



# **ITASCA MEDICAL CARE (IMCare)**

## **90-DAY SUPPLY PRESCRIPTION DRUG LIST**

**Itasca Medical Care**  
**1219 SE 2<sup>nd</sup> Ave**  
**Grand Rapids, MN 55744**

**Families & Children (This is also known as the Prepaid Medical Assistance Program (PMAP)),**  
**MinnesotaCare**  
**Minnesota Senior Care Plus (MSC+)**  
**IMCare Classic (MSHO) (HMO SNP)**

**Serving members in Itasca County**

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**Member Services** 218-327-6188 or 1-800-843-9536 (toll free)  
(TTY 1-800-627-3529 or 711)

Hours of Operation: 8:00 am – 8:00 pm Monday - Friday  
October 1 – March 31, 7 days a week, 8 a.m. – 8 p.m.; April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. The call is free.

You can also visit our website at **[www.imcare.org](http://www.imcare.org)**

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Most drugs and certain supplies are available up to a 34 day supply. Certain drugs you take on a regular basis for a chronic or long-term condition are available up to a 90-day supply and are listed on the Itasca Medical Care (IMCare) 90-day supply prescription drug list.

IMCare will review the list annually to ensure that it is clinically appropriate, cost-effective and address health equity and the impact of social determinants of health. The information included in this list was correct as of **01/01/2022**.

- ❖ IMCare Classic (HMO SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance Program (Medicaid) to provide benefits of both programs to enrollees. Enrollment in IMCare Classic (HMO SNP) depends on contract renewal.

**1-800-843-9536 (toll free); TTY 1-800-627-3529 or 711**

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်, ကိးဘဉ် လိတဲစိနီၣ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າທາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປໂຫີໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

## Civil Rights Notice

**Discrimination is against the law. Itasca Medical Care (IMCare)** does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by Itasca Medical Care (IMCare). You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

IMCare Compliance Coordinator  
 ATTN: Civil Rights Coordinator  
 Itasca Medical Care (IMCare)  
 1219 SE 2<sup>nd</sup> Ave  
 Toll Free: 1-800-843-9536  
 TTY: 1-800-627-3529 (MN Relay) or 711  
 Fax: 218-327-5545  
 Email: [imcarecompliance@co.itasca.mn.us](mailto:imcarecompliance@co.itasca.mn.us)

**Auxiliary Aids and Services: Itasca Medical Care (IMCare)** provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** Itasca Medical Care at 1-800-843-9536 (toll free) or 1-218-327-6188 for more information.

**Language Assistance Services: Itasca Medical Care (IMCare)** provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** Itasca Medical Care at 1-800-843-9536 (toll free) or 1-218-327-6188 for more information.

## Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by Itasca Medical Care (IMCare). You may also contact any of the following agencies directly to file a discrimination complaint.

**U.S. Department of Health and Human Services Office for Civil Rights (OCR)**

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the OCR directly to file a complaint:

Office for Civil Rights  
 U.S. Department of Health and Human Services  
 Midwest Region  
 233 N. Michigan Avenue, Suite 240  
 Chicago, IL 60601  
 Customer Response Center: Toll-free: 800-368-1019  
 TDD Toll-free: 800-537-7697  
 Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

**Minnesota Department of Human Rights (MDHR)**

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights  
 540 Fairview Avenue North, Suite 201  
 St. Paul, MN 55104  
 651-539-1100 (voice)  
 800-657-3704 (toll-free)  
 711 or 800-627-3529 (MN Relay)  
 651-296-9042 (fax)  
[Info.MDHR@state.mn.us](mailto:Info.MDHR@state.mn.us) (email)

**Minnesota Department of Human Services (DHS)**

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)

- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator  
Minnesota Department of Human Services  
Equal Opportunity and Access Division  
P.O. Box 64997  
St. Paul, MN 55164-0997  
651-431-3040 (voice) or use your preferred relay service

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

<b>Drug Name/Dosage Form/Strength</b>	<b>Drug Name/Dosage Form/Strength</b>	<b>Drug Name/Dosage Form/Strength</b>
ABACA VIR SOL 20MG/ML	AMLOD/OLMESA TAB 10-40MG	BUPROPION TAB 200MG SR
ACAMPRO CAL TAB 333MG	AMLOD/OLMESA TAB 5-40MG	BUPROP N HCL TAB 150MG XL
ACARBOSE TAB 25MG	ANAGRELIDE CAP 0.5MG	BUPROP N HCL TAB 300MG XL
ACARBOSE TAB 50MG	ANASTROZOLE TAB 1MG	CALCITRIOL CAP 0.25MCG
ACARBOSE TAB 100MG	ARIPIRAZOLE TAB 2MG	CALCITRIOL CAP 0.5MCG
ACEBUTOLOL CAP 200MG	ARIPIRAZOLE TAB 5MG	CALC ACETATE TAB 667MG
ACEBUTOLOL CAP 400MG	ARIPIRAZOLE TAB 10MG	CALC ACETATE CAP 667MG
ACETAZOLAMID TAB 125MG	ARIPIRAZOLE TAB 15MG	CAPTOPRIL TAB 12.5MG
ACETAZOLAMID TAB 250MG	ARIPIRAZOLE TAB 20MG	CAPTOPRIL TAB 25MG
ACETAZOLAMID CAP 500MG ER	ARIPIRAZOLE TAB 30MG	CAPTOPRIL TAB 50MG
ALBUTEROL SYP 2MG/5ML	ASA/DIPYRIDA CAP 25-200MG	CARBAMAZEPIN CHW 100MG
ALBUTEROL TAB 2MG	ATENOLOL TAB 100MG	CARBAMAZEPIN TAB 200MG
ALBUTEROL TAB 4MG	ATENOLOL TAB 50MG	CARBAMAZEPIN SUS 100/5ML
ALENDRONATE TAB 10MG	ATENOLOL TAB 25MG	CARBAMAZEPIN TAB 100MGER
ALENDRONATE TAB 5MG	ATENOL/CHLOR TAB 50-25MG	CARB/LEVO TAB 10-100MG
ALENDRONATE TAB 35MG	ATENOL/CHLOR TAB 100-25MG	CARB/LEVO TAB 25-100MG
ALENDRONATE TAB 70MG	ATORVASTATIN TAB 80MG	CARB/LEVO TAB 25-250MG
ALFUZOSIN TAB 10MG ER	ATORVASTATIN TAB 10MG	CARB/LEVO ER TAB 25-100MG
ALLOPURINOL TAB 100MG	ATORVASTATIN TAB 20MG	CARB/LEVO ER TAB 50-200MG
ALLOPURINOL TAB 300MG	ATORVASTATIN TAB 40MG	CARTIA XT CAP 120/24HR
AMANTADINE SYP 50MG/5ML	AZATHIOPRINE TAB 50MG	CARTIA XT CAP 180/24HR
AMANTADINE CAP 100MG	BENAZEPRIL TAB 5MG	CARVEDILOL TAB 3.125MG
AMANTADINE TAB 100MG	BENAZEPRIL TAB 10MG	CARVEDILOL TAB 6.25MG
AMILORIDE TAB 5MG	BENAZEPRIL TAB 40MG	CARVEDILOL TAB 12.5MG
AMILOR/HCTZ TAB 5-50	BENAZEPRIL TAB 20MG	CARVEDILOL TAB 25MG
AMIODARONE TAB 200MG	BENAZEP/HCTZ TAB 10-12.5	CHLOROTHIAZ TAB 500MG
AMITRIPTYLIN TAB 25MG	BENAZEP/HCTZ TAB 20-12.5	CHLORTHALID TAB 25MG
AMITRIPTYLIN TAB 75MG	BENAZEP/HCTZ TAB 20-25MG	CHLORTHALID TAB 50MG
AMITRIPTYLIN TAB 100MG	BENAZEP/HCTZ TAB 5-6.25	CHOLESTYRAM POW 4GM
AMITRIPTYLIN TAB 10MG	BENZTROPINE TAB 1MG	CHOLESTYRAM POW 4GM LITE
AMITRIPTYLIN TAB 50MG	BENZTROPINE TAB 2MG	CILOSTAZOL TAB 50MG
AMLODIPINE TAB 2.5MG	BENZTROPINE TAB 0.5MG	CILOSTAZOL TAB 100MG
AMLODIPINE TAB 5MG	BETAXOLOL TAB 10MG	CITALOPRAM TAB 20MG
AMLODIPINE TAB 10MG	BETAXOLOL TAB 20MG	CITALOPRAM TAB 40MG
AMLOD/BENAZP CAP 10-40MG	BISOPROL FUM TAB 10MG	CITALOPRAM TAB 10MG
AMLOD/BENAZP CAP 5-40MG	BISOPROL FUM TAB 5MG	CITALOPRAM SOL 10MG/5ML
AMLOD/BENAZP CAP 2.5-10MG	BISOPRL/HCTZ TAB 10/6.25	CLONIDINE TAB 0.3MG
AMLOD/BENAZP CAP 5-10MG	BISOPRL/HCTZ TAB 2.5/6.25	CLONIDINE TAB 0.1MG
AMLOD/BENAZP CAP 5-20MG	BISOPRL/HCTZ TAB 5-6.25MG	CLONIDINE TAB 0.1MG ER
AMLOD/BENAZP CAP 10-20MG	BUMETANIDE TAB 2MG	CLONIDINE TAB 0.2MG
AMLOD/VALSAR TAB 5-160MG	BUMETANIDE TAB 0.5MG	CLOPIDOGREL TAB 75MG
AMLOD/VALSAR TAB 10-160MG	BUMETANIDE TAB 1MG	COLESTIPOL GRA 5GM
AMLOD/VALSAR TAB 5-320MG	BUPROPION TAB 100MG	DESIPRAMINE TAB 50MG
AMLOD/VALSAR TAB 10-320MG	BUPROPION TAB 75MG	DESIPRAMINE TAB 10MG
AMLOD/OLMESA TAB 10-20MG	BUPROPION TAB 100MG SR	DESIPRAMINE TAB 25MG
AMLOD/OLMESA TAB 5-20MG	BUPROPION TAB 150MG SR	DESIPRAMINE TAB 75MG

<b>Drug Name/Dosage Form/Strength</b>	<b>Drug Name/Dosage Form/Strength</b>	<b>Drug Name/Dosage Form/Strength</b>
DESIPRAMINE TAB 100MG	DONEPEZIL TAB 5MG ODT	FELBAMATE SUS 600/5ML
DESMOPRESSIN TAB 0.1MG	DONEPEZIL TAB ODT 10MG	FELBAMATE TAB 400MG
DESMOPRESSIN TAB 0.2MG	DONEPEZIL TAB ODT 5MG	FELODIPINE TAB 5MG ER
DESVENLAFAX TAB 100MG ER	DORZOLAMIDE SOL 2% OP	FELODIPINE TAB 2.5MG ER
DESVENLAFAX TAB 50MG ER	DORZOL/TIMOL SOL 22.3-6.8	FELODIPINE TAB 10MG ER
DESVENLAFAX TAB 25MG ER	DOXAZOSIN TAB 2MG	FENOFIBRATE TAB 160MG
DEXMETHYLPH TAB 5MG	DOXAZOSIN TAB 1MG	FENOFIBRATE TAB 54MG
DEXMETHYLPH TAB 10MG	DOXAZOSIN TAB 8MG	FENOFIBRATE CAP 67MG
DEXMETHYLPH TAB 2.5MG	DOXAZOSIN TAB 4MG	FENOFIBRATE TAB 48MG
DEXMETHYLPH CAP ER 25MG	DOXEPIN HCL CON 10MG/ML	FENOFIBRATE CAP 134MG
DIGOXIN TAB 0.125MG	DOXEPIN HCL CAP 10MG	FENOFIBRATE TAB 145MG
DIGOXIN TAB 0.25MG	DOXEPIN HCL CAP 50MG	FENOFIBRATE CAP 200MG
DILTIAZEM CAP 120MG CD	DOXEPIN HCL CAP 75MG	FENOFIBRIC CAP 45MG DR
DILTIAZEM CAP 180MG CD	DOXEPIN HCL CAP 100MG	FENOFIBRIC CAP 135MG DR
DILTIAZEM CAP 240MG CD	DOXEPIN HCL CAP 25MG	FINASTERIDE TAB 5MG
DILTIAZEM TAB 30MG	DULOXETINE CAP 30MG	FLAVOXATE TAB 100MG
DILTIAZEM TAB 60MG	DULOXETINE CAP 20MG	FLECAINIDE TAB 50MG
DILTIAZEM TAB 90MG	DULOXETINE CAP 60MG	FLECAINIDE TAB 100MG
DILTIAZEM TAB 120MG	DUTASTERIDE CAP 0.5MG	FLECAINIDE TAB 150MG
DILTIAZEM CAP 120MG ER	ENALAPRIL TAB 2.5MG	FLUDROCORT TAB 0.1MG
DILTIAZEM CAP 180MG/24	ENALAPRIL TAB 5MG	FLUOXETINE CAP 20MG
DILTIAZEM CAP 180MG ER	ENALAPRIL TAB 10MG	FLUOXETINE SOL 20MG/5ML
DILTIAZEM CAP 240MG/24	ENALAPRIL TAB 20MG	FLUOXETINE CAP 40MG
DILTIAZEM CAP 240MG ER	ENALAPR/HCTZ TAB 5-12.5MG	FLUOXETINE CAP 10MG
DILTIAZEM CAP 120MG/24	ENALAPR/HCTZ TAB 10-25MG	FLUOXETINE TAB 10MG
DILTIAZEM CAP 300MG ER	ENTACAPONE TAB 200MG	FLUOXETINE TAB 20MG
DILTIAZEM CAP 360MG ER	ESCITALOPRAM TAB 5MG	FLUPHENAZINE TAB 1MG
DIPYRIDAMOLE TAB 25MG	ESCITALOPRAM TAB 10MG	FLUPHENAZINE TAB 2.5MG
DIPYRIDAMOLE TAB 50MG	ESCITALOPRAM TAB 20MG	FLUPHENAZINE TAB 5MG
DIPYRIDAMOLE TAB 75MG	ESCITALOPRAM SOL 5MG/5ML	FLUPHENAZINE TAB 10MG
DISULFIRAM TAB 250MG	ESCITALOP OX SOL 10/10ML	FLURBIPROFEN TAB 100MG
DISULFIRAM TAB 500MG	ESTRADIOL TAB 1MG	FLURBIPROFEN TAB 50MG
DIVALPROEX CAP 125MG	ESTRADIOL TAB 2MG	FLUVOXAMINE TAB 25MG
DIVALPROEX TAB 125MG DR	ESTRADIOL TAB 0.5MG	FLUVOXAMINE TAB 100MG
DIVALPROEX TAB 250MG DR	ESTRA/NORETH TAB 1-0.5MG	FLUVOXAMINE TAB 50MG
DIVALPROEX TAB 500MG DR	ESTRA/NORETH TAB 0.5-0.1	FOLIC ACID TAB 800MCG
DIVALPROEX TAB 250MG ER	ETHOSUXIMIDE SOL 250/5ML	FOLIC ACID TAB 1MG
DIVALPROEX TAB 500MG ER	ETHY ETH EST TAB 1-35	FOLIC ACID CAP 800MCG
DOFETILIDE CAP 125MCG	ETHYNODIOL TAB 1-50	FOLIC ACID TAB 1000MCG
DOFETILIDE CAP 500MCG	EZETIMIBE TAB 10MG	FOSINOPRIL TAB 10MG
DOFETILIDE CAP 250MCG	EZETIM/SIMVA TAB 10-10MG	FOSINOPRIL TAB 20MG
DONEPEZIL TAB 10MG	EZETIM/SIMVA TAB 10-20MG	FOSINOPRIL TAB 40MG
DONEPEZIL TAB 5MG	EZETIM/SIMVA TAB 10-40MG	FUROSEMIDE TAB 20MG
DONEPEZIL TAB 10MG ODT	EZETIM/SIMVA TAB 10-80MG	FUROSEMIDE TAB 40MG

<b>Drug Name/Dosage Form/Strength</b>	<b>Drug Name/Dosage Form/Strength</b>	<b>Drug Name/Dosage Form/Strength</b>
FUROSEMIDE TAB 80MG	HYDROCHLOROT TAB 12.5MG	LAMOTRIGINE TAB 200MG
FUROSEMIDE SOL 10MG/ML	HYDROCHLOROT CAP 12.5MG	LAMOTRIGINE CHW 5MG
FUROSEMIDE SOL 40MG/4ML	HYDROXYCHLOR TAB 200MG	LAMOTRIGINE CHW 25MG
GALANTAMINE TAB 12MG	HYOSCYAMINE ELX 0.125/5	LAMOTRIGINE TAB 25MG ER
GALANTAMINE TAB 4MG	HYOSCYAMINE TAB 0.125MG	LANSOPRAZOLE CAP 30MG DR
GALANTAMINE TAB 8MG	HYOSCYAMINE TAB 0.375 ER	LANSOPRAZOLE CAP 15MG DR
GEMFIBROZIL TAB 600MG	IBUPROFEN TAB 400MG	LARIN TAB 1/20
GLIMEPIRIDE TAB 1MG	IBUPROFEN TAB 600MG	LARIN FE TAB 1.5/30
GLIMEPIRIDE TAB 2MG	IBUPROFEN TAB 800MG	LARIN FE TAB 1/20
GLIMEPIRIDE TAB 4MG	IMIPRAM HCL TAB 10MG	LEFLUNOMIDE TAB 10MG
GLIPIZIDE TAB 5MG	IMIPRAM HCL TAB 25MG	LEFLUNOMIDE TAB 20MG
GLIPIZIDE TAB 10MG	IMIPRAM HCL TAB 50MG	LETOZOLE TAB 2.5MG
GLIPIZIDE ER TAB 5MG	INDAPAMIDE TAB 1.25MG	LEVALBUTEROL NEB 0.31MG
GLIPIZIDE ER TAB 2.5MG	INDAPAMIDE TAB 2.5MG	LEVALBUTEROL NEB 0.63MG
GLIPIZIDE ER TAB 10MG	INDOMETHACIN CAP 25MG	LEVALBUTEROL NEB 1.25MG
GLIP/METFORM TAB 2.5-250M	INDOMETHACIN CAP 50MG	LEVETIRACETA SOL 100MG/ML
GLIP/METFORM TAB 2.5-500M	INDOMETHACIN CAP 75MG ER	LEVETIRACETA TAB 250MG
GLIP/METFORM TAB 5-500MG	IPRATROPIUM SOL 0.02%INH	LEVETIRACETA TAB 500MG
GLYBURID MCR TAB 1.5MG	IPRATROPIUM/ SOL ALBUTER	LEVETIRACETA TAB 750MG
GLYBURIDE TAB 1.25MG	IRBESARTAN TAB 75MG	LEVETIRACETA TAB 1000MG
GLYBURIDE TAB 5MG	IRBESARTAN TAB 150MG	LEVETIRACETA SOL 500/5ML
GLYBURIDE TAB 2.5MG	IRBESARTAN TAB 300MG	LEVETIRACETA TAB 500MG ER
GLYBURID MCR TAB 3MG	IRBESAR/HCTZ TAB 150-12.5	LEVETIRACETA TAB 750MG ER
GLYBURID MCR TAB 6MG	IRBESAR/HCTZ TAB 300-12.5	LEVOBUNOLOL SOL 0.5% OP
GLYB/METFORM TAB 1.25-250	ISOSORB DIN TAB 10MG	LEVOTHYROXIN TAB 100MCG
GLYB/METFORM TAB 2.5-500	ISOSORB DIN TAB 20MG	LEVOTHYROXIN TAB 125MCG
GLYB/METFORM TAB 5-500MG	ISOSORB DIN TAB 5MG	LEVOTHYROXIN TAB 150MCG
GUANFACINE TAB 1MG ER	ISOSORB DIN TAB 30MG	LEVOTHYROXIN TAB 200MCG
GUANFACINE TAB 2MG ER	ISOSORB MONO TAB 20MG	LEVOTHYROXIN TAB 25MCG
GUANFACINE TAB 3MG ER	ISOSORB MONO TAB 10MG	LEVOTHYROXIN TAB 50MCG
GUANFACINE TAB 4MG ER	ISOSORB MONO TAB 30MG ER	LEVOTHYROXIN TAB 300MCG
GUANFACINE TAB 1MG	ISOSORB MONO TAB 60MG ER	LEVOTHYROXIN TAB 75MCG
GUANFACINE TAB 2MG	ISOSORB MONO TAB 120MG ER	LEVOTHYROXIN TAB 88MCG
HALOPERIDOL TAB 0.5MG	ISOXSUPRINE TAB 10MG	LEVOTHYROXIN TAB 112MCG
HALOPERIDOL TAB 1MG	ISOXSUPRINE TAB HCL 20MG	LEVOTHYROXIN TAB 137MCG
HALOPERIDOL TAB 2MG	KETOPROFEN CAP 50MG	LEVOTHYROXIN TAB 175MCG
HALOPERIDOL TAB 5MG	KETOPROFEN CAP 75MG	LEVO/LIOTHYR TAB 15MG
HALOPERIDOL TAB 10MG	LABETALOL TAB 100MG	LEVO/LIOTHYR TAB 30MG
HYDRALAZINE TAB 10MG	LABETALOL TAB 200MG	LEVO/LIOTHYR TAB 60MG
HYDRALAZINE TAB 50MG	LABETALOL TAB 300MG	LEVO/LIOTHYR TAB 90MG
HYDRALAZINE TAB 100MG	LAMIVUDINE SOL 10MG/ML	LEVO/LIOTHYR TAB 120MG
HYDRALAZINE TAB 25MG	LAMOTRIGINE TAB 25MG	LIOTHYRONINE TAB 5MCG
HYDROCHLOROT TAB 25MG	LAMOTRIGINE TAB 100MG	LIOTHYRONINE TAB 25MCG
HYDROCHLOROT TAB 50MG	LAMOTRIGINE TAB 150MG	LIOTHYRONINE TAB 50MCG



<b>Drug Name/Dosage Form/Strength</b>	<b>Drug Name/Dosage Form/Strength</b>	<b>Drug Name/Dosage Form/Strength</b>
LISINOPRIL TAB 5MG	METHYLDOPA TAB 250MG	NEVIRAPINE SUS 50MG/5ML
LISINOPRIL TAB 2.5MG	METHYLDOPA TAB 500MG	NIACIN ER TAB 500MG
LISINOPRIL TAB 40MG	METOLAZONE TAB 5MG	NIACIN TAB 500MG ER
LISINOPRIL TAB 20MG	METOPROL SUC TAB 25MG ER	NIACIN ER TAB 1000MG
LISINOPRIL TAB 10MG	METOPROL SUC TAB 50MG ER	NIACIN ER TAB 500MG ER
LISINOPRIL TAB 30MG	METOPROLOL TAB 50MG ER	NIACIN ER TAB 750MG
LISINOP/HCTZ TAB 10-12.5	METOPROL SUC TAB 100MG ER	NIFEDIPINE CAP 10MG
LISINOP/HCTZ TAB 20-12.5	METOPROL SUC TAB 200MG ER	NIFEDIPINE TAB 30MG ER
LISINOP/HCTZ TAB 20-25MG	METOPROLOL TAB 25MG ER	NIFEDIPINE TAB 60MG ER
LITHIUM CARB CAP 300MG	METOPROL TAR TAB 50MG	NIFEDIPINE TAB 90MG ER
LITHIUM CARB CAP 150MG	METOPROL TAR TAB 25MG	NITROGLYCER DIS 0.2MG/HR
LITHIUM CARB TAB 300MG	METOPROL TAR TAB 100MG	NITROGLYCER DIS 0.4MG/HR
LITHIUM CARB CAP 600MG	METOPROLOL TAB 37.5MG	NITROGLYCER DIS 0.1MG/HR
LITHIUM CARB TAB 300MG ER	METOPROLOL TAB 75MG	NITROGLYCER DIS 0.6MG/HR
LITHIUM CARB TAB 450MG ER	METOPRL/HCTZ TAB 50-25MG	NIZATIDINE CAP 150MG
LOSARTAN POT TAB 25MG	MEXILETINE CAP 150MG	NIZATIDINE CAP 300MG
LOSARTAN POT TAB 50MG	MEXILETINE CAP 200MG	NORETHINDRON TAB 0.35MG
LOSARTAN POT TAB 100MG	MINOXIDIL TAB 2.5MG	NORETHIN ACE TAB 5MG
LOSARTAN/HCT TAB 50-12.5	MINOXIDIL TAB 10MG	NORETH/ETHIN TAB 1/20
LOSARTAN/HCT TAB 100-12.5	MIRTAZAPINE TAB 15MG	NORETH/ETHIN TAB FE 1/20
LOSARTAN/HCT TAB 100-25	MIRTAZAPINE TAB 30MG	NOR/EST/FF TAB 1.5/30
LOVASTATIN TAB 10MG	MIRTAZAPINE TAB 45MG	NORE/ETH/FER CHW 0.4MG-35
LOVASTATIN TAB 20MG	MODAFINIL TAB 200MG	NORGEST/ETHI TAB ESTRADIO
LOVASTATIN TAB 40MG	MODAFINIL TAB 100MG	NORGEST/ETHI TAB 0.25/35
LOXAPINE CAP 5MG	MOEXIPRIL TAB 7.5MG	NORTRIPTYLIN CAP 25MG
LOXAPINE CAP 10MG	MOEXIPRIL TAB 15MG	NORTRIPTYLIN CAP 75MG
LOXAPINE CAP 25MG	MOEXIPR/HCTZ TAB 15-12.5	NORTRIPTYLIN CAP 10MG
LOXAPINE CAP 50MG	MOEXIPR/HCTZ TAB 15-25MG	NORTRIPTYLIN CAP 50MG
MEDROXYPR AC TAB 2.5MG	MOEXIPR/HCTZ TAB 7.5-12.5	NP THYROID TAB 15MG
MEDROXYPR AC TAB 5MG	MONTELUKAST TAB 10MG	NP THYROID TAB 30MG
MEDROXYPR AC TAB 10MG	MONTELUKAST CHW 4MG	NP THYROID TAB 60MG
MELOXICAM TAB 7.5MG	MONTELUKAST CHW 5MG	OLANZAPINE TAB 2.5MG
MELOXICAM TAB 15MG	NABUMETONE TAB 500MG	OLANZAPINE TAB 5MG
MEMANTINE TAB 10MG	NABUMETONE TAB 750MG	OLANZAPINE TAB 7.5MG
MEMANTINE TAB 5MG	NAPROXEN TAB 250MG	OLANZAPINE TAB 10MG
MEMANTINE TAB HCL 5MG	NAPROXEN TAB 375MG	OLANZAPINE TAB 15MG
MEMANTINE TAB HCL 10MG	NAPROXEN TAB 500MG	OLANZAPINE TAB 20MG
METFORMIN TAB 1000MG	NAPROXEN SUS 125/5ML	OLANZAPINE TAB 5MG ODT
METFORMIN TAB 850MG	NAPROXEN SOD TAB 275MG	OLMESA MEDOX TAB 5MG
METFORMIN TAB 500MG	NAPROXEN SOD TAB 550MG	OLMESA MEDOX TAB 20MG
METFORMIN TAB 500MG ER	NATEGLINIDE TAB 60MG	OLMESA MEDOX TAB 40MG
METFORMIN TAB 750MG ER	NATEGLINIDE TAB 120MG	OLM MED/HCTZ TAB 20-12.5
METHIMAZOLE TAB 10MG	NEFAZODONE TAB 50MG	OLM MED/HCTZ TAB 40-12.5
METHIMAZOLE TAB 5MG	NEVIRAPINE TAB 200MG	OLM MED/HCTZ TAB 40-25MG

<b>Drug Name/Dosage Form/Strength</b>	<b>Drug Name/Dosage Form/Strength</b>	<b>Drug Name/Dosage Form/Strength</b>
OMEPRAZOLE CAP 20MG	POT CHLORIDE SOL 20%	QUETIAPINE TAB 25MG
OMEPRAZOLE CAP 40MG	POT CHLORIDE TAB 8MEQ CR	QUETIAPINE TAB 50MG
OMEPRAZOLE CAP 10MG	POT CL MICRO TAB 20MEQ CR	QUETIAPINE TAB 100MG
OXAPROZIN TAB 600MG	POT CHLORIDE TAB 10MEQ CR	QUETIAPINE TAB 200MG
OXCARBAZEPIN TAB 150MG	POT CL MICRO TAB 10MEQ CR	QUETIAPINE TAB 300MG
OXCARBAZEPIN TAB 300MG	POT CHLORIDE TAB 10MEQ ER	QUETIAPINE TAB 400MG
OXCARBAZEPIN TAB 600MG	POT CHLORIDE CAP 10MEQ ER	QUETIAPINE TAB 50MG ER
OXCARBAZEPIN SUS 300MG/5M	POT CL MICRO TAB 20MEQ ER	QUETIAPINE TAB 150MG ER
OXYBUTYNIN SYP 5MG/5ML	POT CHLORIDE TAB 20MEQ ER	QUETIAPINE TAB 200MG ER
OXYBUTYNIN TAB 5MG	POT CHLORIDE TAB 8MEQ ER	QUETIAPINE TAB 300MG ER
OXYBUTYNIN TAB 15MG ER	POT CL MICRO TAB 10MEQ ER	QUETIAPINE TAB 400MG ER
OXYBUTYNIN TAB 5MG ER	POT CHLORIDE CAP 8MEQ ER	QUINAPRIL TAB 20MG
OXYBUTYNIN TAB 10MG ER	POT CHLORIDE TAB 8MEQ SR	QUINAPRIL TAB 40MG
PANTOPRAZOLE TAB 40MG	PRAMIPEXOLE TAB 0.125MG	QUINAPRIL TAB 5MG
PANTOPRAZOLE TAB 20MG	PRAMIPEXOLE TAB 0.25MG	QUINAPRIL TAB 10MG
PANTOPRAZOLE TAB 20MG DR	PRAMIPEXOLE TAB 0.5MG	QNAPRIL/HCTZ TAB 10-12.5
PANTOPRAZOLE TAB 40MG DR	PRAMIPEXOLE TAB 1MG	QNAPRIL/HCTZ TAB 20-12.5
PAROXETINE TAB 30MG	PRAMIPEXOLE TAB 1.5MG	QNAPRIL/HCTZ TAB 20-25MG
PAROXETINE TAB 40MG	PRAMIPEXOLE TAB 0.75MG	RABEPRAZOLE TAB 20MG
PAROXETINE TAB 10MG	PRAVASTATIN TAB 10MG	RALOXIFENE TAB 60MG
PAROXETINE TAB 20MG	PRAVASTATIN TAB 20MG	RAMIPRIL CAP 1.25MG
PENTOXIFYLLI TAB 400MG CR	PRAVASTATIN TAB 40MG	RAMIPRIL CAP 2.5MG
PENTOXIFYLLI TAB 400MG ER	PRAVASTATIN TAB 80MG	RAMIPRIL CAP 5MG
PERINDOPRIL TAB 4MG	PRAZOSIN HCL CAP 1MG	RAMIPRIL CAP 10MG
PERINDOPRIL TAB 8MG	PRAZOSIN HCL CAP 5MG	RANITIDINE TAB 150MG
PERINDOPRIL TAB 2MG	PRAZOSIN HCL CAP 2MG	RANITIDINE SYP 15MG/ML
PERPHENAZINE TAB 2MG	PRIMIDONE TAB 50MG	RANITIDINE SYP 75MG/5ML
PERPHENAZINE TAB 4MG	PRIMIDONE TAB 250MG	RANITIDINE TAB 300MG
PERPHENAZINE TAB 8MG	PROBENECID TAB 500MG	RANITIDINE SYP 150/10ML
PERPHENAZINE TAB 16MG	PROBEN/COLCH TAB 500-0.5	RANITIDINE CAP 150MG
PHENELZINE TAB 15MG	PROGESTERONE CAP 100MG	RANOLAZINE TAB 500MG ER
PHENYTOIN SUS 125/5ML	PROGESTERONE CAP 200MG	REPAGLINIDE TAB 1MG
PHENYTOIN CHW 50MG	PROPAFENONE TAB 150MG	REPAGLINIDE TAB 2MG
PHENYTOIN EX CAP 100MG	PROPAFENONE TAB 225MG	REPAGLINIDE TAB 0.5MG
PHOSPHOROUS TAB	PROPRANOLOL TAB 40MG	RILUZOLE TAB 50MG
PILOCARPINE TAB 5MG	PROPRANOLOL TAB 60MG	RISPERIDONE TAB 0.25MG
PINDOLOL TAB 5MG	PROPRANOLOL CAP 120MG ER	RISPERIDONE TAB 0.5MG
PIOGLITAZONE TAB 45MG	PROPRANOLOL CAP 160MG ER	RISPERIDONE TAB 1MG
PIOGLITAZONE TAB 30MG	PROPRANOLOL TAB 10MG	RISPERIDONE TAB 2MG
PIOGLITAZONE TAB 15MG	PROPRANOLOL TAB 80MG	RISPERIDONE TAB 3MG
PIROXICAM CAP 20MG	PROPRANOLOL TAB 20MG	RISPERIDONE TAB 4MG
PIROXICAM CAP 10MG	PROPRANOLOL CAP 60MG ER	RISPERIDONE TAB 1 MG
POT CHLORIDE SOL 10%	PROPRANOLOL CAP 80MG ER	RISPERIDONE SOL 1MG/ML
POT CHLORIDE SOL 10% SF	PROPYLTHIOUR TAB 50MG	RIVASTIGMINE CAP 6MG

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RIVASTIGMINE CAP 1.5MG	TAMSULOSIN CAP 0.4MG	TRAZODONE TAB 100MG
RIVASTIGMINE CAP 3MG	TAZTIA XT CAP 120MG/24	TRAZODONE TAB 150MG
RIVASTIGMINE CAP 4.5MG	TAZTIA XT CAP 180MG/24	TRIAMT/HCTZ TAB 75-50MG
ROPINIROLE TAB 0.5MG	TELMISARTAN TAB 20MG	TRIAMT/HCTZ TAB 37.5-25
ROPINIROLE TAB 1MG	TELMISARTAN TAB 40MG	TRIAMT/HCTZ CAP 37.5-25
ROPINIROLE TAB 2MG	TELMISARTAN TAB 80MG	TRIFLUOPERAZ TAB 1MG
ROPINIROLE TAB 4MG	TENOFOVIR TAB 300MG	TRIFLUOPERAZ TAB 2MG
ROPINIROLE TAB 5MG	TERAZOSIN CAP 1MG	TRIFLUOPERAZ TAB 10MG
ROPINIROLE TAB 0.25MG	TERAZOSIN CAP 10MG	TRIHEXYPHEN TAB 2MG
ROPINIROLE TAB 3MG	TERAZOSIN CAP 5MG	TRIHEXYPHEN SOL 0.4MG/ML
ROSUVASTATIN TAB 5MG	TERAZOSIN CAP 2MG	TRIHEXYPHEN TAB 5MG
ROSUVASTATIN TAB 10MG	TERBUTALINE TAB 2.5MG	TROSPIUM CL TAB 20MG
ROSUVASTATIN TAB 20MG	TERBUTALINE TAB 5MG	URSODIOL CAP 300MG
ROSUVASTATIN TAB 40MG	THEOPHYLLINE SOL 80/15ML	VALPROIC ACD SOL 250/5ML
SELEGILINE CAP 5MG	THEOPHYLLINE TAB 200MG CR	VALPROIC ACD CAP 250MG
SERTRALINE TAB 25MG	THEOPHYLLINE TAB 100MG CR	VALSARTAN TAB 40MG
SERTRALINE TAB 50MG	THEOPHYLLINE TAB 100MG ER	VALSARTAN TAB 80MG
SERTRALINE TAB 100MG	THEOPHYLLINE TAB 200MG ER	VALSARTAN TAB 160MG
SERTRALINE CON 20MG/ML	THEOPHYLLINE TAB 300MG ER	VALSARTAN TAB 320MG
SIMVASTATIN TAB 5MG	THEOPHYLLINE TAB 450MG ER	VALSART/HCTZ TAB 80-12.5
SIMVASTATIN TAB 10MG	THEOPHYLLINE TAB 400MG ER	VALSART/HCTZ TAB 160-12.5
SIMVASTATIN TAB 20MG	THIORIDAZINE TAB 10MG	VALSART/HCTZ TAB 160-25MG
SIMVASTATIN TAB 40MG	THIORIDAZINE TAB 25MG	VALSART/HCTZ TAB 320-12.5
SIMVASTATIN TAB 80MG	THIORIDAZINE TAB 50MG	VALSART/HCTZ TAB 320-25MG
SOTALOL HCL TAB 80MG	THIORIDAZINE TAB 100MG	VENLAFAXINE TAB 25MG
SOTALOL HCL TAB 120MG	THIOTHIXENE CAP 1MG	VENLAFAXINE TAB 75MG
SOTALOL HCL TAB 160MG	THIOTHIXENE CAP 2MG	VENLAFAXINE TAB 100MG
SOTALOL HCL TAB 240MG	THIOTHIXENE CAP 10MG	VENLAFAXINE TAB 37.5MG
SOTALOL AF TAB 80MG	TIMOLOL MAL SOL 0.25% OP	VENLAFAXINE TAB 50MG
SOTALOL AF TAB 120MG	TIMOLOL MAL SOL 0.5% OP	VENLAFAXINE CAP 37.5 ER
SOTALOL AF TAB 160MG	TOLTERODINE TAB 2MG	VENLAFAXINE CAP 150MG ER
SOTALOL TAB 80MG	TOLTERODINE TAB 1MG	VENLAFAXINE CAP 75MG ER
SOTALOL TAB 120MG	TOPIRAMATE TAB 25MG	VENLAFAXINE TAB 150MG ER
SOTALOL TAB 160MG	TOPIRAMATE TAB 50MG	VERAPAMIL TAB 80MG
SPIRONOLACT TAB 25MG	TOPIRAMATE TAB 100MG	VERAPAMIL TAB 40MG
SPIRONOLACT TAB 100MG	TOPIRAMATE TAB 200MG	VERAPAMIL TAB 240MG ER
SPIRONOLACT TAB 50MG	TORSEMIDE TAB 5MG	VERAPAMIL TAB 180MG ER
SPIRONO/HCTZ TAB 25/25	TORSEMIDE TAB 10MG	VERAPAMIL TAB 120MG ER
SULFASALAZIN TAB 500MG	TORSEMIDE TAB 20MG	VERAPAMIL TAB 240MG SA
SULFASALAZIN TAB 500MG DR	TORSEMIDE TAB 100MG	VERAPAMIL TAB 180MG SA
SULINDAC TAB 200MG	TRANDOLAPRIL TAB 1MG	VERAPAMIL TAB 120MG SR
SULINDAC TAB 150MG	TRANDOLAPRIL TAB 2MG	VERAPAMIL TAB 120MG
TAMOXIFEN TAB 10MG	TRANDOLAPRIL TAB 4MG	WARFARIN TAB 10MG
TAMOXIFEN TAB 20MG	TRAZODONE TAB 50MG	WARFARIN TAB 5MG

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WARFARIN TAB 4MG	WARFARIN TAB 6MG	ZIPRASIDONE CAP 40MG
WARFARIN TAB 3MG	WARFARIN TAB 7.5MG	ZIPRASIDONE CAP 60MG
WARFARIN TAB 2.5MG	ZIDOVUDINE SYP 50MG/5ML	ZIPRASIDONE CAP 80MG
WARFARIN TAB 2MG	ZIDOVUDINE TAB 300MG	ZONISAMIDE CAP 25MG
WARFARIN TAB 1MG	ZIDOVUDINE CAP 100MG	ZONISAMIDE CAP 50MG
	ZIPRASIDONE CAP 20MG	ZONISAMIDE CAP 100MG