SilverScript® aetna®

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

Important notice

- **There may be categories of Non-Part D Supplemental Benefits in this document that your plan doesn't cover. Check your Evidence of Coverage 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 member ID card.

How to use this guide

This guide lists supplemental coverage by categories. The list is **not** specific to your actual coverage. Check your Evidence of Coverage 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 Evidence of Coverage 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 Evidence of Coverage provides cost share information for the Catastrophic Coverage Stage.

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 may change at any time. You will receive notice when necessary.

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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.
Lowercase italics = 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	
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%	
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%	
hydroquinone cream 4%	
HYDROQUINONE EMULSION 4%, 6%, 8%	
HYPOCYN ANTIPRURITIC GEL SPRAY GEL 0.012%	

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
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%	
melquin hp cream 4%	
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%	
remergent hq cream 4%	
RENOVA CREAM 0.02%	
RENOVA PUMP CREAM 0.02%	
skin bleaching cream 4%	
SOFDRA GEL 12.45%	
TETPIDTAR SOLUTION 0.01%; 5%; 0.025%	
tl hydroquinone cream 4%	
tretinoin emollient cream 0.05%	
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	
benzonatate capsule 100mg, 200mg	
biotuss liquid 15mg/5ml; 300mg/5ml; 10mg/5ml	

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Drug Name	Requirements/Limits
biotuss pediatric liquid 5mg/ml; 50mg/ml; 2.5mg/ml	
bromfed dm syrup 2mg/5ml; 10mg/5ml; 30mg/5ml	
codeine phosphate/guaifenesin liquid 10mg/5ml; 300mg/5ml	
CODITUSSIN AC LIQUID 10MG/5ML; 200MG/5ML	
EXACTUSS LIQUID 28MG/5ML; 388MG/5ML; 10MG/5ML	
GILTUSS LIQUID 28MG/5ML; 388MG/5ML; 10MG/5ML	
giltuss pediatric liquid 7.5mg/ml; 88mg/ml; 2.5mg/ml	
guaiatussin ac syrup 10mg/5ml; 100mg/5ml	
guaifenesin ac syrup 10mg/5ml; 100mg/5ml	
guaifenesin/codeine solution 10mg/5ml; 100mg/5ml	
guaifenesin/dextromethorphan sr tablet extended release 12 hour 30mg; 600mg	
hydrocodone bitartrate/homatropine methylbromide solution 1.5mg/5ml; 5mg/5ml	
hydrocodone bitartrate/homatropine methylbromide tablet 1.5mg; 5mg	
hydrocodone polistirex/chlorpheniramine polistirex suspension extended release 8mg/5ml; 10mg/5ml	
hydromet solution 1.5mg/5ml; 5mg/5ml	
MUCINEX DM TABLET EXTENDED RELEASE 12 HOUR 30MG; 600MG	
nohist-dm liquid 4mg/5ml; 15mg/5ml; 10mg/5ml	
nortuss-de liquid 5mg/ml; 50mg/ml; 2.5mg/ml	
PHENERGAN -VC SYRUP 5MG/5ML; 6.25MG/5ML	
promethazine hydrochloride/phenylephrine hydrochloride syrup 5mg/5ml; 6.25mg/5ml	
promethazine vc syrup 5mg/5ml; 6.25mg/5ml	
promethazine/codeine syrup 10mg/5ml; 6.25mg/5ml	
promethazine/dextromethorphan syrup 15mg/5ml; 6.25mg/5ml	
promethazine/phenylephrine syrup 5mg/5ml; 6.25mg/5ml	
RELHIST TABLET CHEWABLE 6MG; 15MG	
TESSALON PERLES CAPSULE 100MG	
TUSSICAPS CAPSULE EXTENDED RELEASE 12 HOUR 8MG; 10MG	
tussigon tablet 1.5mg; 5mg	
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	
ZONATUSS CAPSULE 150MG	
Erectile Dysfunction	

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
Erectile Dysfunction	
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)
tadalafil tablet 10mg, 2.5mg, 20mg, 5mg	QL (6 EA per 30 days)
vardenafil hydrochloride tablet 10mg, 2.5mg, 20mg, 5mg	QL (6 EA per 30 days)
VIAGRA TABLET 100MG, 25MG, 50MG	QL (6 EA per 30 days)
Fertility	
Fertility	
CETROTIDE INJECTION 0.25MG	
CHORIONIC GONADOTROPIN INJECTION 10000UNIT	
clomiphene citrate tablet 50mg	
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	
ganirelix acetate injection 250mcg/0.5ml	
GONAL-F RFF REDIJECT INJECTION 300UNT/0.48ML, 450UNT/0.72ML, 900UNT/1.44ML	
GONAL-F RFF INJECTION 75UNIT	
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	
aero otic hc solution 1mg/ml; 10mg/ml; 10mg/ml	
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%	

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Drug Name	Requirements/Limits
anucort-hc suppository 25mg	
ANUSOL-HC SUPPOSITORY 25MG	
arzol silver nitrate app licators miscellaneous 25%; 75%	
ascorbic acid injection 500mg/ml	
benzoyl peroxide 8% gel 8%	
bpm/pse/dm syrup 2mg/5ml; 10mg/5ml; 30mg/5ml	
bromfed dm syrup 2mg/5ml; 10mg/5ml; 30mg/5ml	
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	
cyotic solution 1mg/ml; 10mg/ml; 10mg/ml	
dermazene cream 1%; 1%	
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%	
eemt hs tablet 0.625mg; 1.25mg	
eemt tablet 1.25mg; 2.5mg	
esterified estrogens/methyltestosterone tablet 1.25mg; 2.5mg	
exactacain aerosol 14%; 2%; 2%	
exotic-hc solution 1mg/ml; 10mg/ml; 10mg/ml	
FIRST-MOUTHWASH BLM SUSPENSION	
GILPHEX TR TABLET 388MG; 10MG	
GILTUSS TR TABLET 28MG; 388MG; 10MG	
grx hicort 25 suppository 25mg	
hemorrhoidal-hc suppository 25mg	
hydrocodone polistirex/chlorpheniramine polistirex suspension extended release 8mg/5ml; 10mg/5ml	
hydrocortisone acetate suppository 25mg, 30mg	
hydrocortisone acetate/pramoxine cream 2.5%; 1%	
hydrocortisone/iodoquinol cream 1%; 1%	
HYOPHEN TABLET 9MG; 0.12MG; 81.6MG; 10.8MG; 36.2MG	
hyoscyamine sulfate er tablet extended release 12 hour 0.375mg	
hyosyne elixir 0.125mg/5ml	
hyosyne solution 0.125mg/ml	
iodoquinol/hydrocortisone acetate/aloe polysaccharides gel 1%; 2%; 1%	
IODOSORB GEL 0.9%	

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Drug Name	Requirements/Limits
isoxsuprine hcl tablet 10mg, 20mg	
K-PHOS NEUTRAL TABLET 155MG; 852MG; 130MG	
K-PHOS TABLET 500MG	
LEVBID TABLET EXTENDED RELEASE 12 HOUR 0.375MG	
lidocaine hcl/hydrocortisone acetate cream 0.5%; 3%	
me/naphos/mb/hyo 1 tablet 0.12mg; 81.6mg; 10.8mg; 40.8mg	
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	
nohist-dm liquid 4mg/5ml; 15mg/5ml; 10mg/5ml	
NOVACORT GEL 2%; 1%	
OTICIN HC NR SOLUTION 1MG/ML; 10MG/ML; 10MG/ML	
oto-end 10 solution 1mg/ml; 10mg/ml; 10mg/ml	
otomax-hc solution 1mg/ml; 10mg/ml; 10mg/ml	
PAZEO SOLUTION 0.7%	
phenazopyridine hydrochloride tablet 100mg, 200mg	
phospha 250 neutral tablet 155mg; 852mg; 130mg	
PRAMOSONE CREAM 1%; 1%, 2.5%; 1%	
PRAMOSONE OINTMENT 1%; 1%, 2.5%; 1%	
PROCORT CREAM 1.85%; 1.15%	
PROCTOCORT SUPPOSITORY 30MG	
promethazine hydrochloride/dextromethorphan hydrobromide syrup 15mg/5ml; 6.25mg/5ml	
promethazine vc/codeine syrup 10mg/5ml; 5mg/5ml; 6.25mg/5ml	
promethazine/codeine solution 10mg/5ml; 6.25mg/5ml	
promethazine/dextromethorphan solution 15mg/5ml; 6.25mg/5ml	
promethazine/phenylephrine/codeine syrup 10mg/5ml; 5mg/5ml; 6.25mg/5ml	
pyridoxine hcl injection 100mg/ml	
QUINJA GEL 1%; 1.25%	
rectacort-hc suppository 25mg	
RHINOLAR CAPSULE EXTENDED RELEASE 8MG; 2.5MG; 75MG	
sodium chloride nebulization solution 0.9%, 10%, 3%, 7%	
sodium sulfacetamide/sulfur cream 10%; 5%, 9.8%; 4.8%	
sodium sulfacetamide/sulfur lotion 10%; 5%, 9.8%; 4.8%	
thiamine hydrochloride injection 100mg/ml	

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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	
urea cream 39%, 47%	
uribel capsule 0.12mg; 118mg; 10mg; 36mg; 40.8mg	
uro-458 tablet 0.12mg; 81mg; 10.8mg; 32.4mg; 40.8mg	
uro-mp capsule 0.12mg; 118mg; 10mg; 36mg; 40.8mg	
ustell capsule 0.12mg; 120mg; 10mg; 36mg; 40.8mg	
vilamit mb capsule 0.12mg; 118mg; 10mg; 36mg; 40.8mg	
vilevev mb tablet 0.12mg; 81mg; 10.8mg; 32.4mg; 40.8mg	
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	
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	
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	
ascorbic acid injection 500mg/ml	
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	

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Drug Name	Requirements/Limits
b-complex 100 injection 2%; 2mg/ml; 100mg/ml; 2mg/ml; 2mg/ml; 100mg/ml	
biocel tablet 500mg; 125mg; 300mcg; 10mg; 200unit; 1mg; 33mg; 50mg; 25mg; 25mg; 5000unit; 25mg; 50mcg; 25mg; 100unit; 60mg	
BIOTIN PLUS KERATIN TABLET 10000MCG; 100MG	
BP VIT 3 CAPSULE 500MCG; 350MG; 35MG; 1MG; 500MG; 200MG; 12.5MG	
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	
b-plex tablet 500mg; 5mcg; 0.5mg; 100mg; 18mg; 4mg; 15mg; 15mg	
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	
cod liver oil	
corvita 150 tablet 120mg; 15mcg; 1.25mg; 150mg; 10mg; 25mg	
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	
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	
cyanocobalamin injection 1000mcg/ml	
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	

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Drug Name	Requirements/Limits
DIALYVITE SUPREME D TABLET 100MG; 300MCG; 10MG; 2000UNIT; 3MG; 1MG; 20MG; 25MG; 1.7MG; 70MCG; 1.5MG; 30UNIT; 15MG	
dialyvite tablet 100mg; 0.3mg; 0.006mg; 1mg; 20mg; 10mg; 10mg; 1.7mg; 1.5mg	
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	
ergocalciferol capsule 50000unit	
fabb tablet 1mg; 2.2mg; 25mg	
FE 90 PLUS TABLET	
FERAHEME INJECTION 510MG/17ML	
FERIVA 21/7 TABLET 600MCG; 175MG; 12MCG; 50MG; 75MG; 400MCG; 150MG; 10MG	
FERIVAFA CAPSULE	
ferocon capsule 75mg; 15mcg; 110mg; 0.5mg; 240mg	
ferotrinsic capsule 75mg; 15mcg; 110mg; 0.5mg; 240mg	
FERRALET 90 TABLET 120MG; 12MCG; 50MG; 1MG; 90MG	
FERRAPLUS 90 TABLET 120MG; 12MCG; 50MG; 1MG; 90MG	
ferrocite plus tablet 10mg; 0.8mg; 15mcg; 324mg; 1mg; 6.9mg; 1.3mg; 30mg; 5mg; 6mg; 200mg; 10mg; 18.2mg	
ferrogels forte capsule 60mg; 10mcg; 460mg; 1mg	
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	
folbee plus cz tablet 60mg; 300mcg; 10mg; 1.5mg; 2mg; 5mg; 20mg; 50mg; 1.5mg; 1.5mg; 25mg	
folbee plus tablet 60mg; 300mcg; 10mg; 1mg; 5mg; 20mg; 50mg; 1.5mg; 1.5mg	
folbee tablet 1mg; 2.5mg; 25mg	
FOLBIC RF TABLET 2MG; 1.13MG; 25MG	
folbic tablet 2mg; 2.5mg; 25mg	

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Drug Name	Requirements/Limits
FOLGARD OS TABLET 500MG; 300UNIT; 250MCG; 1.1MG; 100MG; 12.5MG; 1.5MG	
FOLGARD RX TABLET 1MG; 2.2MG; 25MG	
folic acid injection 5mg/ml	
folic acid tablet 1mg	
folic acid/cyanocobalamin/pyridoxine hydrochloride tablet 1mg; 2.5mg; 25mg	
folic acid/vitamin b-6/vitamin b-12 tablet 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	
folplex 2.2 tablet 0.5mg; 2.2mg; 25mg	
FOLTANX RF CAPSULE 3MG; 2MG; 35MG; 90.314MG	
FOLTANX TABLET 3MG; 2MG; 35MG	
FOLTRATE TABLET 500MCG; 1MG	
foltrin capsule 75mg; 15mcg; 110mg; 0.5mg; 240mg	
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	
hematinic plus complex tablet 10mg; 0.8mg; 15mcg; 324mg; 1mg; 6.9mg; 1.3mg; 30mg; 5mg; 6mg; 200mg; 10mg; 18.2mg	
hematinic plus vitamins/minerals tablet 10mg; 0.8mg; 15mcg; 106mg; 1mg; 6.9mg; 1.3mg; 30mg; 5mg; 6mg; 200mg; 10mg; 18.2mg	
hematinic/folic acid tablet 324mg; 1mg	
hematogen capsule 250mg; 10mcg; 200mg	
HEMATOGEN FA CAPSULE 250MG; 10MCG; 200MG; 1MG	

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
hematogen forte capsule 60mg; 10mcg; 460mg; 1mg	
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	
hemocyte-f tablet 324mg; 1mg	
hemocyte-plus tablet 10mg; 0.8mg; 15mcg; 324mg; 1mg; 6.9mg; 1.3mg; 30mg; 5mg; 6mg; 200mg; 10mg; 18.2mg	
hydroxocobalamin injection 1000mcg/ml	
HYPERTENSA CAPSULE	
ICAR-C PLUS TABLET 250MG; 25MCG; 1MG; 100MG	
iferex 150 forte capsule 25mcg; 1mg; 150mg	
infed injection 50mg/ml	
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	
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	
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	
l-methyl-b6-b12 tablet 3mg; 2mg; 35mg	
L-METHYLFOLATE CA ME-CBL NAC TABLET 600MG; 6MG; 2MG; 90.314MG	
l-methylfolate ca/p-5-p/me-cbl capsule 3mg; 2mg; 35mg; 90.314mg	
l-methylfolate calcium tablet 7.5mg	

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
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	
l-methylfolate tablet 15mg	
L-METHYL-MC NAC TABLET 600MG; 6MG; 2MG	
L-METHYL-MC TABLET 1MG; 6MG; 50MG; 5MG	
lmthf/pyridoxine hcl/cyanocobalamin tablet 2mg; 1.13mg; 25mg	
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	
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	
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	
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	

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
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	
myferon 150 forte capsule 25mcg; 1mg; 150mg	
mynephrocaps capsule 100mg; 150mcg; 5mg; 6mcg; 1mg; 20mg; 10mg; 1.7mg; 1.5mg	
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	
nephronex tablet 60mg; 300mcg; 0.01mcg; 1mg; 20mg; 10mg; 10mg; 1.7mg; 1.5mg	
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	
nufol tablet 1mg; 2.5mg; 25mg	
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	
nutrifac zx tablet 500mg; 200mcg; 66mg; 200mcg; 2.5mg; 50mcg; 1000mcg; 50mg; 5mg; 100mg; 25mg; 25mg; 5000unit; 20mg; 50mcg; 20mg; 400unit; 50unit; 20mg	
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	

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
PODIAPN CAPSULE	
poly-iron 150 forte capsule 25mcg; 1mg; 150mg	
polysaccharide iron forte capsule 25mcg; 1mg; 150mg	
POTABA CAPSULE 500MG	
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	
purevit dualfe plus capsule 10mg; 0.8mg; 15mcg; 162mg; 1mg; 1.3mg; 30mg; 115.2mg; 5mg; 6mg; 200mg; 10mg; 18.2mg	
PYRIDOXAL-5-PHOSPHATE INJECTION 100MG/ML	
pyridoxine hcl injection 100mg/ml	
renal caps capsule 100mg; 150mcg; 5mg; 6mcg; 1mg; 20mg; 10mg; 1.7mg; 1.5mg	
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	
rena-vite rx tablet 60mg; 300mcg; 10mg; 29mg; 6mcg; 1000mcg; 20mg; 10mg; 1.7mg; 1.5mg	
reno caps capsule 100mg; 150mcg; 5mg; 6mcg; 1mg; 20mg; 10mg; 1.7mg; 1.5mg	
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	
se-tan plus capsule 10mg; 0.8mg; 15mcg; 162mg; 1mg; 1.3mg; 30mg; 115.2mg; 5mg; 6mg; 200mg; 10mg; 18.2mg	
SIDEROL TABLET 250MG; 8MG; 60MCG; 100MG; 150MG; 400MCG; 3MG; 20MG; 25MG; 15MG; 15MG; 50MG	
sodium ferric gluconate complex/sucrose injection 12.5mg/ml	

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
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	
thiamine hydrochloride injection 100mg/ml	
tl gard rx tablet 1mg; 2.2mg; 25mg	
tl icon capsule 75mg; 15mcg; 110mg; 0.5mg; 240mg	
tl-hem 150 tablet 500mg; 150mcg; 3mg; 60mcg; 50mg; 1mg; 150mg; 30unit	
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	
tricon capsule 75mg; 15mcg; 110mg; 0.5mg; 240mg	
TRIFERIC PACKET 272MG	
TRIFERIC SOLUTION 27.2MG/5ML	
trigels-f forte capsule 60mg; 10mcg; 151mg; 1mg	
triphrocaps capsule 100mg; 150mcg; 5mg; 6mcg; 1mg; 20mg; 10mg; 1.7mg; 1.5mg	
UDAMIN SP TABLET 250MCG; 1000MCG; 2.5MG; 12.5MG; 100MCG; 320MG; 75UNIT; 0; 0; 0; 17MG; 7.5MG	
VASCAZEN CAPSULE 30MG; 110MG; 30MG; 680MG; 20MG; 900MG; 30MG	

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
v-c forte capsule 150mg; 10mg; 10mcg; 1mg; 70mg; 4mg; 25mg; 2mg; 5mg; 10mg; 8000unit; 50unit; 80mg	
VENOFER INJECTION 20MG/ML	
vicap forte capsule 150mg; 10mg; 10mcg; 1mg; 70mg; 4mg; 25mg; 2mg; 5mg; 10mg; 8000unit; 50unit; 80mg	
vic-forte capsule 150mg; 10mg; 10mcg; 1mg; 70mg; 4mg; 25mg; 2mg; 5mg; 10mg; 8000unit; 50unit; 80mg	
virt-caps capsule 100mg; 150mcg; 5mg; 6mcg; 1mg; 20mg; 10mg; 1.7mg; 1.5mg	
virt-vite forte tablet 2mg; 2.5mg; 25mg	
virt-vite plus tablet 60mg; 300mcg; 1mg; 5mg; 20mg; 10mg; 50mg; 1.5mg; 1.5mg	
virt-vite tablet 1mg; 2.5mg; 25mg	
vita s forte tablet	
vitacel tablet 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	
vitamin b-complex 100 injection 2mg/ml; 100mg/ml; 2mg/ml; 2mg/ml; 100mg/ml	
vita-min capsule	
vitamin d capsule 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	
vol-care rx tablet 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	
wheat germ oil	
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
benzphetamine hcl tablet 50mg	PA
CONTRAVE TABLET EXTENDED RELEASE 12 HOUR 90MG; 8MG	PA
diethylpropion hcl er tablet extended release 24 hour 75mg	PA

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Drug Name	Requirements/Limits
diethylpropion hcl tablet 25mg	PA
FOUNDAYO TABLET 0.8MG, 14.5MG, 17.2MG, 2.5MG, 5.5MG, 9MG	PA
LOMAIRA TABLET 8MG	PA
phendimetrazine tartrate er capsule extended release 24 hour 105mg	PA
phendimetrazine tartrate tablet 35mg	PA
phentermine hcl tablet 37.5mg	PA
phentermine hydrochloride capsule 15mg, 30mg, 37.5mg	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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