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.)

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

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PPO Preferred Plan Base Benefit Formulary

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 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?

You can look for your drug using the index. This starts on page 21. 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
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.

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 plan year start 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.

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.

Drugs that are indicated with a "*" next to the tier in the Prescription Drug List denote group specific copay coverage.

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**) **ייִדיש** נאטיץ: אויב איר רעדט ייִדיש, שפּראַך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי. צונעמען ייִדס אָן ב ַ דינונגס פ ַ ר פּראַווייִדינג ינפ ָ ָרמאַציע אין צוטריטלעך פ ָ ָרמאַטירונגען זענען אויך בנימצ פריי. רופן (TTY: **711**) **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۔ (**833-998-5430** (TTY: **711** 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)
YEZTUGO - lenacapavir sodium tab 300 mg (prophylaxis)	ACA	SP
YEZTUGO - lenacapavir sodium subcut soln 463.5 mg/1.5ml (prophylaxis)	ACA	SP
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	
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 2026-27 - covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	ACA	
COMIRNATY/5-11Y/2026-27 - covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 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 2026-2027 - influenza vac type a&b surface ant adj susp pref syr 0.5 ml	ACA	
FLUARIX 2026-2027 - influenza virus vaccine split pf susp pref syringe 0.5 ml	ACA	
FLUBLOK 2026-2027 - influenza virus vacc recombinant ha pf soln pref syr 0.5 ml	ACA	
FLUCELVAX 2026-2027 - influenza virus vac tiss-cult subunit susp pref syr 0.5 ml	ACA	
FLULAVAL 2026-2027 - 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 2026-20 - influenza virus vac split high-dose pf susp pref syr 0.5ml	ACA	
FLUZONE 2026-2027 - influenza virus vaccine split pf susp pref syringe 0.5 ml	ACA	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	ACA	

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

Drug Name	Drug Tier	Requirements/Limits
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	
VAQTA - hepatitis a vaccine susp prefilled syr 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	
ADACEL - tet-diph-acell pertuss ad pref syr 5-2-15.5 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 lf/0.5ml	ACA	
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	ACA	
PASSIVE IMMUNIZING AGENTS		
BEYFORTUS - nirsevimab-alip im soln prefilled syringe 50 mg/0.5ml, 100 mg/ml	ACA	SP
ENFLONSIA - clesrovimab-cfor im soln prefilled syringe 105 mg/0.7ml	ACA	SP
ENDOCRINE AND METABOLIC DRUGS		
CONTRACEPTIVES		
ANNOVERA - segesterone ace-ethinyl estradiol va ring 0.15-0.013 mg/24hr	ACA	
ARANELLE - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	ACA	
BEYAZ - drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	ACA	
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	

Drug Name	Drug Tier	Requirements/Limits
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	ACA	
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	
ELLA - ulipristal acetate tab 30 mg	ACA	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	ACA	
KYLEENA - levonorgestrel releasing iud 17.5 mcg/day (19.5 mg total)	ACA	LA
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	
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Balcoltra)	ACA	
LILETTA - levonorgestrel iud 20.1 mcg/day (initial) (52 mg total)	ACA	LA
MIRENA - levonorgestrel iud 21 mcg/day (initial) (52 mg total)	ACA	LA
MIUDELLA - copper iud	ACA	
NEXPLANON - etonogestrel subdermal implant 68 mg	ACA	LA
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 cap 1 mg-20 mcg (24) (Taytulla)	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	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	

Drug Name	Drug Tier	Requirements/Limits
NUVARING - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	ACA	
OPILL - norgestrel tab 0.075 mg	ACA	OTC
PARAGARD INTRAUTERINE COP - copper iud	ACA	LA
SKYLA - levonorgestrel releasing iud 14 mcg/day (13.5 mg total)	ACA	LA
VALTYA 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	ACA	
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	ACA	
YAZ - drospirenone-ethinyl estradiol tab 3-0.02 mg	ACA	
ANTIDIABETICS		
Antidiabetics		
acarbose tab 25 mg, 50 mg, 100 mg	1	
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
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg (Xigduo xr)	1	QL (30 tablets/30 days)
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg (Xigduo xr)	1	QL (60 tablets/30 days)
dapagliflozin tab 5 mg, 10 mg (Farxiga)	1	QL (30 tablets/30 days)
diazoxide susp 50 mg/ml (Proglycem)	1	
FARXIGA - dapagliflozin tab 5 mg, 10 mg	2	QL (30 tablets/30 days)
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 EMERGENCY KIT FO - glucagon hcl for inj 1 mg	2	
glucagon for inj 1 mg	1	
GLUCOSE - glucose oral liquid 15 gm/60ml	2	OTC
GLUCOSE - glucose gel 15 gm/33gm	2	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	2	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	2	QL (30 tablets/30 days)
GNP GLUCOSE - glucose chew tab 4 gm (rounded)	2	OTC

Drug Name	Drug Tier	Requirements/Limits
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	
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
MEDICINE SHOPPE GLUCOSE - glucose chew tab 4 gm (rounded)	2	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	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)
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)
OZEMPIC - semaglutide tab 1.5 mg	2	PA, QL (30 tablets/180 days)
OZEMPIC - semaglutide tab 4 mg, 9 mg	2	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)	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)
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	2	QL (6 pens/30 days)
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 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)
WALGREENS GLUCOSE - glucose chew tab 4 gm (rounded)	2	OTC
XIGDUO XR - dapagliflozin free bas-metformin hcl tab er 24hr 2.5-1000 mg	2	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg	2	QL (30 tablets/30 days)
XIGDUO XR - dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg	2	QL (60 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)
Rapid-Acting Insulins		
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	2	QL (10 vials/30 days)
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	2	QL (33 pens/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 (33 cartridges/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 (33 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	2	QL (33 pens/30 days)
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	2	QL (10 vials/30 days)

Drug Name	Drug Tier	Requirements/Limits
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	2	QL (33 pens/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	2	QL (33 pens/30 days)
NOVOLOG - insulin aspart inj soln 100 unit/ml	2	QL (10 vials/30 days)
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	2	QL (33 pens/30 days)
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	2	QL (33 pens/30 days)
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	2	QL (33 cartridges/30 days)
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	2	QL (10 vials/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 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	FF, OTC, QL (33 pens/30 days)
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	2	QL (100 mls/30 days)
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	2	FF, OTC, QL (33 pens/30 days)
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	2	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 (33 pens/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	2	QL (10 vials/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	2	QL (33 pens/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	2	OTC, QL (10 vials/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2	OTC, QL (33 pens/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 (33 pens/30 days)
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	2	OTC, QL (10 vials/30 days)
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2	OTC, QL (33 pens/30 days)
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2	OTC, QL (33 pens/30 days)
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	2	OTC, QL (10 vials/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 (33 pens/30 days)
NOVOLIN 70/30 FLEXPEN REL - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2	OTC, QL (33 pens/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 (10 vials/30 days)
NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2	QL (33 pens/30 days)
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2	QL (10 vials/30 days)
Basal Insulins		
INSULIN GLARGINE-YFGN - insulin glargine-yfgn soln pen-injector 100 unit/ml	2	QL (33 pens/30 days)
INSULIN GLARGINE-YFGN - insulin glargine-yfgn inj 100 unit/ml	2	QL (10 vials/30 days)
SEMGLEE - insulin glargine-yfgn soln pen-injector 100 unit/ml	2	QL (33 pens/30 days)
SEMGLEE - insulin glargine-yfgn inj 100 unit/ml	2	QL (10 vials/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	2	QL (33 pens/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	2	QL (66 pens/30 days)
TRESIBA - insulin degludec inj 100 unit/ml	2	QL (10 vials/30 days)
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	2	QL (33 pens/30 days)
ENDOCRINE and METABOLIC AGENTS - MISC.		
clomiphene citrate tab 50 mg	1	
raloxifene hcl tab 60 mg (Evista)	ACA	
CARDIOVASCULAR AGENTS		
ANTIHYPERLIPIDEMICS		
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent) (Lipitor)	ACA	
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)	ACA	
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	ACA	
lovastatin tab 10 mg, 20 mg, 40 mg	ACA	
pitavastatin calcium tab 1 mg, 2 mg, 4 mg (Livalo)	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	
simvastatin tab 5 mg	ACA	
simvastatin tab 10 mg, 20 mg, 40 mg (Zocor)	ACA	
GASTROINTESTINAL AGENTS		

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
bisacodyl tab delayed release 5 mg	ACA	OTC
GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	ACA	
magnesium citrate soln	ACA	OTC
magnesium hydroxide susp 400 mg/5ml	ACA	OTC
MILK OF MAGNESIA CONCENTR - magnesium hydroxide susp concentrate 2400 mg/10ml	ACA	OTC
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	ACA	
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	ACA	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	ACA	
PEG-PREP - bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	ACA	
polyethylene glycol 3350 oral powder 17 gm/scoop	ACA	OTC
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)	ACA	
GENITOURINARY AGENTS		
VAGINAL PRODUCTS		
ENCARE - nonoxynol-9 vaginal suppos 100 mg	ACA	OTC
ENDOMETRIN - progesterone vaginal insert 100 mg	2	QL (84 suppositories/28 days)
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%	ACA	OTC
PHEXX - lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	ACA	
progesterone vaginal insert 100 mg (Endometrin)	1	QL (84 suppositories/28 days)
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 gel 4%	ACA	OTC
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28%	ACA	OTC
CENTRAL NERVOUS SYSTEM DRUGS		
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	ACA	
CHANTIX - varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	ACA	
CHANTIX CONTINUING MONTH - varenicline tartrate tab 1 mg (base equiv)	ACA	
CHANTIX STARTING MONTH PA - varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	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

Drug Name	Drug Tier	Requirements/Limits
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 buffered (ca carb-mg carb-mg ox) tab 325 mg	ACA	OTC
aspirin chew tab 81 mg	ACA	OTC
aspirin tab delayed release 81 mg, 325 mg	ACA	OTC
aspirin tab 325 mg	ACA	OTC
ECOTRIN REGULAR STRENGTH - aspirin tab delayed release 325 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		
MULTIVITAMINS		
b-complex w/ c & folic acid tab	ACA	OTC
b-complex w/ c & folic acid tab 0.8 mg	ACA	OTC
b-complex w/ c tab	ACA	OTC
b-complex w/ folic acid tab	ACA	OTC
b-complex w/biotin & folic acid cap	ACA	OTC
b-complex w/biotin & folic acid tab	ACA	OTC

Drug Name	Drug Tier	Requirements/Limits
B-COMPLEX/VITAMIN C/FOLIC - b-complex w/ c-biotin-vit e & folic acid tab 0.4 mg	ACA	OTC
CLASSIC PRENATAL - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	ACA	OTC
CVS PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-0.8 mg	ACA	OTC
CVS PRENATAL MULTI+DHA - prenatal mv & min w/fe fum-fa-dha cap 27-0.8-250 mg	ACA	OTC
CVS PRENATAL MULTIVITAMIN - prenatal mv & min w/fe fum-fa-dha cap 27-0.8-250 mg	ACA	OTC
DAILY VITE MULTIVITAMIN/I - multiple vitamins w/ iron tab	ACA	FF, OTC
FLOTREX - pediatric multiple vitamins w/ fluoride chew tab 0.25 mg, 0.5 mg, 1 mg	ACA	
FT PRENATAL/FOLIC ACID - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	ACA	OTC
GNP PRENATAL - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	ACA	OTC
GNP PRENATAL/FOLIC ACID - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	ACA	OTC
MINI MULTI VITAMINS/IRON - multiple vitamins w/ iron tab	ACA	FF, OTC
MULTI VITAMIN WITH IRON - multiple vitamins w/ iron tab	ACA	FF, OTC
MULTI-VITAMIN/FLUORIDE DR - pediatric multiple vitamin w/ fluoride susp 0.25 mg/ml	ACA	
MULTI-VITAMIN/FLUORIDE DR - pediatric multiple vitamins w/ fluoride susp 0.5 mg/ml	ACA	
MULTI-VITAMINS/IRON - multiple vitamins w/ iron tab	ACA	FF, OTC
multiple vitamins w/ iron tab	ACA	OTC
MULTIPLE VITAMINS/IRON - multiple vitamins w/ iron tab	ACA	FF, OTC
MULTIVITAMIN PLUS IRON AD - multiple vitamins w/ iron tab	ACA	FF, OTC
MULTIVITAMIN/FLUORIDE - pediatric multiple vitamins w/ fluoride chew tab 0.25 mg, 0.5 mg, 1 mg	ACA	
MULTIVITAMIN/FLUORIDE - pediatric multiple vitamin w/ fluoride susp 0.25 mg/ml	ACA	
NAT-RUL DAILY-VITE + IRON - multiple vitamins w/ iron tab	ACA	FF, OTC
ONE DAILY MULTIVITAMIN/IR - multiple vitamins w/ iron tab	ACA	FF, OTC
ONE-DAILY MULTI-VITAMIN/I - multiple vitamins w/ iron tab	ACA	FF, OTC
ONE-DAILY/IRON - multiple vitamins w/ iron tab	ACA	FF, OTC
PRENATAL - prenatal multivitamins & minerals w/iron & fa tab 0.8 mg	ACA	OTC
PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-0.8 mg, 28-0.8 mg	ACA	OTC
PRENATAL AND IRON - prenatal multivitamins & minerals w/iron & fa tab 0.8 mg	ACA	OTC
PRENATAL COMPLETE - prenatal vit w/ fe fumarate-fa tab 14-0.4 mg	ACA	OTC
PRENATAL MULTI + DHA - prenatal mv & min w/fe fum-fa-dha cap 27-0.8-250 mg	ACA	OTC
PRENATAL MULTIVITAMIN - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	ACA	OTC

Drug Name	Drug Tier	Requirements/Limits
PRENATAL MULTIVITAMIN PLU - prenatal multivitamins & minerals w/iron & fa tab 0.8 mg	ACA	OTC
PRENATAL ONE DAILY - prenatal vit w/ fe fumarate-fa tab 27-0.8 mg	ACA	OTC
PRENATAL VITAMIN & MINERA - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	ACA	OTC
PRENATAL VITAMINS - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	ACA	OTC
QC DAILY MULTIVITAMINS/IR - multiple vitamins w/ iron tab	ACA	FF, OTC
SOLUVITA - pediatric vitamins acd w/ fluoride soln 0.25 mg/ml	ACA	OTC
STRESS B COMPLEX/IRON - multiple vitamins w/ iron tab	ACA	FF, OTC
STRESS FORMULA/IRON - multiple vitamins w/ iron tab	ACA	FF, OTC
TAB-A-VITE MULTIVITAMIN/I - multiple vitamins w/ iron tab	ACA	FF, OTC
TRI-VITE/FLUORIDE - pediatric vitamins acd w/ fluoride soln 0.25 mg/ml, 0.5 mg/ml	ACA	
vitamins w/ lipotropics tab	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)	ACA	
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 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	
SODIUM FLUORIDE - sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	ACA	OTC
SODIUM FLUORIDE - sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	ACA	OTC
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
FOLITAB 500 - ferrous sulfate-vit c-folic acid tab er 105-500-0.8 mg	ACA	OTC
FOLTABS 800 - folic acid-vitamin b6-vitamin b12 tab 0.8-10-0.115 mg	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
TRICON - fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg	ACA	FF
TOPICAL PRODUCTS		
MOUTH/THROAT/DENTAL AGENTS		

Drug Name	Drug Tier	Requirements/Limits
CLINPRO 5000 - sodium fluoride paste 1.1%	ACA	
DENTA 5000 PLUS - sodium fluoride cream 1.1%	ACA	
DENTA 5000 PLUS SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	ACA	
DENTAGEL - sodium fluoride gel 1.1% (0.5% f)	ACA	
EASYGEL - stannous fluoride gel 0.4%	ACA	
FLUORIDEX DAILY DEFENSE - sodium fluoride paste 1.1%	ACA	
FLUORIDEX DAILY RENEWAL - stannous fluoride conc 0.63%	ACA	
FLUORIDEX ENHANCED WHITEN - sodium fluoride paste 1.1%	ACA	
FLUORIDEX SENSITIVITY REL - sodium fluoride-potassium nitrate gel 1.1-5%	ACA	
FLUORIMAX 5000 - sodium fluoride paste 1.1%	ACA	
FLUORIMAX 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	ACA	
JUST RIGHT 5000 - sodium fluoride paste 1.1%	ACA	
PREVIDENT FLUORIDE - sodium fluoride gel 1.1% (0.5% f)	ACA	
PREVIDENT RINSE - sodium fluoride rinse 0.2%	ACA	
PREVIDENT 5000 BOOSTER PL - sodium fluoride paste 1.1%	ACA	
PREVIDENT 5000 DRY MOUTH - sodium fluoride gel 1.1% (0.5% f)	ACA	
PREVIDENT 5000 ENAMEL PRO - sodium fluoride-potassium nitrate gel 1.1-5%	ACA	
PREVIDENT 5000 KIDS - sodium fluoride paste 1.1%	ACA	
PREVIDENT 5000 ORTHO DEFE - sodium fluoride paste 1.1%	ACA	
PREVIDENT 5000 PLUS - sodium fluoride cream 1.1%	ACA	
PREVIDENT 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	ACA	
SF - sodium fluoride gel 1.1% (0.5% f)	ACA	
SF 5000 PLUS - sodium fluoride cream 1.1%	ACA	
SODIUM FLUORIDE - sodium fluoride rinse 0.2%	ACA	
SODIUM FLUORIDE - sodium fluoride cream 1.1%	ACA	
SODIUM FLUORIDE - sodium fluoride gel 1.1% (0.5% f)	ACA	
SODIUM FLUORIDE 5000 PLUS - sodium fluoride cream 1.1%	ACA	
SODIUM FLUORIDE 5000 PPM - sodium fluoride gel 1.1% (0.5% f)	ACA	
SODIUM FLUORIDE 5000 PPM - sodium fluoride paste 1.1%	ACA	
SODIUM FLUORIDE 5000 PPM - sodium fluoride-potassium nitrate gel 1.1-5%	ACA	
SODIUM FLUORIDE/POTASSIUM - sodium fluoride-potassium nitrate gel 1.1-5%	ACA	
DERMATOLOGICALS		
lidocaine-prilocaine cream 2.5-2.5%	ACA	QL (60 grams/30 days)
MISCELLANEOUS PRODUCTS		
ANTIDOTES		
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	2	
naloxone hcl inj 0.4 mg/ml, 4 mg/10ml	1	

Drug Name	Drug Tier	Requirements/Limits
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
ZURNAI - nalmefene hcl soln auto-injector 1.5 mg/0.5ml (base equiv)	2	
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)
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
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 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

Drug Name	Drug Tier	Requirements/Limits
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
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 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 kit	2	OTC
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring kit w/ device	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
CONTOUR PLUS CONTROL SOLU - blood glucose calibration - liquid	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	FF, PA, QL (1 receiver/365 days)
DEXCOM G6 SENSOR - continuous glucose system sensor	2	FF, PA, QL (3 sensors/30 days)
DEXCOM G6 TRANSMITTER - continuous glucose system transmitter	2	FF, PA, QL (1 receiver/90 days)
DEXCOM G7 RECEIVER - continuous glucose system receiver	2	FF, PA, QL (1 receiver/365 days)

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G7 SENSOR - continuous glucose system sensor	2	FF, PA, QL (3 sensors/30 days)
DEXCOM G7 15 DAY SENSOR - continuous glucose system sensor	2	FF, PA, QL (2 sensors/30 days)
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
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 INFUSION SET 43" - 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	FF, 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	FF, PA, QL (1 kit/720 days)
ILET STARTER KIT - INSET - insulin infusion pump supplies	2	FF, 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
MEIJER ALCOHOL SWABS EXTR - alcohol swabs	2	OTC
MINIMED MIO ADVANCE INFUS - insulin infusion pump supplies - infusion set	2	

Drug Name	Drug Tier	Requirements/Limits
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	
MINIMED RESERVOIR 3ML - insulin infusion pump supplies - reservoir	2	
MINIMED SILHOUETTE INFUSI - insulin infusion pump supplies - infusion set	2	
MISC NEEDLES and SYRINGES - VARIOUS	2	OTC
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 LIBRE INTRO KIT - insulin infusion disposable pump kit	2	PA, QL (1 kit/720 days)
OMNIPOD 5 LIBRE PODS - insulin infusion disposable pump reservoir	2	PA, QL (30 pods/30 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
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	
SURE COMFORT ALCOHOL PREP - alcohol swabs	2	OTC

Drug Name	Drug Tier	Requirements/Limits
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	
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TANDEM MOBI AUTOSOFT 30 S - insulin infusion pump supplies - infusion set	2	
TANDEM MOBI AUTOSOFT 30 1 - insulin infusion pump supplies - infusion set	2	
TANDEM MOBI TRUSTEEL SUPP - insulin infusion pump supplies - infusion set	2	
TANDEM T:SLIM ASFT XC PK1 - insulin infusion pump supplies - infusion set	2	
TANDEM T:SLIM ASFT 30 PK1 - insulin infusion pump supplies - infusion set	2	
TANDEM T:SLIM TRUSTL PK10 - insulin infusion pump supplies - infusion set	2	
TRUE COMFORT ALCOHOL PREP - alcohol swabs	2	OTC
TRUE COMFORT PRO ALCOHOL - alcohol swabs	2	OTC
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)
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)
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	

Drug Name	Drug Tier	Requirements/Limits
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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
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glucagon for inj 1 mg..... 5
GLUCOPRO SYRINGE RESERVOI..... 17
GLUCOSE..... 5
glucose chew tab 2 gm (carb equiv), 4 gm (rounded)..... 5
glucose gel 40%..... 5
GLUCOSE LIQUID..... 5
glucose-vitamin c chew tab 4-6 gm-mg..... 5
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg..... 5
glyburide tab 1.25 mg, 2.5 mg, 5 mg..... 5
GLYXAMBI..... 5
GNP ALCOHOL SWABS..... 17

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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-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)....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
lidocaine-prilocaine cream 2.5-2.5%....14
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lofexidine hcl tab 0.18 mg (base equivalent)....10
lovastatin tab 10 mg, 20 mg, 40 mg....9
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MEDICINE SHOPPE GLUCOSE....6
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metformin hcl tab 500 mg, 850 mg, 1000 mg....6
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naltrexone hcl tab 50 mg....15
nateglinide tab 60 mg, 120 mg....6
NAT-RUL DAILY-VITE + IRON....12
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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 NS....11
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 cap 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....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
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peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm....10
peg 3350-kcl-sod bicarb-nacl for soln 420 gm....10
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PENBRAYA....2
PENMENVY....2
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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
pitavastatin calcium tab 1 mg, 2 mg, 4 mg....9
PNEUMOVAX 23....2
polyethylene glycol 3350 oral powder 17 gm/scoop....10

pravastatin sodium tab 10 mg, 20 mg, 40 mg, 80 mg.....9
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sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg.....7
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sitagliptin phosphate-metformin hcl tab 50-500 mg, 50-1000 mg.....7
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sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml..... 10
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