



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.

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	
<i>anastrozole tablet 1mg</i>	MO
<i>exemestane tablet 25mg</i>	MO
<i>tamoxifen citrate tablet 10mg, 20mg</i>	MO
CARDIOVASCULAR	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS	
<i>atorvastatin calcium tablet 10mg, 20mg</i>	QL (30 EA per 30 days) MO
<i>fluvastatin sodium er tablet extended release 24 hour 80mg</i>	QL (30 EA per 30 days) MO
<i>fluvastatin capsule 20mg, 40mg</i>	QL (60 EA per 30 days) MO
<i>lovastatin tablet 10mg, 20mg, 40mg</i>	MO
<i>pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg</i>	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium tablet 10mg, 5mg</i>	QL (30 EA per 30 days) MO
<i>simvastatin tablet 10mg, 20mg, 40mg, 5mg</i>	QL (30 EA per 30 days) MO
Electrolytes/Minerals/Metals/Vitamins	
Electrolytes/Minerals/Metals/Vitamins	
<i>fa-8 capsule 0.8mg</i>	ND
<i>folic acid capsule 800mcg</i>	ND
<i>folic acid tablet 800mcg</i>	ND
Vitamins	
<i>folate tablet 400mcg</i>	ND
<i>folic acid tablet 400mcg</i>	ND
ENDOCRINE AND METABOLIC	
CONTRACEPTIVES	
<i>afirmelle tablet 20mcg; 0.1mg</i>	
<i>altavera tablet 30mcg; 0.15mg</i>	
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	MO
<i>alyacen 7/7/7 tablet 0.5mg; 0.75mg; 1mg; 0.035mg</i>	
<i>amethia tablet</i>	
<i>amethyst tablet 20mcg; 90mcg</i>	
<i>ANNOVERA RING 0.013MG/24HR; 0.15MG/24HR</i>	QL (1 EA per 365 days) MO
<i>apri tablet 0.15mg; 30mcg</i>	
<i>aranelle tablet 0.5mg; 1mg; 0.035mg</i>	MO
<i>ashlyna tablet 0.15mg; 0.01mg; 0.03mg</i>	
<i>aubra eq tablet 20mcg; 0.1mg</i>	
<i>aurovela 1.5/30 tablet 30mcg; 1.5mg</i>	
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	
<i>aurovela 24 fe tablet 20mcg; 75mg; 1mg</i>	
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	
<i>aviane tablet 20mcg; 0.1mg</i>	
<i>ayuna tablet 0.03mg; 0.15mg</i>	
<i>azurette tablet 0.15mg; 0.02mg; 0.01mg</i>	
<i>BALCOLTRA TABLET 20MCG; 36.5MG; 0.1MG</i>	MO
<i>balziva tablet 35mcg; 0.4mg</i>	

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

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

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

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

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

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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
<i>wymzya fe tablet chewable 35mcg; 0.4mg; 75mg</i>	
<i>xulane patch weekly 35mcg/24hr; 150mcg/24hr</i>	MO
YASMIN 28 TABLET 3MG; 0.03MG	MO
YAZ TABLET 3MG; 0.02MG	MO
<i>zafemy patch weekly 35mcg/24hr; 150mcg/24hr</i>	
<i>zovia 1/35 tablet 35mcg; 1mg</i>	
<i>zumandimine tablet 3mg; 0.03mg</i>	
MISCELLANEOUS	
<i>raloxifene hydrochloride tablet 60mg</i>	MO
GASTROINTESTINAL	
LAXATIVES	
CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML	
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	MO
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	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
<i>peg-3350/electrolytes/ascorbate solution reconstituted 4.7gm; 100gm; 1.015gm; 5.9gm; 2.691gm; 7.5gm</i>	
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	MO
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	MO
PLENVU SOLUTION RECONSTITUTED 7.54GM; 140GM; MO 2.2GM; 48.11GM; 5.2GM; 9GM	

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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	
DENG VAXIA INJECTION	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC INJECTION 25LFU/0.5ML; 5LFU/0.5ML	
ENGRIX-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, B/D 5MCG/0.5ML	
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	
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>	
<i>fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	MO
<i>fluoritab solution 0.125mg/drop</i>	
<i>sodium fluoride solution 0.5mg/ml</i>	MO
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	MO
<i>sodium fluoride tablet 0.5mg, 1mg</i>	
SMOKING CESSATION	
<i>SMOKING CESSATION</i>	
<i>bupropion hcl sr tablet extended release 12 hour 150mg</i>	
<i>bupropion hydrochloride er (sr) tablet (smoking deterrent)</i>	
<i>extended release 12 hour 150mg</i>	
CHANTIX STARTING MONTH PAK TABLET THERAPY PA PACK	
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

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

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