



2019

Extra Covered Drugs

The prescription drugs in this list are covered above and beyond the drugs in your plan's *Part D Formulary*.

This booklet lists the “Extra Covered Drugs” included in your plan.

This list may change at any time. You will receive notice when necessary. For the full list of your covered Part D drugs, please refer to your *Formulary* booklet.

Your plan includes cough/cold medications, vitamins/minerals and lifestyle drugs that are not normally covered under a Part D plan.

How do "Extra Covered Drugs" fit into your plan's prescription drug benefits?

"Extra Covered Drugs" are separate from your Part D coverage. If you fill a prescription for one of these drugs, the cost does not count toward your True Out-of-Pocket (TrOOP) expenses. These drugs do not qualify for lower Part D catastrophic copays.

Like your covered Part D drugs, the cost you pay for “Extra Covered 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 are receiving Medicare's "Extra Help" to pay for your prescriptions, this program will not lower your cost for these drugs.

We're here to answer your questions.

Please call Member Services at the number listed on your membership card if you have any questions about this benefit.

List of Extra Covered Drugs

Legend

Generic drugs are shown in lowercase italics.

Brand-name drugs are shown in capital letters.

QLL - Quantity Limits: Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled. This is most often set on a monthly basis.

MO - Mail Order: Prescription drugs available through mail order.

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic / Immunosuppressant Drugs		
IODOPEN	2	
Autonomic / Cns Drugs, Neurology / Psych		
<i>isometh-dichloral-acetaminophn</i>	1	MO
<i>isomethepten-caf-acetaminophen oral tablet 65-20-325 mg</i>	1	MO
PRODRIN ORAL TABLET 65-20-325 MG	2	MO
Cardiovascular, Hypertension / Lipids		
<i>endur-acin oral tablet extended release 250 mg</i>	1	MO
<i>endur-acin oral tablet extended release 500 mg, 750 mg</i>	1	
MEPHYTON	2	MO
<i>niacin (niacinamide)</i>	1	
<i>niacin oral capsule, extended release 250 mg, 500 mg</i>	1	MO
<i>niacin oral tablet 100 mg, 250 mg, 50 mg</i>	1	MO
NIACIN ORAL TABLET EXTENDED RELEASE 1,000 MG	2	MO
<i>niacin oral tablet extended release 250 mg, 500 mg, 750 mg</i>	1	MO
<i>niacinamide oral tablet 500 mg</i>	1	MO
<i>nitro-time</i>	1	MO
<i>nitroglycerin oral</i>	1	MO
PHYTONADIONE (VITAMIN K1) INJECTION	2	MO

Drug Name	Drug Tier	Requirements/ Limits
PHYTONADIONE (VITAMIN K1) ORAL TABLET 100 MCG	2	MO
<i>slo-niacin oral tablet extended release 500 mg</i>	1	MO
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 750 MG	2	MO
<i>vitamin k</i>	1	MO
<i>vitamin k1 injection</i>	1	MO
Dermatologicals/Topical Therapy		
<i>acne foaming wash</i>	1	
<i>advanced exfoliating cleanser</i>	1	
ALA-QUIN	2	MO
ALCORTIN A	2	MO
AVAGE	2	MO
<i>benzoyl peroxide topical cleanser 10 %, 5 %</i>	1	MO
<i>blanche</i>	1	
<i>bp 10-1</i>	1	MO
<i>bp wash topical cleanser 10 %, 5 %</i>	1	MO
<i>bpo-10</i>	1	
<i>bpo-5</i>	1	
CORTANE-B TOPICAL	2	MO
<i>foaming acne face wash</i>	1	
HYDRO 40	2	MO
<i>hydrocortisone-pramoxine topical cream 2.5% - 1%</i>	1	MO
<i>hydroquinone</i>	1	MO
<i>hydroquinone microspheres</i>	1	MO
<i>iodoquinol-hc</i>	1	MO
MONSEL'S TOPICAL SOLUTION	2	
OVACE	2	MO

Drug Name	Drug Tier	Requirements/Limits
OVACE PLUS TOPICAL CLEANSER	2	MO
<i>panoxyl topical cleanser</i>	1	MO
PRAMOSONE E	2	MO
PRAMOSONE TOPICAL OINTMENT 2.5% - 1%	2	MO
QUINJA	2	
<i>refissa</i>	1	MO
RENOVA TOPICAL CREAM 0.02 %	2	MO
SALEX TOPICAL KIT,CLEANSER AND CREAM ER	2	MO
SALEX TOPICAL SHAMPOO	2	MO
<i>salicylic acid er-ceramides topical kit,cleanser and cream er</i>	1	MO
<i>salicylic acid topical foam</i>	1	MO
<i>salicylic acid topical liquid 26 %</i>	1	MO
<i>salicylic acid topical shampoo</i>	1	MO
<i>salvax</i>	1	MO
<i>sulfacetamide sodium topical cleanser</i>	1	MO
<i>tretinoin (emollient)</i>	1	MO
TRI-LUMA	2	MO
<i>umecta topical foam</i>	1	MO
<i>ure-k</i>	1	
<i>urea nail stick</i>	1	MO
<i>urea topical cream 40 %, 50 %</i>	1	MO
VANIQA	2	MO
Diagnostics / Miscellaneous Agents		
ADIPEX-P ORAL TABLET	2	MO
<i>chromium picolinate oral capsule</i>	1	MO
<i>chromium picolinate oral tablet 200 mcg</i>	1	MO
<i>complete premium vitamin</i>	1	
<i>cranberry urinary comfort</i>	1	MO
FERRLECIT	2	MO
<i>finasteride oral tablet 1 mg</i>	1	MO
<i>phentermine oral tablet</i>	1	MO
PROPECIA	2	MO
<i>sodium ferric gluconat-sucrose</i>	1	MO
Ear, Nose / Throat Medications		
<i>cough drops mucous membrane lozenge 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
COUGH DROPS MUCOUS MEMBRANE LOZENGE 2.7 MG, 5 MG, 5.4 MG, 5.8 MG, 6.1 MG, 7.5 MG, 7.6 MG, 9.1 MG	2	
FLANAX COUGH RELIEF (MENTHOL)	2	
HALLS COUGH DROPS MUCOUS MEMBRANE LOZENGE 5.8 MG	2	MO
HALLS COUGH DROPS MUCOUS MEMBRANE LOZENGE 7.5 MG, 7.6 MG	2	
<i>sore throat (hexylresorcinol) mucous membrane lozenge 2.4 mg</i>	1	
<i>sore throat relief (pectin)</i>	1	
<i>throat drops mucous membrane lozenge 2.8 mg</i>	1	
VICKS VAPODROPS	2	
Endocrine/Diabetes		
SSKI	2	MO
Erectile Dysfunction		
CAVERJECT	3	MO; QLL (6 EA per 30 days)
CAVERJECT IMPULSE	3	MO; QLL (6 EA per 30 days)
CIALIS	3	MO; QLL (6 EA per 30 days)
EDEX	3	MO; QLL (6 EA per 30 days)
LEVITRA	3	MO; QLL (6 EA per 30 days)
MUSE	3	MO; QLL (6 EA per 30 days)
<i>sildenafil</i>	1	MO; QLL (6 EA per 30 days)
STAXYN	3	MO; QLL (6 EA per 30 days)
STENDRA	3	MO; QLL (6 EA per 30 days)
VIAGRA	3	MO; QLL (6 EA per 30 days)
Gastroenterology		
ANALPRAM-HC RECTAL CREAM	2	MO
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>anucort-hc</i>	1	MO
ANUSOL-HC RECTAL SUPPOSITORY	2	MO
DONNATAL ORAL ELIXIR 16.2 MG-0.1037 MG/5 ML (5 ML)	2	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	2	MO
DONNATAL ORAL TABLET	2	MO
<i>hydrocortisone acetate rectal</i>	1	MO
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	MO
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	1	MO
<i>pramcort</i>	1	MO
PROCTOCORT RECTAL	2	MO
Obstetrics / Gynecology		
<i>covaryx</i>	1	MO
<i>covaryx h.s.</i>	1	MO
<i>eemt</i>	1	MO
<i>eemt hs</i>	1	MO
<i>estrogens-methyltestosterone</i>	1	MO
<i>isoxsuprine</i>	1	MO
Ophthalmology		
<i>bimatoprost base of the eyelashes</i>	1	MO
LATISSE	2	MO
Respiratory And Allergy		
<i>12 hour decongestant</i>	1	
<i>abanatuss ped</i>	1	
ABATUSS DMX	2	
<i>actidom dmx</i>	1	
ACTINEL	2	
ACTINEL PEDIATRIC	2	
<i>adult cough formula dm max</i>	1	
<i>adult robitussin peak cold dm</i>	1	MO
<i>adult robitussin peak cold m-s</i>	1	
<i>adult tussin chest congestion</i>	1	
<i>adult tussin cough congest dm</i>	1	
<i>adult tussin dm</i>	1	
<i>adult wal-tussin</i>	1	
<i>adult wal-tussin dm max</i>	1	
ADVIL ALLERGY SINUS	2	
ADVIL ALLERGY-CONGESTION RLF	2	

Drug Name	Drug Tier	Requirements/Limits
ADVIL COLD AND SINUS ORAL CAPSULE	2	MO
<i>advil cold and sinus oral tablet</i>	1	
ALAHIST CF	2	
ALAHIST DM	2	
ALEVE COLD AND SINUS	2	
ALEVE SINUS AND HEADACHE	2	
ALEVE-D SINUS AND COLD	2	MO
ALEVE-D SINUS AND HEADACHE	2	
ALKA-SELTZER PLUS C/C(PE, DM)	2	
ALKA-SELTZER PLUS COLD (PE)	2	
ALKA-SELTZER PLUS COLD+FLU	2	
ALKA-SELTZER PLUS COLD/COUGHFM	2	
ALKA-SELTZER PLUS D-N (ACETAM)	2	
ALKA-SELTZER PLUS DAY	2	
ALKA-SELTZER PLUS DAY-NIGHT	2	
ALKA-SELTZER PLUS FLU	2	
<i>alka-seltzer plus mucus-conges</i>	1	
ALKA-SELTZER PLUS NIGHT	2	
ALKA-SELTZER PLUS NIGHT (ASA)	2	
ALKA-SELTZER PLUS SIN-ALLG-CGH	2	
ALKA-SELTZER PLUS SINUS-COUGH	2	
ALKA-SELTZER PLUS-D SINUS-COLD	2	
ALL DAY PAIN RELIEF SINUS, COLD	2	
ALL-NITE COLD-FLU	2	
<i>allergy multi-symptom</i>	1	
<i>allergy plus severe sinus ha</i>	1	
<i>allergy relief multi-symptom</i>	1	
ALLERGY SINUS HEADACHE (PE)	2	
<i>allergy sinus pe</i>	1	
<i>allergy sinus-d</i>	1	
<i>allfen</i>	1	
<i>allfen dm</i>	1	MO
<i>antitussive dm</i>	1	
<i>ap-hist dm</i>	1	
AQUANAZ	2	

Drug Name	Drug Tier	Requirements/Limits
ATUSS DA	2	
<i>benzonatate</i>	1	MO
BIO T PRES	2	
BIO T PRES PEDIATRIC	2	
BIO T PRES-B	2	
<i>biobron sf</i>	1	
<i>biocotron</i>	1	
BIODESP DM	2	
<i>biogil</i>	1	
BIOGTUSS NF	2	
BIONATUSS DXP	2	
<i>bionel</i>	1	
BIONEL PEDIATRIC	2	
BROMFED DM	2	MO
<i>brompheniramin-phenylephrin- dm oral liquid 2-5-10 mg/5 ml</i>	1	
<i>brompheniramine-pseudoeph- dm oral syrup</i>	1	MO
<i>bronchial asthma relief</i>	1	
BRONCOTRON PED ORAL DROPS	2	
<i>broncotron ped oral liquid</i>	1	
BRONKIDS	2	
<i>brotapp dm</i>	1	MO
CAPCOF	2	MO
CAPMIST DM	2	MO
CAPRON DM	2	
CAPRON DMT	2	
CARBAPHEN CH	2	
CCP CAFFEINE FREE	2	
CEPACOL SORETHROAT-COUGH	2	
<i>cheratussin ac</i>	1	MO
<i>cherry cough drops</i>	1	
<i>cherry menthol</i>	1	
<i>chest congestion relief</i>	1	
<i>chest congestion relief + dm</i>	1	
<i>chest congestion relief pe</i>	1	
<i>chest congestion-cough relief</i>	1	
<i>chest-sinus congestion relief</i>	1	
CHILD COLD-COUGH DAY- NIGHT	2	
<i>child mucinex chest congestion</i>	1	
CHILD MUCINEX CONGESTION- COUGH	2	

Drug Name	Drug Tier	Requirements/Limits
CHILD MUCINEX M-S COLD DAY-NTE	2	
CHILD MUCINEX STUFFY NOSE- COLD	2	MO
<i>child mucus relief cough</i>	1	
<i>child mucus relief expectorant</i>	1	
<i>child multi-symptom cold/ cough</i>	1	
CHILD PLUS COUGH AND RUNNYNOSE	2	
CHILD TRIAMINIC MS FEVER- COLD	2	
<i>child wal-tussin cough relief</i>	1	
CHILD'S MUCUS RELIEF M-S COLD	2	
<i>children's chest congestion</i>	1	
<i>children's cold and cough (pe)</i>	1	
CHILDREN'S COLD-COUGH DAYTIME	2	
CHILDREN'S COLD-COUGH- SORE	2	
<i>children's cough</i>	1	
CHILDREN'S COUGH AND RUNNYNOSE	2	
CHILDREN'S COUGH DM ER	2	
CHILDREN'S DELSYM COUGH	2	
<i>children's dibromm dm cold- cou</i>	1	
<i>children's flu relief</i>	1	
CHILDREN'S M-S COLD DAY- NIGHT	2	
CHILDREN'S MUCINEX COLD- FEVER	2	
<i>children's mucinex cough</i>	1	
CHILDREN'S MUCINEX MULTI- SYMP	2	
CHILDREN'S MUCINEX NIGHT TIME	2	
<i>children's plus flu</i>	1	
CHILDREN'S ROBITUSSIN ER	2	
<i>children's silfedrine</i>	1	
CHILDREN'S STUFFY NOSE- COLD	2	
CHILDREN'S SUDAFED	2	MO
<i>children's sudafed pe cough</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CHILDREN'S SUDAFED PE NASAL	2	
<i>childrens plus cold</i>	1	
<i>childrens plus multi-symp cold</i>	1	
CHLO HIST	2	
CHLO TUSS	2	MO
CHLORASEPTIC TOTAL	2	
<i>codeine-guaifenesin</i>	1	MO
CODITUSSIN AC	2	MO
CODITUSSIN DAC	2	
<i>cold and cough dm</i>	1	
<i>cold and cough elixir</i>	1	
COLD AND FLU RELIEF(DIPHEN-PE)	2	
COLD AND FLU SEVERE	2	
<i>cold and sinus pain relief</i>	1	
<i>cold head congestion day/nite</i>	1	
COLD HEAD CONGESTION DAYTIME	2	
<i>cold head congestion nighttime</i>	1	
<i>cold head congestion sever day</i>	1	
<i>cold multi-symptom</i>	1	
<i>cold multi-symptom (chlorphen)</i>	1	
COLD MULTI-SYMPTOM DAY/NIGHT	2	
COLD MULTI-SYMPTOM NIGHTTIME	2	
<i>cold relief m/s day/night</i>	1	
COLD RELIEF ORAL TABLET, EFFERVESCENT	2	
<i>cold relief plus</i>	1	
<i>cold severe congestion</i>	1	
COLD-COUGH SINUS RELIEF PE	2	
COLD-FLU M-SYMPTOM DAY-NIGHT	2	
<i>cold-flu relief</i>	1	
<i>cold-flu relief, day/night</i>	1	
<i>cold-sinus relief</i>	1	
CONGESTION RELIEF (IBUPROF-PE)	2	
CONTAC COLD-FLU DAY	2	
CONTAC COLD-FLU DAY AND NIGHT	2	

Drug Name	Drug Tier	Requirements/Limits
CONTAC COLD-FLU MAX STRENGTH	2	
CONTAC COLD-FLU NIGHT	2	
CORICIDIN HBP COUGH AND COLD	2	MO
CORICIDIN HBP DAY-NIGHT	2	
CORICIDIN HBP ORAL CAPSULE	2	MO
CORICIDIN HBP ORAL TABLET	2	
<i>cough and cold (chlorphen-dm)</i>	1	
<i>cough and cold mucus relief cf</i>	1	
<i>cough and cold oral liquid</i>	1	
COUGH AND RUNNY NOSE	2	
COUGH AND SEVERE COLD	2	
<i>cough control (dextromethorph)</i>	1	
<i>cough dm er</i>	1	
COUGH DROPS (WITH EUCALYPTUS) MUCOUS MEMBRANE LOZENGE 3.1 MG	2	
<i>cough drops (with eucalyptus) mucous membrane lozenge 6.5 mg, 7 mg, 7.6 mg, 8 mg</i>	1	
<i>cough formula dm</i>	1	
<i>cough relief oral liquid</i>	1	
<i>cough suppressant-expectorant</i>	1	
<i>cough syrup</i>	1	
<i>cough syrup dm</i>	1	
<i>cough-chest congestion dm</i>	1	
COUGH-COLD RELIEF HBP	2	
<i>cough-sore throat night</i>	1	
<i>cough tab</i>	1	
<i>day multi-symp flu-severe cold</i>	1	
<i>day-time cough</i>	1	
<i>day-time oral capsule 30-15-325 mg</i>	1	
<i>daytime</i>	1	
<i>daytime and nighttime cold</i>	1	
DAYTIME AND NITETIME SINUS	2	
DAYTIME COLD AND COUGH	2	
<i>daytime cold-flu</i>	1	
<i>daytime cold-flu relief (pe)</i>	1	
DAYTIME SINUS	2	
DAYTIME-COLD NIGHTTIME-CLD-FLU ORAL LIQUID, SEQUENTIAL	2	

Drug Name	Drug Tier	Requirements/Limits
DAYTIME-NIGHTTIME	2	
DAYTIME-NIGHTTIME COLD-FLU	2	
DAYTIME-NIGHTTIME COUGH	2	
DECONEX DMX ORAL TABLET 10-17.5-385 MG	2	MO
DECONEX IR ORAL TABLET 10-385 MG	2	MO
DECOREL FORTE PLUS	2	
DELSYM 12 HOUR	2	MO
<i>delsym cough-chest congest dm</i>	1	
DELSYM COUGH-COLD NIGHTTIME	2	
DELTUSS DMX (DEXCHLORPHEN)	2	
DESGEN	2	
DESGEN DM (PSEUDOEPHEDRINE)	2	
<i>desgen dm oral liquid 5-10-100 mg/5 ml</i>	1	
DESGEN DM ORAL LIQUID 5-15-100 MG/5 ML	2	
<i>despec dm-g</i>	1	
<i>despec eda cough-cold drops</i>	1	
<i>despec-dm (phenyleph-dm-guaif) oral liquid 5-10-100 mg/5 ml</i>	1	
DESPEC-DM (PSEUDOEPH-DM-GUAIF) ORAL TABLET 30-10-200 MG	2	
<i>dextromethorphan polistirex</i>	1	
<i>dextromethorphan-guaifenesin oral syrup</i>	1	
<i>dextromethorphan-guaifenesin oral tablet</i>	1	
<i>diabetic siltussin das-na</i>	1	
<i>diabetic siltussin-dm</i>	1	
<i>diabetic siltussin-dm max str</i>	1	
<i>diabetic tussin dm</i>	1	MO
<i>diabetic tussin ex</i>	1	MO
DIABETIC TUSSIN NIGHT TIME	2	
<i>dimaphen dm</i>	1	MO
<i>dimetapp dm cold-cough (pe)</i>	1	
DIMETAPP LONG-ACTING (CPM-DM)	2	
<i>dm max</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dometuss-dmx</i>	1	
DONATUSSIN	2	MO
<i>dristan cold</i>	1	
DURAF LU ORAL TABLET 60-20-200-325 MG	2	MO
DURAVENT PE	2	
<i>ed a-hist dm oral liquid</i>	1	MO
ED A-HIST DM ORAL TABLET	2	
<i>ed bron gp</i>	1	
<i>endacof - dm</i>	1	MO
ENTEX T	2	MO
EXACTUSS TR	2	
EXAPHEN CH	2	
EXAPHEX TR	2	
<i>expectorant cough syrup</i>	1	
<i>expectorant oral liquid</i>	1	
FENESIN DM IR	2	
<i>fenesin ir</i>	1	
<i>fenesin pe ir</i>	1	
FLU AND SEVERE COLD-DAYTIME	2	
<i>flu hbp</i>	1	
<i>flu relief therapy daytime</i>	1	
<i>flu relief therapy nighttime</i>	1	
<i>flu severe cold-night(diph-pe)</i>	1	
FLU-SEVERE COLD-COUGH DAYTIME	2	
FLU-SEVERE COLD-COUGH NIGHT	2	
<i>g tussin ac</i>	1	
<i>g-p-tuss dxp</i>	1	
G-SUPRESS DX	2	
<i>g-tron</i>	1	
<i>g-tron ped oral drops</i>	1	
G-TRON PED ORAL LIQUID	2	
G-TUSICOF	2	
G-ZYNCOF	2	
GENCONTUSS	2	
<i>geri-tussin</i>	1	
<i>geri-tussin dm</i>	1	
GILPHEX TR	2	
GILTUSS COUGH-COLD	2	
GILTUSS TR	2	
<i>glenmax peb dm</i>	1	
GLENMAX PEB DM FORTE	2	
GLENTUSS	2	

Drug Name	Drug Tier	Requirements/Limits
<i>guaiasorb dm</i>	1	
<i>guaiatussin ac</i>	1	MO
GUAICON DMS	2	
<i>guaifenesin ac</i>	1	
<i>guaifenesin dac</i>	1	MO
<i>guaifenesin oral liquid</i>	1	
<i>guaifenesin oral tablet 200 mg</i>	1	MO
<i>guaifenesin oral tablet 400 mg</i>	1	
<i>guaifenesin oral tablet extended release 12hr 1,200 mg</i>	1	
HEAD CONGESTION DAY-NIGHT	2	
HERBIOMED ALLERGY COLD-SINUS	2	
HERBIOMED SEVERE COLD-FLU M-S	2	
HISTEX DM	2	MO
HISTEX-AC	2	
<i>honey lemon</i>	1	
<i>hot steam liquid</i>	1	
<i>hydrocodone-chlorpheniramine</i>	1	MO
<i>hydrocodone-cpm-pseudoephed</i>	1	MO
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	MO
HYDROCODONE-HOMATROPINE ORAL SYRUP 5-1.5 MG/5 ML (5 ML)	2	
<i>hydrocodone-homatropine oral tablet</i>	1	MO
<i>hydromet</i>	1	MO
<i>ibuprofen cold-sinus(with pse)</i>	1	
<i>kidkare cough/cold</i>	1	
LIQUITUSS GG	2	
LITTLE REMEDIES HONEY COUGH	2	
<i>lohist-dm</i>	1	MO
LORTUSS DM	2	
<i>lortuss ex oral syrup</i>	1	
<i>m-clear wc</i>	1	MO
M-END DMX	2	
M-END PE	2	MO
<i>m-hist dm</i>	1	
<i>mapap cold formula</i>	1	
<i>mapap sinus max strength (pe)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MAR-COF CG	2	MO
MAXIFED DM	2	
<i>maxiphen</i>	1	MO
MAXIPHEN DM	2	
MEDI-PHENYL	2	
<i>medicidin-d</i>	1	
MEDIKOFF	2	
<i>medikoff drops</i>	1	
<i>menthol drops</i>	1	
MUCINEX COLD,FLU,SORE THROAT	2	
MUCINEX COUGH MINI-MELTS	2	MO
<i>mucinex d</i>	1	MO
<i>mucinex d maximum strength</i>	1	MO
<i>mucinex dm oral tablet extended release 12 hr 30-600 mg</i>	1	MO
MUCINEX DM ORAL TABLET EXTENDED RELEASE 12 HR 60-1,200 MG	2	MO
MUCINEX FAST-MAX COLD-FLU-THRT ORAL CAPSULE	2	
MUCINEX FAST-MAX COLD-FLU-THRT ORAL LIQUID	2	
MUCINEX FAST-MAX COLD-SINUS	2	
MUCINEX FAST-MAX CONGEST-COUGH ORAL LIQUID	2	MO
MUCINEX FAST-MAX CONGEST-COUGH ORAL TABLET	2	
MUCINEX FAST-MAX CONGEST-HEAD	2	
MUCINEX FAST-MAX DAY-NITE CONG ORAL LIQUID, SEQUENTIAL	2	
MUCINEX FAST-MAX DAY-NITE CONG ORAL TABLETS, SEQUENTIAL 5 MG (DY)/25 MG -5 MG-325MG(NT)	2	
MUCINEX FAST-MAX DAY-NT(DOXYL)	2	
<i>mucinex fast-max dm max</i>	1	
MUCINEX FAST-MAX NITE COLD-FLU ORAL LIQUID	2	
MUCINEX FAST-MAX SEVERE COLD	2	

Drug Name	Drug Tier	Requirements/Limits
MUCINEX FST-MX DY-NT COLD(DPH)	2	
MUCINEX MINI-MELTS ORAL GRANULES IN PACKET 100 MG	2	MO
MUCINEX ORAL TABLET EXTENDED RELEASE 12HR 1, 200 MG	2	MO
<i>mucinex oral tablet extended release 12hr 600 mg</i>	1	MO
MUCINEX SINUS-MAX PRESSUR-PAIN ORAL TABLET	2	
MUCINEX SINUS-MAX SEV CONGESTN	2	
<i>mucosa</i>	1	
<i>mucosa dm</i>	1	
<i>mucus and cough relief</i>	1	
<i>mucus d</i>	1	
<i>mucus dm max er</i>	1	
<i>mucus relief chest</i>	1	
MUCUS RELIEF COLD AND SINUS	2	
<i>mucus relief cold-flu-sore thr oral liquid</i>	1	
MUCUS RELIEF COLD-FLU-SORE THR ORAL TABLET	2	
MUCUS RELIEF CONGESTION-COUGH	2	
<i>mucus relief cough</i>	1	
<i>mucus relief d (pseudoephed) oral tablet</i>	1	
<i>mucus relief d (pseudoephed) oral tablet extended release 12 hr 60-600 mg</i>	1	
<i>mucus relief dm</i>	1	MO
<i>mucus relief dm cough</i>	1	
<i>mucus relief dm max</i>	1	
MUCUS RELIEF ER ORAL TABLET EXTENDED RELEASE 12HR 1,200 MG	2	
<i>mucus relief er oral tablet extended release 12hr 600 mg</i>	1	
<i>mucus relief oral tablet 200 mg</i>	1	
<i>mucus relief oral tablet 400 mg</i>	1	MO
<i>mucus relief pe</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MUCUS RELIEF SEV CONGEST-COLD	2	
<i>mucus relief severe cold oral liquid</i>	1	
MUCUS RELIEF SEVERE COLD ORAL TABLET	2	
<i>mucus relief sinus</i>	1	
MUCUS RELIEF SINUSPRESSUR-PAIN	2	
MUCUS RLF SEVERE SINUS CONGEST	2	
<i>multi-symptom cold (pe)</i>	1	
<i>multi-symptom cold (pe-cpm)</i>	1	
<i>nasal decongestant (pe) oral tablet 10 mg</i>	1	
NASAL DECONGESTANT (PSEUDOEPH) ORAL CAPSULE (TAMPER RESISTANT)	2	
<i>nasal decongestant (pseudoeph) oral liquid</i>	1	
<i>nasal decongestant (pseudoeph) oral tablet</i>	1	
<i>nasal decongestant (pseudoeph) oral tablet extended release</i>	1	
<i>neo-tuss</i>	1	
NEOTUSS PLUS	2	
NEOTUSS-D (IMPROVED FORMULA)	2	
NEXAFED	2	
NEXAFED SINUS PRESSURE-PAIN	2	
<i>night time cold and flu relief</i>	1	
<i>night time cold-flu oral capsule</i>	1	
<i>night time oral capsule 6.25-15-325 mg</i>	1	
<i>nighttime cold-flu</i>	1	
<i>nighttime cold-flu relief</i>	1	
<i>nighttime cough</i>	1	
NINJACOF	2	
NINJACOF-A	2	
NINJACOF-XG	2	MO
NITE TIME COLD-FLU	2	
<i>nite time cold-flu relief oral capsule</i>	1	
<i>nite time-d cold-flu relief</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nitetime multi-symptom</i>	1	
NIVA-HIST DM	2	MO
NIVANEX DMX	2	MO
<i>nohist-dm</i>	1	MO
<i>non-aspirin flu oral tablet 30-15-500 mg</i>	1	
NON-DRYING SINUS ORAL TABLET	2	
NON-PSEUDO COLD RELIEF	2	
NOREL AD	2	MO
OBREDON	2	MO
<i>pain relief allergy sinus</i>	1	
PAIN RELIEF COLD AND COUGH	2	
PAIN RELIEF SINUS PE	2	
PANATUSS PED	2	
PANATUSS PED DROPS	2	
PEGGEN DMX	2	
PEGGEN PSE	2	
<i>pedia relief cough-cold</i>	1	
<i>pedia relief infant nasal</i>	1	
<i>pediacare multi-symptom cold</i>	1	
<i>pediatric cough and cold oral liquid 1-15-5 mg/5 ml</i>	1	
PHENAGIL CH	2	
POLY HIST PD	2	
POLY-HIST DM (THONZYLAMINE)	2	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	2	MO
POLY-VENT DM ORAL TABLET 60-20-380 MG	2	
POLY-VENT IR ORAL TABLET 60-380 MG	2	MO
<i>pres gen</i>	1	
PRES GEN PEDIATRIC	2	
PRESGEN B	2	
PRESSURE-PAIN PE PLUS COLD	2	
PRESSURE-PAIN PE PLUS MUCUS	2	
PRIMATENE ASTHMA	2	MO
PRO-RED AC (W/ DEXCHLORPHENIR)	2	MO
<i>promethazine vc-codeine</i>	1	MO
<i>promethazine-codeine</i>	1	MO
<i>promethazine-dm</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine-phenyleph-codeine</i>	1	MO
<i>pseudoephedrine hcl oral liquid</i>	1	MO
<i>pseudoephedrine hcl oral tablet 30 mg</i>	1	MO
<i>pseudoephedrine hcl oral tablet 60 mg</i>	1	
<i>pseudoephedrine hcl oral tablet extended release</i>	1	MO
<i>pseudoephedrine-guaifenesin refenesen dm</i>	1	MO
<i>refenesen dm</i>	1	
<i>refenesen oral tablet 400 mg</i>	1	
<i>refenesen pe</i>	1	
RELCOF IR	2	
RELHIST DMX	2	
RESCON-DM	2	MO
<i>rescon-gg</i>	1	MO
RESPA-AR	2	MO
RESPIRE-30	2	MO
<i>ri-tussin</i>	1	
<i>ri-tussin dm</i>	1	
<i>robafen</i>	1	MO
<i>robafen ac</i>	1	
<i>robafen cf (phenylephrine)</i>	1	MO
<i>robafen cough</i>	1	MO
<i>robafen dm</i>	1	MO
<i>robafen dm cough</i>	1	
<i>robafen dm cough-chest congest</i>	1	
<i>robitussin cough and cold cf</i>	1	MO
<i>robitussin cough-chest cong dm oral capsule</i>	1	MO
<i>robitussin cough-chest cong dm oral liquid 5-100 mg/5 ml</i>	1	
ROBITUSSIN COUGHGEL	2	
ROBITUSSIN LONG-ACTING	2	MO
ROBITUSSIN NIGHTTIME COUGH DM	2	
<i>robitussin pediatric</i>	1	MO
RYCONTUSS	2	
<i>rydex</i>	1	
<i>rynex dm</i>	1	
SAFE TUSSIN DM	2	MO
SAFETUSSIN PM	2	
SCOT-TUSSIN DIABETES CF	2	

Drug Name	Drug Tier	Requirements/Limits
<i>scot-tussin dm</i>	1	
<i>scot-tussin expectorant</i>	1	
SCOT-TUSSIN SENIOR	2	
SEVERE ALLERGY-SINUS HEADACHE	2	
<i>severe cold</i>	1	
SEVERE COLD AND FLU (PE)	2	
SEVERE COLD AND FLU NIGHTTIME	2	
SEVERE COLD AND FLU(DAY/ NIGHT)	2	
SEVERE COLD COUGH-FLU	2	
<i>severe cold multi-symptom</i>	1	
SEVERE COLD PE	2	
SEVERE CONGESTION RELIEF	2	
SEVERE SINUS	2	
<i>siltussin dm das</i>	1	
<i>siltussin sa</i>	1	MO
<i>siltussin-dm</i>	1	
<i>sinus 12 hour</i>	1	
SINUS AND COLD-D	2	
<i>sinus congest-pain day-night</i>	1	
<i>sinus congestion and pain</i>	1	
<i>sinus congestion-pain(chlorph)</i>	1	
<i>sinus congestion-pain(guaif)</i>	1	
SINUS DAYTIME-NIGHTTIME	2	
<i>sinus decongestant (pe)</i>	1	
<i>sinus headache pe</i>	1	
<i>sinus pain relief</i>	1	
SINUS PAIN-PRESSURE (PE) ORAL TABLET 5-325 MG	2	
<i>sinus pain-pressure (pe) oral tablet 5-500 mg</i>	1	
<i>sinus pe decongestant</i>	1	
SINUS PE PRESSURE-PAIN-COLD	2	
<i>sinus relief (non-drowsy)</i>	1	
SINUS RELIEF MAX STR DAY-NIGHT ORAL TABLETS, SEQUENTIAL 5-325-200MG(D)/ 25-5MG-325MG(N)	2	
SINUS RELIEF PRESSURE AND PAIN	2	
SINUS RELIEF SEVERE CONGESTION	2	
<i>sorbugen nr</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SORBUTUSS	2	
SUDAFED	2	MO
SUDAFED 12 HOUR	2	MO
SUDAFED 24 HOUR	2	MO
SUDAFED PE	2	MO
SUDAFED PE PRESSURE+PAIN+COUGH	2	
<i>sudogest</i>	1	MO
<i>sudogest 12-hour</i>	1	MO
<i>sudogest pe</i>	1	MO
<i>suphedrin</i>	1	
<i>suphedrin 12 hour</i>	1	
<i>suphedrine</i>	1	
<i>suphedrine 12 hour</i>	1	
<i>suphedrine pe</i>	1	
<i>suphedrine pe sinus headache</i>	1	
SUPRESS A	2	
SUPRESS DM	2	
<i>supress dx</i>	1	
SUPRESS-PE	2	
<i>tab tussin dm</i>	1	
TESSALON PERLES	2	MO
TG 10PEH-380GFN	2	
<i>tg 10peh-380gfn-15dm</i>	1	
THERAFLU EXPRESSMAX COLD DAY	2	
THERAFLU EXPRESSMAX COLD NIGHT ORAL TABLET	2	
THERAFLU FLU-SORE THROAT	2	
THERAFLU NIGHT SEVERE COLD-CGH	2	
<i>throat lozenges</i>	1	
TRIAMINIC COLD AND COUGH (PE)	2	
TRISPEC DMX ORAL LIQUID 10-187 MG/5 ML	2	
TRISPEC PSE ORAL LIQUID 30-10-187 MG/5 ML	2	
TUSICOF	2	
<i>tusnel c</i>	1	
<i>tusnel diabetic</i>	1	
TUSNEL NEW FORMULA	2	
<i>tusnel pediatric oral drops</i>	1	
TUSNEL PEDIATRIC ORAL LIQUID	2	
TUSNEL-DM PEDIATRIC	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tussi pres-b oral liquid 4-10-20 mg/5 ml</i>	1	
TUSSI PRES-B ORAL LIQUID 4-10-30 MG/5 ML	2	
<i>tussi-pres oral liquid</i>	1	
TUSSI-PRES ORAL LIQUID IN PACKET	2	
TUSSI-PRES PEDIATRIC	2	
TUSSICAPS	2	MO
<i>tussigon</i>	1	MO
<i>tussin</i>	1	
<i>tussin cf (pe-dm-guaif)</i>	1	MO
<i>tussin cf cough-cold</i>	1	
<i>tussin cf max</i>	1	
<i>tussin chest congestion</i>	1	
<i>tussin cough (dm only)</i>	1	
<i>tussin cough-chest congestion</i>	1	
<i>tussin dm clear</i>	1	
<i>tussin dm cough</i>	1	
<i>tussin dm cough and chest oral syrup</i>	1	
<i>tussin dm max oral liquid 10-200 mg/5 ml</i>	1	
<i>tussin dm oral liquid</i>	1	MO
<i>tussin dm oral syrup 10-100 mg/5 ml</i>	1	
<i>tussin dm oral tablet</i>	1	
<i>tussin expectorant</i>	1	
<i>tussin honey</i>	1	
<i>tussin long-acting</i>	1	
<i>tussin maximum strength cough</i>	1	
<i>tussin mucus-chest congestion</i>	1	
TUSSION NIGHTTIME COUGH DM	2	
TUSSIONEX PENNKINETIC ER	2	MO
TUSSLIN	2	
TUZISTRA XR	2	MO
TYLENOL COLD HEAD CONGEST SEVR	2	
VANACOF	2	MO
VANACOF AC	2	
VANACOF DM	2	
VANATAB AC	2	
VANATAB DM	2	
<i>vaporizing steam</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VICKS CHILDREN'S NYQUIL COLD-C	2	
<i>vicks dayquil cold-flu relief</i>	1	
<i>vicks dayquil cough</i>	1	
VICKS DAYQUIL MUCUS CONTROL DM	2	
VICKS DAYQUIL SEVERE COLD-FLU	2	
VICKS DAYQUIL-NYQUIL	2	
VICKS DAYQUIL-NYQUIL COLD-FLU	2	
VICKS DAYQUIL-NYQUIL SEVERE	2	
VICKS DAYQUIL-NYQUIL SINEX	2	
VICKS NYQUIL COLD/FLU (CPM)	2	
<i>vicks nyquil cold/flu liquicap</i>	1	
VICKS NYQUIL COUGH	2	
VICKS NYQUIL NIGHTTIME RELIEF	2	
VICKS NYQUIL SEVERE COLD-FLU	2	
VICKS SINEX DAYTIME	2	
VICKS SINEX NIGHTTIME	2	
VICKS VAPOINHALER	2	
<i>vicks vaposteam</i>	1	
<i>virtussin ac</i>	1	MO
<i>virtussin dac</i>	1	
<i>wal-dryl severe allergy-sinus</i>	1	
WAL-FLU DAY-NIGHT COLD-COUGH	2	
<i>wal-flu night severe cold</i>	1	
WAL-FLU NIGHT TIME	2	
WAL-FLU SEVERE COLD AND COUGH	2	
WAL-FLU SEVERE COLD-COUGH	2	
<i>wal-phed 12 hour</i>	1	
<i>wal-phed d</i>	1	
<i>wal-phed oral tablet 30 mg</i>	1	
<i>wal-phed pe</i>	1	
WAL-PHED PE COLD-COUGH	2	
WAL-PHED PE DAY-NIGHT	2	
<i>wal-phed pe nighttime cold</i>	1	
WAL-PHED PE	2	
PRESSURE+PAIN+COLD		
WAL-PHED PE SEVERE COLD	2	
WAL-PHED PE SINUS HEADACHE	2	

Drug Name	Drug Tier	Requirements/Limits
WAL-PHED PE TRIPLE RELIEF	2	
wal-profen cold-sinus	1	
wal-profen d cold and sinus	1	
wal-tap dm	1	
wal-tussin cough	1	
wal-tussin cough and cold cf	1	
wal-tussin dm	1	
wal-tussin max strength cough	1	
Z-TUSS AC	2	MO
ZEPHREX-D	2	
ZODRYL AC 25	2	
ZODRYL AC 30	2	
ZODRYL AC 35	2	
ZODRYL AC 40	2	
ZODRYL AC 50	2	
ZODRYL AC 60	2	
ZODRYL AC 80	2	
ZODRYL DAC 25	2	
ZODRYL DAC 30	2	
ZODRYL DAC 35	2	
ZODRYL DAC 40	2	
ZODRYL DAC 50	2	
ZODRYL DAC 60	2	
ZODRYL DAC 80	2	
ZODRYL DEC 25	2	
ZODRYL DEC 30	2	
ZODRYL DEC 35	2	
ZODRYL DEC 40	2	
ZODRYL DEC 50	2	
ZODRYL DEC 60	2	
ZODRYL DEC 80	2	
ZYNCOF ORAL LIQUID	2	
zyncof oral tablet	1	
Vitamins, Hematinics / Electrolytes		
a thru z	1	
a thru z advanced formula	1	
a thru z high potency	1	
A THRU Z MEN'S ULTIMATE	2	
a thru z select 50+ formula	1	
a thru z select oral tablet, 500-300-250 mcg	1	
A THRU Z SELECT ORAL TABLET 300-600-300 MCG	2	
a thru z select women's	1	
ABANEU-SL	2	
abc plus	1	MO

Drug Name	Drug Tier	Requirements/Limits
acerola c-500	1	
adults 50 plus	1	
animal chews	1	
animal shape vitamins	1	
animal shapes complete oral tablet,chewable	1	
antioxidant vitamins oral tablet 1,000 unit-200 mg-60 unit-2 mg	1	
APATATE	2	MO
apatate forte	1	
APETEX	2	
APETIGEN	2	
apetigen plus oral liquid	1	
APETIGEN PLUS ORAL TABLET	2	MO
AQUADEKS ORAL TABLET, CHEWABLE	2	MO
AQUASOL A	2	MO
aquasol e (d-alpha tocopherol)	1	MO
ascorbate calcium	1	
ascorbic acid (vitamin c) injection	1	MO
ascorbic acid (vitamin c) oral capsule, extended release	1	MO
ASCORBIC ACID (VITAMIN C) ORAL GRANULES	2	
ascorbic acid (vitamin c) oral tablet	1	
ascorbic acid (vitamin c) oral tablet extended release 500 mg	1	
ascorbic acid (vitamin c) oral tablet,chewable 500 mg	1	
ascorbic acid with rose hips	1	
ASCORBIC ACID-ASCORBATE	2	
SODIUM ORAL WAFER		
b complex 1	1	MO
b complex 100 injection	1	MO
b complex 100 oral	1	
b complex-vitamin b12	1	MO
b complex-vitamin c-folic acid	1	MO
b-100 complex oral tablet extended release	1	
b-12 dots	1	MO
b-complex oral tablet	1	

Drug Name	Drug Tier	Requirements/Limits
<i>b-complex with vitamin c oral capsule</i>	1	MO
<i>b-complex with vitamin c oral tablet</i>	1	MO
<i>b-complex with vitamin c oral tablet extended release</i>	1	
<i>balance b-100</i>	1	
<i>balance b-50</i>	1	MO
<i>balanced b-100 complex oral tablet extended release 100 mg</i>	1	MO
<i>balanced b-100 oral tablet 0.4 mg, 100 mg</i>	1	
<i>balanced b-50 complex</i>	1	
<i>balanced b-50 oral tablet</i>	1	
<i>bee-zee</i>	1	
<i>beta carotene oral capsule 10,000 unit</i>	1	
<i>beta carotene oral capsule 25,000 unit</i>	1	MO
BIFERA RX	2	MO
<i>bioflex</i>	1	
<i>biosupp</i>	1	
<i>biotect plus</i>	1	
<i>biotin oral capsule 5 mg</i>	1	MO
<i>biotin oral tablet 1 mg, 300 mcg</i>	1	MO
BIOTIN ORAL TABLET 10 MG	2	MO
<i>biovol</i>	1	
<i>c complex</i>	1	
<i>c-1000 oral tablet</i>	1	
<i>c-1000 oral tablet extended release</i>	1	MO
<i>c-1000 with rose hips</i>	1	MO
<i>c-500</i>	1	
<i>calcidol</i>	1	
<i>calcium carbonate-vit d3-min oral tablet,chewable 600 mg (1,500 mg)-200 unit</i>	1	
<i>calcium citrate plus (vit b6)</i>	1	
<i>calcium-magnesium-copper-zinc</i>	1	
<i>calcium-magnesium-zinc oral tablet 333-133-5 mg</i>	1	MO
CARDIOTEK-RX (BIOPERINE)	2	MO
<i>centamin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CENTRAM-CARE	2	
<i>centratex</i>	1	MO
<i>centravites</i>	1	
<i>centravites 50 plus</i>	1	
CENTRUM MEN	2	MO
CENTRUM ORAL LIQUID	2	MO
CENTRUM ORAL TABLET, CHEWABLE	2	MO
CENTRUM SILVER	2	MO
CENTRUM SILVER MEN	2	
CENTRUM ULTRA MEN'S	2	MO
<i>centrum women</i>	1	
<i>century adults 50 plus</i>	1	
<i>century cardio</i>	1	
<i>century mature oral tablet 0.4-300-250 mg-mcg-mcg</i>	1	
<i>century oral tablet 18-400 mg-mcg</i>	1	
CENTURY ULTIMATE MEN'S	2	
<i>century ultimate women's oral tablet 18-400 mg-mcg</i>	1	
CEREFOLIN NAC (ALGAL OIL)	2	MO
<i>cerovite advanced formula</i>	1	MO
<i>cerovite jr oral tablet,chewable</i>	1	MO
<i>cerovite senior</i>	1	MO
<i>certa plus</i>	1	
<i>certavite senior-antioxidant</i>	1	MO
<i>certavite-antioxidant</i>	1	MO
<i>chelated zinc</i>	1	MO
<i>chewable-vite</i>	1	MO
<i>chewable-vite with iron</i>	1	
<i>child's chewable vitamins/iron oral tablet,chewable</i>	1	
<i>child's vitamin with iron</i>	1	
<i>children's chewable vitamin</i>	1	
<i>children's iron</i>	1	
<i>childs chew vite</i>	1	
<i>childs/iron</i>	1	MO
<i>cholecalciferol (vitamin d3) oral tablet 400 unit</i>	1	
<i>chromium chloride</i>	1	MO
<i>cod liver oil oral capsule</i>	1	MO
<i>cod liver oil oral capsule 1,250-135 unit</i>	1	
<i>cod liver oil oral oil</i>	1	MO
<i>compete</i>	1	

Drug Name	Drug Tier	Requirements/Limits
complete 50+	1	
complete multi	1	
complete multi 50+	1	
complete multivitamin oral tablet	1	
complete multivitamin-mineral oral tablet	1	
complete oral tablet 18-500-300-250 mg-mcg-mcg-mcg	1	
complete senior oral tablet	1	
complete senior oral tablet 0.4-300-250 mg-mcg-mcg	1	MO
complete women	1	
complex b-100 oral tablet extended release	1	MO
corvita	1	MO
corvita 150	1	MO
CORVITE	2	MO
CORVITE FE ORAL TABLET 150 MG IRON- 1 MG	2	MO
CYANOCOBALAMIN (VITAMIN B-12) ORAL LOZENGE 250 MCG	2	MO
CYANOCOBALAMIN (VITAMIN B-12) ORAL LOZENGE 500 MCG	2	
cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg, 100 mcg	1	
cyanocobalamin (vitamin b-12) oral tablet 500 mcg	1	MO
cyanocobalamin (vitamin b-12) oral tablet extended release 2,000 mcg	1	
cyanocobalamin (vitamin b-12) sublingual tablet 1,000 mcg	1	MO
cyanocobalamin (vitamin b-12) sublingual tablet 2,500 mcg	1	
daily multi-vitamin	1	
daily multi-vitamins/iron	1	
daily multiple for men	1	
DAILY MULTIPLE FOR WOMEN	2	
daily multiple for women 50+	1	
daily multiple oral tablet , 18-400 mg-mcg	1	
daily multiple vitamins/iron	1	
daily multivitamin with iron	1	
daily multivitamin-minerals	1	
daily value	1	

Drug Name	Drug Tier	Requirements/Limits
daily vitamin formula	1	
daily vitamin formula-iron	1	
daily vitamin formula-minerals	1	
daily vitamin with iron	1	
daily vitamin with iron and ca	1	
daily vites/iron	1	MO
daily-vite	1	MO
delta d3	1	MO
dialyvite	1	MO
DIALYVITE 3000	2	MO
DIALYVITE 5000	2	MO
dialyvite 800	1	MO
DIALYVITE 800 WITH IRON	2	MO
DIALYVITE 800 WITH ZINC 50	2	MO
DIALYVITE SUPREME D	2	MO
dino-life	1	
dino-life with extra c	1	
dino-life with iron-zinc	1	
duofer	1	
ear care	1	
ear health formula oral tablet	1	
ear health formula oral tablet 200-100 mg	1	MO
eldertonic	1	MO
endur-c with rose hips	1	
ergocalciferol (vitamin d2) oral capsule	1	MO
ergocalciferol (vitamin d2) oral drops	1	MO
essentia	1	
essential daily	1	
ESSENTIAL MAN	2	
ESSENTIAL MAN 50+	2	
ESSENTIAL WOMAN 50+	2	MO
ESTER-C WITH BIOFLAVONOIDS	2	MO
EXTRA-VIRT PLUS DHA	2	MO
eye health plus lutein	1	
ezfe 200	1	MO
FA-8	2	
fabb	1	MO
fe c	1	MO
FEOSOL BIFERA	2	MO
feosol oral tablet 325 mg (65 mg iron)	1	MO
FERAHEME	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ferate oral tablet 240 mg (27 mg iron)</i>	1	MO
<i>ferocon</i>	1	MO
<i>ferosul oral elixir</i>	1	
<i>ferosul oral tablet</i>	1	MO
FERRALET 90 DUAL-IRON DELIVERY	2	MO
<i>ferretts</i>	1	MO
FERRETTIS IPS	2	MO
<i>ferrex 150</i>	1	MO
<i>ferrex 150 forte</i>	1	MO
<i>ferrex 150 forte plus</i>	1	MO
<i>ferrex 150 plus</i>	1	MO
<i>ferric x-150</i>	1	
<i>ferro-time</i>	1	MO
<i>ferrocite</i>	1	MO
<i>ferrocite plus</i>	1	MO
<i>ferrous fumarate oral tablet 324 mg (106 mg iron)</i>	1	MO
<i>ferrous gluconate oral tablet 240 mg (27 mg iron), 324 mg (38 mg iron)</i>	1	MO
<i>ferrous sulfate oral drops</i>	1	MO
<i>ferrous sulfate oral elixir</i>	1	MO
<i>ferrous sulfate oral liquid</i>	1	MO
<i>ferrous sulfate oral solution</i>	1	
<i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i>	1	MO
<i>ferrous sulfate oral tablet, delayed release (dr/ec) 325 mg (65 mg iron)</i>	1	MO
<i>ferrousul</i>	1	
FLEXGEN	2	
FLINTSTONES COMPLETE (IRON) ORAL TABLET, CHEWABLE	2	MO
<i>folbee</i>	1	MO
<i>folbee plus oral tablet 5-1.5-25 mg</i>	1	MO
<i>folbic</i>	1	MO
FOLGARD OS	2	MO
FOLGARD RX	2	MO
<i>folic acid injection</i>	1	MO
FOLIC ACID ORAL CAPSULE 0.8 MG	2	
<i>folic acid oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>folic acid-vit b6-vit b12 oral tablet 2.2-25-0.5 mg</i>	1	MO
<i>folitab</i>	1	MO
<i>folivane-f</i>	1	MO
<i>folivane-plus</i>	1	MO
<i>folplex 2.2</i>	1	MO
<i>foltabs 800</i>	1	MO
<i>foltanx</i>	1	MO
<i>foltanx rf</i>	1	MO
FOLTRATE	2	MO
<i>fosfree</i>	1	MO
<i>fruit c-500</i>	1	
<i>full spectrum b-vitamin c</i>	1	
GALZIN	2	MO
<i>geriaton</i>	1	
GERITOL COMPLETE	2	MO
GERITOL TONIC WITH FERREX 18	2	
<i>gummi bear multivitamin</i>	1	
<i>hair vitamins</i>	1	
<i>hair,skin and nails oral tablet</i>	1	
HAIR,SKIN AND NAILS(FA-BIOTIN)	2	MO
<i>healthy eyes</i>	1	
<i>hematinic plus vit/minerals</i>	1	MO
<i>hematinic/folic acid</i>	1	MO
<i>hematogen</i>	1	MO
<i>hematogen fa</i>	1	MO
<i>hematogen forte</i>	1	MO
HEMATRON-AF	2	MO
<i>hemetab</i>	1	MO
<i>high potency iron oral tablet 134 mg (27 mg iron)</i>	1	
<i>honey bears</i>	1	
<i>honey bears with iron-zinc</i>	1	
<i>hydroxocobalamin</i>	1	MO
<i>i-vite</i>	1	MO
<i>i-vite protect</i>	1	
I.L.X. B-12	2	MO
ICAPS	2	MO
ICAR ORAL SUSPENSION	2	MO
<i>iferex 150</i>	1	MO
<i>iferex 150 forte</i>	1	MO
<i>infed</i>	1	MO
INFUVITE ADULT	2	MO
INFUVITE PEDIATRIC	2	MO

Drug Name	Drug Tier	Requirements/Limits
INTEGRA	2	MO
INTEGRA F	2	MO
INTEGRA PLUS	2	MO
iron (dried)	1	
iron (ferrous sulfate)	1	
iron chews	1	MO
iron high potency	1	
iron oral tablet 325 mg (65 mg iron)	1	
iron, carbonyl	1	
iron,carbonyl-vitamin c	1	MO
IROSPAN 24/6	2	MO
kobee	1	
l-methyl-b6-b12	1	MO
l-methyl-mc	1	MO
l-methyl-mc nac	1	MO
little animals	1	
little animals-iron oral tablet, chewable	1	
Imefol ca-acetyl-meb12-algal	1	
lugols oral	1	MO
lumitene	1	
lysiplex plus oral liquid	1	MO
m.v.i. adult	1	
M.V.I. PEDIATRIC	2	
mag 64	1	MO
mag-delay	1	MO
MAGNESIUM CHLORIDE ORAL TABLET,DELAYED RELEASE (DR/EC) 64 MG	2	
manganese chloride	1	
manganese sulfate	1	MO
mega multiple/chelated mineral	1	
men's daily multivit-mineral	1	
men's multi-vitamin	1	
men's one daily oral tablet	1	
MERIBIN	2	MO
metafolbic	1	MO
metafolbic plus	1	MO
metafolbic plus rf	1	MO
METANX (ALGAL OIL)	2	MO
milltrium senior	1	
MTX SUPPORT	2	
multi complete with iron	1	MO
multi-day with iron	1	

Drug Name	Drug Tier	Requirements/Limits
multi-delyn with iron	1	MO
multigen	1	MO
multigen folic	1	MO
multilex	1	MO
multilex-t and m	1	MO
multiple vitamin-minerals	1	
multiple vitamins	1	
MULTITRACE-4	2	
MULTITRACE-4 CONCENTRATE	2	MO
MULTITRACE-4 NEONATAL	2	
multitrace-4 pediatric	1	MO
MULTITRACE-5	2	MO
MULTITRACE-5 CONCENTRATE	2	MO
multivitamin 50 plus	1	
multivitamin oral tablet	1	MO
multivitamin with iron	1	
multivitamin with minerals oral liquid	1	
multivitamin with minerals oral tablet	1	MO
MW COMPLETE FORMUL	2	MO
MULTIVIT ORAL TABLET, CHEWABLE		
MW COMPLETE FORMULATION D3000 ORAL TABLET, CHEWABLE	2	
myferon 150	1	MO
myferon 150 forte	1	MO
mynephrocaps	1	MO
mynephron	1	
NASCOBAL	2	MO
natural b-100 complex	1	
nephplex rx	1	MO
nephro-vite rx	1	MO
NEPHRON FA	2	MO
nephronex	1	
NEURIN-SL	2	MO
niacin (inositol niacinate) oral capsule 400 mg niacin (500 mg)	1	
niacin flush free oral capsule 400 mg niacin (500 mg)	1	MO
NIACIN NO FLUSH	2	MO
norwegian cod liver oil	1	
NUTRIVIT	2	
ocutabs	1	

Drug Name	Drug Tier	Requirements/Limits
OCUVITE WITH LUTEIN	2	MO
<i>omnicap</i>	1	
<i>once daily</i>	1	
<i>one daily calcium/iron</i>	1	
<i>one daily complete</i>	1	
<i>one daily energy oral tablet</i>	1	
<i>one daily essential oral tablet , 0.4 mg</i>	1	
<i>one daily for men</i>	1	
<i>one daily for men 50+ advanced</i>	1	
<i>one daily for women</i>	1	
<i>one daily maximum</i>	1	
<i>one daily men's 50 plus memory</i>	1	
<i>one daily multi-vit w-mineral</i>	1	
<i>one daily multivit-iron(folic)</i>	1	
<i>one daily multivitamin oral tablet</i>	1	
<i>one daily oral tablet , 0.4-600 mg-mcg</i>	1	
<i>one daily plus iron oral tablet 18-400 mg-mcg</i>	1	
<i>one daily plus minerals</i>	1	
<i>one daily with iron</i>	1	
<i>one daily women's</i>	1	
<i>one daily women's health</i>	1	
<i>one daily womens 50 plus</i>	1	
ONE-A-DAY CHOLESTEROL PLUS	2	MO
<i>one-a-day essential</i>	1	MO
<i>one-a-day maximum formula</i>	1	
<i>one-a-day teen advantage</i>	1	
ONE-A-DAY WOMENS FORMULA ORAL TABLET 18 MG IRON-400 MCG-500 MG CA	2	MO
<i>opti-vitamins</i>	1	
ORAZINC ORAL TABLET	2	MO
PERFECT IRON	2	
PERIDIN-C	2	MO
<i>phlexy-vits</i>	1	MO
<i>pnv-ferrous fumarate-docu-fa</i>	1	MO
<i>poly-iron</i>	1	MO
<i>poly-iron 150 forte</i>	1	MO
<i>poly-vitamins</i>	1	
<i>polyvitamin with iron</i>	1	

Drug Name	Drug Tier	Requirements/Limits
POTABA ORAL CAPSULE	2	MO
<i>prenatabs fa</i>	1	MO
PRO FE	2	MO
PROFERRIN ES	2	MO
PROFERRIN-FORTE	2	MO
PROTECT IRON	2	
<i>purevit dualfe plus</i>	1	MO
<i>pyridoxine (vitamin b6) injection</i>	1	MO
<i>pyridoxine (vitamin b6) oral tablet 100 mg, 25 mg</i>	1	
<i>quintabs-m iron free</i>	1	
<i>rena-vite</i>	1	MO
<i>rena-vite rx</i>	1	MO
<i>renal caps</i>	1	MO
<i>reno caps</i>	1	MO
<i>riboflavin (vitamin b2) oral tablet 100 mg, 50 mg</i>	1	
SCOOBY-DOO ONE A DAY	2	
<i>se-tan plus</i>	1	MO
<i>selenium intravenous</i>	1	MO
<i>selenium oral tablet 100 mcg</i>	1	MO
<i>selenium oral tablet 200 mcg</i>	1	
<i>selenomax</i>	1	
<i>senior tabs</i>	1	
<i>sentry</i>	1	
<i>sentry (with lutein)</i>	1	
<i>sentry senior</i>	1	
SLOW FE	2	MO
<i>slow release iron oral tablet extended release 142 mg (45 mg iron), 160 mg (50 mg iron), 250 mg (50 mg iron)</i>	1	
<i>soothing pureway-c</i>	1	
<i>spectravite adult 50+ oral tablet</i>	1	
<i>spectravite advanced formula oral tablet 18-400 mg-mcg</i>	1	
<i>spectravite men's</i>	1	
<i>spectravite senior</i>	1	
SPECTRAVITE ULTRA MEN 50+	2	
SPECTRAVITE ULTRA MEN'S SR	2	
<i>spectravite ultra women</i>	1	
<i>strawberry c</i>	1	
<i>stress b plus zinc</i>	1	
<i>stress b with zinc</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>stress formula</i>	1	
<i>stress formula 600 c</i>	1	
<i>stress formula plus iron</i>	1	
<i>stress formula with iron</i>	1	MO
<i>stress formula with iron(sulf)</i>	1	
<i>stress formula with zinc</i>	1	MO
<i>strong iodine oral</i>	1	MO
<i>super b complex-vitamin c</i>	1	
<i>super b maxi complex</i>	1	
<i>super b-50 complex</i>	1	
<i>super b-50 complex plus</i>	1	
<i>super b/c</i>	1	
<i>super multiple oral tablet</i>	1	
<i>super multivitamin</i>	1	
<i>super quints</i>	1	
<i>super quints b-50</i>	1	
<i>super thera vite m</i>	1	MO
<i>superplex-t</i>	1	
SUPERVITE	2	
<i>support</i>	1	MO
SUPPORT-500	2	MO
<i>tab-a-vite</i>	1	MO
<i>tab-a-vite-minerals</i>	1	
<i>tab-a-vite/iron</i>	1	MO
TANDEM DUAL ACTION	2	MO
TANDEM PLUS	2	MO
<i>taron forte</i>	1	MO
<i>thera m plus (ferrous fumarat)</i>	1	MO
<i>thera oral tablet</i>	1	
<i>thera oral tablet 400 mcg</i>	1	MO
<i>thera-m oral tablet, 27-0.4 mg</i>	1	
<i>thera-m oral tablet 9 mg iron-400 mcg</i>	1	MO
<i>thera-tabs</i>	1	
<i>thera-tabs m</i>	1	
<i>theralogix companion</i>	1	
<i>therapeutic liquid</i>	1	
<i>therapeutic-m oral tablet 9 mg iron-400 mcg</i>	1	
<i>therapeutic-m vitamin/minerals</i>	1	
<i>theratrum complete 50 plus/lut</i>	1	
<i>theratrum complete with lutein</i>	1	
<i>therems</i>	1	MO
<i>therems-m</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>thiamine hcl (vitamin b1) injection</i>	1	MO
<i>thiamine hcl (vitamin b1) oral tablet 100 mg, 250 mg, 50 mg</i>	1	
<i>thiamine mononitrate (vit b1)</i>	1	
<i>tl g-fol os</i>	1	MO
<i>tl gard rx</i>	1	MO
<i>tl icon</i>	1	MO
<i>total b/c</i>	1	
TRACE ELEMENTS 4/PEDIATRIC	2	MO
<i>tricon</i>	1	MO
<i>trigels-f forte</i>	1	MO
<i>triphrocaps</i>	1	MO
TROMBONEX	2	
<i>tyr cooler oral liquid</i>	1	
UDAMIN SP	2	MO
ULTIMATE MEN'S COMPLETE 50+	2	
<i>ultra b-100 complex oral tablet</i>	1	
<i>unicomplex-m</i>	1	MO
VASOFLEX FORTE	2	
VASOFLEX HD	2	
VASOFLEX ORAL TABLET	2	MO
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML	2	MO
VENOFER INTRAVENOUS SOLUTION 50 MG IRON/2.5 ML	2	
<i>virt-gard</i>	1	MO
<i>virt-vite</i>	1	MO
<i>vision formula (with lutein)</i>	1	
<i>vit 3</i>	1	MO
<i>vit a and d3 in cod liver oil</i>	1	
<i>vit b complex-folic acid oral tablet</i>	1	
VITA-BEE WITH C	2	MO
<i>vitacel (with lutein)</i>	1	MO
VITAFOL	2	MO
VITAL-D RX	2	MO
<i>vitalee</i>	1	
<i>vitalets oral tablet,chewable</i>	1	
<i>vitamin a oral capsule 10,000 unit</i>	1	MO
<i>vitamin a oral capsule 8,000 unit</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>vitamin a palmitate oral capsule</i>	1	
<i>vitamin b complex oral capsule</i>	1	MO
<i>vitamin b complex oral tablet</i>	1	
<i>vitamin b complex with c</i>	1	
<i>vitamin b-1</i>	1	MO
<i>vitamin b-1 (mononitrate)</i>	1	MO
VITAMIN B-12 ORAL LOZENGE 50 MCG	2	
<i>vitamin b-12 oral lozenge 500 mcg</i>	1	
<i>vitamin b-12 oral tablet</i>	1	MO
<i>vitamin b-12 oral tablet extended release 2,000 mcg</i>	1	
<i>vitamin b-12 sublingual tablet 2,500 mcg</i>	1	MO
<i>vitamin b-2</i>	1	MO
<i>vitamin b-6 oral tablet 100 mg, 25 mg</i>	1	MO
<i>vitamin c oral capsule, extended release</i>	1	MO
<i>vitamin c oral tablet 1,000 mg, 250 mg, 500 mg</i>	1	MO
<i>vitamin c oral tablet 100 mg</i>	1	
<i>vitamin c oral tablet extended release</i>	1	
<i>vitamin c oral tablet, chewable 500 mg</i>	1	MO
<i>vitamin c with rose hips oral tablet</i>	1	MO
<i>vitamin c with rose hips oral tablet extended release</i>	1	
VITAMIN C WITH ROSE HIPS ORAL TABLET,CHEWABLE	2	
<i>vitamin d2</i>	1	MO
<i>vitamin d3 oral tablet 400 unit</i>	1	MO
<i>vitamin e (dl, acetate) oral capsule 100 unit</i>	1	MO
<i>vitamin e oral capsule 100 unit, 600 unit</i>	1	
VITAMIN E ORAL DROPS 100 UNIT/0.25 ML	2	
<i>vitamin e oral drops 50 unit/ml</i>	1	
<i>vitamins and minerals</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>vitamins b complex oral capsule</i>	1	MO
<i>vitamins b complex oral tablet</i>	1	
VITAMINS B COMPLEX ORAL TABLET 500 MG-400 MCG- 18 MG IRON	2	
<i>vitatrum</i>	1	
<i>vitrum senior oral tablet</i>	1	
<i>vol-care rx</i>	1	MO
<i>vp-vite rx</i>	1	MO
<i>vp-zel</i>	1	MO
WAL-FLU COLD AND SORE THROAT	2	
<i>wee care</i>	1	MO
WOMEN'S DAILY CAPLET	2	
<i>women's daily formula oral tablet 18 mg iron-400 mcg-500 mg ca, 27-0.4 mg</i>	1	
WOMEN'S ONE DAILY	2	
<i>yelets</i>	1	
<i>zinc</i>	1	
<i>zinc chloride</i>	1	MO
<i>zinc gluconate oral tablet 100 mg</i>	1	
<i>zinc gluconate oral tablet 30 mg, 50 mg</i>	1	MO
<i>zinc sulfate intravenous solution 5 mg/ml</i>	1	MO
<i>zinc sulfate oral capsule</i>	1	MO
<i>zinc sulfate oral tablet</i>	1	
ZINC-15	2	MO
<i>zinc-220</i>	1	
<i>zoo chews</i>	1	

It's important we treat you fairly

That's why we follow Federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters. Interested in these services? Call Member Services for help (TTY: **711**).

If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, 4361 Irwin Simpson Rd, Mailstop: OH0205-A537; Mason, Ohio 45040-9498. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling **1-800-368-1019** (TTY: **1-800-537-7697**) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Get help in your language

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the Member Services number on the back of your ID card.

English: You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY: **711**)

Spanish: Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY: 711)

Arabic:

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة (TTY:711).

Armenian: Դուք իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY: 711)

Chinese: 您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY: 711)

Farsi:

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY: 711)

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French: Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY: 711)

Haitian: Ou gen dwa pou resewwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY: 711)

Italian: Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY: 711)

Japanese: この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY: 711)

Korean: 귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY: 711)

Polish: Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY: 711)

Portuguese-Europe: Tem o direito de receber gratuitamente estas informações e ajuda no seu idioma. Ligue para o número dos Serviços para Membros indicado no seu cartão de identificação para obter ajuda. (TTY: 711)

Russian: Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY: 711)

Tagalog: May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY: 711)

Vietnamese: Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY: 711)

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