

New York State Insurance Program Formulary

2025 Formulary (List of Covered Drugs)

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

This formulary was updated on **April 1, 2025**. To reach member services, please call **800-447-8255 (TTY: 711)**. Our hours are Monday to Friday 8 am to 6 pm (excluding major holidays). A representative will be happy to help.



This Guidebook includes information accurate at the time it was collected from Express Scripts' systems and may not reflect actual benefit setup details at later times.

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List of Abbreviations

ACA: Affordable Care Act.

DE: Copay exception to base benefit design

EG: Copay exception to base benefit design

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. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

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

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. 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.

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIVIRALS		
LAGEVRIO (EUA) ORAL CAPSULE	1	QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
RUBRACA ORAL TABLET	1	PA; FF; LA; QL
ZEJULA ORAL TABLET	1	PA; FF; LA; QL
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
MIGRAINE & CLUSTER HEADACHE THERAPY		
TRUDHESA NASAL SPRAY, NON-AEROSOL	1	PA; FF; QL
NARCOTIC ANALGESICS		
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	1	LA
<i>buprenorphine hcl sublingual tablet</i>	1	
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film</i>	1	
<i>buprenorphine-naloxone sublingual tablet</i>	1	
<i>lofexidine oral tablet</i>	1	QL
<i>naloxone nasal spray, non-aerosol</i>	1	OTC; QL
<i>naltrexone oral tablet</i>	1	
ZUBSOLV SUBLINGUAL TABLET	1	
PSYCHOTHERAPEUTIC DRUGS		
FANAPT ORAL TABLET	1	FF; QL
FANAPT ORAL TABLETS, DOSE PACK	1	FF; QL
AUTONOMIC & CNS DRUGS, NEUROLOGY		
MULTIPLE SCLEROSIS AGENTS		
COPAXONE SUBCUTANEOUS SYRINGE	1	PA; FF; LA; QL
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
SAXENDA SUBCUTANEOUS PEN INJECTOR	1	PA; FF; QL
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec)</i>	1	
ARALAST NP INTRAVENOUS RECON SOLN	1	PA; FF; LA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>disulfiram oral tablet</i>	1	
GLASSIA INTRAVENOUS SOLUTION	1	PA; FF; LA
ENDOCRINE/DIABETES		
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
DEXCOM G6 RECEIVER	1	QL
DEXCOM G6 SENSOR DEVICE	1	QL
DEXCOM G6 TRANSMITTER DEVICE	1	QL
DEXCOM G7 RECEIVER	1	QL
DEXCOM G7 SENSOR DEVICE	1	QL
FREESTYLE CONTROL SOLUTION	1	OTC
FREESTYLE FLASH SYSTEM KIT	1	FF; OTC
FREESTYLE FREEDOM KIT	1	OTC
FREESTYLE FREEDOM LITE KIT	1	OTC
FREESTYLE INSULINX	1	OTC
FREESTYLE INSULINX STRIP	1	OTC
FREESTYLE INSULINX TEST STRIPS STRIP	1	OTC
FREESTYLE LIBRE 14 DAY READER	1	
FREESTYLE LIBRE 14 DAY SENSOR KIT	1	QL
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	1	QL
FREESTYLE LIBRE 2 READER	1	QL
FREESTYLE LIBRE 2 SENSOR KIT	1	QL
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	1	QL
FREESTYLE LIBRE 3 READER	1	QL
FREESTYLE LIBRE 3 SENSOR DEVICE	1	QL
FREESTYLE LITE METER KIT	1	OTC
FREESTYLE LITE STRIPS STRIP	1	OTC
FREESTYLE PRECISION NEO METER	1	FF; OTC
FREESTYLE PRECISION NEO STRIPS STRIP	1	OTC
FREESTYLE SIDEKICK II KIT	1	FF; OTC
FREESTYLE SYSTEM KIT KIT	1	FF; OTC
FREESTYLE TEST STRIP	1	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
<i>metformin oral tablet 750 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
RYBELSUS ORAL TABLET 1.5 MG, 4 MG, 9 MG	1	PA; QL
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL	1	QL
<i>diazoxide oral suspension</i>	1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN	1	FF; QL
<i>glucagon emergency kit (human) injection recon soln</i>	1	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	1	QL
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	QL
GVOKE SUBCUTANEOUS SOLUTION	1	QL
PROGLYCEM ORAL SUSPENSION	1	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	1	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	1	QL
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	1	QL
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	1	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	1	QL
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	1	QL
INSULIN THERAPY		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	1	FF
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR	1	FF
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	1	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	1	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	1	

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Drug Name	Drug Tier	Requirements / Limits
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	1	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	1	
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR	1	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	1	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	1	FF
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	1	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	1	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	1	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	1	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	1	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	1	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	1	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN	1	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	1	
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN	1	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	1	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT	1	
INSULIN LISPRO SUBCUTANEOUS SOLUTION	1	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	1	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR	1	
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	1	
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION	1	
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN	1	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	1	QL
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	1	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	1	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	1	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	1	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION	1	
MISCELLANEOUS HORMONES		
<i>cetorelix subcutaneous kit</i>	1	PA
CETROTIDE SUBCUTANEOUS KIT	1	PA; LA
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN	1	PA
<i>clomid oral tablet</i>	1	
<i>clomiphene citrate oral tablet</i>	1	PA
<i>fyremadel subcutaneous syringe</i>	1	PA; LA
<i>ganirelix subcutaneous syringe</i>	1	PA; LA
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR	1	PA; LA
GONAL-F RFF SUBCUTANEOUS RECON SOLN	1	PA; LA
GONAL-F SUBCUTANEOUS RECON SOLN	1	PA; LA
MENOPUR SUBCUTANEOUS RECON SOLN	1	PA; LA
<i>mifepristone oral tablet 300 mg</i>	1	LA
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	1	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
OVIDREL SUBCUTANEOUS SYRINGE	1	PA; LA
PREGNYL INTRAMUSCULAR RECON SOLN	1	PA; LA; QL
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet</i>	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	1	QL
ACTOS ORAL TABLET	1	QL
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	1	PA; QL
CYCLOSET ORAL TABLET	1	
DUETACT ORAL TABLET	1	QL
FARXIGA ORAL TABLET	1	ST; QL
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin oral tablet</i>	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR	1	
<i>glyburide micronized oral tablet</i>	1	
<i>glyburide oral tablet</i>	1	
<i>glyburide-metformin oral tablet</i>	1	
GLYXAMBI ORAL TABLET	1	ST; QL
JANUMET ORAL TABLET	1	ST; QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	1	ST; QL
JANUVIA ORAL TABLET	1	ST; QL
JARDIANCE ORAL TABLET	1	ST; QL
<i>liraglutide subcutaneous pen injector</i>	1	PA; QL
<i>metformin oral solution</i>	1	ST
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	QL
<i>metformin oral tablet extended release 24hr</i>	1	ST; QL
<i>metformin oral tablet,er gast.retention 24 hr</i>	1	ST; QL
<i>miglitol oral tablet</i>	1	
MOUNJARO SUBCUTANEOUS PEN INJECTOR	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>nateglinide oral tablet</i>	1	
OSENI ORAL TABLET 12.5-30 MG, 25-45 MG	1	ST; QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	1	PA; QL
<i>pioglitazone oral tablet</i>	1	QL
<i>pioglitazone-glimepiride oral tablet</i>	1	QL
<i>pioglitazone-metformin oral tablet</i>	1	QL
PRECOSE ORAL TABLET	1	
<i>repaglinide oral tablet</i>	1	
RIOMET ORAL SOLUTION	1	ST
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	PA; QL
<i>saxagliptin oral tablet</i>	1	ST; QL
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr</i>	1	ST; QL
SEGLUROMET ORAL TABLET	1	ST; FF; QL
STEGLATRO ORAL TABLET	1	ST; FF; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	1	PA; QL
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	1	PA; QL
SYNJARDY ORAL TABLET	1	ST; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	1	ST; QL
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	1	ST
TRULICITY SUBCUTANEOUS PEN INJECTOR	1	PA; QL
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	1	ST; QL

GASTROENTEROLOGY

MISCELLANEOUS GASTROINTESTINAL AGENTS

EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN	1	PA; FF
RELISTOR ORAL TABLET	1	ST; FF

ULCER THERAPY

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
CYTOTEC ORAL TABLET	1	
<i>misoprostol oral tablet</i>	1	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

VACCINES & MISCELLANEOUS IMMUNOLOGICALS

ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN	1	
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION	1	
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE	0	ACA
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION	0	ACA
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE	0	ACA
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE	0	ACA
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION	0	ACA
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	0	ACA
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE	0	ACA

MUSCULOSKELETAL & RHEUMATOLOGY

OSTEOPOROSIS THERAPY

FORTEO SUBCUTANEOUS PEN INJECTOR	1	PA; FF; LA; QL
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OTHER RHEUMATOLOGICALS

HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR	1	PA; FF; LA; QL
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR	1	PA; FF; LA; QL
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE	1	PA; FF; LA; QL
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR	1	PA; FF; LA; QL
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE	1	PA; FF; LA; QL

OBSTETRICS & GYNECOLOGY

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
FC2 FEMALE CONDOM	0	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	0	ACA
WIDE-SEAL DIAPHRAGM	0	ACA
ESTROGENS & PROGESTINS		
<i>camila oral tablet</i>	0	ACA
CRINONE VAGINAL GEL 8 %	1	PA; LA
<i>deblitane oral tablet</i>	0	ACA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	0	ACA
DEPO-PROVERA INTRAMUSCULAR SYRINGE	0	ACA
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	0	ACA
<i>emzahh oral tablet</i>	0	ACA
ENDOMETRIN VAGINAL INSERT	1	PA; FF; LA
<i>errin oral tablet</i>	0	ACA
<i>heather oral tablet</i>	0	ACA
<i>incassia oral tablet</i>	0	ACA
<i>jencycla oral tablet</i>	0	ACA
<i>lyleq oral tablet</i>	0	ACA
<i>lyza oral tablet</i>	0	ACA
<i>medroxyprogesterone intramuscular suspension</i>	0	ACA
<i>medroxyprogesterone intramuscular syringe</i>	0	ACA
<i>nora-be oral tablet</i>	0	ACA
<i>norethindrone (contraceptive) oral tablet</i>	0	ACA
OPILL ORAL TABLET	0	ACA; OTC
<i>sharobel oral tablet</i>	0	ACA
<i>tulana oral tablet</i>	0	ACA
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING	0	ACA
<i>eluryng vaginal ring</i>	0	ACA
<i>enilloring vaginal ring</i>	0	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	0	ACA
<i>haloette vaginal ring</i>	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
MIFEPREX ORAL TABLET	1	
<i>mifepristone oral tablet 200 mg</i>	1	
<i>norelgestromin-ethin.estradiol transdermal patch weekly</i>	0	ACA
VCF CONTRACEPTIVE FILM VAGINAL FILM	0	ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL	0	ACA; OTC
<i>xulane transdermal patch weekly</i>	0	ACA
<i>zafemy transdermal patch weekly</i>	0	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet</i>	0	ACA
<i>after pill oral tablet</i>	0	ACA; OTC
AFTERA ORAL TABLET	0	ACA; OTC
<i>altavera (28) oral tablet</i>	0	ACA
<i>alyacen 1/35 (28) oral tablet</i>	0	ACA
<i>alyacen 7/7/7 (28) oral tablet</i>	0	ACA
<i>amethia oral tablets,dose pack,3 month</i>	0	ACA
<i>amethyst (28) oral tablet</i>	0	ACA
<i>apri oral tablet</i>	0	ACA
<i>aranelle (28) oral tablet</i>	0	ACA
<i>ashlyna oral tablets,dose pack,3 month</i>	0	ACA
<i>aubra eq oral tablet</i>	0	ACA
<i>aubra oral tablet</i>	0	ACA
<i>aurovela 1.5/30 (21) oral tablet</i>	0	ACA
<i>aurovela 1/20 (21) oral tablet</i>	0	ACA
<i>aurovela 24 fe oral tablet</i>	0	ACA
<i>aurovela fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>aurovela fe 1-20 (28) oral tablet</i>	0	ACA
<i>aviane oral tablet</i>	0	ACA
<i>ayuna oral tablet</i>	0	ACA
<i>azurette (28) oral tablet</i>	0	ACA
<i>balziva (28) oral tablet</i>	0	ACA
BEYAZ ORAL TABLET	0	ACA
<i>blisovi 24 fe oral tablet</i>	0	ACA
<i>blisovi fe 1.5/30 (28) oral tablet</i>	0	ACA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>blisovi fe 1/20 (28) oral tablet</i>	0	ACA
<i>briellyn oral tablet</i>	0	ACA
<i>camrese lo oral tablets,dose pack,3 month</i>	0	ACA
<i>camrese oral tablets,dose pack,3 month</i>	0	ACA
<i>caziant (28) oral tablet</i>	0	ACA
<i>charlotte 24 fe oral tablet,chewable</i>	0	ACA
<i>chateal eq (28) oral tablet</i>	0	ACA
<i>cryselle (28) oral tablet</i>	0	ACA
<i>curae oral tablet</i>	0	ACA; OTC
<i>cyred eq oral tablet</i>	0	ACA
<i>cyred oral tablet</i>	0	ACA
<i>dasetta 1/35 (28) oral tablet</i>	0	ACA
<i>dasetta 7/7/7 (28) oral tablet</i>	0	ACA
<i>daysee oral tablets,dose pack,3 month</i>	0	ACA
<i>desog-e.estradiol/e.estradiol oral tablet</i>	0	ACA
<i>dolishale oral tablet</i>	0	ACA
<i>drospirenone-e.estradiol-lm.fa oral tablet</i>	0	ACA
<i>drospirenone-ethinyl estradiol oral tablet</i>	0	ACA
<i>econtra ez oral tablet</i>	0	ACA; OTC
<i>econtra one-step oral tablet</i>	0	ACA; OTC
<i>elinest oral tablet</i>	0	ACA
ELLA ORAL TABLET	0	ACA
<i>enpresse oral tablet</i>	0	ACA
<i>enskyce oral tablet</i>	0	ACA
<i>estarylla oral tablet</i>	0	ACA
<i>ethynodiol diac-eth estradiol oral tablet</i>	0	ACA
<i>falmina (28) oral tablet</i>	0	ACA
<i>feirza oral tablet</i>	0	ACA
<i>finzala oral tablet,chewable</i>	0	ACA
<i>gemmily oral capsule</i>	0	ACA
<i>hailey 24 fe oral tablet</i>	0	ACA
<i>hailey fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>hailey fe 1/20 (28) oral tablet</i>	0	ACA
<i>hailey oral tablet</i>	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>her style oral tablet</i>	0	ACA; OTC
<i>iclevia oral tablets,dose pack,3 month</i>	0	ACA
<i>isibloom oral tablet</i>	0	ACA
<i>jaimiess oral tablets,dose pack,3 month</i>	0	ACA
<i>jasmiel (28) oral tablet</i>	0	ACA
<i>jolessa oral tablets,dose pack,3 month</i>	0	ACA
<i>joyeaux oral tablet</i>	0	ACA
<i>juleber oral tablet</i>	0	ACA
<i>junel 1.5/30 (21) oral tablet</i>	0	ACA
<i>junel 1/20 (21) oral tablet</i>	0	ACA
<i>junel fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>junel fe 1/20 (28) oral tablet</i>	0	ACA
<i>junel fe 24 oral tablet</i>	0	ACA
<i>kaitlib fe oral tablet,chewable</i>	0	ACA
<i>kalliga oral tablet</i>	0	ACA
<i>kariva (28) oral tablet</i>	0	ACA
<i>kelnor 1/35 (28) oral tablet</i>	0	ACA
<i>kelnor 1/50 (28) oral tablet</i>	0	ACA
<i>kurvelo (28) oral tablet</i>	0	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month</i>	0	ACA
<i>larin 1.5/30 (21) oral tablet</i>	0	ACA
<i>larin 1/20 (21) oral tablet</i>	0	ACA
<i>larin 24 fe oral tablet</i>	0	ACA
<i>larin fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>larin fe 1/20 (28) oral tablet</i>	0	ACA
<i>layolis fe oral tablet,chewable</i>	0	ACA
<i>leena 28 oral tablet</i>	0	ACA
<i>lessina oral tablet</i>	0	ACA
<i>levonest (28) oral tablet</i>	0	ACA
<i>levonorgest-eth.estradiol-iron oral tablet</i>	0	ACA
<i>levonorgestrel oral tablet</i>	0	ACA; OTC
<i>levonorgestrel-ethinyl estradiol oral tablet</i>	0	ACA
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	0	ACA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>levonorg-eth estrad triphasic oral tablet</i>	0	ACA
<i>levora-28 oral tablet</i>	0	ACA
<i>lojaimiess oral tablets,dose pack,3 month</i>	0	ACA
<i>loryna (28) oral tablet</i>	0	ACA
<i>low-ogestrel (28) oral tablet</i>	0	ACA
<i>lo-zumandimine (28) oral tablet</i>	0	ACA
<i>luteria (28) oral tablet</i>	0	ACA
<i>marlissa (28) oral tablet</i>	0	ACA
<i>merzee oral capsule</i>	0	ACA
<i>mibelas 24 fe oral tablet,chewable</i>	0	ACA
<i>microgestin 1.5/30 (21) oral tablet</i>	0	ACA
<i>microgestin 1/20 (21) oral tablet</i>	0	ACA
<i>microgestin fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>microgestin fe 1/20 (28) oral tablet</i>	0	ACA
<i>mili oral tablet</i>	0	ACA
<i>minzoya oral tablet</i>	0	ACA
<i>mono-lynyah oral tablet</i>	0	ACA
<i>my choice oral tablet</i>	0	ACA; OTC
<i>my way oral tablet</i>	0	ACA; OTC
<i>necon 0.5/35 (28) oral tablet</i>	0	ACA
<i>new day oral tablet</i>	0	ACA; OTC
<i>nikki (28) oral tablet</i>	0	ACA
<i>noreth-ethinyl estradiol-iron oral tablet,chewable</i>	0	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	0	ACA
<i>norethindrone-e.estradiol-iron oral capsule</i>	0	ACA
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	0	ACA
<i>norgestimate-ethinyl estradiol oral tablet</i>	0	ACA
<i>nortrel 0.5/35 (28) oral tablet</i>	0	ACA
<i>nortrel 1/35 (21) oral tablet</i>	0	ACA
<i>nortrel 1/35 (28) oral tablet</i>	0	ACA
<i>nortrel 7/7/7 (28) oral tablet</i>	0	ACA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>nylia 1/35 (28) oral tablet</i>	0	ACA
<i>nylia 7/7/7 (28) oral tablet</i>	0	ACA
<i>ocella oral tablet</i>	0	ACA
<i>opcicon one-step oral tablet</i>	0	ACA; OTC
<i>option-2 oral tablet</i>	0	ACA; OTC
<i>philith oral tablet</i>	0	ACA
<i>pimtrea (28) oral tablet</i>	0	ACA
PLAN B ONE-STEP ORAL TABLET	0	ACA; OTC
<i>portia 28 oral tablet</i>	0	ACA
<i>reclipsen (28) oral tablet</i>	0	ACA
<i>rivelsa oral tablets,dose pack,3 month</i>	0	ACA
<i>setlakin oral tablets,dose pack,3 month</i>	0	ACA
<i>simliya (28) oral tablet</i>	0	ACA
<i>simpesse oral tablets,dose pack,3 month</i>	0	ACA
<i>sprintec (28) oral tablet</i>	0	ACA
<i>sronyx oral tablet</i>	0	ACA
<i>syeda oral tablet</i>	0	ACA
TAKE ACTION ORAL TABLET	0	ACA; OTC
<i>tarina 24 fe oral tablet</i>	0	ACA
<i>tarina fe 1/20 (28) oral tablet</i>	0	ACA
<i>tilia fe oral tablet</i>	0	ACA
<i>tri-estarylla oral tablet</i>	0	ACA
<i>tri-legest fe oral tablet</i>	0	ACA
<i>tri-linyah oral tablet</i>	0	ACA
<i>tri-lo-estarylla oral tablet</i>	0	ACA
<i>tri-lo-marzia oral tablet</i>	0	ACA
<i>tri-lo-mili oral tablet</i>	0	ACA
<i>tri-lo-sprintec oral tablet</i>	0	ACA
<i>tri-mili oral tablet</i>	0	ACA
<i>tri-sprintec (28) oral tablet</i>	0	ACA
<i>trivora (28) oral tablet</i>	0	ACA
<i>tri-vylibra lo oral tablet</i>	0	ACA
<i>tri-vylibra oral tablet</i>	0	ACA
<i>turqoz (28) oral tablet</i>	0	ACA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>valtya oral tablet</i>	0	ACA
<i>velivet triphasic regimen (28) oral tablet</i>	0	ACA
<i>vestura (28) oral tablet</i>	0	ACA
<i>vienva oral tablet</i>	0	ACA
<i>viorele (28) oral tablet</i>	0	ACA
<i>volnea (28) oral tablet</i>	0	ACA
<i>vyfemla (28) oral tablet</i>	0	ACA
<i>vylibra oral tablet</i>	0	ACA
<i>wera (28) oral tablet</i>	0	ACA
<i>wymzya fe oral tablet,chewable</i>	0	ACA
YAZ (28) ORAL TABLET	0	ACA
<i>zarah oral tablet</i>	0	ACA
<i>zovia 1-35 (28) oral tablet</i>	0	ACA
<i>zumandimine (28) oral tablet</i>	0	ACA

OPHTHALMOLOGY

CYCLOPLEGIC MYDRIATICS

ATROPINE SULFATE (PF) OPHTHALMIC
(EYE) DROPPERETTE

1

FF

OTHER GLAUCOMA DRUGS

LUMIGAN OPHTHALMIC (EYE) DROPS 0.01
%

1

PA; FF

VYZULTA OPHTHALMIC (EYE) DROPS

1

PA; FF

RESPIRATORY, ALLERGY, COUGH & COLD

ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS

EPINEPHRINE INJECTION AUTO-INJECTOR
0.15 MG/0.15 ML

1

FF; QL

KARBINAL ER ORAL
SUSPENSION,EXTENDED REL 12 HR

1

ST; FF

PULMONARY AGENTS

ADVAIR DISKUS INHALATION BLISTER
WITH DEVICE

1

PA; FF; QL

DYMISTA NASAL SPRAY, NON-AEROSOL

1

ST; FF; QL

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