



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. The prescription drugs included in this document are not covered by Medicare Part D and are not included in your formulary drug list.

Check your Schedule of Cost Sharing to find out how your plan covers Non-Part D Supplemental Benefits.

This Non-Part D Supplemental Benefit guide lists supplemental coverage by categories. Your Schedule of Cost Sharing will indicate the categories covered under this benefit. For example, if your plan includes coverage for "Vitamins and Minerals," find the list titled "Vitamins and Minerals" in this guide to see what is covered.

You'll pay the Initial Coverage Stage Tier 1 cost share for generic drugs. For brand name drugs, you'll pay the cost share for the tier labeled "Preferred Brand" in the Initial Coverage Stage. Please see your Schedule of Cost Sharing for cost share information in the Catastrophic Coverage Stage. Keep in mind, the amount you pay when you fill a prescription for these Non-Part D drugs does not count toward your total drug costs. (This amount does not help you qualify for catastrophic coverage.)

If you are receiving Extra Help to pay for your prescriptions, it will not apply for these supplemental benefits.

For more information, call the toll-free telephone number on your Aetna® ID card or contact Member Services at **1-800-307-4830**. We're available to help you. 8 a.m. to 8 p.m., E.T., Monday to Friday. **TTY users call 711.**

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. Plan features and availability may vary by service area. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

Key

Drug name

Requirements/Limits

UPPERCASE = Brand-name prescription drugs

Lowercase italics = Generic medications

QL = Quantity Limit. For certain, drugs our plan limits the amount of the drug that we will cover.

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

Cosmetic

ACUICYN ANTIMICROBIAL EY ELID &
EYELASH HYGIENE SOLUTION 0.01%

ARNICA FLOWER TINCTURE

AVENOVA SOLUTION 0.01%

benzoin compound tincture

BENZOIN TINCTURE TINCTURE

bimatoprost solution 0.03%

blanche cream 4%

BORIC ACID GRANULES

BOTOX COSMETIC INJECTION 100UNIT,
50UNIT

DAXXIFY INJECTION 100UNIT

DRYSOL SOLUTION 20%

EPICYN SOLUTION

FINASTERIDE/MINOXIDIL SOLUTION 0.1%; 7%

finasteride tablet 1mg

HYCLODEX SOLUTION 0.012%

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%

HYDROCORTISONE/HYDROQUINONE
EMULSION 0.5%; 6%

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 PUMP CREAM 0.02%	
RENOVA 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 pediatric liquid 5mg/ml; 50mg/ml; 2.5mg/ml
biotuss liquid 15mg/5ml; 300mg/5ml; 10mg/5ml
bromfed dm syrup 2mg/5ml; 10mg/5ml; 30mg/5ml
 EXACTUSS LIQUID 28MG/5ML; 388MG/5ML; 10MG/5ML
giltuss pediatric liquid 7.5mg/ml; 88mg/ml; 2.5mg/ml

Drug name	Requirements/Limits
GILTUSS LIQUID 28MG/5ML; 388MG/5ML; 10MG/5ML <i>guaifenesin/dextromethorphan sr tablet extended release 12 hour 30mg; 600mg hydrocodone bitartrate/homatropine methylobromide solution 1.5mg/5ml; 5mg/5ml hydrocodone bitartrate/homatropine methylobromide tablet 1.5mg; 5mg hydrocodone polistirex/chlorpheniramine polistirex suspension extended release 8mg/5ml; 10mg/5ml 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 nortuss-de liquid 5mg/ml; 50mg/ml; 2.5mg/ml promethazine/codeine syrup 10mg/5ml; 6.25mg/5ml 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 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>varafenafil 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
 MENOPUR INJECTION 75UNIT

Drug name	Requirements/Limits
OVIDREL INJECTION 250MCG/0.5ML	
MISCELLANEOUS	
Miscellaneous	
ADDYI TABLET 100MG	
<i>aero otic hc solution 1mg/ml; 10mg/ml; 10mg/ml</i>	
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%	
<i>anucort-hc suppository 25mg</i>	
ANUSOL-HC SUPPOSITORY 25MG	
<i>arzol silver nitrate app licators miscellaneous 25%; 75%</i>	
ASCOR INJECTION 25000MG/50ML	
<i>ascorbic acid injection 15000mg/30ml, 500mg/ml</i>	
ASTERO GEL 4%	
BENZALKONIUM CHLORIDE SOLUTION	
<i>benzoyl peroxide 8% gel 8%</i>	
<i>bpm/pse/dm syrup 2mg/5ml; 10mg/5ml; 30mg/5ml</i>	
<i>bromfed dm syrup 2mg/5ml; 10mg/5ml; 30mg/5ml</i>	
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	
<i>cortic-nd solution 1mg/ml; 10mg/ml; 10mg/ml</i>	
<i>covaryx hs tablet 0.625mg; 1.25mg</i>	
<i>covaryx tablet 1.25mg; 2.5mg</i>	
<i>cyotic solution 1mg/ml; 10mg/ml; 10mg/ml</i>	

Drug name	Requirements/Limits
<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; 2MG/250ML; 225MG/250ML; 85UNIT/250ML; 85MG/250ML; 28MCG/250ML; 0.45MG/250ML; 1.3MCG/250ML; 4.5MG/250ML; 170MCG/250ML; 85MG/250ML; 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>	
SYMEX 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>vilevev mb tablet 0.12mg; 81mg; 10.8mg; 32.4mg; 40.8mg</i>	
VIRATAN-DM TABLET CHEWABLE 25MG; 25MG; 30MG	
VYTON 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 8.333mg; 1mg; 100mg</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	
CENTRATX 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 120MG; 12MCG; 50MG; 0; 1MG; 90MG; 0	
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; 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>	

Drug name	Requirements/Limits
<i>folic acid/vitamin b-6/vitamin b-12 tablet</i> 500mcg; 2.2mg; 25mg	
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; 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>	

Drug name	Requirements/Limits
<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>	
<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>	

Drug name	Requirements/Limits
INJECTAFER INJECTION 750MG/15ML	
INTEGRA F CAPSULE 40MG; 62.5MG; 1000MCG; 3MG; 62.5MG	
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>	

Drug name	Requirements/Limits
<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>	
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	
METAFOBIC PLUS RF TABLET 600MG; 6MG; 2MG; 90.314MG	
METAFOBIC PLUS TABLET 600MG; 6MG; 2MG	
METAFOBIC 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>	

Drug name	Requirements/Limits
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>	
<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	
NEURIN-SL TABLET SUBLINGUAL 600MCG; 600MCG	
NICADAN TABLET 50MG; 100MG; 2MG; 500MCG; 5MG; 800MG; 10MG; 20MG	
NICAZEL FORTE TABLET 0; 2MG; 0; 500MCG; 0; 8MG; 0; 12MG	
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>	

Drug name	Requirements/Limits
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>	
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 5100MCG; 2MG; 35MG	
<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 500MG; 10MG; 50MCG; 80MG; 25MG; 100MCG; 30MG; 1MG; 0; 25MG; 1000MCG; 60MG; 32MG; 2MG; 10MCG; 20MG; 15MG; 15MG; 15MG; 10MCG; 15MG; 67MG; 5MG	
PROTEOLIN TABLET	
PULMONA CAPSULE	

Drug name	Requirements/Limits
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>	
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>	

Drug name	Requirements/Limits
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	
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 500MG; 25MCG; 400MCG; 30MG; 30MG; 1.3MG; 25MG; 10MG; 20MG; 20MG; 20MG; 50MCG; 20MG; 1500MCG; 25MCG; 268MG; 28MG	
TANDEM PLUS CAPSULE 187MG; 20MCG; 0.8MG; 1MG; 106MG; 1.3MG; 30MG; 10MG; 5MG; 6MG; 10.3MG; 18.2MG	
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>	

Drug name	Requirements/Limits
TL-ICARE CAPSULE 150.667MG; 6213.33UNIT; 266.667UNIT; 0.533MG; 3.333MG; 200MG; 3333.33UNIT; 133.333MG; 66.667UNIT; 0.667MG; 23MG	
TOZAL CAPSULE 150.667MG; 6213.33UNIT; 266.667UNIT; 0.533MG; 3.333MG; 200MG; 133.333MG; 3333.33UNIT; 66.667UNIT; 0.667MG; 23MG	
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>triphrocaps 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; 17MG; 7.5MG	
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>	

Drug name	Requirements/Limits
<i>vita s forte tablet</i> 500mg; 0.15mg; 0.05mg; 3mg; 50mcg; 400unit; 10mg; 1mg; 50mg; 100mg; 25mg; 25mg; 20mg; 20mcg; 50mcg; 20mg; 60unit; 15mg	
<i>vitacel tablet</i> 500mg; 125mg; 300mcg; 25mg; 10mg; 1mg; 33mg; 50mg; 25mg; 5000unit; 25mg; 50mcg; 25mg; 100unit; 200unit; 80mg	
VITAL-D RX TABLET 60MG; 300MCG; 1750UNIT; 6MG; 1MG; 20MG; 10MG; 10MG; 1.7MG; 1.5MG; 12.5MG	
<i>vitamin b-complex 100 injection</i> 2mg/ml; 100mg/ml; 2mg/ml; 2mg/ml; 100mg/ml	
<i>vita-min capsule</i> 113.3mg; 0; 56.7mcg; 56.7mg; 141.7unit; 19mcg; 4.7mcg; 0.33mg; 56.7mcg; 75.7mg; 3.7mg; 5.7mcg; 15mg; 7.7mg; 75.7mg; 2.3mg; 1.3mg; 19mcg; 1mg; 11.3unit; 3964unit; 5.7mg	
<i>vitamin d capsule</i> 50000unit	
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</i> 60mg; 300mcg; 10mg; 6mcg; 1mg; 20mg; 10mg; 1.7mg; 1.5mg	
VP-GSTN CAPSULE 200UNIT; 20MG; 27MG	
VP-ZEL TABLET 5MG; 1.5MG; 500MCG; 600MG; 5MG; 10MG	
<i>wheat germ oil</i>	
XAQUIL XR TABLET EXTENDED RELEASE 25.5MG	
<i>xyzbac tablet</i> 125mg; 500unit; 1mg; 1mg; 5mg; 12.5mg; 25mg; 50mg	

WEIGHT LOSS**Weight loss**

ADIPEX-P CAPSULE 37.5MG	PA
ADIPEX-P TABLET 37.5MG	PA
APPTRIM-D CAPSULE	PA
APPTRIM CAPSULE	PA

Drug name	Requirements/Limits
<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 0; 3MG; 40MG; 0.12MG; 30MG; 0.006MG; 150MG; 50MG; 250MG; 175MG; 10MG; 100MG; 100MG; 0	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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FERRO-PLEX	13	FOLIXAPURE	14	HYCLODEX	2
HEMATINIC		FOLLISTIM AQ	5	<i>hydrocodone</i>	4
FIBRIK	13	<i>folplex 2.2</i>	14	<i>bitartrate/</i>	
<i>finasteride</i>	2	FOLTANX	14	<i>homatropine</i>	
		FOLTANX RF	14	<i>methylbromide</i>	
		<i>foltrin</i>	14		
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Drug name	Page	Drug name	Page	Drug name	Page
<i>hydrocodone</i>	4, 7	<i>iodoquinol/</i>	8	LUSTRA	3
<i>polistirex/</i>		<i>hydrocortisone</i>		MEDACTIV	24
<i>chlorpheniramine</i>		<i>acetate/aloe</i>		<i>melquin hp</i>	3
<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	5
<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/		LEVBITD	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>	
<i>hydromet</i>	4	<i>acetate</i>		METHYLCOBALAMIN	17
<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	18
HYPOCYN	3	CA ME-CBL NAC		MULTIGEN FOLIC	18
HYPOCYN	3	<i>l-methylfolate ca/p-</i>	16	MULTIGEN PLUS	18
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>	18
<i>infuvite pediatric</i>	15	FORTE		<i>mynephrocaps</i>	18
INJECTAFER	16	L-METHYL-MC	16	NASCOBAL	18
INTEGRA F	16	L-METHYL-MC NAC	16	NATALVIRT FLT	18
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		<i>cyanocobalamin</i>		NEOTUSS PLUS	8
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NEPHROCAPS	18	<i>hydrochloride</i>		PHOSPHATE	
<i>nephronex</i>	18	<i>phospha 250 neutral</i>	9	<i>pyridoxine</i>	9,
NEPHRON FA	18	PHYSICIANS EZ USE	19		20
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NEURIN-SL	18	PHYTONADIONE	19	QUAZEPAM	9
NICADAN	18	PNV-VP-U	19	QUINJA	9
NICAZEL	18	PODIAPN	19	<i>rectacort-hc</i>	9
NICAZEL FORTE	18	<i>poly-iron 150 forte</i>	19	REFISSA	3
NICOMIDE	18	<i>polysaccharide iron</i>	19	RELHIST	4
NITROMIST	8	<i>forte</i>		<i>remergent hq</i>	3
NITRO-TIME	8	POTABA	9	<i>renal caps</i>	20
<i>nohist-dm</i>	4, 8	PRAMOSONE	9	RENATABS	20
<i>nortuss-de</i>	4	PROCORT	9	RENATABS WITH	20
NOVACORT	8	PROCTOCORT	9	IRON	
<i>nufol</i>	18	<i>promethazine/</i>	4, 9	<i>rena-vite rx</i>	20
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<i>nutrifac zx</i>	19	<i>promethazine/</i>	4, 9	RENOVA	3
NUTRIVIT	19	<i>dextromethorphan</i>		RENOVA PUMP	3
OCUVEL	19	<i>promethazine</i>	9	REQ 49+	20
ORTHO-FOLIC	19	<i>hydrochloride/</i>		REVESTA	20
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<i>oto-end 10</i>	8	<i>hydrobromide</i>		SAXENDA	24
<i>otomax-hc</i>	9	<i>promethazine/</i>	9	SENTRA AM	20
OVIDREL	6	<i>phenylephrine/</i>		SENTRA PM	20
OXOPOD	3	<i>codeine</i>		<i>se-tan plus</i>	20
PAZEO	9	<i>promethazine vc/</i>	9	SIDEROL	20
PERCURA	19	<i>codeine</i>		<i>skin bleaching</i>	3
<i>phenazopyridine</i>	9	PROPECIA	3	<i>sodium chloride</i>	9
<i>hydrochloride</i>		PROSILK GEL	3	<i>nebulization</i>	
<i>phendimetrazine</i>	24	PROTECTIRON	19	<i>sodium ferric</i>	20
<i>tartrate</i>		PROTECT PLUS	19	<i>gluconate complex/</i>	
<i>phendimetrazine</i>	24	PROTEOLIN	19	<i>sucrose</i>	
<i>tartrate er</i>		PULMONA	19	<i>sodium</i>	9
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<i>tadalafil</i>	5	VIAGRA	5		
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<i>tl icon</i>	21	<i>virt-vite plus</i>	22		
TOZAL	22	<i>vitacel</i>	23		
TREPADONE	22	VITAL-D	23		
<i>tretinoin</i>	3	<i>vita-min</i>	23		
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