

2025 Supplemental Drug List

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

This supplemental drug list was updated in October 2024. For more recent information or other questions, please contact Blue Cross Group Medicare AdvantageSM Customer Service at 1-877-299-1008, or for TTY users 711, 8 a.m. – 8 p.m., local time, 7 days a week. If you call from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.

Your plan includes a supplemental drug benefit that covers a number of drugs that are excluded from coverage under the Medicare Part D program. Since supplemental drugs are excluded from the Part D program, the amount you spend on supplemental drugs does not count toward your Part D true out-of-pocket (TrOOP) expenses. These drugs do not qualify for lower Part D catastrophic copays.

Like your covered Part D drugs, your cost for these drugs is based on the tier each drug is in. You can find the tier number next to the drug name in the chart below. You can find the cost for each drug tier by checking the benefit chart in your Evidence of Coverage. If you receive extra help to pay for your prescriptions, you will not get extra help to pay for these drugs.

This is not a complete list of drugs covered by your plan. For the full list of your covered Part D drugs, please refer to the Comprehensive Formulary posted on www.myprime.com. Sign in and go to 'Find medicines' to see your retiree group plan Comprehensive Formulary. You will need to create an account the first time you use this service. For additional questions, please call customer service.

KEY

Generic drugs are shown in lower-case *italics*.

Brand name drugs are shown in CAPITAL letters.

Some covered drugs may have additional requirements or limits on coverage.

These requirements and limits may include:

QL = Quantity Limits

2025 Dosage Form Abbreviations Key

cap, caps	capsules
chew tab	chewable tablets
conc	concentrate
disint, disintegr	disintegrating
dr	delayed-release
er, extended, extended rel, xr	extended release
gm	gram
hr	hour
inj	injection
liq, liqd	liquid
lotn	lotion
mcg	microgram
mg	milligram
ml	milliliter
mm	millimeter
nebu	nebules
op, ophth	ophthalmic
pak	pack
pref, prefill	prefilled
sol, soln	solution
supp, suppos	suppositories
sus, susp	suspension
syr	syringe
tab, tabs	tablets
td	transdermal

Drug Name	Drug Tier	Requirements/Limits
Cough and Cold		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
BUCKLEYS COUGH - dextromethorphan hbr liquid 12.5 mg/5ml	3	
DELSYM - dextromethorphan polistirex extended release susp 30 mg/5ml	3	
DELSYM COUGH CHILDRENS - dextromethorphan polistirex extended release susp 30 mg/5ml	3	
<i>dextromethorphan hbr cap 15 mg</i>	1	
<i>dextromethorphan hbr liquid 7.5 mg/5ml</i>	1	
<i>dextromethorphan hbr liquid 15 mg/15ml</i>	1	
<i>dextromethorphan hbr liquid 15 mg/5ml</i>	1	
<i>dextromethorphan polistirex extended release susp 30 mg/5ml</i>	1	
GERI-TUSSIN - guaifenesin syrup 100 mg/5ml	3	
GILTUSS EX EXPECTORANT CHILDRENS - guaifenesin liquid 200 mg/5ml	3	
GILTUSS EX MAXIMUM STRENGTH - guaifenesin liquid 200 mg/5ml	3	
<i>guaifenesin liquid 100 mg/5ml</i>	1	
<i>guaifenesin syrup 100 mg/5ml</i>	1	
<i>guaifenesin tab er 12hr 600 mg</i>	1	
<i>guaifenesin tab er 12hr 1200 mg</i>	1	
<i>guaifenesin tab 200 mg</i>	1	
<i>guaifenesin tab 400 mg</i>	1	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	
HERBAL EXPEC - guaifenesin liquid 150 mg/15ml	3	
HYCODAN - hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	3	
HYCODAN - hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	3	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX - hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	3	
MUCINEX - guaifenesin tab er 12hr 600 mg	3	
MUCINEX MAXIMUM STRENGTH - guaifenesin tab er 12hr 1200 mg	3	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
SCOT-TUSSIN DIABETES - dextromethorphan hbr liquid 10 mg/5ml	3	
TRIAMINIC LONG ACTING COUGH - dextromethorphan hbr liquid 7.5 mg/5ml	3	
TUXARIN ER - codeine phos-chlorpheniramine maleate tab er 12hr 54.3-8 mg	3	
VICKS CASERO - guaifenesin liquid 100 mg/6.25ml	3	
VICKS DAYQUIL COUGH - dextromethorphan hbr liquid 15 mg/15ml	3	
VICKS FORMULA 44 COUGH RELIEF - dextromethorphan hbr liquid 10 mg/5ml	3	
WAL-TUSSIN COUGH RELIEF CHILDRENS - dextromethorphan hbr chew tab 7.5 mg	3	
Sexual Dysfunction		
ADDYI - flibanserin tab 100 mg	3	
BI-MIX - papaverine-phentolamine for inj 150-5 mg	3	
CAVERJECT - alprostadil for inj 20 mcg	3	
CAVERJECT - alprostadil for inj 40 mcg	3	
CAVERJECT IMPULSE - alprostadil for inj kit 10 mcg	3	
CAVERJECT IMPULSE - alprostadil for inj kit 20 mcg	3	
CIALIS - tadalafil tab 5 mg	3	QL (30 tablets/30 days)
CIALIS - tadalafil tab 10 mg	3	QL (6 tablets/30 days)
CIALIS - tadalafil tab 20 mg	3	QL (6 tablets/30 days)
EDEX - alprostadil for inj kit 10 mcg	3	
EDEX - alprostadil for inj kit 20 mcg	3	
EDEX - alprostadil for inj kit 40 mcg	3	
PHENYLEPHRINE HYDROCHLORIDE - phenylephrine hcl intracavernosal soln 2 mg/2ml (0.1%)	3	
QUAD-MIX - papav-phentol-alpros-atrop for inj 150 mg-10 mg-0.1 mg-1 mg	3	
<i>sildenafil citrate tab 25 mg</i>	1	QL (6 tablets/30 days)
<i>sildenafil citrate tab 50 mg</i>	1	QL (6 tablets/30 days)
<i>sildenafil citrate tab 100 mg</i>	1	QL (6 tablets/30 days)
STENDRA - avanafil tab 50 mg	3	QL (6 tablets/30 days)
STENDRA - avanafil tab 100 mg	3	QL (6 tablets/30 days)
STENDRA - avanafil tab 200 mg	3	QL (6 tablets/30 days)
SUPER BI-MIX - papaverine-phentolamine for inj 150-10 mg	3	
SUPER QUAD-MIX - papav-phentol-alpros-atrop for inj 150 mg-20 mg-0.2 mg-2 mg	3	

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Drug Name	Drug Tier	Requirements/Limits
SUPER TRI-MIX - papav-phentolamine-alprostadil for inj 150 mg-10 mg-100 mcg	3	
<i>tadalafil tab 2.5 mg</i>	1	QL (30 tablets/30 days)
<i>tadalafil tab 5 mg</i>	1	QL (30 tablets/30 days)
<i>tadalafil tab 10 mg</i>	1	QL (6 tablets/30 days)
<i>tadalafil tab 20 mg</i>	1	QL (6 tablets/30 days)
TRI-MIX - papav-phentolamine-alprostadil for inj 150 mg-5 mg-50 mcg	3	
<i>vardenafil hcl orally disintegrating tab 10 mg</i>	1	QL (6 tablets/30 days)
<i>vardenafil hcl tab 2.5 mg</i>	1	QL (6 tablets/30 days)
<i>vardenafil hcl tab 5 mg</i>	1	QL (6 tablets/30 days)
<i>vardenafil hcl tab 10 mg</i>	1	QL (6 tablets/30 days)
<i>vardenafil hcl tab 20 mg</i>	1	QL (6 tablets/30 days)
VIAGRA - sildenafil citrate tab 25 mg	3	QL (6 tablets/30 days)
VIAGRA - sildenafil citrate tab 50 mg	3	QL (6 tablets/30 days)
VIAGRA - sildenafil citrate tab 100 mg	3	QL (6 tablets/30 days)
VYLEESI - bremelanotide acet subcutaneous soln auto-inj 1.75 mg/0.3ml	3	
Prescription Vitamins/Combos		
AQUASOL A PARENTERAL - vitamin a inj 15 mg/ml (50000 unit/ ml)	3	
ASCORBIC ACID - ascorbic acid inj 500 mg/ml	3	
<i>b-complex w/ c & folic acid cap 1 mg</i>	1	
<i>b-complex w/ c & folic acid tab 1 mg</i>	1	
CYANOCOBALAMIN - cyanocobalamin inj 2000 mcg/ml	3	
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
<i>cyanocobalamin nasal spray 500 mcg/0.1ml</i>	1	
DRISDOL - ergocalciferol cap 1.25 mg (50000 unit)	3	
ELFOLATE PLUS - l-methylfolate w/ vit b6-vit b12 tab 3-35-2 mg	3	
ELITE-OB - prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg	3	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg</i>	1	
FOLBIC - folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg	3	
FOLGARD RX - folic acid-vitamin b6-vitamin b12 tab 2.2-25-1 mg	3	
<i>folic acid inj 5 mg/ml</i>	1	
<i>folic acid tab 1 mg</i>	1	
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	1	
<i>folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg</i>	1	
FOLTANX - l-methylfolate w/ vit b6-vit b12 tab 3-35-2 mg	3	

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Drug Name	Drug Tier	Requirements/Limits
HYDROXOCOBALAMIN - hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)	3	
KOSHER PRENATAL PLUS IRON - prenatal vit w/ iron carbonyl-fa tab 30-1 mg	3	
NASCOBAL - cyanocobalamin nasal spray 500 mcg/0.1ml	3	
NIVA-FOL - folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg	3	
OB COMPLETE - prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg	3	
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	1	
<i>phytonadione inj 10 mg/ml</i>	1	
<i>phytonadione tab 5 mg</i>	1	
PRENATABS RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	3	
PYRIDOXINE HCL - pyridoxine hcl inj 100 mg/ml	3	
<i>thiamine hcl inj 100 mg/ml</i>	1	
THRIVITE RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	3	
WESTAB MAX - folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg	3	
DESI Drugs and Other Non-FDA Approved Drugs		
ADTHYZA - thyroid tab 15 mg (1/4 grain)	3	
ADTHYZA - thyroid tab 16.25 mg	3	
ADTHYZA - thyroid tab 30 mg (1/2 grain)	3	
ADTHYZA - thyroid tab 32.5 mg	3	
ADTHYZA - thyroid tab 60 mg (1 grain)	3	
ADTHYZA - thyroid tab 65 mg	3	
ADTHYZA - thyroid tab 90 mg (1 1/2 grain)	3	
ADTHYZA - thyroid tab 97.5 mg	3	
ADTHYZA - thyroid tab 120 mg (2 grain)	3	
ADTHYZA - thyroid tab 130 mg	3	
ANALPRAM HC - hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	3	
ARMOUR THYROID - thyroid tab 15 mg (1/4 grain)	3	
ARMOUR THYROID - thyroid tab 30 mg (1/2 grain)	3	
ARMOUR THYROID - thyroid tab 60 mg (1 grain)	3	
ARMOUR THYROID - thyroid tab 90 mg (1 1/2 grain)	3	
ARMOUR THYROID - thyroid tab 120 mg (2 grain)	3	
ARMOUR THYROID - thyroid tab 180 mg (3 grain)	3	
ARMOUR THYROID - thyroid tab 240 mg (4 grain)	3	
ARMOUR THYROID - thyroid tab 300 mg (5 grain)	3	
CORTANE-B - hydrocortisone-pramoxine-chloroxylenol lot 10-10-1mg/ml	3	

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Drug Name	Drug Tier	Requirements/Limits
DENTA 5000 PLUS SENSITIVE - sodium fluoride-potassium nitrate paste 1.1-5%	3	
DONNATAL - pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml	3	
DONNATAL - pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg	3	
FLUORIDEX SENSITIVITY RELIEF - sodium fluoride-potassium nitrate paste 1.1-5%	3	
FLUORIMAX 5000 SENSITIVE - sodium fluoride-potassium nitrate paste 1.1-5%	3	
<i>hydrocortisone acetate suppos 25 mg</i>	1	
<i>hydrocortisone acetate suppos 30 mg</i>	1	
<i>hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%</i>	1	
HYDROCORTISONE ACETATE/PRAMOXINE - pramoxine-hc cream 1-2.5%	3	
HYDROCORTISONE ACETATE/PRAMOXINE HYDROCHLORIDE - hydrocortisone acetate w/ pramoxine rectal suppos 25-18 mg	3	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
HYPERSAL - sodium chloride soln nebu 3.5%	3	
HYPERSAL - sodium chloride soln nebu 7%	3	
<i>iodoquinol-hc cream 1-1%</i>	1	
<i>iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%</i>	1	
<i>iodoquinol-hydrocortisone-aloe polysaccharide gel 1-2-1%</i>	1	
LEVSIN - hyoscyamine sulfate tab 0.125 mg	3	
NEBUSAL - sodium chloride soln nebu 6%	3	
NIVA THYROID - thyroid tab 15 mg (1/4 grain)	3	
NIVA THYROID - thyroid tab 30 mg (1/2 grain)	3	
NIVA THYROID - thyroid tab 60 mg (1 grain)	3	
NIVA THYROID - thyroid tab 90 mg (1 1/2 grain)	3	
NIVA THYROID - thyroid tab 120 mg (2 grain)	3	
NP THYROID 120 - thyroid tab 120 mg (2 grain)	3	
NP THYROID 15 - thyroid tab 15 mg (1/4 grain)	3	
NP THYROID 30 - thyroid tab 30 mg (1/2 grain)	3	
NP THYROID 60 - thyroid tab 60 mg (1 grain)	3	
NP THYROID 90 - thyroid tab 90 mg (1 1/2 grain)	3	
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i>	1	
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i>	1	
<i>phenazopyridine hcl tab 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>phenazopyridine hcl tab 200 mg</i>	1	
PRAMOSONE - pramoxine-hc oint 1-1%	3	
PRAMOSONE - pramoxine-hc oint 1-2.5%	3	
PREVIDENT FLUORIDE - sodium fluoride gel 1.1% (0.5% f)	3	
PREVIDENT RINSE - sodium fluoride rinse 0.2%	3	
PREVIDENT 5000 BOOSTER PLUS - sodium fluoride paste 1.1%	3	
PREVIDENT 5000 DRY MOUTH - sodium fluoride gel 1.1% (0.5% f)	3	
PREVIDENT 5000 ENAMEL PROTECT - sodium fluoride-potassium nitrate gel 1.1-5%	3	
PREVIDENT 5000 KIDS - sodium fluoride paste 1.1%	3	
PREVIDENT 5000 ORTHO DEFENSE - sodium fluoride paste 1.1%	3	
PREVIDENT 5000 PLUS - sodium fluoride cream 1.1%	3	
PREVIDENT 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	3	
PROCORT - hydrocortisone acet w/ pramoxine perianal cream 1.85-1.15%	3	
PROCTOCORT - hydrocortisone acetate suppos 30 mg	3	
PYRIDIUM - phenazopyridine hcl tab 100 mg	3	
PYRIDIUM - phenazopyridine hcl tab 200 mg	3	
<i>salsalate tab 500 mg</i>	1	
<i>salsalate tab 750 mg</i>	1	
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	1	
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	1	
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	1	
<i>sodium fluoride cream 1.1%</i>	1	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<i>sodium fluoride paste 1.1%</i>	1	
<i>sodium fluoride rinse 0.2%</i>	1	
<i>sodium fluoride-potassium nitrate gel 1.1-5%</i>	1	
THYROID - thyroid tab 15 mg (1/4 grain)	3	
THYROID - thyroid tab 30 mg (1/2 grain)	3	
THYROID - thyroid tab 60 mg (1 grain)	3	
THYROID - thyroid tab 90 mg (1 1/2 grain)	3	
THYROID - thyroid tab 120 mg (2 grain)	3	

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Drug Name	Drug Tier	Requirements/Limits
VYTONE - iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%	3	
OTC Drugs		
ALLEGRA ALLERGY - fexofenadine hcl tab 60 mg	3	
ALLEGRA ALLERGY - fexofenadine hcl tab 180 mg	3	
ALLEGRA ALLERGY CHILDRENS - fexofenadine hcl orally disintegrating tab 30 mg	3	
ALLEGRA ALLERGY CHILDRENS - fexofenadine hcl susp 30 mg/5ml (6 mg/ml)	3	
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION - fexofenadine-pseudoephedrine tab er 12hr 60-120 mg	3	
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION - fexofenadine-pseudoephedrine tab er 24hr 180-240 mg	3	
<i>aspirin chew tab 81 mg</i>	1	
<i>aspirin tab delayed release 81 mg</i>	1	
BENZOYL PEROXIDE 8% - benzoyl peroxide gel 8%	3	
<i>calcium carbonate tab 600 mg</i>	1	
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	1	
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	1	
<i>calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)</i>	1	
CALCIUM CITRATE - calcium citrate tab 250 mg	3	
CALCIUM CITRATE - calcium citrate tab 333 mg (elemental ca)	3	
<i>calcium citrate tab 950 mg (200 mg elemental ca)</i>	1	
<i>calcium 600 mg w/ vitamin d tab</i>	1	
CETACAINE - butamben-tetracaine-benzocaine aerosol spray 2-2-14%	3	
<i>cetirizine hcl cap 10 mg</i>	1	
<i>cetirizine hcl chew tab 5 mg</i>	1	
<i>cetirizine hcl chew tab 10 mg</i>	1	
<i>cetirizine hcl orally disintegrating tab 10 mg</i>	1	
<i>cetirizine hcl syrup 1 mg/ml (5 mg/5ml)</i>	1	
<i>cetirizine hcl tab 5 mg</i>	1	
<i>cetirizine hcl tab 10 mg</i>	1	
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	1	
CLARITIN - loratadine cap 10 mg	3	
CLARITIN - loratadine chew tab 5 mg	3	
CLARITIN - loratadine chew tab 10 mg	3	
CLARITIN - loratadine oral soln 5 mg/5ml	3	
CLARITIN - loratadine tab 10 mg	3	
CLARITIN ALLERGY CHILDRENS - loratadine oral soln 5 mg/5ml	3	
CLARITIN CHILDRENS - loratadine chew tab 5 mg	3	

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Drug Name	Drug Tier	Requirements/Limits
CLARITIN REDITABS - loratadine orally disintegrating tab 5 mg	3	
CLARITIN REDITABS - loratadine rapidly-disintegrating tab 10 mg	3	
CLARITIN REDITABS JUNIORS - loratadine rapidly-disintegrating tab 10 mg	3	
CLARITIN-D 12 HOUR - loratadine & pseudoephedrine tab er 12hr 5-120 mg	3	
CLARITIN-D 24 HOUR - loratadine & pseudoephedrine tab er 24hr 10-240 mg	3	
CVS GLUCOSE - glucose chew tab 4 gm (rounded)	3	
CVS GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
CVS SOFT GLUCOSE - glucose chew tab 4 gm (rounded)	3	
CVS TRIPLE MAGNESIUM COMPLEX - magnesium cap 400 mg	3	
DEX4 - glucose-vitamin c chew tab 4-6 gm-mg	3	
DEX4 FAST ACTING GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
DEX4 GLUCOSE - glucose chew tab 4 gm (rounded)	3	
DEX4 NATURALS - glucose-vitamin c chew tab 4-6 gm-mg	3	
DEX4 POUCH PACK - glucose-vitamin c chew tab 4-6 gm-mg	3	
DEX4 QUICK DISSOLVE GLUCOSE - glucose chew tab 4 gm (rounded)	3	
DRUG MART GLUCOSE - glucose chew tab 4 gm (rounded)	3	
<i>fexofenadine hcl susp 30 mg/5ml (6 mg/ml)</i>	1	
<i>fexofenadine hcl tab 60 mg</i>	1	
<i>fexofenadine hcl tab 180 mg</i>	1	
<i>fexofenadine-pseudoephedrine tab er 12hr 60-120 mg</i>	1	
<i>fexofenadine-pseudoephedrine tab er 24hr 180-240 mg</i>	1	
<i>folic acid tab 400 mcg</i>	1	
<i>folic acid tab 800 mcg</i>	1	
GLUCO TO GO - glucose chew tab 4 gm (rounded)	3	
GLUCOSE - glucose chew tab 4 gm	3	
GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
<i>glucose gel 40%</i>	1	
GLUCOSE INSTANT ENERGY - glucose-vitamin c chew tab 4-6 gm-mg	3	
GNP GLUCOSE - glucose chew tab 4 gm (rounded)	3	
GNP GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
GNP OMEPRAZOLE - omeprazole delayed release tab 20 mg	3	
GNP QUICK DISSOLVE GLUCOSE - glucose chew tab 4 gm (rounded)	3	
GOODSENSE GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	

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Drug Name	Drug Tier	Requirements/Limits
HY-VEE GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
INSTA-GLUCOSE - glucose gel 77.4%	3	
KROGER GLUCOSE - glucose chew tab 4 gm (rounded)	3	
KROGER GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
LEADER GLUCOSE - glucose chew tab 4 gm (rounded)	3	
LEADER GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
LEADER QUICK DISSOLVE GLUCOSE - glucose chew tab 4 gm (rounded)	3	
LONGS GLUCOSE - glucose chew tab 4 gm (rounded)	3	
LONGS GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
<i>loratadine & pseudoephedrine tab er 12hr 5-120 mg</i>	1	
<i>loratadine & pseudoephedrine tab er 24hr 10-240 mg</i>	1	
<i>loratadine cap 10 mg</i>	1	
<i>loratadine chew tab 5 mg</i>	1	
<i>loratadine oral soln 5 mg/5ml</i>	1	
<i>loratadine orally disintegrating tab 5 mg</i>	1	
<i>loratadine rapidly-disintegrating tab 10 mg</i>	1	
<i>loratadine tab 10 mg</i>	1	
MAG-200 - magnesium oxide tab 200 mg (elemental mg)	3	
MAGNESIUM - magnesium oxide cap 400 mg (elemental mg) (mg supplement)	3	
MAGNESIUM - magnesium oxide chew tab 200 mg (elemental mg)	3	
MAGNESIUM - magnesium oxide tab 400 mg (elemental mg)	3	
MAGNESIUM - magnesium tab 200 mg	3	
<i>magnesium cap 100 mg</i>	1	
MAGNESIUM ELEMENTAL - magnesium cap 300 mg	3	
MAGNESIUM ELEMENTAL - magnesium tab 30 mg	3	
MAGNESIUM EXTRA STRENGTH - magnesium oxide cap 400 mg (elemental mg) (mg supplement)	3	
MAGNESIUM OXIDE - magnesium oxide cap 400 mg (elemental mg) (mg supplement)	3	
MAGNESIUM OXIDE - magnesium oxide tab 420 mg (252 mg elemental mg)	3	
<i>magnesium oxide cap 500 mg (elemental mg)</i>	1	
<i>magnesium oxide tab 200 mg (elemental mg)</i>	1	
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	1	
<i>magnesium oxide tab 250 mg (mg supplement)</i>	1	
<i>magnesium oxide tab 500 mg (mg supplement)</i>	1	
<i>magnesium tab 100 mg</i>	1	
<i>magnesium tab 200 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium tab 250 mg</i>	1	
<i>magnesium tab 400 mg</i>	1	
MAGOX 400 - magnesium oxide tab 400 mg (240 mg elemental mg)	3	
MEDICINE SHOPPE GLUCOSE - glucose chew tab 4 gm (rounded)	3	
MEIJER GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
MS QUICK DISSOLVE GLUCOSE - glucose chew tab 4 gm (rounded)	3	
OMEPRAZOLE - omeprazole delayed release tab 20 mg	3	
<i>omeprazole delayed release tab 20 mg</i>	1	
<i>omeprazole magnesium cap dr 20.6 mg</i>	1	
<i>omeprazole magnesium delayed release tab 20 mg</i>	1	
OPTIMAG NEURO - magnesium cap	3	
OPTIMAG 125 - magnesium cap 125 mg	3	
PREFERRED PLUS GLUCOSE - glucose chew tab 4 gm (rounded)	3	
PREFERRED PLUS GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
PRILOSEC OTC - omeprazole magnesium delayed release tab 20 mg	3	
PX GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
RA GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
RELION GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
SM GLUCOSE - glucose chew tab 4 gm (rounded)	3	
SM GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
SMART SENSE GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
SMART SENSE GLUCOSE TABLETS - glucose-vitamin c chew tab 4-6 gm-mg	3	
TGT GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
TRUEPLUS GLUCOSE - glucose chew tab 4 gm (rounded)	3	
TRUEPLUS GLUCOSE ON THE GO - glucose chew tab 4 gm (rounded)	3	
UP & UP GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
VALUE PLUS GLUCOSE - glucose chew tab 4 gm (rounded)	3	
VALUE PLUS GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
WALGREENS GLUCOSE - glucose chew tab 4 gm (rounded)	3	
WALGREENS GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
ZYRTEC - cetirizine hcl chew tab 10 mg	3	
ZYRTEC ALLERGY - cetirizine hcl cap 10 mg	3	
ZYRTEC ALLERGY - cetirizine hcl tab 10 mg	3	

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Drug Name	Drug Tier	Requirements/Limits
Zyrtec Allergy Childrens - cetirizine hcl orally disintegrating tab 10 mg	3	
Zyrtec Childrens Allergy - cetirizine hcl chew tab 10 mg	3	
Zyrtec-D Allergy/Congestion - cetirizine-pseudoephedrine tab er 12hr 5-120 mg	3	
Zyrtec-D Allergy/Sinus - cetirizine-pseudoephedrine tab er 12hr 5-120 mg	3	

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Drug Name	Drug Tier	Requirements/Limits
Smoking Cessation Over the Counter		
COMMIT - nicotine polacrilex lozenge 2 mg	3	
COMMIT - nicotine polacrilex lozenge 4 mg	3	
NICODERM CQ - nicotine td patch 24hr 7 mg/24hr	3	
NICODERM CQ - nicotine td patch 24hr 14 mg/24hr	3	
NICODERM CQ - nicotine td patch 24hr 21 mg/24hr	3	
NICORETTE - nicotine polacrilex gum 2 mg	3	
NICORETTE - nicotine polacrilex gum 4 mg	3	
NICORETTE - nicotine polacrilex lozenge 2 mg	3	
NICORETTE - nicotine polacrilex lozenge 4 mg	3	
NICORETTE MINI - nicotine polacrilex lozenge 2 mg	3	
NICORETTE MINI - nicotine polacrilex lozenge 4 mg	3	
NICORETTE STARTER KIT - nicotine polacrilex gum 2 mg	3	
NICORETTE STARTER KIT - nicotine polacrilex gum 4 mg	3	
<i>nicotine polacrilex gum 2 mg</i>	1	
<i>nicotine polacrilex gum 4 mg</i>	1	
<i>nicotine polacrilex lozenge 2 mg</i>	1	
<i>nicotine polacrilex lozenge 4 mg</i>	1	
<i>nicotine td patch 24hr 7 mg/24hr</i>	1	
<i>nicotine td patch 24hr 14 mg/24hr</i>	1	
<i>nicotine td patch 24hr 21 mg/24hr</i>	1	
NICOTINE TRANSDERMAL SYSTEM - nicotine td patch 24 hr kit 21-14-7 mg/24hr	3	

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HMO plan in New Mexico, HMO and HMO-POS plans in Illinois, and PPO plans in Illinois, Montana, and New Mexico are provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HMO plan in Illinois provided by Illinois Blue Cross Blue Shield Insurance Company (ILBCBSIC). HMO Special Needs Plan and PPO Special Needs Plan in New Mexico provided by HCSC. HMO, PPO, and Dual Care HMO Special Needs plans in Texas provided by HCSC Insurance Services Company (HISC). HMO and PPO plans in Texas provided by GHS Insurance Company (GHSIC). All HMO and PPO employer/union group plans provided by HCSC. HMO plan in Oklahoma provided by GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs). PPO plan in Oklahoma provided by GHS Insurance Company (GHSIC). HCSC, ILBCBSIC, HISC, GHSIC, and BlueLincs are Independent Licensees of the Blue Cross and Blue Shield Association. ILBCBSIC, GHSIC and BlueLincs are Medicare Advantage organizations with a Medicare contract. HCSC is a Medicare Advantage organization with a Medicare contract and a contract with the New Mexico Medicaid program. HISC is a Medicare Advantage organization with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in these plans depends on contract renewal.