
ERLEADA [PA] [SP]	[PA] [SP]	ORSERDU [PA] [SP]	toremifene citrate
erlotinib hcl [PA] [SP]	KOSELUGO [PA] [SP]	PANRETIN	torpenz [PA] [SP]
ERWINASE [PA] [SP]	lapatinib [PA] [SP]	pazopanib hcl [PA] [SP]	tretinoin
etoposide	LAZCLUZE [PA] [SP]	PEMAZYRE [PA] [SP]	trexall
EULEXIN	LENVIMA [PA] [SP]	PHESGO [PA] [SP]	trimethobenzamide hcl
everolimus [PA] [SP]	letrozole	PHYRAGO [PA] [SP]	TRUQAP [PA] [SP]
exemestane	leucovorin calcium	PIQRAY [PA] [SP]	TRUSELTIQ [PA] [SP]
EXKIVITY [PA] [SP]	LEUKERAN	POMALYST [SP]	TUKYSA [PA] [SP]
FARESTON	leuprolide acetate [INJ] [PA] [SP]	prochlorperazine maleate	TURALIO [PA] [SP]
FARYDAK [PA] [SP]	LEVULAN	PURIXAN [SP]	UVADEX
FASLODEX [INJ]	LONSURF [SP]	REGLAN	VALCHLOR [SP]
FEMARA	LORBRENA [PA] [SP]	RETEVMO [PA] [SP]	VARUBI
FIRMAGON [INJ] [PA] [SP]	LUPRON DEPOT [INJ] [SP] [ST]	REVLIMID [PA] [SP]	VELCADE [INJ] [SP]
floxuridine	LUTRATE DEPOT [PA] [SP]	REVUFORJ [PA] [SP]	VENCLEXTA [SP]
FLUOROPLEX	LYNPARZA [PA] [SP]	ROMVIMZA [PA] [SP]	VENCLEXTA STARTING PACK [SP]
flutamide	LYSODREN	ROZLYTREK [PA] [SP]	VERZENIO [PA] [SP]
FRUZAQLA [PA] [SP]	LYTGOBI [PA] [SP]	RYDAPT [PA] [SP]	VIDAZA [SP]
fulvestrant [PA] [SP]	MARINOL	SANCUSO	VIJOICE [PA] [SP]
GAVRETO [PA] [SP]	MATULANE [SP]	SCSEMBLIX [PA] [SP]	VISTOGARD [SP]
gefitinib [PA] [SP]	megestrol acetate	SOLTAMOX	VITRAKVI [PA] [SP]
GILOTRIF [PA] [SP]	MEKINIST [PA] [SP]	STIVARGA [PA] [SP]	VIZIMPRO [PA] [SP]
GLEOSTINE	MEKTOVI [PA] [SP]	SUTENT [PA] [SP]	VONJO [PA] [SP]
GOMEKLI [PA] [SP]	melphalan hcl	SYNDROS	VORANIGO [PA] [SP]
granisetron hcl	mercaptopurine	SYNRIBO	VOTRIENT [PA] [SP]
HEPZATO [PA] [SP]	mesna	TABLOID	WELIREG [PA] [SP]
HYCAMTIN	MESNEX	TABRECTA [PA] [SP]	XALKORI [PA] [SP]
HYDREA	methotrexate	TAFINLAR [PA] [SP]	XELODA [SP]
hydroxyurea	methotrexate sodium [INJ]	TAGRISO [PA] [SP]	XERMELO [PA] [SP]
IBRANCE [PA] [SP]	metoclopramide hcl	TALZENNA [PA] [SP]	XOLREMDI [PA] [SP]
ICLUSIG [PA] [SP]	MYLERAN	tamoxifen citrate	XOSPATA [PA]
IDHIFA [PA] [SP]	NERLYNX [PA] [SP]	TARCEVA [PA] [SP]	XTANDI [PA] [SP]
imatinib mesylate [PA] [SP]	NEXAVAR [PA] [SP]	TARGRETIN [SP]	YONSA [PA] [SP]
IMBRUVICA [PA] [SP]	NILANDRON	TASIGNA [PA] [SP]	ZELBORAF [PA] [SP]
imiquimod	nilotinib hcl [PA] [SP]	TAZVERIK [PA] [SP]	ZOLADEX [INJ] [SP]
IMKELDI [PA] [SP]	nilutamide	TEMODAR [PA] [SP]	ZOLINZA [SP]
IMLYGIC [SP]	NINLARO [PA] [SP]	temozolomide [PA] [SP]	ZYDELIG [PA] [SP]
INLYTA [PA] [SP]	NUBEQA [PA] [SP]	TEPADINA	ZYKADIA [PA] [SP]
INTRON A [INJ] [SP]	ODOMZO [PA] [SP]	THALOMID [PA] [SP]	
IRESSA [PA] [SP]	OGSIVEO [PA] [SP]	thiamine hcl [INJ]	
IWILFIN [PA] [SP]	OJEMDA [PA] [SP]	thiotepa	
JAKAFI [PA] [SP]	ONCASPAR [INJ]	TIBSOVO [PA] [SP]	
KISQALI [PA] [SP]	ondansetron hcl	TIGAN [INJ]	

KEY

[FER] - Medication is available through Freedom Fertility Pharmacy (800.660.4283). Please note: Fertility drugs obtained through the NYC PICA program require Prior Authorization through WIN Fertility (833.439.1515).

[INJ] - Injectable medication

[PA] - Prior Authorization is required for coverage

[SP] - Available through Accredo Specialty Pharmacy (877.880.9201)

[ST] - Step Therapy may apply to certain indications or some or all strengths of the drug

For the member: FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance.

For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate.

Brand-name drugs are listed in CAPITAL letters. Generic drugs are listed in lower case letters.

Costs for covered alternatives may vary. Log on to [express-scripts.com/covered](https://www.express-scripts.com/covered) to compare drug prices.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2026 THROUGH DECEMBER 31, 2026. THIS LIST IS SUBJECT TO CHANGE. You can find more information at [express-scripts.com](https://www.express-scripts.com).