



## **Non-Part D Supplemental Benefit** **Offered by some former employer/union/trust plans**

Some employer group/union/trusts purchased supplemental benefit coverage for certain categories of drugs not covered by Medicare Part D. The prescription drugs included in this document are not included in your formulary drug list.

### **Check your Evidence of Coverage to find out how your plan covers Non-Part D Supplemental Benefits.**

This Non-Part D Supplemental Benefit guide lists supplemental coverage by categories. Your Evidence of Coverage will indicate the categories covered under this benefit. For example, if your plan includes coverage for “Vitamins and Minerals,” find the list titled “Vitamins and Minerals” in this guide to see what is covered.

You’ll pay the Initial Coverage Stage Tier 1 cost share for generic drugs. For brand name drugs, you’ll pay the cost share for the tier labeled “Preferred Brand” in the Initial Coverage Stage. Your cost share will remain the same regardless of your coverage stage.

Keep in mind, the amount you pay when you fill a prescription for these Non-Part D drugs does not count toward your total drug costs. (This amount does not help you qualify for Catastrophic Coverage.) 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.

For more information, call the toll-free telephone number on your member ID card.

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

## Key

### Drug Name

UPPERCASE = Brand-name prescription drugs

Lowercase italics = Generic medications

### Requirements/Limits

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

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

### Drug Name

### Requirements/Limits

#### Cosmetic

##### *Cosmetic*

ACUICYN ANTIMICROBIAL EY ELID & EYELASH HYGIENE

ARNICA FLOWER

AVENOVA

*benzoin compound tincture*

BENZOIN TINCTURE

*bimatoprost*

*blanche*

BORIC ACID

BOTOX COSMETIC

DRYSOL

EPICYN

FINAPID

FINAPODTAR

*finasteride*

FINASTERIDE/MINOXIDIL

FLYPROGPIDTAR

HYCLODEX

HYDROCORTISONE/HYDROQUINONE

HYDROCORTISONE/HYDROQUINONE/TRETINOIN

HYDROQUINONE EMULSION

*hydroquinone cream*

HYPOCYN

JEUVEAU

KATARAXAP

KATARVIA

KEVARAXAP

KEVARTIA

KOTARAXAP

KUTAR

KUTARVIA

LATISSE

Drug Name	Requirements/Limits
LUSTRA	
<i>melquin hp</i>	
MINOXIDIL/PROGESTERONE	
OXOPIDAXIAQUP	
OXOPOD	
PIDPROGTAR	
PODOXIA	
PODTAR	
PROPECIA	
PROSILK GEL	
REFISSA	
<i>remergent hq</i>	
RENOVA	
RENOVA PUMP	
<i>skin bleaching</i>	
TETPIDTAR	
<i>tl hydroquinone</i>	
<i>tretinoin emollient</i>	
TRI-LUMA	
VANIQA	
YOKATAR	

### Cough and Cold

#### **Cough and Cold**

*benzonatate*  
*biotuss*  
*biotuss pediatric*  
*bromfed dm*  
*codeine phosphate/guaifenesin*  
 CODITUSSIN AC  
 EXACTUSS  
*guaiaatussin ac*  
*guaifenesin ac*  
*guaifenesin/codeine*  
 GILPHEX TR  
 GILTUSS  
*giltuss pediatric*  
 GILTUSS TR  
*guaifenesin/dextromethorphan sr*  
*hydrocodone bitartrate/homatropine methylbromide*  
*hydrocodone polistirex/chlorpheniramine polistirex*  
*hydromet*  
 MUCINEX DM  
*nohist-dm*  
*nortuss-de*  
 PHENERGAN -VC  
*promethazine vc*  
 PROMETHAZINE VC/CODEINE  
*promethazine/codeine*

Drug Name	Requirements/Limits
<i>promethazine/dextromethorphan</i>	
<i>promethazine/phenylephrine</i>	
RELHIST	
RHINOLAR	
TESSALON PERLES	
TUSS-ORNADE MODIFIED	
TUSSICAPS	
<i>tussigon</i>	
TUSSIONEX PENNKINETIC EXTENDED RELEASE	
TUXARIN ER	
TUZISTRA XR	
VIRAVAN-DM	
ZONATUSS	

**Erectile Dysfunction**

*Erectile Dysfunction*

BI-MIX	QL (6 EA per 30 days)
CAVERJECT	QL (6 EA per 30 days)
CAVERJECT IMPULSE	QL (6 EA per 30 days)
CIALIS	QL (6 EA per 30 days)
EDEX	QL (6 EA per 30 days)
LEVITRA	QL (6 EA per 30 days)
MUSE	QL (6 EA per 30 days)
QUAD-MIX	QL (6 EA per 30 days)
STAXYN	QL (6 EA per 30 days)
STENDRA	QL (6 EA per 30 days)
SUPER BI-MIX	QL (6 EA per 30 days)
SUPER QUAD-MIX	QL (6 EA per 30 days)
SUPER TRI-MIX	QL (6 EA per 30 days)
<i>tadalafil</i>	QL (6 EA per 30 days)
TRI-MIX	QL (6 EA per 30 days)
<i>varденаfil hydrochloride</i>	QL (6 EA per 30 days)
VIAGRA	QL (6 EA per 30 days)

**Fertility**

*Fertility*

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

**Miscellaneous**

*Miscellaneous*

Drug Name	Requirements/Limits
<i>aero otic hc</i>	
ALA-QUIN	
ALCORTIN A	
ALOQUIN	
ANALPRAM-HC	
ANALPRAM-HC SINGLES	
<i>anucort-hc</i>	
ANUSOL-HC	
<i>arzol silver nitrate applicators</i>	
ASCOR	
<i>ascorbic acid</i>	
<i>benzoyl peroxide 8%</i>	
<i>bpm/pse/dm</i>	
<i>bromfed dm</i>	
CETACAINE	
CORTANE-B	
CORTANE-B-OTIC	
<i>cortic-nd</i>	
<i>covaryx</i>	
<i>covaryx hs</i>	
<i>cyotic</i>	
<i>dermazene</i>	
DONNATAL	
DRYSOL	
<i>eemt</i>	
<i>eemt hs</i>	
<i>esterified estrogens/methyltestosterone</i>	
<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</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	
LEVBIID	
<i>lidocaine hcl/hydrocortisone acetate</i>	

Drug Name	Requirements/Limits
<i>me/naphos/mb/hyo 1</i>	
MEZPAROX-HC FORTE	
NATURE-THROID	
NEOTUSS PLUS	
NITRO-TIME	
<i>nohist-dm</i>	
NOVACORT	
OTICIN HC NR	
<i>oto-end 10</i>	
<i>otomax-hc</i>	
PAZEO	
<i>phenazopyridine hcl</i>	
<i>phenazopyridine hydrochloride</i>	
<i>phospha 250 neutral</i>	
POTABA	
PRAMOSONE	
PROCORT	
PROCTOCORT	
<i>promethazine hydrochloride/dextromethorphan hydrobromide</i>	
<i>promethazine vc/codeine</i>	
<i>promethazine/codeine</i>	
<i>promethazine/dextromethorphan</i>	
<i>promethazine/phenylephrine/codeine</i>	
<i>pyridoxine hcl</i>	
QUINJA	
<i>rectacort-hc</i>	
RHINOLAR	
<i>sodium chloride</i>	
<i>sodium sulfacetamide/sulfur</i>	
<i>thiamine hcl</i>	
TUSSICAPS	
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	
<i>Vitamins and Minerals</i>	
ACCRUFER	
ACTIVE FE	
ADRENAL C FORMULA	

Drug Name	Requirements/Limits
<i>airavite</i>	
ALBAFORT	
ANIMI-3	
ANIMI-3/VITAMIN D	
AP-ZEL	
AQUASOL A PARENTERAL	
ASCOR	
ASCORBIC ACID INJECTION 15000MG/30ML	
<i>ascorbic acid injection 500mg/ml</i>	
ASTAMED MYO	
AVAILNEX	
AXONA	
<i>b-complex 100</i>	
<i>b-plex</i>	
<i>b-plex plus</i>	
BACMIN	
<i>biocel</i>	
BIOTIN PLUS KERATIN	
BP VIT 3	
CENFOL	
CENTRATX	
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>	

Drug Name	Requirements/Limits
<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>	
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	
FOLIXAPURE	
<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	



Drug Name	Requirements/Limits
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>	
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	
<i>methionine/inositol/choline/cyanocobalamin</i>	
METHYLCOBALAMIN	
MONOFERRIC	
<i>multi-b-plus</i>	
MULTIGEN	
MULTIGEN FOLIC	
MULTIGEN PLUS	
<i>myferon 150 forte</i>	
<i>mynephrocaps</i>	

Drug Name	Requirements/Limits
NASCOBAL	
NATALVIRT FLT	
NEOKE BHB	
NEOPHE	
NEPHPLEX RX	
NEPHRO-VITE RX	
NEPHROCAPS	
NEPHRON FA	
<i>nephronex</i>	
NEUREPA	
NEURIN-SL	
NICADAN	
NICAZEL	
NICAZEL FORTE	
NICOMIDE	
<i>nufol</i>	
NUTRICAP	
<i>nutrifac zx</i>	
NUTRIVIT	
OCUVEL	
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	
PROTECTIRON	
PROTECT PLUS	
PROTEOLIN	
PULMONA	
PUREFE PLUS	
<i>purevit dualfe plus</i>	
PYRIDOXAL-5-PHOSPHATE	
<i>pyridoxine hcl</i>	
<i>renal caps</i>	
RENATABS	
RENATABS WITH IRON	
<i>rena-vite rx</i>	
<i>reno caps</i>	
REQ 49+	
REVESTA	
<i>se-tan plus</i>	
SENTRA AM	
SENTRA PM	
SIDEROL	

Drug Name	Requirements/Limits
<i>sodium ferric gluconate complex/sucrose</i>	
STROVITE FORTE	
STROVITE ONE	
SUPERVITE	
SUPPORT	
SUPPORT-500	
TANDEM PLUS	
THERAMINE	
<i>thiamine hcl</i>	
<i>tl gard rx</i>	
<i>tl icon</i>	
<i>tl-hem 150</i>	
TL-ICARE	
TOZAL	
TREPADONE	
<i>tricon</i>	
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	
<i>xyzbac</i>	

**Weight loss**

*Weight loss*

ADIPEX-P	PA
APPTRIM	PA
APPTRIM-D	PA

Drug Name	Requirements/Limits
<i>benzphetamine hcl</i>	PA
CONTRAVE	PA
<i>diethylpropion hcl</i>	PA
<i>diethylpropion hcl er</i>	PA
LOMAIRA	PA
MEDACTIV	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
WEGOVI	PA
XENICAL	PA

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<i>anucort-hc</i> .....	4	CHOLECAL DF.....	6
ANUSOL-HC.....	4	CHOLEXMAX.....	6
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FIBRIK.....	7	<i>guaiaatussin ac</i> .....	2
FINAPID .....	1	<i>guaifenesin ac</i> .....	2
FINAPODTAR.....	1	<i>guaifenesin/codeine</i> .....	2
<i>finasteride</i> .....	1	<i>guaifenesin/dextromethorphan sr</i> .....	2
FINASTERIDE/MINOXIDIL .....	1	<i>hematinic plus complex</i> .....	7
FIRST-MOUTHWASH BLM.....	4	<i>hematinic plus vitamins/minerals</i> .....	7
FIRST-PROGESTERONE VGS 100		<i>hematinic/folic acid</i> .....	7
COMPOUNDING KIT .....	3	<i>hematogen</i> .....	7
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<i>hydrocodone bitartrate/homatropine</i>	<i>l-methyl-b6-b12</i> .....	8
<i>methylbromide</i> .....	<i>l-methylfolate</i> .....	8
<i>hydrocodone polistirex/chlorpheniramine</i>	L-METHYLFOLATE CA ME-CBL NAC .....	8
<i>polistirex</i> .....	<i>l-methylfolate ca/p-5-p/me-cbl</i> .....	8
<i>hydrocortisone acetate</i> .....	<i>l-methylfolate calcium</i> .....	8
<i>hydrocortisone acetate/pramoxine</i> .....	L-METHYLFOLATE FORMULA 15 .....	8
HYDROCORTISONE/HYDROQUINONE.....	L-METHYLFOLATE FORMULA 7.5 .....	8
HYDROCORTISONE/HYDROQUINONE/TRE	L-METHYLFOLATE FORTE.....	8
TINOIN.....	L-METHYL-MC .....	8
<i>hydrocortisone/iodoquinol</i> .....	L-METHYL-MC NAC.....	8
<i>hydromet</i> .....	<i>lmthf/pyridoxine hcl/cyanocobalamin</i> .....	8
<i>hydroquinone cream</i> .....	LOMAIRA.....	11
HYDROQUINONE EMULSION.....	LUSTRA.....	2
<i>hydroxocobalamin</i> .....	<i>lysiplex plus</i> .....	8
HYOPHEN.....	M.V.I. ADULT .....	8
<i>hyoscyamine sulfate er</i> .....	M.V.I. PEDIATRIC .....	8
<i>hyosyne</i> .....	M.V.I.-12 WITHOUT VITAMIN K .....	8
HYPERTENSA .....	<i>me/naphos/mb/hyo 1</i> .....	5
HYPOCYN.....	MEDACTIV .....	8, 11
ICAR-C PLUS.....	<i>melquin hp</i> .....	2
<i>iferex 150 forte</i> .....	MENOPUR.....	3
<i>infed</i> .....	MEPHYTON .....	8
<i>infuvite adult</i> .....	METAFOLBIC.....	8
<i>infuvite pediatric</i> .....	METAFOLBIC PLUS.....	8
INJECTAFER .....	METAFOLBIC PLUS RF .....	8
INTEGRA F .....	METANX .....	8
INTEGRA PLUS.....	<i>methionine/inositol/choline/cyanocobalamin</i> .....	8
<i>iodoquinol/hydrocortisone acetate/aloe</i>	METHYLCOBALAMIN .....	8
<i>polysaccharides</i> .....	MEZPAROX-HC FORTE.....	5
IODOSORB .....	MINOXIDIL/PROGESTERONE .....	2
IROSPAN 24/6.....	MONOFERRIC .....	8
<i>isoxsuprine hcl</i> .....	MUCINEX DM .....	2
JEUVEAU .....	<i>multi-b-plus</i> .....	8
KATARAXAP .....	MULTIGEN .....	8
KATARVIA .....	MULTIGEN FOLIC .....	8
KEVARAXAP .....	MULTIGEN PLUS.....	8
KEVARTIA .....	MUSE .....	3
KOTARAXAP .....	<i>myferon 150 forte</i> .....	8
K-PHOS .....	<i>mynephrocaps</i> .....	8
K-PHOS NEUTRAL.....	NASCOBAL.....	9
KUTAR .....	NATALVIRT FLT .....	9
KUTARVIA .....	NATURE-THROID.....	5
LATISSE .....	NEOKE BHB .....	9
LEVBID .....	NEOPHE .....	9
LEVITRA.....	NEOTUSS PLUS .....	5
<i>lidocaine hcl/hydrocortisone acetate</i> .....	NEPHPLEX RX .....	9
LIMBREL .....	NEPHROCAPS .....	9
LIPICHOL 540.....	NEPHRON FA .....	9
LISTER-V .....	<i>nephronex</i> .....	9

NEPHRO-VITE RX.....	9	<i>promethazine vc</i> .....	2, 5
NEUREPA .....	9	<i>promethazine vc/codeine</i> .....	2, 5
NEURIN-SL.....	9	PROMETHAZINE VC/CODEINE.....	2, 5
NICADAN .....	9	<i>promethazine/codeine</i> .....	2, 5
NICAZEL.....	9	<i>promethazine/dextromethorphan</i> .....	3, 5
NICAZEL FORTE .....	9	<i>promethazine/phenylephrine</i> .....	3, 5
NICOMIDE .....	9	<i>promethazine/phenylephrine/codeine</i> .....	5
NITRO-TIME.....	5	PROPECIA.....	2
<i>nohist-dm</i> .....	2, 5	PROSILK GEL.....	2
<i>nortuss-de</i> .....	2	PROTECT PLUS.....	9
NOVACORT.....	5	PROTECTIRON.....	9
<i>nufol</i> .....	9	PROTEOLIN .....	9
NUTRICAP .....	9	PULMONA .....	9
<i>nutrifac zx</i> .....	9	PUREFE PLUS .....	9
NUTRIVIT .....	9	<i>purevit dualfe plus</i> .....	9
OCUVEL.....	9	PYRIDOXAL-5-PHOSPHATE .....	9
ORTHO-FOLIC .....	9	<i>pyridoxine hcl</i> .....	5, 9
OTICIN HC NR .....	5	QSYMIA .....	11
<i>oto-end 10</i> .....	5	QUAD-MIX.....	3
<i>otomax-hc</i> .....	5	QUINJA.....	5
OVIDREL .....	3	<i>rectacort-hc</i> .....	5
OXOPIDAXIAQUP.....	2	REFISSA .....	2
OXOPOD .....	2	RELHIST.....	3
PAZEO.....	5	<i>remergent hq</i> .....	2
PERCURA .....	9	<i>renal caps</i> .....	9
<i>phenazopyridine hcl</i> .....	5	RENATABS .....	9
<i>phenazopyridine hydrochloride</i> .....	5	RENATABS WITH IRON.....	9
<i>phendimetrazine tartrate</i> .....	11	<i>rena-vite rx</i> .....	9
<i>phendimetrazine tartrate er</i> .....	11	<i>reno caps</i> .....	9
PHENERGAN -VC.....	2	RENOVA.....	2
<i>phentermine hcl</i> .....	11	RENOVA PUMP.....	2
<i>phentermine hydrochloride</i> .....	11	REQ 49+ .....	9
<i>phospha 250 neutral</i> .....	5	REVESTA .....	9
PHYSICIANS EZ USE B-12 COMPLIANCE KIT.....	9	RHINOLAR.....	3, 5
PHYTONADIONE .....	9	SAXENDA .....	11
PIDPROGTAR.....	2	SENTRA AM .....	9
PNV-VP-U .....	9	SENTRA PM.....	9
PODIAPN.....	9	<i>se-tan plus</i> .....	9
PODOXIA.....	2	SIDEROL .....	9
PODTAR.....	2	<i>skin bleaching</i> .....	2
<i>poly-iron 150 forte</i> .....	9	<i>sodium chloride</i> .....	5
<i>polysaccharide iron forte</i> .....	9	<i>sodium ferric gluconate complex/sucrose</i> .....	10
POTABA .....	5, 9	<i>sodium sulfacetamide/sulfur</i> .....	5
PRAMOSONE .....	5	STAXYN.....	3
PROCORT .....	5	STENDRA.....	3
PROCTOCORT .....	5	STROVITE FORTE .....	10
<i>promethazine hydrochloride/dextromethorphan</i> <i>hydrobromide</i> .....	5	STROVITE ONE.....	10
		SUPER BI-MIX.....	3
		SUPER QUAD-MIX .....	3



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SUPER TRI-MIX.....	3	VANIQA .....	2
SUPERVITE .....	10	<i>vardenafil hydrochloride</i> .....	3
SUPPORT .....	10	VASCAZEN.....	10
SUPPORT-500.....	10	<i>v-c forte</i> .....	10
<i>tadalafil</i> .....	3	VENOFER.....	10
TANDEM PLUS .....	10	VIAGRA.....	3
TESSALON PERLES .....	3	<i>vicap forte</i> .....	10
TETPIDTAR .....	2	<i>vic-forte</i> .....	10
THERAMINE .....	10	<i>vilamit mb</i> .....	5
<i>thiamine hcl</i> .....	5, 10	<i>vilevev mb</i> .....	5
<i>tl gard rx</i> .....	10	VIRATAN-DM .....	5
<i>tl hydroquinone</i> .....	2	VIRAVAN-DM.....	3
<i>tl icon</i> .....	10	<i>virt-caps</i> .....	10
<i>tl-hem 150</i> .....	10	<i>virt-vite</i> .....	10
TL-ICARE.....	10	<i>virt-vite forte</i> .....	10
TOZAL.....	10	<i>virt-vite plus</i> .....	10
TREPADONE .....	10	<i>vita s forte</i> .....	10
<i>tretinoin emollient</i> .....	2	<i>vitacel</i> .....	10
<i>tricon</i> .....	10	VITAL-D RX .....	10
TRIFERIC .....	10	<i>vita-min</i> .....	10
<i>trigels-f forte</i> .....	10	<i>vitamin b-complex 100</i> .....	10
TRI-LUMA .....	2	<i>vitamin d</i> .....	10
TRI-MIX .....	3	VITAMIN K1 .....	10
<i>triphrocaps</i> .....	10	VITAROCA PLUS.....	10
TUSSICAPS.....	3, 5	<i>vol-care rx</i> .....	10
<i>tussigon</i> .....	3	VP-GSTN .....	10
TUSSIONEX PENNKINETIC EXTENDED RELEASE.....	3	VP-ZEL .....	10
TUSS-ORNADE MODIFIED.....	3	VYSTONE.....	5
TUXARIN ER.....	3, 5	WEGOVY .....	11
TUZISTRA XR.....	3, 5	<i>wheat germ</i> .....	10
UDAMIN SP .....	10	WP THYROID .....	5
<i>urea</i> .....	5	XAQUIL XR .....	10
<i>uribel</i> .....	5	XENICAL.....	11
<i>uro-458</i> .....	5	<i>xyzbac</i> .....	10
<i>uro-mp</i> .....	5	YOKATAR.....	2
<i>ustell</i> .....	5	ZONATUSS .....	3