



List of Extra Covered Drugs

2026

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

Your plan includes benefits for things like cough and cold medications, vitamins and minerals, and Erectile Dysfunction (ED) drugs that are not covered under Medicare Part D.

To get coverage for these additional drugs, you must:

- Have a prescription from your prescriber
- Have the prescription filled by the pharmacist at a network pharmacy.

If you fill a prescription for one of these drugs, the cost does not count toward your CMS defined drug out-of-pocket limit, nor do they qualify for lower Part D catastrophic copays. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This list may change at any time. You will receive notice when necessary. For the list of your covered Medicare Part D covered drugs, please refer to your Drug List (formulary).

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

Like your covered Part D drugs, the cost you pay for “Extra Covered Drugs” is based on the assigned tier for each drug. You can find the tier number next to the drug name in the chart on the next page. You can find the cost for each drug tier by checking the Extra Covered Drugs benefits chart in your Evidence of Coverage online.

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 help.

Log in to your online account at www.anthem.com/ca for more information and to access your Evidence of Coverage and Drug List (formulary). If you have additional questions, please call Pharmacy Member Services at the number listed on your member ID card.

List of Extra Covered Drugs

Legend

Generic drugs are shown in lowercase italics.

Brand name drugs are shown in capital letters.

QL - 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	Drug Name	Drug Tier	Requirements/ Limits
Blood Products And Modifiers			ALIVE MENS 50+ MULTI GUMMY	2	
<i>phytonadione oral tablet</i>	1		ALIVE MENS 50+ ULTRA	2	
5 mg			ALIVE MENS COMPLETE MULTI	2	
Electrolytes / Minerals / Metals / Vitamins			ALIVE MENS GUMMY MULTIVITAMINS	2	
ABC COMPLETE ADULT	2		ALIVE MENS ULTRA	2	
ABC COMPLETE MENS	2		ALIVE MULTI-VITAMIN ORAL TABLET CHEWABLE	2	
ABC COMPLETE WOMENS	2		ALIVE ONCE DAILY WOMENS	2	
ADEK GUMMIES PLUS ZN	2		ALIVE ULTRA POTENCY ADULT	2	
AIRBORNE ELDERBERRY ORAL TABLET CHEWABLE	2		ALIVE ULTRA POTENCY WOMENS 50+	2	
AIRBORNE KIDS	2		ALIVE WOMENS 50+ COMPLETE MV	2	
AIRBORNE ORAL TABLET CHEWABLE	2		ALIVE WOMENS 50+ GUMMY	2	
AIRBORNE+GOOD REST ORAL TABLET CHEWABLE	2		ALIVE WOMENS 50+ ORAL TABLET CHEWABLE	2	
AIRBORNE+PROBIOTIC	2		ALIVE WOMENS ENERGY	2	
ALIVE ADULT PREMIUM	2		ALIVE WOMENS GUMMY	2	
ALIVE CALCIUM BONE SUPPORT	2		AZO HORMONAL HEALTH CYCLE CARE	2	
ALIVE DAILY ENERGY	2		AZO HORMONAL HEALTH HAPPY CYCL	2	
ALIVE DIABETIC MULTIVITAMIN	2				
ALIVE ENERGY 50+	2				
ALIVE GARDEN GOODNESS	2				
ALIVE MENS 50+	2				

You can find information on what the abbreviations on this table mean by going to the beginning of this table.
ECDMLP_3T4T_v1_2601

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>b-complex/vitamin c/folic acid oral capsule 1 mg</i>	1		CENTRUM MEN MULTIGUMMIES	2	
<i>b-complex/vitamin c/folic acid oral tablet , 1 mg, 5 mg</i>	1		CENTRUM MINIS ADULTS 50+	2	
BACMIN	2		CENTRUM MINIS MEN 50+	2	
BARIATRIC FUSION	2		CENTRUM MINIS WOMEN 50+	2	
BARIATRIC MULTIVITAMIN/ IRON	2		CENTRUM MINIS WOMEN IMMUNE SUP	2	
BARIATRIC MULTIVITAMINS ORAL TABLET	2		CENTRUM MULTI + OMEGA 3	2	
BARIATRIC MULTIVITAMINS ORAL TABLET CHEWABLE	2		CENTRUM SILVER	2	
BLOOD SUGAR MANAGER	2		CENTRUM SILVER 50+MEN	2	
BONEUP VEGETARIAN	2		CENTRUM SILVER 50+WOMEN	2	
BPROTECTED PEDIA POLY-VITE ORAL SOLUTION	2		CENTRUM SILVER ADULT 50+	2	
CENTRUM ADULT 50+ MULTIGUMMIES	2		CENTRUM SILVER MEN 50+	2	
CENTRUM ADULTS MULTIGUMMIES	2		CENTRUM SILVER ULTRA WOMENS	2	
CENTRUM ADULTS ORAL TABLET	2		CENTRUM SILVER WOMEN 50+	2	
CENTRUM CARDIO	2		CENTRUM SPECIALIST HEART	2	
CENTRUM DUAL ACT MULTI+ BEAUTY	2		CENTRUM SPECIALIST IMMUNE	2	
CENTRUM DUAL ACT MULTI+OMEGA-3	2		CENTRUM SPECIALIST VISION	2	
CENTRUM FLAVOR BURST	2		CENTRUM ULTRA WOMENS	2	
CENTRUM FLAVOR BURST ADULT	2		CENTRUM VITAMINTS	2	
CENTRUM FRESH/FRUITY 50+	2		CENTRUM WOMEN	2	
CENTRUM FRESH/FRUITY ADULT	2		CENTRUM WOMEN 50+ MULTIGUMMIES	2	
CENTRUM MEN	2		CENTRUM WOMEN MULTIGUMMIES	2	
CENTRUM MEN 50+ MULTIGUMMIES	2		CERTAVITE SENIOR	2	

You can find information on what the abbreviations on this table mean by going to the beginning of this table.
ECDMLP_3T4T_v1_2601

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CERTAVITE SENIOR/ ANTIOXIDANT	2		EMERGEN-C IMMUNE+ ORAL TABLET CHEWABLE	2	
CITRACAL +D3 ORAL TABLET	2		EMERGEN-C TURMERIC & GINGER ORAL TABLET CHEWABLE	2	
CORVITE 150 ORAL TABLET	2		EMERGEN-C VITAMIN C ORAL TABLET CHEWABLE	2	
CULTURELLE PROBIOTICS + MULTIV	2		FERAHEME	2	
CVS ADULT MULTIVITAMIN	2		<i>ferrex 150 forte oral capsule 150-0.025-1 mg</i>	1	
CVS AIRSHIELD IMMUNITY SUPPORT	2		<i>ferumoxytol</i>	1	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1		FINAZOL	2	
<i>cyanocobalamin injection solution 1000 mcg/ml nasal</i>	1		FITNESS TABS FOR MEN AM/PM	2	
<i>cyanocobalamin nasal solution 500 mcg/0.1ml</i>	1		FITNESS TABS FOR WOMEN AM/PM	2	
DERMAVITE	2		FLORRAVITE	2	
DIALYVITE 3000	2		FLORRAXYL	2	
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG	2		FOLAPRIME	2	
DIALYVITE 800/ZINC	2		FOLBIC	2	
DIALYVITE SUPREME D ORAL TABLET	2		<i>folic acid oral tablet 1 mg</i>	1	
DIALYVITE/ZINC	2		<i>folic acid-vit b6-vit b12 oral tablet 2.2-25-0.5 mg, 2.5-25-1 mg</i>	1	
DIATROL	2		FOLIFLEX	2	
EMERGEN-C APPLE CIDER VINEGAR ORAL TABLET CHEWABLE	2		FOLITIN-Z	2	
EMERGEN-C ASHWAGANDHA ORAL TABLET CHEWABLE	2		FOLIVANE-F	2	
EMERGEN-C ELDERBERRY	2		FOLIVANE-PLUS	2	
EMERGEN-C IMMUNE PLUS/VIT D	2		FT ADULT MULTI GUMMIES	2	
EMERGEN-C IMMUNE+ ELDERBERRY	2		FT CENTURY 50+	2	
			FT CENTURY ADULTS	2	
			FT CENTURY MEN	2	
			FT CENTURY MEN 50+	2	
			FT CENTURY WOMEN	2	
			FT CENTURY WOMEN 50+	2	

You can find information on what the abbreviations on this table mean by going to the beginning of this table.
ECDMLP_3T4T_v1_2601

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FT HAIR SKIN & NAILS EXTRA STR	2		MEDI TAB	2	
FT IMMUNE SUPPORT	2		MEGA MULTI MEN ORAL TABLET	2	
FT ONE DAILY MENS	2		MENS MULTI HEALTH FORMULA	2	
FT ONE DAILY MENS 50+	2		MENS MULTIVITAMIN GUMMIES	2	
FT ONE DAILY WOMENS 50+	2		<i>multi for him oral tablet</i>	1	
GNP ADULT MINI	2		MULTIPLE VITAMINS W/ MINERALS ORAL TABLET	2	
GNP CENTURY ADULT	2		<i>multiple vitamins w/ minerals oral tablet</i>	1	
GNP CENTURY ADULTS MEN	2		MULTIPLE VITAMINS W/ MINERALS ORAL TABLET CHEWABLE	2	
GNP CENTURY ADULTS WOMEN	2		<i>multiple vitamins w/ minerals oral tablet chewable</i>	1	
GNP CENTURY MATURE ADULTS 50+	2		MULTIVITAMIN DROPS/ IRON ORAL SOLUTION	2	
GNP IMMUNE SUPPORT ORAL TABLET CHEWABLE	2		MVW HI-D ADEK GUMMIES	2	
HAIR SKIN & NAILS	2		MVW ORANGE CHEWABLES	2	
HEAD CARE PROACTIVE HEALTH	2		NASCOBAL	2	
ICAPS AREDS FORMULA	2		NEONATAL PLUS	2	
INFUVITE ADULT INTRAVENOUS SOLUTION	2		NEPHPLEX RX	2	
INTEGRA F	2		NICADAN	2	
INTEGRA PLUS	2		NICAZEL	2	
IRON COMPLEX ORAL TABLET	2		NICAZEL FORTE	2	
IRON FOLATE PLUS	2		NIFEREX ORAL TABLET	2	
IRON FOLATE-F ORAL CAPSULE 125-1 MG	2		NIVA-FOL	2	
JOINT HEALTH & BONE STRENGTH	2		NIVA-PLUS	2	
K-PAX IMMUNE PROFESSIONAL ST	2		NUTRALYN	2	
<i>k-tan plus</i>	1		<i>ocuvite extra</i>	1	
KEYLOSA	2		<i>ocuvite eye + multi</i>	1	
			<i>ocuvite-lutein oral tablet</i>	1	
			ONCOVITE	2	

You can find information on what the abbreviations on this table mean by going to the beginning of this table.
ECDMLP_3T4T_v1_2601

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE A DAY ENERGY	2		ONE-A-DAY VITACRAVES SOUR	2	
ONE A DAY IMMUNITY DEFENSE	2		ONE-A-DAY WEIGHT SMART ADVANCE	2	
ONE A DAY MEN 50 PLUS	2		ONE-A-DAY WOMENS	2	
ONE A DAY MENS VITACRAVES	2		ONE-A-DAY WOMENS 50 PLUS	2	
ONE A DAY TRIPLE IMMUNE SUPPRT	2		ONE-A-DAY WOMENS 50+	2	
ONE A DAY WOMEN 50 PLUS	2		ONE-A-DAY WOMENS 50+ ADVANTAGE	2	
ONE-A-DAY ENERGY	2		ONE-A-DAY WOMENS HEALTHY SKIN	2	
ONE-A-DAY FOR HER VITACRAVES	2		ONE-A-DAY WOMENS MIND & BODY	2	
ONE-A-DAY FOR HIM VITACRAVES	2		ONE-A-DAY WOMENS PETITES	2	
ONE-A-DAY MENOPAUSE FORMULA	2		ONE-A-DAY WOMENS VITACRAVES	2	
ONE-A-DAY MENS (MINERALS)	2		OPTIFAST POST BARIATRIC	2	
ONE-A-DAY MENS 50+	2		OPTISOURCE POST BARIATRIC SURG	2	
ONE-A-DAY MENS 50+ ADVANTAGE	2		OPTIVITE P.M.T.	2	
ONE-A-DAY MENS HEALTH FORMULA	2		OPURITY	2	
ONE-A-DAY MENS PRO EDGE	2		OPURITY BYPASS OPTIMIZED	2	
ONE-A-DAY MENS VITACRAVES	2		OSTEOPRIME PLUS	2	
ONE-A-DAY PROACTIVE 65+	2		PEDIATRIC MULTIPLE VITAMIN ORAL SOLUTION	2	
ONE-A-DAY TEEN ADVANTAGE/HIM	2		PHYTOMULTI	2	
ONE-A-DAY VITACRAVES	2		POLY-VI-SOL ORAL SOLUTION	2	
ONE-A-DAY VITACRAVES ADULT	2		<i>polysaccharide iron forte</i>	1	
ONE-A-DAY VITACRAVES IMMUNITY	2		PRENATAL PLUS VITAMIN/ MINERAL ORAL TABLET 27- 1 MG	2	
			PRENATRIX	2	
			PRENATRYL	2	

You can find information on what the abbreviations on this table mean by going to the beginning of this table.
 ECDMLP_3T4T_v1_2601 6

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRESERVISION AREDS 2 ORAL TABLET CHEWABLE	2		THERAGRAN-M PREMIER 50 PLUS	2	
PRESERVISION AREDS ORAL TABLET	2		THERANATAL CORE NUTRITION	2	
PREV-RX	2		THEREMS-M	2	
PRO-CAL ORAL TABLET	2		TRICARE	2	
PROCERV HP	2		UDAMIN SP ORAL TABLET	2	
PRORENAL + D	2		ULTRA BONEUP	2	
PROVIT	2		VENEXA	2	
<i>purevit dualfe plus</i>	1		VENEXA FE	2	
RA CENTRAL-VITE	2		VENOFER	2	
<i>renal oral capsule</i>	1		VENTRIXYL FE	2	
RENAPLEX-D	2		VENTRIXYL ORAL TABLET	2	
<i>se-tan plus</i>	1		VITACORE	2	
SENTRY SENIOR MENS 50+	2		VITAFUSION MULTI WOMENS	2	
SIDEROL ORAL TABLET	2		VITAJoy MULTI GUMMIES ADULT	2	
SPECTRAVITE	2		VITAL-D RX	2	
STROVITE ONE	2		VITAMIN B-12 ORAL TABLET 2.5-25-2 MG	2	
SUPER D-ZINC-SELENIUM- COPPER	2		VITAROCA PLUS	2	
SUPERIOR MENS MULTI	2		VITASANA	2	
SUPERIOR WOMENS MULTI	2		VITATHELY WITH GINGER	2	
<i>tandem plus</i>	1		VITEYES CLASSIC MULTIVITAMIN	2	
THERA M PLUS	2		VITEYES OPTIC NERVE SUPPORT	2	
THERA-M PLUS MV W/ BETA-CAROT	2		VITRAMYN	2	
THERA-VITE MAX-M	2		VITRANOL	2	
THERABETIC MULTI- VITAMIN	2		VITRANOL FE	2	
THERAGRAN-M	2		VITREXATE	2	
THERAGRAN-M ADVANCED	2		VITREXATE FE	2	
THERAGRAN-M ADVANCED 50 PLUS	2		VITREXYL	2	
THERAGRAN-M PREMIER	2		VITREXYL + IRON	2	

You can find information on what the abbreviations on this table mean by going to the beginning of this table.
ECDMLP_3T4T_v1_2601

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WAL-BORN VITAMIN C	2		<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg</i>	1	QL (6 per 30 days)
WELLFOLA	2		<i>varafenafil hcl oral tablet</i>	1	QL (6 per 30 days)
WOMENS MULTIVITAMIN GUMMIES	2		<i>varafenafil hcl oral tablet dispersible</i>	1	QL (6 per 30 days)
YELETS TEENAGE FORMULA	2		VIAGRA ORAL TABLET	3	QL (6 per 30 days)
YOUR LIFE MULTI ADULT GUMMIES	2		Genitourinary Agents		
YUM-VS COMPLETE MULTIVITAMIN	2		<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	1	
YUMVS MULTI ZERO	2		PYRIDIDIUM ORAL TABLET	2	
YUMVS ZERO DIABETIC MULTIVITAM	2		Miscellaneous Therapeutic Agents		
Endocrine And Metabolic Disorder Agents			<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
DRISDOL ORAL CAPSULE	2		BLADDER 2.2	2	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	1		<i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>	1	
Erectile Dysfunction			<i>guaifenesin-codeine oral syrup 100-10 mg/5ml</i>	1	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT	3	QL (6 per 30 days)	HYCODAN ORAL SOLUTION	2	
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED	3	QL (6 per 30 days)	<i>hydrocod poli-chlorphe poli er</i>	1	
CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG	3	QL (6 per 30 days)	<i>hydrocodone bit-homatrop mbr oral solution</i>	1	
EDEX INTRACAVERNOSAL KIT	3	QL (6 per 30 days)	<i>hydromet oral solution</i>	1	
LEVITRA ORAL TABLET 10 MG, 20 MG	3	QL (6 per 30 days)	<i>phenylephrine-brompheniramine-dm oral syrup 2-30-10 mg/5ml, 30-2-10 mg/5ml</i>	1	
MUSE URETHRAL PELLETT 1000 MCG, 250 MCG, 500 MCG	3	QL (6 per 30 days)	<i>promethazine-codeine</i>	1	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (6 per 30 days)	<i>promethazine-dm oral syrup</i>	1	
STENDRA ORAL TABLET	3	QL (6 per 30 days)			

You can find information on what the abbreviations on this table mean by going to the beginning of this table.
 ECDMLP_3T4T_v1_2601 8

Anthem Blue Cross is the trade name of: In California: Blue Cross of California, Anthem Blue Cross Partnership Plan, Anthem BC Health Insurance Company and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. In 11 northeastern counties of New York: Anthem Blue Cross is the trade name of Anthem HealthChoice Assurance, Inc., and Anthem HealthChoice HMO, Inc., Anthem Blue Cross Retiree Solutions and Anthem Blue Cross is the trade name of Anthem HP, LLC. Independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

