



New York State Insurance Program No Rx Formulary

Formulary ID – NYS1

(To find your plan's formulary, simply locate the letter identifiers in the "Formulary" section on the front of your member ID card. Then, visit emblemhealth.com, click Member Resources, and choose Drugs Covered to locate and view your drug list online.)

2026 Formulary (List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

This formulary was updated on **Aug. 1, 2025**. To reach member services, please call **800-447-8255** (TTY: 711). Our hours are 8 a.m. to 6 p.m., Monday through Friday. A representative will be happy to help.

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2026 Formulary (List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

Thank you for being an EmblemHealth member. This guide tells you about the list of covered drugs in your plan. This list is called a formulary. It is up to date as of **Aug. 1, 2025**. Please note: This list may change over time, such as when:

- We add a new, less costly drug.
- We remove a drug that may no longer be as effective as other drugs.

Which drugs are included in the formulary?

Our list of covered drugs includes generic drugs.

The brand name is the name the drug company gave the drug. For example, the brand name of acetaminophen is Tylenol. Generic drugs are the low-cost version of the brand-name drug.

What if I don't see the drug I need?

If your doctor orders you a drug that is **not** listed in this formulary, please call **800-447-8255** (TTY: **711**). We can review your next steps. Our hours are 8 a.m. to 6 p.m., Monday through Friday. A representative will be happy to help.

How do I use the formulary?

You can look for your drug using the index. This starts on page 17. Or, if you already know what your drug is used for, look for the section name in the Table of Contents. Then look there for your drug.

Sections are based on what the drugs are used to treat. For example, drugs used for a heart condition are under "Cardiovascular, Hypertension & Lipids." The first column of the chart lists the drug name. Generic drugs are shown in lowercase italics (for example, *atenolol*).

EMBLEMHEALTH NYSHIP NO RX PRESCRIPTION DRUG FORMULARY

This formulary will also tell you which tier your drug belongs in. The chart below shows you what each tier means.

| Tier | Explanation |
|--------|---|
| ACA | \$0 cost share preventive drugs (there may be some limits on these drugs; see below). |
| Tier 1 | Generic |

What are generic drugs?

Generic drugs are the low-cost version of a brand-name drug. Generally, a pharmacist will fill the generic type of the drug your doctor ordered if it is available. This may happen **even if** your prescription is written for a brand-name drug.

Are there any limitations on my coverage?

A medicine listed in this guide does not mean we will pay for it. For example, some drugs may need prior authorization, or approval, for us to pay for them. In other cases, we may only pay for certain amounts or strengths. These drugs will have initials after their names. Following is a list of abbreviations that explains what the initials mean.

List of abbreviations and what these terms mean to you

PA: Prior Authorization. The plan requires you or your doctor to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

ACA: Affordable Care Act. Under this health care reform law, if you qualify, you can get your drug at no cost if it is right for your age and condition, and used properly.

LA: Limited Availability. You may only be able to get this drug at some drug stores.

You can ask us to make an exception to a restriction or limit on a drug. We can also give you a list of other, similar drugs that may work. Speak with your doctor about this first.

Can I get my drugs delivered to my home?

Yes, your plan benefit provides the convenience of home delivery. Home delivery may save you money if you refill drugs every month and think you will be on the same drug(s) for six months or longer. Home delivery is as safe as going to your local pharmacy. Pharmacists check every order for accuracy and are available 24/7 to answer your questions.

Disclaimer

Please see your Certificate of Coverage for plan details. It will tell you what is covered and how much you pay for your drugs. To help keep your costs down, ask your doctor to prescribe generic drugs when possible. You can view your Certificate of Coverage and other important plan information by signing in to your member portal at **my.emblemhealth.com**.

NOTE: Not all drugs in this list are paid for by all drug benefit plans, so coverage is not guaranteed. Check your benefits for copay and any other requirements you may have under your plan. If you have other questions about your drug benefits, please call the phone number on the back of your member ID card.

How do I contact someone at EmblemHealth?

To reach member services:

Please call **800-447-8255** (TTY: **711**). Our hours are 8 a.m. to 6 p.m., Monday through Friday. A representative will be happy to help.



Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **877-411-3625** (TTY: **711**) or speak to your provider.

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **877-411-3625** (TTY: **711**) o hable con su proveedor.

中文 (Simplified Chinese) 注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 **877-411-3625** (文本电话: **711**) 或咨询您的服务提供商。

РУССКИЙ (Russian) ВНИМАНИЕ: Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **877-411-3625** (TTY: **711**) или обратитесь к своему поставщику услуг.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nan **877-411-3625** (TTY: **711**) oswa pale avèk founisè w la.

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Italiano (Italian) ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' **877-411-3625** (tty: **711**) o parla con il tuo fornitore.

יידיש נאטיץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי. צונעמען אַיִס און באַדינונגס פֿאַר פּראָוויידינג אינפֿאָרמאַציע אין צוטריטלעך פֿאַרמאַטירונגען זענען אויך בנימצא פריי. רופן **877-411-3625** (TTY: **711**) אָדער רעדן מיט דיין טרעגער.

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POLSKI (Polish) UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer **877-411-3625** (TTY: **711**) lub porozmawiaj ze swoim dostawcą.

العربية (Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصّل على الرقم **877-411-3625** (711) أو تحدث إلى مقدم الخدمة.

Français (French) ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **877-411-3625** (TTY: **711**) ou parlez à votre fournisseur.

اردو (Urdu)

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل لو سائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ **877-411-3625** (TTY: **711**) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga librang serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyong upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa **877-411-3625** (TTY: **711**) o makipag-usap sa iyong provider.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το **877-411-3625** (TTY: **711**) ή απευθυνθείτε στον πάροχό σας.

SHQIP (Albanian) VINI RE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi **877-411-3625** (TTY: **711**) ose bisedoni me ofruesin tuaj të shërbimit.

NOTICE OF NONDISCRIMINATION POLICY

Discrimination is Against the Law

EmblemHealth complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes.

EmblemHealth does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

EmblemHealth:

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

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services contact the Civil Rights Coordinator by calling Customer Service at **877-411-3625** (TTY: **711**).

If you believe that EmblemHealth has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator by writing to the EmblemHealth Grievance and Appeals Department, P.O. Box 2844, New York, NY 10116-2844; faxing them at **212-510-5320**; or calling Customer Service at **877-411-3625**. (Dial **711** for TTY services.) You can file a grievance in person, by mail, by fax, or through your secure member portal. If you need help filing a grievance, EmblemHealth's Grievance and Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at: **U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201; 800-368-1019** (TTY: **800-537-7697**).

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

This notice is available on EmblemHealth's website at emblemhealth.com/legal/nondiscrimination.

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| ANTI-INFECTIVE AGENTS | | |
| ANTIVIRALS | | |
| APRETUDE - cabotegravir im extended release susp 600 mg/3ml | 1 | ACA, LA, SP |
| DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg | 1 | ACA, QL (30 tablets/30 days) |
| emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada) | 1 | ACA, QL (30 tablets/30 days) |
| BIOLOGICALS | | |
| VACCINES | | |
| ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml | 1 | ACA |
| ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj | 1 | ACA |
| AFLURIA 2025-2026 - influenza virus vaccine split im susp | 1 | ACA |
| AFLURIA 2025-2026 - influenza virus vaccine split pf susp pref syringe 0.5 ml | 1 | ACA |
| AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml | 1 | ACA |
| BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe | 1 | ACA |
| CAPVAXIVE - pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml | 1 | ACA |
| COMIRNATY 2024-25 - covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml | 1 | ACA |
| ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml | 1 | ACA |
| ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml | 1 | ACA |
| FLUAD 2025-2026 - influenza vac type a&b surface ant adj susp pref syr 0.5 ml | 1 | ACA |
| FLUARIX 2025-2026 - influenza virus vaccine split pf susp pref syringe 0.5 ml | 1 | ACA |
| FLUBLOK 2025-2026 - influenza virus vacc recombinant ha pf soln pref syr 0.5 ml | 1 | ACA |
| FLUCELVAX 2025-2026 - influenza virus vac tiss-cult subunit susp pref syr 0.5 ml | 1 | ACA |
| FLUCELVAX 2025-2026 - influenza virus vac tiss-cult subunit im susp | 1 | ACA |
| FLULAVAL 2025-2026 - influenza virus vaccine split pf susp pref syringe 0.5 ml | 1 | ACA |
| FLUMIST NASAL VACCINE 202 - influenza virus vaccine live intranasal liquid | 1 | ACA |
| FLUZONE HIGH-DOSE 2025-20 - influenza virus vac split high-dose pf susp pref syr 0.5ml | 1 | ACA |
| FLUZONE 2025-2026 - influenza virus vaccine split im susp | 1 | ACA |
| FLUZONE 2025-2026 - influenza virus vaccine split pf susp pref syringe 0.5 ml | 1 | ACA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac susp pref syr | 1 | ACA |
| GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac im susp | 1 | ACA |
| HAVRIX - hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml | 1 | ACA |
| HAVRIX - hepatitis a vaccine inj susp 1440 el unit/ml | 1 | ACA |
| HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml | 1 | ACA |
| HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg | 1 | ACA |
| IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection | 1 | ACA |
| JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml | 1 | ACA |
| M-M-R II - measles-mumps-rubella virus vaccines for inj soln | 1 | ACA |
| MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine | 1 | ACA |
| MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln | 1 | ACA |
| MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj | 1 | ACA |
| MNEXSPIKE COVID-19 VACCIN - covid-19 mrna vaccine-moderna im susp pref syr 10 mcg/0.2ml | 1 | ACA |
| MODERNA COVID-19 VACCINE - covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml | 1 | ACA |
| MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml | 1 | ACA |
| NOVAVAX COVID-19 VACCINE/ - covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml | 1 | ACA |
| PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml | 1 | ACA |
| PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj | 1 | ACA |
| PENMENVY - meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj | 1 | ACA |
| PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml | 1 | ACA |
| PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.3ml | 1 | ACA |
| PNEUMOVAX 23 - pneumococcal vaccine polyvalent soln pref syr 25 mcg/0.5ml | 1 | ACA |
| PREVNAR 20 - pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml | 1 | ACA |
| PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp | 1 | ACA |
| PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp | 1 | ACA |
| RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml | 1 | ACA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml | 1 | ACA |
| ROTARIX - rotavirus vaccine, live oral susp | 1 | ACA |
| ROTATEQ - rotavirus vaccine, live oral pentavalent soln | 1 | ACA |
| SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml | 1 | ACA |
| SPIKEVAX COVID-19 VACCINE - covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml | 1 | ACA |
| TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr | 1 | ACA |
| TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml | 1 | ACA |
| VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml | 1 | ACA |
| VARIVAX - varicella virus vac live for inj 1350 pfu/0.5ml | 1 | ACA |
| VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml | 1 | ACA |
| TOXOIDS | | |
| ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml | 1 | ACA |
| BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf- mcg/0.5ml | 1 | ACA |
| DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml | 1 | ACA |
| INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml | 1 | ACA |
| KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml | 1 | ACA |
| PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr | 1 | ACA |
| PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp | 1 | ACA |
| QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj | 1 | ACA |
| QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml | 1 | ACA |
| TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu | 1 | ACA |
| VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr | 1 | ACA |
| VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recomb susp | 1 | ACA |
| ANTINEOPLASTIC AGENTS | | |
| ANTINEOPLASTICS | | |
| anastrozole tab 1 mg (Arimidex) | 1 | ACA |
| tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent) | 1 | ACA |
| ENDOCRINE AND METABOLIC DRUGS | | |
| CONTRACEPTIVES | | |
| desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) | 1 | ACA |
| desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg | 1 | ACA |
| drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz) | 1 | ACA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg | 1 | ACA |
| drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz) | 1 | ACA |
| drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28) | 1 | ACA |
| DROSPIRENONE/ETHINYL ESTR - drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg | 1 | |
| ELLA - ulipristal acetate tab 30 mg | 1 | ACA |
| ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg | 1 | ACA |
| levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg | 1 | ACA |
| levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) | 1 | ACA |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) | 1 | ACA |
| levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg | 1 | ACA |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg | 1 | ACA |
| levonorgestrel tab 1.5 mg | 1 | ACA, OTC |
| levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg | 1 | ACA |
| levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg | 1 | ACA |
| medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac) | 1 | ACA |
| medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac) | 1 | ACA |
| norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr | 1 | ACA |
| norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg | 1 | ACA |
| norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg, 0.8 mg-25 mcg | 1 | ACA |
| norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg | 1 | ACA |
| norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg | 1 | ACA |
| norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg | 1 | ACA |
| norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) | 1 | ACA |
| norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) | 1 | ACA |
| norethindrone tab 0.35 mg | 1 | ACA |
| norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg | 1 | ACA |
| norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg | 1 | ACA |
| norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg | 1 | ACA |
| norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg | 1 | ACA |
| NUVARING - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr | 1 | ACA |
| ANTIDIABETICS | | |
| <i>Antidiabetics</i> | | |
| acarbose tab 25 mg, 50 mg, 100 mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------|
| BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose | 1 | |
| BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose | 1 | |
| BD GLUCOSE - glucose chew tab 5 gm | 1 | OTC |
| CVS GLUCOSE - glucose chew tab 4 gm (rounded) | 1 | OTC |
| CVS GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg | 1 | OTC |
| CVS SOFT GLUCOSE - glucose chew tab 4 gm (rounded) | 1 | OTC |
| DEX4 GLUCOSE - glucose chew tab 4 gm (rounded) | 1 | OTC |
| DEX4 QUICK DISSOLVE GLUCO - glucose chew tab 4 gm (rounded) | 1 | OTC |
| diazoxide susp 50 mg/ml (Proglycem) | 1 | |
| DRUG MART GLUCOSE - glucose chew tab 4 gm (rounded) | 1 | OTC |
| FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent) | 1 | QL (30 tablets/30 days) |
| FT GLUCOSE - glucose chew tab 4 gm (rounded) | 1 | OTC |
| glimepiride tab 1 mg, 2 mg, 4 mg | 1 | |
| GLIPIZIDE - glipizide tab 2.5 mg | 1 | |
| glipizide tab er 24hr 2.5 mg | 1 | |
| glipizide tab er 24hr 5 mg, 10 mg (Glucotrol xl) | 1 | |
| glipizide tab 5 mg, 10 mg | 1 | |
| glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg | 1 | |
| glucagon (rdna) for inj kit 1 mg | 1 | |
| GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg | 1 | |
| GLUCO TO GO - glucose chew tab 4 gm (rounded) | 1 | OTC |
| GLUCOSE - glucose chew tab 4 gm (rounded) | 1 | OTC |
| GLUCOSE - glucose oral liquid 15 gm/60ml | 1 | OTC |
| GLUCOSE - glucose gel 15 gm/33gm | 1 | OTC |
| GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg | 1 | OTC |
| glucose chew tab 2 gm (carb equiv) | 1 | OTC |
| glucose gel 40% | 1 | OTC |
| GLUCOSE LIQUID - glucose oral liquid 15 gm/59ml | 1 | OTC |
| GLYBURIDE MICRONIZED - glyburide micronized tab 1.5 mg, 3 mg, 6 mg | 1 | |
| glyburide tab 1.25 mg, 2.5 mg, 5 mg | 1 | |
| glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg | 1 | |
| GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg | 1 | QL (30 tablets/30 days) |
| GNP GLUCOSE - glucose chew tab 4 gm (rounded) | 1 | OTC |
| GNP QUICK DISSOLVE GLUCOS - glucose chew tab 4 gm (rounded) | 1 | OTC |
| GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml | 1 | |
| GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml | 1 | |
| GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml | 1 | |
| GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------------|
| HY-VEE GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg | 1 | OTC |
| INSTA-GLUCOSE - glucose gel 77.4% | 1 | OTC |
| JANUMET - sitagliptin phosphate-metformin hcl tab 50-500 mg, 50-1000 mg | 1 | QL (60 tablets/30 days) |
| JANUMET XR - sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg | 1 | QL (30 tablets/30 days) |
| JANUMET XR - sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg | 1 | QL (60 tablets/30 days) |
| JANUVIA - sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) | 1 | QL (30 tablets/30 days) |
| JARDIANCE - empagliflozin tab 10 mg, 25 mg | 1 | QL (30 tablets/30 days) |
| KROGER GLUCOSE - glucose chew tab 4 gm (rounded) | 1 | OTC |
| LEADER GLUCOSE - glucose chew tab 4 gm (rounded) | 1 | OTC |
| LEADER QUICK DISSOLVE GLU - glucose chew tab 4 gm (rounded) | 1 | OTC |
| LONGS GLUCOSE - glucose chew tab 4 gm (rounded) | 1 | OTC |
| MEDICINE SHOPPE GLUCOSE - glucose chew tab 4 gm (rounded) | 1 | OTC |
| MEIJER GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg | 1 | OTC |
| metformin hcl tab er 24hr 500 mg | 1 | QL (120 tablets/30 days) |
| metformin hcl tab er 24hr 750 mg | 1 | QL (60 tablets/30 days) |
| metformin hcl tab 500 mg, 850 mg, 1000 mg | 1 | |
| mifepristone tab 300 mg (Korlym) | 1 | PA, QL (120 tablets/30 days), SP |
| MIGLITOL - miglitol tab 25 mg, 50 mg, 100 mg | 1 | |
| MOUNJARO - tirzepatide soln auto-injector 2.5 mg/0.5ml | 1 | PA, QL (4 pens/180 days) |
| MOUNJARO - tirzepatide soln auto-injector 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml | 1 | PA, QL (4 pens/28 days) |
| MS QUICK DISSOLVE GLUCOSE - glucose chew tab 4 gm (rounded) | 1 | OTC |
| nateglinide tab 60 mg, 120 mg | 1 | |
| OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 2 mg/dose (8 mg/3ml) | 1 | PA, QL (1 pen/28 days) |
| OZEMPIC - semaglutide soln pen-inj 1 mg/dose (4 mg/3ml) | 1 | PA, QL (3 pens/28 days) |
| pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos) | 1 | |
| pioglitazone hcl-metformin hcl tab 15-500 mg | 1 | |
| pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met) | 1 | |
| PREFERRED PLUS GLUCOSE - glucose chew tab 4 gm (rounded) | 1 | OTC |
| RA TRUEPLUS GLUCOSE - glucose gel 15 gm/32ml | 1 | OTC |
| RELION GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg | 1 | OTC |
| repaglinide tab 0.5 mg, 1 mg, 2 mg | 1 | |
| RYBELSUS - semaglutide tab 3 mg | 1 | PA, QL (30 tablets/180 days) |
| RYBELSUS - semaglutide tab 7 mg, 14 mg | 1 | PA, QL (30 tablets/30 days) |
| SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml | 1 | QL (6 pens/30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|
| SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg | 1 | QL (60 tablets/30 days) |
| SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg | 1 | QL (60 tablets/30 days) |
| SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg | 1 | QL (30 tablets/30 days) |
| TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg | 1 | QL (60 tablets/30 days) |
| TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg, 25-5-1000 mg | 1 | QL (30 tablets/30 days) |
| TRIJARDY XR - empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg | 1 | QL (60 tablets/30 days) |
| TRUEPLUS GLUCOSE - glucose chew tab 4 gm (rounded) | 1 | OTC |
| TRUEPLUS GLUCOSE GEL - glucose gel 15 gm/32ml | 1 | OTC |
| TRULICITY - dulaglutide soln auto-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml | 1 | PA, QL (4 pens/28 days) |
| TRULICITY - dulaglutide soln auto-injector 3 mg/0.5ml, 4.5 mg/0.5ml | 1 | PA, QL (2 pens/28 days) |
| VALUE PLUS GLUCOSE - glucose chew tab 4 gm (rounded) | 1 | OTC |
| WALGREENS GLUCOSE - glucose chew tab 4 gm (rounded) | 1 | OTC |
| XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-1000 mg | 1 | QL (60 tablets/30 days) |
| XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg | 1 | QL (30 tablets/30 days) |
| XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml | 1 | QL (5 pens/30 days) |
| ZEGALOGUE - dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml | 1 | |
| ZEGALOGUE - dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml | 1 | |
| Rapid-Acting Insulins | | |
| FIASP - insulin aspart (with niacinamide) inj 100 unit/ml | 1 | QL (100 mls/30 days) |
| FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml | 1 | QL (100 mls/30 days) |
| FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml | 1 | QL (100 mls/30 days) |
| HUMALOG - insulin lispro soln cartridge 100 unit/ml | 1 | QL (100 mls/30 days) |
| HUMALOG - insulin lispro inj soln 100 unit/ml | 1 | QL (100 mls/30 days) |
| HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial) | 1 | QL (100 mls/30 days) |
| HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml | 1 | QL (100 mls/30 days) |
| HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/transmitter port 100 unit/ml | 1 | QL (100 mls/30 days) |
| LYUMJEV - insulin lispro-aabc inj 100 unit/ml | 1 | QL (100 mls/30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial) | 1 | QL (100 mls/30 days) |
| LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml | 1 | QL (100 mls/30 days) |
| LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml | 1 | QL (100 mls/30 days) |
| NOVOLOG - insulin aspart inj soln 100 unit/ml | 1 | QL (100 mls/30 days) |
| NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml | 1 | QL (100 mls/30 days) |
| NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml | 1 | QL (100 mls/30 days) |
| Short-Acting Insulins | | |
| HUMULIN R - insulin regular (human) inj 100 unit/ml | 1 | OTC, QL (100 mls/30 days) |
| HUMULIN R U-500 (CONCENTR - insulin regular (human) inj 500 unit/ml | 1 | QL (100 mls/30 days) |
| HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml | 1 | QL (100 mls/30 days) |
| NOVOLIN R - insulin regular (human) inj 100 unit/ml | 1 | OTC, QL (100 mls/30 days) |
| NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml | 1 | OTC, QL (100 mls/30 days) |
| Intermediate-Acting Insulins | | |
| HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50) | 1 | QL (100 mls/30 days) |
| HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25) | 1 | QL (100 mls/30 days) |
| HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25) | 1 | QL (100 mls/30 days) |
| HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml | 1 | OTC, QL (100 mls/30 days) |
| HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml | 1 | OTC, QL (100 mls/30 days) |
| HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30) | 1 | OTC, QL (100 mls/30 days) |
| HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30) | 1 | OTC, QL (100 mls/30 days) |
| NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml | 1 | OTC, QL (100 mls/30 days) |
| NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml | 1 | OTC, QL (100 mls/30 days) |
| NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30) | 1 | OTC, QL (100 mls/30 days) |
| NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30) | 1 | OTC, QL (100 mls/30 days) |
| NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30) | 1 | QL (100 mls/30 days) |
| NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30) | 1 | QL (100 mls/30 days) |
| Basal Insulins | | |
| SEMGLEE - insulin glargine-yfgn soln pen-injector 100 unit/ml | 1 | QL (100 mls/30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------|
| SEMGLEE - insulin glargine-yfgn inj 100 unit/ml | 1 | QL (100 mls/30 days) |
| TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial) | 1 | QL (100 mls/30 days) |
| TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial) | 1 | QL (100 mls/30 days) |
| TRESIBA - insulin degludec inj 100 unit/ml | 1 | QL (100 mls/30 days) |
| TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml | 1 | QL (100 mls/30 days) |
| ENDOCRINE and METABOLIC AGENTS - MISC. | | |
| raloxifene hcl tab 60 mg (Evista) | 1 | ACA |
| CARDIOVASCULAR AGENTS | | |
| ANTIHYPERLIPIDEMICS | | |
| lovastatin tab 20 mg, 40 mg | 1 | ACA |
| pravastatin sodium tab 10 mg, 20 mg, 40 mg, 80 mg | 1 | ACA |
| rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg (Crestor) | 1 | ACA |
| GASTROINTESTINAL AGENTS | | |
| LAXATIVES | | |
| peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely) | 1 | ACA |
| peg 3350-kcl-sod bicarb-nacl for soln 420 gm | 1 | ACA |
| GENITOURINARY AGENTS | | |
| VAGINAL PRODUCTS | | |
| ENCARE - nonoxynol-9 vaginal suppos 100 mg | 1 | ACA, OTC |
| OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3% | 1 | ACA, OTC |
| PHEXXI - lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4% | 1 | ACA |
| TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg | 1 | ACA, OTC |
| VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5% | 1 | ACA, OTC |
| VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28% | 1 | ACA, OTC |
| CENTRAL NERVOUS SYSTEM DRUGS | | |
| PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC. | | |
| bupropion hcl (smoking deterrent) tab er 12hr 150 mg | 1 | ACA |
| lofexidine hcl tab 0.18 mg (base equivalent) (Lucemyra) | 1 | |
| nicotine polacrilex gum 2 mg, 4 mg | 1 | ACA, OTC |
| nicotine polacrilex lozenge 2 mg, 4 mg | 1 | ACA, OTC |
| nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr | 1 | ACA, OTC |
| NICOTINE TRANSDERMAL SYST - nicotine td patch 24 hr kit 21-14-7 mg/24hr | 1 | ACA, OTC |
| NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered) | 1 | ACA |
| NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray) | 1 | ACA |
| varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv) | 1 | ACA |
| varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack | 1 | ACA |
| ANALGESICS AND ANESTHETICS | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------|
| ANALGESICS - NON-NARCOTIC | | |
| aspirin chew tab 81 mg | 1 | ACA, OTC |
| aspirin tab delayed release 81 mg | 1 | ACA, OTC |
| ANALGESICS - NARCOTIC | | |
| BRIXADI - buprenorphine extended release soln pref syr 64 mg/0.18ml, 96 mg/0.27ml, 128 mg/0.36ml | 1 | LA, SP |
| BRIXADI - buprenorphine ext rel soln pref syr (weekly) 8 mg/0.16ml, (weekly) 16 mg/0.32ml, (weekly) 24 mg/0.48ml, (weekly) 32 mg/0.64ml | 1 | LA, SP |
| buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv) | 1 | QL (6 tablets/90 days) |
| buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone) | 1 | QL (120 films/30 days) |
| buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (Suboxone) | 1 | QL (60 tablets/30 days) |
| buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv), 12-3 mg (base equiv) (Suboxone) | 1 | QL (60 films/30 days) |
| buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) | 1 | QL (120 tablets/30 days) |
| buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) | 1 | QL (90 tablets/30 days) |
| SUBLOCADE - buprenorphine extended release soln pref syr 100 mg/0.5ml, 300 mg/1.5ml | 1 | LA, SP |
| ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq), 2.9-0.71 mg (base eq), 5.7-1.4 mg (base eq), 11.4-2.9 mg (base eq) | 1 | QL (30 tablets/30 days) |
| ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq) | 1 | QL (90 tablets/30 days) |
| ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq) | 1 | QL (60 tablets/30 days) |
| NUTRITIONAL PRODUCTS | | |
| MINERALS and ELECTROLYTES | | |
| SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf) | 1 | ACA |
| SODIUM FLUORIDE - sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf) | 1 | ACA |
| sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf) | 1 | ACA |
| HEMATOLOGICAL AGENTS | | |
| HEMATOPOIETIC AGENTS | | |
| carbonyl iron susp 15 mg/1.25ml (elemental iron) | 1 | ACA, OTC |
| ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe), 300 mg/5ml (60 mg/5ml elemental fe) | 1 | ACA, OTC |
| folic acid cap 0.8 mg | 1 | ACA, OTC |
| folic acid tab 400 mcg, 800 mcg | 1 | ACA, OTC |
| IRON UP - polysaccharide iron complex liquid 15 mg/0.5ml (fe equiv) | 1 | ACA, OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| NOVAFERRUM PEDIATRIC DROP - polysaccharide iron complex liquid 15 mg/ml (fe equiv) | 1 | ACA, OTC |
| TOPICAL PRODUCTS | | |
| MOUTH/THROAT/DENTAL AGENTS | | |
| sodium fluoride cream 1.1% (Prevident 5000 plus) | 1 | ACA |
| sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride) | 1 | ACA |
| sodium fluoride paste 1.1% (Prevident 5000 boost) | 1 | ACA |
| sodium fluoride rinse 0.2% (Prevident rinse) | 1 | ACA |
| stannous fluoride conc 0.63% | 1 | ACA, OTC |
| stannous fluoride gel 0.4% | 1 | ACA, OTC |
| MISCELLANEOUS PRODUCTS | | |
| ANTIDOTES | | |
| KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml | 1 | |
| naloxone hcl inj 0.4 mg/ml | 1 | |
| naloxone hcl nasal spray 4 mg/0.1ml (Narcan) | 1 | OTC |
| naloxone hcl soln prefilled syringe 0.4 mg/ml, 2 mg/2ml | 1 | |
| NALOXONE HYDROCHLORIDE - naloxone hcl soln cartridge 0.4 mg/ml | 1 | |
| naltrexone hcl tab 50 mg | 1 | |
| OPVEE - nalmeferne hcl nasal spray 2.7 mg/0.1ml (base equiv) | 1 | |
| REXTOVY - naloxone hcl nasal spray 4 mg/0.25ml | 1 | |
| VIVITROL - naltrexone for im extended release susp 380 mg | 1 | SP |
| DIAGNOSTIC PRODUCTS | | |
| CHEMSTRIP-K - acetone (urine) test strip | 1 | OTC |
| CONTOUR BLOOD GLUCOSE TES - glucose blood test strip | 1 | OTC, QL (204 strips/30 days) |
| CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip | 1 | OTC, QL (204 strips/30 days) |
| CONTOUR PLUS BLOOD GLUCOS - glucose blood test strip | 1 | OTC, QL (204 strips/30 days) |
| DIASTIX - glucose urine test-(glucose oxidase) strip | 1 | OTC |
| DIASTIX REAGENT STRIPS - glucose urine test-(glucose oxidase) strip | 1 | OTC |
| FORA GTEL BLOOD KETONE TE - ketone blood test strip | 1 | OTC |
| FORA TEST N' GO ADVANCE/V - ketone blood test strip | 1 | OTC |
| FREESTYLE INSULINX BLOOD - glucose blood test strip | 1 | OTC, QL (204 strips/30 days) |
| FREESTYLE LITE TEST STRIP - glucose blood test strip | 1 | OTC, QL (204 strips/30 days) |
| FREESTYLE PRECISION NEO B - glucose blood test strip | 1 | OTC, QL (204 strips/30 days) |
| FREESTYLE TEST STRIPS - glucose blood test strip | 1 | OTC, QL (204 strips/30 days) |
| GOJJI BLOOD KETONE TEST S - ketone blood test strip | 1 | OTC |
| KETOCARE - acetone (urine) test strip | 1 | OTC |
| KETONE - acetone (urine) test strip | 1 | OTC |
| KETONE TEST STRIPS - acetone (urine) test strip | 1 | OTC |
| KETOSTIX - acetone (urine) test strip | 1 | OTC |
| NOVA MAX PLUS KETONE TEST - ketone blood test strip | 1 | OTC |
| OPTIUMEZ TEST STRIPS - glucose blood test strip | 1 | OTC, QL (204 strips/30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| PRECISION SOF-TACT TEST S - glucose blood test strip | 1 | OTC, QL (204 strips/30 days) |
| PRECISION XTRA BLOOD GLUC - glucose blood test strip | 1 | OTC, QL (204 strips/30 days) |
| RELION KETONE TEST STRIPS - acetone (urine) test strip | 1 | OTC |
| MEDICAL DEVICES | | |
| ACCU-CHEK PLASTIC CARTRID - insulin infusion pump supplies - reservoir | 1 | |
| ACCU-CHEK SPIRIT CARTRIDG - insulin infusion pump supplies - reservoir | 1 | |
| ACCU-CHEK TENDER I INFUSI - insulin infusion pump supplies - infusion set | 1 | |
| ACCU-CHEK ULTRAFLEX INFUS - insulin infusion pump supplies - infusion set | 1 | |
| ACCU-CHEK ULTRAFLEX-1 INF - insulin infusion pump supplies - infusion set | 1 | |
| ADVOCATE ALCOHOL PREP PAD - alcohol swabs | 1 | OTC |
| ALCOHOL PADS - alcohol swabs | 1 | OTC |
| ALCOHOL PREP PAD - alcohol swabs | 1 | OTC |
| ALCOHOL PREP PADS - alcohol swabs | 1 | OTC |
| ALCOHOL PREPS - alcohol swabs | 1 | OTC |
| ALCOHOL SWABS - alcohol swabs | 1 | OTC |
| ALCOHOL SWABSTICKS - alcohol swabs | 1 | OTC |
| AUM ALCOHOL PREP PADS - alcohol swabs | 1 | OTC |
| AUTOSOFT XC INFUSION SET/ - insulin infusion pump supplies - infusion set | 1 | |
| AUTOSOFT 30 INFUSION SET/ - insulin infusion pump supplies - infusion set | 1 | |
| AUTOSOFT 90 INFUSION SET/ - insulin infusion pump supplies - infusion set | 1 | |
| BD SWABS SINGLE USE - alcohol swabs | 1 | OTC |
| CARETOUCH ALCOHOL PREP PA - alcohol swabs | 1 | OTC |
| CAYA - diaphragm arc-spring | 1 | ACA |
| COMFORT TOUCH ALCOHOL PRE - alcohol swabs | 1 | OTC |
| CONDOMS MALE - VARIOUS | 1 | ACA, OTC |
| CONTOUR BLOOD GLUCOSE MON - blood glucose monitoring devices | 1 | OTC |
| CONTOUR HIGH CONTROL - blood glucose calibration - liquid - high | 1 | OTC |
| CONTOUR LOW CONTROL - blood glucose calibration - liquid - low | 1 | OTC |
| CONTOUR NEXT BLOOD GLUCOS - blood glucose monitoring kit w/ device | 1 | OTC |
| CONTOUR NEXT CONTROL LEVE - blood glucose calibration - liquid - normal, - low | 1 | OTC |
| CONTOUR NEXT EZ BLOOD GLU - blood glucose monitoring kit w/ device | 1 | OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring devices | 1 | OTC |
| CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring kit w/ device | 1 | OTC |
| CONTOUR NEXT LINK BLOOD G - blood glucose monitoring kit w/ device | 1 | OTC |
| CONTOUR NEXT LINK WIRELES - blood glucose monitoring kit w/ device | 1 | OTC |
| CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring devices | 1 | OTC |
| CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring kit | 1 | OTC |
| CONTOUR NORMAL CONTROL - blood glucose calibration - liquid - normal | 1 | OTC |
| CONTOUR PLUS BLUE BLOOD G - blood glucose monitoring kit w/ device | 1 | OTC |
| CURITY ALCOHOL PREPS/MEDI - alcohol swabs | 1 | OTC |
| CVS ALCOHOL PREP PADS - alcohol swabs | 1 | OTC |
| CVS PREP PADS - alcohol swabs | 1 | OTC |
| DEXCOM G6 RECEIVER - continuous glucose system receiver | 1 | QL (1 receiver/365 days), ST |
| DEXCOM G6 SENSOR - continuous glucose system sensor | 1 | QL (3 sensors/30 days), ST |
| DEXCOM G6 TRANSMITTER - continuous glucose system transmitter | 1 | QL (1 receiver/90 days), ST |
| DEXCOM G7 RECEIVER - continuous glucose system receiver | 1 | QL (1 receiver/365 days), ST |
| DEXCOM G7 SENSOR - continuous glucose system sensor | 1 | QL (3 sensors/30 days), ST |
| DROPSAFE ALCOHOL PREP PAD - alcohol swabs | 1 | OTC |
| EASY COMFORT ALCOHOL PADS - alcohol swabs | 1 | OTC |
| EASY TOUCH ALCOHOL PREP P - alcohol swabs | 1 | OTC |
| EQL ALCOHOL SWABS - alcohol swabs | 1 | OTC |
| EXTENDED INFUSION SET 23" - insulin infusion pump supplies - infusion set | 1 | |
| EXTENDED INFUSION SET 32" - insulin infusion pump supplies - infusion set | 1 | |
| EXTENDED RESERVOIR 3.0 ML - insulin infusion pump supplies - reservoir | 1 | |
| FC2 FEMALE CONDOM - condoms - female | 1 | ACA, OTC |
| FEMCAP - cervical cap 22 mm, 26 mm, 30 mm | 1 | ACA |
| FIFTY50 ALCOHOL PREP PADS - alcohol swabs | 1 | OTC |
| FREESTYLE CONTROL SOLUTIO - blood glucose calibration - liquid | 1 | OTC |
| FREESTYLE FREEDOM LITE - blood glucose monitoring kit w/ device | 1 | OTC |
| FREESTYLE LITE BLOOD GLUC - blood glucose monitoring devices | 1 | OTC |
| FREESTYLE LITE BLOOD GLUC - blood glucose monitoring kit w/ device | 1 | OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------|
| FREESTYLE PRECISION NEO B - blood glucose monitoring kit w/ device | 1 | OTC |
| GLOBAL ALCOHOL PREP EASE - alcohol swabs | 1 | OTC |
| GLUCOPRO SYRINGE RESERVOIR - insulin infusion pump supplies - reservoir | 1 | |
| GNP ALCOHOL SWABS - alcohol swabs | 1 | OTC |
| GOODSENSE ALCOHOL SWABS - alcohol swabs | 1 | OTC |
| H-E-B INCONTROL ALCOHOL P - alcohol swabs | 1 | OTC |
| ILET INSULIN INFUSION KIT - insulin infusion pump supplies | 1 | PA, QL (1 kit/30 days) |
| ILET INSULIN PUMP - insulin infusion pump - device | 1 | PA, QL (1 kits/720 days) |
| ILET STARTER KIT - CONTACT - insulin infusion pump supplies | 1 | PA, QL (1 kit/720 days) |
| ILET STARTER KIT - INSET - insulin infusion pump supplies | 1 | PA, QL (1 kit/720 days) |
| INSULIN PEN NEEDLES - VARIOUS | 1 | OTC |
| INSULIN SYRINGES - VARIOUS | 1 | OTC |
| LANCETS - VARIOUS | 1 | OTC |
| MEDISENSE GLUCOSE KETONE - blood glucose calibration - liquid | 1 | OTC |
| MEDISENSE HIGH/MID/LOW CO - blood glucose calibration - liquid | 1 | OTC |
| MEIJER ALCOHOL SWABS EXTR - alcohol swabs | 1 | OTC |
| MINIMED MIO ADVANCE INFUSION - insulin infusion pump supplies - infusion set | 1 | |
| MINIMED PUMP RESERVOIR 3M - insulin infusion pump supplies - reservoir | 1 | |
| MINIMED QUICK SET INFUSION - insulin infusion pump supplies - infusion set | 1 | |
| MINIMED RESERVOIR 1.8ML - insulin infusion pump supplies - reservoir | 1 | |
| MINIMED RESERVOIR 3ML - insulin infusion pump supplies - reservoir | 1 | |
| MINIMED SENSOR - glucose monitoring sensor noninvasive device | 1 | |
| MINIMED SILHOUETTE INFUSION - insulin infusion pump supplies - infusion set | 1 | |
| MISC NEEDLES and SYRINGES - VARIOUS | 1 | OTC |
| MODD1 PATIENT WELCOME KIT - insulin infusion disposable pump kit | 1 | |
| MODD1 SUPPLY KIT - insulin infusion disposable pump reservoir/infusion set kit | 1 | PA, QL (1 kit/30 days) |
| OMNIFLEX DIAPHRAGM - diaphragms | 1 | ACA |
| OMNIPOD DASH INTRO KIT (GEN 4) - insulin infusion disposable pump kit | 1 | PA, QL (1 kit/720 days) |
| OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir | 1 | PA, QL (30 pods/30 days) |
| OMNIPOD POD PALS - insulin infusion disposable pump - accessories | 1 | OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------|
| OMNIPOD 5 DEXCOM G7G6 INT - insulin infusion disposable pump kit | 1 | PA, QL (1 kit/720 days) |
| OMNIPOD 5 DEXCOM G7G6 POD - insulin infusion disposable pump reservoir | 1 | PA, QL (30 pods/30 days) |
| OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump reservoir | 1 | PA, QL (30 pods/30 days) |
| OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump kit | 1 | PA, QL (1 kit/720 days) |
| PARADIGM SILHOUETTE INFUS - insulin infusion pump supplies - infusion set | 1 | |
| PHARMACIST CHOICE ALCOHOL - alcohol swabs | 1 | OTC |
| PRECISION GLUCOSE KETONE - blood glucose calibration - liquid | 1 | OTC |
| PRO COMFORT ALCOHOL PADS - alcohol swabs | 1 | OTC |
| PURE COMFORT ALCOHOL PREP - alcohol swabs | 1 | OTC |
| QC ALCOHOL SWABS - alcohol swabs | 1 | OTC |
| RA ALCOHOL SWABS - alcohol swabs | 1 | OTC |
| REALITY SWABS - alcohol swabs | 1 | OTC |
| RELION ALCOHOL SWABS - alcohol swabs | 1 | OTC |
| SAPS CARE ALCOHOL PREP PA - alcohol swabs | 1 | OTC |
| SAPS HEALTH ALCOHOL PREP - alcohol swabs | 1 | OTC |
| SAPS HEALTH CARE ALCOHOL - alcohol swabs | 1 | OTC |
| SB ALCOHOL PREP PADS - alcohol swabs | 1 | OTC |
| SILHOUETTE INFUSION SET 1 - insulin infusion pump supplies - infusion set | 1 | |
| SILHOUETTE INFUSION SET 2 - insulin infusion pump supplies - infusion set | 1 | |
| SILHOUETTE INFUSION SET 4 - insulin infusion pump supplies - infusion set | 1 | |
| SM ALCOHOL PREP PADS - alcohol swabs | 1 | OTC |
| SURE COMFORT ALCOHOL PREP - alcohol swabs | 1 | OTC |
| SURE T INFUSION SET 18"/6 - insulin infusion pump supplies - infusion set | 1 | |
| SURE T INFUSION SET 23"/1 - insulin infusion pump supplies - infusion set | 1 | |
| SURE T INFUSION SET 23"/6 - insulin infusion pump supplies - infusion set | 1 | |
| SURE T INFUSION SET 23"/8 - insulin infusion pump supplies - infusion set | 1 | |
| SURE T INFUSION SET 32"/1 - insulin infusion pump supplies - infusion set | 1 | |
| SURE T INFUSION SET 32"/6 - insulin infusion pump supplies - infusion set | 1 | |
| SURE T INFUSION SET 32"/8 - insulin infusion pump supplies - infusion set | 1 | |
| T:FLEX T:LOCK INSULIN CAR - insulin infusion pump supplies - reservoir | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------|
| T:SLIM X2 3 ML CARTRIDGE - insulin infusion pump supplies - reservoir | 1 | |
| T:SLIM X2 3ML CARTRIDGE - insulin infusion pump supplies - reservoir | 1 | |
| TANDEM MOBI AUTOSOFT XC S - insulin infusion pump supplies - infusion set | 1 | |
| TANDEM MOBI AUTOSOFT 30 S - insulin infusion pump supplies - infusion set | 1 | |
| TANDEM MOBI AUTOSOFTXC 14 - insulin infusion pump supplies - infusion set | 1 | |
| TANDEM MOBI AUTOSOFT30 14 - insulin infusion pump supplies - infusion set | 1 | |
| TANDEM MOBI TRUSTEEL SUPP - insulin infusion pump supplies - infusion set | 1 | |
| TRUE COMFORT ALCOHOL PREP - alcohol swabs | 1 | OTC |
| TRUE COMFORT PRO ALCOHOL - alcohol swabs | 1 | OTC |
| TRUSTEEL INFUSION SET/23" - insulin infusion pump supplies - infusion set | 1 | |
| TRUSTEEL INFUSION SET/32" - insulin infusion pump supplies - infusion set | 1 | |
| TWIIST REFILL KIT - insulin infusion disposable pump reservoir kit | 1 | PA, QL (1 kit/30 days) |
| TWIIST REFILL KIT/INFUSIO - insulin infusion disposable pump reservoir/infus set kit | 1 | PA, QL (1 kit/30 days) |
| TWIIST STARTER KIT - insulin infusion disposable pump kit | 1 | PA, QL (1 kit/720 days) |
| ULTICARE ALCOHOL SWABS - alcohol swabs | 1 | OTC |
| ULTILET ALCOHOL SWABS - alcohol swabs | 1 | OTC |
| ULTRA-CARE ALCOHOL PREP P - alcohol swabs | 1 | OTC |
| V-GO 20 - insulin infusion disposable pump kit 20 unit/24hr | 1 | PA, QL (30 systems/30 days) |
| V-GO 30 - insulin infusion disposable pump kit 30 unit/24hr | 1 | PA, QL (30 systems/30 days) |
| V-GO 40 - insulin infusion disposable pump kit 40 unit/24hr | 1 | PA, QL (30 systems/30 days) |
| VARISOFT INFUSION SET/23" - insulin infusion pump supplies - infusion set | 1 | |
| VARISOFT INFUSION SET/32" - insulin infusion pump supplies - infusion set | 1 | |
| VARISOFT INFUSION SET/43" - insulin infusion pump supplies - infusion set | 1 | |
| WEBCOL ALCOHOL PREP LARGE - alcohol swabs | 1 | OTC |
| WEBCOL ALCOHOL PREP MEDIU - alcohol swabs | 1 | OTC |
| WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm | 1 | ACA |
| ZEVRX STERILE ALCOHOL PRE - alcohol swabs | 1 | OTC |

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| LYUMJEV..... | 7 | norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, | |
| LYUMJEV KWIKPEN..... | 8 | 0.5 mg-35 mcg, 1 mg-35 mcg..... | 4 |
| LYUMJEV TEMPO PEN..... | 8 | norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 | |
| M | | mcg, 1.5 mg-30 mcg..... | 4 |
| MEDICINE SHOPPE GLUCOSE..... | 6 | norethindrone ace & ethinyl estradiol tab 1 mg-20 | |
| MEDISENSE GLUCOSE KETONE..... | 14 | mcg, 1.5 mg-30 mcg..... | 4 |
| MEDISENSE HIGH/MID/LOW CO..... | 14 | norethindrone ace-eth estradiol-fe chew tab 1 mg-20 | |
| medroxyprogesterone acetate im susp 150 mg/ml..... | 4 | mcg (24)..... | 4 |
| medroxyprogesterone acetate im susp prefilled syr | | norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 | |
| 150 mg/ml..... | 4 | mcg (24)..... | 4 |
| MEIJER ALCOHOL SWABS EXTR..... | 14 | norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 | |
| MEIJER GLUCOSE..... | 6 | mg-mcg..... | 4 |
| MENQUADFI..... | 2 | norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 | |
| MENVEO..... | 2 | mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg..... | 4 |
| metformin hcl tab er 24hr 500 mg..... | 6 | norethindrone tab 0.35 mg..... | 4 |
| metformin hcl tab er 24hr 750 mg..... | 6 | norgestimate & ethinyl estradiol tab 0.25 mg-35 | |
| metformin hcl tab 500 mg, 850 mg, 1000 mg..... | 6 | mcg..... | 4 |
| mifepristone tab 300 mg..... | 6 | norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 | |
| MIGLITOL..... | 6 | mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg..... | 4 |
| MINIMED MIO ADVANCE INFUS..... | 14 | norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg..... | 4 |
| MINIMED PUMP RESERVOIR 3M..... | 14 | NOVAFERRUM PEDIATRIC DROP..... | 11 |
| MINIMED QUICK SET INFUSIO..... | 14 | NOVA MAX PLUS KETONE TEST..... | 11 |
| MINIMED RESERVOIR 1.8ML..... | 14 | NOVAVAX COVID-19 VACCINE/..... | 2 |
| | | NOVOLIN 70/30..... | 8 |
| | | NOVOLIN 70/30 FLEXPEN..... | 8 |

| | |
|--|-----------|
| NOVOLIN N..... | 8 |
| NOVOLIN N FLEXPEN..... | 8 |
| NOVOLIN R..... | 8 |
| NOVOLIN R FLEXPEN..... | 8 |
| NOVOLOG..... | 8 |
| NOVOLOG FLEXPEN..... | 8 |
| NOVOLOG MIX 70/30..... | 8 |
| NOVOLOG MIX 70/30 PREFILL..... | 8 |
| NOVOLOG PENFILL..... | 8 |
| NUVARING..... | 4 |
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| OMNIFLEX DIAPHRAGM..... | 14 |
| OMNIPOD DASH INTRO KIT (G..... | 14 |
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| OMNIPOD 5 DEXCOM G7G6 POD..... | 15 |
| OMNIPOD 5 LIBRE2 PLUS G6..... | 15 |
| OMNIPOD POD PALS..... | 14 |
| OPTIONS GYNOL II VAGINAL..... | 9 |
| OPTIUMEZ TEST STRIPS..... | 11 |
| OPVEE..... | 11 |
| OZEMPIC..... | 6 |
| P | |
| PARADIGM SILHOUETTE INFUS..... | 15 |
| PEDIARIX..... | 3 |
| PEDVAX HIB..... | 2 |
| peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 | |
| gm..... | 9 |
| peg 3350-kcl-sod bicarb-nacl for soln 420 gm..... | 9 |
| PENBRAYA..... | 2 |
| PENMENVY..... | 2 |
| PENTACEL..... | 3 |
| PFIZER-BIONTECH COVID-19..... | 2 |
| PHARMACIST CHOICE ALCOHOL..... | 15 |
| PHEXXI..... | 9 |
| pioglitazone hcl-metformin hcl tab 15-500 mg..... | 6 |
| pioglitazone hcl-metformin hcl tab 15-850 mg..... | 6 |
| pioglitazone hcl tab 15 mg (base equiv), 30 mg (base | |
| equiv), 45 mg (base equiv)..... | 6 |
| PNEUMOVAX 23..... | 2 |
| pravastatin sodium tab 10 mg, 20 mg, 40 mg, 80 | |
| mg..... | 9 |
| PRECISION GLUCOSE KETONE..... | 15 |
| PRECISION SOF-TACT TEST S..... | 12 |
| PRECISION XTRA BLOOD GLUC..... | 12 |
| PREFERRED PLUS GLUCOSE..... | 6 |
| PREVNAR 20..... | 2 |
| PRIORIX..... | 2 |
| PRO COMFORT ALCOHOL PADS..... | 15 |
| PROQUAD..... | 2 |
| PURE COMFORT ALCOHOL PREP..... | 15 |
| Q | |
| QC ALCOHOL SWABS..... | 15 |
| QUADRACEL..... | 3 |
| R | |
| RA ALCOHOL SWABS..... | 15 |
| raloxifene hcl tab 60 mg..... | 9 |
| RA TRUEPLUS GLUCOSE..... | 6 |
| REALITY SWABS..... | 15 |
| RECOMBIVAX HB..... | 2 |
| RELION ALCOHOL SWABS..... | 15 |
| RELION GLUCOSE..... | 6 |
| RELION KETONE TEST STRIPS..... | 12 |
| repaglinide tab 0.5 mg, 1 mg, 2 mg..... | 6 |
| REXTOVY..... | 11 |
| rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 | |
| mg..... | 9 |
| ROTARIX..... | 3 |
| ROTATEQ..... | 3 |
| RYBELSUS..... | 6 |
| S | |
| SAPS CARE ALCOHOL PREP PA..... | 15 |
| SAPS HEALTH ALCOHOL PREP..... | 15 |
| SAPS HEALTH CARE ALCOHOL..... | 15 |
| SB ALCOHOL PREP PADS..... | 15 |
| SEMGLEE..... | 8 |
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| SILHOUETTE INFUSION SET 1..... | 15 |
| SILHOUETTE INFUSION SET 2..... | 15 |
| SILHOUETTE INFUSION SET 4..... | 15 |
| SM ALCOHOL PREP PADS..... | 15 |
| SODIUM FLUORIDE..... | 10 |
| sodium fluoride chew tab 0.25 mg f (from 0.55 mg | |
| naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg | |
| naf)..... | 10 |
| sodium fluoride cream 1.1%..... | 11 |
| sodium fluoride gel 1.1% (0.5% f)..... | 11 |
| sodium fluoride paste 1.1%..... | 11 |
| sodium fluoride rinse 0.2%..... | 11 |
| SOLIQUA 100/33..... | 6 |
| SPIKEVAX COVID-19 VACCINE..... | 3 |
| stannous fluoride conc 0.63%..... | 11 |
| stannous fluoride gel 0.4%..... | 11 |
| SUBLOCADE..... | 10 |
| SURE COMFORT ALCOHOL PREP..... | 15 |
| SURE T INFUSION SET 18"/6..... | 15 |
| SURE T INFUSION SET 23"/1..... | 15 |
| SURE T INFUSION SET 23"/6..... | 15 |
| SURE T INFUSION SET 23"/8..... | 15 |
| SURE T INFUSION SET 32"/1..... | 15 |
| SURE T INFUSION SET 32"/6..... | 15 |
| SURE T INFUSION SET 32"/8..... | 15 |
| SYNJARDY..... | 7 |
| SYNJARDY XR..... | 7 |
| T | |
| T:FLEX T:LOCK INSULIN CAR..... | 15 |
| T:SLIM X2 3 ML CARTRIDGE..... | 16 |
| T:SLIM X2 3ML CARTRIDGE..... | 16 |

| | | | |
|---|----------|---------------------------------|----|
| tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent) | 3 | X | |
| TANDEM MOBI AUTOSOFT30 14..... | 16 | XIGDUO XR..... | 7 |
| TANDEM MOBI AUTOSOFT 30 S..... | 16 | XULTOPHY 100/3.6..... | 7 |
| TANDEM MOBI AUTOSOFTXC 14..... | 16 | Y | |
| TANDEM MOBI AUTOSOFT XC S..... | 16 | Z | |
| TANDEM MOBI TRUSTEEL SUPP..... | 16 | ZEGALOGUE..... | 7 |
| TENIVAC..... | 3 | ZEV RX STERILE ALCOHOL PRE..... | 16 |
| TODAY SPONGE..... | 9 | ZUBSOLV..... | 10 |
| TOUJEO MAX SOLOSTAR..... | 9 | | |
| TOUJEO SOLOSTAR..... | 9 | | |
| TRESIBA..... | 9 | | |
| TRESIBA FLEXTOUCH..... | 9 | | |
| TRIJARDY XR..... | 7 | | |
| TRUE COMFORT ALCOHOL PREP..... | 16 | | |
| TRUE COMFORT PRO ALCOHOL..... | 16 | | |
| TRUEPLUS GLUCOSE..... | 7 | | |
| TRUEPLUS GLUCOSE GEL..... | 7 | | |
| TRULICITY..... | 7 | | |
| TRUMENBA..... | 3 | | |
| TRUSTEEL INFUSION SET/23"..... | 16 | | |
| TRUSTEEL INFUSION SET/32"..... | 16 | | |
| TWIIST REFILL KIT..... | 16 | | |
| TWIIST REFILL KIT/INFUSIO..... | 16 | | |
| TWIIST STARTER KIT..... | 16 | | |
| TWINRIX..... | 3 | | |
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| ULTICARE ALCOHOL SWABS..... | 16 | | |
| ULTILET ALCOHOL SWABS..... | 16 | | |
| ULTRA-CARE ALCOHOL PREP P..... | 16 | | |
| V | | | |
| VALUE PLUS GLUCOSE..... | 7 | | |
| VAQTA..... | 3 | | |
| varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv) | 9 | | |
| varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack | 9 | | |
| VARISOFT INFUSION SET/23"..... | 16 | | |
| VARISOFT INFUSION SET/32"..... | 16 | | |
| VARISOFT INFUSION SET/43"..... | 16 | | |
| VARIVAX..... | 3 | | |
| VAXELIS..... | 3 | | |
| VAXNEUVANCE..... | 3 | | |
| VCF VAGINAL CONTRACEPTIVE..... | 9 | | |
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| V-GO 30..... | 16 | | |
| V-GO 40..... | 16 | | |
| VIVITROL..... | 11 | | |
| W | | | |
| WALGREENS GLUCOSE..... | 7 | | |
| WEBCOL ALCOHOL PREP LARGE..... | 16 | | |
| WEBCOL ALCOHOL PREP MEDIU..... | 16 | | |
| WIDE-SEAL SILICONE DIAPHR..... | 16 | | |

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