



Non-Part D Supplemental Benefit

Offered by your former employer

Your former employer purchased supplemental benefit coverage for certain categories of drugs not covered by Medicare Part D. Medicare Part D does not cover the prescription drugs in this document. These drugs are also not part of your plan's formulary (drug list).

Important notice

- What you pay for Non-Part D drugs covered under this benefit *does not* count toward your total drug costs or help you qualify for catastrophic coverage.
- If you are receiving Extra Help to pay for your prescriptions, it will not apply to Non-Part D drugs covered under this benefit.
- This guide is for reference only. We update it once per year. So, it may not reflect the most current drug coverage.
- Non-Part D drug coverage may change at any time without notice.
- You can confirm the most up-to-date coverage for any drug by calling the toll-free phone number on your Aetna® ID card. Or call Member Services at **1-800-307-4830**, 8 a.m. to 8 p.m., E.T., Monday to Friday. **TTY users call 711.**

How to use this guide

This guide lists supplemental coverage by categories. Check your Schedule of Cost Sharing to see which categories your plan covers. For example, if your plan covers "Vitamins and Minerals," go to the "Vitamins and Minerals" section in this guide to see which drugs it may cover.

Please see your Schedule of Cost Sharing for cost-share information. For *generic* drugs, you'll pay the Initial Coverage stage Tier 1 cost share. For **BRAND** drugs, you'll pay the Initial Coverage stage cost share for the tier labeled "Preferred Brand." The Schedule of Cost Sharing provides cost-share information for the Catastrophic Coverage Stage.

See your Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. The formulary may change at any time. You will receive notice when necessary.

Key

Drug name	Requirements/Limits
UPPERCASE = Brand-name prescription drugs	QL = Quantity Limit. For certain, drugs our plan limits the amount of the drug that we will cover.
<i>Lowercase italics</i> = Generic medications	PA = Prior Authorization. Our plan requires you or our provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

Drug name	Requirements/Limits
COSMETIC	
<i>Cosmetic</i>	
ACUICYN ANTIMICROBIAL EY ELID & EYELASH HYGIENE SOLUTION 0.01%	
ARNICA FLOWER TINCTURE	
AVENOVA SOLUTION 0.01%	
<i>benzoin compound tincture</i>	
BENZOIN TINCTURE TINCTURE	
<i>bimatoprost solution 0.03%</i>	
<i>blanche cream 4%</i>	
BORIC ACID GRANULES	
BOTOX COSMETIC INJECTION 100UNIT, 50UNIT	
DAXXIFY INJECTION 100UNIT	
DRYSOL SOLUTION 20%	
EPICYN SOLUTION	
<i>finasteride tablet 1mg</i>	
FINASTERIDE/MINOXIDIL SOLUTION 0.1%; 7%	
HYCLODEX SOLUTION 0.012%	
HYDROCORTISONE/HYDROQUINONE EMULSION 0.5%; 6%	
HYDROCORTISONE/HYDROQUINONE/TRETINOIN EMULSION 0.5%; 4%; 0.025%, 0.5%; 6%; 0.025%, 0.5%; 6%; 0.05%, 0.5%; 8%; 0.025%, 0.5%; 8%; 0.05%, 1%; 8%; 0.05%	

Drug name	Requirements/Limits
<i>hydroquinone cream 4%</i>	
HYDROQUINONE EMULSION 4%, 6%, 8%	
HYPOCYN ANTIPRURITIC GEL SPRAY GEL 0.012%	
HYPOCYN SOLUTION 0.01%; 0.048%; 0.002%	
LATISSE SOLUTION 0.03%	
LUSTRA CREAM 4%	
<i>melquin hp cream 4%</i>	
MINOXIDIL/PROGESTERONE SOLUTION 7%; 0.1%	
OXOPOD SOLUTION 0.05%; 7%	
PROPECIA TABLET 1MG	
PROSILK GEL	
REFISSA CREAM 0.05%	
<i>remergent hq cream 4%</i>	
RENOVA CREAM 0.02%	
RENOVA PUMP CREAM 0.02%	
<i>skin bleaching cream 4%</i>	
SOFDRA GEL 12.45%	
<i>tl hydroquinone cream 4%</i>	
<i>tretinoin emollient cream 0.05%</i>	
TRI-LUMA CREAM 0.01%; 4%; 0.05%	
VANIQA CREAM 13.9%	
XERAC AC SOLUTION 6.25%	

COUGH AND COLD

Cough and Cold

benzonatate capsule 100mg, 200mg
biotuss liquid 15mg/5ml; 300mg/5ml;
10mg/5ml
biotuss pediatric liquid 5mg/ml; 50mg/ml;
2.5mg/ml
bromfed dm syrup 2mg/5ml; 10mg/5ml;
30mg/5ml
 EXACTUSS LIQUID 28MG/5ML; 388MG/5ML;
 10MG/5ML
 GILTUSS LIQUID 28MG/5ML; 388MG/5ML;
 10MG/5ML

Drug name	Requirements/Limits
<i>giltuss pediatric liquid 7.5mg/ml; 88mg/ml; 2.5mg/ml</i>	
<i>guaifenesin/dextromethorphan sr tablet extended release 12 hour 30mg; 600mg</i>	
<i>hydrocodone bitartrate/homatropine methylbromide solution 1.5mg/5ml; 5mg/5ml</i>	
<i>hydrocodone bitartrate/homatropine methylbromide tablet 1.5mg; 5mg</i>	
<i>hydrocodone polistirex/chlorpheniramine polistirex suspension extended release 8mg/5ml; 10mg/5ml</i>	
<i>hydromet solution 1.5mg/5ml; 5mg/5ml</i>	
MUCINEX DM TABLET EXTENDED RELEASE 12 HOUR 30MG; 600MG	
<i>nohist-dm liquid 4mg/5ml; 15mg/5ml; 10mg/5ml</i>	
<i>nortuss-de liquid 5mg/ml; 50mg/ml; 2.5mg/ml</i>	
<i>promethazine/codeine syrup 10mg/5ml; 6.25mg/5ml</i>	
<i>promethazine/dextromethorphan syrup 15mg/5ml; 6.25mg/5ml</i>	
RELHIST TABLET CHEWABLE 6MG; 15MG	
TESSALON PERLES CAPSULE 100MG	
TUSSICAPS CAPSULE EXTENDED RELEASE 12 HOUR 8MG; 10MG	
<i>tussigon tablet 1.5mg; 5mg</i>	
TUSSIONEX PENNKINETIC EXTENDED RELEASE SUSPENSION EXTENDED RELEASE 8MG/5ML; 10MG/5ML	
VIRAVAN-DM TABLET CHEWABLE 25MG; 25MG; 30MG	
ZONATUSS CAPSULE 150MG	

ERECTILE DYSFUNCTION

Erectile Dysfunction

BI-MIX INJECTION 150MG; 5MG	QL (6 EA per 30 days)
CAVERJECT IMPULSE INJECTION 10MCG, 20MCG	QL (6 EA per 30 days)
CAVERJECT INJECTION 40MCG	QL (6 EA per 30 days)

Drug name	Requirements/Limits
CIALIS TABLET 10MG, 2.5MG, 20MG, 5MG	QL (6 EA per 30 days)
EDEX (2 CARTRIDGE) INJECTION 10MCG, 20MCG, 40MCG	QL (6 EA per 30 days)
LEVITRA TABLET 10MG, 20MG, 5MG	QL (6 EA per 30 days)
MUSE PELLET 1000MCG, 125MCG, 250MCG, 500MCG	QL (6 EA per 30 days)
QUAD-MIX INJECTION 0.1MG; 1MG; 150MG; 10MG	QL (6 EA per 30 days)
STAXYN TABLET DISINTEGRATING 10MG	QL (6 EA per 30 days)
STENDRA TABLET 100MG, 200MG, 50MG	QL (6 EA per 30 days)
SUPER BI-MIX INJECTION 150MG; 10MG	QL (6 EA per 30 days)
SUPER QUAD-MIX INJECTION 0.2MG; 2MG; 150MG; 20MG	QL (6 EA per 30 days)
SUPER TRI-MIX INJECTION 100MCG; 150MG; 10MG	QL (6 EA per 30 days)
<i>tadalafil tablet 10mg, 2.5mg, 20mg, 5mg</i>	QL (6 EA per 30 days)
TRI-MIX INJECTION 50MCG; 150MG; 5MG	QL (6 EA per 30 days)
<i>varafenil hydrochloride tablet 10mg, 2.5mg, 20mg, 5mg</i>	QL (6 EA per 30 days)
VIAGRA TABLET 100MG, 25MG, 50MG	QL (6 EA per 30 days)

FERTILITY

Fertility

CETROTIDE INJECTION 0.25MG
clomiphene citrate tablet 50mg
 ENDOMETRIN INSERT 100MG
 FIRST-PROGESTERONE VGS 100
 COMPOUNDING KIT SUPPOSITORY 100MG
 FIRST-PROGESTERONE VGS 200
 COMPOUNDING KIT SUPPOSITORY 200MG
 FOLLISTIM AQ INJECTION 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML
ganirelix acetate injection 250mcg/0.5ml
 GONAL-F RFF REDIRECT INJECTION 300UNT/0.48ML, 450UNT/0.72ML, 900UNT/1.44ML
 GONAL-F RFF INJECTION 75UNIT
 GONAL-F INJECTION 1050UNIT, 450UNIT

Drug name	Requirements/Limits
MENOPUR INJECTION 75UNIT	
OIDREL INJECTION 250MCG/0.5ML	

MISCELLANEOUS

Miscellaneous

ADDYI TABLET 100MG

aero otic hc solution 1mg/ml; 10mg/ml; 10mg/ml

AKTEN GEL 3.5%

ALA-QUIN CREAM 3%; 0.5%

ALCORTIN A GEL 1%; 2%; 1%

ALOQUIN GEL 1%; 1.25%

ANALPRAM-HC CREAM 2.5%; 1%

ANALPRAM-HC LOTION 2.5%; 1%

ANALPRAM-HC SINGLES CREAM 2.5%; 1%

anucort-hc suppository 25mg

ANUSOL-HC SUPPOSITORY 25MG

arzol silver nitrate app licators miscellaneous 25%; 75%

ASCOR INJECTION 25000MG/50ML

ascorbic acid injection 15000mg/30ml, 500mg/ml

ASTERO GEL 4%

BENZALKONIUM CHLORIDE SOLUTION

benzoyl peroxide 8% gel 8%

bpm/pse/dm syrup 2mg/5ml; 10mg/5ml; 30mg/5ml

bromfed dm syrup 2mg/5ml; 10mg/5ml; 30mg/5ml

CELACYN GEL

CETACAINE AEROSOL 14%; 2%; 2%

CORTANE-B LOTION 1MG/ML; 10MG/ML; 10MG/ML

CORTANE-B-OTIC SOLUTION 1MG/ML; 10MG/ML; 10MG/ML

cortic-nd solution 1mg/ml; 10mg/ml; 10mg/ml

covaryx hs tablet 0.625mg; 1.25mg

covaryx tablet 1.25mg; 2.5mg

Drug name	Requirements/Limits
<i>cyotic solution 1mg/ml; 10mg/ml; 10mg/ml</i>	
<i>dermazene cream 1%; 1%</i>	
DONNATAL ELIXIR 0.0194MG/5ML; 0.1037MG/5ML; 16.2MG/5ML; 0.0065MG/5ML	
DONNATAL TABLET 0.0194MG; 0.1037MG; 16.2MG; 0.0065MG	
DRYSOL SOLUTION 20%	
ECOZA FOAM 1%	
<i>eemt hs tablet 0.625mg; 1.25mg</i>	
<i>eemt tablet 1.25mg; 2.5mg</i>	
ENTTY SPRAY EMULSION	
<i>esterified estrogens/methyltestosterone tablet 1.25mg; 2.5mg</i>	
<i>exactacain aerosol 14%; 2%; 2%</i>	
<i>exotic-hc solution 1mg/ml; 10mg/ml; 10mg/ml</i>	
FIBERSOURCE HN LIQUID 64MCG/250ML; 250MG/250ML; 0; 2MG/250ML; 0; 225MG/250ML; 85UNIT/250ML; 85MG/250ML; 28MCG/250ML; 0.45MG/250ML; 1.3MCG/250ML; 4.5MG/250ML; 170MCG/250ML; 85MG/250ML; 0; 0; 0.43MG/250ML; 4.3MG/250ML; 250MG/250ML; 20MCG/250ML; 475MG/250ML; 37MCG/250ML; 0.5MG/250ML; 1070UNIT/250ML; 0.36MG/250ML; 50MG/250ML; 25MG/250ML; 18MCG/250ML; 0.32MG/250ML; 13UNIT/250ML; 4.5MG/250ML	
FIRST-MOUTHWASH BLM SUSPENSION	
FIRST-OMEPRazole SUSPENSION 2MG/ML	
GILPHEX TR TABLET 388MG; 10MG	
GILTUSS TR TABLET 28MG; 388MG; 10MG	
<i>grx hicort 25 suppository 25mg</i>	
<i>hemorrhoidal-hc suppository 25mg</i>	
<i>hydrocodone polistirex/chlorpheniramine polistirex suspension extended release 8mg/5ml; 10mg/5ml</i>	
<i>hydrocortisone acetate suppository 25mg, 30mg</i>	

Drug name	Requirements/Limits
<i>hydrocortisone acetate/pramoxine cream</i> 2.5%; 1%	
<i>hydrocortisone/iodoquinol cream</i> 1%; 1%	
HYOPHEN TABLET 9MG; 0.12MG; 81.6MG; 10.8MG; 36.2MG	
<i>hyoscyamine sulfate er tablet extended release</i> 12 hour 0.375mg	
<i>hyosyne elixir</i> 0.125mg/5ml	
<i>hyosyne solution</i> 0.125mg/ml	
<i>iodoquinol/hydrocortisone acetate/aloe</i> <i>polysaccharides gel</i> 1%; 2%; 1%	
IODOSORB GEL 0.9%	
<i>isoxsuprine hcl tablet</i> 10mg, 20mg	
K-PHOS NEUTRAL TABLET 155MG; 852MG; 130MG	
K-PHOS NO 2 TABLET 305MG; 700MG	
K-PHOS TABLET 500MG	
LEVBID TABLET EXTENDED RELEASE 12 HOUR 0.375MG	
<i>lidocaine hcl/hydrocortisone acetate cream</i> 0.5%; 3%	
<i>me/naphos/mb/hyo 1 tablet</i> 0.12mg; 81.6mg; 10.8mg; 40.8mg	
MEZPAROX-HC FORTE CREAM 2.5%; 2.5%	
NATURE-THROID TABLET 32.5MG, 65MG, 97.5MG	
NEOTUSS PLUS LIQUID 4MG/5ML; 30MG/5ML; 7.5MG/5ML	
NITROMIST AEROSOL SOLUTION 400MCG/ SPRAY	
NITRO-TIME CAPSULE EXTENDED RELEASE 2.5MG, 6.5MG, 9MG	
<i>nohist-dm liquid</i> 4mg/5ml; 15mg/5ml; 10mg/5ml	
NOVACORT GEL 2%; 1%	
OTICIN HC NR SOLUTION 1MG/ML; 10MG/ML; 10MG/ML	
<i>oto-end 10 solution</i> 1mg/ml; 10mg/ml; 10mg/ml	

Drug name	Requirements/Limits
<i>otomax-hc solution 1mg/ml; 10mg/ml; 10mg/ml</i>	
PAZEO SOLUTION 0.7%	
<i>phenazopyridine hydrochloride tablet 100mg, 200mg</i>	
<i>phospha 250 neutral tablet 155mg; 852mg; 130mg</i>	
POTABA CAPSULE 500MG	
PRAMOSONE CREAM 1%; 1%, 2.5%; 1%	
PRAMOSONE LOTION 2.5%; 1%	
PRAMOSONE OINTMENT 1%; 1%, 2.5%; 1%	
PROCORT CREAM 1.85%; 1.15%	
PROCTOCORT SUPPOSITORY 30MG	
<i>promethazine hydrochloride/dextromethorphan hydrobromide syrup 15mg/5ml; 6.25mg/5ml</i>	
<i>promethazine vc/codeine syrup 10mg/5ml; 5mg/5ml; 6.25mg/5ml</i>	
<i>promethazine/codeine solution 10mg/5ml; 6.25mg/5ml</i>	
<i>promethazine/dextromethorphan solution 15mg/5ml; 6.25mg/5ml</i>	
<i>promethazine/phenylephrine/codeine syrup 10mg/5ml; 5mg/5ml; 6.25mg/5ml</i>	
<i>pyridoxine hcl injection 100mg/ml</i>	
QUAZEPAM TABLET 15MG	
QUINJA GEL 1%; 1.25%	
<i>rectacort-hc suppository 25mg</i>	
RHINOLAR CAPSULE EXTENDED RELEASE 8MG; 2.5MG; 75MG	
<i>sodium chloride nebulization solution 0.9%, 10%, 3%, 7%</i>	
<i>sodium sulfacetamide/sulfur cream 10%; 5%, 9.8%; 4.8%</i>	
<i>sodium sulfacetamide/sulfur lotion 10%; 5%, 9.8%; 4.8%</i>	
SYMAX DUOTAB TABLET EXTENDED RELEASE 0.375MG	
<i>thiamine hydrochloride injection 100mg/ml</i>	

Drug name	Requirements/Limits
TUSSICAPS CAPSULE EXTENDED RELEASE 12 HOUR 8MG; 10MG	
TUXARIN ER TABLET EXTENDED RELEASE 12 HOUR 8MG; 54.3MG	
TUZISTRA XR SUSPENSION EXTENDED RELEASE 2.8MG/5ML; 14.7MG/5ML	
<i>urea cream 39%, 47%</i>	
<i>uribel capsule 0.12mg; 118mg; 10mg; 36mg; 40.8mg</i>	
<i>uro-458 tablet 0.12mg; 81mg; 10.8mg; 32.4mg; 40.8mg</i>	
<i>uro-mp capsule 0.12mg; 118mg; 10mg; 36mg; 40.8mg</i>	
<i>ustell capsule 0.12mg; 120mg; 10mg; 36mg; 40.8mg</i>	
<i>vilamit mb capsule 0.12mg; 118mg; 10mg; 36mg; 40.8mg</i>	
<i>vilevov mb tablet 0.12mg; 81mg; 10.8mg; 32.4mg; 40.8mg</i>	
VIRATAN-DM TABLET CHEWABLE 25MG; 25MG; 30MG	
VYTONE CREAM 0; 1.9%; 1%	
WESTHROID TABLET 130MG, 195MG, 97.5MG	
WP THYROID TABLET 65MG	

VITAMINS AND MINERALS

Vitamins and Minerals

ACCRUFER CAPSULE 30MG

ACTIVE FE TABLET 160MG; 2100UNIT; 400UNIT; 1MG; 30MCG; 1250MCG; 75MG; 30MG; 20MG; 20MG; 4MG; 4MG; 40UNIT; 20MG

ADRENAL C FORMULA TABLET

airavite tablet 1mg; 2.5mg; 25mg

ALBAFORT INJECTION 100MCG/ML; 50MG/ML; 20%; 12.5MG/ML; 1MG/ML; 2MG/ML; 0.5MG/ML; 12.5MG/ML

ANIMI-3 CAPSULE 1000UNIT; 500MCG; 350MG; 35MG; 1MG; 500MG; 200MG; 12.5MG

Drug name	Requirements/Limits
ANIMI-3/VITAMIN D CAPSULE 1000UNIT; 500MCG; 350MG; 35MG; 1MG; 500MG; 200MG; 12.5MG	
AP-ZEL TABLET 5MG; 1.5MG; 500MCG; 600MG; 1.5MG; 10MG	
AQUASOL A PARENTERAL INJECTION 50000UNIT/ML	
<i>ascorbic acid injection 500mg/ml</i>	
ASTAMED MYO CAPSULE 6MG; 300UNIT; 5MG; 3MG	
AVAILNEX TABLET CHEWABLE 750MG	
AXONA PACKET	
<i>b-6 folic acid capsule</i>	
BACMIN TABLET 500MG; 150MCG; 25MG; 0.1MG; 3MG; 50MCG; 27MG; 1MG; 50MG; 50MG; 5MG; 100MG; 25MG; 5000UNIT; 20MG; 50MCG; 20MG; 30UNIT; 22.5MG	
<i>b-complex 100 injection 2%; 2mg/ml; 100mg/ ml; 2mg/ml; 2mg/ml; 100mg/ml</i>	
<i>biocel tablet 500mg; 125mg; 300mcg; 10mg; 200unit; 1mg; 33mg; 50mg; 25mg; 25mg; 5000unit; 25mg; 50mcg; 25mg; 100unit; 60mg</i>	
BP VIT 3 CAPSULE 500MCG; 350MG; 35MG; 1MG; 500MG; 200MG; 12.5MG	
<i>b-plex plus tablet 500mg; 0.15mg; 0.1mg; 3mg; 50mcg; 27mg; 0.8mg; 50mg; 5mg; 100mg; 25mg; 25mg; 5000unit; 20mg; 20mg; 30unit; 22.5mg</i>	
<i>b-plex tablet 500mg; 5mcg; 0.5mg; 100mg; 18mg; 4mg; 15mg; 15mg</i>	
CENFOL TABLET 2MG; 2.3MG; 24.5MG	
CENTRATLEX CAPSULE 10MG; 0.8MG; 15MCG; 106MG; 1MG; 6.9MG; 1.3MG; 30MG; 5MG; 6MG; 200MG; 10MG; 18.2MG	
CEREFOLIN NAC TABLET 600MG; 6MG; 2MG	
CEREFOLIN TABLET 1MG; 6MG; 50MG; 5MG	
CHOLECAL DF TABLET 3800UNIT; 1MG	
CIFEREX CAPSULE 3775UNIT; 1MG	
<i>cod liver oil</i>	

Drug name	Requirements/Limits
<i>corvita 150 tablet 120mg; 15mcg; 1.25mg; 150mg; 10mg; 25mg</i>	
CORVITE 150 TABLET 100MCG; 120MG; 5MG; 20MCG; 700MCG; 150MG; 300MCG; 10MG; 10MG; 25MG	
CORVITE FE TABLET 120MG; 5MG; 1000UNIT; 15MCG; 15MG; 25MG; 1MG; 125MG; 10MG; 25MG	
<i>corvite free tablet 10mg; 500mg; 75mcg; 400unit; 150mcg; 35mg; 1mg; 70mcg; 125mcg; 1.25mg; 400mcg; 125mcg; 35mg; 35mg; 5mg; 35mg; 3.4mg; 25mg; 125unit; 35mg</i>	
<i>cyanocobalamin injection 1000mcg/ml</i> CYANOCOBALAMIN INJECTION 2000MCG/ML	
DEPLIN 15 CAPSULE 15MG; 90.314MG	
DEPLIN 7.5 CAPSULE 7.5MG; 90.314MG	
DIALYVITE 3000 TABLET 100MG; 300MCG; 10MG; 3MG; 1MG; 20MG; 25MG; 1.7MG; 70MCG; 1.5MG; 30UNIT; 15MG	
DIALYVITE 5000 TABLET 100MG; 300MCG; 10MG; 5MG; 2MG; 20MG; 50MG; 1.7MG; 70MCG; 1.5MG; 30UNIT; 25MG	
DIALYVITE SUPREME D TABLET 100MG; 300MCG; 10MG; 2000UNIT; 3MG; 1MG; 20MG; 25MG; 1.7MG; 70MCG; 1.5MG; 30UNIT; 15MG	
<i>dialyvite tablet 100mg; 0.3mg; 0.006mg; 1mg; 20mg; 10mg; 10mg; 1.7mg; 1.5mg</i>	
DIALYVITE/ZINC TABLET 100MG; 300MCG; 10MG; 6MCG; 1MG; 20MG; 10MG; 1.7MG; 1.5MG; 50MG	
DRISDOL CAPSULE 50000UNIT	
DURACHOL CAPSULE 3775UNIT; 1MG	
ELFOLATE PLUS TABLET 3MG; 2MG; 35MG	
ENLYTE CAPSULE 21MG; 5MG; 25MCG; 1.5MG; 40MG; 25MCG; 2.5MG; 2.4MG; 3.83MG; 25MCG; 25MCG; 25MCG; 25MCG	
ERGOCAL CAPSULE 2500UNIT	
<i>ergocalciferol capsule 50000unit</i>	

Drug name	Requirements/Limits
<i>fabb tablet 1mg; 2.2mg; 25mg</i>	
FE 90 PLUS TABLET	
FERAHEME INJECTION 510MG/17ML	
FERIVA 21/7 TABLET 600MCG; 175MG; 12MCG; 50MG; 75MG; 400MCG; 150MG; 10MG	
FERIVAFA CAPSULE	
<i>ferocon capsule 75mg; 15mcg; 110mg; 0.5mg; 240mg</i>	
<i>ferotinsic capsule 75mg; 15mcg; 110mg; 0.5mg; 240mg</i>	
FERRALET 90 TABLET 120MG; 12MCG; 50MG; 1MG; 90MG	
FERRAPLUS 90 TABLET 120MG; 12MCG; 50MG; 1MG; 90MG	
<i>ferrocite plus tablet 10mg; 0.8mg; 15mcg; 324mg; 1mg; 6.9mg; 1.3mg; 30mg; 5mg; 6mg; 200mg; 10mg; 18.2mg</i>	
<i>ferrogels forte capsule 60mg; 10mcg; 460mg; 1mg</i>	
FERRO-PLEX HEMATINIC TABLET 600MG; 25MCG; 50MG; 115MG; 1MG; 75MG; 0; 30UNIT	
FIBRIK CAPSULE 150MG; 1MG; 1MG; 12.5MG; 15MG; 15UNIT; 50MG	
<i>folbee plus cz tablet 60mg; 300mcg; 10mg; 1.5mg; 2mg; 5mg; 20mg; 50mg; 1.5mg; 1.5mg; 25mg</i>	
<i>folbee plus tablet 60mg; 300mcg; 10mg; 1mg; 5mg; 20mg; 50mg; 1.5mg; 1.5mg</i>	
<i>folbee tablet 1mg; 2.5mg; 25mg</i>	
FOLBIC RF TABLET 2MG; 1.13MG; 25MG	
<i>folbic tablet 2mg; 2.5mg; 25mg</i>	
FOLGARD RX TABLET 1MG; 2.2MG; 25MG	
<i>folic acid injection 5mg/ml</i>	
<i>folic acid tablet 1mg</i>	
<i>folic acid/cyanocobalamin/pyridoxine</i>	
<i>hydrochloride tablet 1mg; 2.5mg; 25mg</i>	
<i>folic acid/vitamin b-6/vitamin b-12 tablet 500mcg; 2.2mg; 25mg</i>	

Drug name	Requirements/Limits
FOLI-D TABLET 2000UNIT; 1MG	
FOLIKA-V TABLET 125MG; 500UNIT; 1MG; 1MG; 5MG; 12.5MG; 25MG; 50MG	
FOLITE TABLET 200MG; 200MG; 50MCG; 1MG; 100MG	
FOLIVANE-F CAPSULE 40MG; 62.5MG; 1MG; 3MG; 62.5MG	
FOLIVANE-PLUS CAPSULE 210MG; 300MCG; 7MG; 10MCG; 62.5MG; 1MG; 20MG; 62.5MG; 25MG; 5MG; 5MG	
FOLIXAPURE TABLET 5000UNIT; 1MG	
<i>folplex 2.2 tablet 0.5mg; 2.2mg; 25mg</i>	
FOLTANX RF CAPSULE 3MG; 2MG; 35MG; 90.314MG	
FOLTANX TABLET 3MG; 2MG; 35MG	
FOLTRATE TABLET 500MCG; 1MG	
<i>foltrin capsule 75mg; 15mcg; 110mg; 0.5mg; 240mg</i>	
FOLTIX TABLET 2MG; 2.5MG; 25MG	
FORTAVIT CAPSULE 150MG; 0; 15MG; 25MCG; 1.5MG; 100MG; 25MG; 50MG; 25MG; 2MCG; 50MCG; 1MG; 25MCG; 1MG; 7.5MG; 200MCG; 67.5MG; 25MCG; 75MCG; 40MG; 25MG; 5MG; 25MG; 5MCG; 25MG; 15MG; 25MG; 25MG; 1MG; 0; 2.5MG; 5MG; 13MCG; 25MG; 5000UNIT; 200UNIT; 150UNIT; 8MG	
FOVEX CAPSULE 700MG; 40MG; 10MG; 800MG; 2MG	
FUSION PLUS CAPSULE 75MG; 300MCG; 12MCG; 65MG; 1250MCG; 30MG; 10MG; 6MG; 65MG; 10MG; 3MG; 2MG	
GABADONE CAPSULE	
<i>hematinic plus complex tablet 10mg; 0.8mg; 15mcg; 324mg; 1mg; 6.9mg; 1.3mg; 30mg; 5mg; 6mg; 200mg; 10mg; 18.2mg</i>	
<i>hematinic plus vitamins/minerals tablet 10mg; 0.8mg; 15mcg; 106mg; 1mg; 6.9mg; 1.3mg; 30mg; 5mg; 6mg; 200mg; 10mg; 18.2mg</i>	
<i>hematinic/folic acid tablet 324mg; 1mg</i>	

Drug name	Requirements/Limits
<i>hematogen capsule 250mg; 10mcg; 200mg</i> HEMATOGEN FA CAPSULE 250MG; 10MCG; 200MG; 1MG	
<i>hematogen forte capsule 60mg; 10mcg; 460mg; 1mg</i> HEMATRON-AF TABLET 500MG; 150MCG; 3MG; 60MCG; 50MG; 1MG; 150MG; 30UNIT	
HEMENATAL OB + DHA MISCELLANEOUS 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 200MG; 2.5MG; 1MG; 6MG; 0.5MG; 17MG; 203MG; 28MG; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 10UNIT; 4.5MG	
HEMOCYTE PLUS CAPSULE 10MG; 0.8MG; 15MCG; 324MG; 1MG; 6.9MG; 1.3MG; 30MG; 5MG; 6MG; 200MG; 10MG; 18.2MG	
<i>hemocyte-f tablet 324mg; 1mg</i>	
<i>hemocyte-plus tablet 10mg; 0.8mg; 15mcg; 324mg; 1mg; 6.9mg; 1.3mg; 30mg; 5mg; 6mg; 200mg; 10mg; 18.2mg</i>	
<i>hydroxocobalamin injection 1000mcg/ml</i>	
HYPERTENSA CAPSULE	
ICAR-C PLUS TABLET 250MG; 25MCG; 1MG; 100MG	
<i>iferex 150 forte capsule 25mcg; 1mg; 150mg</i>	
<i>infed injection 50mg/ml</i>	
<i>infuvite adult injection 200mg/10ml; 200unit/10ml; 5mcg/10ml; 15mg/10ml; 600mcg/10ml; 40mg/10ml; 6mg/10ml; 3.6mg/10ml; 6mg/10ml; 10unit/10ml; 3300unit/10ml; 150mcg/10ml</i>	
<i>infuvite pediatric injection 80mg/5ml; 1mcg/5ml; 400unit/5ml; 1mcg/5ml; 5mg/5ml; 140mcg/5ml; 17mg/5ml; 1mg/5ml; 2300unit/5ml; 1.4mg/5ml; 1.2mg/5ml; 7unit/5ml; 0.2mg/5ml</i>	
INJECTAFER INJECTION 750MG/15ML	
INTEGRA F CAPSULE 40MG; 62.5MG; 1000MCG; 3MG; 62.5MG	

Drug name	Requirements/Limits
INTEGRA PLUS CAPSULE 210MG; 300MCG; 7MG; 10MCG; 62.5MG; 1000MCG; 20MG; 62.5MG; 25MG; 5MG; 5MG	
IROSPAN 24/6 MISCELLANEOUS 300MCG; 100MG; 155MG; 7MG; 10MCG; 65MG; 1000MCG; 25MG; 65MG; 30MG; 5MG; 100MG; 150MG; 5MG	
LIMBREL CAPSULE 500MG	
LIPICHOL 540 CAPSULE 1MG; 52.5MG; 77.5MG; 150MG; 270MG	
LISTER-V CAPSULE	
<i>l-methyl-b6-b12 tablet 3mg; 2mg; 35mg</i>	
L-METHYLFOLATE CA ME-CBL NAC TABLET 600MG; 6MG; 2MG; 90.314MG	
<i>l-methylfolate ca/p-5-p/me-cbl capsule 3mg; 2mg; 35mg; 90.314mg</i>	
<i>l-methylfolate calcium tablet 7.5mg</i>	
L-METHYLFOLATE FORMULA 15 CAPSULE 15MG; 90.314MG	
L-METHYLFOLATE FORMULA 7.5 CAPSULE 7.5MG; 90.314MG	
L-METHYLFOLATE FORTE CAPSULE 15MG; 90.314MG, 7.5MG; 90.314MG	
<i>l-methylfolate tablet 15mg</i>	
L-METHYL-MC NAC TABLET 600MG; 6MG; 2MG	
L-METHYL-MC TABLET 1MG; 6MG; 50MG; 5MG	
<i>lmthf/pyridoxine hcl/cyanocobalamin tablet 2mg; 1.13mg; 25mg</i>	
<i>lysiplex plus tablet 166.667mg; 50mcg; 133.333unit; 0.667mg; 16.667mcg; 3.333mg; 333.333mcg; 66.667mg; 133.333mg; 333.333mg; 66.667mg; 1.667mg; 5mcg; 16.667mg; 16.667mg; 26.667mg; 16.667mg; 1666.67unit; 5mg; 33.333mcg; 16.667mg; 66.667unit; 133.333mg; 5mg</i>	

Drug name	Requirements/Limits
M.V.I. ADULT INJECTION 200MG/10ML; 60MCG/10ML; 5MCG/10ML; 15MG/10ML; 5MCG/10ML; 600MCG/10ML; 40MG/10ML; 150MCG/10ML; 6MG/10ML; 3.6MG/10ML; 6MG/10ML; 10MG/10ML; 1MG/10ML	
M.V.I. PEDIATRIC INJECTION 80MCG; 20MCG; 1MCG; 140MCG; 17MG; 5MG; 200MCG; 1MG; 1.4MG; 1.2MG; 0.7MG; 10MCG; 7MG	
M.V.I.-12 WITHOUT VITAMIN K INJECTION 200MG/10ML; 60MCG/10ML; 5MCG/10ML; 15MG/10ML; 200UNIT/10ML; 600MCG/10ML; 40MG/10ML; 6MG/10ML; 3.6MG/10ML; 6MG/10ML; 10UNIT/10ML; 3300UNIT/10ML	
MEPHYTON TABLET 5MG	
METAFOLBIC PLUS RF TABLET 600MG; 6MG; 2MG; 90.314MG	
METAFOLBIC PLUS TABLET 600MG; 6MG; 2MG	
METAFOLBIC TABLET 1MG; 6MG; 50MG; 5MG	
METANX CAPSULE 3MG; 2MG; 35MG; 90.314MG	
<i>methionine/inositol/choline/cyanocobalamin injection 50mg/ml; 1000mcg/ml; 50mg/ml; 25mg/ml</i>	
METHYLCOBALAMIN INJECTION 10000MCG, 150MG/30ML, 300MG/30ML, 30MG/30ML, 50000MCG	
MONOFERRIC INJECTION 1000MG/10ML	
<i>multi-b-plus tablet 500mg; 0.15mg; 0.1mg; 3mg; 50mcg; 0.8mg; 27mg; 50mg; 5mg; 100mg; 25mg; 25mg; 20mg; 20mg; 5000unit; 30unit; 22.5mg</i>	
MULTIGEN FOLIC TABLET 150MG; 2MG; 10MCG; 70MG; 1MG; 75MG	
MULTIGEN PLUS TABLET 60MG; 0.8MG; 10MCG; 50MG; 101MG; 1MG; 50MG	
MULTIGEN TABLET 150MG; 2MG; 10MCG; 50MG; 70MG; 75MG	
<i>myferon 150 forte capsule 25mcg; 1mg; 150mg</i>	

Drug name	Requirements/Limits
<i>mynephrocaps capsule 100mg; 150mcg; 5mg; 6mcg; 1mg; 20mg; 10mg; 1.7mg; 1.5mg</i>	
NASCOBAL SOLUTION 500MCG/0.1ML	
NATALVIRT FLT TABLET 120MG; 12MCG; 50MG; 1MG; 90MG	
NEPHPLEX RX TABLET 60MG; 300MCG; 6MG; 1MG; 20MG; 10MG; 10MG; 1.7MG; 1.5MG; 12.5MG	
NEPHROCAPS CAPSULE 100MG; 150MCG; 5MG; 6MCG; 1MG; 20MG; 10MG; 1.7MG; 1.5MG	
NEPHRON FA TABLET 40MG; 300MCG; 6MCG; 75MG; 200MG; 1MG; 20MG; 10MG; 10MG; 1.7MG; 1.5MG	
<i>nephronex tablet 60mg; 300mcg; 0.01mcg; 1mg; 20mg; 10mg; 10mg; 1.7mg; 1.5mg</i>	
NEPHRO-VITE RX TABLET 60MG; 300MCG; 6MCG; 1MG; 20MG; 10MG; 10MG; 1.7MG; 1.5MG	
NEUREPA CAPSULE 0; 1GM	
NEURIN-SL TABLET SUBLINGUAL 600MCG; 600MCG	
NICADAN TABLET 50MG; 100MG; 2MG; 500MCG; 5MG; 800MG; 10MG; 20MG	
NICAZEL FORTE TABLET	
NICAZEL TABLET 5MG; 1.5MG; 500MCG; 600MG; 5MG; 10MG	
NICOMIDE TABLET 0.5MG; 100MCG; 2MG; 750MG; 50MCG; 27MG	
<i>nufol tablet 1mg; 2.5mg; 25mg</i>	
NUTRICAP TABLET 150MG; 6000UNIT; 80MCG; 10MG; 5MG; 25MCG; 2MG; 25MCG; 18MG; 1MG; 50MG; 2MG; 25MCG; 20MG; 150MCG; 10MG; 17MG; 25MCG; 15MG; 200UNIT; 400UNIT; 33.5MCG; 18MG	
<i>nutrifac zx tablet 500mg; 200mcg; 66mg; 200mcg; 2.5mg; 50mcg; 1000mcg; 50mg; 5mg; 100mg; 25mg; 25mg; 5000unit; 20mg; 50mcg; 20mg; 400unit; 50unit; 20mg</i>	

Drug name	Requirements/Limits
NUTRIVIT LIQUID 25MCG/15ML; 15MG/15ML; 1MG/15ML; 800MG/15ML; 100MG/15ML; 15MG/15ML; 2MG/15ML; 15MG/15ML; 10MG/15ML	
OCUVEL CAPSULE 250MG; 1MG; 0.5MG; 5MG; 200UNIT; 1MG; 40MG	
ORTHO-FOLIC CAPSULE 3760UNIT; 1MG	
PERCURA CAPSULE	
PHYSICIANS EZ USE B-12 COMPLIANCE KIT INJECTION 1000MCG/ML	
PHYTONADIONE INJECTION 1MG/0.5ML	
PNV-VP-U CAPSULE 10MG; 0.8MG; 15MCG; 106.5MG; 1MG; 1.3MG; 30MG; 5MG; 6MG; 200MG; 10MG	
PODIAPN CAPSULE	
<i>poly-iron 150 forte capsule 25mcg; 1mg; 150mg</i>	
<i>polysaccharide iron forte capsule 25mcg; 1mg; 150mg</i>	
PROTECT PLUS CAPSULE 500MG; 5000UNIT; 300MCG; 100MG; 50MG; 200MCG; 1MG; 50MCG; 1MG; 30MG; 500MCG; 50MG; 200MG; 5MG; 50MCG; 50MG; 50MG; 50MG; 50MG; 100MCG; 500MCG; 50MG; 5000UNIT; 400UNIT; 400UNIT; 30MG	
PROTECTIRON TABLET	
PROTEOLIN TABLET	
PULMONA CAPSULE	
PUREFE PLUS CAPSULE 10MG; 0.8MG; 15MCG; 106MG; 1MG; 6.9MG; 1.3MG; 30MG; 5MG; 6MG; 200MG; 10MG; 18.2MG	
<i>purevit dualfe plus capsule 10mg; 0.8mg; 15mcg; 162mg; 1mg; 1.3mg; 30mg; 115.2mg; 5mg; 6mg; 200mg; 10mg; 18.2mg</i>	
PYRIDOXAL-5-PHOSPHATE INJECTION 100MG/ML	
<i>pyridoxine hcl injection 100mg/ml</i> <i>renal caps capsule 100mg; 150mcg; 5mg; 6mcg; 1mg; 20mg; 10mg; 1.7mg; 1.5mg</i>	

Drug name	Requirements/Limits
RENATABS TABLET 60MG; 300MCG; 10MG; 6MCG; 1MG; 20MG; 10MG; 1.7MG; 1.5MG; 5UNIT	
RENATABS WITH IRON MISCELLANEOUS 60MG; 300MCG; 10MG; 6MCG; 1MG; 100MG; 20MG; 10MG; 1.7MG; 1.5MG; 5UNIT	
<i>rena-vite rx tablet 60mg; 300mcg; 10mg; 29mg; 6mcg; 1000mcg; 20mg; 10mg; 1.7mg; 1.5mg</i>	
<i>reno caps capsule 100mg; 150mcg; 5mg; 6mcg; 1mg; 20mg; 10mg; 1.7mg; 1.5mg</i>	
REQ 49+ TABLET 100MG; 0; 20MCG; 0.8MG; 190MG; 2MG; 200UNIT; 50MCG; 0.7MG; 150MCG; 200MCG; 1.5MG; 1.5MG; 25MG; 0.5MG; 15MCG; 5MG; 40MCG; 30MCG; 30MCG; 1MG; 750UNIT; 1MG; 50MCG; 0.5MG; 100UNIT; 2.5MCG; 2.5MG; 10MG	
REVESTA CAPSULE 5750UNIT; 1MG	
SENTRA AM CAPSULE	
SENTRA PM CAPSULE	
<i>se-tan plus capsule 10mg; 0.8mg; 15mcg; 162mg; 1mg; 1.3mg; 30mg; 115.2mg; 5mg; 6mg; 200mg; 10mg; 18.2mg</i>	
SIDEROL TABLET 250MG; 8MG; 60MCG; 100MG; 150MG; 400MCG; 3MG; 20MG; 25MG; 15MG; 15MG; 50MG	
<i>sodium ferric gluconate complex/sucrose injection 12.5mg/ml</i>	
STROVITE FORTE SYRUP 300MG/15ML; 0; 150MCG/15ML; 400UNIT/15ML; 50MCG/15ML; 3MG/15ML; 20MCG/15ML; 10MG/15ML; 1MG/15ML; 50MG/15ML; 5MG/15ML; 100MG/15ML; 25MG/15ML; 20MG/15ML; 4000UNIT/15ML; 17MG/15ML; 55MCG/15ML; 15MG/15ML; 30UNIT/15ML; 15MG/15ML	
STROVITE FORTE TABLET 500MG; 1000UNIT; 0.15MG; 25MG; 0.1MG; 3MG; 50MCG; 10MG; 0.8MG; 50MG; 25MCG; 100MG; 25MG; 3000UNIT; 20MG; 50MCG; 20MG; 60UNIT; 15MG	

Drug name	Requirements/Limits
STROVITE ONE TABLET 15MG; 300MG; 100MCG; 15MG; 3000UNIT; 1000UNIT; 50MCG; 1.5MG; 50MCG; 1MG; 5MG; 50MG; 1.5MG; 25MG; 25MG; 5MG; 100MCG; 20MG; 100UNIT; 25MG	
SUPERVITE LIQUID 25MCG/15ML; 20MG/15ML; 1MG/15ML; 1000MG/15ML; 100MG/15ML; 2MG/15ML; 10MG/15ML; 10MG/15ML; 75MG/15ML	
SUPPORT LIQUID 10MCG/5ML; 0.8MG/5ML; 275MG/5ML; 0.5MG/5ML; 30MG/5ML; 2MG/5ML; 2MG/5ML; 8MG/5ML; 1500UNIT/5ML; 100UNIT/5ML; 7MG/5ML	
SUPPORT-500 CAPSULE	
TANDEM PLUS CAPSULE	
THERAMINE CAPSULE	
<i>thiamine hydrochloride injection 100mg/ml</i>	
<i>tl gard rx tablet 1mg; 2.2mg; 25mg</i>	
<i>tl icon capsule 75mg; 15mcg; 110mg; 0.5mg; 240mg</i>	
<i>tl-hem 150 tablet 500mg; 150mcg; 3mg; 60mcg; 50mg; 1mg; 150mg; 30unit</i>	
TL-ICARE CAPSULE 150.667MG; 6213.33UNIT; 266.667UNIT; 0.533MG; 0; 0; 3.333MG; 200MG; 3333.33UNIT; 133.333MG; 66.667UNIT; 0.667MG; 23MG	
TOZAL CAPSULE	
TREPADONE CAPSULE	
<i>tricon capsule 75mg; 15mcg; 110mg; 0.5mg; 240mg</i>	
TRIFERIC PACKET 272MG	
TRIFERIC SOLUTION 27.2MG/5ML	
<i>trigels-f forte capsule 60mg; 10mcg; 151mg; 1mg</i>	
<i>triphocaps capsule 100mg; 150mcg; 5mg; 6mcg; 1mg; 20mg; 10mg; 1.7mg; 1.5mg</i>	
UDAMIN SP TABLET 250MCG; 1000MCG; 2.5MG; 12.5MG; 100MCG; 320MG; 75UNIT; 0; 0; 0; 17MG; 7.5MG	

Drug name	Requirements/Limits
VASCAZEN CAPSULE 30MG; 110MG; 30MG; 680MG; 20MG; 900MG; 30MG	
<i>v-c forte capsule 150mg; 10mg; 10mcg; 1mg; 70mg; 4mg; 25mg; 2mg; 5mg; 10mg; 8000unit; 50unit; 80mg</i>	
VENOFER INJECTION 20MG/ML	
<i>vicap forte capsule 150mg; 10mg; 10mcg; 1mg; 70mg; 4mg; 25mg; 2mg; 5mg; 10mg; 8000unit; 50unit; 80mg</i>	
<i>vic-forte capsule 150mg; 10mg; 10mcg; 1mg; 70mg; 4mg; 25mg; 2mg; 5mg; 10mg; 8000unit; 50unit; 80mg</i>	
<i>virt-caps capsule 100mg; 150mcg; 5mg; 6mcg; 1mg; 20mg; 10mg; 1.7mg; 1.5mg</i>	
<i>virt-vite forte tablet 2mg; 2.5mg; 25mg</i>	
<i>virt-vite plus tablet 60mg; 300mcg; 1mg; 5mg; 20mg; 10mg; 50mg; 1.5mg; 1.5mg</i>	
<i>virt-vite tablet 1mg; 2.5mg; 25mg</i>	
<i>vita s forte tablet</i>	
<i>vitacel tablet 500mg; 125mg; 300mcg; 25mg; 10mg; 1mg; 33mg; 50mg; 25mg; 5000unit; 25mg; 50mcg; 25mg; 100unit; 200unit; 80mg</i>	
VITAL-D RX TABLET 60MG; 300MCG; 1750UNIT; 6MG; 1MG; 20MG; 10MG; 10MG; 1.7MG; 1.5MG; 12.5MG	
<i>vitamin b-complex 100 injection 2mg/ml; 100mg/ml; 2mg/ml; 2mg/ml; 100mg/ml</i>	
<i>vita-min capsule</i>	
<i>vitamin d capsule 50000unit</i>	
VITAMIN K1 INJECTION 10MG/ML, 1MG/0.5ML	
VITAROCA PLUS TABLET 500MG; 0.15MG; 25MG; 0.1MG; 3MG; 50MCG; 27MG; 0.8MG; 50MG; 5MG; 100MG; 25MG; 5000UNIT; 20MG; 20MG; 30UNIT; 22.5MG	
<i>vol-care rx tablet 60mg; 300mcg; 10mg; 6mcg; 1mg; 20mg; 10mg; 1.7mg; 1.5mg</i>	
VP-GSTN CAPSULE 200UNIT; 20MG; 27MG	
VP-ZEL TABLET 5MG; 1.5MG; 500MCG; 600MG; 5MG; 10MG	

Drug name	Requirements/Limits
<i>wheat germ oil</i> XAQUIL XR TABLET EXTENDED RELEASE 25.5MG	
<i>xyzbac tablet 125mg; 500unit; 1mg; 1mg; 5mg; 12.5mg; 25mg; 50mg</i>	
WEIGHT LOSS	
<i>Weight loss</i>	
ADIPEX-P CAPSULE 37.5MG	PA
ADIPEX-P TABLET 37.5MG	PA
APPTRIM-D CAPSULE	PA
APPTRIM CAPSULE	PA
<i>benzphetamine hcl tablet 50mg</i>	PA
CONTRAVE TABLET EXTENDED RELEASE 12 HOUR 90MG; 8MG	PA
<i>diethylpropion hcl er tablet extended release 24 hour 75mg</i>	PA
<i>diethylpropion hcl tablet 25mg</i>	PA
LOMAIRA TABLET 8MG	PA
MEDACTIV TABLET	PA
<i>phendimetrazine tartrate er capsule extended release 24 hour 105mg</i>	PA
<i>phendimetrazine tartrate tablet 35mg</i>	PA
<i>phentermine hcl tablet 37.5mg</i>	PA
<i>phentermine hydrochloride capsule 15mg, 30mg, 37.5mg</i>	PA
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 11.25MG; 69MG, 15MG; 92MG, 3.75MG; 23MG, 7.5MG; 46MG	PA
SAXENDA INJECTION 18MG/3ML	PA
WEGOVY INJECTION 0.25MG/0.5ML, 0.5MG/0.5ML, 1.7MG/0.75ML, 1MG/0.5ML, 2.4MG/0.75ML	PA
XENICAL CAPSULE 120MG	PA
ZEPBOUND INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	PA

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<i>polistirex</i>		<i>polysaccharides</i>		<i>me/naphos/mb/hyo</i>	8
<i>hydrocortisone</i>	7	IODOSORB	8	1	
<i>acetate</i>		IROSPAN 24/6	16	MENOPUR	6
<i>hydrocortisone</i>	8	<i>isoxsuprine hcl</i>	8	MEPHYTON	17
<i>acetate/pramoxine</i>		K-PHOS	8	METAFOLBIC	17
HYDROCORTISONE/	2	K-PHOS NEUTRAL	8	METAFOLBIC PLUS	17
HYDROQUINONE		K-PHOS NO 2	8	METAFOLBIC PLUS	17
HYDROCORTISONE/	2	LATISSE	3	RF	
HYDROQUINONE/		LEVBID	8	METANX	17
TRETINOIN		LEVITRA	5	<i>methionine/</i>	17
<i>hydrocortisone/</i>	8	<i>lidocaine hcl/</i>	8	<i>inositol/choline/</i>	
<i>iodoquinol</i>		<i>hydrocortisone</i>		<i>cyanocobalamin</i>	17
<i>hydromet</i>	4	<i>acetate</i>			
<i>hydroquinone</i>	3	LIMBREL	16	MEZPAROX-HC	8
HYDROQUINONE	3	LIPICHOL	16	FORTE	
<i>hydroxocobalamin</i>	15	LISTER-V	16	MINOXIDIL/	3
HYOPHEN	8	<i>l-methyl-b6-b12</i>	16	PROGESTERONE	
<i>hyoscyamine sulfate</i>	8	<i>l-methylfolate</i>	16	MONOFERRIC	17
<i>er</i>		<i>l-methylfolate</i>	16	MUCINEX DM	4
<i>hyosyne</i>	8	<i>calcium</i>		<i>multi-b-plus</i>	17
HYPERTENSA	15	L-METHYLFOLATE	16	MULTIGEN	17
HYPOCYN	3	CA ME-CBL NAC		MULTIGEN FOLIC	17
HYPOCYN	3	<i>l-methylfolate ca/p-</i>	16	MULTIGEN PLUS	17
ANTIPRURITIC GEL		<i>5-p/me-cbl</i>		MUSE	5
SPRAY		L-METHYLFOLATE	16	M.V.I.-12 WITHOUT	17
ICAR-C PLUS	15	FORMULA 7.5		VITAMIN K	
<i>iferex 150 forte</i>	15	L-METHYLFOLATE	16	M.V.I. ADULT	17
<i>infed</i>	15	FORMULA 15		M.V.I. PEDIATRIC	17
<i>infuvite adult</i>	15	L-METHYLFOLATE	16	<i>myferon 150 forte</i>	17
<i>infuvite pediatric</i>	15	FORTE		<i>mynephrocaps</i>	18
INJECTAFER	15	L-METHYL-MC	16	NASCOBAL	18
INTEGRA F	15	L-METHYL-MC NAC	16	NATALVIRT FLT	18
INTEGRA PLUS	16	<i>lmthf/pyridoxine hcl/</i>	16	NATURE-THROID	8
		<i>cyanocobalamin</i>		NEOTUSS PLUS	8
		LOMAIRA	23		

Drug name	Page	Drug name	Page	Drug name	Page
NEPHPLEX RX	18	<i>phentermine</i>	23	PYRIDOXAL-5-	19
NEPHROCAPS	18	<i>hydrochloride</i>		PHOSPHATE	
<i>nephronex</i>	18	<i>phospha 250 neutral</i>	9	<i>pyridoxine</i>	9, 19
NEPHRON FA	18	PHYSICIANS EZ USE	19	QSYMIA	23
NEPHRO-VITE	18	B-12 COMPLIANCE		QUAD-MIX	5
NEURIN-SL	18	KIT		QUAZEPAM	9
NICADAN	18	PHYTONADIONE	19	QUINJA	9
NICAZEL	18	PNV-VP-U	19	<i>rectacort-hc</i>	9
NICAZEL FORTE	18	PODIAPN	19	REFISSA	3
NICOMIDE	18	<i>poly-iron 150 forte</i>	19	RELHIST	4
NITROMIST	8	<i>polysaccharide iron</i>	19	<i>remergent hq</i>	3
NITRO-TIME	8	<i>forte</i>		<i>renal caps</i>	19
<i>nohist-dm</i>	4, 8	POTABA	9	RENATABS	20
<i>nortuss-de</i>	4	PRAMOSONE	9	RENATABS WITH	20
NOVACORT	8	PROCORT	9	IRON	
<i>nufol</i>	18	PROCTOCORT	9	<i>rena-vite rx</i>	20
NUTRICAP	18	<i>promethazine/</i>	4, 9	<i>reno caps</i>	20
<i>nutrifac zx</i>	18	<i>codeine</i>		RENOVA	3
NUTRIVIT	19	<i>promethazine/</i>	4, 9	RENOVA PUMP	3
OCUVEL	19	<i>dextromethorphan</i>		REQ 49+	20
ORTHO-FOLIC	19	<i>promethazine</i>	9	REVESTA	20
OTICIN HC NR	8	<i>hydrochloride/</i>		RHINOLAR	9
<i>oto-end 10</i>	8	<i>dextromethorphan</i>		SAXENDA	23
<i>otomax-hc</i>	9	<i>hydrobromide</i>		SENTRA AM	20
OVIDREL	6	<i>promethazine/</i>	9	SENTRA PM	20
OXOPOD	3	<i>phenylephrine/</i>		<i>se-tan plus</i>	20
PAZEO	9	<i>codeine</i>		SIDEROL	20
PERCURA	19	<i>promethazine vc/</i>	9	<i>skin bleaching</i>	3
<i>phenazopyridine</i>	9	<i>codeine</i>		<i>sodium chloride</i>	9
<i>hydrochloride</i>		PROPECIA	3	<i>nebulization</i>	
<i>phendimetrazine</i>	23	PROSILK GEL	3	<i>sodium ferric</i>	20
<i>tartrate</i>		PROTECTIRON	19	<i>gluconate complex/</i>	
<i>phendimetrazine</i>	23	PROTECT PLUS	19	<i>sucrose</i>	
<i>tartrate er</i>		PROTEOLIN	19	<i>sodium</i>	9
<i>phentermine hcl</i>	23	PULMONA	19	<i>sulfacetamide/sulfur</i>	
		PUREFE PLUS	19	SOFDRA	3
		<i>purevit dualfe plus</i>	19	STAXYN	5

Drug name	Page	Drug name	Page	Drug name	Page
STENDRA	5	<i>uribel</i>	10	WEGOVY	23
STROVITE FORTE	20	<i>uro-458</i>	10	WESTHROID	10
STROVITE ONE	21	<i>uro-mp</i>	10	<i>wheat germ oil</i>	23
SUPER BI-MIX	5	<i>ustell</i>	10	WP THYROID	10
SUPER QUAD-MIX	5	VANIQA	3	XAQUIL XR	23
SUPER TRI-MIX	5	<i>vardenafil</i>	5	XENICAL	23
SUPERVITE	21	<i>hydrochloride</i>		XERAC AC	3
SUPPORT-500	21	VASCAZEN	21, 22	<i>xyzbac</i>	23
SUPPORT LIQUID	21	<i>v-c forte</i>	22	ZEPBOUND	23
SYMAX DUOTAB	9	VENOFER	22	ZONATUSS	4
<i>tadalafil</i>	5	VIAGRA	5		
TANDEM PLUS	21	<i>vicap forte</i>	22		
TESSALON PERLES	4	<i>vic-forte</i>	22		
THERAMINE	21	<i>vilamit mb</i>	10		
<i>thiamine</i>	9, 21	<i>vilevev mb</i>	10		
<i>hydrochloride</i>		VIRATAN-DM	10		
<i>tl gard rx</i>	21	VIRAVAN-DM	4		
<i>tl-hem 150</i>	21	<i>virt-caps</i>	22		
<i>tl hydroquinone</i>	3	<i>virt-vite</i>	22		
TL-ICARE	21	<i>virt-vite forte</i>	22		
<i>tl icon</i>	21	<i>virt-vite plus</i>	22		
TOZAL	21	<i>vitacel</i>	22		
TREPADONE	21	VITAL-D	22		
<i>tretinoin</i>	3	<i>vita-min</i>	22		
<i>tricon</i>	21	<i>vitamin b-complex</i>	22		
TRIFERIC	21	<i>100</i>			
<i>trigels-f forte</i>	21	<i>vitamin d</i>	22		
TRI-LUMA	3	VITAMIN K1	22		
TRI-MIX	5	VITAROCA PLUS	22		
<i>triphrocaps</i>	21	<i>vita s forte</i>	22		
TUSSICAPS	4, 10	<i>vol-care rx</i>	22		
<i>tussigon</i>	4	<i>vorvite free</i>	12		
TUSSIONEX	4	VP-GSTN	22		
TUXARIN ER	10	VP-ZEL	22		
TUZISTRA XR	10	VYTONE	10		
<i>urea</i>	10				

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Notice of Availability (NOA)

TTY: [711](tel:711)

To access language assistance services and appropriate auxiliary aids and services at no cost to you, call the number on your ID card.

(English)

የቋንቋ እርዳታ አገልግሎቶችን እና ተገቢ የሆኑ ተጨማሪ አጋዥ ድጋፎችን እና አገልግሎቶችን ያለ ምንም ክፍያ ለማግኘት በመተወቂያ ካርድዎ ላይ ወዳለው ቁጥር ይደውሉ። (Amharic)

للوصول إلى خدمات المساعدة اللغوية والمساعدات والخدمات المساعدة المناسبة دون أي تكلفة عليك، اتصل بالرقم الموجود على بطاقة ID الخاصة بك. (Arabic)

如欲免費獲得語言輔助服務以及適當的輔助工具和服務，請撥打您的 ID 卡上的電話號碼。(Chinese)

Pou w jwenn aksè a sèvis asistans lang ak èd ak sèvis oksilyè apwopriye san w pa peye anyen, rele nimewo ki sou kat idantite w la. (French Creole)

Pour accéder gratuitement aux services d'assistance linguistique et aux aides et services auxiliaires appropriés, veuillez appeler le numéro figurant sur votre carte d'identité. (French)

Um Sprachunterstützung sowie geeignete Hilfsmittel und Dienstleistungen kostenlos in Anspruch zu nehmen, rufen Sie bitte die auf Ihrem Ausweis angegebene Nummer an. (German)

Per accedere ai servizi di assistenza linguistica, agli ausili e ai servizi accessori pertinenti a titolo gratuito, chiama il numero riportato sulla tua tessera identificativa. (Italian)

તમારા માટે કોઈપણ ખર્ચ વિના ભાષાકીય સહાય સેવાઓ અને યોગ્ય સહાયક સહાય તથા સેવાઓ મેળવવા માટે, તમારા ID કાર્ડ પર આપેલા નંબર પર કોલ કરો. (Gujarati)

No ke komo ʻāna i nā lawelawe kōkua ʻōlelo a me nā mea kōkua kūpono me ka uku ʻole iā ʻoe, e kelepona i ka helu ma kāu kāleka ID. (Hawaiian)

Kom siv tau cov kev pab cuam txhais lus thiab cov khoom pab kom hnov lus thiab cov kev pab cuam yam tsis sau nqi ntawm koj, hu tus xov tooj nyob ntawm koj daim npav ID. (Hmong):

言語支援サービスや適切な補助補助具・サービスを無料で利用するには、ID カードに登録された番号にお電話ください。 (Japanese)

လၢကမၤန့ၢ် ကျိၢ်အတၢ်ဆိၣ်ထွဲမၤစၢၤတၢ်မၤဒီး တၢ်န့ၢ်ဟူၤ အပီးအလီၤ လၢအကြၢၤအဘၣ်တဖၣ် ဒီးတၢ်မၤစၢၤတၢ်မၤ လၢအဘူးအလဲတအိၣ်ဘၣ်တဖၣ်အဂီၢ်, ကိးလီၤတဲစိနီၣ်ဂံၢ်အံၤ ဖဲ န ID ခးကွဲအပူၤတက့ၢ်. (Karen)

언어 지원 서비스와 적절한 보조 지원 및 서비스를 무료로 이용하려면 ID 카드에 있는 번호로 전화하십시오. (Korean)

Deeggarsa afaanifi tajaajilawwanii akkasumas deeggarsaafi tajaajila dabalataa kaffaltiirraa bilisaa argachuuf lakkoofsa Waraqaa Eenyummaa keessanirra jirutti bilbilaa. (Oromo)

ເພື່ອເຂົ້າເຖິງການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ອຸປະກອນຊ່ວຍໃນການຟັງ ແລະ ການບໍລິການທີ່ເໝາະສົມໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍຕໍ່ທ່ານ, ໃຫ້ໂທຫາເບີໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

ដើម្បីទទួលបានសេវាជំនួយផ្នែកភាសា ព្រមទាំងឧបករណ៍ និងសេវាជំនួយបន្ថែមសមរម្យដោយឥតគិតថ្លៃ សូមទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណ ID របស់អ្នក។ (Khmer)

برای دسترسی رایگان به خدمات کمک زبانی و مساعدت‌های جانبی مناسب با شماره
مندرج روی کارت ID خود تماس بگیرید. (Persian)

Aby skorzystać z usług pomocy językowej oraz odpowiednich środków pomocniczych i usług bez ponoszenia żadnych kosztów, zadzwoń pod numer podany na karcie identyfikacyjnej. (Polish)

Para aceder, sem qualquer custo para si, a serviços de assistência linguística e a ajudas e serviços auxiliares adequados, ligue para o número indicado no seu cartão de identificação. (Portuguese)

Чтобы получить бесплатный доступ к услугам языковой поддержки и соответствующим вспомогательным средствам и услугам, позвоните по номеру, указанному на вашей идентификационной карте. (Russian)

Para tener acceso a los servicios de asistencia en otros idiomas y a las ayudas y servicios auxiliares adecuados sin costo para usted, llame al número que figura en su tarjeta de identificación. (Spanish)

Para ma-access ang mga serbisyo ng tulong sa wika at mga naaangkop na karagdagang tulong at serbisyo nang walang bayad, tawagan ang numerong nasa iyong ID card. (Tagalog)

หากต้องการเข้าถึงบริการช่วยเหลือด้านภาษา
รวมถึงอุปกรณ์และบริการช่วยเหลือพิเศษที่เหมาะสมโดยไม่มีค่าใช้จ่าย
โปรดโทรติดต่อหมายเลขที่ระบบบัตรประจำตัวของคุณ (Thai)

Để được sử dụng miễn phí các dịch vụ hỗ trợ ngôn ngữ cùng các phương tiện và dịch vụ hỗ trợ phù hợp, vui lòng gọi đến số điện thoại ghi trên thẻ ID của quý vị. (Vietnamese)