SilverScript®

Essential Health Supplemental Benefit
Offered by some former employer/union/trust plans

Your former employer/union/trust has purchased additional coverage for certain prescription drugs, covered by your plan. You will have a $0 copay for these prescription drugs.

This guide lists the drugs covered under this Essential Health Supplemental Benefit by categories.

Some of the prescription drugs included in this document are not covered by Medicare Part D and are not included in your formulary drug list. Keep in mind, coverage for these prescription drugs **does not apply to your Medicare prescription drug out-of-pocket costs**. (This amount does not help you qualify for catastrophic coverage.) If you get Extra Help from Medicare to pay for your prescription drugs, it will not apply to these drugs.

For more information, call the toll-free telephone number on your member ID card. We're available to help you 24 hours a day, 7 days a week. **TTY users call 711.**

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.

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

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Key

Drug Name	Requirements/Limits
UPPERCASE = Brand-name prescription drugs	QL = Quantity Limit. For certain, drugs our plan limits the amount of the drug that we will cover.
Lowercase italics = Generic medications	PA = Prior Authorization. Our plan requires you or our provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
	B/D = Part B vs Part D. This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
	MO = Mail Order. For certain kinds of drugs, you can use CVS Caremark® Mail Service Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. Drugs available through mail-order are marked as “MO” in our Drug List.
	ND = Non Part D Drug. Certain drugs not covered by Medicare Part D and not found on the formulary. However, your plan has chosen to provide coverage for select Non Part D prescription drugs as indicated in the list below.

Drug Name	Requirements/Limits
ANALGESICS	
ASPIRIN	
adult aspirin regimen tablet delayed release 81mg	ND
aspirin 81 low dose tablet chewable 81mg	ND
aspirin 81 tablet delayed release 81mg	ND
aspirin adult low dose tablet delayed release 81mg	ND
aspirin ec tablet delayed release 81mg	ND
aspirin low dose tablet chewable 81mg	ND
aspirin low dose tablet 81mg	ND
aspirin tablet chewable 81mg	ND
aspirin tablet delayed release 81mg	ND

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Requirements/Limits
ANTINEOPLASTIC AGENTS	
HORMONAL ANTINEOPLASTIC AGENTS	
anastrozole tablet 1mg	MO
exemestane tablet 25mg	MO
tamoxifen citrate tablet 10mg, 20mg	MO
CARDIOVASCULAR	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS	
atorvastatin calcium tablet 10mg, 20mg	QL (30 EA per 30 days) MO
fluvastatin sodium er tablet extended release 24 hour 80mg	QL (30 EA per 30 days) MO
fluvastatin capsule 20mg, 40mg	QL (60 EA per 30 days) MO
lovastatin tablet 10mg, 20mg, 40mg	MO
pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg	QL (30 EA per 30 days) MO
rosuvastatin calcium tablet 10mg, 5mg	QL (30 EA per 30 days) MO
simvastatin tablet 10mg, 20mg, 40mg, 5mg	QL (30 EA per 30 days) MO
Electrolytes/Minerals/Metals/Vitamins	
Electrolytes/Minerals/Metals/Vitamins	
fa-8 capsule 0.8mg	ND
folic acid capsule 800mcg	ND
folic acid tablet 800mcg	ND
Vitamins	
folate tablet 400mcg	ND
folic acid tablet 400mcg	ND
ENDOCRINE AND METABOLIC	
CONTRACEPTIVES	
afirmelle tablet 20mcg; 0.1mg	
altavera tablet 30mcg; 0.15mg	
alyacen 1/35 tablet 35mcg; 1mg	MO
alyacen 7/7/7 tablet 0.5mg; 075mg; 1mg; 0.035mg	
amethia tablet	
amethyst tablet 20mcg; 90mcg	
ANNOVERA RING 0.013MG/24HR; 0.15MG/24HR	QL (1 EA per 365 days) MO
apri tablet 0.15mg; 30mcg	
aranelle tablet 0.5mg; 1mg; 0.035mg	MO
ashlyna tablet 0.15mg; 0.01mg; 0.03mg	
aubra eq tablet 20mcg; 0.1mg	
aurovela 1.5/30 tablet 30mcg; 1.5mg	
aurovela 1/20 tablet 20mcg; 1mg	
aurovela 24 fe tablet 20mcg; 75mg; 1mg	
aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	
aurovela fe 1/20 tablet 20mcg; 75mg; 1mg	
aviane tablet 20mcg; 0.1mg	
ayuna tablet 0.03mg; 0.15mg	
azurette tablet 0.15mg; 0.02mg; 0.01mg	
BALCOLTRA TABLET 20MCG; 36.5MG; 0.1MG	MO
balziva tablet 35mcg; 0.4mg	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Requirements/Limits
BEYAZ TABLET 3MG; 0.02MG; 0.451MG	MO
blisovi 24 fe tablet 20mcg; 75mg; 1mg	MO
blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	MO
blisovi fe 1/20 tablet 20mcg; 75mg; 1mg	
briellyn tablet 35mcg; 0.4mg	
camila tablet 0.35mg	MO
CAMRESE LO TABLET 0.1MG; 0.02MG; 0.01MG	
CAMRESE TABLET 0.15MG; 0.03MG; 0.01MG	
CAYA DIAPHRAGM	ND
charlotte 24 fe tablet chewable 20mcg; 75mg; 1mg	
chateal eq tablet 30mcg; 0.15mg	
cryselle-28 tablet 30mcg; 0.3mg	MO
cyred eq tablet 0.15mg; 30mcg	
cyred tablet 0.15mg; 30mcg	
dasetta 1/35 tablet 35mcg; 1mg	
dasetta 7/7/7 tablet 0.5mg; 0.75mg; 1mg; 0.035mg	
daysee tablet 0.15mg; 0.03mg; 0.01mg	
deblitane tablet 0.35mg	
delyla tablet 20mcg; 0.1mg	
DEPO-PROVERA CONTRACEPTIVE INJECTION 150MG/ML	MO
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	MO
desogestrel/ethinyl estradiol tablet	MO
dolishale tablet 20mcg; 90mcg	
drospirenone/ethinyl estradiol tablet 3mg; 0.02mg, 3mg; 0.03mg	MO
drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.02mg; 0.451mg, 3mg; 0.03mg; 0.451mg	MO
elinest tablet 30mcg; 0.3mg	
ELLA TABLET 30MG	MO
eluryng ring 0.015mg/24hr; 0.12mg/24hr	
enpresse-28 tablet 0.05mg; 0.075mg; 0.125mg; 0.03mg; 0.04mg	
enskyce tablet 0.15mg; 0.03mg	MO
errin tablet 0.35mg	MO
estarylla tablet 35mcg; 0.25mg	MO
ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg, 50mcg; 1mg	MO
ETONOGESTREL/ETHINYL ESTRADIOL RING 0.015MG/24HR; 0.12MG/24HR	MO
falmina tablet 20mcg; 0.1mg	
fayosim tablet	
FC2 FEMALE CONDOM MISCELLANEOUS	ND
FEMCAP DEVICE	ND
femynor tablet 35mcg; 0.25mg	

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Drug Name	Requirements/Limits
finzala tablet chewable 20mcg; 75mg; 1mg	
gemmily capsule 20mcg; 75mg; 1mg	MO
GENERESS FE TABLET CHEWABLE 25MCG; 75MG; 0.8MG	MO
hailey 1.5/30 tablet 30mcg; 1.5mg	MO
hailey 24 fe tablet 20mcg; 75mg; 1mg	
hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	
hailey fe 1/20 tablet 20mcg; 75mg; 1mg	
haloette ring 0.015mg/24hr; 0.12mg/24hr	
heather tablet 0.35mg	
iclevia tablet 0.03mg; 0.15mg	
incassia tablet 0.35mg	
introvale tablet 0.03mg; 0.15mg	
isibloom tablet 0.15mg; 30mcg	
jaimiess tablet 0.15mg; 0.03mg; 0.01mg	
jasmiel tablet 3mg; 0.02mg	
jencycla tablet 0.35mg	
JOLESSA TABLET 0.03MG; 0.15MG	
juleber tablet 0.15mg; 30mcg	
junel 1.5/30 tablet 30mcg; 1.5mg	
junel 1/20 tablet 20mcg; 1mg	
junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	MO
junel fe 1/20 tablet 20mcg; 75mg; 1mg	MO
junel fe 24 tablet 20mcg; 75mg; 1mg	
kaitlib fe tablet chewable 25mcg; 75mg; 0.8mg	MO
kalliga tablet 0.15mg; 30mcg	
kariva tablet 0.15mg; 0.02mg; 0.01mg	
kelnor 1/35 tablet 35mcg; 1mg	MO
kelnor 1/50 tablet 50mcg; 1mg	MO
kurvelo tablet 0.03mg; 0.15mg	
KYLEENA INTRAUTERINE DEVICE 19.5MG	
larin 1.5/30 tablet 30mcg; 1.5mg	
larin 1/20 tablet 20mcg; 1mg	
larin 24 fe tablet 20mcg; 75mg; 1mg	
larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	
larin fe 1/20 tablet 20mcg; 75mg; 1mg	
LAYOLIS FE TABLET CHEWABLE 25MCG; 75MG; 0.8MG	
LEENA TABLET	
lessina tablet 20mcg; 0.1mg	
levonest tablet 0.05mg; 0.075mg; 0.125mg; 0.03mg; 0.04mg	
levonorgestrel and ethinyl estradiol tablet 0.1mg; 0.02mg; 0.01mg; 20mcg; 90mcg	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Requirements/Limits
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0.15mg; 0.03mg; 0.01mg, 0.15mg; 0.02mg; 0.15mg; 0.02mg, 0.15mg; 0.03mg; 0.01mg, 0.05mg; 0.03mg; 0.075mg; 0.04mg, 0.125mg; 0.03mg, 20mcg; 0.1mg	MO
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	
LO LOESTRIN FE TABLET 10MCG; 75MG; 1MG	MO
loestrin 1.5/30-21 tablet 30mcg; 1.5mg	
loestrin 1/20-21 tablet 20mcg; 1mg	
loestrin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	
loestrin fe 1/20 tablet 20mcg; 75mg; 1mg	
lojaimiess tablet 0.1mg; 0.02mg; 0.01mg	MO
loryna tablet 3mg; 0.02mg	
LOSEASONIQUE TABLET	MO
low-ogestrel tablet 30mcg; 0.3mg	
lo-zumandimine tablet 3mg; 0.02mg	MO
lutera tablet 20mcg; 0.1mg	MO
lyleq tablet 0.35mg	
lyza tablet 0.35mg	
marlissa tablet 0.03mg; 0.15mg	MO
medroxyprogesterone acetate injection 150mg/ml	MO
merzee capsule 20mcg; 75mg; 1mg	MO
mibelas 24 fe tablet chewable 20mcg; 75mg; 1mg	
MICROGESTIN 1.5/30 TABLET 30MCG; 1.5MG	
MICROGESTIN 1/20 TABLET 20MCG; 1MG	
microgestin 24 fe tablet 20mcg; 75mg; 1mg	
MICROGESTIN FE 1.5/30 TABLET 30MCG; 75MG; 1.5MG	
MICROGESTIN FE 1/20 TABLET 20MCG; 75MG; 1MG	
mili tablet 35mcg; 0.25mg	
MINASTRIN 24 FE TABLET CHEWABLE 20MCG; 75MG; 1MG	MO
MIRCETTE TABLET	MO
MIRENA INTRAUTERINE DEVICE 20MCG/DAY	
mono-linyah tablet 35mcg; 0.25mg	
NATAZIA TABLET 3MG; 1MG; 2MG	MO
necon 0.5/35-28 tablet 35mcg; 0.5mg	
NEXPLANON INJECTION 68MG	
NEXTSTELLIS TABLET 3MG; 14.2MG	MO
nikki tablet 3mg; 0.02mg	
NORA-BE TABLET 0.35MG	
norethindrone & ethinyl estradiol ferrous fumarate tablet chewable 25mcg; 75mg; 0.8mg	MO
norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg	MO

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Drug Name	Requirements/Limits
norethindrone acetate/ethinyl estradiol/ferrous fumarate capsule 20mcg; 75mg; 1mg	MO
norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 75mg; 1mg, 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg	MO
norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable 20mcg; 75mg; 1mg	MO
norethindrone tablet 0.35mg	MO
norethindrone/ethinyl estradiol/ferrous fumarate tablet chewable 35mcg; 0.4mg	MO
norgestimate/ethinyl estradiol tablet 0.18mg; 0.215mg; ; 0.25mg; 0.025mg, 0.25mg; 0.035mg	MO
norlyda tablet 0.35mg	
norlyroc tablet 0.35mg	
nortrel 0.5/35 (28) tablet 35mcg; 0.5mg	MO
nortrel 1/35 28-day regimen	
nortrel 1/35 21-day regimen	MO
nortrel 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg	
NUVARING RING 0.015MG/24HR; 0.12MG/24HR	MO
nylia 1/35 tablet 35mcg; 1mg	
nylia 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg	MO
nymyo tablet 35mcg; 0.25mg	
OCELLA TABLET 3MG; 0.03MG	
OMNIFLEX DIAPHRAGM DIAPHRAGM	ND
OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE GEL 4%	ND
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL 3%	ND
orsythia tablet 20mcg; 0.1mg	
ORTHO DIAPHRAGM ALL-FLEX/65MM DIAPHRAGM	ND
ORTHO DIAPHRAGM ALL-FLEX/70MM DIAPHRAGM	ND
ORTHO DIAPHRAGM ALL-FLEX/75MM DIAPHRAGM	ND
ORTHO DIAPHRAGM ALL-FLEX/80MM DIAPHRAGM	ND
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A INTRAUTERINE DEVICE	ND
PHEXXI GEL 1%; 1.8%; 0.4%	MO
philith tablet 35mcg; 0.4mg	
pimtrea tablet 0.15mg; 0.02mg; 0.01mg	
pirmella 1/35 tablet 35mcg; 1mg	MO
pirmella 7/7/7 tablet	MO
portia-28 tablet 0.03mg; 0.15mg	
QUARTETTE TABLET	MO
reclipsen tablet 0.15mg; 0.03mg	
RIVELSA TABLET 0.15MG; 0.02MG; 0.025MG; 0.03MG	
SAFYRAL TABLET 3MG; 0.03MG; 0.451MG	MO
SEASONIQUE TABLET	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Requirements/Limits
setlakin tablet 0.03mg; 0.15mg	
sharobel tablet 0.35mg	
SHUR-SEAL GEL 2%	ND
simliya tablet 0.15mg; 0.02mg; 0.01mg	
simpesse tablet 0.1mg; 0.03mg; 0.01mg	MO
SKYLA INTRAUTERINE DEVICE 13.5MG	
SLYND TABLET 4MG	MO
sprintec 28 tablet 35mcg; 0.25mg	
sronyx tablet 20mcg; 0.1mg	MO
syeda tablet 3mg; 0.03mg	
tarina 24 fe tablet 20mcg; 75mg; 1mg	
tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg	
TAYTULLA CAPSULE 20MCG; 75MG; 1MG	MO
TILIA FE TABLET 0; 75MG; 1MG	
TODAY SPONGE MISCELLANEOUS	ND
tri femynor tablet	
tri-estarylla tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg	MO
tri-legest fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg	MO
tri-linyah tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg	
tri-lo-estarylla tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg	
tri-lo-marzia tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg	
tri-lo-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.025mg	
tri-lo-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.25mg	MO
tri-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.035mg	
tri-nymyo tablet	
tri-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg	
trivora-28 tablet 0.05mg; 0.075mg; 0.125mg; 0.03mg; 0.04mg	MO
tri-vylibra lo tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg	
tri-vylibra tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg	
TYBLUME TABLET CHEWABLE 20MCG; 0.1MG	MO
tydemy tablet 3mg; 0.03mg; 0.451mg	
VCF VAGINAL CONTRACEPTIVE FILM FILM 28%	ND
VCF VAGINAL CONTRACEPTIVE FOAM FOAM 12.5%	ND
VCF VAGINAL CONTRACEPTIVEGEL GEL 4%	ND
velivet tablet 0.1mg; 0.125mg; 0.15mg; 0.025mg	MO
vestura tablet 3mg; 0.02mg	
vienva tablet 20mcg; 0.1mg	
viorele tablet 0.15mg; 0.02mg; 0.01mg	MO
volnea tablet 0.15mg; 0.02mg; 0.01mg	
vyfemla tablet 35mcg; 0.4mg	MO
vylibra tablet 35mcg; 0.25mg	
wera tablet 35mcg; 0.5mg	
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DIAPHRAGM 2%	ND

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

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

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Drug Name	Requirements/Limits
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	MO
SUFLAVE SOLUTION RECONSTITUTED 0.9GM; 178.7GM; 1.12GM; 0.5GM; 7.3GM	
SUPREP BOWEL PREP KIT SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	MO
SUTAB TABLET 225MG; 188MG; 1479MG	MO
IMMUNOLOGIC AGENTS	
VACCINES	
ACTHIB INJECTION 10MCG/0.5ML	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	
BCG VACCINE INJECTION 50MG	
BEXSERO INJECTION 0.5ML	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	
DENGVAXIA INJECTION	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC INJECTION 25LFU/0.5ML; 5LFU/0.5ML	
ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	B/D
GARDASIL 9 INJECTION 0.5ML	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	
HEPLISAV-B INJECTION 20MCG/0.5ML	B/D
HIBERIX INJECTION 10MCG	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	
IPOL INACTIVATED IPV INJECTION	
IXCHIQ INJECTION	
JYNNEOS INJECTION 0.5ML	B/D
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	
M-M-R II INJECTION	
MENACTRA INJECTION	
MENQUADFI INJECTION 0.5ML	
MENVEO INJECTION	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	
PENTACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 5LFU/0.5ML	
PREHEVBRIO INJECTION 10MCG/ML	B/D

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Requirements/Limits
PRIORIX INJECTION	
PROQUAD INJECTION	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 5LFU/0.5ML	
RABAVERT INJECTION	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	B/D
ROTARIX SUSPENSION RECONSTITUTED	
ROTARIX SUSPENSION	
ROTATEQ SOLUTION	
SHINGRIX INJECTION 50MCG/0.5ML	QL (2 EA per 999 days)
TDVAX INJECTION 2LF/0.5ML; 2LF/0.5ML	
TENIVAC INJECTION 2LFU; 5LFU	
TICOVAC INJECTION 1.2MCG/0.25ML, 2.4MCG/0.5ML	
TRUMENBA INJECTION 0.5ML	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	
TYPHIM VI INJECTION 25MCG/0.5ML	
VAQTA INJECTION 25UNIT/0.5ML, 50UNIT/ML	
VARIVAX INJECTION 1350PFU/0.5ML	
YF-VAX INJECTION	
NUTRITIONAL/SUPPLEMENTS	
ELECTROLYTES/MINERALS/VITAMINS, ORAL	
fluoride tablet chewable 0.25mg, 0.5mg, 1mg	MO
fluoritab solution 0.125mg/drop	
sodium fluoride solution 0.5mg/ml	MO
sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg	MO
sodium fluoride tablet 0.5mg, 1mg	
SMOKING CESSATION	
SMOKING CESSATION	
bupropion hcl sr tablet extended release 12 hour 150mg	
bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg	
CHANTIX STARTING MONTH PAK TABLET THERAPY PACK	PA
COMMIT LOZENGE 2MG, 4MG	ND
NICODERM CQ PATCH 24 HOUR 14MG/24HR, 21MG/24HR, 7MG/24HR	ND
NICORETTE GUM 2MG	ND
NICORETTE GUM 4MG	ND
NICORETTE LOZENGE 2MG, 4MG	ND
NICORETTE MINI LOZENGE 2MG, 4MG	ND
NICORETTE REFILL GUM 2MG	ND
NICORETTE REFILL GUM 4MG	ND
NICORETTE STARTER KIT GUM 2MG	ND
NICORETTE STARTER KIT GUM 4MG	ND

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Drug Name	Requirements/Limits
nicotine mini lozenge lozenge 2mg, 4mg	ND
nicotine polacrilex gum 2mg, 4mg	ND
nicotine polacrilex lozenge 2mg, 4mg	ND
nicotine polacrilex refill gum 2mg, 4mg	ND
nicotine polacrilex starter kit gum 2mg, 4mg	ND
nicotine transdermal system kit	ND
nicotine transdermal system patch 24 hour 14mg/24hr, 21mg/24hr, 7mg/24hr	ND
nicotine transdermal system step 1 patch 24 hour 21mg/24hr	ND
nicotine transdermal system step 2 patch 24 hour 14mg/24hr	ND
nicotine transdermal system step 3 patch 24 hour 7mg/24hr	ND
NICOTROL INHALER10MG	
NICOTROL NS SOLUTION 10MG/ML	
VARENICLINE STARTING MONTH TABLET THERAPY PACK	PA
VARENICLINE TARTRATE TABLET 0.5MG, 1MG	PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Index