EmblemHealth®

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.)

2027 Formulary (List of Covered Drugs)

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

This formulary was updated on **Jan. 1, 2027**. 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.

EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

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2027 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 **Jan. 1, 2027**. 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 20. Generic drugs are shown in lower-case boldface type. Most generic drugs are followed by a reference brand drug in (parentheses). Some generic products have no reference brand.

Brand prescription drugs are shown in capital letters followed by the generic name.

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

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.

FF: This product is currently affected by the Frozen Formulary mandate. Coverage, copay, and utilization management may change due to frozen formulary depending on your group's renewal date.

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

OTC: Over the Counter. An OTC drug is a non-prescription drug.

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.

SP: Specialty Drugs. Specialty drugs may require special handling, patient monitoring, and unique education prior to use.

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.

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.

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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 fòma aksesib yo disponib gratis tou. Rele nan **877-411-3625** (TTY: **711**) oswa pale avèk founisè w la.

한국어 (Korean) 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. **877-411-3625** (TTY: **711**) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

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.

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

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বাংলা (Bengali) মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। **877-411-3625** (TTY: **711**) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

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. اتصل 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 رسائی فارمیٹ میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ (TTY: **711**) **877-411-3625** پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo 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)
YEZTUGO - lenacapavir sodium tab 300 mg (prophylaxis)	1	ACA, SP
YEZTUGO - lenacapavir sodium subcut soln 463.5 mg/1.5ml (prophylaxis)	1	ACA, SP
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
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 2026-27 - covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	1	ACA
COMIRNATY/5-11Y/2026-27 - covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 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 2026-2027 - influenza vac type a&b surface ant adj susp pref syr 0.5 ml	1	ACA
FLUARIX 2026-2027 - influenza virus vaccine split pf susp pref syringe 0.5 ml	1	ACA
FLUBLOK 2026-2027 - influenza virus vacc recombinant ha pf soln pref syr 0.5 ml	1	ACA
FLUCELVAX 2026-2027 - influenza virus vac tiss-cult subunit susp pref syr 0.5 ml	1	ACA
FLULAVAL 2026-2027 - 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 2026-20 - influenza virus vac split high-dose pf susp pref syr 0.5ml	1	ACA
FLUZONE 2026-2027 - influenza virus vaccine split pf susp pref syringe 0.5 ml	1	ACA
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	1	ACA

Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	1	ACA
HAVRIX - hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml, 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 inj susp	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
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	1	ACA
NUVAXOVID COVID-19 VACCIN - covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml	1	ACA
PEDVAXHIB - 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
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
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 recomb adjuvanted im susp pref syr 50 mcg/0.5ml	1	ACA
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml	1	ACA

Drug Name	Drug Tier	Requirements/Limits
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
VAQTA - hepatitis a vaccine susp prefilled syr 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
ADACEL - tet-diph-acell pertuss ad pref syr 5-2-15.5 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 lf/0.5ml	1	ACA
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	1	ACA
PASSIVE IMMUNIZING AGENTS		
BEYFORTUS - nirsevimab-alip im soln prefilled syringe 50 mg/0.5ml, 100 mg/ml	1	ACA, SP
ENFLONSIA - clesrovimab-cfor im soln prefilled syringe 105 mg/0.7ml	1	ACA, SP
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTICS		
anastrozole tab 1 mg (Arimidex)	1	ACA
exemestane tab 25 mg (Aromasin)	1	ACA
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	1	ACA
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	1	ACA
ENDOCRINE AND METABOLIC DRUGS		
CONTRACEPTIVES		

Drug Name	Drug Tier	Requirements/Limits
ARANELLE - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	1	ACA
DEPO-PROVERA CONTRACEPTIV - medroxyprogesterone acetate im susp 150 mg/ml	1	ACA
DEPO-PROVERA CONTRACEPTIV - medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	1	ACA
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	1	ACA
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
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
ELLA - ulipristal acetate tab 30 mg	1	ACA
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1	ACA
KYLEENA - levonorgestrel releasing iud 17.5 mcg/day (19.5 mg total)	1	ACA, LA
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
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Balcoltra)	1	ACA
LILETTA - levonorgestrel iud 20.1 mcg/day (initial) (52 mg total)	1	ACA, LA
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
MIRENA - levonorgestrel iud 21 mcg/day (initial) (52 mg total)	1	ACA, LA
MIUDELLA - copper iud	1	ACA
NEXPLANON - etonogestrel subdermal implant 68 mg	1	ACA, LA
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

Drug Name	Drug Tier	Requirements/Limits
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 cap 1 mg-20 mcg (24) (Taytulla)	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	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
OPILL - norgestrel tab 0.075 mg	1	ACA, OTC
PARAGARD INTRAUTERINE COP - copper iud	1	ACA, LA
SKYLA - levonorgestrel releasing iud 14 mcg/day (13.5 mg total)	1	ACA, LA
VALTYA 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1	ACA
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	1	ACA
ANTIDIABETICS		
Antidiabetics		
acarbose tab 25 mg, 50 mg, 100 mg	1	
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
dapagliflozin tab 5 mg, 10 mg (Farxiga)	1	QL (30 tablets/30 days)
dapagliflozin-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg (Xigduo xr)	1	QL (30 tablets/30 days)
dapagliflozin-metformin hcl tab er 24hr 5-1000 mg (Xigduo xr)	1	QL (60 tablets/30 days)
diazoxide susp 50 mg/ml (Proglycem)	1	
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 EMERGENCY KIT FO - glucagon hcl for inj 1 mg	1	
glucagon for inj 1 mg	1	
GLUCOSE - glucose oral liquid 15 gm/60ml	1	OTC

Drug Name	Drug Tier	Requirements/Limits
GLUCOSE - glucose gel 15 gm/33gm	1	OTC
glucose chew tab 2 gm (carb equiv), 4 gm (rounded)	1	OTC
glucose gel 40%	1	OTC
GLUCOSE LIQUID - glucose oral liquid 15 gm/59ml	1	OTC
glucose-vitamin c chew tab 4-6 gm-mg	1	OTC
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
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	
INSTA-GLUCOSE - glucose gel 77.4%	1	OTC
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
MEDICINE SHOPPE GLUCOSE - glucose chew tab 4 gm (rounded)	1	OTC
metformin hcl tab er 24hr 500 mg, 750 mg	1	
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, 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)
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)
OZEMPIC - semaglutide tab 1.5 mg	1	PA, QL (30 tablets/180 days)
OZEMPIC - semaglutide tab 4 mg, 9 mg	1	PA, QL (30 tablets/30 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
repaglinide tab 0.5 mg, 1 mg, 2 mg	1	
sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Januvia)	1	QL (30 tablets/30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg (Janumet xr)	1	QL (30 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg (Janumet xr)	1	QL (60 tablets/30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg, 50-1000 mg (Janumet)	1	QL (60 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	1	QL (6 pens/30 days)
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 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)
WALGREENS GLUCOSE - glucose chew tab 4 gm (rounded)	1	OTC
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg	1	QL (60 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)
Rapid-Acting Insulins		
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	1	QL (10 vials/30 days)
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	1	QL (33 pens/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 (33 cartridges/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 (33 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	1	QL (33 pens/30 days)
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	1	QL (10 vials/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	1	QL (33 pens/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	1	QL (33 pens/30 days)
NOVOLOG - insulin aspart inj soln 100 unit/ml	1	QL (10 vials/30 days)
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	1	QL (33 pens/30 days)

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	1	QL (33 cartridges/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 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	FF, OTC, QL (33 pens/30 days)
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	1	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 (33 pens/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	1	QL (10 vials/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	1	QL (33 pens/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	1	OTC, QL (10 vials/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	1	OTC, QL (33 pens/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 (33 pens/30 days)
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	1	OTC, QL (10 vials/30 days)
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	1	OTC, QL (33 pens/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 (33 pens/30 days)
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	1	QL (10 vials/30 days)
NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	1	QL (33 pens/30 days)
Basal Insulins		
INSULIN GLARGINE-YFGN - insulin glargine-yfgn soln pen-injector 100 unit/ml	1	QL (33 pens/30 days)
INSULIN GLARGINE-YFGN - insulin glargine-yfgn inj 100 unit/ml	1	QL (10 vials/30 days)
SEMGLEE - insulin glargine-yfgn soln pen-injector 100 unit/ml	1	QL (33 pens/30 days)
SEMGLEE - insulin glargine-yfgn inj 100 unit/ml	1	QL (10 vials/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	1	QL (33 pens/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	1	QL (66 pens/30 days)

Drug Name	Drug Tier	Requirements/Limits
TRESIBA - insulin degludec inj 100 unit/ml	1	QL (10 vials/30 days)
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	1	QL (33 pens/30 days)
ENDOCRINE and METABOLIC AGENTS - MISC.		
raloxifene hcl tab 60 mg (Evista)	1	ACA
CARDIOVASCULAR AGENTS		
ANTIHYPERLIPIDEMICS		
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent) (Lipitor)	1	ACA
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)	1	ACA
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	1	ACA
lovastatin tab 10 mg, 20 mg, 40 mg	1	ACA
pitavastatin calcium tab 1 mg, 2 mg, 4 mg (Livalo)	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
simvastatin tab 5 mg	1	ACA
simvastatin tab 10 mg, 20 mg, 40 mg (Zocor)	1	ACA
GASTROINTESTINAL AGENTS		
LAXATIVES		
bisacodyl tab delayed release 5 mg	1	ACA, OTC
GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	1	ACA
magnesium citrate soln	1	ACA, OTC
magnesium hydroxide susp 400 mg/5ml	1	ACA, OTC
MILK OF MAGNESIA CONCENTR - magnesium hydroxide susp concentrate 2400 mg/10ml	1	ACA, OTC
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1	ACA
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	1	ACA
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	ACA
PEG-PREP - bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	1	ACA
polyethylene glycol 3350 oral powder 17 gm/scoop	1	ACA, OTC
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)	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
PHEXX - 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

Drug Name	Drug Tier	Requirements/Limits
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5%	1	ACA, OTC
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 gel 4%	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
CHANTIX - varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	1	ACA
CHANTIX CONTINUING MONTH - varenicline tartrate tab 1 mg (base equiv)	1	ACA
CHANTIX STARTING MONTH PA - varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	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 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		
ANALGESICS - NON-NARCOTIC		
aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg	1	ACA, OTC
aspirin chew tab 81 mg	1	ACA, OTC
aspirin tab delayed release 81 mg, 325 mg	1	ACA, OTC
aspirin tab 325 mg	1	ACA, OTC
ECOTRIN REGULAR STRENGTH - aspirin tab delayed release 325 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)

Drug Name	Drug Tier	Requirements/Limits
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		
MULTIVITAMINS		
b-complex w/ c & folic acid tab	1	ACA, OTC
b-complex w/ c & folic acid tab 0.8 mg	1	ACA, OTC
b-complex w/ c tab	1	ACA, OTC
b-complex w/ folic acid tab	1	ACA, OTC
b-complex w/biotin & folic acid cap	1	ACA, OTC
b-complex w/biotin & folic acid tab	1	ACA, OTC
B-COMPLEX/VITAMIN C/FOLIC - b-complex w/ c-biotin-vit e & folic acid tab 0.4 mg	1	ACA, OTC
CLASSIC PRENATAL - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	1	ACA, OTC
CVS PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-0.8 mg	1	ACA, OTC
CVS PRENATAL MULTI+DHA - prenatal mv & min w/fe fum-fa-dha cap 27-0.8-250 mg	1	ACA, OTC
CVS PRENATAL MULTIVITAMIN - prenatal mv & min w/fe fum-fa-dha cap 27-0.8-250 mg	1	ACA, OTC
DAILY VITE MULTIVITAMIN/I - multiple vitamins w/ iron tab	1	ACA, OTC
FLOTREX - pediatric multiple vitamins w/ fluoride chew tab 0.25 mg, 0.5 mg, 1 mg	1	ACA
FT PRENATAL/FOLIC ACID - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	1	ACA, OTC
GNP PRENATAL - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	1	ACA, OTC
GNP PRENATAL/FOLIC ACID - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	1	ACA, OTC
MINI MULTI VITAMINS/IRON - multiple vitamins w/ iron tab	1	ACA, OTC
MULTI VITAMIN WITH IRON - multiple vitamins w/ iron tab	1	ACA, OTC
MULTI-VITAMIN/FLUORIDE DR - pediatric multiple vitamin w/ fluoride susp 0.25 mg/ml	1	ACA
MULTI-VITAMIN/FLUORIDE DR - pediatric multiple vitamins w/ fluoride susp 0.5 mg/ml	1	ACA
MULTI-VITAMINS/IRON - multiple vitamins w/ iron tab	1	ACA, OTC
multiple vitamins w/ iron tab	1	ACA, OTC
MULTIPLE VITAMINS/IRON - multiple vitamins w/ iron tab	1	ACA, OTC
MULTIVITAMIN PLUS IRON AD - multiple vitamins w/ iron tab	1	ACA, OTC
MULTIVITAMIN/FLUORIDE - pediatric multiple vitamins w/ fluoride chew tab 0.25 mg, 0.5 mg, 1 mg	1	ACA

Drug Name	Drug Tier	Requirements/Limits
NAT-RUL DAILY-VITE + IRON - multiple vitamins w/ iron tab	1	ACA, OTC
ONE DAILY MULTIVITAMIN/IR - multiple vitamins w/ iron tab	1	ACA, OTC
ONE-DAILY MULTI-VITAMIN/I - multiple vitamins w/ iron tab	1	ACA, OTC
ONE-DAILY/IRON - multiple vitamins w/ iron tab	1	ACA, OTC
PRENATAL - prenatal multivitamins & minerals w/iron & fa tab 0.8 mg	1	ACA, OTC
PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-0.8 mg, 28-0.8 mg	1	ACA, OTC
PRENATAL AND IRON - prenatal multivitamins & minerals w/iron & fa tab 0.8 mg	1	ACA, OTC
PRENATAL COMPLETE - prenatal vit w/ fe fumarate-fa tab 14-0.4 mg	1	ACA, OTC
PRENATAL MULTI + DHA - prenatal mv & min w/fe fum-fa-dha cap 27-0.8-250 mg	1	ACA, OTC
PRENATAL MULTIVITAMIN - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	1	ACA, OTC
PRENATAL MULTIVITAMIN PLU - prenatal multivitamins & minerals w/iron & fa tab 0.8 mg	1	ACA, OTC
PRENATAL ONE DAILY - prenatal vit w/ fe fumarate-fa tab 27-0.8 mg	1	ACA, OTC
PRENATAL VITAMIN & MINERA - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	1	ACA, OTC
PRENATAL VITAMINS - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	1	ACA, OTC
QC DAILY MULTIVITAMINS/IR - multiple vitamins w/ iron tab	1	ACA, OTC
SOLUVITA - pediatric vitamins acd w/ fluoride soln 0.25 mg/ml	1	ACA, OTC
STRESS B COMPLEX/IRON - multiple vitamins w/ iron tab	1	ACA, OTC
STRESS FORMULA/IRON - multiple vitamins w/ iron tab	1	ACA, OTC
TAB-A-VITE MULTIVITAMIN/I - multiple vitamins w/ iron tab	1	ACA, OTC
TRI-VITE/FLUORIDE - pediatric vitamins acd w/ fluoride soln 0.25 mg/ml, 0.5 mg/ml	1	ACA
vitamins w/ lipotropics tab	1	ACA, OTC
MINERALS and ELECTROLYTES		
FLUORIDE - 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
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 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
SODIUM FLUORIDE - sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	1	ACA, OTC
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

Drug Name	Drug Tier	Requirements/Limits
folic acid cap 0.8 mg	1	ACA, OTC
folic acid tab 400 mcg, 800 mcg	1	ACA, OTC
FOLITAB 500 - ferrous sulfate-vit c-folic acid tab er 105-500-0.8 mg	1	ACA, OTC
FOLTABS 800 - folic acid-vitamin b6-vitamin b12 tab 0.8-10-0.115 mg	1	ACA, OTC
IRON UP - polysaccharide iron complex liquid 15 mg/0.5ml (fe equiv)	1	ACA, OTC
NOVAFERRUM PEDIATRIC DROP - polysaccharide iron complex liquid 15 mg/ml (fe equiv)	1	ACA, OTC
TRICON - fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg	1	ACA
TOPICAL PRODUCTS		
MOUTH/THROAT/DENTAL AGENTS		
CLINPRO 5000 - sodium fluoride paste 1.1%	1	ACA
DENTA 5000 PLUS - sodium fluoride cream 1.1%	1	ACA
DENTA 5000 PLUS SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	1	ACA
DENTAGEL - sodium fluoride gel 1.1% (0.5% f)	1	ACA
EASYGEL - stannous fluoride gel 0.4%	1	ACA
FLUORIDEX DAILY DEFENSE - sodium fluoride paste 1.1%	1	ACA
FLUORIDEX DAILY RENEWAL - stannous fluoride conc 0.63%	1	ACA
FLUORIDEX ENHANCED WHITEN - sodium fluoride paste 1.1%	1	ACA
FLUORIDEX SENSITIVITY REL - sodium fluoride-potassium nitrate gel 1.1-5%	1	ACA
FLUORIMAX 5000 - sodium fluoride paste 1.1%	1	ACA
FLUORIMAX 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	1	ACA
JUST RIGHT 5000 - sodium fluoride paste 1.1%	1	ACA
PREVIDENT FLUORIDE - sodium fluoride gel 1.1% (0.5% f)	1	ACA
PREVIDENT RINSE - sodium fluoride rinse 0.2%	1	ACA
PREVIDENT 5000 BOOSTER PL - sodium fluoride paste 1.1%	1	ACA
PREVIDENT 5000 DRY MOUTH - sodium fluoride gel 1.1% (0.5% f)	1	ACA
PREVIDENT 5000 ENAMEL PRO - sodium fluoride-potassium nitrate gel 1.1-5%	1	ACA
PREVIDENT 5000 KIDS - sodium fluoride paste 1.1%	1	ACA
PREVIDENT 5000 ORTHO DEFE - sodium fluoride paste 1.1%	1	ACA
PREVIDENT 5000 PLUS - sodium fluoride cream 1.1%	1	ACA
PREVIDENT 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	1	ACA
SF - sodium fluoride gel 1.1% (0.5% f)	1	ACA
SF 5000 PLUS - sodium fluoride cream 1.1%	1	ACA
SODIUM FLUORIDE - sodium fluoride rinse 0.2%	1	ACA
SODIUM FLUORIDE - sodium fluoride cream 1.1%	1	ACA
SODIUM FLUORIDE - sodium fluoride gel 1.1% (0.5% f)	1	ACA

Drug Name	Drug Tier	Requirements/Limits
SODIUM FLUORIDE 5000 PLUS - sodium fluoride cream 1.1%	1	ACA
SODIUM FLUORIDE 5000 PPM - sodium fluoride gel 1.1% (0.5% f)	1	ACA
SODIUM FLUORIDE 5000 PPM - sodium fluoride paste 1.1%	1	ACA
SODIUM FLUORIDE 5000 PPM - sodium fluoride-potassium nitrate gel 1.1-5%	1	ACA
SODIUM FLUORIDE/POTASSIUM - sodium fluoride-potassium nitrate gel 1.1-5%	1	ACA
DERMATOLOGICALS		
lidocaine-prilocaine cream 2.5-2.5%	1	ACA, QL (60 grams/30 days)
MISCELLANEOUS PRODUCTS		
ANTIDOTES		
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	1	
naloxone hcl inj 0.4 mg/ml, 4 mg/10ml	1	
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 - nalmefene 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
ZURNAI - nalmefene hcl soln auto-injector 1.5 mg/0.5ml (base equiv)	1	
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
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)
PRECISION XTRA BLOOD GLUC - glucose blood test strip	1	OTC, QL (204 strips/30 days)

Drug Name	Drug Tier	Requirements/Limits
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
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 with device	1	OTC
CONTOUR NEXT CONTROL LEVE - blood glucose calibration - liquid - normal, - low	1	OTC
CONTOUR NEXT EZ BLOOD GLU - blood glucose monitoring kit with device	1	OTC
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring kit with device	1	OTC
CONTOUR NEXT LINK BLOOD G - blood glucose monitoring kit with device	1	OTC
CONTOUR NEXT LINK WIRELES - blood glucose monitoring kit with device	1	OTC
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring kit without device, with device	1	OTC

Drug Name	Drug Tier	Requirements/Limits
CONTOUR NORMAL CONTROL - blood glucose calibration - liquid - normal	1	OTC
CONTOUR PLUS BLUE BLOOD G - blood glucose monitoring kit with device	1	OTC
CONTOUR PLUS CONTROL SOLU - blood glucose calibration - liquid	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	FF, PA, QL (1 receiver/365 days)
DEXCOM G6 SENSOR - continuous glucose system sensor	1	FF, PA, QL (3 sensors/30 days)
DEXCOM G6 TRANSMITTER - continuous glucose system transmitter	1	FF, PA, QL (1 receiver/90 days)
DEXCOM G7 RECEIVER - continuous glucose system receiver	1	FF, PA, QL (1 receiver/365 days)
DEXCOM G7 SENSOR - continuous glucose system sensor	1	FF, PA, QL (3 sensors/30 days)
DEXCOM G7 15 DAY SENSOR - continuous glucose system sensor	1	FF, PA, QL (2 sensors/30 days)
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 INFUSION SET 43" - 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 with device	1	OTC
FREESTYLE LITE BLOOD GLUC - blood glucose monitoring devices	1	OTC
FREESTYLE LITE BLOOD GLUC - blood glucose monitoring kit with device	1	OTC
FREESTYLE PRECISION NEO B - blood glucose monitoring kit with device	1	OTC
GLOBAL ALCOHOL PREP EASE - alcohol swabs	1	OTC
GLUCOPRO SYRINGE RESERVOI - insulin infusion pump supplies - reservoir	1	
GNP ALCOHOL SWABS - alcohol swabs	1	OTC

Drug Name	Drug Tier	Requirements/Limits
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	FF, PA, QL (1 kit/30 days)
ILET INSULIN PUMP - insulin infusion pump - device	1	PA, QL (1 kits/720 days)
ILET STARTER KIT - CONTAC - insulin infusion pump supplies	1	FF, PA, QL (1 kit/720 days)
ILET STARTER KIT - INSET - insulin infusion pump supplies	1	FF, 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
MEIJER ALCOHOL SWABS EXTR - alcohol swabs	1	OTC
MINIMED MIO ADVANCE INFUS - insulin infusion pump supplies - infusion set	1	
MINIMED PUMP RESERVOIR 3M - insulin infusion pump supplies - reservoir	1	
MINIMED QUICK SET INFUSIO - 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 SILHOUETTE INFUSI - insulin infusion pump supplies - infusion set	1	
MISC NEEDLES and SYRINGES - VARIOUS	1	OTC
OMNIFLEX DIAPHRAGM - diaphragms	1	ACA
OMNIPOD DASH INTRO KIT (G - 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
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 LIBRE INTRO KIT - insulin infusion disposable pump kit	1	PA, QL (1 kit/720 days)
OMNIPOD 5 LIBRE PODS - insulin infusion disposable pump reservoir	1	PA, QL (30 pods/30 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

Drug Name	Drug Tier	Requirements/Limits
PURE COMFORT ALCOHOL PREP - alcohol swabs	1	OTC
QC 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	
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	
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TANDEM MOBI AUTOSOFT 30 S - insulin infusion pump supplies - infusion set	1	
TANDEM MOBI AUTOSOFT 30 1 - insulin infusion pump supplies - infusion set	1	
TANDEM MOBI TRUSTEEL SUPP - insulin infusion pump supplies - infusion set	1	
TANDEM T:SLIM ASFT XC PK1 - insulin infusion pump supplies - infusion set	1	
TANDEM T:SLIM ASFT 30 PK1 - insulin infusion pump supplies - infusion set	1	
TANDEM T:SLIM TRUSTL PK10 - insulin infusion pump supplies - infusion set	1	
TRUE COMFORT ALCOHOL PREP - alcohol swabs	1	OTC

Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT PRO ALCOHOL - alcohol swabs	1	OTC
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)
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
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levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg....4
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg....4
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