CareFirst BlueCross BlueShield Group Advantage (PPO)

2026 Enhanced Drug Coverage Listing

THIS DOCUMENT CONTAINS INFORMATION ABOUT THE ENHANCED DRUGS WE COVER IN THIS PLAN

This enhanced drug list was updated on 10/15/2025. For more recent information or other questions, please contact CareFirst BlueCross BlueShield Group Advantage (PPO) at 1-888-970-0917 (TTY users should call 711), 24 hours a day, 7 days a week, or visit www.carefirst.com/myaccount.

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What is the CareFirst BlueCross BlueShield Group Advantage (PPO) Enhanced Drug Coverage?

Your plan covers additional drugs through our Enhanced Drug Coverage. These prescription drugs are not normally covered under Medicare Prescription Drug Plans. Enhanced Drugs are separate from your Medicare Part D prescription drug coverage. This document is a list of the Enhanced Drugs covered under your employer's CareFirst BlueCross BlueShield Group Advantage plan. If you fill a prescription for one of these drugs, the amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

Can the Enhanced Drug List change?

This list may change at any time. Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Enhanced Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. You will be provided with advance written notice of those changes, when applicable. For an updated list of Enhanced Drugs, please call us. Our contact information appears on the front and back cover pages.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** CareFirst BlueCross BlueShield Group Advantage (PPO) requires you [or your prescriber] to get prior authorization for certain drugs. This means that you will need to get approval from CareFirst BlueCross BlueShield Group Advantage (PPO) before you fill your prescriptions. If you don't get approval, CareFirst BlueCross BlueShield Group Advantage (PPO) may not cover the drug.

- **Quantity Limits:** For certain drugs, CareFirst BlueCross BlueShield Group Advantage (PPO) limits the amount of the drug that CareFirst BlueCross BlueShield Group Advantage (PPO) will cover. For example, CareFirst BlueCross BlueShield Group Advantage (PPO) provides 6 tablets per 30-day prescription for sildenafil 100 mg tablets.

- **Step Therapy:** In some cases, CareFirst BlueCross BlueShield Group Advantage (PPO) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, CareFirst BlueCross BlueShield Group Advantage (PPO) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CareFirst BlueCross BlueShield Group Advantage (PPO) will then cover Drug B.

What if my drug is not on the Enhanced drug list?

If your drug is not on the Part D formulary and not on this Enhanced Drug list, you should first contact Member Services and ask if your drug is covered. Our contact information, along with the date we last updated the Part D Formulary and Enhanced Drug List, appears on the front and back cover pages of those documents.

If you learn that CareFirst BlueCross BlueShield Group Advantage does not cover your drug under the enhanced drug benefit, you can ask Member Services for a list of similar drugs that are covered by CareFirst BlueCross BlueShield Group Advantage. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CareFirst BlueCross BlueShield Group Advantage.

CareFirst BlueCross BlueShield Group Advantage (PPO) Enhanced Drug Coverage

The list below provides coverage information about some of the Enhanced Drugs covered by CareFirst BlueCross BlueShield Group Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 22. The Index provides an alphabetical list of all the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index to find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., CIALIS) and generic drugs are listed in lower-case italics (e.g., *tadalafil*).

The second column, "Drug Tier," will indicate what copay tier the Enhanced Drugs are listed in. Copay amounts and coinsurance percentages for each tier vary. **Enhanced drugs are available on Tier 1 (Generic) or Tier 3 (Non-Preferred Drug) copay depending on the drug. This means you will pay the either the Tier 1 or Tier 3 copay listed within Chapter 6 of your Evidence of Coverage.**

For more information

For more detailed information about your CareFirst BlueCross BlueShield Group Advantage Enhanced Drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CareFirst BlueCross BlueShield Group Advantage prescription drug coverage, please contact us. Our contact information appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit http://www.medicare.gov.

Drug Name	Drug Tier	Requirements/Limits
ANTI-OBESITY AGENTS		
ANTI-OBESITY AGENTS		
ADIPEX-P TAB 37.5MG	3	PA, QL (30 tablets every 30 days)
benzphetamine hcl tab 50 mg	1	PA, QL (90 tablets every 30 days)
CONTRAVE TAB 8-90MG	3	PA, QL (120 tablets every 30 days)
diethylpropion hcl tab 25 mg	1	PA, QL (90 tablets every 30 days)
diethylpropion hcl tab er 24hr 75 mg	1	PA, QL (30 tablets every 30 days)
lomaira tab 8mg	3	PA, QL (90 tablets every 30 days)
orlistat cap 120 mg	1	PA, QL (90 capsules every 30 days)
PHENDIMETRAZ CAP 105MG ER	3	PA, QL (30 capsules every 30 days)
phendimetrazine tartrate tab 35 mg	1	PA, QL (180 tablets every 30 days)
phentermine hcl cap 15 mg	1	PA, QL (60 capsules every 30 days)
phentermine hcl cap 30 mg	1	PA, QL (30 capsules every 30 days)
phentermine hcl cap 37.5 mg	1	PA, QL (30 capsules every 30 days)
phentermine hcl tab 37.5 mg	1	PA, QL (30 tablets every 30 days)
phentermine hcl-topiramate cap er 24hr 3.75-23 mg	1	PA, QL (30 capsules every 30 days)
phentermine hcl-topiramate cap er 24hr 7.5-46 mg	1	PA, QL (30 capsules every 30 days)

Drug Name	Drug Tier	Requirements/Limits
phentermine hcl-topiramate cap er 24hr 11.25-69 mg	1	PA, QL (30 capsules every 30 days)
phentermine hcl-topiramate cap er 24hr 15-92 mg	1	PA, QL (30 capsules every 30 days)
PLENITY CAP	3	
PLENITY CAP WELCOME	3	
QSYMIA CAP 3.75-23	3	PA, QL (30 capsules every 30 days)
QSYMIA CAP 7.5-46MG	3	PA, QL (30 capsules every 30 days)
QSYMIA CAP 11.25-69	3	PA, QL (30 capsules every 30 days)
QSYMIA CAP 15-92MG	3	PA, QL (30 capsules every 30 days)
WEGOVY INJ 0.5MG	3	PA, QL (2 mL every 28 days)
WEGOVY INJ 0.25MG	3	PA, QL (2 mL every 28 days)
WEGOVY INJ 1.7MG	3	PA, QL (3 mL every 28 days)
WEGOVY INJ 1MG	3	PA, QL (2 mL every 28 days)
WEGOVY INJ 2.4MG	3	PA, QL (3 mL every 28 days)
XENICAL CAP 120MG	3	PA, QL (90 capsules every 30 days)

COUGH AND COLD AGENTS

COUGH AND COLD AGENTS

benzonatate cap 100 mg	1	
benzonatate cap 150 mg	1	
benzonatate cap 200 mg	1	
bromfed dm sol 2-30-10	1	
HYCODAN SYP 5-1.5/5	3	QL (30 mL every day; Max 7 day supply per 30 days)

Drug Name	Drug Tier	Requirements/Limits
HYCODAN TAB 5-1.5MG	3	QL (6 tablets and/or Max 7 day supply per 30 days)
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1	QL (10 mL every day; Max 7 day supply per 30 days)
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	1	QL (30 mL every day; Max 7 day supply per 30 days)
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	1	QL (6 tablets and/or Max 7 day supply per 30 days)
hydromet syp 5-1.5/5	1	QL (30 mL every day; Max 7 day supply per 30 days)
prometh vc/ syp codeine	1	QL (30 mL every day; Max 7 day supply per 30 days)
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	QL (30 mL every day; Max 7 day supply per 30 days)
promethazine-dm syrup 6.25-15 mg/5ml	1	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
TUXARIN ER TAB 54.3-8MG	3	QL (2 tablets every day; Max 7 day supply per 30 days)
PRESCRIPTION VITAMIN/MINERAL PRODUCTS		
PRESCRIPTION VITAMIN/MINERAL PRODUCTS		
abaneu-sl sub	1	
activite tab	1	
ADRENAL C TAB FORMULA	3	
AFLORA TAB	3	
airavite tab	1	
ALTRIXA OB TAB	3	
ALTRIXA TAB	3	
AMINOBENZOIC POW ACID	3	
AMLADEX TAB	3	
AQUASOL A INJ 50000/ML	3	

Drug Name	Drug Tier	Requirements/Limits
ASCOR SOL 25000MG	3	
ASCORBIC ACD INJ 500MG/ML	3	
ASCORBIC ACI SOL 500MG/ML	3	
ascorbic acid inj 500 mg/ml	1	
ATABEX EC TAB 29-1MG	3	
ATABEX OB TAB 29-1MG	3	
AZESCO TAB 13-1MG	3	
B-12 COMP KIT 1000MCG	3	
B-COMPLEX INJ	3	
b-complex inj 100	1	
B-COMPLEX INJ 100	3	
b-plex plus tab	1	
b-plex tab	1	
BACMIN TAB	3	
biocel tab	1	
BIOPAR DELTA CAP FORTE	3	
BP VIT 3 CAP	3	
CA ASCORBATE POW DIHYDRAT	3	
CA PANTOTHEN POW	3	
CENFOL TAB	3	
CENTRATEX CAP	3	
CHOLECAL DF TAB	3	
CIFEREX CAP	3	
CITRANATAL MIS B-CALM	3	

Drug Name	Drug Tier	Requirements/Limits
CITRANATAL PAK ASSURE	3	
CITRANATAL TAB BLOOM	3	
CO-NATAL FA TAB 29-1MG	3	
COBALEFOL CAP	3	
COD LIVER OIL	3	
COMPLETE NAT PAK DHA	3	
corvita 150 tab	1	
corvita tab	1	
CORVITE 150 TAB	3	
CYANOCOBALAM SOL 2000MCG	3	
cyanocobalamin inj 1000 mcg/ml	1	
cyanocobalamin nasal spray 500 mcg/0.1ml	1	
DAVIMET-M CHW MULTIVIT	3	
DAVIMET/FLUO CHW 0.75MG	3	
DAVIMET/IRON CHW	3	
DAYAVITE TAB	3	
DEPLIN MA CAP	3	
DERMACINRX CHW DAVIMET	3	
DERMACINRX CHW MULTIVIT	3	
DERMACINRX TAB PRETRATE	3	
DERMACINRX TAB RIBOT-E	3	
DEXATRAN CAP	3	
dexifol tab	1	
dialyvite tab	1	

Drug Name	Drug Tier	Requirements/Limits
DIALYVITE TAB 3000	3	
DIALYVITE TAB 5000	3	
DIALYVITE TAB SUPREM D	3	
DIALYVITE/ TAB ZINC	3	
DIATROL TAB	3	
dodex inj	1	
DOTREMIN TAB	3	
DRISDOL CAP 50000UNT	3	
DUET DHA 400 MIS 25-1-400	3	
EB-N3 DR CAP	3	
EMBRIVA TAB	3	
ERGOCALCIFER POW 40000UNT	3	
ergocalciferol cap 1.25 mg (50000 unit)	1	
fabb tab 2.2-25-1	1	
FERIVA 21/7 TAB 75-1MG	3	
FERIVA TAB 21/7	3	
FERRALET 90 TAB	3	
FERRO-PLEX TAB	3	
FINAZOL TAB	3	
FLORAFOL CHW 0.5MG	3	
FLORAFOL FE SOL PEDIATRC	3	
FLORAFOL PED CHW 1MG	3	
FLORAFOL PED SOL 0.25/ML	3	
FLORIVA DRO PLUS	3	

Drug Name	Drug Tier	Requirements/Limits
FLORRAVITE TAB	3	
FLORRAXYL TAB	3	
FLOTREX CHW	3	
FLOTREX CHW 0.5MG	3	
FLOTREX CHW 0.25MG	3	
FOLA-B TAB COMPLEX	3	
FOLAGENT CAP DHA	3	
FOLAMAX TAB	3	
FOLAMED DHA CAP	3	
FOLAPRIME TAB	3	
FOLATEXCEL TAB	3	
FOLAWISE TAB	3	
folbee plus tab cz	1	
FOLCYTEINE TAB MULTIVIT	3	
FOLDITAM TAB	3	
FOLETRA CAP	3	
FOLGARD OS TAB	3	
FOLGARD RX TAB	3	
FOLI-D TAB	3	
folic acid inj 5 mg/ml	1	
FOLIC ACID POW	3	
folic acid tab 1 mg	1	
folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg	1	
FOLIC D3 CAP	3	

Drug Name	Drug Tier	Requirements/Limits
FOLICORE B TAB COMPLEX	3	
FOLIFLEX TAB	3	
FOLITE TAB	3	
FOLITIN-Z TAB	3	
FOLIVANE-PLS CAP	3	
FOLIXAPURE TAB 1-5000	3	
FOLIXATE TAB	3	
folplex 2.2 tab	1	
FOLTAMIN TAB 1-5000	3	
FOLTRATE TAB	3	
FOLTREXYL TAB	3	
FOLVITA TAB COMPLEX	3	
FOLVITE-D TAB	3	
GENICIN TAB VITA-D	3	
GENICIN TAB VITA-Q	3	
genicin tab vita-s	1	
GLP-DLAX TAB	3	
HEMATINIC PL TAB VIT/MIN	3	
HEMOCYTE PLS CAP	3	
hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)	1	
hylavite tab	1	
HYLAZINC TAB	3	
iferex 150 cap forte	1	
inatal gt tab	1	

Drug Name	Drug Tier	Requirements/Limits
INFLAMEX CAP	3	
INFUVITE INJ	3	
INFUVITE INJ ADULT	3	
INFUVITE INJ PEDIATRI	3	
INTEGRA PLUS CAP	3	
IRON FOLATE CAP PLUS	3	
JENLIVA CAP	3	
KEYFOLIC TAB	3	
KEYLOSA TAB	3	
KOSHR PRENAT TAB 30-1MG	3	
LIPO-B INJ	3	
LIVITA LIQ ADULTS	3	
LIVITA LIQ CHILDREN	3	
lysiplex tab plus	1	
MATERNACEL TAB	3	
MATERVIA CAP	3	
MEDI TAB TAB	3	
MENATROL CAP	3	
METHIO/INOS/ INJ CHOL/B12	3	
METHYLCOBALA INJ 1MG/ML	3	
METHYLCOBALA INJ 5MG/ML	3	
METHYLCOBALA INJ 10MG/ML	3	
METHYLCOBALA INJ 10000MCG	3	
METHYLCOBALA INJ 50000MCG	3	

Drug Name	Drug Tier	Requirements/Limits
mi-vite rx tab	1	
MICRONEX CAP	3	
MINCORA TAB	3	
multipro cap	1	
MULTITAM TAB	3	
MULTITOL-M TAB	3	
mynephron cap	1	
NA ASCORBATE POW	3	
NASCOBAL SPR 500MCG	3	
NATACHEW CHW	3	
NATAL PNV TAB	3	
NEEVO DHA CAP 27-1.13	3	
NEOMATERNA TAB	3	
NEONATAL 19 TAB	3	
NEONATAL FE TAB	3	
NEONATAL TAB COMPLETE	3	
NEONATAL TAB COMPLTE	3	
NEONATAL TAB PLUS	3	
NEONATAL/DHA MIS	3	
NEOVITE TAB	3	
NEPHPLEX RX TAB	3	
NEPHROCAPS CAP	3	
NESTABS DHA PAK	3	
NEURIN-SL SUB	3	

Drug Name	Drug Tier	Requirements/Limits
NIACIN POW	3	
NIACINAMIDE POW	3	
niacinamide w/ zn-cu-methylfol-se-cr tab 750-27-2-0.5 mg	1	
NICADAN TAB	3	
NICAZEL TAB	3	
NICAZEL TAB FORTE	3	
NICOMIDE TAB	3	
NICOTINAMIDE POW	3	
NITRIVIA CAP	3	
novite cap multivit	1	
nufol tab	1	
NUTRALYN TAB	3	
nutrifac zx tab	1	
NUTRIVIT LIQ 800-15-1	3	
OCUVEL CAP 0.5MG	3	
ONE VITE TAB 1MG PLUS	3	
ONEVITE TAB	3	
ORTHO DF CAP 1-3775IU	3	
OSTACHOL TAB	3	
OVEEZA CAP	3	
PABA POW	3	
paxlyte cap	1	
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg	1	
pediatric multiple vitamins w/ fluoride chew tab 1 mg	1	
phytonadione inj 1 mg/0.5ml (2 mg/ml)	1	
phytonadione inj 10 mg/ml	1	
phytonadione tab 5 mg	1	
PNV TAB 20-1 TAB	3	
poly-iron cap 150 fort	1	
polysacchari cap iron	1	
POTASSIUM P- POW AMINOBEN	3	
PREGEN DHA CAP	3	
PREGENNA TAB	3	
PREMESISRX TAB	3	
PRENA1 CHW	3	
PRENA1 PEARL CAP	3	
PRENA 1 TRUE MIS	3	
PRENAISSANCE CAP	3	
PRENAISSANCE CAP PLUS	3	
PRENATAL 19 CHW 29-1MG	3	
prenatal 19 chw tab	1	
PRENATAL 19 TAB 29-1MG	3	
PRENATAL PLS MIS MV + DHA	3	
PRENATAL-U CAP 106.5-1	3	
PRENATE MAX TAB	3	

Drug Name	Drug Tier	Requirements/Limits
PRENATOL-M TAB 27-1.2MG	3	
PRENATRIX TAB	3	
PRENATRYL TAB	3	
PRENATVITE TAB COMPLETE	3	
PRENATVITE TAB PLUS	3	
PRENATVITE TAB RX	3	
PREV-RX TAB	3	
PRIMACARE CAP	3	
PRO HERS RX CAP	3	
PRO HIS RX CAP	3	
PRO PCOS RX CAP	3	
PROFOLA TAB	3	
PYRIDOXAL-5- INJ PHOSPHAT	3	
pyridoxine hcl inj 100 mg/ml	1	
PYRIDOXINE INJ 100MG/ML	3	
PYRIDOXINE POW HCL	3	
REDICHEW RX CHW	3	
RELCARE TAB	3	
RELNATE DHA CAP	3	
REMEDIENT CAP	3	
renal cap	1	
RENATABS MIS IRON	3	
RENATABS TAB	3	
SELECT-OB+ PAK DHA	3	

Drug Name	Drug Tier	Requirements/Limits
SIDEROL TAB	3	
SOD ASCORBAT GRA	3	
SOD ASCORBAT GRA USP NF	3	
STROVITE FOR SYP	3	
STROVITE ONE TAB	3	
SUPERVITE LIQ	3	
SUPPORT LIQ	3	
TALIVA CAP	3	
thiamine hcl inj 100 mg/ml	1	
THIAMINE HCL POW	3	
THIAMINE HCL SOL NACL	3	
THIAMINE POW MONONITR	3	
tm-vite rx tab	1	
TRI-VI-FLORO SUS 0.5MG/ML	3	
TRI-VI-FLORO SUS 0.25/ML	3	
TRICARE TAB PRENATAL	3	
trinate tab	1	
triphrocaps cap	1	
TRIVIA CAP COMPLETE	3	
tronvite tab	1	
UDAMIN SP TAB	3	
v-c forte cap	1	
VENEXA FE TAB	3	
VENEXA TAB	3	

Drug Name	Drug Tier	Requirements/Limits
VENTRIXYL FE TAB	3	
VENTRIXYL TAB	3	
vic-forte cap	1	
VINATE DHA CAP 27-1.13	3	
virt-caps cap	1	
vita s forte tab	1	
vitacel tab	1	
VITACORE TAB	3	
VITAFOL FE+ CAP	3	
VITAFOL STRP MIS 1MG	3	
VITAFOL-NANO TAB	3	
VITAFOL-OB PAK +DHA	3	
VITAL-D RX TAB	3	
VITALARA TAB	3	
VITALIPID N INJ INFANT	3	
VITAMED MD CAP ONE RX	3	
VITAMEZ CAP	3	
VITAMIN E POW ACETATE	3	
VITAMIN KIT SYS-B12	3	
VITAPEARL CAP	3	
VITAROCA PLU TAB	3	
vitasure tab	1	
VITATHELY TAB	3	
VITATRUE MIS	3	

Drug Name	Drug Tier	Requirements/Limits
VITLIPID N INJ ADULT	3	
VITLIPID N INJ INFANT	3	
VITRAMYN TAB	3	
VITRANOL FE TAB	3	
VITRANOL TAB	3	
VITREXATE FE TAB	3	
VITREXATE TAB	3	
VITREXYL TAB	3	
VITREXYL TAB IRON	3	
VIVA DHA CAP	3	
vp-vite rx tab	1	
WELLFOLA TAB	3	
wescaps cap	1	
WESNATAL DHA PAK COMPLETE	3	
WHEAT GERM OIL	3	
ZALVIT TAB 13-1MG	3	
ZINTREXYL-C TAB	3	
ZIPHEX TAB 13-1MG	3	
SEXUAL DYSFUNCTION AGENTS		
SEXUAL DYSFUNCTION AGENTS		
avanafil tab 50 mg	1	QL (6 tablets every 30 days)
avanafil tab 100 mg	1	QL (6 tablets every 30 days)
avanafil tab 200 mg	1	QL (6 tablets every 30 days)
BI-MIX INJ 150-5MG	3	
CAVERJECT IM KIT 10MCG	3	QL (6 units every 30 days)

Drug Name	Drug Tier	Requirements/Limits
CAVERJECT IM KIT 20MCG	3	QL (6 units every 30 days)
CAVERJECT INJ 20MCG	3	QL (6 units every 30 days)
CAVERJECT INJ 40MCG	3	QL (6 units every 30 days)
CIALIS TAB 2.5MG	3	QL (30 tablets every 30 days)
CIALIS TAB 10MG	3	QL (6 tablets every 30 days)
CIALIS TAB 20MG	3	QL (6 tablets every 30 days)
EDEX KIT 10MCG	3	QL (6 units every 30 days)
EDEX KIT 20MCG	3	QL (6 units every 30 days)
EDEX KIT 40MCG	3	QL (6 units every 30 days)
IFE-BIMIX INJ 30/1/5ML	3	
MUSE SUP 250MCG	3	QL (6 units every 30 days)
MUSE SUP 500MCG	3	QL (6 units every 30 days)
MUSE SUP 1000MCG	3	QL (6 units every 30 days)
PHENYLEPHRIN INJ 1MG/1ML	3	
QUAD-MIX INJ	3	
sildenafil citrate tab 25 mg	1	QL (6 tablets every 30 days)
sildenafil citrate tab 50 mg	1	QL (6 tablets every 30 days)
sildenafil citrate tab 100 mg	1	QL (6 tablets every 30 days)
STENDRA TAB 50MG	3	QL (6 tablets every 30 days)
STENDRA TAB 100MG	3	QL (6 tablets every 30 days)
STENDRA TAB 200MG	3	QL (6 tablets every 30 days)
SUPER BI-MIX INJ 150-10MG	3	
SUPER INJ QUAD-MIX	3	
SUPER INJ TRI-MIX	3	

Drug Name	Drug Tier	Requirements/Limits
tadalafil tab 2.5 mg	1	QL (30 tablets every 30 days)
tadalafil tab 5 mg	1	QL (30 tablets every 30 days)
tadalafil tab 10 mg	1	QL (6 tablets every 30 days)
tadalafil tab 20 mg	1	QL (6 tablets every 30 days)
TRI-MIX INJ	3	
vardenafil hcl orally disintegrating tab 10 mg	1	QL (6 tablets every 30 days)
vardenafil hcl tab 2.5 mg	1	QL (6 tablets every 30 days)
vardenafil hcl tab 5 mg	1	QL (6 tablets every 30 days)
vardenafil hcl tab 10 mg	1	QL (6 tablets every 30 days)
vardenafil hcl tab 20 mg	1	QL (6 tablets every 30 days)
VIAGRA TAB 25MG	3	QL (6 tablets every 30 days)
VIAGRA TAB 50MG	3	QL (6 tablets every 30 days)
VIAGRA TAB 100MG	3	QL (6 tablets every 30 days)

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