



Prescription Drug Supplemental Benefit Coverage Additional Drug Lists

Your plan includes supplemental coverage for certain drugs and supplies as shown below. This is not a complete list of prescription drugs and supplies covered by our plan. For a complete list, please visit **AetnaFeds.com/pharmacy** or call us toll-free at **1-833-271-9775 (TTY: 711)**, 24 hours a day, 7 days a week.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., *levothyroxine*).

If you have any questions about the drugs and/or coverage listed below, please contact us at the number on your member ID card.

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\$0 Copay Supplemental Benefit

The FEHBP has provided additional coverage for certain prescription drugs. You will pay a \$0 copay for the prescription drugs included on the list below.

Some prescription drugs included in this list are marked “ND”; these drugs are not covered by Medicare Part D and are not included in your drug list (formulary). The amount paid when you fill a prescription for these non-Part D drugs does not count toward your total drug costs. (This amount does not help you qualify for catastrophic coverage.) You are unable to file a Medicare appeal or grievance for these drugs, and if you get Extra Help from Medicare to pay for your prescription drugs, it will not apply to these drugs.

Key

Drug Name

UPPERCASE = Brand-name prescription drugs

Lowercase italics = Generic medications

Requirements/Limits

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

PA = Prior Authorization. Our plan requires you or our provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

B/D = Part B vs Part D. This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

MO = Mail Order. For certain kinds of drugs, you can use CVS Caremark® Mail Service Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. Drugs available through mail-order are marked as “MO” in our Drug List.

ND = Non Part D Drug. Certain drugs not covered by Medicare Part D and not found on the formulary. However, your plan has chosen to provide coverage for select Non Part D prescription drugs as indicated in the list below.

| Drug Name | Requirements/Limits |
|---|---------------------|
| ANALGESICS | |
| ASPIRIN | |
| <i>adult aspirin regimen</i> | ND |
| <i>aspirin</i> | ND |
| <i>aspirin 81</i> | ND |
| <i>aspirin 81 low dose</i> | ND |
| <i>aspirin adult low dose</i> | ND |
| <i>aspirin ec</i> | ND |
| <i>aspirin low dose</i> | ND |
| ANTINEOPLASTIC AGENTS | |
| ALKYLATING AGENTS | |
| ALKERAN INJECTION | |
| ALKERAN TABLET | B/D MO |
| BENDAMUSTINE HYDROCHLORIDE INJECTION 100MG/4ML | |
| <i>bendamustine hydrochloride injection 100mg, 25mg</i> | |
| BENDEKA | |
| BICNU | |
| <i>busulfan</i> | |
| BUSULFEX | |
| <i>capecitabine</i> | ND |
| <i>carboplatin</i> | |
| <i>carmustine</i> | |
| <i>cisplatin</i> | |
| CYCLOPHOSPHAMIDE MONOHYDRATE | |
| CYCLOPHOSPHAMIDE TABLET | PA |
| <i>cyclophosphamide capsule</i> | PA MO |
| CYCLOPHOSPHAMIDE INJECTION 1GM/5ML, 500MG/2.5ML | |
| <i>cyclophosphamide injection 1gm, 2gm, 500mg</i> | |
| <i>etoposide capsule 50mg</i> | ND |
| EVOMELA | |
| GLEOSTINE | |
| IFEX | |
| IFOSFAMIDE INJECTION 3GM | |
| <i>ifosfamide injection 1gm/20ml, 1gm, 3gm/60ml</i> | |
| LEUKERAN | MO |
| <i>melphalan tablet 2mg</i> | B/D MO |
| <i>melphalan hydrochloride injection</i> | |
| MYLERAN | ND |
| <i>oxaliplatin</i> | |
| <i>paraplatin</i> | |
| PEPAXTO | ND |
| TEMODAR | |
| <i>temozolomide</i> | ND |
| TEPADINA | |
| <i>thiotepa</i> | |
| TREANDA | |

| Drug Name | Requirements/Limits |
|--|--------------------------|
| YONDELIS | PA |
| ZANOSAR | |
| ZEPZELCA | PA |
| ANTIBIOTICS | |
| <i>adriamycin</i> | B/D |
| <i>bleomycin sulfate</i> | B/D |
| COSMEGEN | |
| <i>dactinomycin</i> | |
| DAUNORUBICIN HYDROCHLORIDE INJECTION 50MG/10ML | |
| <i>daunorubicin hydrochloride injection 20mg/4ml</i> | |
| DOXIL | |
| <i>doxorubicin hcl injection 2mg/ml</i> | B/D |
| <i>doxorubicin hydrochloride injection 200mg/100ml</i> | B/D |
| <i>doxorubicin hydrochloride liposomal 20mg/10m; 50mg/25ml</i> | |
| ELLEENCE | |
| IDAMYCIN PFS | |
| <i>idarubicin hcl</i> | |
| <i>mitomycin</i> | |
| <i>mutamycin</i> | |
| <i>valrubicin</i> | |
| VALSTAR | |
| ANTIMETABOLITES | |
| ALIMTA | |
| ARRANON | |
| <i>azacitidine</i> | |
| <i>cladribine</i> | B/D |
| <i>clofarabine</i> | |
| CLOLAR | |
| <i>cytarabine injection 100mg/ml</i> | B/D |
| <i>cytarabine aqueous injection 20mg/ml</i> | B/D |
| <i>decitabine</i> | |
| <i>fludarabine phosphate</i> | |
| <i>fluorouracil</i> | B/D |
| FOLOTYN | |
| <i>gemcitabine hcl</i> | |
| GEMCITABINE HYDROCHLORIDE INJECTION 1GM/10ML, 2GM/20ML | |
| <i>gemcitabine hydrochloride injection 1gm/26.3ml, 200mg/2ml, 200mg/5.26ml, 2gm/52.6ml</i> | |
| INFUGEM | |
| INQOVI | QL (5 EA per 28 days) PA |
| LONSURF | PA |
| <i>mercaptopurine</i> | MO |
| <i>methotrexate sodium injection pf 50mg/2ml</i> | MO |
| <i>methotrexate sodium injection 1gm/40ml, 1gm</i> | |
| <i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i> | MO |
| <i>nelarabine</i> | |

| Drug Name | Requirements/Limits |
|--|------------------------------|
| ONUREG | QL (14 EA per 28 days) PA |
| PEMETREXED INJECTION 100MG/4ML, 100MG, 1GM/40ML, 500MG/20ML, 500MG | |
| <i>pemetrexed injection 1000mg, 100mg, 500mg, 750mg</i> | |
| PURIXAN | |
| TABLOID | MO |
| VIDAZA | |
| XELODA | ND |
| HORMONAL ANTINEOPLASTIC AGENTS | |
| <i>abiraterone acetate</i> | PA |
| <i>anastrozole</i> | MO |
| ARIMIDEX | MO |
| AROMASIN | MO |
| <i>bicalutamide</i> | MO |
| CASODEX | MO |
| ELIGARD | PA |
| EMCYT | MO |
| ERLEADA | PA |
| EULEXIN | |
| <i>exemestane</i> | MO |
| FARESTON | PA MO |
| FASLODEX | |
| FEMARA | MO |
| FIRMAGON | PA |
| <i>fulvestrant</i> | |
| <i>hydroxyprogesterone caproate</i> | |
| <i>letrozole</i> | MO |
| LEUPROLIDE ACETATE INJECTION 22.5MG | PA |
| <i>leuprolide acetate injection 1mg/0.2ml</i> | PA |
| LUPRON DEPOT (1-MONTH) | PA |
| LUPRON DEPOT (3-MONTH) | PA |
| LUPRON DEPOT (4-MONTH) | PA |
| LUPRON DEPOT (6-MONTH) | PA |
| LYSODREN | MO |
| <i>megestrol acetate tablet 20mg, 40mg</i> | MO |
| NILANDRON | MO |
| <i>nilutamide</i> | MO |
| NUBEQA | PA |
| ORGOVYX | PA MO |
| ORSERDU TABLET 345MG | QL (30 EA per 30 days) PA MO |
| ORSERDU TABLET 86MG | QL (90 EA per 30 days) PA MO |
| SOLTAMOX | MO |
| <i>tamoxifen citrate</i> | MO |
| <i>toremifene citrate</i> | PA MO |
| TRELSTAR MIXJECT INJECTION 11.25MG, 22.5MG, 3.75MG | PA |
| VANTAS | ND |
| XTANDI | PA |

| Drug Name | Requirements/Limits |
|--|------------------------------|
| YONSA | PA |
| ZOLADEX | |
| ZYTIGA | PA |
| IMMUNOMODULATORS | |
| <i>lenalidomide capsule 20mg, 25mg</i> | QL (21 EA per 28 days) PA |
| <i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i> | QL (28 EA per 28 days) PA |
| POMALYST | QL (21 EA per 28 days) PA |
| REVLIMID CAPSULE 20MG, 25MG | QL (21 EA per 28 days) PA |
| REVLIMID CAPSULE 10MG, 15MG, 2.5MG, 5MG | QL (28 EA per 28 days) PA |
| MISCELLANEOUS | |
| ALFERON N | ND |
| <i>arsenic trioxide</i> | |
| ASPARLAS | PA |
| BESREMI | QL (2 ML per 28 days) PA |
| <i>bexarotene capsule 75mg</i> | PA |
| CAMPTOSAR | |
| <i>dacarbazine</i> | |
| HYCAMTIN INJECTION | |
| HYCAMTIN CAPSULE | ND |
| HYDREA | MO |
| <i>hydroxyurea</i> | MO |
| IMLYGIC | PA |
| <i>irinotecan</i> | |
| <i>irinotecan hydrochloride</i> | |
| KISQALI FEMARA 200 DOSE | PA |
| KISQALI FEMARA 400 DOSE | PA |
| KISQALI FEMARA 600 DOSE | PA |
| MATULANE | MO |
| <i>mitoxantrone hcl</i> | |
| NIPENT | |
| ONCASPAR | PA |
| ONIVYDE | PA |
| PROLEUKIN | ND |
| PROVENGE | ND |
| RYLAZE | PA |
| SYNRIBO | PA |
| TARGRETIN CAPSULE 75MG | PA |
| TICE BCG | |
| TOPOTECAN HCL INJECTION 4MG/4ML | |
| <i>topotecan hcl injection 4mg</i> | |
| <i>tretinoin</i> | MO |
| TRISENOX | |
| UVADEX | ND |
| VYXEOS | PA |
| WELIREG | QL (90 EA per 30 days) PA MO |
| MITOTIC INHIBITORS | |
| ABRAXANE | |

| Drug Name | Requirements/Limits |
|---|-------------------------------|
| DOCETAXEL INJECTION 160MG/16ML, 160MG/8ML, 20MG/2ML, 80MG/8ML | |
| <i>docetaxel injection 20mg/ml, 80mg/4ml</i> | |
| ETOPOPHOS | |
| <i>etoposide injection 100mg/5ml, 1gm/50ml, 500mg/25ml</i> | |
| HALAVEN | PA |
| IXEMPRA KIT | PA |
| JEVTANA | PA |
| MARQIBO | ND |
| <i>paclitaxel</i> | |
| <i>paclitaxel protein-bound particles</i> | |
| <i>toposar</i> | |
| <i>vinblastine sulfate</i> | B/D |
| <i>vincasar pfs</i> | B/D |
| <i>vincristine sulfate</i> | B/D |
| <i>vinorelbine tartrate</i> | |
| MOLECULAR TARGET AGENTS | |
| AFINITOR | QL (30 EA per 30 days) PA |
| AFINITOR DISPERZ TABLET SOLUBLE 2MG | QL (150 EA per 30 days) PA |
| AFINITOR DISPERZ TABLET SOLUBLE 5MG | QL (60 EA per 30 days) PA |
| AFINITOR DISPERZ TABLET SOLUBLE 3MG | QL (90 EA per 30 days) PA |
| ALECENSA | QL (240 EA per 30 days) PA |
| ALIQOPA | QL (3 EA per 28 days) PA |
| ALUNBRIG TABLET THERAPY PACK | PA MO |
| ALUNBRIG TABLET 30MG | QL (120 EA per 30 days) PA MO |
| ALUNBRIG TABLET 180MG, 90MG | QL (30 EA per 30 days) PA MO |
| ALYMSYS | PA |
| ARZERRA | PA |
| AVASTIN | PA |
| AYVAKIT | QL (30 EA per 30 days) PA MO |
| BALVERSA TABLET 5MG | QL (28 EA per 28 days) PA |
| BALVERSA TABLET 4MG | QL (56 EA per 28 days) PA |
| BALVERSA TABLET 3MG | QL (84 EA per 28 days) PA |
| BAVENCIO | PA |
| BELEODAQ | PA |
| BESPONSA | PA |
| BLENREP | PA |
| BLINCYTO | PA |
| BORTEZOMIB INJECTION 1MG, 2.5MG, 3.5MG | PA |
| <i>bortezomib injection 3.5mg</i> | PA |
| BOSULIF TABLET 100MG | QL (180 EA per 30 days) PA |
| BOSULIF TABLET 400MG, 500MG | QL (30 EA per 30 days) PA |
| BRAFTOVI CAPSULE 75MG | QL (180 EA per 30 days) PA |
| BRUKINSA | QL (120 EA per 30 days) PA MO |
| CABOMETYX | QL (30 EA per 30 days) PA |
| CALQUENCE | QL (60 EA per 30 days) PA MO |
| CAPRELSA TABLET 300MG | QL (30 EA per 30 days) PA MO |

| Drug Name | Requirements/Limits |
|--|-------------------------------|
| CAPRELSA TABLET 100MG | QL (60 EA per 30 days) PA MO |
| COLUMVI | PA |
| COMETRIQ KIT 140MG/DAY | QL (112 EA per 28 days) PA |
| COMETRIQ KIT 100MG/DAY | QL (56 EA per 28 days) PA |
| COMETRIQ KIT 20MG | QL (84 EA per 28 days) PA |
| COPIKTRA | QL (56 EA per 28 days) PA |
| COTELLIC | QL (63 EA per 28 days) PA |
| CYRAMZA | PA |
| DARZALEX | PA |
| DARZALEX FASPRO | PA |
| DAURISMO TABLET 100MG | QL (30 EA per 30 days) PA |
| DAURISMO TABLET 25MG | QL (60 EA per 30 days) PA |
| EMPLICITI | PA |
| ENHERTU | PA |
| EPKINLY | PA |
| ERBITUX | PA |
| ERIVEDGE | PA |
| <i>erlotinib hydrochloride tablet 100mg, 150mg</i> | QL (30 EA per 30 days) PA |
| <i>erlotinib hydrochloride tablet 25mg</i> | QL (90 EA per 30 days) PA |
| <i>everolimus tablet</i> | QL (30 EA per 30 days) PA |
| <i>everolimus tablet soluble 2mg</i> | QL (150 EA per 30 days) PA |
| <i>everolimus tablet soluble 5mg</i> | QL (60 EA per 30 days) PA |
| <i>everolimus tablet soluble 3mg</i> | QL (90 EA per 30 days) PA |
| EXKIVITY | QL (120 EA per 30 days) PA MO |
| FARYDAK | ND |
| FOTIVDA | QL (21 EA per 28 days) PA MO |
| FYARRO | PA |
| GAVRETO | QL (120 EA per 30 days) PA |
| GAZYVA | PA |
| <i>gefitinib</i> | QL (30 EA per 30 days) PA |
| GILOTRIF | QL (30 EA per 30 days) PA MO |
| GLEEVEC TABLET 400MG | QL (60 EA per 30 days) PA |
| GLEEVEC TABLET 100MG | QL (90 EA per 30 days) PA |
| HERCEPTIN | PA |
| HERCEPTIN HYLECTA | PA |
| HERZUMA | PA |
| IBRANCE | QL (21 EA per 28 days) PA |
| ICLUSIG TABLET 10MG, 30MG | PA MO |
| ICLUSIG TABLET 15MG, 45MG | QL (30 EA per 30 days) PA MO |
| IDHIFA | QL (30 EA per 30 days) PA |
| <i>imatinib mesylate tablet 400mg</i> | QL (60 EA per 30 days) PA |
| <i>imatinib mesylate tablet 100mg</i> | QL (90 EA per 30 days) PA |
| IMBRUVICA SUSPENSION | QL (216 ML per 27 days) PA MO |
| IMBRUVICA TABLET | QL (30 EA per 30 days) PA MO |
| IMBRUVICA CAPSULE 70MG | QL (30 EA per 30 days) PA MO |
| IMBRUVICA CAPSULE 140MG | QL (90 EA per 30 days) PA MO |
| IMFINZI | PA |

| Drug Name | Requirements/Limits |
|---|-------------------------------|
| IMJUDO | PA |
| INLYTA TABLET 5MG | QL (120 EA per 30 days) PA |
| INLYTA TABLET 1MG | QL (180 EA per 30 days) PA |
| INREBIC | QL (120 EA per 30 days) PA |
| IRESSA | QL (30 EA per 30 days) PA |
| ISTODAX | |
| JAKAFI | QL (60 EA per 30 days) PA |
| JAYPIRCA TABLET 50MG | QL (30 EA per 30 days) PA |
| JAYPIRCA TABLET 100MG | QL (60 EA per 30 days) PA |
| JEMPERLI | PA |
| KADCYLA | |
| KANJINTI | PA |
| KEYTRUDA INJECTION 100MG/4ML | PA |
| KIMMTRAK | PA |
| KISQALI TABLET THERAPY PACK 200MG, 400MG, 600MG | PA |
| KOSELUGO | PA MO |
| KRAZATI | QL (180 EA per 30 days) PA MO |
| KYPROLIS | PA |
| <i>lapatinib ditosylate</i> | QL (180 EA per 30 days) PA |
| LENVIMA 10 MG DAILY DOSE | PA |
| LENVIMA 12MG DAILY DOSE | PA |
| LENVIMA 14 MG DAILY DOSE | PA |
| LENVIMA 18 MG DAILY DOSE | PA |
| LENVIMA 20 MG DAILY DOSE | PA |
| LENVIMA 24 MG DAILY DOSE | PA |
| LENVIMA 4 MG DAILY DOSE | PA |
| LENVIMA 8 MG DAILY DOSE | PA |
| LIBTAYO | PA |
| LORBRENA TABLET 100MG | QL (30 EA per 30 days) PA |
| LORBRENA TABLET 25MG | QL (90 EA per 30 days) PA |
| LUMAKRAS TABLET 120MG | QL (240 EA per 30 days) PA |
| LUMAKRAS TABLET 320MG | QL (90 EA per 30 days) PA |
| LUMOXITI | |
| LUNSUMIO | PA |
| LYNPARZA | QL (120 EA per 30 days) PA |
| LYTGOBI TABLET THERAPY PACK 16MG | QL (112 EA per 28 days) PA MO |
| LYTGOBI TABLET THERAPY PACK 20MG | QL (140 EA per 28 days) PA MO |
| LYTGOBI TABLET THERAPY PACK 12MG | QL (84 EA per 28 days) PA MO |
| MARGENZA | PA |
| MEKINIST SOLUTION RECONSTITUTED | QL (1260 ML per 30 days) PA |
| MEKINIST TABLET 2MG | QL (30 EA per 30 days) PA |
| MEKINIST TABLET 0.5MG | QL (90 EA per 30 days) PA |
| MEKTOVI | QL (180 EA per 30 days) PA |
| MONJUVI | PA |
| MVASI | PA |
| MYLOTARG | PA |
| NERLYNX | QL (180 EA per 30 days) PA |

| Drug Name | Requirements/Limits |
|--|------------------------------|
| NEXAVAR | QL (120 EA per 30 days) PA |
| NINLARO | PA |
| ODOMZO | PA |
| OGIVRI | PA |
| ONTRUZANT | PA |
| OPDIVO | PA |
| OPDUALAG | PA |
| PADCEV | PA |
| PEMAZYRE | QL (14 EA per 21 days) PA MO |
| PERJETA | PA |
| PHESGO | PA |
| PIQRAY 200MG DAILY DOSE | QL (28 EA per 28 days) PA |
| PIQRAY 250MG DAILY DOSE | QL (56 EA per 28 days) PA |
| PIQRAY 300MG DAILY DOSE | QL (56 EA per 28 days) PA |
| POLIVY | PA |
| PORTRAZZA | PA |
| POTELIGEO | PA |
| QINLOCK | QL (90 EA per 30 days) PA MO |
| RETEVMO CAPSULE 80MG | QL (120 EA per 30 days) PA |
| RETEVMO CAPSULE 40MG | QL (180 EA per 30 days) PA |
| REZLIDHIA | QL (60 EA per 30 days) PA MO |
| RIABNI | PA |
| RITUXAN | PA |
| RITUXAN HYCELA | PA |
| <i>romidepsin</i> | |
| ROZLYTREK CAPSULE 100MG | QL (150 EA per 30 days) PA |
| ROZLYTREK CAPSULE 200MG | QL (90 EA per 30 days) PA |
| RUBRACA | PA |
| RUXIENCE | PA |
| RYBREVANT | PA |
| RYDAPT | QL (224 EA per 28 days) PA |
| SARCLISA | PA |
| SCEMBLIX TABLET 40MG | QL (300 EA per 30 days) PA |
| SCEMBLIX TABLET 20MG | QL (60 EA per 30 days) PA |
| <i>sorafenib tosylate</i> | QL (120 EA per 30 days) PA |
| SPRYCEL TABLET 100MG, 140MG, 50MG, 70MG, 80MG | QL (30 EA per 30 days) PA |
| SPRYCEL TABLET 20MG | QL (90 EA per 30 days) PA |
| STIVARGA | QL (84 EA per 28 days) PA |
| <i>sunitinib malate</i> | QL (30 EA per 30 days) PA |
| SUTENT | QL (30 EA per 30 days) PA |
| TABRECTA | QL (112 EA per 28 days) PA |
| TAFINLAR CAPSULE | QL (120 EA per 30 days) PA |
| TAFINLAR TABLET SOLUBLE | QL (900 EA per 30 days) PA |
| TAGRISO | QL (30 EA per 30 days) PA |
| TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG | QL (30 EA per 30 days) PA |
| TALZENNA CAPSULE 0.25MG | QL (90 EA per 30 days) PA |
| TARCEVA TABLET 100MG, 150MG | QL (30 EA per 30 days) PA |

| Drug Name | Requirements/Limits |
|--|-------------------------------|
| TARCEVA TABLET 25MG | QL (90 EA per 30 days) PA |
| TASIGNA CAPSULE 150MG, 200MG | QL (112 EA per 28 days) PA |
| TASIGNA CAPSULE 50MG | QL (120 EA per 30 days) PA |
| TAZVERIK | QL (240 EA per 30 days) PA MO |
| TECENTRIQ | PA |
| TECVAYLI | PA |
| <i>temsirolimus</i> | |
| TEPMETKO | QL (60 EA per 30 days) PA MO |
| TIBSOVO | PA MO |
| TIVDAK | PA |
| TORISEL | |
| TRAZIMERA | PA |
| TRODELVY | PA |
| TRUSELTIQ CAPSULE THERAPY PACK 100MG | QL (21 EA per 28 days) PA |
| TRUSELTIQ CAPSULE THERAPY PACK 0, 25MG | QL (42 EA per 28 days) PA |
| TRUSELTIQ CAPSULE THERAPY PACK 25MG | QL (63 EA per 28 days) PA |
| TRUXIMA | PA |
| TUKYSA TABLET 150MG | QL (120 EA per 30 days) PA MO |
| TUKYSA TABLET 50MG | QL (240 EA per 30 days) PA MO |
| TURALIO | QL (120 EA per 30 days) PA MO |
| TYKERB | QL (180 EA per 30 days) PA |
| UKONIQ | ND |
| VECTIBIX | PA |
| VEGZELMA | PA |
| VELCADE | PA |
| VENCLEXTA STARTING PACK | QL (42 EA per 28 days) PA MO |
| VENCLEXTA TABLET 10MG, 50MG | QL (120 EA per 30 days) PA MO |
| VENCLEXTA TABLET 100MG | QL (180 EA per 30 days) PA MO |
| VERZENIO | PA |
| VITRAKVI SOLUTION | QL (300 ML per 30 days) PA |
| VITRAKVI CAPSULE 25MG | QL (180 EA per 30 days) PA |
| VITRAKVI CAPSULE 100MG | QL (60 EA per 30 days) PA |
| VIZIMPRO | QL (30 EA per 30 days) PA |
| VONJO | QL (120 EA per 30 days) PA MO |
| VOTRIENT | QL (120 EA per 30 days) PA |
| XALKORI | QL (120 EA per 30 days) PA |
| XOSPATA | PA |
| XPOVIO 60 MG TWICE WEEKLY | QL (24 EA per 28 days) PA MO |
| XPOVIO 80 MG TWICE WEEKLY | QL (32 EA per 28 days) PA MO |
| XPOVIO TABLET THERAPY PACK 40MG, 60MG | QL (4 EA per 28 days) PA MO |
| XPOVIO TABLET THERAPY PACK 40MG, 50MG | QL (8 EA per 28 days) PA MO |
| YERVOY | PA |
| ZALTRAP | PA |
| ZEJULA CAPSULE | PA |
| ZEJULA TABLET | QL (30 EA per 30 days) PA |
| ZELBORAF | QL (240 EA per 30 days) PA |
| ZIRABEV | PA |

| Drug Name | Requirements/Limits |
|---|-------------------------------|
| ZOLINZA | PA |
| ZYDELIG | QL (60 EA per 30 days) PA |
| ZYKADIA | QL (84 EA per 28 days) PA |
| ZYNLONTA | PA |
| ZYNYZ | PA |
| PROTECTIVE AGENTS | |
| <i>dexrazoxane</i> | |
| ELITEK | |
| KEPIVANCE | |
| KHAPZORY | B/D |
| <i>leucovorin calcium injection</i> | |
| <i>leucovorin calcium tablet</i> | MO |
| <i>levoleucovorin calcium injection 50mg</i> | |
| <i>levoleucovorin calcium</i> | |
| <i>mesna</i> | |
| MESNEX INJECTION | |
| MESNEX TABLET | MO |
| CARDIOVASCULAR | |
| ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS | |
| <i>atorvastatin calcium</i> | QL (30 EA per 30 days) MO |
| <i>fluvastatin capsule 20mg, 40mg</i> | QL (60 EA per 30 days) MO |
| <i>fluvastatin sodium er tablet extended release 24 hour 80mg</i> | QL (30 EA per 30 days) MO |
| <i>lovastatin</i> | MO |
| <i>pravastatin sodium</i> | QL (30 EA per 30 days) MO |
| <i>rosuvastatin calcium</i> | QL (30 EA per 30 days) MO |
| <i>simvastatin</i> | QL (30 EA per 30 days) MO |
| CENTRAL NERVOUS SYSTEM | |
| PSYCHOTHERAPEUTIC-MISC | |
| BUNAVAIL | ND |
| <i>buprenorphine hcl</i> | QL (90 EA per 30 days) PA MO |
| <i>buprenorphine hcl/naloxone hcl sublingual tablet</i> | QL (90 EA per 30 days) MO |
| <i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i> | QL (60 EA per 30 days) MO |
| <i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i> | QL (90 EA per 30 days) MO |
| LIFEMS NALOXONE | ND |
| NALMEFENE HYDROCHLORIDE | ND |
| <i>naloxone hcl</i> | MO |
| <i>naloxone hydrochloride nasal spray</i> | MO |
| <i>naloxone hydrochloride cartridge injection 0.4mg/ml</i> | |
| <i>naloxone hydrochloride vial injection 0.4mg/ml</i> | MO |
| <i>naltrexone hcl tablet</i> | MO |
| SUBLOCADE | QL (1.5 ML per 30 days) PA MO |
| VIVITROL | MO |
| ZUBSOLV TABLET SUBLINGUAL 11.4MG; 2.9MG | QL (30 EA per 30 days) MO |
| ZUBSOLV TABLET SUBLINGUAL 1.4MG; 0.36MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG | QL (60 EA per 30 days) MO |
| ZUBSOLV TABLET SUBLINGUAL 0.7MG; 0.18MG | QL (90 EA per 30 days) MO |

| Drug Name | Requirements/Limits |
|--|----------------------------|
| Electrolytes/Minerals/Metals/Vitamins | |
| <i>Electrolytes/Minerals/Metals/Vitamins</i> | |
| <i>fa-8</i> | ND |
| <i>folic acid capsule 800mcg</i> | ND |
| <i>folic acid tablet 800mcg</i> | ND |
| <i>Vitamins</i> | |
| <i>folate</i> | ND |
| <i>folic acid tablet 400mcg</i> | ND |
| ENDOCRINE AND METABOLIC | |
| ANTIDIABETICS, INSULINS | |
| A1C NOW SELF CHECK | ND |
| ACCU-CHEK SMARTVIEW STRIPS | ND |
| AUTOLET LITE STARTER PACK | ND |
| AUTOLET PLATFORMS REGULAR PUNCTURE | ND |
| BAYER BREEZE 2 BLOOD GLUCOSE MONITORING SYSTEM | ND |
| BAYER BREEZE 2 LOW CONTROL | ND |
| BREEZE 2 BLOOD GLUCOSE MONITORING SYSTEM | ND |
| CHEMSTRIP UGK | ND |
| CHEMSTRIP-K | ND |
| CVS KETONE CARE | ND |
| DEXCOM G4 SENSOR KIT | ND |
| DIASTIX | ND |
| FORA GTEL BLOOD KETONE TEST STRIPS | ND |
| G4 PLATINUM RECEIVER KIT | ND |
| GLUCOSTIX | ND |
| GOJJI BLOOD KETONE TEST STRIPS | ND |
| GUARDIAN CONNECT TRANSMITTER KIT | ND |
| HM LANCETS/THIN | ND |
| KETO-DIASTIX | ND |
| KETONE | ND |
| KETONE TEST STRIPS | ND |
| KETOSTIX | ND |
| MICROLET VACULANCE LANCING DEVICE | ND |
| NOVA MAX PLUS KETONE TEST STRIPS | ND |
| ONETOUCH SOLUTIONS RX STARTER KIT | ND |
| ONETOUCH VERIO TEST STRIPS | ND |
| POGO AUTOMATIC TEST CARTRIDGES | ND |
| PRECISION XTRA | ND |
| RELION KETONE TEST STRIPS | ND |
| CALCIUM REGULATORS | |
| <i>zoledronic acid</i> | |
| CONTRACEPTIVES | |
| <i>afirmelle</i> | |
| AFTERA | ND |
| <i>afterpill</i> | ND |
| <i>altavera</i> | |
| <i>alyacen 1/35</i> | MO |

| Drug Name | Requirements/Limits |
|--|---------------------------|
| <i>alyacen 7/7/7</i> | |
| <i>amethia</i> | |
| <i>amethyst</i> | |
| ANNOVERA | QL (1 EA per 365 days) MO |
| <i>apri</i> | |
| <i>aranelle</i> | MO |
| <i>ashlyna</i> | |
| <i>aubra eq</i> | |
| <i>aurovela 1.5/30</i> | |
| <i>aurovela 1/20</i> | |
| <i>aurovela 24 fe</i> | |
| <i>aurovela fe 1.5/30</i> | |
| <i>aurovela fe 1/20</i> | |
| <i>aviane</i> | |
| <i>ayuna</i> | |
| <i>azurette</i> | |
| BALCOLTRA | MO |
| <i>balziva</i> | |
| BEYAZ | MO |
| <i>blisovi 24 fe</i> | MO |
| <i>blisovi fe 1.5/30</i> | MO |
| <i>blisovi fe 1/20</i> | MO |
| <i>briellyn</i> | |
| <i>camila</i> | MO |
| CAMRESE | |
| CAMRESE LO | |
| CAYA | ND |
| <i>charlotte 24 fe</i> | |
| <i>chateal eq</i> | |
| <i>cryselle-28</i> | MO |
| <i>cyred</i> | |
| <i>cyred eq</i> | |
| <i>dasetta 1/35</i> | |
| <i>dasetta 7/7/7</i> | |
| <i>daysee</i> | |
| <i>deblitane</i> | |
| <i>delyla</i> | |
| DEPO-PROVERA CONTRACEPTIVE | MO |
| DEPO-SUBQ PROVERA 104 | MO |
| <i>desogestrel/ethinyl estradiol</i> | MO |
| <i>dolishale</i> | |
| <i>drospirenone/ethinyl estradiol</i> | MO |
| <i>drospirenone/ethinyl estradiol/levomefolate calcium</i> | MO |
| <i>econtra ez</i> | ND |
| <i>econtra one-step</i> | ND |
| <i>elinest</i> | |
| ELLA | MO |

| Drug Name | Requirements/Limits |
|---|---------------------|
| <i>eluryng</i> | |
| ENCARE | ND |
| <i>enpresse-28</i> | |
| <i>enskyce</i> | MO |
| <i>errin</i> | MO |
| <i>estarylla</i> | MO |
| <i>ethynodiol diacetate/ethinyl estradiol</i> | MO |
| ETONOGESTREL/ETHINYL ESTRADIOL | MO |
| <i>falmina</i> | |
| <i>fayosim</i> | |
| FC2 FEMALE CONDOM | ND |
| FEMCAP | ND |
| <i>femynor</i> | |
| <i>finzala</i> | |
| <i>gemmily</i> | MO |
| GENERESS FE | MO |
| <i>hailey 1.5/30</i> | MO |
| <i>hailey 24 fe</i> | |
| <i>hailey fe 1.5/30</i> | |
| <i>hailey fe 1/20</i> | |
| <i>haloette</i> | |
| <i>heather</i> | |
| HER STYLE | ND |
| <i>iclevia</i> | |
| <i>incassia</i> | |
| <i>introvale</i> | |
| <i>isibloom</i> | |
| <i>jaimiess</i> | |
| <i>jasmiel</i> | |
| <i>jencycla</i> | |
| JOLESSA | |
| <i>juleber</i> | |
| <i>junel 1.5/30</i> | |
| <i>junel 1/20</i> | |
| <i>junel fe 1.5/30</i> | MO |
| <i>junel fe 1/20</i> | MO |
| <i>junel fe 24</i> | |
| <i>kaitlib fe</i> | MO |
| <i>kalliga</i> | |
| <i>kariva</i> | |
| <i>kelnor 1/35</i> | MO |
| <i>kelnor 1/50</i> | MO |
| <i>kurvelo</i> | |
| KYLEENA | |
| <i>larin 1.5/30</i> | |
| <i>larin 1/20</i> | |
| <i>larin 24 fe</i> | |

| Drug Name | Requirements/Limits |
|---|---------------------|
| <i>larin fe 1.5/30</i> | |
| <i>larin fe 1/20</i> | |
| LAYOLIS FE | |
| LEENA | |
| <i>lessina</i> | |
| <i>levonest</i> | |
| <i>levonorgestrel</i> | ND |
| <i>levonorgestrel/ethinyl estradiol</i> | MO |
| <i>levora 0.15/30-28</i> | |
| LILETTA | |
| LO LOESTRIN FE | MO |
| <i>lo-zumandimine</i> | MO |
| <i>loestrin 1.5/30-21</i> | |
| <i>loestrin 1/20-21</i> | |
| <i>loestrin fe 1.5/30</i> | |
| <i>loestrin fe 1/20</i> | |
| <i>lojaimiess</i> | MO |
| <i>loryna</i> | |
| LOSEASONIQUE | MO |
| <i>low-ogestrel</i> | |
| <i>lutra</i> | MO |
| <i>lyleq</i> | |
| <i>lyza</i> | |
| <i>marlissa</i> | MO |
| <i>medroxyprogesterone acetate</i> | MO |
| <i>merzee</i> | MO |
| <i>mibelas 24 fe</i> | |
| MICROGESTIN 1.5/30 | |
| MICROGESTIN 1/20 | |
| <i>microgestin 24 fe</i> | |
| MICROGESTIN FE 1.5/30 | |
| MICROGESTIN FE 1/20 | |
| <i>mili</i> | |
| MINASTRIN 24 FE | MO |
| MIRCETTE | MO |
| MIRENA | |
| <i>mono-linyah</i> | |
| <i>my choice</i> | ND |
| <i>my way</i> | ND |
| NATAZIA | MO |
| <i>necon 0.5/35-28</i> | |
| <i>new day</i> | ND |
| NEXPLANON | |
| NEXTSTELLIS | MO |
| <i>nikki</i> | |
| NORA-BE | |
| <i>norethindrone tablet 0.35mg</i> | MO |

| Drug Name | Requirements/Limits |
|---|---------------------|
| <i>norethindrone & ethinyl estradiol ferrous fumarate</i> | MO |
| <i>norethindrone acetate/ethinyl estradiol</i> | MO |
| <i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i> | MO |
| <i>norgestimate/ethinyl estradiol</i> | MO |
| <i>norlyda</i> | |
| <i>norlyroc</i> | |
| <i>nortrel 0.5/35 (28)</i> | MO |
| <i>nortrel 1/35 28-day regimen</i> | |
| <i>nortrel 1/35 21-day regimen</i> | MO |
| <i>nortrel 7/7/7</i> | |
| NUVARING | MO |
| <i>nylia 1/35</i> | |
| <i>nylia 7/7/7</i> | MO |
| <i>nymyo</i> | |
| OCELLA | |
| OMNIFLEX DIAPHRAGM | ND |
| <i>opcicon one-step</i> | ND |
| <i>option 2</i> | ND |
| OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE | ND |
| OPTIONS GYNOL II VAGINAL CONTRACEPTIVE | ND |
| <i>orsythia</i> | |
| ORTHO DIAPHRAGM ALL-FLEX/65MM | ND |
| ORTHO DIAPHRAGM ALL-FLEX/70MM | ND |
| ORTHO DIAPHRAGM ALL-FLEX/75MM | ND |
| ORTHO DIAPHRAGM ALL-FLEX/80MM | ND |
| PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE | ND |
| T380A | |
| PHEXXI | MO |
| <i>philith</i> | |
| <i>pimtrea</i> | |
| <i>pirmella 1/35</i> | MO |
| <i>pirmella 7/7/7</i> | MO |
| <i>portia-28</i> | |
| QUARTETTE | MO |
| <i>react</i> | ND |
| <i>reclipsen</i> | |
| RIVELSA | |
| SAFYRAL | MO |
| SEASONIQUE | MO |
| <i>setlakin</i> | |
| <i>sharobel</i> | |
| SHUR-SEAL | ND |
| <i>simliya</i> | |
| <i>simpesse</i> | MO |
| SKYLA | |
| SLYND | MO |
| <i>sprintec 28</i> | |

| Drug Name | Requirements/Limits |
|-------------------------------------|---------------------|
| <i>sronyx</i> | MO |
| <i>syeda</i> | |
| TAKE ACTION | ND |
| <i>tarina 24 fe</i> | |
| <i>tarina fe 1/20 eq</i> | |
| TAYTULLA | MO |
| TILIA FE | |
| TODAY SPONGE | ND |
| <i>tri femynor</i> | |
| <i>tri-estarylla</i> | MO |
| <i>tri-legest fe</i> | MO |
| <i>tri-linyah</i> | |
| <i>tri-lo-estarylla</i> | |
| <i>tri-lo-marzia</i> | |
| <i>tri-lo-mili</i> | |
| <i>tri-lo-sprintec</i> | MO |
| <i>tri-mili</i> | |
| <i>tri-nymyo</i> | |
| <i>tri-sprintec</i> | |
| <i>tri-vylibra</i> | |
| <i>tri-vylibra lo</i> | |
| <i>trivora-28</i> | MO |
| TWIRLA | ND |
| TYBLUME | MO |
| <i>tydemy</i> | |
| VCF VAGINAL CONTRACEPTIVE FILM | ND |
| VCF VAGINAL CONTRACEPTIVE FOAM | ND |
| VCF VAGINAL CONTRACEPTIVEGEL | ND |
| <i>velivet</i> | MO |
| <i>vestura</i> | |
| <i>vienva</i> | |
| <i>viorele</i> | MO |
| <i>volnea</i> | |
| <i>vyfemla</i> | MO |
| <i>vylibra</i> | |
| <i>wera</i> | |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 60 | ND |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 65 | ND |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 70 | ND |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 75 | ND |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 80 | ND |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 85 | ND |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 90 | ND |
| WIDE-SEAL SILICONE DIAPHRAGM KIT 95 | ND |
| <i>wymzya fe</i> | |
| <i>xulane</i> | MO |
| YASMIN 28 | MO |

| Drug Name | Requirements/Limits |
|--|----------------------------|
| YAZ | MO |
| <i>zafemy</i> | |
| <i>zovia 1/35</i> | |
| <i>zumandimine</i> | |
| MISCELLANEOUS | |
| <i>raloxifene hydrochloride</i> | MO |
| PROGESTINS | |
| <i>megestrol acetate suspension 40mg/ml</i> | MO |
| GASTROINTESTINAL | |
| LAXATIVES | |
| CLENPIQ | |
| <i>gavilyte-c</i> | MO |
| <i>gavilyte-g</i> | MO |
| GOLYTELY | MO |
| MOVIPREP | MO |
| OSMOPREP | MO |
| <i>peg-3350/electrolytes</i> | MO |
| <i>peg-3350/electrolytes/ascorbate</i> | |
| <i>peg-3350/nacl/na bicarbonate/kcl</i> | MO |
| PEG-PREP | ND |
| PLENVU | MO |
| SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE | MO |
| SUPREP BOWEL PREP KIT | MO |
| SUTAB | MO |
| PROTON PUMP INHIBITORS | |
| <i>acid reducer</i> | ND |
| <i>esomeprazole magnesium dr24hr</i> | ND |
| <i>esomeprazole magnesium capsule delayed release</i> | QL (30 EA per 30 days); ND |
| <i>gnp omeprazole</i> | ND |
| <i>lansoprazole</i> | QL (30 EA per 30 days); ND |
| <i>omeprazole capsule delayed release</i> | ND |
| <i>omeprazole tablet delayed release</i> | ND |
| <i>qc omeprazole</i> | ND |
| <i>ra omeprazole</i> | ND |
| <i>sm omeprazole</i> | ND |
| IMMUNOLOGIC AGENTS | |
| DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) | |
| <i>methotrexate sodium tablet 2.5mg</i> | MO |
| TREXALL | MO |
| XATMEP | MO |
| IMMUNOMODULATORS | |
| ACTIMMUNE | PA |
| VACCINES | |
| ACTHIB | |
| ADACEL | |
| AFLURIA QUADRIVALENT 2022-2023 | ND |

| Drug Name | Requirements/Limits |
|---|---------------------|
| AFLURIA QUADRIVALENT 2023-2024 | ND |
| BCG VACCINE | |
| BEXSERO | |
| BOOSTRIX | |
| COMIRNATY | ND |
| DAPTACEL | |
| DENGVAXIA | |
| DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC | |
| ENGERIX-B | B/D |
| FLUAD QUADRIVALENT 2022-2023 | ND |
| FLUARIX QUADRIVALENT 2022-2023 | ND |
| FLUBLOK QUADRIVALENT 2022-2023 | ND |
| FLUCELVAX QUADRIVALENT 2021-2022 | ND |
| FLUCELVAX QUADRIVALENT 2022-2023 | ND |
| FLULAVAL QUADRIVALENT 2022-2023 | ND |
| FLUMIST QUADRIVALENT | ND |
| FLUZONE HIGH-DOSE PF 2022-2023 | ND |
| FLUZONE QUADRIVALENT 2022-2023 | ND |
| GARDASIL 9 | |
| HAVRIX | |
| HEPLISAV-B | B/D |
| HIBERIX | |
| IMOVAX RABIES (H.D.C.V.) | B/D |
| INFANRIX | |
| IPOL INACTIVATED IPV | |
| IXIARO | |
| JANSSEN COVID-19 VACCINE | ND |
| JYNNEOS | B/D |
| KINRIX | |
| M-M-R II | |
| MENACTRA | |
| MENQUADFI | |
| MENVEO | |
| MODERNA COVID-19 VACCINE | ND |
| MODERNA COVID-19 VACCINE 6MO-5Y | ND |
| MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y | ND |
| MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5 | ND |
| NOVAVAX COVID-19 VACCINE | ND |
| PEDIARIX | |
| PEDVAX HIB | |
| PENTACEL | |
| PFIZER-BIONTECH COVID-19 VACCINE | ND |
| PFIZER-BIONTECH COVID-19 VACCINE/5-11Y | ND |
| PFIZER-BIONTECH COVID-19 VACCINE/6MO-4Y | ND |
| PFIZER-BIONTECH COVID-19 VACCINE/ADULT RTU | ND |
| PFIZER-BIONTECH COVID-19 VACCINE/BIVALENT/5-11Y | ND |
| PFIZER-BIONTECH COVID-19 VACCINE/BIVALENT/6M-4Y | ND |

| Drug Name | Requirements/Limits |
|---|------------------------|
| PFIZER-BIONTECH COVID-19 VACCINE/BIVALENT/BA.4/BA.5 | ND |
| PNEUMOVAX 23 | ND |
| PREHEVBRIO | B/D |
| PREVNAR 13 | ND |
| PREVNAR 20 | ND |
| PRIORIX | |
| PROQUAD | |
| QUADRACEL | |
| RABAVERT | B/D |
| RECOMBIVAX HB | B/D |
| ROTARIX | |
| ROTATEQ | |
| SHINGRIX | QL (2 EA per 999 days) |
| SPIKEVAX COVID-19 VACCINE | ND |
| TDVAX | |
| TENIVAC | |
| TICOVAC | |
| TRUMENBA | |
| TWINRIX | |
| TYPHIM VI | |
| VAQTA | |
| VARIVAX | |
| VAXCHORA | ND |
| VAXELIS | ND |
| VAXNEUVANCE | ND |
| VIVOTIF | ND |
| YF-VAX | |
| NUTRITIONAL/SUPPLEMENTS | |
| <i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i> | |
| <i>fluoride chewable tablet</i> | MO |
| <i>floritab drops</i> | |
| <i>sodium fluoride tablet chewable, solution</i> | MO |
| <i>sodium fluoride tablet</i> | ND |
| OPHTHALMIC | |
| <i>ANTIALLERGICS</i> | |
| <i>ALAWAY</i> | ND |
| <i>alaway childrens allergy eye itch relief</i> | ND |
| <i>claritin eye</i> | ND |
| <i>cvs allergy eye drops</i> | ND |
| <i>eq eye itch relief</i> | ND |
| <i>ketotifen fumarate</i> | ND |
| RESPIRATORY | |
| <i>ANTI-HISTAMINE COMBINATIONS</i> | |
| <i>12hr allergy/congestion relief</i> | ND |
| <i>24hr allergy & congestion relief</i> | ND |
| <i>ALAVERT ALLERGY/SINUS</i> | ND |
| <i>alavert d-12 hour allergy & congestion</i> | ND |

| Drug Name | Requirements/Limits |
|---|---------------------|
| <i>all day allergy d</i> | ND |
| <i>all day allergy d-12</i> | ND |
| <i>all day allergy-d</i> | ND |
| <i>allergy d-12</i> | ND |
| <i>allergy relief d</i> | ND |
| <i>allergy relief d-12</i> | ND |
| <i>allergy relief d12</i> | ND |
| <i>allergy relief nasal decongestant</i> | ND |
| <i>allergy relief/nasal decongestant</i> | ND |
| <i>antihistamine/nasal decongestant</i> | ND |
| <i>bl lorata-dine d</i> | ND |
| <i>cetirizine hcl/pseudoephedrine hcl er</i> | ND |
| CODITUSSIN AC | ND |
| <i>cvs allergy & congestion relief</i> | ND |
| <i>cvs allergy relief d</i> | ND |
| <i>cvs allergy relief d24</i> | ND |
| <i>cvs allergy relief-d</i> | ND |
| <i>cvs allergy relief-d12</i> | ND |
| <i>eq allergy & congestion relief</i> | ND |
| <i>eq1 allergy/congestion relief</i> | ND |
| <i>eq1 fexofenadine hcl/pseudoephedrine hcl er</i> | ND |
| <i>fexofenadine/pseudoephedrine</i> | ND |
| <i>fp allergy/congestion relief</i> | ND |
| <i>gnp allergy-d 12 hour allergy & congestion</i> | ND |
| <i>gnp loratadine-d 12hr</i> | ND |
| <i>hm allergy relief & nasaldecongestant</i> | ND |
| <i>kls aller-tec d</i> | ND |
| <i>kls allerclear d-12 hr</i> | ND |
| <i>kls allerclear d-24hr</i> | ND |
| <i>kls allerclear-d 24hr</i> | ND |
| <i>loratadine-d 24hr</i> | ND |
| M-CLEAR WC | ND |
| <i>px allergy relief d</i> | ND |
| <i>ra allergy & congestion</i> | ND |
| <i>ra allergy & congestion relief-d/extended-release/12hr</i> | ND |
| <i>ra cetiri-d</i> | ND |
| <i>shopko allergy relief-d</i> | ND |
| <i>sm all day allergy-d</i> | ND |
| <i>sm loratadine d 12hr</i> | ND |
| <i>wal-fex d 12 hour allergy& congestion</i> | ND |
| <i>wal-fex d 24 hour allergy& congestion</i> | ND |
| <i>wal-itin d</i> | ND |
| <i>wal-itin d 24 hour</i> | ND |
| <i>wal-zyr d</i> | ND |
| ANTIHISTAMINES | |
| <i>12hr allergy relief</i> | ND |
| <i>24hr allergy relief</i> | ND |

| Drug Name | Requirements/Limits |
|---|----------------------------|
| <i>af loratadine</i> | ND |
| ALAVERT | ND |
| <i>all day allergy</i> | ND |
| ALLEGRA ALLERGY CHILDRENS | ND |
| <i>aller-ease</i> | ND |
| <i>allergy</i> | ND |
| <i>allergy 24hour indoor/outdoor</i> | ND |
| <i>allergy childrens</i> | ND |
| <i>allergy relief</i> | ND |
| <i>allergy relief 24hr</i> | ND |
| <i>allergy relief 24hr/indoor/outdoor</i> | ND |
| <i>cetirizine hcl</i> | ND |
| CLARITIN REDITABS | ND |
| <i>claritin tablet</i> | ND |
| CLARITIN TABLET CHEWABLE | ND |
| <i>cvs allergy relief</i> | ND |
| <i>cvs allergy relief childrens</i> | ND |
| <i>cvs indoor/outdoor allergy relief</i> | ND |
| <i>eq loratadine</i> | ND |
| <i>eql all day allergy</i> | ND |
| <i>fexofenadine hydrochloride</i> | ND |
| <i>gnp all day allergy</i> | ND |
| <i>gnp all day allergy relief</i> | ND |
| <i>hm allergy relief</i> | ND |
| <i>kls aller-fex</i> | ND |
| <i>kls aller-tec</i> | ND |
| <i>ks allerclear</i> | ND |
| <i>levocetirizine dihydrochloride</i> | QL (30 EA per 30 days); ND |
| <i>loradamed</i> | ND |
| <i>loratadine</i> | ND |
| <i>loratadine childrens</i> | ND |
| <i>mm fexofenadine hydrochloride</i> | ND |
| <i>qc all day allergy</i> | ND |
| <i>qc all day allergy relief</i> | ND |
| <i>qc allergy relief</i> | ND |
| <i>qc loratadine allergy relief</i> | ND |
| <i>ra allergy relief</i> | ND |
| <i>ra probiotic complex</i> | ND |
| <i>sb allergy</i> | ND |
| <i>sm all day allergy</i> | ND |
| <i>sm all day allergy relief</i> | ND |
| <i>sm allergy relief</i> | ND |
| <i>sm loratadine</i> | ND |
| <i>tavist nd</i> | ND |
| <i>triaminic allerchews</i> | ND |
| <i>wal-fex</i> | ND |
| <i>wal-fex allergy</i> | ND |

| Drug Name | Requirements/Limits |
|--|----------------------------|
| <i>wal-fex allergy 12 hour</i> | ND |
| <i>wal-itin</i> | ND |
| <i>wal-itin allergy childrens</i> | ND |
| <i>wal-vert</i> | ND |
| <i>wal-zyr</i> | ND |
| <i>wal-zyr childrens</i> | ND |
| ZYRTEC | ND |
| <i>zyrtec allergy</i> | ND |
| ZYRTEC CHILDRENS ALLERGY | ND |
| NASAL STEROIDS | |
| <i>ra budesonide nasal spray</i> | ND |
| SMOKING CESSATION | |
| SMOKING CESSATION | |
| <i>bupropion hcl sr</i> | |
| <i>bupropion hydrochloride er (sr)</i> | |
| CHANTIX STARTING MONTH PAK TABLET | |
| CHANTIX STARTING MONTH PAK TABLET THERAPY PACK | PA |
| COMMIT | ND |
| NICODERM CQ | ND |
| NICORETTE | ND |
| NICORETTE MINI | ND |
| NICORETTE REFILL | ND |
| NICORETTE STARTER KIT | ND |
| <i>nicotine mini lozenge</i> | ND |
| <i>nicotine polacrilex</i> | ND |
| <i>nicotine polacrilex refill</i> | ND |
| <i>nicotine polacrilex starter kit</i> | ND |
| <i>nicotine transdermal system</i> | ND |
| <i>nicotine transdermal system step 1</i> | ND |
| <i>nicotine transdermal system step 2</i> | ND |
| <i>nicotine transdermal system step 3</i> | ND |
| NICOTROL INHALER | |
| NICOTROL NASAL SPRAY | QL (360 ML per 365 days) |
| VARENICLINE STARTING MONTH BOX | PA |
| VARENICLINE TARTRATE | PA |
| TOPICAL | |
| DERMATOLOGY, ACNE | |
| <i>adapalene</i> | QL (45 GM per 30 days); ND |
| DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE | |
| <i>bexarotene gel 1%</i> | QL (60 GM per 30 days) PA |
| TARGRETIN GEL 1% | QL (60 GM per 30 days) PA |

Non-Part D Supplemental Benefit

The prescription drugs on this non-Part D supplemental drug list are covered in addition to the drugs on the plan's drug list (formulary).

Unlike your Part D drug coverage, you are unable to file a Medicare appeal or grievance for drugs on this non-Part D drug list.

Tiers for these covered drugs are listed below. Cost share amounts vary by tier. You can find the cost shares in the Initial Coverage stage table of your plan materials. You will continue to pay the same amount for these drugs regardless of your coverage stage. The amount you pay for these additional prescription drugs **does not apply to your Medicare Part D out-of-pocket costs.**

If you get Extra Help from Medicare to pay for your prescription drugs, it will not apply to the drugs on this non-Part D supplemental drug list.

COVID test kits covered under this drug list have a quantity limit of 4 every 30 days.

Key

Drug Name

UPPERCASE = Brand-name prescription drugs

Lowercase italics = Generic medications

Requirements/Limits

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

PA = Prior Authorization. Our plan requires you or our provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

B/D = Part B vs Part D. This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

MO = Mail Order. For certain kinds of drugs, you can use CVS Caremark® Mail Service Pharmacy.

Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. Drugs available through mail-order are marked as "MO" in our Drug List.

ND = Non Part D Drug. Certain drugs not covered by Medicare Part D and not found on the formulary. However, your plan has chosen to provide coverage for select Non Part D prescription drugs as indicated in the list below.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| ANALGESICS | | |
| NSAIDS | | |
| <i>flurbiprofen</i> | 1 | ND |
| <i>meloxicam</i> | 1 | ND |
| OPIOID ANALGESICS, LONG-ACTING | | |
| <i>methadone hcl</i> | 2 | ND |
| <i>methadose</i> | 2 | ND |
| ANESTHETICS | | |
| LOCAL ANESTHETICS | | |
| <i>isoflurane</i> | 2 | ND |
| <i>sevoflurane</i> | 2 | ND |
| <i>terrell</i> | 2 | ND |
| ANOREXIANTS | | |
| DRUGS TO PROMOTE WEIGHT LOSS | | |
| <i>benzphetamine hcl tablet 25mg</i> | 2 | ND |
| ANTI-INFECTIVES | | |
| ANTI-INFECTIVES - MISCELLANEOUS | | |
| ACCULA SARS-COV-2 | 4 | QL (4 EA per 30 days); ND |
| ALINIA | 4 | ND |
| BD VERITOR SYSTEM FOR RAPID DETECTION OF SARS-COV-2 | 4 | QL (4 EA per 30 days); ND |
| BINAXNOW COVID-19 AG CARD | 4 | QL (4 EA per 30 days); ND |
| COBAS LIAT SARS-COV-2 ASSAY | 4 | QL (4 EA per 30 days); ND |
| ID NOW COVID-19 | 4 | QL (4 EA per 30 days); ND |
| ID NOW COVID-19 2.0 | 4 | QL (4 EA per 30 days); ND |
| LYRA DIRECT SARS-COV-2 ASSAY | 4 | QL (4 EA per 30 days); ND |
| LYRA SARS-COV-2 ASSAY | 4 | QL (4 EA per 30 days); ND |
| <i>phoshasal</i> | 2 | ND |
| QUICKVUE SARS ANTIGEN TEST | 4 | QL (4 EA per 30 days); ND |
| SOFIA SARS ANTIGEN FIA | 4 | QL (4 EA per 30 days); ND |
| SOFIA2 SARS ANTIGEN FIA | 4 | QL (4 EA per 30 days); ND |
| URIN D/S | 2 | ND |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------|
| <i>utira-c</i> | 2 | ND |
| XPRT XPRESS SARS-COV-2 | 4 | QL (4 EA per 30 days); ND |
| ANTIFUNGALS | | |
| BREXAFEMME | 4 | ND |
| ANTIVIRALS | | |
| LAGEVRIO | 4 | ND |
| PAXLOVID | 4 | ND |
| ANTINEOPLASTIC AGENTS | | |
| MISCELLANEOUS | | |
| SYLVANT | 5 | ND |
| CARDIOVASCULAR | | |
| ANTILIPEMICS, MISCELLANEOUS | | |
| FENOFIBRIC ACID | 4 | ND |
| CALCIUM CHANNEL BLOCKERS | | |
| <i>nisoldipine er</i> | 1 | ND |
| CENTRAL NERVOUS SYSTEM | | |
| MISCELLANEOUS | | |
| <i>caffeine citrate</i> | 2 | ND |
| VYLEESI | 4 | ND |
| COSMETIC | | |
| COSMETIC | | |
| ACUICYN ANTIMICROBIAL EY ELID & EYELASH | 3 | ND |
| HYGIENE | | |
| ARNICA FLOWER | 3 | ND |
| AVENOVA | 3 | ND |
| BENZOIN TINCTURE | 3 | ND |
| <i>benzoin compound tincture</i> | 1 | ND |
| <i>bimatoprost</i> | 1 | ND |
| <i>blanche</i> | 1 | ND |
| BORIC ACID | 3 | ND |
| BOTOX COSMETIC | 3 | ND |
| DRYSOL SOLUTION 20% | 3 | ND |
| EPICYN | 3 | ND |
| FINAPID | 3 | ND |
| FINAPODTAR | 3 | ND |
| <i>finasteride</i> | 1 | ND |
| FINASTERIDE/MINOXIDIL | 3 | ND |
| FLYPROGPIDTAR | 3 | ND |
| HYCLODEX | 3 | ND |
| HYDROCORTISONE/HYDROQUINONE | 3 | ND |
| HYDROCORTISONE/HYDROQUINONE/TRETINOI | 3 | ND |
| N | | |
| HYDROQUINONE EMULSION | 3 | ND |
| <i>hydroquinone cream</i> | 1 | ND |

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------------|-----------|---------------------|
| HYPOCYN | 3 | ND |
| JEUVEAU | 3 | ND |
| KATARAXAP | 3 | ND |
| KATARVIA | 3 | ND |
| KEVARAXAP | 3 | ND |
| KEVARTIA | 3 | ND |
| KOTARAXAP | 3 | ND |
| KUTAR | 3 | ND |
| KUTARVIA | 3 | ND |
| LATISSE | 3 | ND |
| LUSTRA | 3 | ND |
| <i>melquin hp</i> | 1 | ND |
| MINOXIDIL/PROGESTERONE | 3 | ND |
| OXOPIDAXIAQUP | 3 | ND |
| OXOPOD | 3 | ND |
| PIDPROGTAR | 3 | ND |
| PODOXIA | 3 | ND |
| PODTAR | 3 | ND |
| PROPECIA | 3 | ND |
| PROSILK GEL | 3 | ND |
| REFISSA | 3 | ND |
| <i>remergent hq</i> | 1 | ND |
| RENOVA | 3 | ND |
| RENOVA PUMP | 3 | ND |
| <i>skin bleaching</i> | 1 | ND |
| TETPIDTAR | 3 | ND |
| <i>tl hydroquinone</i> | 1 | ND |
| <i>tretinoin emollient</i> | 1 | ND |
| TRI-LUMA | 3 | ND |
| VANIQA | 3 | ND |
| XERAC AC | 3 | ND |
| YOKATAR | 3 | ND |

COUGH AND COLD

COUGH AND COLD

| | | |
|--|---|----|
| <i>benzonatate</i> | 1 | ND |
| <i>biotuss</i> | 1 | ND |
| <i>biotuss pediatric</i> | 1 | ND |
| <i>bromfed dm syrup 2mg/5ml; 10mg/5ml; 30mg/5ml</i> | 1 | ND |
| <i>bromphen/pseudoephedrine hcl/dextromethorphan hbr</i> | 1 | ND |
| <i>brompheniramine/pseudoephedrine/dm</i> | 1 | ND |
| <i>codeine/guaiifenesin</i> | 1 | ND |
| <i>codeine phosphate/guaiifenesin</i> | 1 | ND |
| CODITUSSIN AC | 3 | ND |
| EXACTUSS | 3 | ND |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| G TUSSIN AC | 3 | ND |
| GILTUSS | 3 | ND |
| <i>giltuss pediatric</i> | 1 | ND |
| <i>guaiaatussin ac</i> | 1 | ND |
| <i>guaifenesin ac</i> | 1 | ND |
| <i>guaifenesin/codeine</i> | 1 | ND |
| <i>guaifenesin/dextromethorphan sr</i> | 1 | ND |
| <i>hydrocodone bitartrate/homatropine methylbromide</i> | 1 | ND |
| <i>hydrocodone polistirex/chlorpheniramine polistirex suspension extended release 8mg/5ml; 10mg/5ml</i> | 1 | ND |
| <i>hydromet</i> | 1 | ND |
| MAXI-TUSS AC | 3 | ND |
| MUCINEX DM | 3 | ND |
| <i>nohist-dm liquid 4mg/5ml; 15mg/5ml; 10mg/5ml</i> | 1 | ND |
| <i>nortuss-de</i> | 1 | ND |
| PHENERGAN -VC | 3 | ND |
| <i>promethazine vc</i> | 1 | ND |
| <i>promethazine/codeine syrup 10mg/5ml; 6.25mg/5ml</i> | 1 | ND |
| <i>promethazine/dextromethorphan syrup 15mg/5ml; 6.25mg/5ml</i> | 1 | ND |
| <i>promethazine/phenylephrine</i> | 1 | ND |
| <i>promethazine/phenylephrine/codeine syrup 10mg/5ml; 5mg/5ml; 6.25mg/5ml</i> | 1 | ND |
| RELHIST | 3 | ND |
| TESSALON PERLES | 3 | ND |
| TUSS-ORNADE MODIFIED | 3 | ND |
| TUSSICAPS CAPSULE EXTENDED RELEASE 12 HOUR 8MG; 10MG | 3 | ND |
| <i>tussigon</i> | 1 | ND |
| TUSSIONEX PENNKINETIC EXTENDED RELEASE | 3 | ND |
| VIRAVAN-DM | 3 | ND |
| ZONATUSS | 3 | ND |

ENDOCRINE AND METABOLIC

CALCIUM REGULATORS

| | | |
|---------------------------|---|----|
| <i>alendronate sodium</i> | 1 | ND |
|---------------------------|---|----|

GLUCOSE ELEVATING AGENTS

| | | |
|-------------------------|---|----|
| CVS GLUCOSE | 4 | ND |
| CVS GLUCOSE SHOT | 4 | ND |
| GLUCAGEN DIAGNOSTIC | 4 | ND |
| GLUCAGON HCL DIAGNOSTIC | 4 | ND |
| <i>glucose</i> | 4 | ND |
| <i>glucose liquid</i> | 4 | ND |
| GLUTOSE 15 | 4 | ND |
| GLUTOSE 5 | 4 | ND |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| SWEET CHEEKS | 4 | ND |
| MISCELLANEOUS | | |
| BARIUM SULFATE | 4 | ND |
| CERVICAL SPECIMEN COLLECTION/SWAB/CERVISOFT/FOAM TIP | 4 | ND |
| CERVIDIL | 4 | ND |
| CYSTOGRAFIN | 4 | ND |
| CYSTOGRAFIN-DILUTE | 4 | ND |
| <i>desmopressin acetate</i> | 2 | ND |
| E-Z-HD | 4 | ND |
| E-Z-PAQUE | 4 | ND |
| GLEOLAN | 4 | ND |
| KIT FOR THE PREPARATION OF TECHNETIUM 99M SULFUR COLLOID | 4 | ND |
| <i>mifepristone</i> | 2 | ND |
| PREPIDIL | 4 | ND |
| RADIOGARDASE | 4 | ND |
| SITZMARKS | 4 | ND |

ERECTILE DYSFUNCTION

ERECTILE DYSFUNCTION

| | | |
|-------------------------------------|---|---------------------------|
| BI-MIX | 3 | QL (6 EA per 30 days); ND |
| CAVERJECT | 3 | QL (6 EA per 30 days); ND |
| CAVERJECT IMPULSE | 3 | QL (6 EA per 30 days); ND |
| CIALIS | 3 | QL (6 EA per 30 days); ND |
| EDEX | 3 | QL (6 EA per 30 days); ND |
| LEVITRA | 3 | QL (6 EA per 30 days); ND |
| MUSE | 3 | QL (6 EA per 30 days); ND |
| QUAD-MIX | 3 | QL (6 EA per 30 days); ND |
| <i>sildenafil citrate</i> | 1 | QL (6 EA per 30 days); ND |
| STAXYN | 3 | QL (6 EA per 30 days); ND |
| STENDRA | 3 | QL (6 EA per 30 days); ND |
| SUPER BI-MIX | 3 | QL (6 EA per 30 days); ND |
| SUPER QUAD-MIX | 3 | QL (6 EA per 30 days); ND |
| SUPER TRI-MIX | 3 | QL (6 EA per 30 days); ND |
| <i>tadalafil</i> | 1 | QL (6 EA per 30 days); ND |
| TRI-MIX | 3 | QL (6 EA per 30 days); ND |
| <i>varденаfil hydrochloride</i> | 1 | QL (6 EA per 30 days); ND |
| <i>varденаfil hydrochloride odt</i> | 1 | QL (6 EA per 30 days); ND |
| VIAGRA | 3 | QL (6 EA per 30 days); ND |

FERTILITY

FERTILITY

| | | |
|---------------------------|---|----|
| CETROTIDE | 3 | ND |
| CLOMID | 3 | ND |
| <i>clomiphene citrate</i> | 1 | ND |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| ENDOMETRIN | 3 | ND |
| FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT | 3 | ND |
| FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT | 3 | ND |
| FOLLISTIM AQ | 3 | ND |
| <i>ganirelix acetate</i> | 1 | ND |
| GONAL-F | 3 | ND |
| GONAL-F RFF | 3 | ND |
| GONAL-F RFF REDIJECT | 3 | ND |
| MENOPUR | 3 | ND |
| OVIDREL | 3 | ND |
| GASTROINTESTINAL | | |
| <i>PROTON PUMP INHIBITORS</i> | | |
| RABEPRAZOLE SODIUM DR SPRINKLE | 3 | ND |
| GENITOURINARY | | |
| <i>MISCELLANEOUS</i> | | |
| CYTRA K CRYSTALS | 2 | ND |
| <i>glycine</i> | 2 | ND |
| SORBITOL/MANNITOL IRRIGATION | 4 | ND |
| <i>VAGINAL ANTI-INFECTIVES</i> | | |
| XACIATO | 4 | ND |
| HEMATOLOGIC | | |
| <i>MISCELLANEOUS</i> | | |
| ACD FORMULA A | 4 | ND |
| ACD-A NOCLOT-50 | 4 | ND |
| ADVATE | 5 | ND |
| ADYNOVATE | 5 | ND |
| AFSTYLA | 5 | ND |
| ALPHANATE | 5 | ND |
| ALPHANINE SD | 5 | ND |
| ALPROLIX | 5 | ND |
| ANTICOAGULANT SODIUM CITRATE | 4 | ND |
| BENEFIX | 5 | ND |
| COAGADEX | 5 | ND |
| CORIFACT | 5 | ND |
| DUROLANE | 5 | ND |
| ELOCTATE | 5 | ND |
| ESPEROCT | 5 | ND |
| EUFLEXXA | 5 | ND |
| FEIBA | 5 | ND |
| FEIBA NF | 5 | ND |
| FIBRYGA | 5 | ND |
| GELSYN-3 | 5 | ND |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| HEMLIBRA | 5 | ND |
| HEMOFIL M | 5 | ND |
| HUMATE-P | 5 | ND |
| IDELVION | 5 | ND |
| IXINITY | 5 | ND |
| JIVI | 5 | ND |
| KCENTRA | 5 | ND |
| KOATE | 5 | ND |
| KOATE-DVI | 5 | ND |
| KOGENATE FS | 5 | ND |
| KOGENATE FS BIO-SET | 5 | ND |
| KOVALTRY | 5 | ND |
| NOVOEIGHT | 5 | ND |
| NOVOSEVEN RT | 5 | ND |
| NUWIQ | 5 | ND |
| PROFILNINE | 5 | ND |
| PROFILNINE SD | 5 | ND |
| REBINYN | 5 | ND |
| RECOMBINATE | 5 | ND |
| RECOTHROM | 4 | ND |
| RECOTHROM/SPRAY APPLICATOR KIT | 4 | ND |
| RIASTAP | 5 | ND |
| RIXUBIS | 5 | ND |
| SEVENFACT | 5 | ND |
| SUPARTZ FX | 5 | ND |
| THROMBIN-JMI DILUENT | 4 | ND |
| THROMBIN-JMI EPISTAXIS | 4 | ND |
| THROMBIN-JMI SYRINGE SPRAY KIT | 4 | ND |
| THROMBIN-JMI W/DIL SPRAY PUMP ACTUATOR | 4 | ND |
| THROMBOGEN | 4 | ND |
| TRETTEN | 5 | ND |
| TRICITRASOL | 4 | ND |
| VISUDYNE | 5 | ND |
| WILATE | 5 | ND |
| XYNTHA | 5 | ND |
| XYNTHA SOLOFUSE | 5 | ND |
| IMMUNOLOGIC AGENTS | | |
| <i>AUTOIMMUNE AGENTS</i> | | |
| SKYRIZI | 5 | ND |
| <i>IMMUNOMODULATORS</i> | | |
| SYNAGIS | 5 | ND |
| MISCELLANEOUS | | |
| <i>MISCELLANEOUS</i> | | |
| ADDYI | 4 | ND |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>aero otic hc</i> | 1 | ND |
| ALA-QUIN | 3 | ND |
| ALCORTIN A | 3 | ND |
| ALOQUIN | 3 | ND |
| ANALPRAM-HC | 3 | ND |
| ANALPRAM-HC SINGLES | 3 | ND |
| <i>anucort-hc</i> | 1 | ND |
| ANUSOL-HC | 3 | ND |
| <i>arzol silver nitrate applicators</i> | 1 | ND |
| <i>ascorbic acid injection 500mg/ml</i> | 1 | ND |
| BENZALKONIUM CHLORIDE | 4 | ND |
| <i>benzoyl peroxide 8%</i> | 1 | ND |
| <i>bpm/pse/dm</i> | 1 | ND |
| <i>bromfed dm syrup 2mg/5ml; 10mg/5ml; 30mg/5ml</i> | 1 | ND |
| CETACAINE | 3 | ND |
| CORTANE-B | 3 | ND |
| CORTANE-B-OTIC | 3 | ND |
| <i>cortic-nd</i> | 1 | ND |
| <i>covaryx</i> | 1 | ND |
| <i>covaryx hs</i> | 1 | ND |
| <i>cyotic</i> | 1 | ND |
| <i>dermazene</i> | 1 | ND |
| DONNATAL | 3 | ND |
| DRYSOL SOLUTION 20% | 3 | ND |
| <i>eemt</i> | 1 | ND |
| <i>eemt hs</i> | 1 | ND |
| <i>esterified estrogens/methyltestosterone</i> | 1 | ND |
| <i>exactacain</i> | 1 | ND |
| <i>exotic-hc</i> | 1 | ND |
| FIRST-MOUTHWASH BLM | 3 | ND |
| GILPHEX TR | 3 | ND |
| GILTUSS TR | 3 | ND |
| <i>grx hicort 25</i> | 1 | ND |
| <i>hemorrhoidal-hc</i> | 1 | ND |
| <i>hydrocodone polistirex/chlorpheniramine polistirex suspension extended release 8mg/5ml; 10mg/5ml</i> | 1 | ND |
| <i>hydrocortisone acetate</i> | 1 | ND |
| <i>hydrocortisone acetate/pramoxine</i> | 1 | ND |
| <i>hydrocortisone/iodoquinol</i> | 1 | ND |
| HYOPHEN | 3 | ND |
| <i>hyoscyamine sulfate er</i> | 1 | ND |
| <i>hyosyne</i> | 1 | ND |
| <i>iodoquinol/hydrocortisone acetate/aloe polysaccharides</i> | 1 | ND |
| IODOSORB | 3 | ND |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>isoxsuprine hcl</i> | 1 | ND |
| K-PHOS | 3 | ND |
| K-PHOS NEUTRAL | 3 | ND |
| K-PHOS NO 2 | 4 | ND |
| LEVBID | 3 | ND |
| <i>lidocaine hcl/hydrocortisone acetate</i> | 1 | ND |
| <i>me/naphos/mb/hyo 1</i> | 1 | ND |
| MEZPAROX-HC FORTE | 3 | ND |
| NATURE-THROID | 3 | ND |
| NEBUSAL NEBULIZATION SOLUTION 3% | 3 | ND |
| NEOTUSS PLUS | 3 | ND |
| NITRO-TIME | 3 | ND |
| <i>nohist-dm liquid 4mg/5ml; 15mg/5ml; 10mg/5ml</i> | 1 | ND |
| NOVACORT | 3 | ND |
| OTICIN HC NR | 3 | ND |
| <i>oto-end 10</i> | 1 | ND |
| <i>otomax-hc</i> | 1 | ND |
| PAZEO | 3 | ND |
| <i>phenazopyridine hcl</i> | 1 | ND |
| <i>phenazopyridine hydrochloride</i> | 1 | ND |
| <i>phospha 250 neutral</i> | 1 | ND |
| PHOSPHO-TRIN K500 | 3 | ND |
| PRAMOSONE CREAM 1%; 1%, 2.5%; 1% | 3 | ND |
| PRAMOSONE LOTION 2.5%; 1% | 4 | ND |
| PRAMOSONE OINTMENT 1%; 1%, 2.5%; 1% | 3 | ND |
| PROCORT | 3 | ND |
| PROCTOCORT | 3 | ND |
| <i>promethazine hydrochloride/dextromethorphan hydrobromide</i> | 1 | ND |
| <i>promethazine vc/codeine</i> | 1 | ND |
| <i>promethazine/codeine solution 10mg/5ml; 6.25mg/5ml</i> | 1 | ND |
| <i>promethazine/dextromethorphan solution 15mg/5ml; 6.25mg/5ml</i> | 1 | ND |
| <i>promethazine/phenylephrine/codeine syrup 10mg/5ml; 5mg/5ml; 6.25mg/5ml</i> | 1 | ND |
| PULMOSAL | 3 | ND |
| <i>pyridoxine hcl injection 100mg/ml</i> | 1 | ND |
| QUINJA | 3 | ND |
| <i>rectacort-hc</i> | 1 | ND |
| RHINOLAR | 3 | ND |
| <i>sodium chloride</i> | 1 | ND |
| <i>sodium sulfacetamide/sulfur</i> | 1 | ND |
| <i>thiamine hcl injection 100mg/ml</i> | 1 | ND |
| <i>thiamine hydrochloride</i> | 1 | ND |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| TUSSICAPS CAPSULE EXTENDED RELEASE 12 HOUR 8MG; 10MG | 3 | ND |
| TUXARIN ER | 3 | ND |
| TUZISTRA XR | 3 | ND |
| <i>urea</i> | 1 | ND |
| <i>uribel</i> | 1 | ND |
| <i>uro-458</i> | 1 | ND |
| <i>uro-mp</i> | 1 | ND |
| <i>ustell</i> | 1 | ND |
| <i>vilamit mb</i> | 1 | ND |
| <i>vilevev mb</i> | 1 | ND |
| VIRATAN-DM | 3 | ND |
| VYtone | 3 | ND |
| WP THYROID | 3 | ND |
| NUTRITIONAL/SUPPLEMENTS | | |
| CAPSULE SIZE 1 LACTOSE | 4 | ND |
| EMPTY CAPSULE SIZE 1 GREEN | 4 | ND |
| EMPTY CAPSULE SIZE 7 CLEAR | 4 | ND |
| ORA-BLEND | 4 | ND |
| ORA-BLEND SF | 4 | ND |
| ORA-PLUS | 4 | ND |
| ORA-SWEET | 4 | ND |
| ORA-SWEET SF | 4 | ND |
| ORAL SUSPEND | 4 | ND |
| ORAPENN SD ANHYDROUS UNSWEETENED | 4 | ND |
| SIMPLE SYRUP | 4 | ND |
| SYRSPEND SF | 4 | ND |
| UNISPEND ANHYDROUS SWEETENED | 4 | ND |
| WITEPSOL | 4 | ND |
| NUTRITIONAL/SUPPLEMENTS | | |
| <i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i> | | |
| CALCIFOL | 4 | ND |
| CALCIUM FOLINATE | 4 | ND |
| CITRANATAL ASSURE | 3 | ND |
| CITRANATAL DHA | 3 | ND |
| CYTOTINE | 4 | ND |
| GLYCINE SOYA PROTEIN | 4 | ND |
| HYDROXYPROGESTERONE CAPROATE | 4 | ND |
| INATAL GT | 2 | ND |
| <i>iodine strong</i> | 2 | ND |
| LEUCOVORIN CALCIUM | 4 | ND |
| LINSEED OIL RAW | 4 | ND |
| MACADAMIA NUT OIL | 4 | ND |
| PYRIMETHAMINE | 4 | ND |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| TRINATE | 2 | ND |
| IV NUTRITION | | |
| PRISMASOL B22GK 4/0 | 4 | ND |
| PRISMASOL BGK 0/2.5 | 4 | ND |
| PRISMASOL BGK 2/0 | 4 | ND |
| PRISMASOL BGK 2/3.5 | 4 | ND |
| PRISMASOL BGK 4/0/1.2 | 4 | ND |
| PRISMASOL BGK 4/2.5 | 4 | ND |
| PRISMASOL BK 0/0/1.2 | 4 | ND |
| REGIOCIT | 4 | ND |
| MISCELLANEOUS | | |
| BACTERIOSTATIC WATER FOR INJECTION/BENZYL ALCOHOL BASE X | 4 | ND |
| CAPS 0 CLEAR DELAYED RELEASE | 4 | ND |
| CAPSULE #0 CLEAR/LOCKING/VEGETABLE | 4 | ND |
| CAPSULE #1 CLEAR/CLEAR VEGETABLE | 4 | ND |
| CAPSULE #3 CLEAR/CLEAR VEGETABLE | 4 | ND |
| CAPSULE CONI-SNAP #00 CLEAR/CLEAR | 4 | ND |
| CAPSULE CONI-SNAP #3 BROWN/LIGHT BLUE | 4 | ND |
| CAPSULE EZEEFIT #00 CLEAR | 4 | ND |
| CHERRY SYRUP | 4 | ND |
| DRCAPS SIZE 1 CLEAR | 4 | ND |
| FLAVOR BLEND | 4 | ND |
| FLAVOR PLUS | 4 | ND |
| FLAVOR SWEET | 4 | ND |
| PCCA SWEET-SF | 4 | ND |
| PCCA SYRUP VEHICLE | 4 | ND |
| PCCA-PLUS | 4 | ND |
| PURIFIED WATER | 4 | ND |
| <i>sterile diluent for treprostinil injection</i> | 4 | ND |
| SUSPENDRX WITH BITTER-BLOC/UNSWEETENED | 4 | ND |
| SUSPENSION VEHICLE | 4 | ND |
| SYRPALTA | 4 | ND |
| SYRSPEND SF PH4 | 4 | ND |
| SYRUP VEHICLE | 4 | ND |
| SYRUP VEHICLE SF | 4 | ND |
| VEGETABLE CAPSULE #4 WHITE | 4 | ND |
| VERSAFREE | 4 | ND |
| VERSAPLUS | 4 | ND |
| OPHTHALMIC | | |
| ANTIALLERGICS | | |
| FLURA-SAFE | 4 | ND |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| PAREMYD | 4 | ND |
| MISCELLANEOUS | | |
| CYCLOMYDRIL | 4 | ND |
| GELFILM OP | 4 | ND |
| <i>tropicamide</i> | 2 | ND |
| RESPIRATORY TRACT AGENTS | | |
| DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS | | |
| <i>potassium iodide</i> | 2 | ND |
| RESPIRATORY | | |
| ANTI-HISTAMINES | | |
| <i>allergy childrens</i> | 3 | ND |
| CLARITIN | 4 | ND |
| CVS ALLERGY CHILDRENS | 4 | ND |
| EQ ALLERGY CHILDRENS | 4 | ND |
| KARBINAL ER | 4 | ND |
| LORATADINE CHILDRENS | 4 | ND |
| SM ALLERGY CHILDRENS | 4 | ND |
| <i>wal-itin</i> | 4 | ND |
| <i>wal-itin childrens</i> | 4 | ND |
| MISCELLANEOUS | | |
| CUROSURF | 4 | ND |
| <i>epinephrine chloride</i> | 2 | ND |
| HYPERSAL | 4 | ND |
| INFASURF | 4 | ND |
| NEBUSAL NEBULIZATION SOLUTION 6% | 4 | ND |
| SCLEROSOL INTRAPLEURAL | 4 | ND |
| STERILE TALC POWDER | 4 | ND |
| SURVANTA INTRATRACHEAL | 4 | ND |
| TOPICAL | | |
| DERMATOLOGY, ANTIBIOTICS | | |
| XEPI | 4 | ND |
| DERMATOLOGY, CORTICOSTEROIDS | | |
| PRAMOSONE LOTION 1%; 1% | 4 | ND |
| DERMATOLOGY, LOCAL ANESTHETICS | | |
| <i>7t lido gel</i> | 2 | ND |
| <i>proxivol</i> | 2 | ND |
| DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE | | |
| <i>chlorhexidine gluconate</i> | 2 | ND |
| <i>hydrogen peroxide</i> | 2 | ND |
| LACTIC ACID E | 4 | ND |
| LUGOLS STRONG IODINE | 4 | ND |
| SALIMEZ FORTE | 4 | ND |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>sterile water for injection</i> | 2 | ND |
| MOUTH/THROAT/DENTAL AGENTS | | |
| AQUORAL | 4 | ND |
| NUMOISYN | 4 | ND |
| ORAVIG | 4 | ND |
| VITAMINS AND MINERALS | | |
| VITAMINS AND MINERALS | | |
| ACCRUFER | 3 | ND |
| ACTIVE FE | 3 | ND |
| ADRENAL C FORMULA | 3 | ND |
| <i>airavite</i> | 1 | ND |
| ALBAFORT | 3 | ND |
| ANIMI-3 | 3 | ND |
| ANIMI-3/VITAMIN D | 3 | ND |
| AP-ZEL | 3 | ND |
| AQUASOL A PARENTERAL | 3 | ND |
| ASCOR | 3 | ND |
| ASCORBIC ACID INJECTION 15000MG/30ML | 3 | ND |
| <i>ascorbic acid injection 500mg/ml</i> | 1 | ND |
| ASTAMED MYO | 3 | ND |
| AVAILNEX | 3 | ND |
| AXONA | 3 | ND |
| <i>b-complex 100</i> | 1 | ND |
| <i>b-plex</i> | 1 | ND |
| <i>b-plex plus</i> | 1 | ND |
| BACMIN | 3 | ND |
| <i>biocel</i> | 1 | ND |
| BIOTIN PLUS KERATIN | 3 | ND |
| BP VIT 3 | 3 | ND |
| CENFOL | 3 | ND |
| CENTRATX | 3 | ND |
| CENTRUM PERFORMANCE | 3 | ND |
| CEREFOLIN | 3 | ND |
| CEREFOLIN NAC | 3 | ND |
| CHOLECAL DF | 3 | ND |
| CHOLEXMAX | 3 | ND |
| CIFEREX | 3 | ND |
| <i>cod liver oil</i> | 1 | ND |
| <i>corvita 150</i> | 1 | ND |
| CORVITE 150 | 3 | ND |
| CORVITE FE | 3 | ND |
| <i>corvite free</i> | 1 | ND |
| CYANOCOBALAMIN INJECTION 2000MCG/ML | 3 | ND |
| <i>cyanocobalamin injection 1000mcg/ml</i> | 1 | ND |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| DEPLIN 15 | 3 | ND |
| DEPLIN 7.5 | 3 | ND |
| <i>dialyvite</i> | 1 | ND |
| DIALYVITE 3000 | 3 | ND |
| DIALYVITE 5000 | 3 | ND |
| DIALYVITE SUPREME D | 3 | ND |
| DIALYVITE/ZINC | 3 | ND |
| DODEX | 3 | ND |
| DRISDOL | 3 | ND |
| DURACHOL | 3 | ND |
| EB-N3 DR | 4 | ND |
| ELFOLATE PLUS | 3 | ND |
| ENLYTE | 3 | ND |
| ERGOCAL | 3 | ND |
| <i>ergocalciferol</i> | 1 | ND |
| <i>fabb</i> | 1 | ND |
| FE 90 PLUS | 3 | ND |
| FERAHEME | 3 | ND |
| FERIVA 21/7 | 3 | ND |
| FERIVAF | 3 | ND |
| <i>ferocon</i> | 1 | ND |
| <i>ferotrinsic</i> | 1 | ND |
| FERRALET 90 | 3 | ND |
| FERRAPLUS 90 | 3 | ND |
| FERRO-PLEX | 3 | ND |
| FERRO-PLEX HEMATINIC | 3 | ND |
| <i>ferrocite plus</i> | 1 | ND |
| <i>ferrogels forte</i> | 1 | ND |
| FIBRIK | 3 | ND |
| <i>folbee</i> | 1 | ND |
| <i>folbee plus</i> | 1 | ND |
| <i>folbee plus cz</i> | 1 | ND |
| <i>folbic</i> | 1 | ND |
| FOLBIC RF | 3 | ND |
| FOLGARD OS | 4 | ND |
| FOLGARD RX | 3 | ND |
| FOLI-D | 3 | ND |
| <i>folic acid</i> | 1 | ND |
| <i>folic acid/cyanocobalamin/pyridoxine hydrochloride</i> | 1 | ND |
| <i>folic acid/vitamin b-6/vitamin b-12</i> | 1 | ND |
| FOLIKA-V | 3 | ND |
| FOLITE | 3 | ND |
| FOLIVANE-F | 3 | ND |
| FOLIVANE-PLUS | 3 | ND |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| FOLIXAPURE | 3 | ND |
| <i>folplex 2.2</i> | 1 | ND |
| FOLTANX | 3 | ND |
| FOLTANX RF | 3 | ND |
| FOLTRATE | 3 | ND |
| <i>foltrin</i> | 1 | ND |
| FOLTX | 3 | ND |
| FORTAVIT | 3 | ND |
| FOVEX | 3 | ND |
| FUSION PLUS | 3 | ND |
| GABADONE | 3 | ND |
| GALAXTRA | 3 | ND |
| GALZIN | 3 | ND |
| <i>hematinic plus complex</i> | 1 | ND |
| <i>hematinic plus vitamins/minerals</i> | 1 | ND |
| <i>hematinic/folic acid</i> | 1 | ND |
| <i>hematogen</i> | 1 | ND |
| HEMATOGEN FA | 3 | ND |
| <i>hematogen forte</i> | 1 | ND |
| HEMATRON-AF | 3 | ND |
| HEMENATAL OB + DHA | 3 | ND |
| HEMOCYTE PLUS | 3 | ND |
| <i>hemocyte-f</i> | 1 | ND |
| <i>hemocyte-plus</i> | 1 | ND |
| <i>hydroxocobalamin</i> | 1 | ND |
| HYPERTENSA | 3 | ND |
| ICAR-C PLUS | 3 | ND |
| <i>iferex 150 forte</i> | 1 | ND |
| <i>infed</i> | 1 | ND |
| <i>infuvite adult</i> | 1 | ND |
| INFUVITE PEDIATRIC INJECTION 80MG/5ML; 1MCG/5ML; 400UNIT/5ML; 1MCG/5ML; 5MG/5ML; 140MCG/5ML; 17MG/5ML; 1MG/5ML; 2300UNIT/5ML; 1.4MG/5ML; 1.2MG/5ML; 7UNIT/5ML; 0.2MG/5ML | 3 | ND |
| <i>infuvite pediatric injection 80mg/5ml; 1mcg/5ml; 400unit/5ml; 1mcg/5ml; 5mg/5ml; 140mcg/5ml; 17mg/5ml; 1mg/5ml; 2300unit/5ml; 1.4mg/5ml; 1.2mg/5ml; 7unit/5ml; 0.2mg/5ml</i> | 1 | ND |
| INJECTAFER | 3 | ND |
| INTEGRA F | 3 | ND |
| INTEGRA PLUS | 3 | ND |
| IROSPAN 24/6 | 3 | ND |
| <i>l-methyl-b6-b12</i> | 1 | ND |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| L-METHYL-MC | 3 | ND |
| L-METHYL-MC NAC | 3 | ND |
| <i>l-methylfolate</i> | 1 | ND |
| L-METHYLFOLATE CA ME-CBL NAC | 3 | ND |
| <i>l-methylfolate ca/p-5-p/me-cbl</i> | 1 | ND |
| <i>l-methylfolate calcium</i> | 1 | ND |
| L-METHYLFOLATE FORMULA 15 | 3 | ND |
| L-METHYLFOLATE FORMULA 7.5 | 3 | ND |
| L-METHYLFOLATE FORTE | 3 | ND |
| LIMBREL | 3 | ND |
| LIPICHOL 540 | 3 | ND |
| LISTER-V | 3 | ND |
| <i>lmthf/pyridoxine hcl/cyanocobalamin</i> | 1 | ND |
| <i>lysiplex plus</i> | 1 | ND |
| M.V.I. ADULT | 3 | ND |
| M.V.I. PEDIATRIC | 3 | ND |
| M.V.I.-12 WITHOUT VITAMIN K | 3 | ND |
| MEDACTIV | 3 | ND |
| MEPHYTON | 3 | ND |
| METAFOBIC | 3 | ND |
| METAFOBIC PLUS | 3 | ND |
| METAFOBIC PLUS RF | 3 | ND |
| METANX | 3 | ND |
| <i>methionine/inositol/choline/cyanocobalamin</i> | 1 | ND |
| METHYLCOBALAMIN | 3 | ND |
| MONOFERRIC | 3 | ND |
| <i>multi-b-plus</i> | 1 | ND |
| MULTIGEN | 3 | ND |
| MULTIGEN FOLIC | 3 | ND |
| MULTIGEN PLUS | 3 | ND |
| <i>myferon 150 forte</i> | 1 | ND |
| <i>mynephrocaps</i> | 1 | ND |
| NASCOBAL | 3 | ND |
| NATALVIRT FLT | 3 | ND |
| NEOKE BHB | 3 | ND |
| NEOPHE | 3 | ND |
| NEPHPLEX RX | 3 | ND |
| NEPHRO-VITE RX | 3 | ND |
| NEPHROCAPS | 3 | ND |
| NEPHRON FA | 3 | ND |
| <i>nephronex</i> | 1 | ND |
| NEUREPA | 3 | ND |
| NEURIN-SL | 3 | ND |
| NICADAN | 3 | ND |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| NICAZEL | 3 | ND |
| NICAZEL FORTE | 3 | ND |
| NICOMIDE | 3 | ND |
| NUFERA | 3 | ND |
| <i>nufol</i> | 1 | ND |
| NUTRICAP | 3 | ND |
| <i>nutrifac zx</i> | 1 | ND |
| NUTRIVIT | 3 | ND |
| OCUVEL | 3 | ND |
| ORTHO-FOLIC | 3 | ND |
| PERCURA | 3 | ND |
| PHYSICIANS EZ USE B-12 COMPLIANCE KIT | 3 | ND |
| <i>phytonadione</i> | 1 | ND |
| PNV-VP-U | 3 | ND |
| PODIAPN | 3 | ND |
| <i>poly-iron 150 forte</i> | 1 | ND |
| <i>polysaccharide iron forte</i> | 1 | ND |
| POTABA | 3 | ND |
| PROTECTIRON | 3 | ND |
| PROTECT PLUS | 3 | ND |
| PROTEOLIN | 3 | ND |
| PULMONA | 3 | ND |
| PUREFE PLUS | 3 | ND |
| <i>purevit dualfe plus</i> | 1 | ND |
| PYRIDOXAL-5-PHOSPHATE | 3 | ND |
| <i>pyridoxine hcl injection 100mg/ml</i> | 1 | ND |
| <i>renal caps</i> | 1 | ND |
| RENATABS | 3 | ND |
| RENATABS WITH IRON | 3 | ND |
| <i>rena-vite rx</i> | 1 | ND |
| <i>reno caps</i> | 1 | ND |
| REQ 49+ | 3 | ND |
| REVESTA | 3 | ND |
| <i>se-tan plus</i> | 1 | ND |
| SENTRA AM | 3 | ND |
| SENTRA PM | 3 | ND |
| SIDEROL | 3 | ND |
| <i>sodium ferric gluconate complex/sucrose</i> | 1 | ND |
| STROVITE FORTE | 3 | ND |
| STROVITE ONE | 3 | ND |
| SUPERVITE | 3 | ND |
| SUPPORT | 3 | ND |
| SUPPORT-500 | 3 | ND |
| TANDEM PLUS | 3 | ND |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| THERAMINE | 3 | ND |
| <i>thiamine hcl injection 100mg/ml</i> | 1 | ND |
| <i>tl gard rx</i> | 1 | ND |
| <i>tl icon</i> | 1 | ND |
| <i>tl-hem 150</i> | 1 | ND |
| TL-ICARE | 3 | ND |
| TOZAL | 3 | ND |
| TREPADONE | 3 | ND |
| <i>tricon</i> | 1 | ND |
| TRIFERIC | 3 | ND |
| <i>trigels-f forte</i> | 1 | ND |
| <i>triphrocaps</i> | 1 | ND |
| UDAMIN SP | 3 | ND |
| UROSEX | 2 | ND |
| <i>v-c forte</i> | 1 | ND |
| VASCAZEN | 3 | ND |
| VENOFER | 3 | ND |
| <i>vic-forte</i> | 1 | ND |
| <i>vicap forte</i> | 1 | ND |
| <i>virt-caps</i> | 1 | ND |
| <i>virt-vite</i> | 1 | ND |
| <i>virt-vite forte</i> | 1 | ND |
| <i>virt-vite plus</i> | 1 | ND |
| <i>vita s forte</i> | 1 | ND |
| <i>vita-min</i> | 1 | ND |
| <i>vitacel</i> | 1 | ND |
| VITAL-D RX | 3 | ND |
| <i>vitamin b-complex 100</i> | 1 | ND |
| <i>vitamin d</i> | 1 | ND |
| VITAMIN K1 | 3 | ND |
| VITAROCA PLUS | 3 | ND |
| <i>vol-care rx</i> | 1 | ND |
| VP-GSTN | 3 | ND |
| VP-ZEL | 3 | ND |
| <i>wheat germ</i> | 1 | ND |
| XAQUIL XR | 3 | ND |
| <i>xyzbac</i> | 1 | ND |

WEIGHT LOSS

WEIGHT LOSS

| | | |
|--------------------------------------|---|--------|
| ADIPEX-P | 3 | PA; ND |
| APPTRIM | 3 | PA; ND |
| APPTRIM-D | 3 | PA; ND |
| <i>benzphetamine hcl tablet 50mg</i> | 1 | PA; ND |
| CONTRAVE | 3 | PA; ND |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|---------------------|
| <i>diethylpropion hcl</i> | 1 | PA; ND |
| <i>diethylpropion hcl er</i> | 1 | PA; ND |
| LOMAIRA | 3 | PA; ND |
| ORLISTAT | 3 | PA; ND |
| <i>phendimetrazine tartrate</i> | 1 | PA; ND |
| <i>phendimetrazine tartrate er</i> | 1 | PA; ND |
| <i>phentermine hcl</i> | 1 | PA; ND |
| <i>phentermine hydrochloride</i> | 1 | PA; ND |
| QSYMIA | 3 | PA; ND |
| SAXENDA | 3 | PA; ND |
| WEGOVY | 3 | PA; ND |
| XENICAL | 3 | PA; ND |

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.