EmblemHealth®

PPO Preferred Plan Base Benefit Formulary

Formulary ID – PPOB

(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 **833-998-5430** (TTY: **711**). Our agents will be happy to help 24 hours a day, seven days a week.

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.

PPO Preferred Plan Base Benefit Formulary

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 both brand-name drugs and 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.

Your plan only covers:

- Diabetes medicines.
- Treatments for drug or alcohol problems.
- Certain preventive medicine at no cost to you. This means you don't have to pay a copay. These no-cost benefits are part of the Affordable Care Act (ACA). They include:
  - Medicine to prevent certain health conditions.
  - Medicine and products for quitting smoking or chewing tobacco (tobacco cessation).
  - Medicine used before a screening for certain health conditions in adults.
  - Vaccines and immunizations for babies, children, and adults.
  - Birth control for women.

PPO PREFERRED PLAN BASE BENEFIT FORMULARY

How do I use the formulary?

This formulary lists drugs from A to Z.

- Generic drugs are italicized and spelled out in lowercase letters.
- Brand-name drugs are not italicized and spelled out in all caps, or uppercase letters.

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
Tier 2	Brand

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.

If you want the brand-name drug, be sure your doctor tells the pharmacist to give you the brand-name drug. When this happens, you may have to pay the copay, or the set amount you pay, for the generic drug, plus the cost difference between the brand-name drug and the generic one.

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

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column. They tell you if there are any special requirements for coverage of your drug.

Brand: Brand drug

Generic: Generic 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.

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.

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. As new generic drugs become available, the brand-name version will no longer be a preferred choice. 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 **833-998-5430** (TTY: **711**). Our agents will be happy to help 24 hours a day, seven days a week.

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 **833-998-5430** (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 **833-998-5430** (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 **833-998-5430** （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 **833-998-5430** (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 **833-998-5430** (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. **833-998-5430** (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' **833-998-5430** (tty: **711**) o parla con il tuo fornitore.

(**Yiddish**) **יידיש** נאטיץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי. צונעמען ַידס און ב ַדינונגס פ ַר פראַוויידינג ינפ ָרמאַציע אין צוטריטלעך פ ָרמאַטירונגען זענען אויך בנימצ פריי. רופן (**711** :TTY) **833-998-5430** ָדער רעדן מיט דיין טרעגער.

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। **833-998-5430** (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 **833-998-5430** (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 **833-998-5430** (**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 **833-998-5430** (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 فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ (**711** :TTY) **833-998-5430** 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 **833-998-5430** (TTY: **711**) o makipag-usap sa iyong provider.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχ υν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληρ φοριών σε προσβάσιμες μορφές. Καλέστε το **833-998-5430** (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 **833-998-5430** (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	ACA	LA, SP
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	ACA	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	ACA	QL (30 tablets/30 days)
BIOLOGICALS		
VACCINES		
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	ACA	
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	ACA	
AFLURIA 2025-2026 - influenza virus vaccine split im susp	ACA	
AFLURIA 2025-2026 - influenza virus vaccine split pf susp pref syringe 0.5 ml	ACA	
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	ACA	
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	ACA	
CAPVAXIVE - pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml	ACA	
COMIRNATY 2024-25 - covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	ACA	
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	ACA	
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	ACA	
FLUAD 2025-2026 - influenza vac type a&b surface ant adj susp pref syr 0.5 ml	ACA	
FLUARIX 2025-2026 - influenza virus vaccine split pf susp pref syringe 0.5 ml	ACA	
FLUBLOK 2025-2026 - influenza virus vacc recombinant ha pf soln pref syr 0.5 ml	ACA	
FLUCELVAX 2025-2026 - influenza virus vac tiss-cult subunit susp pref syr 0.5 ml	ACA	
FLUCELVAX 2025-2026 - influenza virus vac tiss-cult subunit im susp	ACA	
FLULAVAL 2025-2026 - influenza virus vaccine split pf susp pref syringe 0.5 ml	ACA	
FLUMIST NASAL VACCINE 202 - influenza virus vaccine live intranasal liquid	ACA	
FLUZONE HIGH-DOSE 2025-20 - influenza virus vac split high-dose pf susp pref syr 0.5ml	ACA	
FLUZONE 2025-2026 - influenza virus vaccine split im susp	ACA	
FLUZONE 2025-2026 - influenza virus vaccine split pf susp pref syringe 0.5 ml	ACA	

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
HY-VEE GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	2	OTC
INSTA-GLUCOSE - glucose gel 77.4%	2	OTC
JANUMET - sitagliptin phosphate-metformin hcl tab 50-500 mg, 50-1000 mg	2	QL (60 tablets/30 days)
JANUMET XR - sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg	2	QL (30 tablets/30 days)
JANUMET XR - sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg	2	QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	2	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg, 25 mg	2	QL (30 tablets/30 days)
KROGER GLUCOSE - glucose chew tab 4 gm (rounded)	2	OTC
LEADER GLUCOSE - glucose chew tab 4 gm (rounded)	2	OTC
LEADER QUICK DISSOLVE GLU - glucose chew tab 4 gm (rounded)	2	OTC
LONGS GLUCOSE - glucose chew tab 4 gm (rounded)	2	OTC
MEDICINE SHOPPE GLUCOSE - glucose chew tab 4 gm (rounded)	2	OTC
MEIJER GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	2	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	2	
MOUNJARO - tirzepatide soln auto-injector 2.5 mg/0.5ml	2	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	2	PA, QL (4 pens/28 days)
MS QUICK DISSOLVE GLUCOSE - glucose chew tab 4 gm (rounded)	2	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)	2	PA, QL (1 pen/28 days)
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)	2	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)	2	OTC
RA TRUEPLUS GLUCOSE - glucose gel 15 gm/32ml	2	OTC
RELION GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	2	OTC
repaglinide tab 0.5 mg, 1 mg, 2 mg	1	
RYBELSUS - semaglutide tab 3 mg	2	PA, QL (30 tablets/180 days)
RYBELSUS - semaglutide tab 7 mg, 14 mg	2	PA, QL (30 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	2	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	2	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	2	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	2	QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	2	QL (60 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg, 25-5-1000 mg	2	QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	2	QL (60 tablets/30 days)
TRUEPLUS GLUCOSE - glucose chew tab 4 gm (rounded)	2	OTC
TRUEPLUS GLUCOSE GEL - glucose gel 15 gm/32ml	2	OTC
TRULICITY - dulaglutide soln auto-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml	2	PA, QL (4 pens/28 days)
TRULICITY - dulaglutide soln auto-injector 3 mg/0.5ml, 4.5 mg/0.5ml	2	PA, QL (2 pens/28 days)
VALUE PLUS GLUCOSE - glucose chew tab 4 gm (rounded)	2	OTC
WALGREENS GLUCOSE - glucose chew tab 4 gm (rounded)	2	OTC
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-1000 mg	2	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg	2	QL (30 tablets/30 days)
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	2	QL (5 pens/30 days)
ZEGALOGUE - dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	2	
ZEGALOGUE - dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	2	
Rapid-Acting Insulins		
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	2	QL (100 mls/30 days)
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	2	QL (100 mls/30 days)
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	2	QL (100 mls/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	2	QL (100 mls/30 days)
HUMALOG - insulin lispro inj soln 100 unit/ml	2	QL (100 mls/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	2	QL (100 mls/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	2	QL (100 mls/30 days)
HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/transmitter port 100 unit/ml	2	QL (100 mls/30 days)
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	2	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)	2	QL (100 mls/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	2	QL (100 mls/30 days)
LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml	2	QL (100 mls/30 days)
NOVOLOG - insulin aspart inj soln 100 unit/ml	2	QL (100 mls/30 days)
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	2	QL (100 mls/30 days)
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	2	QL (100 mls/30 days)
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	2	QL (100 mls/30 days)
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	2	QL (100 mls/30 days)
Short-Acting Insulins		
HUMULIN R - insulin regular (human) inj 100 unit/ml	2	OTC, QL (100 mls/30 days)
HUMULIN R U-500 (CONCENTR - insulin regular (human) inj 500 unit/ml	2	QL (100 mls/30 days)
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	2	QL (100 mls/30 days)
NOVOLIN R - insulin regular (human) inj 100 unit/ml	2	OTC, QL (100 mls/30 days)
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	2	OTC, QL (100 mls/30 days)
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	2	OTC, QL (100 mls/30 days)
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	2	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)	2	QL (100 mls/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	2	QL (100 mls/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	2	QL (100 mls/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	2	OTC, QL (100 mls/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2	OTC, QL (100 mls/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2	OTC, QL (100 mls/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2	OTC, QL (100 mls/30 days)
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	2	OTC, QL (100 mls/30 days)
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2	OTC, QL (100 mls/30 days)
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2	OTC, QL (100 mls/30 days)
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	2	OTC, QL (100 mls/30 days)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2	OTC, QL (100 mls/30 days)
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2	OTC, QL (100 mls/30 days)
NOVOLIN 70/30 FLEXPEN REL - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2	OTC, QL (100 mls/30 days)
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2	OTC, QL (100 mls/30 days)
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2	QL (100 mls/30 days)
NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2	QL (100 mls/30 days)
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2	QL (100 mls/30 days)
Basal Insulins		
SEMGLEE - insulin glargine-yfgn soln pen-injector 100 unit/ml	2	QL (100 mls/30 days)
SEMGLEE - insulin glargine-yfgn inj 100 unit/ml	2	QL (100 mls/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	2	QL (100 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	2	QL (100 mls/30 days)
TRESIBA - insulin degludec inj 100 unit/ml	2	QL (100 mls/30 days)
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	2	QL (100 mls/30 days)
ENDOCRINE and METABOLIC AGENTS - MISC.		
raloxifene hcl tab 60 mg (Evista)	ACA	
CARDIOVASCULAR AGENTS		
ANTIHYPERLIPIDEMICS		
lovastatin tab 20 mg, 40 mg	ACA	
pravastatin sodium tab 10 mg, 20 mg, 40 mg, 80 mg	ACA	
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg (Crestor)	ACA	
GASTROINTESTINAL AGENTS		
LAXATIVES		
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	ACA	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	ACA	
GENITOURINARY AGENTS		
VAGINAL PRODUCTS		
ENCARE - nonoxynol-9 vaginal suppos 100 mg	ACA	OTC
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%	ACA	OTC
PHEXXI - lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	ACA	
TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg	ACA	OTC
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5%	ACA	OTC
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28%	ACA	OTC

Drug Name	Drug Tier	Requirements/Limits
CENTRAL NERVOUS SYSTEM DRUGS		
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	ACA	
lofexidine hcl tab 0.18 mg (base equivalent) (Lucemyra)	1	
nicotine polacrilex gum 2 mg, 4 mg	ACA	OTC
nicotine polacrilex lozenge 2 mg, 4 mg	ACA	OTC
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	ACA	OTC
NICOTINE TRANSDERMAL SYST - nicotine td patch 24 hr kit 21-14-7 mg/24hr	ACA	OTC
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	ACA	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	ACA	
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	ACA	
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	ACA	
ANALGESICS AND ANESTHETICS		
ANALGESICS - NON-NARCOTIC		
aspirin chew tab 81 mg	ACA	OTC
aspirin tab delayed release 81 mg	ACA	OTC
ANALGESICS - NARCOTIC		
BRIXADI - buprenorphine extended release soln pref syr 64 mg/0.18ml, 96 mg/0.27ml, 128 mg/0.36ml	2	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	2	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	2	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)	2	QL (30 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)	2	QL (90 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)	2	QL (60 tablets/30 days)
NUTRITIONAL PRODUCTS		
MINERALS and ELECTROLYTES		

Drug Name	Drug Tier	Requirements/Limits
SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	ACA	
SODIUM FLUORIDE - sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	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)	ACA	
HEMATOLOGICAL AGENTS		
HEMATOPOIETIC AGENTS		
carbonyl iron susp 15 mg/1.25ml (elemental iron)	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)	ACA	OTC
folic acid cap 0.8 mg	ACA	OTC
folic acid tab 400 mcg, 800 mcg	ACA	OTC
IRON UP - polysaccharide iron complex liquid 15 mg/0.5ml (fe equiv)	ACA	OTC
NOVAFERRUM PEDIATRIC DROP - polysaccharide iron complex liquid 15 mg/ml (fe equiv)	ACA	OTC
TOPICAL PRODUCTS		
MOUTH/THROAT/DENTAL AGENTS		
sodium fluoride cream 1.1% (Prevident 5000 plus)	ACA	
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	ACA	
sodium fluoride paste 1.1% (Prevident 5000 boost)	ACA	
sodium fluoride rinse 0.2% (Prevident rinse)	ACA	
stannous fluoride conc 0.63%	ACA	OTC
stannous fluoride gel 0.4%	ACA	OTC
MISCELLANEOUS PRODUCTS		
ANTIDOTES		
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	2	
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	
naloxone hcl soln prefilled syringe 0.4 mg/ml, 2 mg/2ml	1	
NALOXONE HYDROCHLORIDE - naloxone hcl soln cartridge 0.4 mg/ml	2	
naltrexone hcl tab 50 mg	1	
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	2	
REXTOVY - naloxone hcl nasal spray 4 mg/0.25ml	2	
VIVITROL - naltrexone for im extended release susp 380 mg	2	SP
DIAGNOSTIC PRODUCTS		
CHEMSTRIP-K - acetone (urine) test strip	2	OTC
CONTOUR BLOOD GLUCOSE TES - glucose blood test strip	2	OTC, QL (204 strips/30 days)
CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip	2	OTC, QL (204 strips/30 days)

Drug Name	Drug Tier	Requirements/Limits
CONTOUR PLUS BLOOD GLUCOS - glucose blood test strip	2	OTC, QL (204 strips/30 days)
DIASTIX - glucose urine test-(glucose oxidase) strip	2	OTC
DIASTIX REAGENT STRIPS - glucose urine test-(glucose oxidase) strip	2	OTC
FORA GTEL BLOOD KETONE TE - ketone blood test strip	2	OTC
FORA TEST N' GO ADVANCE/V - ketone blood test strip	2	OTC
FREESTYLE INSULINX BLOOD - glucose blood test strip	2	OTC, QL (204 strips/30 days)
FREESTYLE LITE TEST STRIP - glucose blood test strip	2	OTC, QL (204 strips/30 days)
FREESTYLE PRECISION NEO B - glucose blood test strip	2	OTC, QL (204 strips/30 days)
FREESTYLE TEST STRIPS - glucose blood test strip	2	OTC, QL (204 strips/30 days)
GOJJI BLOOD KETONE TEST S - ketone blood test strip	2	OTC
KETOCARE - acetone (urine) test strip	2	OTC
KETONE - acetone (urine) test strip	2	OTC
KETONE TEST STRIPS - acetone (urine) test strip	2	OTC
KETOSTIX - acetone (urine) test strip	2	OTC
NOVA MAX PLUS KETONE TEST - ketone blood test strip	2	OTC
OPTIUMEZ TEST STRIPS - glucose blood test strip	2	OTC, QL (204 strips/30 days)
PRECISION SOF-TACT TEST S - glucose blood test strip	2	OTC, QL (204 strips/30 days)
PRECISION XTRA BLOOD GLUC - glucose blood test strip	2	OTC, QL (204 strips/30 days)
RELION KETONE TEST STRIPS - acetone (urine) test strip	2	OTC
MEDICAL DEVICES		
ACCU-CHEK PLASTIC CARTRID - insulin infusion pump supplies - reservoir	2	
ACCU-CHEK SPIRIT CARTRIDG - insulin infusion pump supplies - reservoir	2	
ACCU-CHEK TENDER I INFUSI - insulin infusion pump supplies - infusion set	2	
ACCU-CHEK ULTRAFLEX INFUS - insulin infusion pump supplies - infusion set	2	
ACCU-CHEK ULTRAFLEX-1 INF - insulin infusion pump supplies - infusion set	2	
ADVOCATE ALCOHOL PREP PAD - alcohol swabs	2	OTC
ALCOHOL PADS - alcohol swabs	2	OTC
ALCOHOL PREP PAD - alcohol swabs	2	OTC
ALCOHOL PREP PADS - alcohol swabs	2	OTC
ALCOHOL PREPS - alcohol swabs	2	OTC
ALCOHOL SWABS - alcohol swabs	2	OTC
ALCOHOL SWABSTICKS - alcohol swabs	2	OTC
AUM ALCOHOL PREP PADS - alcohol swabs	2	OTC
AUTOSOFT XC INFUSION SET/ - insulin infusion pump supplies - infusion set	2	
AUTOSOFT 30 INFUSION SET/ - insulin infusion pump supplies - infusion set	2	

Drug Name	Drug Tier	Requirements/Limits
AUTOSOFT 90 INFUSION SET/ - insulin infusion pump supplies - infusion set	2	
BD SWABS SINGLE USE - alcohol swabs	2	OTC
CARETOUCH ALCOHOL PREP PA - alcohol swabs	2	OTC
CAYA - diaphragm arc-spring	ACA	
COMFORT TOUCH ALCOHOL PRE - alcohol swabs	2	OTC
CONDOMS MALE - VARIOUS	ACA	OTC
CONTOUR BLOOD GLUCOSE MON - blood glucose monitoring devices	2	OTC
CONTOUR HIGH CONTROL - blood glucose calibration - liquid - high	2	OTC
CONTOUR LOW CONTROL - blood glucose calibration - liquid - low	2	OTC
CONTOUR NEXT BLOOD GLUCOS - blood glucose monitoring kit w/ device	2	OTC
CONTOUR NEXT CONTROL LEVE - blood glucose calibration - liquid - normal, - low	2	OTC
CONTOUR NEXT EZ BLOOD GLU - blood glucose monitoring kit w/ device	2	OTC
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring devices	2	OTC
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring kit w/ device	2	OTC
CONTOUR NEXT LINK BLOOD G - blood glucose monitoring kit w/ device	2	OTC
CONTOUR NEXT LINK WIRELES - blood glucose monitoring kit w/ device	2	OTC
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring devices	2	OTC
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring kit	2	OTC
CONTOUR NORMAL CONTROL - blood glucose calibration - liquid - normal	2	OTC
CONTOUR PLUS BLUE BLOOD G - blood glucose monitoring kit w/ device	2	OTC
CURITY ALCOHOL PREPS/MEDI - alcohol swabs	2	OTC
CVS ALCOHOL PREP PADS - alcohol swabs	2	OTC
CVS PREP PADS - alcohol swabs	2	OTC
DEXCOM G6 RECEIVER - continuous glucose system receiver	2	QL (1 receiver/365 days), ST
DEXCOM G6 SENSOR - continuous glucose system sensor	2	QL (3 sensors/30 days), ST
DEXCOM G6 TRANSMITTER - continuous glucose system transmitter	2	QL (1 receiver/90 days), ST
DEXCOM G7 RECEIVER - continuous glucose system receiver	2	QL (1 receiver/365 days), ST
DEXCOM G7 SENSOR - continuous glucose system sensor	2	QL (3 sensors/30 days), ST
DROPSAFE ALCOHOL PREP PAD - alcohol swabs	2	OTC
EASY COMFORT ALCOHOL PADS - alcohol swabs	2	OTC
EASY TOUCH ALCOHOL PREP P - alcohol swabs	2	OTC

Drug Name	Drug Tier	Requirements/Limits
EQL ALCOHOL SWABS - alcohol swabs	2	OTC
EXTENDED INFUSION SET 23" - insulin infusion pump supplies - infusion set	2	
EXTENDED INFUSION SET 32" - insulin infusion pump supplies - infusion set	2	
EXTENDED RESERVOIR 3.0 ML - insulin infusion pump supplies - reservoir	2	
FC2 FEMALE CONDOM - condoms - female	ACA	OTC
FEMCAP - cervical cap 22 mm, 26 mm, 30 mm	ACA	
FIFTY50 ALCOHOL PREP PADS - alcohol swabs	2	OTC
FREESTYLE CONTROL SOLUTIO - blood glucose calibration - liquid	2	OTC
FREESTYLE FREEDOM LITE - blood glucose monitoring kit w/ device	2	OTC
FREESTYLE LITE BLOOD GLUC - blood glucose monitoring devices	2	OTC
FREESTYLE LITE BLOOD GLUC - blood glucose monitoring kit w/ device	2	OTC
FREESTYLE PRECISION NEO B - blood glucose monitoring kit w/ device	2	OTC
GLOBAL ALCOHOL PREP EASE - alcohol swabs	2	OTC
GLUCOPRO SYRINGE RESERVOI - insulin infusion pump supplies - reservoir	2	
GNP ALCOHOL SWABS - alcohol swabs	2	OTC
GOODSENSE ALCOHOL SWABS - alcohol swabs	2	OTC
H-E-B INCONTROL ALCOHOL P - alcohol swabs	2	OTC
ILET INSULIN INFUSION KIT - insulin infusion pump supplies	2	PA, QL (1 kit/30 days)
ILET INSULIN PUMP - insulin infusion pump - device	2	PA, QL (1 kits/720 days)
ILET STARTER KIT - CONTAC - insulin infusion pump supplies	2	PA, QL (1 kit/720 days)
ILET STARTER KIT - INSET - insulin infusion pump supplies	2	PA, QL (1 kit/720 days)
INSULIN PEN NEEDLES - VARIOUS	2	OTC
INSULIN SYRINGES - VARIOUS	2	OTC
LANCETS - VARIOUS	2	OTC
MEDISENSE GLUCOSE KETONE - blood glucose calibration - liquid	2	OTC
MEDISENSE HIGH/MID/LOW CO - blood glucose calibration - liquid	2	OTC
MEIJER ALCOHOL SWABS EXTR - alcohol swabs	2	OTC
MINIMED MIO ADVANCE INFUS - insulin infusion pump supplies - infusion set	2	
MINIMED PUMP RESERVOIR 3M - insulin infusion pump supplies - reservoir	2	
MINIMED QUICK SET INFUSIO - insulin infusion pump supplies - infusion set	2	
MINIMED RESERVOIR 1.8ML - insulin infusion pump supplies - reservoir	2	

Drug Name	Drug Tier	Requirements/Limits
MINIMED RESERVOIR 3ML - insulin infusion pump supplies - reservoir	2	
MINIMED SENSOR - glucose monitoring sensor noninvasive device	2	
MINIMED SILHOUETTE INFUSI - insulin infusion pump supplies - infusion set	2	
MISC NEEDLES and SYRINGES - VARIOUS	2	OTC
MODD1 PATIENT WELCOME KIT - insulin infusion disposable pump kit	2	
MODD1 SUPPLY KIT - insulin infusion disposable pump reservoir/ infus set kit	2	PA, QL (1 kit/30 days)
OMNIFLEX DIAPHRAGM - diaphragms	ACA	
OMNIPOD DASH INTRO KIT (G - insulin infusion disposable pump kit	2	PA, QL (1 kit/720 days)
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	2	PA, QL (30 pods/30 days)
OMNIPOD POD PALS - insulin infusion disposable pump - accessories	2	OTC
OMNIPOD 5 DEXCOM G7G6 INT - insulin infusion disposable pump kit	2	PA, QL (1 kit/720 days)
OMNIPOD 5 DEXCOM G7G6 POD - insulin infusion disposable pump reservoir	2	PA, QL (30 pods/30 days)
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump reservoir	2	PA, QL (30 pods/30 days)
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump kit	2	PA, QL (1 kit/720 days)
PARADIGM SILHOUETTE INFUS - insulin infusion pump supplies - infusion set	2	
PHARMACIST CHOICE ALCOHOL - alcohol swabs	2	OTC
PRECISION GLUCOSE KETONE - blood glucose calibration - liquid	2	OTC
PRO COMFORT ALCOHOL PADS - alcohol swabs	2	OTC
PURE COMFORT ALCOHOL PREP - alcohol swabs	2	OTC
QC ALCOHOL SWABS - alcohol swabs	2	OTC
RA ALCOHOL SWABS - alcohol swabs	2	OTC
REALITY SWABS - alcohol swabs	2	OTC
RELION ALCOHOL SWABS - alcohol swabs	2	OTC
SAPS CARE ALCOHOL PREP PA - alcohol swabs	2	OTC
SAPS HEALTH ALCOHOL PREP - alcohol swabs	2	OTC
SAPS HEALTH CARE ALCOHOL - alcohol swabs	2	OTC
SB ALCOHOL PREP PADS - alcohol swabs	2	OTC
SILHOUETTE INFUSION SET 1 - insulin infusion pump supplies - infusion set	2	
SILHOUETTE INFUSION SET 2 - insulin infusion pump supplies - infusion set	2	
SILHOUETTE INFUSION SET 4 - insulin infusion pump supplies - infusion set	2	

Drug Name	Drug Tier	Requirements/Limits
SM ALCOHOL PREP PADS - alcohol swabs	2	OTC
SURE COMFORT ALCOHOL PREP - alcohol swabs	2	OTC
SURE T INFUSION SET 18"/6 - insulin infusion pump supplies - infusion set	2	
SURE T INFUSION SET 23"/1 - insulin infusion pump supplies - infusion set	2	
SURE T INFUSION SET 23"/6 - insulin infusion pump supplies - infusion set	2	
SURE T INFUSION SET 23"/8 - insulin infusion pump supplies - infusion set	2	
SURE T INFUSION SET 32"/1 - insulin infusion pump supplies - infusion set	2	
SURE T INFUSION SET 32"/6 - insulin infusion pump supplies - infusion set	2	
SURE T INFUSION SET 32"/8 - insulin infusion pump supplies - infusion set	2	
T:FLEX T:LOCK INSULIN CAR - insulin infusion pump supplies - reservoir	2	
T:SLIM X2 3 ML CARTRIDGE - insulin infusion pump supplies - reservoir	2	
T:SLIM X2 3ML CARTRIDGE - insulin infusion pump supplies - reservoir	2	
TANDEM MOBI AUTOSOFT XC S - insulin infusion pump supplies - infusion set	2	
TANDEM MOBI AUTOSOFT 30 S - insulin infusion pump supplies - infusion set	2	
TANDEM MOBI AUTOSOFTXC 14 - insulin infusion pump supplies - infusion set	2	
TANDEM MOBI AUTOSOFT30 14 - insulin infusion pump supplies - infusion set	2	
TANDEM MOBI TRUSTEEL SUPP - insulin infusion pump supplies - infusion set	2	
TRUE COMFORT ALCOHOL PREP - alcohol swabs	2	OTC
TRUE COMFORT PRO ALCOHOL - alcohol swabs	2	OTC
TRUSTEEL INFUSION SET/23" - insulin infusion pump supplies - infusion set	2	
TRUSTEEL INFUSION SET/32" - insulin infusion pump supplies - infusion set	2	
TWIIST REFILL KIT - insulin infusion disposable pump reservoir kit	2	PA, QL (1 kit/30 days)
TWIIST REFILL KIT/INFUSIO - insulin infusion disposable pump reservoir/infus set kit	2	PA, QL (1 kit/30 days)
TWIIST STARTER KIT - insulin infusion disposable pump kit	2	PA, QL (1 kit/720 days)
ULTICARE ALCOHOL SWABS - alcohol swabs	2	OTC
ULTILET ALCOHOL SWABS - alcohol swabs	2	OTC
ULTRA-CARE ALCOHOL PREP P - alcohol swabs	2	OTC
V-GO 20 - insulin infusion disposable pump kit 20 unit/24hr	2	PA, QL (30 systems/30 days)

Drug Name	Drug Tier	Requirements/Limits
V-GO 30 - insulin infusion disposable pump kit 30 unit/24hr	2	PA, QL (30 systems/30 days)
V-GO 40 - insulin infusion disposable pump kit 40 unit/24hr	2	PA, QL (30 systems/30 days)
VARISOFT INFUSION SET/23" - insulin infusion pump supplies - infusion set	2	
VARISOFT INFUSION SET/32" - insulin infusion pump supplies - infusion set	2	
VARISOFT INFUSION SET/43" - insulin infusion pump supplies - infusion set	2	
WEBCOL ALCOHOL PREP LARGE - alcohol swabs	2	OTC
WEBCOL ALCOHOL PREP MEDIU - alcohol swabs	2	OTC
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm	ACA	
ZEVRX STERILE ALCOHOL PRE - alcohol swabs	2	OTC

INDEX

A

ABRYSVO....1
acarbose tab 25 mg, 50 mg, 100 mg....4
ACCU-CHEK PLASTIC CARTRID....12
ACCU-CHEK SPIRIT CARTRIDG....12
ACCU-CHEK TENDER I INFUSI....12
ACCU-CHEK ULTRAFLEX-1 INF....12
ACCU-CHEK ULTRAFLEX INFUS....12
ACTHIB....1
ADACEL....3
ADVOCATE ALCOHOL PREP PAD....12
AFLURIA 2025-2026....1
ALCOHOL PADS....12
ALCOHOL PREP PAD....12
ALCOHOL PREP PADS....12
ALCOHOL PREPS....12
ALCOHOL SWABS....12
ALCOHOL SWABSTICKS....12
anastrozole tab 1 mg....3
APRETUDE....1
AREXVY....1
aspirin chew tab 81 mg....10
aspirin tab delayed release 81 mg....10
AUM ALCOHOL PREP PADS....12
AUTOSOFT 30 INFUSION SET/....12
AUTOSOFT 90 INFUSION SET/....13
AUTOSOFT XC INFUSION SET/....12

B

BAQSIMI ONE PACK....5
BAQSIMI TWO PACK....5
BD GLUCOSE....5
BD SWABS SINGLE USE....13
BEXSERO....1
BOOSTRIX....3
BRIXADI....10
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)....10
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)....10
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv), 12-3 mg (base equiv)....10
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)....10
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)....10
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)....10
bupropion hcl (smoking deterrent) tab er 12hr 150 mg....10

C

CAPVAXIVE....1
carbonyl iron susp 15 mg/1.25ml (elemental iron)....11
CARETOUCH ALCOHOL PREP PA....13
CAYA....13
CHEMSTRIP-K....11
COMFORT TOUCH ALCOHOL PRE....13
COMIRNATY 2024-25....1
CONDOMS MALE - VARIOUS....13
CONTOUR BLOOD GLUCOSE MON....13
CONTOUR BLOOD GLUCOSE TES....11
CONTOUR HIGH CONTROL....13
CONTOUR LOW CONTROL....13
CONTOUR NEXT BLOOD GLUCOS....11
CONTOUR NEXT CONTROL LEVE....13
CONTOUR NEXT EZ BLOOD GLU....13
CONTOUR NEXT GEN BLOOD GL....13
CONTOUR NEXT LINK BLOOD G....13
CONTOUR NEXT LINK WIRELES....13
CONTOUR NEXT ONE BLOOD GL....13
CONTOUR NORMAL CONTROL....13
CONTOUR PLUS BLOOD GLUCOS....12
CONTOUR PLUS BLUE BLOOD G....13
CURITY ALCOHOL PREPS/MEDI....13
CVS ALCOHOL PREP PADS....13
CVS GLUCOSE....5
CVS PREP PADS....13
CVS SOFT GLUCOSE....5

D

DAPTACEL....3
DESCOVY....1
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)....3
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg....3
DEXCOM G6 RECEIVER....13
DEXCOM G7 RECEIVER....13
DEXCOM G6 SENSOR....13
DEXCOM G7 SENSOR....13
DEXCOM G6 TRANSMITTER....13
DEX4 GLUCOSE....5
DEX4 QUICK DISSOLVE GLUCO....5
DIASTIX....12
DIASTIX REAGENT STRIPS....12
diazoxide susp 50 mg/ml....5
DROPSAFE ALCOHOL PREP PAD....13
DROSPIRENONE/ETHINYL ESTR....4
drospirenone-ethinyl estradiol tab 3-0.02 mg....4
drospirenone-ethinyl estradiol tab 3-0.03 mg....4
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg....3
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg....4
DRUG MART GLUCOSE....5

E

EASY COMFORT ALCOHOL PADS....13
EASY TOUCH ALCOHOL PREP P....13
ELLA....4

emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg....1
ENCARE....9
ENGERIX-B....1
EQL ALCOHOL SWABS....14
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg....4
EXTENDED INFUSION SET 23"....14
EXTENDED INFUSION SET 32"....14
EXTENDED RESERVOIR 3.0 ML....14

F

FARXIGA....5
FC2 FEMALE CONDOM....14
FEMCAP....14
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)....11
FIASP....7
FIASP FLEXTOUCH....7
FIASP PENFILL....7
FIFTY50 ALCOHOL PREP PADS....14
FLUAD 2025-2026....1
FLUARIX 2025-2026....1
FLUBLOK 2025-2026....1
FLUCELVAX 2025-2026....1
FLULAVAL 2025-2026....1
FLUMIST NASAL VACCINE 202....1
FLUZONE 2025-2026....1
FLUZONE HIGH-DOSE 2025-20....1
folic acid cap 0.8 mg....11
folic acid tab 400 mcg, 800 mcg....11
FORA GTEL BLOOD KETONE TE....12
FORA TEST N' GO ADVANCE/V....12
FREESTYLE CONTROL SOLUTIO....14
FREESTYLE FREEDOM LITE....14
FREESTYLE INSULINX BLOOD....12
FREESTYLE LITE BLOOD GLUC....14
FREESTYLE LITE TEST STRIP....12
FREESTYLE PRECISION NEO B....12
FREESTYLE TEST STRIPS....12
FT GLUCOSE....5

G

GARDASIL 9....2
glimepiride tab 1 mg, 2 mg, 4 mg....5
GLIPIZIDE....5
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg....5
glipizide tab er 24hr 2.5 mg....5
glipizide tab er 24hr 5 mg, 10 mg....5
glipizide tab 5 mg, 10 mg....5
GLOBAL ALCOHOL PREP EASE....14
GLUCAGON EMERGENCY KIT FO....5
glucagon (rdna) for inj kit 1 mg....5
GLUCOPRO SYRINGE RESERVOI....14
GLUCOSE....5
glucose chew tab 2 gm (carb equiv)....5
glucose gel 40%....5
GLUCOSE LIQUID....5
GLUCO TO GO....5
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg....5
GLYBURIDE MICRONIZED....5
glyburide tab 1.25 mg, 2.5 mg, 5 mg....5
GLYXAMBI....5
GNP ALCOHOL SWABS....14
GNP GLUCOSE....5
GNP QUICK DISSOLVE GLUCOS....5
GOJJI BLOOD KETONE TEST S....12
GOODSENSE ALCOHOL SWABS....14
GVOKE HYPOPEN 1-PACK....5
GVOKE HYPOPEN 2-PACK....5
GVOKE KIT....5
GVOKE PFS....5

H

HAVRIX....2
H-E-B INCONTROL ALCOHOL P....14
HEPLISAV-B....2
HIBERIX....2
HUMALOG....7
HUMALOG JUNIOR KWIKPEN....7
HUMALOG KWIKPEN....7
HUMALOG MIX 75/25....8
HUMALOG MIX 50/50 KWIKPEN....8
HUMALOG MIX 75/25 KWIKPEN....8
HUMALOG TEMPO PEN....7
HUMULIN 70/30....8
HUMULIN 70/30 KWIKPEN....8
HUMULIN N....8
HUMULIN N KWIKPEN....8
HUMULIN R....8
HUMULIN R U-500 (CONCENTR....8
HUMULIN R U-500 KWIKPEN....8
HY-VEE GLUCOSE....6

I

ILET INSULIN INFUSION KIT....14
ILET INSULIN PUMP....14
ILET STARTER KIT - CONTAC....14
ILET STARTER KIT - INSET....14
INFANRIX....3
INSTA-GLUCOSE....6
INSULIN PEN NEEDLES - VARIOUS....14
INSULIN SYRINGES - VARIOUS....14
IPOL INACTIVATED IPV....2
IRON UP....11

J

JANUMET....6
JANUMET XR....6
JANUVIA....6
JARDIANCE....6

JYNNEOS....2

K

KETOCARE....12
KETONE....12
KETONE TEST STRIPS....12
KETOSTIX....12
KINRIX....3
KLOXXADO....11
KROGER GLUCOSE....6

L

LANCETS - VARIOUS....14
LEADER GLUCOSE....6
LEADER QUICK DISSOLVE GLU....6
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg....4
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg....4
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg....4
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg....4
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg....4
levonorgestrel tab 1.5 mg....4
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)....4
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)....4
lofexidine hcl tab 0.18 mg (base equivalent)....10
LONGS GLUCOSE....6
lovastatin tab 20 mg, 40 mg....9
LYUMJEV....7
LYUMJEV KWIKPEN....8
LYUMJEV TEMPO PEN....8

M

MEDICINE SHOPPE GLUCOSE....6
MEDISENSE GLUCOSE KETONE....14
MEDISENSE HIGH/MID/LOW CO....14
medroxyprogesterone acetate im susp 150 mg/ml....4
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml....4
MEIJER ALCOHOL SWABS EXTR....14
MEIJER GLUCOSE....6
MENQUADFI....2
MENVEO....2
metformin hcl tab er 24hr 500 mg....6
metformin hcl tab er 24hr 750 mg....6
metformin hcl tab 500 mg, 850 mg, 1000 mg....6
mifepristone tab 300 mg....6
MIGLITOL....6
MINIMED MIO ADVANCE INFUS....14
MINIMED PUMP RESERVOIR 3M....14
MINIMED QUICK SET INFUSIO....14
MINIMED RESERVOIR 1.8ML....14
MINIMED RESERVOIR 3ML....15
MINIMED SENSOR....15
MINIMED SILHOUETTE INFUSI....15
MISC NEEDLES and SYRINGES - VARIOUS....15
M-M-R II....2
MNEXSPIKE COVID-19 VACCIN....2
MODD1 PATIENT WELCOME KIT....15
MODD1 SUPPLY KIT....15
MODERNA COVID-19 VACCINE....2
MOUNJARO....6
MRESVIA....2
MS QUICK DISSOLVE GLUCOSE....6

N

naloxone hcl inj 0.4 mg/ml....11
naloxone hcl nasal spray 4 mg/0.1ml....11
naloxone hcl soln prefilled syringe 0.4 mg/ml....11
naloxone hcl soln prefilled syringe 0.4 mg/ml, 2 mg/2ml....11
NALOXONE HYDROCHLORIDE....11
naltrexone hcl tab 50 mg....11
nateglinide tab 60 mg, 120 mg....6
nicotine polacrilex gum 2 mg, 4 mg....10
nicotine polacrilex lozenge 2 mg, 4 mg....10
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr....10
NICOTINE TRANSDERMAL SYST....10
NICOTROL INHALER....10
NICOTROL NS....10
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr....4
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg, 0.8 mg-25 mcg....4
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg....4
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg....4
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg....4
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)....4
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)....4
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg....4
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg....4
norethindrone tab 0.35 mg....4
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg....4
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....4
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg....4
NOVAFERRUM PEDIATRIC DROP....11
NOVA MAX PLUS KETONE TEST....12
NOVAVAX COVID-19 VACCINE/....2
NOVOLIN 70/30....9

NOVOLIN 70/30 FLEXPEN.....9
NOVOLIN 70/30 FLEXPEN REL.....9
NOVOLIN 70/30 RELION.....9
NOVOLIN N.....8
NOVOLIN N FLEXPEN.....8
NOVOLIN N FLEXPEN RELION.....8
NOVOLIN N RELION.....8
NOVOLIN R.....8
NOVOLIN R FLEXPEN.....8
NOVOLIN R FLEXPEN RELION.....8
NOVOLIN R RELION.....8
NOVOLOG.....8
NOVOLOG FLEXPEN.....8
NOVOLOG FLEXPEN RELION.....8
NOVOLOG MIX 70/30.....9
NOVOLOG MIX 70/30 PREFILL.....9
NOVOLOG MIX 70/30 RELION.....9
NOVOLOG PENFILL.....8
NOVOLOG RELION.....8
NUVARING.....4

O

OMNIFLEX DIAPHRAGM.....15
OMNIPOD DASH INTRO KIT (G.....15
OMNIPOD DASH PODS (GEN 4).....15
OMNIPOD 5 DEXCOM G7G6 INT.....15
OMNIPOD 5 DEXCOM G7G6 POD.....15
OMNIPOD 5 LIBRE2 PLUS G6.....15
OMNIPOD POD PALS.....15
OPTIONS GYNOL II VAGINAL.....9
OPTIUMEZ TEST STRIPS.....12
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.....9
SHINGRIX.....3
SILHOUETTE INFUSION SET 1.....15
SILHOUETTE INFUSION SET 2.....15
SILHOUETTE INFUSION SET 4.....15
SM ALCOHOL PREP PADS.....16
SODIUM FLUORIDE.....11
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).....11
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.....16
SURE T INFUSION SET 18"/6.....16
SURE T INFUSION SET 23"/1.....16
SURE T INFUSION SET 23"/6.....16
SURE T INFUSION SET 23"/8.....16

SURE T INFUSION SET 32"/1..... 16
SURE T INFUSION SET 32"/6..... 16
SURE T INFUSION SET 32"/8..... 16
SYNJARDY.....7
SYNJARDY XR.....7

T

T:FLEX T:LOCK INSULIN CAR..... 16
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
TANDEM MOBI AUTOSOFT30 14.....16
TANDEM MOBI AUTOSOFT 30 S..... 16
TANDEM MOBI AUTOSOFTXC 14.....16
TANDEM MOBI AUTOSOFT XC S..... 16
TANDEM MOBI TRUSTEEL SUPP.....16
TENIVAC.....3
TODAY SPONGE.....9
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

U

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)..... 10
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack.....10
VARISOFT INFUSION SET/23"..... 17
VARISOFT INFUSION SET/32"..... 17
VARISOFT INFUSION SET/43"..... 17
VARIVAX.....3
VAXELIS..... 3
VAXNEUVANCE.....3
VCF VAGINAL CONTRACEPTIVE..... 9
V-GO 20..... 16
V-GO 30..... 17
V-GO 40..... 17
VIVITROL..... 11

W

WALGREENS GLUCOSE..... 7
WEBCOL ALCOHOL PREP LARGE..... 17
WEBCOL ALCOHOL PREP MEDIU.....17
WIDE-SEAL SILICONE DIAPHR..... 17

X

XIGDUO XR.....7
XULTOPHY 100/3.6.....7

Y

Z

ZEGALOGUE..... 7
ZEVRX STERILE ALCOHOL PRE.....17
ZUBSOLV..... 10

55 Water Street, New York, New York 10041-8190 | emblemhealth.com

EmblemHealth®

To reach member services, please call **833-998-5430** (TTY: **711**). Our agents will be happy to help 24 hours a day, seven days a week.

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.