



Non-Part D Supplemental Benefit

Offered by some former employer/union/trust plans

Your employer group/union/trust 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

- **There may be categories of Non-Part D Supplemental Benefits in this document your plan doesn't cover. Check your Schedule of Cost Sharing to see which categories your plan covers.**
- 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. The list is **not** specific to your actual coverage. 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

UPPERCASE = Brand-name prescription drugs

Lowercase italics = Generic medications

Requirements/Limits

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

FINAPID SOLUTION 0.1%; 5%

FINAPODTAR SOLUTION 0.1%; 7%; 0.025%

finasteride tablet 1mg

FINASTERIDE/MINOXIDIL SOLUTION 0.1%; 7%

FLYPROGPIDTAR SOLUTION 0.1%; 0.1%; 5%;
0.025%

HYCLODEX SOLUTION 0.012%

HYDROCORTISONE/HYDROQUINONE
EMULSION 0.5%; 6%

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug name	Requirements/Limits
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%	
<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%	
JEUVEAU INJECTION 100UNIT	
KATARAXAP EMULSION 4%; 0.025%; 0.025%	
KATARVIA EMULSION 4%; 0.025%	
KEVARAXAP EMULSION 6%; 0.05%; 0.025%	
KEVARTIA EMULSION 6%; 0.05%	
KOTARAXAP EMULSION 5%; 0.025%; 0.025%	
KUTAR EMULSION 8%; 0.025%	
KUTARVIA EMULSION 8%; 0.025%	
LATISSE SOLUTION 0.03%	
LUSTRA CREAM 4%	
<i>melquin hp cream 4%</i>	
MINOXIDIL/PROGESTERONE SOLUTION 7%; 0.1%	
OXOPIDAXIAQUP SOLUTION 0.05%; 5%; 2%; 0.5%	
OXOPOD SOLUTION 0.05%; 7%	
PIDPROGTAR SOLUTION 5%; 0.1%; 0.025%	
PODOXIA SOLUTION 7%; 4%	
PODTAR SOLUTION 7%; 0.025%	
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%	
TETPIDTAR SOLUTION 0.01%; 5%; 0.025%	

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Drug name	Requirements/Limits
<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%	
YOKATAR EMULSION 2.5%; 4%; 0.025%	
COSMETICS	
Cosmetics	
HEMTARA SOLUTION 0.05%; 5%	
HENTIS HP SOLUTION 7%; 0.1%; 0.025%	
MYVORI CREAM 10%; 4%	
OXOPID SOLUTION 0.05%; 5%	
PODPROGTAR SOLUTION 7%; 0.1%; 0.025%	
PROOXIA CREAM 10%; 4%	
SIVORA CREAM 0.3%	
COUGH AND COLD	
Cough and Cold	
<i>benzonatate capsule 100mg, 200mg</i>	
<i>biotuss liquid 15mg/5ml; 300mg/5ml;</i> <i>10mg/5ml</i>	
<i>biotuss pediatric liquid 5mg/ml; 50mg/ml;</i> <i>2.5mg/ml</i>	
<i>bromfed dm syrup 2mg/5ml; 10mg/5ml;</i> <i>30mg/5ml</i>	
<i>codeine phosphate/guaifenesin liquid</i> <i>10mg/5ml; 300mg/5ml</i>	
CODITUSSIN AC LIQUID 10MG/5ML; 200MG/5ML	
EXACTUSS LIQUID 28MG/5ML; 388MG/5ML; 10MG/5ML	
GILTUSS LIQUID 28MG/5ML; 388MG/5ML; 10MG/5ML	
<i>giltuss pediatric liquid 7.5mg/ml; 88mg/ml;</i> <i>2.5mg/ml</i>	
<i>guaiaitussin ac syrup 10mg/5ml; 100mg/5ml</i>	
<i>guaifenesin ac syrup 10mg/5ml; 100mg/5ml</i>	
<i>guaifenesin/codeine solution 10mg/5ml;</i> <i>100mg/5ml</i>	

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Drug name	Requirements/Limits
<i>guaifenesin/dextromethorphan sr tablet extended release 12 hour 30mg; 600mg</i>	
<i>hydrocodone bitartrate/homatropine methylobromide solution 1.5mg/5ml; 5mg/5ml</i>	
<i>hydrocodone bitartrate/homatropine methylobromide 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> PHENERGAN -VC SYRUP 5MG/5ML; 6.25MG/5ML	
<i>promethazine hydrochloride/phenylephrine hydrochloride syrup 5mg/5ml; 6.25mg/5ml</i> <i>promethazine vc syrup 5mg/5ml; 6.25mg/5ml</i> <i>promethazine/codeine syrup 10mg/5ml; 6.25mg/5ml</i>	
<i>promethazine/dextromethorphan syrup 15mg/5ml; 6.25mg/5ml</i>	
<i>promethazine/phenylephrine syrup 5mg/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	
TUSS-ORNADE MODIFIED CAPSULE EXTENDED RELEASE 40MG; 75MG	
VIRAVAN-DM TABLET CHEWABLE 25MG; 25MG; 30MG	

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Drug name	Requirements/Limits
ZONATUSS CAPSULE 150MG	
ERECTILE DYSFUNCTION	
<i>Erectile Dysfunction</i>	
CAVERJECT IMPULSE INJECTION 10MCG, 20MCG	QL (6 EA per 30 days)
CAVERJECT INJECTION 40MCG	QL (6 EA per 30 days)
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)
STAXYN TABLET DISINTEGRATING 10MG	QL (6 EA per 30 days)
STENDRA TABLET 100MG, 200MG, 50MG	QL (6 EA per 30 days)
<i>tadalafil tablet 10mg, 2.5mg, 20mg, 5mg</i>	QL (6 EA per 30 days)
<i>vardeafil 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	
<i>Fertility</i>	
CETROTIDE INJECTION 0.25MG	
CHORIONIC GONADOTROPIN INJECTION 10000UNIT	
<i>clomiphene citrate tablet 50mg</i>	
CRINONE GEL 4%, 8%	
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	
<i>ganirelix acetate injection 250mcg/0.5ml</i>	
GONAL-F RFF REDJECT INJECTION 300UNT/0.48ML, 450UNT/0.72ML, 900UNT/1.44ML	
GONAL-F RFF INJECTION 75UNIT	

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Drug name	Requirements/Limits
GONAL-F INJECTION 1050UNIT, 450UNIT	
MENOPUR INJECTION 75UNIT	
NOVAREL INJECTION 5000UNIT	
OVIDREL INJECTION 250MCG/0.5ML	
PREGNYL W/DILUENT BENZYL ALCOHOL/	
NACL INJECTION 10000UNIT	
MISCELLANEOUS	
Miscellaneous	
<i>aero otic hc solution 1mg/ml; 10mg/ml; 10mg/ml</i>	
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>	
<i>ascorbic acid injection 500mg/ml</i>	
<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>	
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>	
<i>dermazene cream 1%; 1%</i>	

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Drug name	Requirements/Limits
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% <i>eemt hs tablet 0.625mg; 1.25mg</i> <i>eemt tablet 1.25mg; 2.5mg</i> <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> FIRST-MOUTHWASH BLM SUSPENSION 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> <i>hydrocortisone acetate/pramoxine cream 2.5%; 1%</i> <i>hydrocortisone/iodoquinol cream 1%; 1%</i> HYOPHEN TABLET 9MG; 0.12MG; 81.6MG; 10.8MG; 36.2MG <i>hyoscyamine sulfate er tablet extended release 12 hour 0.375mg</i> <i>hyosyne elixir 0.125mg/5ml</i> <i>hyosyne solution 0.125mg/ml</i> <i>iodoquinol/hydrocortisone acetate/aloe polysaccharides gel 1%; 2%; 1%</i> IODOSORB GEL 0.9% <i>isoxsuprine hcl tablet 10mg, 20mg</i> K-PHOS NEUTRAL TABLET 155MG; 852MG; 130MG K-PHOS TABLET 500MG	

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Drug name	Requirements/Limits
LEVIBID TABLET EXTENDED RELEASE 12 HOUR 0.375MG	
<i>lidocaine hcl/hydrocortisone acetate cream</i> 0.5%; 3%	
<i>me/naphos/mb/hyo 1 tablet 0.12mg; 81.6mg;</i> <i>10.8mg; 40.8mg</i>	
MEZPAROX-HC FORTE CREAM 2.5%; 2.5%	
NATURE-THROID TABLET 32.5MG, 65MG	
NEOTUSS PLUS LIQUID 4MG/5ML; 30MG/5ML; 7.5MG/5ML	
NITRO-TIME CAPSULE EXTENDED RELEASE 2.5MG, 6.5MG, 9MG	
<i>nohist-dm liquid 4mg/5ml; 15mg/5ml;</i> <i>10mg/5ml</i>	
NOVACORT GEL 2%; 1%	
OTICIN HC NR SOLUTION 1MG/ML; 10MG/ML; 10MG/ML	
<i>oto-end 10 solution 1mg/ml; 10mg/ml; 10mg/ml</i>	
<i>otomax-hc solution 1mg/ml; 10mg/ml; 10mg/ml</i>	
PAZEO SOLUTION 0.7%	
<i>phenazopyridine hydrochloride tablet 100mg,</i> <i>200mg</i>	
<i>phospha 250 neutral tablet 155mg; 852mg;</i> <i>130mg</i>	
PRAMOSONE CREAM 1%; 1%, 2.5%; 1%	
PRAMOSONE OINTMENT 1%; 1%, 2.5%; 1%	
PROCORT CREAM 1.85%; 1.15%	
PROCTOCORT SUPPOSITORY 30MG	
<i>promethazine hydrochloride/dextromethorphan</i> <i>hydrobromide syrup 15mg/5ml; 6.25mg/5ml</i>	
<i>promethazine vc/codeine syrup 10mg/5ml;</i> <i>5mg/5ml; 6.25mg/5ml</i>	
<i>promethazine/codeine solution 10mg/5ml;</i> <i>6.25mg/5ml</i>	
<i>promethazine/dextromethorphan solution</i> <i>15mg/5ml; 6.25mg/5ml</i>	
<i>promethazine/phenylephrine/codeine syrup</i> <i>10mg/5ml; 5mg/5ml; 6.25mg/5ml</i>	

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Drug name	Requirements/Limits
<i>pyridoxine hcl injection 100mg/ml</i>	
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%,</i>	
<i>10%, 3%, 7%</i>	
<i>sodium sulfacetamide/sulfur cream 10%; 5%,</i>	
<i>9.8%; 4.8%</i>	
<i>sodium sulfacetamide/sulfur lotion 10%; 5%,</i>	
<i>9.8%; 4.8%</i>	
<i>thiamine hydrochloride injection 100mg/ml</i>	
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;</i>	
<i>40.8mg</i>	
<i>uro-458 tablet 0.12mg; 81mg; 10.8mg; 32.4mg;</i>	
<i>40.8mg</i>	
<i>uro-mp capsule 0.12mg; 118mg; 10mg; 36mg;</i>	
<i>40.8mg</i>	
<i>ustell capsule 0.12mg; 120mg; 10mg; 36mg;</i>	
<i>40.8mg</i>	
<i>vilamit mb capsule 0.12mg; 118mg; 10mg;</i>	
<i>36mg; 40.8mg</i>	
<i>vilevev mb tablet 0.12mg; 81mg; 10.8mg;</i>	
<i>32.4mg; 40.8mg</i>	
VIRATAN-DM TABLET CHEWABLE 25MG;	
25MG; 30MG	
VYTONE CREAM 0; 1.9%; 1%	
WP THYROID TABLET 65MG	

VITAMINS AND MINERALS

Vitamins and Minerals

ACCRUFER CAPSULE 30MG

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Drug name	Requirements/Limits
ACTIVE FE TABLET 160MG; 2100UNIT; 400UNIT; 1MG; 30MCG; 1250MCG; 75MG; 30MG; 20MG; 20MG; 4MG; 4MG; 40UNIT; 20MG	
ADRENAL C FORMULA TABLET	
<i>airavite tablet 1mg; 2.5mg; 25mg</i>	
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	
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	
ASCOR INJECTION 25000MG/50ML	
ASCORBIC ACID INJECTION 15000MG/30ML <i>ascorbic acid injection 500mg/ml</i>	
ASTAMED MYO CAPSULE 6MG; 300UNIT; 5MG; 3MG	
AVAILNEX TABLET CHEWABLE 750MG	
AXONA PACKET	
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>	
BIOTIN PLUS KERATIN TABLET 10000MCG; 100MG	
BP VIT 3 CAPSULE 500MCG; 350MG; 35MG; 1MG; 500MG; 200MG; 12.5MG	

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Drug name	Requirements/Limits
<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	
CENTRATEX CAPSULE 10MG; 0.8MG; 15MCG; 106MG; 1MG; 6.9MG; 1.3MG; 30MG; 5MG; 6MG; 200MG; 10MG; 18.2MG	
CENTRUM PERFORMANCE TABLET	
CEREFOLIN NAC TABLET 600MG; 6MG; 2MG	
CEREFOLIN TABLET 1MG; 6MG; 50MG; 5MG	
CHOLECAL DF TABLET 3800UNIT; 1MG	
CHOLEXMAX POWDER	
CIFEREX CAPSULE 3775UNIT; 1MG	
<i>cod liver oil</i>	
<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	

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Drug name	Requirements/Limits
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	
EB-N3 DR CAPSULE DELAYED RELEASE 4MG; 6MG; 70MG; 1.3MG	
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 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	
FERIVAF A CAPSULE	
<i>ferocon capsule 75mg; 15mcg; 110mg; 0.5mg; 240mg</i>	
<i>ferotrinsic 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>	

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Drug name	Requirements/Limits
<i>ferrogels forte capsule 60mg; 10mcg; 460mg; 1mg</i>	
FERRO-PLEX HEMATINIC TABLET 600MG; 25MCG; 50MG; 115MG; 1MG; 75MG; 0; 30UNIT	
FERRO-PLEX 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 OS TABLET 500MG; 300UNIT; 250MCG; 1.1MG; 100MG; 12.5MG; 1.5MG	
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 hydrochloride tablet 1mg; 2.5mg; 25mg</i>	
<i>folic acid/vitamin b-6/vitamin b-12 tablet 500mcg; 2.2mg; 25mg</i>	
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	
<i>folplex 2.2 tablet 0.5mg; 2.2mg; 25mg</i>	
FOLTANX RF CAPSULE 3MG; 2MG; 35MG; 90.314MG	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug name	Requirements/Limits
FOLTANX TABLET 3MG; 2MG; 35MG	
FOLTRATE TABLET 500MCG; 1MG	
<i>foltrin capsule 75mg; 15mcg; 110mg; 0.5mg; 240mg</i>	
FOLTX 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	
GALAXTRA POWDER	
<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>	
<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	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug name	Requirements/Limits
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;</i> <i>324mg; 1mg; 6.9mg; 1.3mg; 30mg; 5mg; 6mg;</i> <i>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;</i> <i>200unit/10ml; 5mcg/10ml; 15mg/10ml;</i> <i>600mcg/10ml; 40mg/10ml; 6mg/10ml;</i> <i>3.6mg/10ml; 6mg/10ml; 10unit/10ml;</i> <i>3300unit/10ml; 150mcg/10ml</i> <i>infuvite pediatric injection 80mg/5ml;</i> <i>1mcg/5ml; 400unit/5ml; 1mcg/5ml;</i> <i>5mg/5ml; 140mcg/5ml; 17mg/5ml; 1mg/5ml;</i> <i>2300unit/5ml; 1.4mg/5ml; 1.2mg/5ml;</i> <i>7unit/5ml; 0.2mg/5ml</i>	
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>	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug name	Requirements/Limits
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>	
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	
MEDACTIV TABLET	
MEPHYTON TABLET 5MG	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug name	Requirements/Limits
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	
METANX FC CAPSULE 3MG; 2MG; 35MG	
METANXPRO NERVE HEALTH CAPSULE 500MG; 3MG; 2MG; 35MG	
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>	
<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	
NEOKE BHB POWDER 6.4GM/10GM; 830MG/10GM; 180MG/10GM	
NEOPHE POWDER	
NEPHPLEX RX TABLET 60MG; 300MCG; 6MG; 1MG; 20MG; 10MG; 10MG; 1.7MG; 1.5MG; 12.5MG	
NEPHRON FA TABLET 40MG; 300MCG; 6MCG; 75MG; 200MG; 1MG; 20MG; 10MG; 10MG; 1.7MG; 1.5MG	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug name	Requirements/Limits
<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 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> NUTRIVIT LIQUID 25MCG/15ML; 15MG/15ML; 1MG/15ML; 800MG/15ML; 100MG/15ML; 15MG/15ML; 2MG/15ML; 15MG/15ML; 10MG/15ML 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> POTABA CAPSULE 500MG	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug name	Requirements/Limits
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 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	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug name	Requirements/Limits
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	
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>	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug name	Requirements/Limits
<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>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; 0; 0; 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>	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug name	Requirements/Limits
<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	
<i>wheat germ oil</i>	
XAQUIL XR TABLET EXTENDED RELEASE 25.5MG	

WEIGHT LOSS

Weight loss

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
FOUNDAYO TABLET 0.8MG, 14.5MG, 17.2MG, 2.5MG, 5.5MG, 9MG	PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug name	Requirements/Limits
LOMAIRA TABLET 8MG	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
WEGOVY TABLET 1.5MG, 25MG, 4MG, 9MG	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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DRISDOL	13	<i>finasteride</i>	2	FOLTRTE	15
DRYSOL	2, 8	FINASTERIDE/	2	FOLTIX	15
DURACHOL	13	MINOXIDIL		FOUNDAYO	23
EB-N3	13	FIRST-MOUTHWASH	8	FUSION PLUS	15
EDEX (2 CARTRIDGE)	6	BLM		GABADONE	15
<i>eemt</i>	8	FIRST-	6	<i>ganirelix acetate</i>	6
<i>eemt hs</i>	8	PROGESTERONE		GILPHEX TR	8
ELFOLATE PLUS	13	VGS 100		GILTUSS	4
ENDOMETRIN	6	COMPOUNDING KIT		<i>giltuss pediatric</i>	4
ENLYTE	13	FIRST-	6	GILTUSS TR	8
EPICYN	2	PROGESTERONE		GONAL-F	7
ERGOCAL	13	VGS 200		GONAL-F RFF	6
<i>ergocalciferol</i>	13	FLYPROGPIDTAR	2	GONAL-F RFF	6
<i>esterified estrogens/</i>	8	<i>folbee</i>	14	REDIJECT	
<i>methyltestosterone</i>		<i>folbee plus</i>	14	<i>grx hicort 25</i>	8
<i>exactacain</i>	8	<i>folbee plus cz</i>	14	<i>guaiaatussin ac</i>	4
EXACTUSS	4	<i>folbic</i>	14	<i>guaifenesin ac</i>	4
<i>exotic-hc</i>	8	FOLBIC RF	14	<i>guaifenesin/codeing</i>	4
<i>fabb</i>	13	FOLGARD OS	14	<i>guaifenesin/</i>	5
FE 90 PLUS	13	FOLGARD RX	14	<i>dextromethorphan sr</i>	
FERAHEME	13	<i>folic acid</i>	14	<i>hematinic/folic acid</i>	15
FERIVA 21/7	13	<i>folic acid/</i>	14	<i>hematinic plus</i>	15
FERIVAFA	13	<i>cyanocobalamin/</i>		<i>complex</i>	
<i>ferocon</i>	13	<i>pyridoxine</i>		<i>hematinic plus</i>	15
<i>ferotrinsic</i>	13	<i>hydrochloride</i>		<i>vitamins/minerals</i>	
FERRALET 90	13	<i>folic acid/vitamin</i>	14	<i>hematogen</i>	15
FERRAPLUS 90	13	<i>b-6/vitamin b-12</i>		HEMATOGEN FA	15
<i>ferrocite</i>	13	FOLI-D	14	<i>hematogen forte</i>	15
<i>ferrogels forte</i>	14	FOLIKA-V	14	HEMATRON-AF	15
FERRO-PLEX	14	FOLITE	14	HEMENATAL OB +	15
		FOLIVAN-F	14	DHA	
		FOLIVAN-PLUS	14	<i>hemocyte-f</i>	16
		FOLLISTIM AQ	6		

Drug name	Page	Drug name	Page	Drug name	Page
<i>hemocyte-plus</i>	16	ICAR-C PLUS	16	<i>l-methylfolate</i>	17
HEMOCYTE PLUS	15	<i>iferex 150 forte</i>	16	<i>calcium</i>	
<i>hemorrhoidal-hc</i>	8	<i>infed</i>	16	L-METHYLFOLATE	16
HEMTARA	4	<i>infuvite adult</i>	16	CA ME-CBL NAC	
HENTIS HP	4	<i>infuvite pediatric</i>	16	<i>l-methylfolate ca/p-</i>	17
HYCLODEX	2	INJECTAFER	16	<i>5-p/me-cbl</i>	
<i>hydrocodone</i>	5	INTEGRA F	16	L-METHYLFOLATE	17
<i>bitartrate/</i>		INTEGRA PLUS	16	FORMULA 7.5	
<i>homatropine</i>		<i>iodoquinol/</i>	8	L-METHYLFOLATE	17
<i>methylbromide</i>		<i>hydrocortisone</i>		FORMULA 15	
<i>hydrocodone</i>	5, 8	<i>acetate/aloe</i>		L-METHYLFOLATE	17
<i>polistirex/</i>		<i>polysaccharides</i>		FORTE	
<i>chlorpheniramine</i>		IODOSORB	8	L-METHYL-MC	17
<i>polistirex</i>		IROSPAN 24/6	16	L-METHYL-MC NAC	17
<i>hydrocortisone</i>	8	<i>isoxsuprine hcl</i>	8	<i>lmthf/pyridoxine hcl/</i>	17
<i>acetate</i>		JEUVEAU	3	<i>cyanocobalamin</i>	
<i>hydrocortisone</i>	8	KATARAXAP	3	LOMAIRA	24
<i>acetate/pramoxine</i>		KATARVIA	3	LUSTRA	3
HYDROCORTISONE/	2	KEVARAXAP	3	MEDACTIV	17
HYDROQUINONE		KEVARTIA	3	<i>melquin hp</i>	3
HYDROCORTISONE/	3	KOTARAXAP	3	<i>me/naphos/mb/hyo</i>	9
HYDROQUINONE/		K-PHOS	8	<i>1</i>	
TRETINOIN		K-PHOS NEUTRAL	8	MENOPUR	7
<i>hydrocortisone/</i>	8	KUTAR	3	METAFOLBIC	18
<i>iodoquinol</i>		KUTARVIA	3	METAFOLBIC PLUS	18
<i>hydromet</i>	5	LATISSE	3	METAFOLBIC PLUS	17
<i>hydroquinone</i>	3	LEVBIID	9	RF	
HYDROQUINONE	3	LEVITRA	6	METANX	18
<i>hydroxocobalamin</i>	16	<i>lidocaine hcl/</i>	9	METANX FC	18
HYOPHEN	8	<i>hydrocortisone</i>			18
<i>hyoscyamine sulfate</i>	8	<i>acetate</i>		MEZPAROX-HC	9
<i>er</i>		LIMBREL	16	FORTE	
<i>hyosyne</i>	8	LIPICHOL	16	MINOXIDIL/	3
HYPERTENSA	16	LISTER-V	16	PROGESTERONE	
HYPOCYN	3	<i>l-methyl-b6-b12</i>	16	MONOFERRIC	18
HYPOCYN	3	<i>l-methylfolate</i>	17	MUCINEX DM	5
ANTIPRURITIC GEL				<i>multi-b-plus</i>	18
SPRAY					

Drug name	Page	Drug name	Page	Drug name	Page
MULTIGEN	18	<i>oto-end 10</i>	9	PROCTOCORT	9
MULTIGEN FOLIC	18	<i>otomax-hc</i>	9	<i>promethazine/</i>	5, 9
MULTIGEN PLUS	18	OVIDREL	7	<i>codeine</i>	
MUSE	6	OXOPID	4	<i>promethazine/</i>	5, 9
M.V.I-12 WITHOUT	17	OXOPIDAXIAQUP	3	<i>dextromethorphan</i>	
VITAMIN K		OXOPOD	3	<i>promethazine</i>	9
M.V.I.-12 WITHOUT	17	PAZEO	9	<i>hydrochloride/</i>	
VITAMIN K		PERCURA	19	<i>dextromethorphan</i>	
M.V.I. ADULT	17	<i>phenazopyridine</i>	9	<i>hydrobromide</i>	
M.V.I. PEDIATRIC	17	<i>hydrochloride</i>		<i>promethazine/</i>	9
<i>myferon 150 forte</i>	18	<i>phendimetrazine</i>	24	<i>phenylephrine/</i>	
<i>mynephrocaps</i>	18	<i>tartrate</i>		<i>codeine</i>	
MYVORI	4	<i>phendimetrazine</i>	24	<i>promethazine vc</i>	5
NASCOBAL	18	<i>tartrate er</i>		<i>promethazine vc/</i>	9
NATALVIRT FLT	18	PHENERGAN -VC	5	<i>codeine</i>	
NATURE-THROID	9	<i>phentermine hcl</i>	24	<i>promtehazine</i>	5
NEOKE BHB	18	<i>phentermine</i>	24	<i>hydrochloride/</i>	
NEOTUSS PLUS	9	<i>hydrochloride</i>		<i>phenylephrine</i>	
NEPHPLEX RX	18	<i>phospha 250 neutral</i>	9	<i>hydrochloride</i>	
<i>nephronex</i>	19	PHYSICIANS EZ USE	19	<i>promtehazine/</i>	5
NEPHRON FA	18	B-12 COMPLIANCE		<i>phenylephrine</i>	
NEPHRO-VITE	18	KIT		PROOXIA	4
NEPHRO-VITE RX	19	PHYTONADIONE	19	PROPECIA	3
NEURIN-SL	19	PIDPROGTAR	3	PROSILK	3
NICOMIDE	19	PNV-VP-U	19	PROTECTIRON	20
NITRO-TIME	9	PODIAPN	19	PROTECT PLUS	19
<i>nohist-dm</i>	5, 9	PODOXIA	3	PULMONA	20
<i>nortuss-de</i>	5	PODPROGTAR	4	PUREFE PLUS	20
NOVACORT	9	PODTAR	3	<i>purevit dualfe plus</i>	20
NOVAREL	7	<i>poly-iron 150 forte</i>	19	PYRIDOXAL-5-	20
<i>nufol</i>	19	<i>polysaccharide iron</i>	19	PHOSPHATE	
NUTRICAP	19	<i>forte</i>		<i>pyridoxine</i>	10, 20
<i>nutrifac zx</i>	19	PRAMOSONE	9	QSYMIA	24
NUTRIVIT	19	PREGNYL W/	7	QUINJA	10
ORTHO-FOLIC	19	DILUENT BENZYL		<i>rectacort-hc</i>	10
OTICIN HC NR	9	ALCOHOL/NACL		REFISSA	3
		PROCORT	9	RELHIST	5

Drug name	Page	Drug name	Page	Drug name	Page
<i>remergent hq</i>	3	<i>thiamine</i>	10,	<i>vilamit mb</i>	10
<i>renal caps</i>	20	<i>hydrochloride</i>	21	<i>vilevev mb</i>	10
RENATABS	20	<i>tl gard rx</i>	21	VIRATAN-DM	10
RENATABS WITH	20	<i>tl-hem 150</i>	22	VIRAVAN-DM	5
IRON		<i>tl hydroquinone</i>	4	<i>virt-caps</i>	22
<i>rena-vite rx</i>	20	TL-ICARE	21,	<i>virt-vite</i>	22
<i>reno caps</i>	20		22	<i>virt-vite forte</i>	22
RENOVA	3	<i>tl icon</i>	22	<i>virt-vite plus</i>	22
RENOVA PUMP	3	TOZAL	22	<i>vitacel</i>	23
REQ 49+	20	<i>tretinoin</i>	4	VITAL-D	22
RHINOLAR	10	<i>tricon</i>	22	<i>vita-min</i>	23
SAXENDA	24	TRIFERIC	22	<i>vitamin b-complex</i>	23
SENTRA AM	20	<i>trigels-f forte</i>	22	<i>100</i>	
SENTRA PM	20	TRI-LUMA	4	<i>vitamin d</i>	23
<i>se-tan plus</i>	21	<i>triphrocaps</i>	22	VITAMIN K1	23
SIDEROL	21	TUS-ORNADE	5	VITAROCA PLUS	23
SIVORA	4	MODIFIED		<i>vita s forte</i>	23
<i>skin bleaching</i>	3	TUSSICAPS	5, 10	<i>vol-care rx</i>	23
<i>sodium chloride</i>	10	<i>tussigon</i>	5	<i>vorvite free</i>	12
<i>nebulization</i>		TUSSIONEX	5	VP-GSTN	23
<i>sodium ferric</i>	21	TUXARIN ER	10	VP-ZEL	23
<i>gluconate complex/</i>		TUZISTRA XR	10	VYTONE	10
<i>sucrose</i>		<i>urea</i>	10	WEGOVY	24
<i>sodium</i>	10	<i>uribel</i>	10	<i>wheat germ oil</i>	23
<i>sulfacetamide/sulfur</i>		<i>uro-458</i>	10	WP THYROID	10
SOFDRA	3	<i>uro-mp</i>	10	XAQUIL XR	23
STAXYN	6	<i>ustell</i>	10	XENICAL	24
STENDRA	6	VANIQA	4	YOKATAR	4
STROVITE ONE	21	<i>vardenafil</i>	6	ZEPBOUND	24
SUPERVITE	21	<i>hydrochloride</i>		ZONATUSS	6
SUPPORT-500	21	VASCAZEN	22		
SUPPORT LIQUID	21	<i>v-c forte</i>	22		
<i>tadalafil</i>	6	VENOFER	22		
TANDEM PLUS	21	VIAGRA	6		
TESSALON PERLES	5	<i>vicap forte</i>	22		
TETPIDTAR	3	<i>vic-forte</i>	22		

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)