



## **Non-Part D Supplemental Benefit Offered by some former employer/union/trust plans**

Some employer group/union/trust plans choose to purchase supplemental benefit coverage for certain conditions. The supplemental benefits 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 if your plan includes Non-Part D Supplemental Benefits.**

This Non-Part D Supplemental Benefit guide lists supplemental coverage by categories. If your plan includes these benefits, look for the category in the following pages. For example, if your Schedule of Cost Sharing says that 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 Tier 1 cost share for generic drugs. For brand-name drugs, you’ll pay the cost share for the tier labeled “Preferred Brand.” Keep in mind, the amount you pay when you fill a prescription for these supplemental benefits 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 member ID card or contact Member Services at **1-866-241-0357**. We’re available to help you 24 hours a day, 7 days a week. **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.

## Key\*

Drug name	Requirements/Limits
UPPERCASE = <b>Brand-name prescription drugs</b>	QL = Quantity Limit. For certain, drugs our plan limits the amount of the drug that we will cover.
<i>Lowercase italics</i> = <b>Generic medications</b>	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 EYELID & EYELASH  
HYGIENE  
ARNICA FLOWER  
AVENOVA  
BENZOIN TINCTURE  
*benzoin compound tincture*  
BETAMETHASONE DIPROPIONATE/MINOXIDIL  
*bimatoprost*  
*blanche*  
BORIC ACID  
BOTOX COSMETIC  
DRYSOL  
EPICYN  
*finasteride*  
FINASTERIDE/MINOXIDIL  
HYCLODEX  
HYDROCORTISONE/HYDROQUINONE  
HYDROCORTISONE/  
HYDROQUINONE/TRETINOIN  
HYDROQUINONE EMUL  
*hydroquinone crea*  
HYPOCYN  
KYBELLA  
LACTIC ACID/NIACINAMIDE  
LATISSE  
LUSTRA  
*melquin hp*

## Drug name

## Requirements/Limits

MINOXIDIL/PROGESTERONE  
MINOXIDIL/PROGESTERONE/TRETINOIN  
OXOPOD  
PROPECIA  
PROSILK GEL  
REFISSA  
*remergent hq*  
RENOVA  
RENOVA PUMP  
*skin bleaching*  
*tl hydroquinone*  
*tretinoin emollient*  
TRI-LUMA  
VANIQA  
XERAC AC

## COUGH AND COLD

### **Cough and Cold**

*benzonatate*  
*biotuss*  
*biotuss pediatric*  
*bromfed dm*  
EXACTUSS  
GILPHEX TR  
GILTUSS  
*giltuss pediatric*  
GILTUSS TR  
*guaifenesin/dextromethorphan sr*  
*hydrocodone bitartrate/homatropine*  
*methylbromide*  
*hydrocodone polistirex/chlorpheniramine*  
*polistirex*  
*hydromet*  
MUCINEX DM  
*nohist-dm*  
*nortuss-de*  
PROMETHAZINE VC/CODEINE  
*promethazine/codeine*  
*promethazine/dextromethorphan*

## Drug name

## Requirements/Limits

RELHIST  
RHINOLAR  
TESSALON PERLES  
TUSSICAPS  
*tussigon*  
TUSSIONEX PENNKINETIC EXTENDED  
RELEASE  
TUXARIN ER  
TUZISTRA XR  
VIRAVAN-DM  
ZONATUSS

### ERECTILE DYSFUNCTION

#### *Erectile Dysfunction*

BI-MIX	QL (6 EA per 30 days)
CAVERJECT	QL (6 EA per 30 days)
CAVERJECT IMPULSE	QL (6 EA per 30 days)
CIALIS	QL (6 EA per 30 days)
EDEX	QL (6 EA per 30 days)
LEVITRA	QL (6 EA per 30 days)
MUSE	QL (6 EA per 30 days)
<i>papaverine-phentolamine mesylate</i>	QL (5 ML per 30 days)
QUAD-MIX	QL (6 EA per 30 days)
STAXYN	QL (6 EA per 30 days)
STENDRA	QL (6 EA per 30 days)
SUPER BI-MIX	QL (6 EA per 30 days)
SUPER QUAD-MIX	QL (6 EA per 30 days)
SUPER TRI-MIX	QL (6 EA per 30 days)
<i>tadalafil</i>	QL (6 EA per 30 days)
TRI-MIX	QL (6 EA per 30 days)
<i>vardeafil hydrochloride</i>	QL (6 EA per 30 days)
VIAGRA	QL (6 EA per 30 days)

### FERTILITY

#### *Fertility*

CETROTIDE  
*clomiphene citrate*  
ENDOMETRIN  
FIRST-PROGESTERONE VGS 100  
COMPOUNDING KIT

## Drug name

## Requirements/Limits

FIRST-PROGESTERONE VGS 200  
COMPOUNDING KIT  
FOLLISTIM AQ  
*ganirelix acetate*  
GONAL-F  
GONAL-F RFF  
GONAL-F RFF REDIJECT  
MENOPUR  
OVIDREL

### MISCELLANEOUS

#### **Miscellaneous**

*aero otic hc*  
ALA-QUIN  
ALCORTIN A  
ALOQUIN  
ANALPRAM-HC  
ANALPRAM-HC SINGLES  
*anucort-hc*  
ANUSOL-HC  
*arzol silver nitrate applicators*  
ASCOR  
*ascorbic acid*  
*benzoyl peroxide 8%*  
*bpm/pse/dm*  
*bromfed dm*  
CETACAINE  
CORTANE-B  
CORTANE-B-OTIC  
*cortic-nd*  
*covaryx*  
*covaryx hs*  
*cyotic*  
*dermazene*  
DONNATAL  
DRYSOL  
*eemt*  
*eemt hs*  
*esterified estrogens/methyltestosterone*

## Drug name

## Requirements/Limits

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*exactacain*  
*exotic-hc*  
FIRST-MOUTHWASH BLM  
GILPHEX TR  
GILTUSS TR  
*grx hicort 25*  
*hemorrhoidal-hc*  
*hydrocodone polistirex/chlorpheniramine*  
*polistirex*  
*hydrocortisone acetate*  
*hydrocortisone acetate/pramoxine*  
*hydrocortisone/iodoquinol*  
HYOPHEN  
*hyoscyamine sulfate er*  
*hyosyne*  
*iodoquinol/hydrocortisone acetate/aloe*  
*polysaccharides*  
IODOSORB  
*isoxsuprine hcl*  
K-PHOS  
K-PHOS NEUTRAL  
LEVBID  
*lidocaine hcl/hydrocortisone acetate*  
*me/naphos/mb/hyo 1*  
MEZPAROX-HC FORTE  
NATURE-THROID  
NEOTUSS PLUS  
NITRO-TIME  
NOVACORT  
*nohist-dm*  
OTICIN HC NR  
*oto-end 10*  
*otomax-hc*  
*phenazopyridine hcl*  
*phenazopyridine hydrochloride*  
*phospha 250 neutral*  
POTABA  
PRAMOSONE

## Drug name

## Requirements/Limits

PROCORT  
PROCTOCORT  
*promethazine hydrochloride/dextromethorphan hydrobromide*  
*promethazine vc/codeine*  
*promethazine/codeine*  
*promethazine/dextromethorphan*  
*promethazine/phenylephrine/codeine*  
*pyridoxine hcl*  
QUINJA  
*rectacort-hc*  
RHINOLAR  
*sodium chloride*  
*sodium sulfacetamide/sulfur*  
*thiamine hcl*  
TUSSICAPS  
TUXARIN ER  
TUZISTRA XR  
*urea*  
*uribel*  
*uro-458*  
*uro-mp*  
*ustell*  
*vilamit mb*  
*vilevev mb*  
VIRATAN-DM  
VYTONE  
WESTHROID  
WP THYROID

## VITAMINS AND MINERALS

### *Vitamins and Minerals*

ACCRUFER  
ACTIVE FE  
ADRENAL C FORMULA  
*airavite*  
ALBAFORT  
ANIMI-3  
ANIMI-3/VITAMIN D

## Drug name

## Requirements/Limits

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AP-ZEL  
AQUASOL A PARENTERAL  
ASCOR  
ASCORBIC ACID INJ 15000MG/30ML  
*ascorbic acid inj 500mg/ml*  
ASTAMED MYO  
AVAILNEX  
AXONA  
*b-6 folic acid*  
*b-complex 100*  
*b-plex*  
*b-plex plus*  
BACMIN  
*bioceI*  
BP VIT 3  
CENFOL  
CENTRATEx  
CEREFOLIN  
CEREFOLIN NAC  
CHOLECAL DF  
CIFEREX  
*cod liver oil*  
*corvita 150*  
CORVITE 150  
CORVITE FE  
*corvite free*  
CYANOCOBALAMIN INJ 2000MCG/ML  
*cyanocobalamin inj 1000mcg/ml*  
DEPLIN 15  
DEPLIN 7.5  
*dialyvite*  
DIALYVITE 3000  
DIALYVITE 5000  
DIALYVITE SUPREME D  
DIALYVITE/ZINC  
DRISDOL  
DURACHOL  
ELFOLATE PLUS



## Drug name

## Requirements/Limits

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ENLYTE  
ERGOCAL  
*ergocalciferol*  
*fabb*  
FE 90 PLUS  
FEONYX  
FERAHEME  
FERIVA 21/7  
FERIVAFA  
*ferocon*  
*ferotrinsic*  
FERRALET 90  
FERRAPLUS 90  
FERRO-PLEX HEMATINIC  
*ferrocite plus*  
*ferrogels forte*  
FIBRIK  
*folbee*  
*folbee plus*  
*folbee plus cz*  
FOLBIC RF  
*folbic*  
FOLGARD RX  
FOLI-D  
*folic acid*  
*folic acid/cyanocobalamin/pyridoxine*  
*hydrochloride*  
*folic acid/vitamin b-6/vitamin b-12*  
FOLIKA-V  
FOLITE  
FOLIVANE-F  
FOLIVANE-PLUS  
FOLIXAPURE  
*folplex 2.2*  
FOLTANX  
FOLTANX RF  
FOLTRATE  
*foltrin*

## Drug name

## Requirements/Limits

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FOLTX  
FORTAVIT  
FOSTEUM  
FOSTEUM PLUS  
FOVEX  
FUSION PLUS  
GABADONE  
GENICIN VITA-D  
*hematinic plus complex*  
*hematinic plus vitamins/minerals*  
*hematinic/folic acid*  
*hematogen*  
HEMATOGEN FA  
*hematogen forte*  
HEMATRON-AF  
HEMENATAL OB + DHA  
HEMOCYTE PLUS  
*hemocyte-f*  
*hemocyte-plus*  
*hydroxocobalamin*  
HYPERTENSA  
ICAR-C PLUS  
*iferex 150 forte*  
*infed*  
*infuvite adult*  
*infuvite pediatric*  
INJECTAFER  
INTEGRA F  
INTEGRA PLUS  
IROSPAN 24/6  
*l-methyl-b6-b12*  
L-METHYL-MC  
L-METHYL-MC NAC  
*l-methylfolate*  
L-METHYLFOLATE CA ME-CBL NAC  
*l-methylfolate ca/p-5-p/me-cbl*  
*l-methylfolate calcium*  
L-METHYLFOLATE FORMULA 15

## Drug name

## Requirements/Limits

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L-METHYLFOLATE FORMULA 7.5  
L-METHYLFOLATE FORTE  
LIMBREL  
LIPICHOL 540  
LISTER-V  
*lmthf/pyridoxine hcl/cyanocobalamin*  
*lysiplex plus*  
M.V.I. ADULT  
M.V.I. PEDIATRIC  
M.V.I.-12 WITHOUT VITAMIN K  
MEDACTIV  
MEPHYTON  
METAFOLBIC  
METAFOLBIC PLUS  
METAFOLBIC PLUS RF  
METANX  
*methionine/inositol/choline/cyanocobalamin*  
METHYLCOBALAMIN  
MONOFERRIC  
*multi-b-plus*  
MULTIGEN  
MULTIGEN FOLIC  
MULTIGEN PLUS  
*myferon 150 forte*  
*mynephrocaps*  
NASCOBAL  
NATALVIRT FLT  
NEHPLEX RX  
NEPHRO-VITE RX  
NEPHROCAPS  
NEPHRON FA  
*nephronex*  
NEUREPA  
NEURIN-SL  
NICADAN  
NICAZEL  
NICAZEL FORTE  
NICOMIDE

## Drug name

## Requirements/Limits

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*nufol*  
NUTRICAP  
*nutrifac zx*  
NUTRIVIT  
OCUVEL  
ORTHO-FOLIC  
OVEEZA  
PERCURA  
PHYSICIANS EZ USE B-12 COMPLIANCE KIT  
PHYTONADIONE  
PNV-VP-U  
PODIAPN  
*poly-iron 150 forte*  
*polysaccharide iron forte*  
POTABA  
PROTECT PLUS  
PROTECTIRON  
PROTEOLIN  
PULMONA  
PUREFE PLUS  
*purevit dualfe plus*  
PYRIDOXAL-5-PHOSPHATE  
*pyridoxine hcl*  
*renal caps*  
RENATABS  
RENATABS WITH IRON  
*reno caps*  
*rena-vite rx*  
REQ 49+  
REVESTA  
RHEUMATE  
*se-tan plus*  
SENTRA AM  
SENTRA PM  
SIDEROL  
*sodium ferric gluconate complex/sucrose*  
STROVITE FORTE  
STROVITE ONE

## Drug name

## Requirements/Limits

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SUPERVITE  
SUPPORT  
SUPPORT-500  
TANDEM PLUS  
THERAMINE  
*thiamine hcl*  
*tl gard rx*  
*tl icon*  
*tl-hem 150*  
TL-ICARE  
TOZAL  
TREPADONE  
*tricon*  
TRIFERIC  
*trigels-f forte*  
*triphrocaps*  
UDAMIN SP  
*v-c forte*  
VASCAZEN  
VASCULERA  
VENOFER  
*vic-forte*  
*vicap forte*  
*virt-caps*  
*virt-vite*  
*virt-vite forte*  
*virt-vite plus*  
*vita s forte*  
*vita-min*  
*vitacel*  
VITAL-D RX  
*vitamax pediatric*  
*vitamin b-complex 100*  
*vitamin d*  
VITAMIN K1  
VITAROCA PLUS  
*vol-care rx*  
VP-GSTN

**Drug name****Requirements/Limits**

VP-ZEL  
*wheat germ*  
XAQUIL XR  
*xyzbac*

**WEIGHT LOSS*****Weight loss***

ADIPEX-P	PA
APPTRIM	PA
APPTRIM-D	PA
<i>benzphetamine hcl</i>	PA
CONTRAVE	PA
<i>diethylpropion hcl</i>	PA
<i>diethylpropion hcl er</i>	PA
LOMAIRA	PA
MEDACTIV	PA
<i>phendimetrazine tartrate</i>	PA
<i>phendimetrazine tartrate er</i>	PA
<i>phentermine hcl</i>	PA
<i>phentermine hydrochloride</i>	PA
QSYMIA	PA
SAXENDA	PA
WEGOVY	PA
XENICAL	PA

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ALBAFORT	7	BENZOIN TINCTURE	2	CORTANE-B	5
ALCORTIN A	5	<i>benzonatate</i>	3	CORTANE-B-OTIC	5
ALOQUIN	5	<i>benzoyl peroxide 8%</i>	5	<i>cortic-nd</i>	5
ANALPRAM-HC	5	<i>benzphetamine hcl</i>	14	<i>corvita 150</i>	8
ANALPRAM-HC	5	BETAMETHASONE	2	CORVITE 150	8
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ANUSOL-HC	5	<i>biotuss</i>	3	<i>cyanocobalamin inj</i>	8
APPTRIM	14	<i>biotuss pediatric</i>	3	<i>1000mcg/ml</i>	
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AQUASOL A	8	BOTOX COSMETIC	2	<i>cyotic</i>	5
PARENTERAL		<i>b-plex</i>	8	DEPLIN 7.5	8
ARNICA FLOWER	2	<i>b-plex plus</i>	8	DEPLIN 15	8
<i>arzol silver nitrate</i>	5	<i>bpm/pse/dm</i>	5	<i>dermazene</i>	5
<i>app licators</i>		BP VIT 3	8	<i>dialyvite</i>	8
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<i>500mg/ml</i>		IMPULSE		D	
ASCORBIC ACID INJ	8	CENFOL	8	DIALYVITE/ZINC	8
15000MG/30ML		CENTRATEx	8	<i>diethylpropion hcl</i>	14
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<i>ergocalciferol</i>	9	<i>folbic</i>	9	<i>guaifenesin/</i>	3
<i>esterified estrogens/</i>	5	FOLBIC RF	9	<i>dextromethorphan sr</i>	
<i>methyltestosterone</i>		FOLGARD RX	9	<i>hematinic/folic acid</i>	10
<i>exactacain</i>	6	<i>folic acid</i>	9	<i>hematinic plus</i>	10
EXACTUSS	3	<i>folic acid/</i>	9	<i>complex</i>	
<i>exotic-hc</i>	6	<i>cyanocobalamin/</i>		<i>hematinic plus</i>	10
<i>fabb</i>	9	<i>pyridoxine</i>		<i>vitamins/minerals</i>	
FE 90 PLUS	9	<i>hydrochloride</i>		<i>hematogen</i>	10
FEONYX	9	<i>folic acid/vitamin</i>	9	HEMATOGEN FA	10
FERAHEME	9	<i>b-6/vitamin b-12</i>		<i>hematogen forte</i>	10
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FERRALET 90	9	FOLIVANE-PLUS	9	<i>hemocyte-plus</i>	10
FERRAPLUS 90	9	FOLIXAPURE	9	HEMOCYTE PLUS	10
<i>ferrocite plus</i>	9	FOLLISTIM AQ	5	<i>hemorrhoidal-hc</i>	6
<i>ferrogels forte</i>	9	<i>folplex 2.2</i>	9	HYCLODEX	2
FERRO-PLEX	9	FOLTANX	9	<i>hydrocodone</i>	3
HEMATINIC		FOLTANX RF	9	<i>bitartrate/</i>	
FIBRIK	9	FOLTRATE	9	<i>homatropine</i>	
<i>finasteride</i>	2	<i>foltrin</i>	9	<i>methylbromide</i>	
FINASTERIDE/	2	FOLT X	10	<i>hydrocodone</i>	3, 6
MINOXIDIL		FORTAVIT	10	<i>polistirex/</i>	
FIRST-MOUTHWASH	6	FOSTEUM	10	<i>chlorpheniramine</i>	
BLM		FOSTEUM PLUS	10	<i>polistirex</i>	
		FOVEX	10	<i>hydrocortisone</i>	6
		FUSION PLUS	10	<i>acetate</i>	
		GABADONE	10		



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HYDROCORTISONE/	2	LEVITRA	4	<i>cyanocobalamin</i>	
HYDROQUINONE		<i>lidocaine hcl/</i>	6	METHYLCOBALAMIN	11
HYDROCORTISONE/	2	<i>hydrocortisone</i>		MEZPAROX-HC	6
HYDROQUINONE/		<i>acetate</i>		FORTE	
TRETINOIN		LIMBREL	11	MINOXIDIL/	3
<i>hydrocortisone/</i>	6	LIPICHOL 540	11	PROGESTERONE	
<i>iodoquinol</i>		LISTER-V	11	MINOXIDIL/	3
<i>hydromet</i>	3	<i>l-methyl-b6-b12</i>	10	PROGESTERONE/	
<i>hydroquinone crea</i>	2	<i>l-methylfolate</i>	10, 11	TRETINOIN	
HYDROQUINONE	2	<i>l-methylfolate</i>	10	MONOFERRIC	11
EMUL		<i>calcium</i>		MUCINEX DM	3
<i>hydroxocobalamin</i>	10	L-METHYLFOLATE	10	<i>multi-b-plus</i>	11
HYOPHEN	6	CA ME-CBL NAC		MULTIGEN	11
<i>hyoscyamine sulfate</i>	6	<i>l-methylfolate ca/p-</i>	10	MULTIGEN FOLIC	11
<i>er</i>		<i>5-p/me-cbl</i>		MULTIGEN PLUS	11
<i>hyosyne</i>	6	L-METHYLFOLATE	11	MUSE	4
HYPERTENSA	10	FORMULA 7.5		M.V.I.-12 WITHOUT	11
HYPOCYN	2	L-METHYLFOLATE	10	VITAMIN K	
ICAR-C PLUS	10	FORMULA 15		M.V.I. ADULT	11
<i>iferex 150 forte</i>	10	L-METHYLFOLATE	11	M.V.I. PEDIATRIC	11
<i>infed</i>	10	FORTE		<i>myferon 150 forte</i>	11
<i>infuvite adult</i>	10	L-METHYL-MC	10	<i>mynephrocaps</i>	11
<i>infuvite pediatric</i>	10	L-METHYL-MC NAC	10	NASCOBAL	11
INJECTAFER	10	<i>lmthf/pyridoxine hcl/</i>	11	NATALVIRT FLT	11
INTEGRA F	10	<i>cyanocobalamin</i>		NATURE-THROID	6
INTEGRA PLUS	10	LOMAIRA	14	NEOTUSS PLUS	6
<i>iodoquinol/</i>	6	LUSTRA	2	NEPHPLEX RX	11
<i>hydrocortisone</i>		<i>lysiplex plus</i>	11	NEPHROCAPS	11
<i>acetate/aloe</i>		MEDACTIV	11, 14	<i>nephronex</i>	11
<i>polysaccharides</i>		<i>melquin hp</i>	2	NEPHRON FA	11
IODOSORB	6	<i>me/naphos/mb/hyo 1</i>	6	NEPHRO-VITE RX	11
IROSPAN 24/6	10	MENOPUR	5	NEUREPA	11
<i>isoxsuprine hcl</i>	6	MEPHYTON	11	NEURIN-SL	11
K-PHOS	6	METAFOLBIC	11	NICADAN	11
K-PHOS NEUTRAL	6	METAFOLBIC PLUS	11	NICAZEL	11
KYBELLA	2	METAFOLBIC PLUS	11	NICAZEL FORTE	11
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NIACINAMIDE		METANX	11	NITRO-TIME	6

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<i>nortuss-de</i>	3	PROCORT	7	<i>reno caps</i>	12
NOVACORT	6	PROCTOCORT	7	RENOVA	3
<i>nufol</i>	12	<i>promethazine/</i>	3, 7	RENOVA PUMP	3
NUTRICAP	12	<i>codeine</i>		REQ 49+	12
<i>nutrifac zx</i>	12	<i>promethazine/</i>	3, 7	REVESTA	12
NUTRIVIT	12	<i>dextromethorphan</i>		RHEUMATE	12
OCUVEL	12	<i>promethazine</i>	7	RHINOLAR	4, 7
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OTICIN HC NR	6	<i>dextromethorphan</i>		SENTRA AM	12
<i>oto-end 10</i>	6	<i>hydrobromide</i>		SENTRA PM	12
<i>otomax-hc</i>	6	<i>promethazine/</i>	7	<i>se-tan plus</i>	12
OVEEZA	12	<i>phenylephrine/</i>		SIDEROL	12
OVIDREL	5	<i>codeine</i>		<i>skin bleaching</i>	3
OXOPOD	3	<i>promethazine vc/</i>	3, 7	<i>sodium chloride</i>	7
<i>papaverine-</i>	4	<i>codeine</i>		<i>sodium ferric</i>	12
<i>phenolamine</i>		PROMETHAZINE VC/	3, 7	<i>gluconate complex/</i>	
<i>mesylate</i>		CODEINE		<i>sucrose</i>	
PERCURA	12	PROPECIA	3	<i>sodium</i>	7
<i>phenazopyridine hcl</i>	6	PROSILK GEL	3	<i>sulfacetamide/sulfur</i>	
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<i>phentermine hcl</i>	14	PYRIDOXAL-5-	12	SUPER TRI-MIX	4
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