



Prescription Drug Supplemental Benefit Coverage Additional Drug Lists

Your plan includes 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 info.caremark.com/oe/GEHApdp or call us toll-free at **1-833-250-3241 (TTY: 711)**, 24 hours a day, 7 days a week, Monday–Friday.

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.

See your 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. The formulary and additional drug lists may change at any time. You will receive notice when necessary.

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Essential Health Plus Supplemental Benefit

GEHA has provided additional coverage for certain prescription drugs. You will pay a \$0 copay in **all** coverage stages 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).

Coverage for these prescription drugs **does not apply to your Medicare annual out-of-pocket costs, as they are considered non-Part D drugs.** (This amount does not help you qualify for catastrophic coverage.) If you get Extra Help from Medicare to pay for your prescription drugs, it will not apply to these drugs.

Please note: COVID-19 test kits 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.

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		
ASPIRIN		
<i>adult aspirin regimen tablet delayed release 81mg</i>	1	ND
<i>aspirin 81 low dose tablet chewable 81mg</i>	1	ND
<i>aspirin 81 tablet delayed release 81mg</i>	1	ND
<i>aspirin adult low dose tablet delayed release 81mg</i>	1	ND
<i>aspirin ec tablet delayed release 81mg</i>	1	ND
<i>aspirin low dose tablet chewable 81mg</i>	1	ND
<i>aspirin low dose tablet 81mg</i>	1	ND
<i>aspirin tablet chewable 81mg</i>	1	ND
<i>aspirin tablet delayed release 81mg</i>	1	ND

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES		
ANTIRETROVIRAL COMBINATION AGENTS		
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	1	QL (30 EA per 30 days)
ANTINEOPLASTIC AGENTS		
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole tablet 1mg</i>	2	MO
<i>exemestane tablet 25mg</i>	2	MO
<i>tamoxifen citrate tablet 10mg, 20mg</i>	2	MO
CARDIOVASCULAR		
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tablet 10mg, 20mg</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin sodium er tablet extended release 24 hour 80mg</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin capsule 20mg, 40mg</i>	1	QL (60 EA per 30 days) MO
<i>lovastatin tablet 10mg, 20mg, 40mg</i>	1	MO
<i>pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium tablet 10mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin tablet 10mg, 20mg, 40mg, 5mg</i>	1	QL (30 EA per 30 days) MO
CENTRAL NERVOUS SYSTEM		
PSYCHOTHERAPEUTIC-MISC		
<i>naloxone hcl injection 4mg/10ml</i>	1	
<i>naloxone hydrochloride injection 0.4mg/ml cartridge and prefilled syringe, 2mg/2ml prefilled syringe</i>	1	
<i>naloxone hydrochloride liquid 4mg/0.1ml</i>	1	
DIAGNOSTIC TESTS		
INFECTION TESTS		
ACCUA SARS-COV-2 KIT	3	QL (4 EA per 30 days); ND
ADVIN COVID-19 ANTIGEN HOME TEST KIT	3	QL (4 EA per 30 days); ND
BD VERITOR AT-HOME COVID-19 TEST KIT	3	QL (4 EA per 30 days); ND
BD VERITOR SYSTEM FOR RAPID DETECTION OF SARS-COV-2 KIT	3	QL (4 EA per 30 days); ND
BINAXNOW COVID-19 AG CARD HOME TEST KIT	3	QL (4 EA per 30 days); ND
BINAXNOW COVID-19 AG CARD KIT	3	QL (4 EA per 30 days); ND
CARESTART COVID-19 ANTIGEN HOME TEST KIT	3	QL (4 EA per 30 days); ND
CELLTRION DIATRUST COVID-19 AG HOME TEST KIT	3	QL (4 EA per 30 days); ND
CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	3	QL (4 EA per 30 days); ND
CLINITEST RAPID COVID-19 ANTIGEN SELF-TEST KIT	3	QL (4 EA per 30 days); ND
COBAS LIAT SARS-COV-2 ASSAY KIT	3	QL (4 EA per 30 days); ND
COVID-19 AG TEST KIT	3	QL (4 EA per 30 days); ND
COVID-19 AT-HOME TEST KIT	3	QL (4 EA per 30 days); ND
COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	3	QL (4 EA per 30 days); ND
COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	3	QL (4 EA per 30 days); ND
CVS COVID-19 AT HOME TESTKIT KIT	3	QL (4 EA per 30 days); ND
ELLUME COVID-19 HOME TEST KIT 0	3	QL (4 EA per 30 days); ND
FASTEP COVID-19 ANTIGEN HOME TEST KIT	3	QL (4 EA per 30 days); ND

Drug Name	Drug Tier	Requirements/Limits
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	3	QL (4 EA per 30 days); ND
GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	3	QL (4 EA per 30 days); ND
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	3	QL (4 EA per 30 days); ND
GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	3	QL (4 EA per 30 days); ND
ID NOW COVID-19 2.0 KIT	3	QL (4 EA per 30 days); ND
ID NOW COVID-19 KIT	3	QL (4 EA per 30 days); ND
IHEALTH COVID-19 ANTIGEN RAPID TEST KIT	3	QL (4 EA per 30 days); ND
INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	3	QL (4 EA per 30 days); ND
INTELISWAB COVID-19 RAPID TEST KIT	3	QL (4 EA per 30 days); ND
LYRA DIRECT SARS-COV-2 ASSAY KIT	3	QL (4 EA per 30 days); ND
LYRA SARS-COV-2 ASSAY KIT	3	QL (4 EA per 30 days); ND
OHC COVID-19 ANTIGEN SELF TEST KIT	3	QL (4 EA per 30 days); ND
ON/GO COVID-19 ANTIGEN SELF-TEST KIT	3	QL (4 EA per 30 days); ND
ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	3	QL (4 EA per 30 days); ND
PILOT COVID-19 AT-HOME TEST KIT	3	QL (4 EA per 30 days); ND
QUICKVUE AT-HOME COVID-19 TEST KIT	3	QL (4 EA per 30 days); ND
QUICKVUE SARS ANTIGEN TEST KIT	3	QL (4 EA per 30 days); ND
RAPID SARS-COV-2 ANTIGEN TEST CARD KIT	3	QL (4 EA per 30 days); ND
SOFIA SARS ANTIGEN FIA KIT	3	QL (4 EA per 30 days); ND
SOFIA2 SARS ANTIGEN FIA KIT	3	QL (4 EA per 30 days); ND
SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	3	QL (4 EA per 30 days); ND
XPRT XPRESS SARS-COV-2 KIT	3	QL (4 EA per 30 days); ND

Electrolytes/Minerals/Metals/Vitamins

Electrolytes/Minerals/Metals/Vitamins

fa-8 capsule 0.8mg 1 ND

folic acid capsule 800mcg 1 ND

folic acid tablet 800mcg 1 ND

Vitamins

folate tablet 400mcg 1 ND

folic acid tablet 400mcg 1 ND

ENDOCRINE AND METABOLIC

ANTIDIABETICS

metformin hydrochloride tablet 850mg 1 QL (90 EA per 30 days)

CONTRACEPTIVES

afirmelle tablet 20mcg; 0.1mg 2

altavera tablet 30mcg; 0.15mg 2

alyacen 1/35 tablet 35mcg; 1mg 2 MO

alyacen 7/7/7 tablet 0.5mg; 0.75mg; 1mg; 0.035mg 2

amethia tablet 2

amethyst tablet 20mcg; 90mcg 2

ANNOVERA RING 0.013MG/24HR; 0.15MG/24HR 4 QL (1 EA per 365 days) MO

apri tablet 0.15mg; 30mcg 2

aranelle tablet 0.5mg; 1mg; 0.035mg 2 MO

ashlyna tablet 0.15mg; 0.01mg; 0.03mg 2

Drug Name	Drug Tier	Requirements/Limits
<i>aubra eq tablet 20mcg; 0.1mg</i>	2	
<i>aurovela 1.5/30 tablet 30mcg; 1.5mg</i>	2	
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	2	
<i>aurovela 24 fe tablet 20mcg; 75mg; 1mg</i>	2	
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
<i>aviane tablet 20mcg; 0.1mg</i>	2	
<i>ayuna tablet 0.03mg; 0.15mg</i>	2	
<i>azurette tablet 0.15mg; 0.02mg; 0.01mg</i>	2	
BALCOLTRA TABLET 20MCG; 36.5MG; 0.1MG	4	MO
<i>balziva tablet 35mcg; 0.4mg</i>	2	
BEYAZ TABLET 3MG; 0.02MG; 0.451MG	4	MO
<i>blisovi 24 fe tablet 20mcg; 75mg; 1mg</i>	2	MO
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	MO
<i>blisovi fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
<i>briellyn tablet 35mcg; 0.4mg</i>	2	
<i>camila tablet 0.35mg</i>	2	MO
CAMRESE LO TABLET 0.1MG; 0.02MG; 0.01MG	3	
CAMRESE TABLET 0.15MG; 0.03MG; 0.01MG	3	
CAYA DIAPHRAGM	4	ND
<i>charlotte 24 fe tablet chewable 20mcg; 75mg; 1mg</i>	2	
<i>chateal eq tablet 30mcg; 0.15mg</i>	2	
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	2	MO
<i>cyred eq tablet 0.15mg; 30mcg</i>	2	
<i>cyred tablet 0.15mg; 30mcg</i>	2	
<i>dasetta 1/35 tablet 35mcg; 1mg</i>	2	
<i>dasetta 7/7/7 tablet 0.5mg; 0.75mg; 1mg; 0.035mg</i>	2	
<i>daysee tablet 0.15mg; 0.03mg; 0.01mg</i>	2	
<i>deblitane tablet 0.35mg</i>	2	
<i>delyla tablet 20mcg; 0.1mg</i>	2	
DEPO-PROVERA CONTRACEPTIVE INJECTION 150MG/ML	4	MO
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	4	MO
<i>desogestrel/ethinyl estradiol tablet 0.15mg; 30mcg</i>	2	MO
<i>dolishale tablet 20mcg; 90mcg</i>	2	
<i>drospirenone/ethinyl estradiol tablet 3mg; 0.02mg, 3mg; 0.03mg</i>	2	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.02mg; 0.451mg, 3mg; 0.03mg; 0.451mg</i>	2	MO
<i>elimest tablet 30mcg; 0.3mg</i>	2	
ELLA TABLET 30MG	3	MO
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	2	
<i>enpresse-28 tablet 0.05mg; 0.075mg; 0.125mg; 0.03mg; 0.04mg</i>	2	
<i>enskyce tablet 0.15mg; 0.03mg</i>	2	MO
<i>errin tablet 0.35mg</i>	2	MO
<i>estarylla tablet 35mcg; 0.25mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg, 50mcg; 1mg</i>	2	MO
ETONOGESTREL/ETHINYL ESTRADIOL RING 0.015MG/24HR; 0.12MG/24HR	4	MO
<i>falmina tablet 20mcg; 0.1mg</i>	2	
<i>fayosim tablet</i>	2	
FC2 FEMALE CONDOM MISCELLANEOUS	4	ND
FEMCAP DEVICE	4	ND
<i>femynor tablet 35mcg; 0.25mg</i>	2	
<i>finzala tablet chewable 20mcg; 75mg; 1mg</i>	2	
<i>gemmily capsule 20mcg; 75mg; 1mg</i>	2	MO
GENERESS FE TABLET CHEWABLE 25MCG; 75MG; 0.8MG	4	MO
<i>hailey 1.5/30 tablet 30mcg; 1.5mg</i>	2	MO
<i>hailey 24 fe tablet 20mcg; 75mg; 1mg</i>	2	
<i>hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	
<i>hailey fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	2	
<i>heather tablet 0.35mg</i>	2	
<i>iclevia tablet 0.03mg; 0.15mg</i>	2	
<i>incassia tablet 0.35mg</i>	2	
<i>introvale tablet 0.03mg; 0.15mg</i>	2	
<i>isibloom tablet 0.15mg; 30mcg</i>	2	
<i>jaimiess tablet 0.15mg; 0.03mg; 0.01mg</i>	2	
<i>jasmiel tablet 3mg; 0.02mg</i>	2	
<i>jencycla tablet 0.35mg</i>	2	
JOLESSA TABLET 0.03MG; 0.15MG	3	
<i>juleber tablet 0.15mg; 30mcg</i>	2	
<i>junel 1.5/30 tablet 30mcg; 1.5mg</i>	2	
<i>junel 1/20 tablet 20mcg; 1mg</i>	2	
<i>junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	MO
<i>junel fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	MO
<i>junel fe 24 tablet 20mcg; 75mg; 1mg</i>	2	
<i>kaitlib fe tablet chewable 25mcg; 75mg; 0.8mg</i>	2	MO
<i>kalliga tablet 0.15mg; 30mcg</i>	2	
<i>kariva tablet 0.15mg; 0.02mg; 0.01mg</i>	2	
<i>kelnor 1/35 tablet 35mcg; 1mg</i>	2	MO
<i>kelnor 1/50 tablet 50mcg; 1mg</i>	2	MO
<i>kurvelo tablet 0.03mg; 0.15mg</i>	2	
KYLEENA INTRAUTERINE DEVICE 19.5MG	4	
<i>larin 1.5/30 tablet 30mcg; 1.5mg</i>	2	
<i>larin 1/20 tablet 20mcg; 1mg</i>	2	
<i>larin 24 fe tablet 20mcg; 75mg; 1mg</i>	2	
<i>larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	
<i>larin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
LAYOLIS FE TABLET CHEWABLE 25MCG; 75MG; 0.8MG	4	

Drug Name	Drug Tier	Requirements/Limits
LEENA TABLET	3	
<i>lessina tablet 20mcg; 0.1mg</i>	2	
<i>levonest tablet 0.05mg; 0.075mg; 0.125mg; 0.03mg; 0.04mg</i>	2	
<i>levonorgestrel and ethinyl estradiol tablet 0.1mg; 0.02mg; 0.01mg; 20mcg; 90mcg</i>	2	MO
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0.15mg; 0.03mg; 0.01mg, 0.15mg; 0.02mg; 0.15mg; 0.02mg, 0.15mg; 0.03mg; 0.01mg, 0.05mg; 0.03mg; 0.075mg; 0.04mg, 0.125mg; 0.03mg, 20mcg; 0.1mg</i>	2	MO
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	4	
LO LOESTRIN FE TABLET 10MCG; 75MG; 1MG	4	MO
<i>loestrin 1.5/30-21 tablet 30mcg; 1.5mg</i>	2	
<i>loestrin 1/20-21 tablet 20mcg; 1mg</i>	2	
<i>loestrin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	
<i>loestrin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
<i>lojaimiess tablet 0.1mg; 0.02mg; 0.01mg</i>	2	MO
<i>loryna tablet 3mg; 0.02mg</i>	2	
LOSEASONIQUE TABLET	4	MO
<i>low-ogestrel tablet 30mcg; 0.3mg</i>	2	
<i>lo-zumandimine tablet 3mg; 0.02mg</i>	2	MO
<i>lutra tablet 20mcg; 0.1mg</i>	2	MO
<i>lyleq tablet 0.35mg</i>	2	
<i>lyza tablet 0.35mg</i>	2	
<i>marlissa tablet 0.03mg; 0.15mg</i>	2	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	2	MO
<i>merzee capsule 20mcg; 75mg; 1mg</i>	2	MO
<i>mibelas 24 fe tablet chewable 20mcg; 75mg; 1mg</i>	2	
MICROGESTIN 1.5/30 TABLET 30MCG; 1.5MG	3	
MICROGESTIN 1/20 TABLET 20MCG; 1MG	3	
<i>microgestin 24 fe tablet 20mcg; 75mg; 1mg</i>	2	
MICROGESTIN FE 1.5/30 TABLET 30MCG; 75MG; 1.5MG	3	
MICROGESTIN FE 1/20 TABLET 20MCG; 75MG; 1MG	3	
<i>mili tablet 35mcg; 0.25mg</i>	2	
MINASTRIN 24 FE TABLET CHEWABLE 20MCG; 75MG; 1MG	4	MO
MIRCETTE TABLET	4	MO
MIRENA INTRAUTERINE DEVICE 20MCG/DAY	4	
<i>mono-linyah tablet 35mcg; 0.25mg</i>	2	
NATAZIA TABLET 3MG; 1MG; 2MG	4	MO
<i>necon 0.5/35-28 tablet 35mcg; 0.5mg</i>	2	
NEXPLANON INJECTION 68MG	4	
NEXTSTELLIS TABLET 3MG; 14.2MG	4	MO
<i>nikki tablet 3mg; 0.02mg</i>	2	
NORA-BE TABLET 0.35MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone & ethinyl estradiol ferrous fumarate tablet chewable 25mcg; 75mg; 0.8mg</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate capsule 20mcg; 75mg; 1mg</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 0; 75mg; 2 1mg, 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable 20mcg; 75mg; 1mg</i>	2	MO
<i>norethindrone tablet 0.35mg</i>	2	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate tablet chewable 35mcg; 0.4mg</i>	2	MO
<i>norgestimate/ethinyl estradiol tablet 0.18mg; 0.215mg; ; 0.25mg; 0.025mg, 0.25mg; 0.035mg</i>	2	MO
<i>norlyda tablet 0.35mg</i>	2	
<i>norlyroc tablet 0.35mg</i>	2	
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</i>	2	MO
<i>nortrel 1/35 21-day regimen</i>	2	MO
<i>nortrel 1/35 28-day regimen</i>	2	
<i>nortrel 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg</i>	2	
NUVARING RING 0.015MG/24HR; 0.12MG/24HR	4	MO
<i>nylia 1/35 tablet 35mcg; 1mg</i>	2	
<i>nylia 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg</i>	2	MO
<i>nymyo tablet 35mcg; 0.25mg</i>	2	
OCELLA TABLET 3MG; 0.03MG	3	
OMNIFLEX DIAPHRAGM	4	ND
OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE GEL 4%	3	ND
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL 3%	3	ND
<i>orsythia tablet 20mcg; 0.1mg</i>	2	
ORTHO DIAPHRAGM ALL-FLEX/65MM DIAPHRAGM	4	ND
ORTHO DIAPHRAGM ALL-FLEX/70MM DIAPHRAGM	4	ND
ORTHO DIAPHRAGM ALL-FLEX/75MM DIAPHRAGM	4	ND
ORTHO DIAPHRAGM ALL-FLEX/80MM DIAPHRAGM	4	ND
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A INTRAUTERINE DEVICE	4	ND
PHEXXI GEL 1%; 1.8%; 0.4%	4	MO
<i>philith tablet 35mcg; 0.4mg</i>	2	
<i>pimtrea tablet 0.15mg; 0.02mg; 0.01mg</i>	2	
<i>pirmella 1/35 tablet 35mcg; 1mg</i>	2	MO
<i>pirmella 7/7/7 tablet</i>	2	MO
<i>portia-28 tablet 0.03mg; 0.15mg</i>	2	
QUARTETTE TABLET	4	MO
<i>reclipsen tablet 0.15mg; 0.03mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
RIVELSA TABLET 0.15MG; 0.02MG; 0.025MG; 0.03MG	3	
SAFYRAL TABLET 3MG; 0.03MG; 0.451MG	4	MO
SEASONIQUE TABLET	4	MO
<i>setlakin tablet 0.03mg; 0.15mg</i>	2	
<i>sharobel tablet 0.35mg</i>	2	
SHUR-SEAL GEL 2%	3	ND
<i>simliya tablet 0.15mg; 0.02mg; 0.01mg</i>	2	
<i>simpesse tablet 0.1mg; 0.03mg; 0.01mg</i>	2	MO
SKYLA INTRAUTERINE DEVICE 13.5MG	4	
SLYND TABLET 4MG	3	MO
<i>sprintec 28 tablet 35mcg; 0.25mg</i>	2	
<i>sronyx tablet 20mcg; 0.1mg</i>	2	MO
<i>syeda tablet 3mg; 0.03mg</i>	2	
<i>tarina 24 fe tablet 20mcg; 75mg; 1mg</i>	2	
<i>tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg</i>	2	
TAYTULLA CAPSULE 20MCG; 75MG; 1MG	4	MO
TILIA FE TABLET 0; 75MG; 1MG	3	
TODAY SPONGE MISCELLANEOUS 0, 1000MG	3	ND
<i>tri femynor tablet</i>	2	
<i>tri-estarylla tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	2	MO
<i>tri-legest fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg</i>	2	MO
<i>tri-linyah tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	2	
<i>tri-lo-estarylla tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	2	
<i>tri-lo-marzia tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	2	
<i>tri-lo-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.025mg</i>	2	
<i>tri-lo-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.25mg</i>	2	MO
<i>tri-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.035mg</i>	2	
<i>tri-nymyo tablet</i>	2	
<i>tri-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	2	
<i>trivora-28 tablet 0.05mg; 0.075mg; 0.125mg; 0.03mg; 0.04mg</i>	2	MO
<i>tri-vylibra lo tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	2	
<i>tri-vylibra tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	2	
TYBLUME TABLET CHEWABLE 20MCG; 0.1MG	4	MO
<i>tydemy tablet 3mg; 0.03mg; 0.451mg</i>	2	
VCF VAGINAL CONTRACEPTIVE FILM FILM 28%	3	ND
VCF VAGINAL CONTRACEPTIVE FOAM FOAM 12.5%	3	ND
VCF VAGINAL CONTRACEPTIVEGEL GEL 4%	3	ND
<i>velivet tablet 0.1mg; 0.125mg; 0.15mg; 0.025mg</i>	2	MO
<i>vestura tablet 3mg; 0.02mg</i>	2	
<i>vienva tablet 20mcg; 0.1mg</i>	2	
<i>viorele tablet 0.15mg; 0.02mg; 0.01mg</i>	2	MO
<i>volnea tablet 0.15mg; 0.02mg; 0.01mg</i>	2	
<i>vyfemla tablet 35mcg; 0.4mg</i>	2	MO
<i>vylibra tablet 35mcg; 0.25mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>wera tablet 35mcg; 0.5mg</i>	2	
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DIAPHRAGM 2%	4	ND
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DIAPHRAGM 2%	4	ND
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 DIAPHRAGM 2%	4	ND
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 DIAPHRAGM 2%	4	ND
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 DIAPHRAGM 2%	4	ND
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DIAPHRAGM 2%	4	ND
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DIAPHRAGM 2%	4	ND
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DIAPHRAGM 2%	4	ND
<i>wymzya fe tablet chewable 35mcg; 0.4mg; 75mg</i>	2	
<i>xulane patch weekly 35mcg/24hr; 150mcg/24hr</i>	2	MO
YASMIN 28 TABLET 3MG; 0.03MG	4	MO
YAZ TABLET 3MG; 0.02MG	4	MO
<i>zafemy patch weekly 35mcg/24hr; 150mcg/24hr</i>	2	
<i>zovia 1/35 tablet 35mcg; 1mg</i>	2	
<i>zumandimine tablet 3mg; 0.03mg</i>	2	
MISCELLANEOUS		
<i>raloxifene hydrochloride tablet 60mg</i>	2	MO
GASTROINTESTINAL		
LAXATIVES		
CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML	4	
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	1	MO
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	MO
GOLYTELY SOLUTION RECONSTITUTED 236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	3	MO
MOVIPREP SOLUTION RECONSTITUTED 4.7GM; 100GM; 1.015GM; 5.9GM; 2.691GM; 7.5GM	4	MO
OSMOPREP TABLET 0.398GM; 1.102GM	4	MO
<i>peg-3350/electrolytes/ascorbate solution reconstituted 4.7gm; 100gm; 1.015gm; 5.9gm; 2.691gm; 7.5gm</i>	2	
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	MO
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	MO
PLENVU SOLUTION RECONSTITUTED 7.54GM; 140GM; 2.2GM; 48.11GM; 5.2GM; 9GM	4	MO
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	4	MO
SUFLAVE SOLUTION RECONSTITUTED 0.9GM; 178.7GM; 1.12GM; 0.5GM; 7.3GM	3	

Drug Name	Drug Tier	Requirements/Limits
SUPREP BOWEL PREP KIT SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	4	MO
SUTAB TABLET 225MG; 188MG; 1479MG	4	MO
HEMATOLOGICAL AGENTS		
IRON		
<i>fer-in-sol solution 15mg/ml</i>	1	
<i>ferrous sulfate solution 220mg/5ml, 300mg/5ml</i>	1	
<i>wee care suspension 15mg/1.25ml</i>	1	
IMMUNOLOGIC AGENTS		
VACCINES		
ACTHIB INJECTION 10MCG/0.5ML	3	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
AFLURIA QUADRIVALENT 2022-2023 INJECTION 0	N/A	ND
AFLURIA QUADRIVALENT 2023-2024 INJECTION 0	N/A	ND
BCG VACCINE INJECTION 50MG	3	
BEXSERO INJECTION 0.5ML	3	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
COMIRNATY INJECTION 30MCG/0.3ML	N/A	ND
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA INJECTION	3	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC INJECTION 25LFU/0.5ML; 5LFU/0.5ML	3	
ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	3	B/D
FLUAD QUADRIVALENT 2022-2023 INJECTION	N/A	ND
FLUARIX QUADRIVALENT 2022-2023 INJECTION	N/A	ND
FLUBLOK QUADRIVALENT 2022-2023 INJECTION	N/A	ND
FLUCELVAX QUADRIVALENT 2021-2022 INJECTION	N/A	ND
FLUCELVAX QUADRIVALENT 2022-2023 INJECTION	N/A	ND
FLULAVAL QUADRIVALENT 2022-2023 INJECTION	N/A	ND
FLUMIST QUADRIVALENT SUSPENSION	N/A	ND
FLUZONE HIGH-DOSE PF 2022-2023 INJECTION	N/A	ND
FLUZONE QUADRIVALENT 2022-2023 INJECTION	N/A	ND
GARDASIL 9 INJECTION 0.5ML	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B INJECTION 20MCG/0.5ML	3	B/D
HIBERIX INJECTION 10MCG	3	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	3	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJECTION	3	
IXCHIQ INJECTION	3	
JANSSEN COVID-19 VACCINE INJECTION 0.5ML	N/A	ND
JYNNEOS INJECTION 0.5ML	3	B/D
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	

Drug Name	Drug Tier	Requirements/Limits
M-M-R II INJECTION	3	
MENACTRA INJECTION	3	
MENQUADFI INJECTION 0.5ML	3	
MENVEO INJECTION	3	
MODERNA COVID-19 VACCINE 6MO-5Y INJECTION 25MCG/0.25ML	N/A	ND
MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y INJECTION 10MCG/0.2ML	N/A	ND
MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5 INJECTION 50MCG/0.5ML	N/A	ND
MODERNA COVID-19 VACCINE INJECTION 100MCG/0.5ML, 50MCG/0.5ML	N/A	ND
NOVAVAX COVID-19 VACCINE INJECTION 5MCG/0.5ML	N/A	ND
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENTACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 5LFU/0.5ML	3	
PFIZER-BIONTECH COVID-19 VACCINE/5-11Y INJECTION 10MCG/0.2ML	N/A	ND
PFIZER-BIONTECH COVID-19 VACCINE/6MO-4Y INJECTION 3MCG/0.2ML	N/A	ND
PFIZER-BIONTECH COVID-19 VACCINE/ADULT RTU INJECTION 30MCG/0.3ML	N/A	ND
PFIZER-BIONTECH COVID-19 VACCINE/BIVALENT/5-11Y INJECTION 10MCG/0.2ML	N/A	ND
PFIZER-BIONTECH COVID-19 VACCINE/BIVALENT/6M-4Y INJECTION 3MCG/0.2ML	N/A	ND
PFIZER-BIONTECH COVID-19 VACCINE/BIVALENT/BA.4/BA.5 INJECTION 30MCG/0.3ML	N/A	ND
PFIZER-BIONTECH COVID-19 VACCINE INJECTION 30MCG/0.3ML	N/A	ND
PNEUMOVAX 23 INJECTION 25MCG/0.5ML	N/A	ND
PREHEVBRIO INJECTION 10MCG/ML	3	B/D
PREVNAR 13 INJECTION	N/A	ND
PREVNAR 20 INJECTION	N/A	ND
PRIORIX INJECTION	3	
PROQUAD INJECTION	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 5LFU/0.5ML	3	
RABAVERT INJECTION	3	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	3	B/D
ROTARIX SUSPENSION RECONSTITUTED	3	

Drug Name	Drug Tier	Requirements/Limits
ROTARIX SUSPENSION	3	
ROTATEQ SOLUTION	3	
SHINGRIX INJECTION 50MCG/0.5ML	3	QL (2 EA per 999 days)
SPIKEVAX COVID-19 VACCINE INJECTION 100MCG/0.5ML	N/A	ND
TDVAX INJECTION 2LF/0.5ML; 2LF/0.5ML	3	
TENIVAC INJECTION 2LFU; 5LFU	3	
TICOVAC INJECTION 1.2MCG/0.25ML, 2.4MCG/0.5ML	3	
TRUMENBA INJECTION 0.5ML	3	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	3	
TYPHIM VI INJECTION 25MCG/0.5ML	3	
VAQTA INJECTION 25UNIT/0.5ML, 50UNIT/ML	3	
VARIVAX INJECTION 1350PFU/0.5ML	3	
VAXCHORA SUSPENSION RECONSTITUTED	N/A	ND
VAXELIS INJECTION	N/A	ND
VAXNEUVANCE INJECTION	N/A	ND
VIVOTIF CAPSULE DELAYED RELEASE	N/A	ND
YF-VAX INJECTION	3	
NUTRITIONAL/SUPPLEMENTS		
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	4	MO
<i>fluoritab solution 0.125mg/drop</i>	4	
<i>sodium fluoride solution 0.5mg/ml</i>	4	MO
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	4	MO
<i>sodium fluoride tablet 0.5mg, 1mg</i>	1	
SMOKING CESSATION		
<i>SMOKING CESSATION</i>		
<i>bupropion hcl sr tablet extended release 12 hour 150mg</i>	1	
<i>bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg</i>	1	
CHANTIX STARTING MONTH PAK TABLET THERAPY PACK	3	PA
COMMIT LOZENGE 2MG, 4MG	3	ND
NICODERM CQ PATCH 24 HOUR 14MG/24HR, 21MG/24HR, 7MG/24HR	3	ND
NICORETTE GUM 2MG	3	ND
NICORETTE GUM 4MG	4	ND
NICORETTE LOZENGE 2MG, 4MG	3	ND
NICORETTE MINI LOZENGE 2MG, 4MG	3	ND
NICORETTE REFILL GUM 2MG	3	ND
NICORETTE REFILL GUM 4MG	4	ND
NICORETTE STARTER KIT GUM 2MG	3	ND
NICORETTE STARTER KIT GUM 4MG	4	ND
<i>nicotine mini lozenge lozenge 2mg, 4mg</i>	1	ND
<i>nicotine polacrilex gum 2mg, 4mg</i>	1	ND
<i>nicotine polacrilex lozenge 2mg, 4mg</i>	1	ND

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine polacrilex refill gum 2mg, 4mg</i>	1	ND
<i>nicotine polacrilex starter kit gum 2mg, 4mg</i>	1	ND
<i>nicotine transdermal system kit</i>	1	ND
<i>nicotine transdermal system patch 24 hour 14mg/24hr, 21mg/24hr, 7mg/24hr</i>	1	ND
<i>nicotine transdermal system step 1 patch 24 hour 21mg/24hr</i>	1	ND
<i>nicotine transdermal system step 2 patch 24 hour 14mg/24hr</i>	1	ND
<i>nicotine transdermal system step 3 patch 24 hour 7mg/24hr</i>	1	ND
NICOTROL INHALER INHALER 10MG	3	
NICOTROL NS SOLUTION 10MG/ML	3	
VARENICLINE STARTING MONTH TABLET THERAPY PACK	3	PA
VARENICLINE TARTRATE TABLET 0.5MG, 1MG	3	PA

Non-Part D Supplemental Benefit

GEHA purchased supplemental benefit coverage for categories of drugs not typically covered by Medicare Part D. The prescription drugs included in this list are not covered by Medicare Part D and are not included in your formulary drug list.

Throughout **all** Coverage stages, you'll pay the Tier 1 cost share for *generic* drugs and Tier 2 cost share for BRAND-NAME drugs. You can find these cost shares in the Initial Coverage Stage tables in your Evidence of Coverage.

Keep in mind, the amount you pay when you fill a prescription for the drugs on this list **does not apply to your Medicare annual out-of-pocket costs**. (This amount does not help you qualify for Catastrophic Coverage.)

If you are receiving Extra Help to pay for your prescriptions, it will not apply for these supplemental benefits.

Key

Drug Name

UPPERCASE = Brand-name prescription drugs
 Lowercase italics = Generic medications

Requirements/Limits

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.

Drug Name	Requirements/Limits
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Cough and Cold	
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Cough and Cold

benzonatate capsule 100mg, 200mg
biotuss liquid 15mg/5ml; 300mg/5ml; 10mg/5ml
biotuss pediatric liquid 5mg/ml; 50mg/ml; 2.5mg/ml
bromfed dm syrup 2mg/5ml; 10mg/5ml; 30mg/5ml
codeine phosphate/guaifenesin liquid 10mg/5ml; 300mg/5ml
 CODITUSSIN AC LIQUID 10MG/5ML; 200MG/5ML
 EXACTUSS LIQUID 28MG/5ML; 388MG/5ML;
 10MG/5ML
 GILTUSS LIQUID 28MG/5ML; 388MG/5ML; 10MG/5ML
giltuss pediatric liquid 7.5mg/ml; 88mg/ml; 2.5mg/ml
guaiaatussin ac syrup 10mg/5ml; 100mg/5ml
guaifenesin ac syrup 10mg/5ml; 100mg/5ml
guaifenesin/codeine solution 10mg/5ml; 100mg/5ml
guaifenesin/dextromethorphan sr tablet extended release 12
hour 30mg; 600mg
hydrocodone bitartrate/homatropine methylbromide solution
1.5mg/5ml; 5mg/5ml
hydrocodone bitartrate/homatropine methylbromide tablet
1.5mg; 5mg
hydrocodone polistirex/chlorpheniramine polistirex
suspension extended release 8mg/5ml; 10mg/5ml
hydromet solution 1.5mg/5ml; 5mg/5ml
 MUCINEX DM TABLET EXTENDED RELEASE 12 HOUR
 30MG; 600MG
nohist-dm liquid 4mg/5ml; 15mg/5ml; 10mg/5ml
nortuss-de liquid 5mg/ml; 50mg/ml; 2.5mg/ml
 PHENERGAN -VC SYRUP 5MG/5ML; 6.25MG/5ML
promethazine hydrochloride/phenylephrine hydrochloride
syrup 5mg/5ml; 6.25mg/5ml
promethazine vc syrup 5mg/5ml; 6.25mg/5ml
promethazine/codeine syrup 10mg/5ml; 6.25mg/5ml
promethazine/dextromethorphan syrup 15mg/5ml; 6.25mg/5ml
promethazine/phenylephrine syrup 5mg/5ml; 6.25mg/5ml
 RELHIST TABLET CHEWABLE 6MG; 15MG
 TESSALON PERLES CAPSULE 100MG
 TUSSICAPS CAPSULE EXTENDED RELEASE 12 HOUR
 8MG; 10MG
tussigon tablet 1.5mg; 5mg

Drug Name	Requirements/Limits
TUSSIONEX PENNKINETIC EXTENDED RELEASE SUSPENSION EXTENDED RELEASE 8MG/5ML; 10MG/5ML TUSS-ORNADE MODIFIED CAPSULE EXTENDED RELEASE 40MG; 75MG VIRAVAN-DM TABLET CHEWABLE 25MG; 25MG; 30MG ZONATUSS CAPSULE 150MG	

Fertility

Fertility

CETROTIDE INJECTION 0.25MG
clomiphene citrate tablet 50mg
 ENDOMETRIN INSERT 100MG
 FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT
 SUPPOSITORY 100MG
 FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT
 SUPPOSITORY 200MG
 FOLLISTIM AQ INJECTION 300UNT/0.36ML,
 600UNT/0.72ML, 900UNT/1.08ML
ganirelix acetate injection 250mcg/0.5ml
 GONAL-F RFF REDIJECT INJECTION 300UNT/0.48ML,
 450UNT/0.72ML, 900UNT/1.44ML
 GONAL-F RFF INJECTION 75UNIT
 GONAL-F INJECTION 1050UNIT, 450UNIT
 MENOPUR INJECTION 75UNIT
 OVIDREL INJECTION 250MCG/0.5ML

Miscellaneous

Miscellaneous

aero otic hc solution 1mg/ml; 10mg/ml; 10mg/ml
 ALA-QUIN CREAM 3%; 0.5%
 ALCORTIN A GEL 1%; 2%; 1%
 ALOQUIN GEL 1%; 1.25%
 ANALPRAM-HC CREAM 2.5%; 1%
 ANALPRAM-HC LOTION 2.5%; 1%
 ANALPRAM-HC SINGLES CREAM 2.5%; 1%
anucort-hc suppository 25mg
 ANUSOL-HC SUPPOSITORY 25MG
arzol silver nitrate app licators miscellaneous 25%; 75%
ascorbic acid injection 500mg/ml
benzoyl peroxide 8% gel 8%
bpm/pse/dm syrup 2mg/5ml; 10mg/5ml; 30mg/5ml
bromfed dm syrup 2mg/5ml; 10mg/5ml; 30mg/5ml
 CETACAINE AEROSOL 14%; 2%; 2%
 CORTANE-B LOTION 1MG/ML; 10MG/ML; 10MG/ML

Drug Name	Requirements/Limits
CORTANE-B-OTIC SOLUTION 1MG/ML; 10MG/ML; 10MG/ML	
<i>cortic-nd solution 1mg/ml; 10mg/ml; 10mg/ml</i>	
<i>covaryx hs tablet 0.625mg; 1.25mg</i>	
<i>covaryx tablet 1.25mg; 2.5mg</i>	
<i>cyotic solution 1mg/ml; 10mg/ml; 10mg/ml</i>	
<i>dermazene cream 1%; 1%</i>	
DONNATAL ELIXIR 0.0194MG/5ML; 0.1037MG/5ML; 16.2MG/5ML; 0.0065MG/5ML	
DONNATAL TABLET 0.0194MG; 0.1037MG; 16.2MG; 0.0065MG	
DRYSOL SOLUTION 20%	
<i>eemt hs tablet 0.625mg; 1.25mg</i>	
<i>eemt tablet 1.25mg; 2.5mg</i>	
<i>esterified estrogens/methyltestosterone tablet 1.25mg; 2.5mg</i>	
<i>exactacain aerosol 14%; 2%; 2%</i>	
<i>exotic-hc solution 1mg/ml; 10mg/ml; 10mg/ml</i>	
FIRST-MOUTHWASH BLM SUSPENSION	
GILPHEX TR TABLET 388MG; 10MG	
GILTUSS TR TABLET 28MG; 388MG; 10MG	
<i>grx hicort 25 suppository 25mg</i>	
<i>hemorrhoidal-hc suppository 25mg</i>	
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	
<i>suspension extended release 8mg/5ml; 10mg/5ml</i>	
<i>hydrocortisone acetate suppository 25mg, 30mg</i>	
<i>hydrocortisone acetate/pramoxine cream 2.5%; 1%</i>	
<i>hydrocortisone/iodoquinol cream 1%; 1%</i>	
HYOPHEN TABLET 9MG; 0.12MG; 81.6MG; 10.8MG; 36.2MG	
<i>hyoscyamine sulfate er tablet extended release 12 hour</i>	
<i>0.375mg</i>	
<i>hyosyne elixir 0.125mg/5ml</i>	
<i>hyosyne solution 0.125mg/ml</i>	
<i>iodoquinol/hydrocortisone acetate/aloe polysaccharides gel</i> <i>1%; 2%; 1%</i>	
IODOSORB GEL 0.9%	
<i>isoxsuprine hcl tablet 10mg, 20mg</i>	
K-PHOS NEUTRAL TABLET 155MG; 852MG; 130MG	
K-PHOS TABLET 500MG	
LEVBIID TABLET EXTENDED RELEASE 12 HOUR 0.375MG	
<i>lidocaine hcl/hydrocortisone acetate cream 0.5%; 3%</i>	
<i>me/naphos/mb/hyo 1 tablet 0.12mg; 81.6mg; 10.8mg; 40.8mg</i>	
MEZPAROX-HC FORTE CREAM 2.5%; 2.5%	
NATURE-THROID TABLET 32.5MG, 65MG	

Drug Name	Requirements/Limits
NEOTUSS PLUS LIQUID	4MG/5ML; 30MG/5ML; 7.5MG/5ML
NITRO-TIME CAPSULE EXTENDED RELEASE	2.5MG, 6.5MG, 9MG
<i>nohist-dm liquid</i>	<i>4mg/5ml; 15mg/5ml; 10mg/5ml</i>
NOVACORT GEL	2%; 1%
OTICIN HC NR SOLUTION	1MG/ML; 10MG/ML; 10MG/ML
<i>oto-end 10 solution</i>	<i>1mg/ml; 10mg/ml; 10mg/ml</i>
<i>otomax-hc solution</i>	<i>1mg/ml; 10mg/ml; 10mg/ml</i>
PAZEO SOLUTION	0.7%
<i>phenazopyridine hydrochloride tablet</i>	<i>100mg, 200mg</i>
<i>phospha 250 neutral tablet</i>	<i>155mg; 852mg; 130mg</i>
PRAMOSONE CREAM	1%; 1%, 2.5%; 1%
PRAMOSONE OINTMENT	1%; 1%, 2.5%; 1%
PROCORT CREAM	1.85%; 1.15%
PROCTOCORT SUPPOSITORY	30MG
<i>promethazine hydrochloride/dextromethorphan hydrobromide syrup</i>	<i>15mg/5ml; 6.25mg/5ml</i>
<i>promethazine vc/codeine syrup</i>	<i>10mg/5ml; 5mg/5ml; 6.25mg/5ml</i>
<i>promethazine/codeine solution</i>	<i>10mg/5ml; 6.25mg/5ml</i>
<i>promethazine/dextromethorphan solution</i>	<i>15mg/5ml; 6.25mg/5ml</i>
<i>promethazine/phenylephrine/codeine syrup</i>	<i>10mg/5ml; 5mg/5ml; 6.25mg/5ml</i>
<i>pyridoxine hcl injection</i>	<i>100mg/ml</i>
QUINJA GEL	1%; 1.25%
<i>rectacort-hc suppository</i>	<i>25mg</i>
RHINOLAR CAPSULE EXTENDED RELEASE	8MG; 2.5MG; 75MG
<i>sodium chloride nebulization solution</i>	<i>0.9%, 10%, 3%, 7%</i>
<i>sodium sulfacetamide/sulfur cream</i>	<i>10%; 5%, 9.8%; 4.8%</i>
<i>sodium sulfacetamide/sulfur lotion</i>	<i>10%; 5%, 9.8%; 4.8%</i>
<i>thiamine hydrochloride injection</i>	<i>100mg/ml</i>
TUSSICAPS CAPSULE EXTENDED RELEASE 12 HOUR	8MG; 10MG
TUXARIN ER TABLET EXTENDED RELEASE 12 HOUR	8MG; 54.3MG
TUZISTRA XR SUSPENSION EXTENDED RELEASE	2.8MG/5ML; 14.7MG/5ML
<i>urea cream</i>	<i>39%, 47%</i>
<i>uribel capsule</i>	<i>0.12mg; 118mg; 10mg; 36mg; 40.8mg</i>
<i>uro-458 tablet</i>	<i>0.12mg; 81mg; 10.8mg; 32.4mg; 40.8mg</i>
<i>uro-mp capsule</i>	<i>0.12mg; 118mg; 10mg; 36mg; 40.8mg</i>

Drug Name	Requirements/Limits
<i>ustell capsule</i>	0.12mg; 120mg; 10mg; 36mg; 40.8mg
<i>vilamit mb capsule</i>	0.12mg; 118mg; 10mg; 36mg; 40.8mg
<i>vilevev mb tablet</i>	0.12mg; 81mg; 10.8mg; 32.4mg; 40.8mg
VIRATAN-DM TABLET CHEWABLE	25MG; 25MG; 30MG
VYSTONE CREAM	0; 1.9%; 1%
WP THYROID TABLET	65MG

Vitamins and Minerals

Vitamins and Minerals

ACCRUFER CAPSULE 30MG
ACTIVE FE TABLET 160MG; 2100UNIT; 400UNIT; 1MG; 30MCG; 1250MCG; 75MG; 30MG; 20MG; 20MG; 4MG; 4MG; 40UNIT; 20MG
ADRENAL C FORMULA TABLET
airavite tablet 1mg; 2.5mg; 25mg
ALBAFORT INJECTION 100MCG/ML; 50MG/ML; 20%; 12.5MG/ML; 1MG/ML; 2MG/ML; 0.5MG/ML; 12.5MG/ML
ANIMI-3 CAPSULE 1000UNIT; 500MCG; 350MG; 35MG; 1MG; 500MG; 200MG; 12.5MG
ANIMI-3/VITAMIN D CAPSULE 1000UNIT; 500MCG; 350MG; 35MG; 1MG; 500MG; 200MG; 12.5MG
AP-ZEL TABLET 5MG; 1.5MG; 500MCG; 600MG; 1.5MG; 10MG
AQUASOL A PARENTERAL INJECTION 50000UNIT/ML
ASCOR INJECTION 25000MG/50ML
ASCORBIC ACID INJECTION 15000MG/30ML
ascorbic acid injection 500mg/ml
ASTAMED MYO CAPSULE 6MG; 300UNIT; 5MG; 3MG
AVAILNEX TABLET CHEWABLE 750MG
AXONA PACKET 0
BACMIN TABLET 500MG; 150MCG; 25MG; 0.1MG; 3MG; 50MCG; 27MG; 1MG; 50MG; 50MG; 5MG; 100MG; 25MG; 5000UNIT; 20MG; 50MCG; 20MG; 30UNIT; 22.5MG
b-complex 100 injection 2%; 2mg/ml; 100mg/ml; 2mg/ml; 2mg/ml; 100mg/ml
biocel tablet 500mg; 125mg; 300mcg; 10mg; 200unit; 1mg; 33mg; 50mg; 25mg; 25mg; 5000unit; 25mg; 50mcg; 25mg; 100unit; 60mg
BIOTIN PLUS KERATIN TABLET 10000MCG; 100MG
BP VIT 3 CAPSULE 500MCG; 350MG; 35MG; 1MG; 500MG; 200MG; 12.5MG
b-plex plus tablet 500mg; 0.15mg; 0.1mg; 3mg; 50mcg; 27mg; 0.8mg; 50mg; 5mg; 100mg; 25mg; 25mg; 5000unit; 20mg; 20mg; 30unit; 22.5mg

Drug Name	Requirements/Limits
<i>b-plex tablet</i>	500mg; 5mcg; 0.5mg; 100mg; 18mg; 4mg; 15mg; 15mg
CENFOL TABLET	2MG; 2.3MG; 24.5MG
CENTRATEX CAPSULE	10MG; 0.8MG; 15MCG; 106MG; 1MG; 6.9MG; 1.3MG; 30MG; 5MG; 6MG; 200MG; 10MG; 18.2MG
CENTRUM PERFORMANCE TABLET	120MG; 50MG; 50MCG; 60MCG; 100MG; 12MG; 72MG; 400UNIT; 120MCG; 0.9MG; 18MCG; 18MG; 400MCG; 40MG; 4MG; 40MG; 5MCG; 48MG; 25MCG; 80MG; 150MCG; 6MG; 3500UNIT; 5.1MG; 4MG; 10MCG; 75MCG; 70MCG; 10MCG; 4.5MG; 60UNIT; 11MG
CEREFOLIN NAC TABLET	600MG; 6MG; 2MG
CEREFOLIN TABLET	1MG; 6MG; 50MG; 5MG
CHOLECAL DF TABLET	3800UNIT; 1MG
CHOLEXMAX POWDER	
CIFEREX CAPSULE	3775UNIT; 1MG
<i>cod liver oil</i>	
<i>corvita 150 tablet</i>	120mg; 15mcg; 1.25mg; 150mg; 10mg; 25mg
CORVITE 150 TABLET	100MCG; 120MG; 5MG; 20MCG; 700MCG; 150MG; 300MCG; 10MG; 10MG; 25MG
CORVITE FE TABLET	120MG; 5MG; 1000UNIT; 15MCG; 15MG; 25MG; 1MG; 125MG; 10MG; 25MG
<i>corvite free tablet</i>	10mg; 500mg; 75mcg; 400unit; 150mcg; 35mg; 1mg; 70mcg; 125mcg; 1.25mg; 400mcg; 125mcg; 35mg; 35mg; 5mg; 35mg; 3.4mg; 25mg; 125unit; 35mg
<i>cyanocobalamin injection</i>	1000mcg/ml
CYANOCOBALAMIN INJECTION	2000MCG/ML
DEPLIN 15 CAPSULE	15MG; 90.314MG
DEPLIN 7.5 CAPSULE	7.5MG; 90.314MG
DIALYVITE 3000 TABLET	100MG; 300MCG; 10MG; 3MG; 1MG; 20MG; 25MG; 1.7MG; 70MCG; 1.5MG; 30UNIT; 15MG
DIALYVITE 5000 TABLET	100MG; 300MCG; 10MG; 5MG; 2MG; 20MG; 50MG; 1.7MG; 70MCG; 1.5MG; 30UNIT; 25MG
DIALYVITE SUPREME D TABLET	100MG; 300MCG; 10MG; 2000UNIT; 3MG; 1MG; 20MG; 25MG; 1.7MG; 70MCG; 1.5MG; 30UNIT; 15MG
<i>dialyvite tablet</i>	100mg; 0.3mg; 0.006mg; 1mg; 20mg; 10mg; 10mg; 1.7mg; 1.5mg
DIALYVITE/ZINC TABLET	100MG; 300MCG; 10MG; 6MCG; 1MG; 20MG; 10MG; 1.7MG; 1.5MG; 50MG
DRISDOL CAPSULE	50000UNIT

Drug Name	Requirements/Limits
DURACHOL CAPSULE	3775UNIT; 1MG
EB-N3 DR CAPSULE DELAYED RELEASE	4MG; 6MG; 70MG; 1.3MG
ELFOLATE PLUS TABLET	3MG; 2MG; 35MG
ENLYTE CAPSULE	21MG; 5MG; 25MCG; 1.5MG; 40MG; 25MCG; 2.5MG; 2.4MG; 3.83MG; 25MCG; 25MCG; 25MCG; 25MCG
ERGOAL CAPSULE	2500UNIT
<i>ergocalciferol capsule</i>	50000unit
<i>fabb tablet</i>	1mg; 2.2mg; 25mg
FE 90 PLUS TABLET	120MG; 12MCG; 50MG; 1MG; 90MG
FERAHEME INJECTION	510MG/17ML
FERIVA 21/7 TABLET	600MCG; 175MG; 12MCG; 50MG; 75MG; 400MCG; 150MG; 10MG
FERIVAFA CAPSULE	175MG; 300MCG; 1.5MG; 12MCG; 50MG; 1MG; 110MG
<i>ferocon capsule</i>	75mg; 15mcg; 110mg; 0.5mg; 240mg
<i>ferotrinsic capsule</i>	75mg; 15mcg; 110mg; 0.5mg; 240mg
FERRALET 90 TABLET	120MG; 12MCG; 50MG; 1MG; 90MG
FERRAPLUS 90 TABLET	120MG; 12MCG; 50MG; 1MG; 90MG
<i>ferrocite plus tablet</i>	10mg; 0.8mg; 15mcg; 324mg; 1mg; 6.9mg; 1.3mg; 30mg; 5mg; 6mg; 200mg; 10mg; 18.2mg
<i>ferrogels forte capsule</i>	60mg; 10mcg; 460mg; 1mg
FERRO-PLEX HEMATINIC TABLET	600MG; 25MCG; 50MG; 115MG; 1MG; 75MG; 30UNIT
FERRO-PLEX TABLET	600MG; 25MCG; 50MG; 115MG; 1MG; 75MG; 30UNIT
FIBRIK CAPSULE	150MG; 1MG; 1MG; 12.5MG; 15MG; 15UNIT; 50MG
<i>folbee plus cz tablet</i>	60mg; 300mcg; 10mg; 1.5mg; 2mg; 5mg; 20mg; 50mg; 1.5mg; 1.5mg; 25mg
<i>folbee plus tablet</i>	60mg; 300mcg; 10mg; 1mg; 5mg; 20mg; 50mg; 1.5mg; 1.5mg
<i>folbee tablet</i>	1mg; 2.5mg; 25mg
FOLBIC RF TABLET	2MG; 1.13MG; 25MG
<i>folbic tablet</i>	2mg; 2.5mg; 25mg
FOLGARD OS TABLET	500MG; 300UNIT; 250MCG; 1.1MG; 100MG; 12.5MG; 1.5MG
FOLGARD RX TABLET	1MG; 2.2MG; 25MG
<i>folic acid injection</i>	5mg/ml
<i>folic acid tablet</i>	1mg

Drug Name	Requirements/Limits
<i>folic acid/cyanocobalamin/pyridoxine hydrochloride tablet</i>	
<i>1mg; 2.5mg; 25mg</i>	
<i>folic acid/vitamin b-6/vitamin b-12 tablet</i>	
<i>500mcg; 2.2mg; 25mg</i>	
FOLI-D TABLET	2000UNIT; 1MG
FOLIKA-V TABLET	125MG; 500UNIT; 1MG; 1MG; 5MG; 12.5MG; 25MG; 50MG
FOLITE TABLET	200MG; 200MG; 50MCG; 1MG; 100MG
FOLIVANE-F CAPSULE	40MG; 62.5MG; 1MG; 3MG; 62.5MG
FOLIVANE-PLUS CAPSULE	210MG; 300MCG; 7MG; 10MCG; 62.5MG; 1MG; 20MG; 62.5MG; 25MG; 5MG; 5MG
<i>folplex 2.2 tablet</i>	<i>0.5mg; 2.2mg; 25mg</i>
FOLTANX RF CAPSULE	3MG; 2MG; 35MG; 90.314MG
FOLTANX TABLET	3MG; 2MG; 35MG
FOLTRATE TABLET	500MCG; 1MG
<i>foltrin capsule</i>	<i>75mg; 15mcg; 110mg; 0.5mg; 240mg</i>
FOLTX TABLET	2MG; 2.5MG; 25MG
FORTAVIT CAPSULE	150MG; 0; 15MG; 25MCG; 1.5MG; 100MG; 25MG; 50MG; 25MG; 2MCG; 50MCG; 1MG; 25MCG; 1MG; 7.5MG; 200MCG; 67.5MG; 25MCG; 75MCG; 40MG; 25MG; 5MG; 25MG; 5MCG; 25MG; 15MG; 25MG; 25MG; 1MG; 0; 2.5MG; 5MG; 13MCG; 25MG; 5000UNIT; 200UNIT; 150UNIT; 8MG
FOVEX CAPSULE	700MG; 40MG; 10MG; 800MG; 2MG
FUSION PLUS CAPSULE	75MG; 300MCG; 12MCG; 65MG; 1250MCG; 30MG; 10MG; 6MG; 65MG; 10MG; 3MG; 2MG
GABADONE CAPSULE	
GALAXTRA POWDER	
<i>hematinic plus complex tablet</i>	<i>10mg; 0.8mg; 15mcg; 324mg; 1mg; 6.9mg; 1.3mg; 30mg; 5mg; 6mg; 200mg; 10mg; 18.2mg</i>
<i>hematinic plus vitamins/minerals tablet</i>	<i>10mg; 0.8mg; 15mcg; 106mg; 1mg; 6.9mg; 1.3mg; 30mg; 5mg; 6mg; 200mg; 10mg; 18.2mg</i>
<i>hematinic/folic acid tablet</i>	<i>324mg; 1mg</i>
<i>hematogen capsule</i>	<i>250mg; 10mcg; 200mg</i>
HEMATOGEN FA CAPSULE	250MG; 10MCG; 200MG; 1MG
<i>hematogen forte capsule</i>	<i>60mg; 10mcg; 460mg; 1mg</i>
HEMATRON-AF TABLET	500MG; 150MCG; 3MG; 60MCG; 50MG; 1MG; 150MG; 30UNIT

Drug Name	Requirements/Limits
HEMENATAL OB + DHA MISCELLANEOUS 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 200MG; 2.5MG; 1MG; 6MG; 0.5MG; 17MG; 203MG; 28MG; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 10UNIT; 4.5MG	
HEMOCYTE PLUS CAPSULE 10MG; 0.8MG; 15MCG; 324MG; 1MG; 6.9MG; 1.3MG; 30MG; 5MG; 6MG; 200MG; 10MG; 18.2MG	
<i>hemocyte-f tablet 324mg; 1mg</i>	
<i>hemocyte-plus tablet 10mg; 0.8mg; 15mcg; 324mg; 1mg; 6.9mg; 1.3mg; 30mg; 5mg; 6mg; 200mg; 10mg; 18.2mg</i>	
<i>hydroxocobalamin injection 1000mcg/ml</i>	
HYPERTENSA CAPSULE	
ICAR-C PLUS TABLET 250MG; 25MCG; 1MG; 100MG	
<i>iferex 150 forte capsule 25mcg; 1mg; 150mg</i>	
<i>infed injection 50mg/ml</i>	
<i>infuvite adult injection 200mg/10ml; 200unit/10ml; 5mcg/10ml; 15mg/10ml; 600mcg/10ml; 40mg/10ml;</i>	
<i>6mg/10ml; 3.6mg/10ml; 6mg/10ml; 10unit/10ml;</i>	
<i>3300unit/10ml; 150mcg/10ml</i>	
<i>infuvite pediatric injection 80mg/5ml; 1mcg/5ml; 400unit/5ml;</i>	
<i>1mcg/5ml; 5mg/5ml; 140mcg/5ml; 17mg/5ml; 1mg/5ml;</i>	
<i>2300unit/5ml; 1.4mg/5ml; 1.2mg/5ml; 7unit/5ml; 0.2mg/5ml</i>	
INJECTAFER INJECTION 750MG/15ML	
INTEGRA F CAPSULE 40MG; 62.5MG; 1000MCG; 3MG; 62.5MG	
INTEGRA PLUS CAPSULE 210MG; 300MCG; 7MG; 10MCG; 62.5MG; 1000MCG; 20MG; 62.5MG; 25MG; 5MG; 5MG	
IROSPAN 24/6 MISCELLANEOUS 300MCG; 100MG; 155MG; 7MG; 10MCG; 65MG; 1000MCG; 25MG; 65MG; 30MG; 5MG; 100MG; 150MG; 5MG	
LIMBREL CAPSULE 500MG	
LIPICHOL 540 CAPSULE 1MG; 52.5MG; 77.5MG; 150MG; 270MG	
LISTER-V CAPSULE	
<i>l-methyl-b6-b12 tablet 3mg; 2mg; 35mg</i>	
L-METHYLFOLATE CA ME-CBL NAC TABLET 600MG; 6MG; 2MG; 90.314MG	
<i>l-methylfolate ca/p-5-p/me-cbl capsule 3mg; 2mg; 35mg; 90.314mg</i>	
<i>l-methylfolate calcium tablet 7.5mg</i>	
L-METHYLFOLATE FORMULA 15 CAPSULE 15MG; 90.314MG	
L-METHYLFOLATE FORMULA 7.5 CAPSULE 7.5MG; 90.314MG	

Drug Name	Requirements/Limits
L-METHYLFOLATE FORTE CAPSULE 15MG; 90.314MG, 7.5MG; 90.314MG	
<i>l-methylfolate tablet 15mg</i>	
L-METHYL-MC NAC TABLET 600MG; 6MG; 2MG	
L-METHYL-MC TABLET 1MG; 6MG; 50MG; 5MG	
<i>lmthf/pyridoxine hcl/cyanocobalamin tablet 2mg; 1.13mg; 25mg</i>	
<i>lysiplex plus tablet 166.667mg; 50mcg; 133.333unit;</i>	
<i>0.667mg; 16.667mcg; 3.333mg; 333.333mcg; 66.667mg;</i>	
<i>133.333mg; 333.333mg; 66.667mg; 1.667mg; 5mcg;</i>	
<i>16.667mg; 16.667mg; 26.667mg; 16.667mg; 1666.67unit;</i>	
<i>5mg; 33.333mcg; 16.667mg; 66.667unit; 133.333mg; 5mg</i>	
M.V.I. ADULT INJECTION 200MG/10ML; 60MCG/10ML;	
5MCG/10ML; 15MG/10ML; 5MCG/10ML; 600MCG/10ML;	
40MG/10ML; 150MCG/10ML; 6MG/10ML; 3.6MG/10ML;	
6MG/10ML; 10MG/10ML; 1MG/10ML	
M.V.I. PEDIATRIC INJECTION 80MCG; 20MCG; 1MCG;	
140MCG; 17MG; 5MG; 200MCG; 1MG; 1.4MG; 1.2MG;	
0.7MG; 10MCG; 7MG	
M.V.I.-12 WITHOUT VITAMIN K INJECTION	
200MG/10ML; 60MCG/10ML; 5MCG/10ML; 15MG/10ML;	
200UNIT/10ML; 600MCG/10ML; 40MG/10ML;	
6MG/10ML; 3.6MG/10ML; 6MG/10ML; 10UNIT/10ML;	
3300UNIT/10ML	
MEDACTIV TABLET 0; 3MG; 40MG; 0.12MG; 30MG;	
0.006MG; 150MG; 50MG; 250MG; 175MG; 10MG; 100MG;	
100MG	
MEPHYTON TABLET 5MG	
METAFOLBIC PLUS RF TABLET 600MG; 6MG; 2MG;	
90.314MG	
METAFOLBIC PLUS TABLET 600MG; 6MG; 2MG	
METAFOLBIC TABLET 1MG; 6MG; 50MG; 5MG	
METANX CAPSULE 3MG; 2MG; 35MG; 90.314MG	
METHYLCOBALAMIN INJECTION 10000MCG,	
150MG/30ML, 300MG/30ML, 30MG/30ML, 50000MCG	
MONOFERRIC INJECTION 1000MG/10ML	
<i>multi-b-plus tablet 500mg; 0.15mg; 0.1mg; 3mg; 50mcg;</i>	
<i>0.8mg; 27mg; 50mg; 5mg; 100mg; 25mg; 25mg; 20mg;</i>	
<i>20mg; 5000unit; 30unit; 22.5mg</i>	
MULTIGEN FOLIC TABLET 150MG; 2MG; 10MCG;	
70MG; 1MG; 75MG	
MULTIGEN PLUS TABLET 60MG; 0.8MG; 10MCG;	
50MG; 101MG; 1MG; 50MG	
MULTIGEN TABLET 150MG; 2MG; 10MCG; 50MG;	
70MG; 75MG	

Drug Name	Requirements/Limits
<i>myferon 150 forte capsule</i>	25mcg; 1mg; 150mg
<i>mynephrocaps capsule</i>	100mg; 150mcg; 5mg; 6mcg; 1mg; 20mg; 10mg; 1.7mg; 1.5mg
NASCOBAL SOLUTION	500MCG/0.1ML
NATALVIRT FLT TABLET	120MG; 12MCG; 50MG; 1MG; 90MG
NEOKE BHB POWDER	830MG/10GM; 6.4GM/10GM; 180MG/10GM
NEOPHE POWDER	
NEPHPLEX RX TABLET	60MG; 300MCG; 6MG; 1MG; 20MG; 10MG; 10MG; 1.7MG; 1.5MG; 12.5MG
NEPHRON FA TABLET	40MG; 300MCG; 6MCG; 75MG; 200MG; 1MG; 20MG; 10MG; 10MG; 1.7MG; 1.5MG
<i>nephronex tablet</i>	60mg; 300mcg; 0.01mcg; 1mg; 20mg; 10mg; 10mg; 1.7mg; 1.5mg
NEPHRO-VITE RX TABLET	60MG; 300MCG; 6MCG; 1MG; 20MG; 10MG; 10MG; 1.7MG; 1.5MG
NEUREPA CAPSULE	0; 1GM
NEURIN-SL TABLET SUBLINGUAL	600MCG; 600MCG
NICOMIDE TABLET	0.5MG; 100MCG; 2MG; 750MG; 50MCG; 27MG
<i>nufol tablet</i>	1mg; 2.5mg; 25mg
NUTRICAP TABLET	150MG; 6000UNIT; 80MCG; 10MG; 5MG; 25MCG; 2MG; 25MCG; 18MG; 1MG; 50MG; 2MG; 25MCG; 20MG; 150MCG; 10MG; 17MG; 25MCG; 15MG; 200UNIT; 400UNIT; 33.5MCG; 18MG
<i>nutrifac zx tablet</i>	500mg; 200mcg; 66mg; 200mcg; 2.5mg; 50mcg; 1000mcg; 50mg; 5mg; 100mg; 25mg; 25mg; 5000unit; 20mg; 50mcg; 20mg; 400unit; 50unit; 20mg
NUTRIVIT LIQUID	25MCG/15ML; 15MG/15ML; 1MG/15ML; 800MG/15ML; 100MG/15ML; 15MG/15ML; 2MG/15ML; 15MG/15ML; 10MG/15ML
ORTHO-FOLIC CAPSULE	3760UNIT; 1MG
PERCURA CAPSULE	
PHYSICIANS EZ USE B-12 COMPLIANCE KIT	
INJECTION	1000MCG/ML
PHYTONADIONE INJECTION	1MG/0.5ML
PNV-VP-U CAPSULE	10MG; 0.8MG; 15MCG; 106.5MG; 1MG; 1.3MG; 30MG; 5MG; 6MG; 200MG; 10MG
PODIAPN CAPSULE	5100MCG; 2MG; 35MG
<i>poly-iron 150 forte capsule</i>	25mcg; 1mg; 150mg
<i>polysaccharide iron forte capsule</i>	25mcg; 1mg; 150mg
POTABA CAPSULE	500MG

Drug Name	Requirements/Limits
PROTECT PLUS CAPSULE 500MG; 5000UNIT; 300MCG; 100MG; 50MG; 200MCG; 1MG; 50MCG; 1MG; 30MG; 500MCG; 50MG; 200MG; 5MG; 50MCG; 50MG; 50MG; 50MG; 50MG; 100MCG; 500MCG; 50MG; 5000UNIT; 400UNIT; 400UNIT; 30MG	
PROTECTIRON TABLET 500MG; 10MG; 50MCG; 80MG; 25MG; 100MCG; 30MG; 1MG; 25MG; 1000MCG; 60MG; 32MG; 2MG; 10MCG; 20MG; 15MG; 15MG; 15MG; 10MCG; 15MG; 67MG; 5MG	
PROTEOLIN TABLET	
PULMONA CAPSULE 9.375MG; 187.5MG; 75MG; 9.375MG; 101.25MG	
PUREFE PLUS CAPSULE 10MG; 0.8MG; 15MCG; 106MG; 1MG; 6.9MG; 1.3MG; 30MG; 5MG; 6MG; 200MG; 10MG; 18.2MG	
<i>purevit dualfe plus capsule 10mg; 0.8mg; 15mcg; 162mg; 1mg; 1.3mg; 30mg; 115.2mg; 5mg; 6mg; 200mg; 10mg; 18.2mg</i>	
PYRIDOXAL-5-PHOSPHATE INJECTION 100MG/ML	
<i>pyridoxine hcl injection 100mg/ml renal caps capsule 100mg; 150mcg; 5mg; 6mcg; 1mg; 20mg; 10mg; 1.7mg; 1.5mg</i>	
RENATABS TABLET 60MG; 300MCG; 10MG; 6MCG; 1MG; 20MG; 10MG; 1.7MG; 1.5MG; 5UNIT	
RENATABS WITH IRON MISCELLANEOUS 60MG; 300MCG; 10MG; 6MCG; 1MG; 100MG; 20MG; 10MG; 1.7MG; 1.5MG; 5UNIT	
<i>rena-vite rx tablet 60mg; 300mcg; 10mg; 29mg; 6mcg; 1000mcg; 20mg; 10mg; 1.7mg; 1.5mg reno caps capsule 100mg; 150mcg; 5mg; 6mcg; 1mg; 20mg; 10mg; 1.7mg; 1.5mg</i>	
REQ 49+ TABLET 100MG; 20MCG; 0.8MG; 190MG; 2MG; 200UNIT; 50MCG; 0.7MG; 150MCG; 200MCG; 1.5MG; 1.5MG; 25MG; 0.5MG; 15MCG; 5MG; 40MCG; 30MCG; 30MCG; 1MG; 750UNIT; 1MG; 50MCG; 0.5MG; 100UNIT; 2.5MCG; 2.5MG; 10MG	
REVESTA CAPSULE 5750UNIT; 1MG	
SENTRA AM CAPSULE	
SENTRA PM CAPSULE	
<i>se-tan plus capsule 10mg; 0.8mg; 15mcg; 162mg; 1mg; 1.3mg; 30mg; 115.2mg; 5mg; 6mg; 200mg; 10mg; 18.2mg</i>	
SIDEROL TABLET 250MG; 8MG; 60MCG; 100MG; 150MG; 400MCG; 3MG; 20MG; 25MG; 15MG; 15MG; 50MG	
<i>sodium ferric gluconate complex/sucrose injection 12.5mg/ml</i>	

Drug Name	Requirements/Limits
STROVITE FORTE SYRUP 300MG/15ML; 150MCG/15ML; 400UNIT/15ML; 50MCG/15ML; 3MG/15ML; 20MCG/15ML; 10MG/15ML; 1MG/15ML; 50MG/15ML; 5MG/15ML; 100MG/15ML; 25MG/15ML; 20MG/15ML; 4000UNIT/15ML; 17MG/15ML; 55MCG/15ML; 15MG/15ML; 30UNIT/15ML; 15MG/15ML STROVITE FORTE TABLET 500MG; 1000UNIT; 0.15MG; 25MG; 0.1MG; 3MG; 50MCG; 10MG; 0.8MG; 50MG; 25MCG; 100MG; 25MG; 3000UNIT; 20MG; 50MCG; 20MG; 60UNIT; 15MG	
STROVITE ONE TABLET 15MG; 300MG; 100MCG; 15MG; 3000UNIT; 1000UNIT; 50MCG; 1.5MG; 50MCG; 1MG; 5MG; 50MG; 1.5MG; 25MG; 25MG; 5MG; 100MCG; 20MG; 100UNIT; 25MG	
SUPERVITE LIQUID 25MCG/15ML; 20MG/15ML; 1MG/15ML; 1000MG/15ML; 100MG/15ML; 2MG/15ML; 10MG/15ML; 10MG/15ML; 75MG/15ML	
SUPPORT LIQUID 10MCG/5ML; 0.8MG/5ML; 275MG/5ML; 0.5MG/5ML; 30MG/5ML; 2MG/5ML; 2MG/5ML; 8MG/5ML; 1500UNIT/5ML; 100UNIT/5ML; 7MG/5ML	
SUPPORT-500 CAPSULE 500MG; 25MCG; 400MCG; 30MG; 30MG; 1.3MG; 25MG; 10MG; 20MG; 20MG; 20MG; 50MCG; 20MG; 1500MCG; 25MCG; 268MG; 28MG	
TANDEM PLUS CAPSULE 187MG; 20MCG; 0.8MG; 0; 1MG; 106MG; 1.3MG; 30MG; 10MG; 5MG; 6MG; 10.3MG; 18.2MG	
THERAMINE CAPSULE <i>thiamine hydrochloride injection 100mg/ml</i> <i>tl gard rx tablet 1mg; 2.2mg; 25mg</i> <i>tl icon capsule 75mg; 15mcg; 110mg; 0.5mg; 240mg</i> <i>tl-hem 150 tablet 500mg; 150mcg; 3mg; 60mcg; 50mg; 1mg;</i> <i>150mg; 30unit</i>	
TL-ICARE CAPSULE 150.667MG; 6213.33UNIT; 266.667UNIT; 0.533MG; 3.333MG; 200MG; 3333.33UNIT; 133.333MG; 66.667UNIT; 0.667MG; 23MG	
TOZAL CAPSULE 150.667MG; 6213.33UNIT; 266.667UNIT; 0.533MG; 3.333MG; 200MG; 133.333MG; 3333.33UNIT; 66.667UNIT; 0.667MG; 23MG	
TREPADONE CAPSULE <i>tricon capsule 75mg; 15mcg; 110mg; 0.5mg; 240mg</i>	
TRIFERIC PACKET 272MG	
TRIFERIC SOLUTION 27.2MG/5ML <i>trigels-f forte capsule 60mg; 10mcg; 151mg; 1mg</i>	

Drug Name	Requirements/Limits
<i>triphrocaps capsule</i>	100mg; 150mcg; 5mg; 6mcg; 1mg; 20mg; 10mg; 1.7mg; 1.5mg
UDAMIN SP TABLET	250MCG; 1000MCG; 2.5MG; 12.5MG; 100MCG; 320MG; 75UNIT; 17MG; 7.5MG
VASCAZEN CAPSULE	30MG; 110MG; 30MG; 680MG; 20MG; 900MG; 30MG
<i>v-c forte capsule</i>	150mg; 10mg; 10mcg; 1mg; 70mg; 4mg; 25mg; 2mg; 5mg; 10mg; 8000unit; 50unit; 80mg
VENOFER INJECTION	20MG/ML
<i>vicap forte capsule</i>	150mg; 10mg; 10mcg; 1mg; 70mg; 4mg; 25mg; 2mg; 5mg; 10mg; 8000unit; 50unit; 80mg
<i>vic-forte capsule</i>	150mg; 10mg; 10mcg; 1mg; 70mg; 4mg; 25mg; 2mg; 5mg; 10mg; 8000unit; 50unit; 80mg
<i>virt-caps capsule</i>	100mg; 150mcg; 5mg; 6mcg; 1mg; 20mg; 10mg; 1.7mg; 1.5mg
<i>virt-vite forte tablet</i>	2mg; 2.5mg; 25mg
<i>virt-vite plus tablet</i>	60mg; 300mcg; 1mg; 5mg; 20mg; 10mg; 50mg; 1.5mg; 1.5mg
<i>virt-vite tablet</i>	1mg; 2.5mg; 25mg
<i>vita s forte tablet</i>	500mg; 0.15mg; 0.05mg; 3mg; 50mcg; 400unit; 10mg; 1mg; 50mg; 100mg; 25mg; 25mg; 20mg; 20mcg; 50mcg; 20mg; 60unit; 15mg
<i>vitacel tablet</i>	500mg; 125mg; 300mcg; 25mg; 10mg; 1mg; 33mg; 50mg; 25mg; 5000unit; 25mg; 50mcg; 25mg; 100unit; 200unit; 80mg
VITAL-D RX TABLET	60MG; 300MCG; 1750UNIT; 6MG; 1MG; 20MG; 10MG; 10MG; 1.7MG; 1.5MG; 12.5MG
<i>vitamin b-complex 100 injection</i>	2mg/ml; 100mg/ml; 2mg/ml; 2mg/ml; 100mg/ml
<i>vita-min capsule</i>	113.3mg; 0; 56.7mcg; 56.7mg; 141.7unit; 19mcg; 4.7mcg; 0.33mg; 56.7mcg; 75.7mg; 3.7mg; 5.7mcg; 15mg; 7.7mg; 75.7mg; 2.3mg; 1.3mg; 19mcg; 1mg; 11.3unit; 3964unit; 5.7mg
<i>vitamin d capsule</i>	50000unit
VITAMIN K1 INJECTION	10MG/ML, 1MG/0.5ML
VITAROCA PLUS TABLET	500MG; 0.15MG; 25MG; 0.1MG; 3MG; 50MCG; 27MG; 0.8MG; 50MG; 5MG; 100MG; 25MG; 5000UNIT; 20MG; 20MG; 30UNIT; 22.5MG
<i>vol-care rx tablet</i>	60mg; 300mcg; 10mg; 6mcg; 1mg; 20mg; 10mg; 1.7mg; 1.5mg
VP-GSTN CAPSULE	200UNIT; 20MG; 27MG
VP-ZEL TABLET	5MG; 1.5MG; 500MCG; 600MG; 5MG; 10MG
<i>wheat germ oil</i>	0

Drug Name	Requirements/Limits
XAQUIL XR TABLET EXTENDED RELEASE 25.5MG	
Weight loss	
<i>Weight loss</i>	
ADIPEX-P CAPSULE 37.5MG	PA
ADIPEX-P TABLET 37.5MG	PA
APPTRIM-D CAPSULE	PA
APPTRIM CAPSULE	PA
<i>benzphetamine hcl tablet 50mg</i>	PA
CONTRAVE TABLET EXTENDED RELEASE 12 HOUR 90MG; 8MG	PA
<i>diethylpropion hcl er tablet extended release 24 hour 75mg</i>	PA
<i>diethylpropion hcl tablet 25mg</i>	PA
LOMAIRA TABLET 8MG	PA
<i>phendimetrazine tartrate er capsule extended release 24 hour 105mg</i>	PA
<i>phendimetrazine tartrate tablet 35mg</i>	PA
<i>phentermine hcl tablet 37.5mg</i>	PA
<i>phentermine hydrochloride capsule 15mg, 30mg, 37.5mg</i>	PA
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 11.25MG; 69MG, 15MG; 92MG, 3.75MG; 23MG, 7.5MG; 46MG	PA
SAXENDA INJECTION 18MG/3ML	PA
WEGOVY INJECTION 0.25MG/0.5ML, 0.5MG/0.5ML, 1.7MG/0.75ML, 1MG/0.5ML, 2.4MG/0.75ML	PA
XENICAL CAPSULE 120MG	PA
ZEPBOUND INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	PA

Non-Formulary Supplemental Benefit

GEHA purchased supplemental benefit coverage for certain Part B drugs and drugs not covered by Medicare Part D. The prescription drugs included in this list are not covered by Medicare Part D and are not included in your formulary drug list.

Throughout **all** Coverage stages, you'll pay the cost share that matches the tier indicated in the list below. You can find these tier cost shares that in the Initial Coverage Stage tables in your Evidence of Coverage.

Keep in mind, the amount you pay when you fill a prescription for the drugs on this list **does not apply to your Medicare annual out-of-pocket costs**. (This amount does not help you qualify for Catastrophic Coverage.)

If you are receiving Extra Help to pay for your prescriptions, it will not apply for these supplemental benefits.

Key

Drug Name

UPPERCASE = Brand-name prescription drugs

Lowercase italics = Generic medications

Requirements/Limits

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		
<i>OPIOID ANALGESICS, LONG-ACTING</i>		
<i>methadone hcl tablet soluble 40mg</i>	1	ND
<i>methadose tablet soluble 40mg</i>	1	ND
ANESTHETICS		
<i>LOCAL ANESTHETICS</i>		
<i>isoflurane solution 99.9%</i>	3	ND
<i>sevoflurane solution</i>	3	ND
<i>terrell solution</i>	3	ND
ANTINEOPLASTIC AGENTS		
<i>ALKYLATING AGENTS</i>		
<i>capecitabine tablet 150mg, 500mg</i>	4	ND
<i>etoposide capsule 50mg</i>	1	ND
MYLERAN TABLET 2MG	2	ND
<i>temozolomide capsule 100mg, 140mg, 180mg, 20mg, 250mg, 5mg</i>	4	ND
<i>ANTIMETABOLITES</i>		

Drug Name	Drug Tier	Requirements/Limits
XELODA TABLET 150MG, 500MG	4	ND
MISCELLANEOUS		
ALFERON N INJECTION 5000000UNIT/ML	3	ND
HYCANTIN CAPSULE 0.25MG, 1MG	4	ND
PROVENGE INJECTION 50000000CELLS	3	ND
SYLVANT INJECTION 100MG, 400MG	4	ND
UVADEX SOLUTION 20MCG/ML	3	ND
MOLECULAR TARGET AGENTS		
ELAHERE INJECTION 100MG/20ML	3	ND
CARDIOVASCULAR		
MISCELLANEOUS		
ALDOMET TABLET 250MG, 500MG	1	ND
<i>methyl dopa tablet 250mg, 500mg</i>	1	ND
CENTRAL NERVOUS SYSTEM		
MUSCULOSKELETAL THERAPY AGENTS		
<i>carisoprodol/aspirin/codeine tablet 325mg; 200mg; 16mg</i>	1	ND
SOMA COMPOUND/CODEINE TABLET 325MG; 200MG; 16MG	1	ND
COSMETIC		
COSMETIC		
XERAC AC SOLUTION 6.25%	2	ND
ENDOCRINE AND METABOLIC		
ANTIDIABETICS, INSULINS		
DEXCOM G4 SENSOR KIT MISCELLANEOUS	2	ND
G4 PLATINUM RECEIVER KIT DEVICE	2	ND
GUARDIAN CONNECT TRANSMITTER KIT	2	ND
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	2	ND
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	2	ND
OMNIPOD 5 LIBRE2 PLUS G6 INTRO GEN 5 KIT	2	ND
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	2	ND
OMNIPOD DASH INTRO KIT (GEN 4) KIT	2	ND
POGO AUTOMATIC TEST CARTRIDGES DIAGNOSTIC TEST	1	ND
GLUCOSE ELEVATING AGENTS		
<i>gnp glucose gummies tablet chewable 2gm</i>	1	ND
<i>yumvs glucose gummies tablet chewable 2gm</i>	1	ND
MISCELLANEOUS		
ACCU-CHEK AVIVA PLUS STRIP	3	ND
ACCU-CHEK FASTCLIX LANCETDEVICE KIT	3	ND
ACCU-CHEK FASTCLIX LANCETS	2	ND
ACCU-CHEK GUIDE TEST STRIPS	3	ND
ACCU-CHEK SMARTVIEW STRIPS	3	ND
ACCU-CHEK SOFT TOUCH LANCETS	2	ND
ACCU-CHEK SOFTCLIX LANCETDEVICE KIT	3	ND

Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK SOFTCLIX LANCETS	2	ND
ACCUTREND GLUCOSE STRIP	3	ND
ADJUSTABLE LANCING DEVICE	3	ND
ADVANCE INTUITION TEST STRIPS	3	ND
ADVANCE MICRO-DRAW TEST STRIPS	3	ND
ADVOCATE LANCING DEVICE	3	ND
ADVOCATE RAPID-SAFE LANCING DEVICE	3	ND
ADVOCATE REDI-CODE STRIP	3	ND
ADVOCATE REDI-CODE+ TEST STRIPS	3	ND
AGAMATRIX AMP NO CODE TEST STRIPS	3	ND
AGAMATRIX JAZZ TEST STRIPS	3	ND
AGAMATRIX KEYNOTE TEST STRIPS	3	ND
AGAMATRIX PRESTO TEST STRIPS	3	ND
ASSURE 3 TEST STRIPS	3	ND
ASSURE 4 TEST STRIPS	3	ND
ASSURE II CHECK STRIP	3	ND
ASSURE II TEST STRIPS	3	ND
ASSURE PLATINUM TEST STRIPS	3	ND
ASSURE PRISM MULTI TEST STRIPS	3	ND
ASSURE PRO TEST STRIPS	3	ND
AUTO-LANCET	3	ND
AUTO-LANCET MINI	3	ND
AUTOLET II CLINISAFE KIT	3	ND
AUTOLET IMPRESSION LANCING DEVICE	3	ND
AUTOLET LANCING DEVICE	3	ND
AUTOLET LITE CLINISAFE KIT	3	ND
AUTOLET LITE STARTER PACK KIT	3	ND
AUTOLET MINI	3	ND
AUTOLET PLATFORMS	2	ND
AUTOLET PLUS	3	ND
BD LANCET ULTRAFINE 30G	2	ND
BD LANCET ULTRAFINE 33G	2	ND
BD MICROTAINER LANCETS	2	ND
BL TEST STRIP	3	ND
BLOOD GLUCOSE TEST STRIPS PREMIUM STRIP	3	ND
BLOOD GLUCOSE TEST STRIPS STRIP	3	ND
CARDIOCOM LANCING DEVICE	3	ND
CAREONE ADVANCED LANCING DEVICE	3	ND
CAREONE BLOOD GLUCOSE TEST STRIPS/PREMIUM STRIP	3	ND
CAREONE BLOOD GLUCOSE TEST STRIPS/VALUE STRIP	3	ND
CAREONE LANCET SUPER THIN/30G	2	ND
CAREONE LANCET THIN	2	ND

Drug Name	Drug Tier	Requirements/Limits
CARESENS N BLOOD GLUCOSE TEST STRIPS	3	ND
CARETOUCH LANCING DEVICE WITH EJECTOR	3	ND
CHOSEN LANCING DEVICE	3	ND
CLEVER CHEK AUTO-CODE TEST STRIPS	3	ND
CLEVER CHEK TEST STRIPS	3	ND
CLEVER CHOICE MICRO TEST STRIPS	3	ND
CLEVER CHOICE NO CODING TEST STRIPS	3	ND
CLEVER CHOICE TALK NO CODING TEST STRIPS	3	ND
CONTOUR BLOOD GLUCOSE TEST STRIPS	3	ND
CONTOUR NEXT BLOOD GLUCOSE TEST	3	ND
CONTOUR PLUS BLOOD GLUCOSE TEST STRIPS	3	ND
COOL BLOOD GLUCOSE TEST STRIPS	3	ND
CVS ADVANCED GLUCOSE METER TEST STRIPS	3	ND
CVS BLOOD GLUCOSE STRIPS	3	ND
CVS GLUCOSE METER TEST STRIPS	3	ND
CVS GLUCOSE METER TEST STRIPS ADVANCED STRIP	3	ND
CVS LANCETS 21G	2	ND
CVS LANCETS MICRO THIN 33G	2	ND
CVS LANCETS ORIGINAL	2	ND
CVS LANCETS THIN 26G	2	ND
CVS LANCETS ULTRA THIN 30G	2	ND
CVS LANCING DEVICE	3	ND
CVS TRUE METRIX BLOOD GLUCOSE TEST STRIPS	3	ND
CVS ULTRA THIN LANCETS	2	ND
D-CARE BLOOD GLUCOSE STRIP	3	ND
<i>desmopressin acetate solution 1.5mg/ml</i>	4	ND
DIATHRIVE BLOOD GLUCOSE TEST STRIPS	3	ND
DIATHRIVE LANCING DEVICE	3	ND
DIATHRIVE+ BLOOD GLUCOSE TEST STRIPS	3	ND
DROPLET GENTEEL LANCING DEVICE	3	ND
DROPLET LANCING DEVICE	3	ND
DRUG MART ADJUSTABLE LANCING DEVICE	3	ND
DUO-CARE TEST STRIPS	3	ND
EASY CHECK GLUCOSE TEST STRIPS	3	ND
EASY MAX BLOOD GLUCOSE TEST STRIP	3	ND
EASY MINI EJECT LANCING DEVICE	3	ND
EASY MINI LANCING DEVICE	3	ND
EASY PLUS II BLOOD GLUCOSE TEST STRIP	3	ND
EASY STEP TEST STRIPS	3	ND
EASY TALK BLOOD GLUCOSE TEST STRIPS	3	ND
EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS	3	ND
EASY TOUCH GLUCOSE TEST STRIPS	3	ND
EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS	3	ND

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH LANCING DEVICE/EJECTOR	3	ND
EASY TRAK BLOOD GLUCOSE TEST STRIPS	3	ND
EASY TRAK II BLOOD GLUCOSE TEST STRIPS	3	ND
EASYGLUCO STRIP	3	ND
EASYMAX 15 TEST STRIPS	3	ND
EASYMAX TEST STRIPS	3	ND
EASYPRO BLOOD GLUCOSE TEST STRIPS	3	ND
EASYPRO PLUS STRIP	3	ND
ELEMENT COMPACT TEST STRIPS	3	ND
EMBRACE BLOOD GLUCOSE TEST STRIPS	3	ND
EMBRACE EVO BLOOD GLUCOSE TEST STRIP	3	ND
EMBRACE LANCING DEVICE WITH EJECTOR	3	ND
EMBRACE PRO BLOOD GLUCOSE TEST STRIP	3	ND
EMBRACE TALK BLOOD GLUCOSE TEST STRIPS	3	ND
EMBRACE WAVE BLOOD GLUCOSE TEST STRIPS	3	ND
EQ BLOOD GLUCOSE TEST STRIPS	3	ND
EVOLUTION AUTOCODE	3	ND
FIFTY50 GLUCOSE TEST STRIP 2.0 STRIP	3	ND
FORA 6 CONNECT/GTEL BLOOD GLUCOSE TEST STRIPS	3	ND
FORA BLOOD GLUCOSE TEST STRIPS	3	ND
FORA D15G BLOOD GLUCOSE TEST STRIPS	3	ND
FORA D20 BLOOD GLUCOSE TEST STRIPS	3	ND
FORA D40/G31 BLOOD GLUCOSE TEST STRIPS	3	ND
FORA G20 BLOOD GLUCOSE TEST STRIPS	3	ND
FORA G30/PREMIUM V10 BLOOD GLUCOSE TEST STRIPS	3	ND
FORA GD20 TEST STRIPS	3	ND
FORA GD50 BLOOD GLUCOSE TEST STRIPS	3	ND
FORA GTEL BLOOD GLUCOSE TEST STRIPS	3	ND
FORA LANCING DEVICE	3	ND
FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS	3	ND
FORA V12 BLOOD GLUCOSE TEST STRIPS	3	ND
FORA V20 BLOOD GLUCOSE TEST STRIPS	3	ND
FORA V30A BLOOD GLUCOSE TEST STRIPS	3	ND
FORACARE GD40	3	ND
FORACARE PREMIUM V10 TEST STRIP	3	ND
FORACARE TEST N GO TEST STRIPS	3	ND
FORTISCARE BLOOD GLUCOSE TESTSTRIP	3	ND
FREDS PHARMACY AUTOLET LANCING DEVICE	3	ND
FREESTYLE INSULINX BLOOD GLUCOSE TEST STRIPS	3	ND
FREESTYLE LANCETS	2	ND

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LITE TEST STRIPS	3	ND
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS	3	ND
FREESTYLE TEST STRIPS	3	ND
FREESTYLE UNISTICK II LANCETS	2	ND
GE100 BLOOD GLUCOSE TEST STRIPS	3	ND
GENTEEL CONTACT TIPS/BLUE	2	ND
GENTEEL CONTACT TIPS/CLEAR	2	ND
GENTEEL CONTACT TIPS/GREEN	2	ND
GENTEEL CONTACT TIPS/ORANGE	2	ND
GENTEEL CONTACT TIPS/RAINBOW	2	ND
GENTEEL CONTACT TIPS/VIOLET	2	ND
GENTEEL CONTACT TIPS/YELLOW	2	ND
GENTEEL LANCING KIT/BUTTERFLY BLUE KIT	3	ND
GENTEEL NOZZLES	2	ND
GENTEEL PLUS LANCING DEVICE/BUFF BLACK	3	ND
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE	3	ND
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE	3	ND
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK	3	ND
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE	3	ND
GENTLE-LET PLATFORMS 2.4MM	2	ND
GENTLE-LET PLATFORMS 3.0MM	2	ND
GENULTIMATE TEST STRIPS	3	ND
GHT TEST STRIPS	3	ND
GLOBAL LANCING DEVICE	3	ND
GLUCO PERFECT 3 TEST STRIPS	3	ND
GLUCOCARD 01 SENSOR PLUS TEST STRIPS	3	ND
GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS	3	ND
GLUCOCARD SHINE TEST STRIPS	3	ND
GLUCOCARD VITAL TEST STRIPS	3	ND
GLUCOCARD X-SENSOR STRIP	3	ND
GLUCOCOM TEST STRIPS	3	ND
GLUCONAVII BLOOD GLUCOSE TEST STRIPS	3	ND
GNP EASY TOUCH GLUCOSE TEST STRIPS	3	ND
GNP LANCING SYSTEM DEVICE	3	ND
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE TEST STRIPS	3	ND
GNP TRUETRACK BLOOD GLUCOSE TEST STRIPS	3	ND
GOJJI BLOOD GLUCOSE TEST STRIPS	3	ND
GOJJI LANCING DEVICE/CLEAR CAP	3	ND
GOODSENSE LANCING DEVICE	3	ND
GOODSENSE PREMIUM BLOOD GLUCOSE TEST STRIPS	3	ND

Drug Name	Drug Tier	Requirements/Limits
HEALTH CARE LANCING DEVICE	3	ND
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE	3	ND
H-E-B INCONTROL ADVANCED LANCING DEVICE	3	ND
HW EMBRACE PRO BLOOD GLUCOSE TEST STRIPS	3	ND
HYPOLANCE AST LANCINGKIT	3	ND
IGLUCOSE BLOOD GLUCOSE TEST STRIPS	3	ND
IHEALTH BLOOD GLUCOSE TEST STRIPS	3	ND
IHEALTH LANCING DEVICE	3	ND
IN TOUCH BLOOD GLUCOSE TEST STRIPS	3	ND
IN TOUCH LANCING DEVICE	3	ND
INFINITY BLOOD GLUCOSE TEST STRIPS	3	ND
INFINITY VOICE STRIP	3	ND
KROGER AUTOLET LANCING DEVICE	3	ND
KROGER BLOOD GLUCOSE TESTSTRIP	3	ND
KROGER HEALTHPRO GLUCOSE TEST STRIPS	3	ND
KROGER LANCING DEVICE	3	ND
KROGER PREMIUM BLOOD GLUCOSE TEST STRIPS	3	ND
LANCET DEVICE ADJUSTABLE	3	ND
LANCET DEVICE WITH EJECTOR	3	ND
LANCETS MICRO THIN 33G	2	ND
LANCING DEVICE	3	ND
LANZO	3	ND
LEADER ADVANCED LANCING DEVICE	3	ND
LIBERTY MINI LANCING DEVICE	3	ND
LIBERTY NEXT GENERATION BLOOD GLUCOSE TEST STRIPS	3	ND
LIBERTY TEST STRIPS	3	ND
LITE TOUCH LANCING PEN	3	ND
LIVE BETTER ADVANCED LANCING DEVICE	3	ND
MEIJER BLOOD GLUCOSE TESTSTRIP	3	ND
MEIJER ESSENTIAL BLOOD GLUCOSE TEST STRIPS	3	ND
MEIJER TRUETEST BLOOD GLUCOSE TEST STRIPS	3	ND
MEIJER TRUETRACK BLOOD GLUCOSE TEST STRIPS	3	ND
MICRODOT TEST STRIPS	3	ND
MICRODOT XTRA TEST STRIPS	3	ND
MICROLET LANCETS	2	ND
MICROLET NEXT	3	ND
MINI LANCING DEVICE	3	ND
MM BLULINK GLUCOSE TEST STRIPS	3	ND
MM EASY TOUCH GLUCOSE TEST STRIPS	3	ND
MONOLET OPD LANCETS	2	ND
MULTI-LANCET DEVICE	3	ND
MULTI-LANCET DEVICE 2 KIT	3	ND

Drug Name	Drug Tier	Requirements/Limits
MYGLUCOHEALTH BLOOD GLUCOSE TEST STRIP	3	ND
NEUTEK 2TEK TEST STRIPS	3	ND
NOVA MAX GLUCOSE TEST STRIPS	3	ND
NOVA SUREFLEX LANCING DEVICE	3	ND
ONE DROP BLOOD GLUCOSE TEST STRIPS	3	ND
ONETOUCH DELICA PLUS LANCING DEVICE	3	ND
ONETOUCH DELICA SAFETY LANCING DEVICE 30G	3	ND
ONETOUCH ULTRA STRIP	3	ND
ONETOUCH VERIO TEST STRIPS	3	ND
OPTIUMEZ TEST STRIPS	3	ND
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE TEST STRIPS	3	ND
PHARMACIST CHOICE NO CODING BLOOD GLUCOSE TEST STRIPS	3	ND
PIP BLOOD GLUCOSE TESTSTRIP	3	ND
POCKETCHEM EZ BLOOD GLUCOSE TEST STRIPS	3	ND
PRECISION QID TEST STRIPS	3	ND
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS	3	ND
PREMIUM BLOOD GLUCOSE TEST STRIPS	3	ND
PRESTIGE SMART SYSTEM CO-BRAND TEST STRIPS	3	ND
PRESTIGE TEST STRIPS	3	ND
PRO VOICE V8/V9 BLOOD GLUCOSE TEST STRIPS	3	ND
PRODIGY LANCING DEVICE	3	ND
PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS	3	ND
PSS SELECT PLATFORMS	2	ND
PTS PANELS GLUCOSE TEST STRIP	3	ND
PX ADVANCED LANCING DEVICE	3	ND
PX LANCET AUTO INJECTOR	3	ND
QC ADVANCED LANCING DEVICE	3	ND
QUICKTEK TEST STRIPS	3	ND
QUINTET AC BLOOD GLUCOSE TEST STRIPS	3	ND
QUINTET BLOOD GLUCOSE TEST STRIPS	3	ND
RA LANCING DEVICE	3	ND
REFUAH PLUS BLOOD GLUCOSE TESTSTRIP	3	ND
RELION CONFIRM/MICRO TEST STRIPS	3	ND
RELION LANCING DEVICE	3	ND
RELION LANCING DEVICE KIT	3	ND
RELION PREMIER BLOOD GLUCOSE TEST STRIPS	3	ND
RELION PRIME BLOOD GLUCOSE TEST STRIPS	3	ND
RELION TRUE METRIX BLOOD GLUCOSE TEST STRIPS	3	ND
RELION ULTIMA BLOOD GLUCOSE TEST STRIPS	3	ND
REXALL BLOOD GLUCOSE TEST STRIPS	3	ND
RIGHTEST GD500 LANCING DEVICE	3	ND

Drug Name	Drug Tier	Requirements/Limits
RIGHTEST GS100 BLOOD GLUCOSE TEST STRIPS	3	ND
RIGHTEST GS300 BLOOD GLUCOSE TEST STRIPS	3	ND
RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS	3	ND
RIGHTEST GS550 BLOOD GLUCOSE TEST STRIPS	3	ND
SELECT-LITE DEVICE/LANCETS KIT	3	ND
SELECT-LITE LANCING DEVICE	3	ND
SHOPKO AUTOLET LANCING DEVICE	3	ND
SIMPLE DIAGNOSTICS LANCING DEVICE	3	ND
SM TRUEDRAW LANCING DEVICE	3	ND
SMART DIABETES VANTAGE LANCING DEVICE	3	ND
SMART SENSE PREMIUM BLOOD GLUCOSESTRIP	3	ND
SMART SENSE VALUE BLOOD GLUCOSESTRIPS	3	ND
SMARTTEST BLOOD GLUCOSE TEST STRIPS	3	ND
SOLUS V2 AUDIBLE TEST STRIP	3	ND
SOLUS V2 LANCING DEVICE	3	ND
SUPREME TEST STRIPS	3	ND
SURE COMFORT LANCING PEN	3	ND
TGT BLOOD GLUCOSE TEST STRIPS	3	ND
TGT BLOOD GLUCOSE TEST STRIPS PREMIUM STRIP	3	ND
TGT LANCING DEVICE	3	ND
TODAYS HEALTH ADVANCED LANCING DEVICE	3	ND
TRUE FOCUS SELF MONITORING BLOOD GLUCOSE TEST STRIPS	3	ND
TRUE METRIX BLOOD GLUCOSE TESTSTRIP	3	ND
TRUE METRIX PRO GLUCOSE TEST STRIPS	3	ND
TRUE METRIX SELF MONITORING BLOOD GLUCOSESTRIPS	3	ND
TRUETEST STRIPS	3	ND
TRUETRACK TEST STRIP	3	ND
ULTI-LANCE AUTOMATIC/ CLEAR TIP	3	ND
UNILET COMFORTOUCH LANCET	2	ND
UNILET EXCELITE	2	ND
UNILET EXCELITE II	2	ND
UNILET G.P. SUPERLITE LANCET	2	ND
UNILET LANCETS SUPER-THIN30G	2	ND
UNILET LANCETS ULTRA-THIN 28G	2	ND
UNILET SUPERLITE LANCET	2	ND
UNISTRIP1 GENERIC STRIP	3	ND
VALUE PLUS LANCING DEVICE	3	ND
VERASENS BLOOD GLUCOSE TEST STRIPS	3	ND
VIDA MIA AUTOLET LANCING DEVICE	3	ND
VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS	3	ND
VIVAGUARD LANCING DEVICE	3	ND
VOCAL POINT BLOOD GLUCOSETEST STRIPS	3	ND

Drug Name	Drug Tier	Requirements/Limits
WALGREENS LANCING DEVICE	3	ND
FERTILITY		
FERTILITY		
<i>ganirelix acetate injection 250mcg/0.5ml</i>	2	ND
GASTROINTESTINAL		
LAXATIVES		
MINERAL OIL	1	ND
<i>mineral oil</i>	1	ND
MISCELLANEOUS		
<i>alvimopan capsule 12mg</i>	1	ND
ENTEREG CAPSULE 12MG	1	ND
PROTON PUMP INHIBITORS		
RABEPRAZOLE SODIUM DR SPRINKLE CAPSULE SPRINKLE 10MG	3	ND
GENITOURINARY		
MISCELLANEOUS		
CYTRA K CRYSTALS PACKET 1002MG; 3300MG	1	ND
<i>glycine solution 1.5%</i>	1	ND
HEMATOLOGIC		
ADVATE INJECTION 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT	4	ND
ADYNOVATE INJECTION 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT, 750UNIT	4	ND
AFSTYLA INJECTION 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 250UNIT, 3000UNIT, 500UNIT	2	ND
ALPHANATE INJECTION 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 500UNIT	4	ND
ALPHANINE SD INJECTION 1000UNIT, 1500UNIT, 500UNIT	4	ND
ALPROLIX INJECTION 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT	2	ND
BENEFIX INJECTION 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT	4	ND
COAGADEX INJECTION 250UNIT, 500UNIT	4	ND
CORIFACT INJECTION 1000-1600 UNIT	4	ND
DUROLANE INJECTION 60MG/3ML	2	ND
ELOCTATE INJECTION 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 500UNIT, 6000UNIT, 750UNIT	2	ND
ESPEROCT INJECTION 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 500UNIT	4	ND
EUFLEXXA INJECTION 20MG/2ML	2	ND
FIBRYGA INJECTION	4	ND
GELSYN-3 INJECTION 16.8MG/2ML	2	ND

Drug Name	Drug Tier	Requirements/Limits
HEMLIBRA INJECTION 105MG/0.7ML, 150MG/ML, 30MG/ML, 60MG/0.4ML	4	ND
HEMOFIL M INJECTION 1000UNIT, 1700UNIT, 250UNIT, 500UNIT	4	ND
HUMATE-P INJECTION 1000UNIT; 2400UNIT, 250UNIT; 600UNIT, 500UNIT; 1200UNIT	4	ND
IDELVION INJECTION 1000UNIT, 2000UNIT, 250UNIT, 3500UNIT, 500UNIT	3	ND
IXINITY INJECTION 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT	4	ND
JIVI INJECTION 1000UNIT, 2000UNIT, 3000UNIT, 500UNIT	4	ND
KOATE-DVI INJECTION 1000UNIT, 500UNIT	4	ND
KOATE INJECTION 1000UNIT, 250UNIT, 500UNIT	4	ND
KOGENATE FS BIO-SET INJECTION 250UNIT	4	ND
KOGENATE FS INJECTION 1000UNIT, 2000UNIT, 3000UNIT, 500UNIT	4	ND
KOVALTRY INJECTION 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT	4	ND
NOVOEIGHT INJECTION 1000UNIT, 1500UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT	4	ND
NOVOSEVEN RT INJECTION 1MG, 2MG, 5MG, 8MG	4	ND
NUWIQ INJECTION 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 250UNIT, 3000UNIT, 4000UNIT, 500UNIT	4	ND
PROFILNINE SD INJECTION 1500UNIT	4	ND
PROFILNINE INJECTION 1000UNIT, 500UNIT	4	ND
REBINYN INJECTION 1000UNIT, 2000UNIT, 3000UNIT, 500UNIT	4	ND
RECOMBINATE INJECTION 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	4	ND
RIASTAP INJECTION	4	ND
RIXUBIS INJECTION 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT	4	ND
SEVENFACT INJECTION 1MG, 5MG	2	ND
SUPARTZ FX INJECTION 25MG/2.5ML	2	ND
TRETTEN INJECTION 2500UNIT	4	ND
VISUDYNE INJECTION 15MG	4	ND
WILATE INJECTION 1000UNIT; 1000UNIT, 500UNIT; 500UNIT	4	ND
XYNTHA SOLOFUSE INJECTION 1000UNIT, 2000UNIT, 250UNIT, 3000UNIT, 500UNIT	4	ND
XYNTHA INJECTION 1000UNIT, 2000UNIT, 250UNIT, 500UNIT	4	ND

IMMUNOLOGIC AGENTS

Drug Name	Drug Tier	Requirements/Limits
AUTOIMMUNE AGENTS		
SKYRIZI INJECTION 75MG/0.83ML	4	ND
IMMUNOMODULATORS		
SYNAGIS INJECTION 50MG/0.5ML	4	ND
MISCELLANEOUS		
MISCELLANEOUS		
urea cream 39%, 47%	1	ND
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
CITRANATAL ASSURE MISCELLANEOUS 120MG; 125MG; 400UNIT; 2MG; 300MG; 50MG; 0.75MG; 1MG; 35MG; 20MG; 150MCG; 25MG; 3.4MG; 3MG; 30UNIT; 25MG	2	ND
CITRANATAL DHA MISCELLANEOUS 625MG; 120MG; 124MG; 400UNIT; 2MG; 250MG; 50MG; 0.625MG; 0; 1MG; 27MG; 0; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 30UNIT; 25MG	2	ND
FOLTABS PRENATAL PLUS DHA MISCELLANEOUS 120MG; 125MG; 400UNIT; 2MG; 30UNIT; 250MG; 50MG; 1MG; 27MG; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 25MG	2	ND
INATAL GT TABLET 120MG; 30MCG; 200MG; 6MG; 400UNIT; 2MG; 12MCG; 50MG; 1MG; 90MG; 30MG; 20MG; 20MG; 3.4MG; 3MG; 10UNIT; 2700UNIT; 15MG	1	ND
iodine strong solution 5%; 10%	1	ND
TRINATE TABLET 120MG; 3000UNIT; 200MG; 400UNIT; 12MG; 12MCG; 28MG; 1MG; 25MG; 20MG; 25MG; 4MG; 1.8MG; 22MG; 25MG	1	ND
OPHTHALMIC		
MISCELLANEOUS		
tropicamide solution 0.5%, 1%	1	ND
RESPIRATORY TRACT AGENTS		
DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS		
potassium iodide solution 1gm/ml	3	ND
RESPIRATORY		
MISCELLANEOUS		
caffeine citrate solution 60mg/3ml	1	ND
epinephrine chloride solution 0.1%	3	ND
TOPICAL		
DERMATOLOGY, ANTIFUNGALS		
EXELDERM CREAM 1%	3	ND
EXELDERM SOLUTION 1%	3	ND
SULCONAZOLE NITRATE CREAM 1%	3	ND
SULCONAZOLE NITRATE SOLUTION 1%	3	ND

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, CORTICOSTEROIDS		
COAL TAR SOLUTION 20%	1	ND
DERMATOLOGY, LOCAL ANESTHETICS		
<i>7t lido gel gel 2%</i>	1	ND
<i>proxivol gel 2%</i>	1	ND
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>chlorhexidine gluconate solution 20%</i>	3	ND
<i>hydrogen peroxide solution 30%</i>	1	ND
<i>sterile water for injection</i>	1	ND
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>ivermectin lotion 0.5%</i>	1	ND
MOUTH/THROAT/DENTAL AGENTS		
<i>easygel gel 0.4%</i>	1	ND
<i>fluoridex daily renewal concentrate 0.63%</i>	1	ND
<i>fraiche rinse concentrate 0.63%</i>	1	ND
GEL-KAM GEL 0.4%	1	ND
GEL-KAM ORAL CARE RINSE CONCENTRATE 0.63%	1	ND
<i>just for kids gel 0.4%</i>	1	ND
OMNI GEL GEL 0.4%	1	ND
<i>periomed concentrate 0.63%</i>	1	ND
<i>stangard gel 0.4%</i>	1	ND
<i>stannous fluoride gel 0.4%</i>	1	ND

Due to legislation in Arkansas, effective January 1, 2026, you will not be able to utilize the following services within the state of Arkansas, unless a court takes action: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.