



## 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](http://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 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.) 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.

**Please note:** COVID-19 test kits have a quantity limit of 4 every 30 days.

### Key

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#### 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  | Requirements/Limits    |
|--|------------------------|
| <b>ANTI-INFECTIVES</b>                             |                        |
| <i>ANTIRETROVIRAL COMBINATION AGENTS</i>           |                        |
| <i>emtricitabine/tenofovir disoproxil fumarate</i> | QL (30 EA per 30 days) |
| <b>CARDIOVASCULAR</b>                              |                        |
| <i>ACE INHIBITORS</i>                              |                        |
| ACCUPRIL   |                        |
| ALTACE   |                        |
| <i>benazepril hcl</i>                              |                        |
| <i>benazepril hydrochloride</i>                    |                        |
| <i>captopril</i>                                   |                        |
| <i>enalapril maleate tablet</i>                    |                        |
| <i>enalapril maleate solution</i>                  |                        |
| <i>enalaprilat</i>                                 |                        |
| EPANED   |                        |

| Drug Name                                       | Requirements/Limits    |
|---|------------------------|
| <i>fosinopril sodium</i>                        |                        |
| <i>lisinopril</i>                               |                        |
| LOTENSIN  |                        |
| <i>moexipril hcl</i>                            |                        |
| <i>perindopril erbumine</i>                     |                        |
| QBRELIS   |                        |
| <i>quinapril hydrochloride</i>                  |                        |
| <i>ramipril</i>                                 |                        |
| <i>trandolapril</i>                             |                        |
| VASOTEC TABLET 10MG, 2.5MG, 5MG                 |                        |
| VASOTEC TABLET 20MG                             |                        |
| ZESTRIL   |                        |
| <b>ANTIARRHYTHMICS</b>                          |                        |
| BETAPACE  |                        |
| BETAPACE AF                                     |                        |
| <i>sorine tablet 160mg, 80mg</i>                |                        |
| <i>sorine tablet 120mg</i>                      |                        |
| <i>sotalol hcl</i>                              |                        |
| <i>sotalol hydrochloride (af)</i>               |                        |
| SOTYLIZE  |                        |
| <b>BETA-BLOCKERS</b>                            |                        |
| <i>acebutolol hydrochloride</i>                 |                        |
| <i>atenolol</i>                                 |                        |
| <i>betaxolol hcl</i>                            |                        |
| <i>bisoprolol fumarate</i>                      |                        |
| BYSTOLIC TABLET 10MG, 2.5MG, 5MG                | QL (30 EA per 30 days) |
| BYSTOLIC TABLET 20MG                            | QL (60 EA per 30 days) |
| <i>carvedilol</i>                               |                        |
| <i>carvedilol phosphate er</i>                  | QL (30 EA per 30 days) |
| COREG   |                        |
| COREG CR  | QL (30 EA per 30 days) |
| HEMANGEOL                                       |                        |
| INDERAL LA                                      |                        |
| INDERAL XL                                      |                        |
| INNOPRAN XL                                     |                        |
| KAPSPARGO SPRINKLE                              |                        |
| LABETALOL HYDROCHLORIDE/DEXTROSE                |                        |
| LABETALOL HYDROCHLORIDE/SODIUM CHLORIDE         |                        |
| <i>labetalol hydrochloride tablet</i>           |                        |
| LABETALOL HYDROCHLORIDE INJECTION 10MG/2ML      |                        |
| <i>labetalol hydrochloride injection 5mg/ml</i> |                        |
| LOPRESSOR                                       |                        |
| <i>metoprolol succinate er</i>                  |                        |
| <i>metoprolol tartrate injection</i>            |                        |
| <i>metoprolol tartrate tablet</i>               |                        |

| Drug Name  | Requirements/Limits    |
|--|------------------------|
| <i>nadolol</i>   |                        |
| <i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i> | QL (30 EA per 30 days) |
| <i>nebivolol hydrochloride tablet 20mg</i>             | QL (60 EA per 30 days) |
| <i>pindolol</i>  |                        |
| <i>propranolol hcl er</i>                              |                        |
| <i>propranolol hcl injection</i>                       |                        |
| <i>propranolol hcl oral solution, tablet</i>           |                        |
| <i>propranolol hydrochloride</i>                       |                        |
| <i>propranolol hydrochloride er</i>                    |                        |
| TENORMIN   |                        |
| <i>timolol maleate</i>                                 |                        |
| TOPROL XL  |                        |

## CENTRAL NERVOUS SYSTEM

### PSYCHOTHERAPEUTIC-MISC

*naloxone hcl*  
*naloxone hydrochloride*

## DIAGNOSTIC TESTS

### INFECTION TESTS

|   |                           |
|---|---------------------------|
| ACCULA SARS-COV-2                                   | QL (4 EA per 30 days); ND |
| ADVIN COVID-19 ANTIGEN HOME TEST                    | QL (4 EA per 30 days); ND |
| BD VERITOR AT-HOME COVID-19 TEST                    | QL (4 EA per 30 days); ND |
| BD VERITOR SYSTEM FOR RAPID DETECTION OF SARS-COV-2 | QL (4 EA per 30 days); ND |
| BINAXNOW COVID-19 AG CARD HOME TEST                 | QL (4 EA per 30 days); ND |
| BINAXNOW COVID-19 AG CARD                           | QL (4 EA per 30 days); ND |
| CARESTART COVID-19 ANTIGEN HOME TEST                | QL (4 EA per 30 days); ND |
| CELLTRION DIATRUST COVID-19 AG HOME TEST            | QL (4 EA per 30 days); ND |
| CLEARDETECT COVID-19 ANTIGEN HOME TEST              | QL (4 EA per 30 days); ND |
| CLINITEST RAPID COVID-19 ANTIGEN SELF-TEST          | QL (4 EA per 30 days); ND |
| COBAS LIAT SARS-COV-2 ASSAY                         | QL (4 EA per 30 days); ND |
| COVID-19 AG TEST                                    | QL (4 EA per 30 days); ND |
| COVID-19 AT-HOME TEST KIT                           | QL (4 EA per 30 days); ND |
| COVID-19 OTC ANTIGEN TESTKIT 1-PACK                 | QL (4 EA per 30 days); ND |
| COVID-19 OTC ANTIGEN TESTKIT 2-PACK                 | QL (4 EA per 30 days); ND |
| CVS COVID-19 AT HOME TESTKIT                        | QL (4 EA per 30 days); ND |
| ELLUME COVID-19 HOME TEST                           | QL (4 EA per 30 days); ND |
| FASTEP COVID-19 ANTIGEN HOME TEST                   | QL (4 EA per 30 days); ND |
| FLOWFLEX COVID-19 ANTIGEN HOME TEST                 | QL (4 EA per 30 days); ND |
| GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK         | QL (4 EA per 30 days); ND |
| GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK         | QL (4 EA per 30 days); ND |
| GOTOKNOW COVID-19 ANTIGENRAPID TEST                 | QL (4 EA per 30 days); ND |
| ID NOW COVID-19                                     | QL (4 EA per 30 days); ND |
| ID NOW COVID-19 2.0                                 | QL (4 EA per 30 days); ND |
| IHEALTH COVID-19 ANTIGEN RAPID TEST                 | QL (4 EA per 30 days); ND |
| INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST        | QL (4 EA per 30 days); ND |

| Drug Name                                    | Requirements/Limits       |
|--|---------------------------|
| INTELISWAB COVID-19 RAPID TEST               | QL (4 EA per 30 days); ND |
| LYRA DIRECT SARS-COV-2 ASSAY                 | QL (4 EA per 30 days); ND |
| LYRA SARS-COV-2 ASSAY                        | QL (4 EA per 30 days); ND |
| OHC COVID-19 ANTIGEN SELF TEST               | QL (4 EA per 30 days); ND |
| ON/GO COVID-19 ANTIGEN SELF-TEST             | QL (4 EA per 30 days); ND |
| ON/GO ONE COVID-19 ANTIGEN HOME TEST         | QL (4 EA per 30 days); ND |
| PILOT COVID-19 AT-HOME TEST                  | QL (4 EA per 30 days); ND |
| QUICKVUE AT-HOME COVID-19 TEST               | QL (4 EA per 30 days); ND |
| QUICKVUE SARS ANTIGEN TEST                   | QL (4 EA per 30 days); ND |
| RAPID SARS-COV-2 ANTIGEN TEST CARD           | QL (4 EA per 30 days); ND |
| SOFIA SARS ANTIGEN FIA                       | QL (4 EA per 30 days); ND |
| SOFIA2 SARS ANTIGEN FIA                      | QL (4 EA per 30 days); ND |
| SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST | QL (4 EA per 30 days); ND |
| XPRT XPRESS SARS-COV-2                       | QL (4 EA per 30 days); ND |

## ENDOCRINE AND METABOLIC

### ANTIDIABETICS

*metformin hydrochloride*

QL (90 EA per 30 days)

## HEMATOLOGICAL AGENTS

### IRON

*fer-in-sol*

*ferrous sulfate*

*wee care*

## IMMUNOLOGIC AGENTS

### VACCINES

|   |    |
|---|----|
| AFLURIA QUADRIVALENT 2022-2023              | ND |
| AFLURIA QUADRIVALENT 2023-2024              | ND |
| COMIRNATY                                   | ND |
| 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 |
| JANSSEN COVID-19 VACCINE                    | ND |
| 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 |
| PFIZER-BIONTECH COVID-19 VACCINE            | ND |
| PFIZER-BIONTECH COVID-19 VACCINE/5-11Y      | ND |
| PFIZER-BIONTECH COVID-19 VACCINE/6MO-4Y     | ND |

| Drug Name   | Requirements/Limits |
|---|---------------------|
| 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                  |
| PFIZER-BIONTECH COVID-19 VACCINE/BIVALENT/BA.4/BA.5 | ND                  |
| PNEUMOVAX 23  | ND                  |
| PREVNAR 13  | ND                  |
| PREVNAR 20  | ND                  |
| SPIKEVAX COVID-19 VACCINE                           | ND                  |
| TDVAX   |                     |
| VAXCHORA  | ND                  |
| VAXELIS   | ND                  |
| VAXNEUVANCE   | ND                  |
| VIVOTIF   | ND                  |

## 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.) In addition, you are unable to file a grievance or appeal for these drugs.

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

# Key

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## 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 |
|--|---------------------|
| <b>Cough and Cold</b>  |                     |
| <i>Cough and Cold</i>  |                     |
| <i>benzonatate</i>   |                     |
| <i>biotuss</i>   |                     |
| <i>biotuss pediatric</i>   |                     |
| <i>bromfed dm syrup 2mg/5ml; 10mg/5ml; 30mg/5ml</i>                  |                     |
| <i>codeine phosphate/guaifenesin</i>                                 |                     |
| CODITUSSIN AC  |                     |
| EXACTUSS   |                     |
| GILTUSS  |                     |
| <i>giltuss pediatric</i>   |                     |
| <i>guaiaatussin ac</i>   |                     |
| <i>guaifenesin ac</i>  |                     |
| <i>guaifenesin/codeine</i>   |                     |
| <i>guaifenesin/dextromethorphan sr</i>                               |                     |
| <i>hydrocodone bitartrate/homatropine methylbromide</i>              |                     |
| <i>hydrocodone polistirex/chlorpheniramine polistirex suspension</i> |                     |
| <i>extended release 8mg/5ml; 10mg/5ml</i>                            |                     |
| <i>hydromet</i>  |                     |
| MUCINEX DM   |                     |
| <i>nohist-dm liquid 4mg/5ml; 15mg/5ml; 10mg/5ml</i>                  |                     |
| <i>nortuss-de</i>  |                     |
| PHENERGAN -VC  |                     |
| <i>promethazine vc</i>   |                     |
| <i>promethazine/codeine syrup 10mg/5ml; 6.25mg/5ml</i>               |                     |
| <i>promethazine/dextromethorphan syrup 15mg/5ml; 6.25mg/5ml</i>      |                     |
| <i>promethazine/phenylephrine</i>                                    |                     |
| RELHIST  |                     |
| TESSALON PERLES  |                     |
| TUSS-ORNADE MODIFIED   |                     |
| TUSSICAPS CAPSULE EXTENDED RELEASE 12 HOUR                           |                     |
| 8MG; 10MG  |                     |
| <i>tussigon</i>  |                     |

| Drug Name                              | Requirements/Limits |
|--|---------------------|
| TUSSIONEX PENNKINETIC EXTENDED RELEASE |                     |
| VIRAVAN-DM                             |                     |
| ZONATUSS                               |                     |

## Fertility

### *Fertility*

CETROTIDE  
*clomiphene citrate*  
 ENDOMETRIN  
 FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT  
 FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT  
 FOLLISTIM AQ  
*ganirelix acetate*  
 GONAL-F  
 GONAL-F RFF  
 GONAL-F RFF REDIJECT  
 MENOPUR  
 OVIDREL

## Miscellaneous

### *Miscellaneous*

*aero otic hc*  
 ALA-QUIN  
 ALCORTIN A  
 ALOQUIN  
 ANALPRAM-HC  
 ANALPRAM-HC SINGLES  
*anucort-hc*  
 ANUSOL-HC  
*arzol silver nitrate applicators*  
*ascorbic acid injection 500mg/ml*  
*benzoyl peroxide 8%*  
*bpm/pse/dm*  
*bromfed dm syrup 2mg/5ml; 10mg/5ml; 30mg/5ml*  
 CETACAINE  
 CORTANE-B  
 CORTANE-B-OTIC  
*cortic-nd*  
*covaryx*  
*covaryx hs*  
*cyotic*  
*dermazene*  
 DONNATAL  
 DRY SOL  
*eemt*  
*eemt hs*  
*esterified estrogens/methyltestosterone*



| Drug Name  | Requirements/Limits |
|--|---------------------|
| <i>exactacain</i>  |                     |
| <i>exotic-hc</i>   |                     |
| FIRST-MOUTHWASH BLM  |                     |
| GILPHEX TR   |                     |
| GILTUSS TR   |                     |
| <i>grx hicort 25</i>   |                     |
| <i>hemorrhoidal-hc</i>   |                     |
| <i>hydrocodone polistirex/chlorpheniramine polistirex suspension</i> |                     |
| <i>extended release 8mg/5ml; 10mg/5ml</i>                            |                     |
| <i>hydrocortisone acetate</i>  |                     |
| <i>hydrocortisone acetate/pramoxine</i>                              |                     |
| <i>hydrocortisone/iodoquinol</i>                                     |                     |
| HYOPHEN  |                     |
| <i>hyoscyamine sulfate er</i>  |                     |
| <i>hyosyne</i>   |                     |
| <i>iodoquinol/hydrocortisone acetate/aloe polysaccharides</i>        |                     |
| IODOSORB   |                     |
| <i>isoxsuprine hcl</i>   |                     |
| K-PHOS   |                     |
| K-PHOS NEUTRAL   |                     |
| LEVBID   |                     |
| <i>lidocaine hcl/hydrocortisone acetate</i>                          |                     |
| <i>me/naphos/mb/hyo 1</i>  |                     |
| MEZPAROX-HC FORTE  |                     |
| NATURE-THROID  |                     |
| NEOTUSS PLUS   |                     |
| NITRO-TIME   |                     |
| <i>nohist-dm liquid 4mg/5ml; 15mg/5ml; 10mg/5ml</i>                  |                     |
| NOVACORT   |                     |
| OTICIN HC NR   |                     |
| <i>oto-end 10</i>  |                     |
| <i>otomax-hc</i>   |                     |
| PAZEO  |                     |
| <i>phenazopyridine hydrochloride</i>                                 |                     |
| <i>phospha 250 neutral</i>   |                     |
| PRAMOSONE  |                     |
| PROCORT  |                     |
| PROCTOCORT   |                     |
| <i>promethazine hydrochloride/dextromethorphan hydrobromide</i>      |                     |
| <i>promethazine vc/codeine</i>                                       |                     |
| <i>promethazine/codeine solution 10mg/5ml; 6.25mg/5ml</i>            |                     |
| <i>promethazine/dextromethorphan solution 15mg/5ml; 6.25mg/5ml</i>   |                     |
| <i>promethazine/phenylephrine/codeine</i>                            |                     |
| <i>pyridoxine hcl injection 100mg/ml</i>                             |                     |
| QUINJA   |                     |

| Drug Name                                  | Requirements/Limits |
|--|---------------------|
| <i>rectacort-hc</i>                        |                     |
| RHINOLAR                                   |                     |
| <i>sodium chloride</i>                     |                     |
| <i>sodium sulfacetamide/sulfur</i>         |                     |
| <i>thiamine hcl injection 100mg/ml</i>     |                     |
| TUSSICAPS CAPSULE EXTENDED RELEASE 12 HOUR |                     |
| 8MG; 10MG                                  |                     |
| TUXARIN ER                                 |                     |
| TUZISTRA XR                                |                     |
| <i>urea</i>                                |                     |
| <i>uribel</i>                              |                     |
| <i>uro-458</i>                             |                     |
| <i>uro-mp</i>                              |                     |
| <i>ustell</i>                              |                     |
| <i>vilamit mb</i>                          |                     |
| <i>vilevev mb</i>                          |                     |
| VIRATAN-DM                                 |                     |
| VYTONE                                     |                     |
| WP THYROID                                 |                     |

**Vitamins and Minerals**

*Vitamins and Minerals*

- ACCRUFER
- ACTIVE FE
- ADRENAL C FORMULA
- airavite*
- ALBAFORT
- ANIMI-3
- ANIMI-3/VITAMIN D
- AP-ZEL
- AQUASOL A PARENTERAL
- ASCOR
- ASCORBIC ACID INJECTION 15000MG/30ML
- ascorbic acid injection 500mg/ml*
- ASTAMED MYO
- AVAILNEX
- AXONA
- b-complex 100*
- b-plex*
- b-plex plus*
- BACMIN
- biocel*
- BIOTIN PLUS KERATIN
- BP VIT 3
- CENFOL
- CENTRATEX

| Drug Name                                  | Requirements/Limits |
|--|---------------------|
| CENTRUM PERFORMANCE                        |                     |
| CEREFOLIN                                  |                     |
| CEREFOLIN NAC                              |                     |
| CHOLECAL DF                                |                     |
| CHOLEXMAX                                  |                     |
| CIFEREX                                    |                     |
| <i>cod liver oil</i>                       |                     |
| <i>corvita 150</i>                         |                     |
| CORVITE 150                                |                     |
| CORVITE FE                                 |                     |
| <i>corvite free</i>                        |                     |
| CYANOCOBALAMIN INJECTION 2000MCG/ML        |                     |
| <i>cyanocobalamin injection 1000mcg/ml</i> |                     |
| DEPLIN 15                                  |                     |
| DEPLIN 7.5                                 |                     |
| <i>dialyvite</i>                           |                     |
| DIALYVITE 3000                             |                     |
| DIALYVITE 5000                             |                     |
| DIALYVITE SUPREME D                        |                     |
| DIALYVITE/ZINC                             |                     |
| DRISDOL                                    |                     |
| DURACHOL                                   |                     |
| EB-N3 DR                                   |                     |
| ELFOLATE PLUS                              |                     |
| ENLYTE                                     |                     |
| ERGOCAL                                    |                     |
| <i>ergocalciferol</i>                      |                     |
| <i>fabb</i>                                |                     |
| FE 90 PLUS                                 |                     |
| FERAHEME                                   |                     |
| FERIVA 21/7                                |                     |
| FERIVAF A                                  |                     |
| <i>ferocon</i>                             |                     |
| <i>ferotrinsic</i>                         |                     |
| FERRALET 90                                |                     |
| FERRAPLUS 90                               |                     |
| FERRO-PLEX                                 |                     |
| FERRO-PLEX HEMATINIC                       |                     |
| <i>ferrocite plus</i>                      |                     |
| <i>ferrogels forte</i>                     |                     |
| FIBRIK                                     |                     |
| <i>folbee</i>                              |                     |
| <i>folbee plus</i>                         |                     |
| <i>folbee plus cz</i>                      |                     |
| <i>folbic</i>                              |                     |

| Drug Name   | Requirements/Limits |
|---|---------------------|
| FOLBIC RF   |                     |
| FOLGARD OS  |                     |
| FOLGARD RX  |                     |
| FOLI-D  |                     |
| <i>folic acid</i>   |                     |
| <i>folic acid/cyanocobalamin/pyridoxine hydrochloride</i> |                     |
| <i>folic acid/vitamin b-6/vitamin b-12</i>                |                     |
| FOLIKA-V  |                     |
| FOLITE  |                     |
| FOLIVANE-F  |                     |
| FOLIVANE-PLUS   |                     |
| <i>folplex 2.2</i>  |                     |
| FOLTANX   |                     |
| FOLTANX RF  |                     |
| FOLTRATE  |                     |
| <i>foltrin</i>  |                     |
| FOLTX   |                     |
| FORTAVIT  |                     |
| FOVEX   |                     |
| FUSION PLUS   |                     |
| GABADONE  |                     |
| GALAXTRA  |                     |
| <i>hematinic plus complex</i>                             |                     |
| <i>hematinic plus vitamins/minerals</i>                   |                     |
| <i>hematinic/folic acid</i>                               |                     |
| <i>hematogen</i>  |                     |
| HEMATOGEN FA  |                     |
| <i>hematogen forte</i>                                    |                     |
| HEMATRON-AF   |                     |
| HEMENATAL OB + DHA  |                     |
| HEMOCYTE PLUS   |                     |
| <i>hemocyte-f</i>   |                     |
| <i>hemocyte-plus</i>                                      |                     |
| <i>hydroxocobalamin</i>                                   |                     |
| HYPERTENSA  |                     |
| ICAR-C PLUS   |                     |
| <i>iferex 150 forte</i>                                   |                     |
| <i>infed</i>  |                     |
| <i>inuvite adult</i>                                      |                     |
| <i>inuvite pediatric</i>                                  |                     |
| INJECTAFER  |                     |
| INTEGRA F   |                     |
| INTEGRA PLUS  |                     |
| IROSPAN 24/6  |                     |
| <i>l-methyl-b6-b12</i>                                    |                     |

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

| Drug Name                                      | Requirements/Limits |
|--|---------------------|
| NUTRIVIT                                       |                     |
| ORTHO-FOLIC                                    |                     |
| PERCURA  |                     |
| PHYSICIANS EZ USE B-12 COMPLIANCE KIT          |                     |
| PHYTONADIONE                                   |                     |
| PNV-VP-U                                       |                     |
| PODIAPN  |                     |
| <i>poly-iron 150 forte</i>                     |                     |
| <i>polysaccharide iron forte</i>               |                     |
| POTABA   |                     |
| PROTECT PLUS                                   |                     |
| PROTECTIRON                                    |                     |
| PROTEOLIN                                      |                     |
| PULMONA  |                     |
| PUREFE PLUS                                    |                     |
| <i>purevit dualfe plus</i>                     |                     |
| PYRIDOXAL-5-PHOSPHATE                          |                     |
| <i>pyridoxine hcl injection 100mg/ml</i>       |                     |
| <i>rena-vite rx</i>                            |                     |
| <i>renal caps</i>                              |                     |
| RENATABS                                       |                     |
| RENATABS WITH IRON                             |                     |
| <i>reno caps</i>                               |                     |
| REQ 49+  |                     |
| REVESTA  |                     |
| <i>se-tan plus</i>                             |                     |
| SENTRA AM                                      |                     |
| SENTRA PM                                      |                     |
| SIDEROL  |                     |
| <i>sodium ferric gluconate complex/sucrose</i> |                     |
| STROVITE FORTE                                 |                     |
| STROVITE ONE                                   |                     |
| SUPERVITE                                      |                     |
| SUPPORT  |                     |
| SUPPORT-500                                    |                     |
| TANDEM PLUS                                    |                     |
| THERAMINE                                      |                     |
| <i>thiamine hcl injection 100mg/ml</i>         |                     |
| <i>tl gard rx</i>                              |                     |
| <i>tl icon</i>                                 |                     |
| <i>tl-hem 150</i>                              |                     |
| TL-ICARE                                       |                     |
| TOZAL  |                     |
| TREPADONE                                      |                     |
| <i>tricon</i>                                  |                     |

| Drug Name                    | Requirements/Limits |
|------------------------------|---------------------|
| TRIFERIC                     |                     |
| <i>trigels-f forte</i>       |                     |
| <i>triphrocaps</i>           |                     |
| UDAMIN SP                    |                     |
| <i>v-c forte</i>             |                     |
| VASCAZEN                     |                     |
| VENOFER                      |                     |
| <i>vic-forte</i>             |                     |
| <i>vicap forte</i>           |                     |
| <i>virt-caps</i>             |                     |
| <i>virt-vite</i>             |                     |
| <i>virt-vite forte</i>       |                     |
| <i>virt-vite plus</i>        |                     |
| <i>vita s forte</i>          |                     |
| <i>vita-min</i>              |                     |
| <i>vitacel</i>               |                     |
| VITAL-D RX                   |                     |
| <i>vitamin b-complex 100</i> |                     |
| <i>vitamin d</i>             |                     |
| VITAMIN K1                   |                     |
| VITAROCA PLUS                |                     |
| <i>vol-care rx</i>           |                     |
| VP-GSTN                      |                     |
| VP-ZEL                       |                     |
| <i>wheat germ</i>            |                     |
| XAQUIL XR                    |                     |

**Weight loss**

***Weight loss***

|                                    |    |
|------------------------------------|----|
| ADIPEX-P                           | PA |
| APPTRIM                            | PA |
| APPTRIM-D                          | PA |
| <i>benzphetamine hcl</i>           | PA |
| CONTRAVE                           | PA |
| <i>diethylpropion hcl</i>          | PA |
| <i>diethylpropion hcl er</i>       | PA |
| LOMAIRA                            | PA |
| <i>phendimetrazine tartrate</i>    | PA |
| <i>phendimetrazine tartrate er</i> | PA |
| <i>phentermine hcl</i>             | PA |
| <i>phentermine hydrochloride</i>   | PA |
| QSYMIA                             | PA |
| SAXENDA                            | PA |
| WEGOVY                             | PA |
| XENICAL                            | PA |
| ZEPBOUND                           | 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 |
|--|-----------|---------------------|
| <b>ANALGESICS</b>                            |           |                     |
| <b><i>OPIOID ANALGESICS, LONG-ACTING</i></b> |           |                     |
| <i>methadone hcl</i>                         | 1         | ND                  |
| <i>methadose</i>                             | 1         | ND                  |
| <b>ANESTHETICS</b>                           |           |                     |
| <b><i>LOCAL ANESTHETICS</i></b>              |           |                     |
| <i>isoflurane</i>                            | 3         | ND                  |
| <i>sevoflurane</i>                           | 3         | ND                  |
| <i>terrell</i>                               | 3         | ND                  |
| <b>ANTINEOPLASTIC AGENTS</b>                 |           |                     |
| <b><i>ALKYLATING AGENTS</i></b>              |           |                     |
| <i>capecitabine</i>                          | 4         | ND                  |
| <i>etoposide</i>                             | 1         | ND                  |
| MYLERAN                                      | 2         | ND                  |
| <i>temozolomide</i>                          | 4         | ND                  |
| <b><i>ANTIMETABOLITES</i></b>                |           |                     |
| XELODA                                       | 4         | ND                  |
| <b><i>MISCELLANEOUS</i></b>                  |           |                     |
| ALFERON N                                    | 3         | ND                  |



| Drug Name                               | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| HYCAMTIN                                | 4         | ND                  |
| PROVENGE                                | 3         | ND                  |
| SYLVANT                                 | 4         | ND                  |
| UVADEX                                  | 3         | ND                  |
| <b>MOLECULAR TARGET AGENTS</b>          |           |                     |
| ELAHERE                                 | 3         | ND                  |
| <b>CARDIOVASCULAR</b>                   |           |                     |
| <b>MISCELLANEOUS</b>                    |           |                     |
| ALDOMET                                 | 1         | ND                  |
| <i>methyldopa</i>                       | 1         | ND                  |
| <b>CENTRAL NERVOUS SYSTEM</b>           |           |                     |
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>   |           |                     |
| <i>carisoprodol/aspirin/codeine</i>     | 1         | ND                  |
| SOMA COMPOUND/CODEINE                   | 1         | ND                  |
| <b>COSMETIC</b>                         |           |                     |
| <b>COSMETIC</b>                         |           |                     |
| XERAC AC                                | 2         | ND                  |
| <b>ENDOCRINE AND METABOLIC</b>          |           |                     |
| <b>ANTIDIABETICS, INSULINS</b>          |           |                     |
| DEXCOM G4 SENSOR KIT                    | 2         | ND                  |
| G4 PLATINUM RECEIVER KIT                | 2         | ND                  |
| GUARDIAN CONNECT TRANSMITTER KIT        | 2         | ND                  |
| OMNIPOD 5 DEXG7G6 INTRO KIT (GEN 5)     | 2         | ND                  |
| OMNIPOD 5 G7 INTRO KIT (GEN 5)          | 2         | ND                  |
| OMNIPOD 5 LIBRE2 PLUS G6                | 2         | ND                  |
| OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) | 2         | ND                  |
| OMNIPOD DASH INTRO KIT (GEN 4)          | 2         | ND                  |
| POGO AUTOMATIC TEST CARTRIDGES          | 1         | ND                  |
| <b>GLUCOSE ELEVATING AGENTS</b>         |           |                     |
| <i>gnp glucose gummies</i>              | 1         | ND                  |
| <i>yumvs glucose gummies</i>            | 1         | ND                  |
| <b>MISCELLANEOUS</b>                    |           |                     |
| ACCU-CHEK AVIVA PLUS                    | 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                  |
| ACCU-CHEK SOFTCLIX LANCETS              | 2         | ND                  |
| ACCUTREND GLUCOSE                       | 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                  |

| Drug Name                                 | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| ADVOCATE RAPID-SAFE LANCING DEVICE        | 3         | ND                  |
| ADVOCATE REDI-CODE                        | 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                      | 3         | ND                  |
| AUTOLET IMPRESSION LANCING DEVICE         | 3         | ND                  |
| AUTOLET LANCING DEVICE                    | 3         | ND                  |
| AUTOLET LITE CLINISAFE                    | 3         | ND                  |
| AUTOLET LITE STARTER PACK                 | 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                 | 3         | ND                  |
| BLOOD GLUCOSE TEST STRIPS PREMIUM         | 3         | ND                  |
| CARDIOCOM LANCING DEVICE                  | 3         | ND                  |
| CAREONE ADVANCED LANCING DEVICE           | 3         | ND                  |
| CAREONE BLOOD GLUCOSE TEST STRIPS/PREMIUM | 3         | ND                  |
| CAREONE BLOOD GLUCOSE TEST STRIPS/VALUE   | 3         | ND                  |
| CAREONE LANCET SUPER THIN/30G             | 2         | ND                  |
| CAREONE LANCET THIN                       | 2         | ND                  |
| 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                  |

| Drug Name                                   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| 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 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                        | 3         | ND                  |
| <i>desmopressin acetate</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             | 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                  |
| 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                                   | 3         | ND                  |
| EASYMAX 15 TEST STRIPS                      | 3         | ND                  |
| EASYMAX TEST STRIPS                         | 3         | ND                  |
| EASYPRO BLOOD GLUCOSE TEST STRIPS           | 3         | ND                  |
| EASYPRO PLUS                                | 3         | ND                  |
| ELEMENT COMPACT TEST STRIPS                 | 3         | ND                  |
| EMBRACE BLOOD GLUCOSE TEST STRIPS           | 3         | ND                  |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| EMBRACE EVO BLOOD GLUCOSE TEST STRIPS             | 3         | ND                  |
| EMBRACE LANCING DEVICE WITH EJECTOR               | 3         | ND                  |
| EMBRACE PRO BLOOD GLUCOSE TEST STRIPS             | 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                    | 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 STRIPS                  | 3         | ND                  |
| FORACARE TEST N GO TEST STRIPS                    | 3         | ND                  |
| FORTISCARE BLOOD GLUCOSE TEST STRIP               | 3         | ND                  |
| FREDS PHARMACY AUTOLET LANCING DEVICE             | 3         | ND                  |
| FREESTYLE INSULINX BLOOD GLUCOSE TEST STRIPS      | 3         | ND                  |
| FREESTYLE LANCETS                                 | 2         | ND                  |
| 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                  |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| GENTEEL CONTACT TIPS/VIOLET                               | 2         | ND                  |
| GENTEEL CONTACT TIPS/YELLOW                               | 2         | ND                  |
| GENTEEL LANCING KIT/BUTTERFLY BLUE                        | 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  | 3         | ND                  |
| GLUCOCOM TEST STRIPS                                      | 3         | ND                  |
| GLUCONAVII BLOOD GLUCOSE TEST STRIPS                      | 3         | ND                  |
| GLUCOSE METER TEST STRIPS ADVANCED                        | 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                  |
| H-E-B INCONTROL ADVANCED LANCING DEVICE                   | 3         | ND                  |
| HEALTH CARE LANCING DEVICE                                | 3         | ND                  |
| HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE         | 3         | ND                  |
| HW EMBRACE PRO BLOOD GLUCOSE TEST STRIPS                  | 3         | ND                  |
| HYPOLANCE AST LANCING KIT                                 | 3         | ND                  |
| IGLUCOSE BLOOD GLUCOSE TEST STRIPS                        | 3         | ND                  |
| IHEALTH BLOOD GLUCOSE TEST STRIPS                         | 3         | ND                  |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| 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                                    | 3         | ND                  |
| KROGER AUTOLET LANCING DEVICE                     | 3         | ND                  |
| KROGER BLOOD GLUCOSE TESTSTRIPS                   | 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 TESTSTRIPS                   | 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                             | 3         | ND                  |
| MYGLUCOHEALTH BLOOD GLUCOSE TEST                  | 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                  |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| ONETOUCH DELICA SAFETY LANCING DEVICE 30G             | 3         | ND                  |
| ONETOUCH ULTRA  | 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 TEST STRIP                          | 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                               | 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 TEST STRIPS                 | 3         | ND                  |
| RELION CONFIRM/MICRO TEST STRIPS                      | 3         | ND                  |
| RELION LANCING DEVICE                                 | 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                  |
| 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                            | 3         | ND                  |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| 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 BLOODGLUCOSE STRIPS                 | 3         | ND                  |
| SMART SENSE VALUE BLOOD GLUCOSE STRIPS                  | 3         | ND                  |
| SMARTTEST BLOOD GLUCOSE TEST STRIPS                     | 3         | ND                  |
| SOLUS V2 AUDIBLE TEST                                   | 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                   | 3         | ND                  |
| TGT LANCING DEVICE                                      | 3         | ND                  |
| TODAYS HEALTH ADVANCED LANCING DEVICE                   | 3         | ND                  |
| TRUE FOCUS SELF MONITORING BLOOD<br>GLUCOSE TEST STRIPS | 3         | ND                  |
| TRUE METRIX BLOOD GLUCOSE TEST STRIPS                   | 3         | ND                  |
| TRUE METRIX PRO GLUCOSE TEST STRIPS                     | 3         | ND                  |
| TRUE METRIX SELF MONITORING BLOOD<br>GLUCOSE STRIPS     | 3         | ND                  |
| TRUETEST STRIPS   | 3         | ND                  |
| TRUETRACK TEST  | 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                                       | 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 GLUCOSE TEST STRIPS                   | 3         | ND                  |
| WALGREENS LANCING DEVICE                                | 3         | ND                  |

**FERTILITY**

***FERTILITY***

|                          |   |    |
|--------------------------|---|----|
| <i>ganirelix acetate</i> | 2 | ND |
|--------------------------|---|----|



| Drug Name                      | Drug Tier | Requirements/Limits |
|--------------------------------|-----------|---------------------|
| <b>GASTROINTESTINAL</b>        |           |                     |
| <i>LAXATIVES</i>               |           |                     |
| MINERAL OIL                    | 1         | ND                  |
| <i>mineral oil</i>             | 1         | ND                  |
| <i>MISCELLANEOUS</i>           |           |                     |
| <i>alvimopan</i>               | 1         | ND                  |
| ENTEREG                        | 1         | ND                  |
| <i>PROTON PUMP INHIBITORS</i>  |           |                     |
| RABEPRAZOLE SODIUM DR SPRINKLE | 3         | ND                  |
| <b>GENITOURINARY</b>           |           |                     |
| <i>MISCELLANEOUS</i>           |           |                     |
| CYTRA K CRYSTALS               | 1         | ND                  |
| <i>glycine</i>                 | 1         | ND                  |
| <b>HEMATOLOGIC</b>             |           |                     |
| ADVATE                         | 4         | ND                  |
| ADYNOVATE                      | 4         | ND                  |
| AFSTYLA                        | 2         | ND                  |
| ALPHANATE                      | 4         | ND                  |
| ALPHANINE SD                   | 4         | ND                  |
| ALPROLIX                       | 2         | ND                  |
| BENEFIX                        | 4         | ND                  |
| COAGADEX                       | 4         | ND                  |
| CORIFACT                       | 4         | ND                  |
| DUROLANE                       | 2         | ND                  |
| ELOCTATE                       | 2         | ND                  |
| ESPEROCT                       | 4         | ND                  |
| EUFLEXXA                       | 2         | ND                  |
| FIBRYGA                        | 4         | ND                  |
| GELSYN-3                       | 2         | ND                  |
| HEMLIBRA                       | 4         | ND                  |
| HEMOFIL M                      | 4         | ND                  |
| HUMATE-P                       | 4         | ND                  |
| IDELVION                       | 3         | ND                  |
| IXINITY                        | 4         | ND                  |
| JIVI                           | 4         | ND                  |
| KOATE                          | 4         | ND                  |
| KOATE-DVI                      | 4         | ND                  |
| KOGENATE FS                    | 4         | ND                  |
| KOGENATE FS BIO-SET            | 4         | ND                  |
| KOVALTRY                       | 4         | ND                  |
| NOVOEIGHT                      | 4         | ND                  |
| NOVOSEVEN RT                   | 4         | ND                  |
| NUWIQ                          | 4         | ND                  |
| PROFILNINE                     | 4         | ND                  |
| PROFILNINE SD                  | 4         | ND                  |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| REBINYN   | 4         | ND                  |
| RECOMBINATE   | 4         | ND                  |
| RIASTAP   | 4         | ND                  |
| RIXUBIS   | 4         | ND                  |
| SEVENFACT   | 2         | ND                  |
| SUPARTZ FX  | 2         | ND                  |
| TRETTEN   | 4         | ND                  |
| VISUDYNE  | 4         | ND                  |
| WILATE  | 4         | ND                  |
| XYNTHA  | 4         | ND                  |
| XYNTHA SOLOFUSE   | 4         | ND                  |
| <b>IMMUNOLOGIC AGENTS</b>   |           |                     |
| <i><b>AUTOIMMUNE AGENTS</b></i>   |           |                     |
| SKYRIZI   | 4         | ND                  |
| <i><b>IMMUNOMODULATORS</b></i>  |           |                     |
| SYNAGIS   | 4         | ND                  |
| <b>MISCELLANEOUS</b>  |           |                     |
| <i><b>MISCELLANEOUS</b></i>   |           |                     |
| <i>urea</i>   | 1         | ND                  |
| <b>NUTRITIONAL/SUPPLEMENTS</b>  |           |                     |
| <i><b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b></i>                      |           |                     |
| CITRANATAL ASSURE   | 2         | ND                  |
| CITRANATAL DHA  | 2         | ND                  |
| FOLTABS PRENATAL PLUS DHA   | 2         | ND                  |
| INATAL GT   | 1         | ND                  |
| <i>iodine strong</i>  | 1         | ND                  |
| TRINATE   | 1         | ND                  |
| <b>OPHTHALMIC</b>   |           |                     |
| <i><b>MISCELLANEOUS</b></i>   |           |                     |
| <i>tropicamide</i>  | 1         | ND                  |
| <b>RESPIRATORY TRACT AGENTS</b>   |           |                     |
| <i><b>DRUGS TO TREAT ALLERGIES, COUGH, COLD AND LUNG CONDITIONS</b></i> |           |                     |
| <i>potassium iodide</i>   | 3         | ND                  |
| <b>RESPIRATORY</b>  |           |                     |
| <i><b>MISCELLANEOUS</b></i>   |           |                     |
| <i>caffeine citrate</i>   | 1         | ND                  |
| <i>epinephrine chloride</i>   | 3         | ND                  |
| <b>TOPICAL</b>  |           |                     |
| <i><b>DERMATOLOGY, ANTIFUNGALS</b></i>                                  |           |                     |
| EXELDERM  | 3         | ND                  |
| SULCONAZOLE NITRATE   | 3         | ND                  |
| <i><b>DERMATOLOGY, CORTICOSTEROIDS</b></i>                              |           |                     |
| COAL TAR  | 1         | ND                  |
| <i><b>DERMATOLOGY, LOCAL ANESTHETICS</b></i>                            |           |                     |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>7t lido gel</i>   | 1                | ND                         |
| <i>proxivol</i>  | 1                | ND                         |
| <b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b> |                  |                            |
| <i>chlorhexidine gluconate</i>                             | 3                | ND                         |
| <i>hydrogen peroxide</i>                                   | 1                | ND                         |
| <i>sterile water for injection</i>                         | 1                | ND                         |
| <b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>             |                  |                            |
| <i>ivermectin</i>  | 1                | ND                         |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                          |                  |                            |
| <i>easygel</i>   | 1                | ND                         |
| <i>fluoridex daily renewal</i>                             | 1                | ND                         |
| <i>fraiche rinse</i>                                       | 1                | ND                         |
| GEL-KAM  | 1                | ND                         |
| GEL-KAM ORAL CARE RINSE                                    | 1                | ND                         |
| <i>just for kids</i>                                       | 1                | ND                         |
| OMNI GEL   | 1                | ND                         |
| <i>periomed</i>  | 1                | ND                         |
| <i>stangard</i>  | 1                | ND                         |