



2023 COMPREHENSIVE FORMULARY (List of Covered Drugs)

CareFirst BlueCross BlueShield Community
Health Plan Maryland
A HealthChoice Managed Care Organization

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.
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This formulary was updated on 01/01/2023. For more recent information or other questions, please contact us at
1-800-730-8530, for TTY users, 711, 24 hours a day, 7 days a week, or visit CareFirstchpm.com.

Formulary (Preferred Drug List)

01/01/2023

INTRODUCTION

We are pleased to provide the 2023 CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD) Formulary as a useful reference. This formulary can assist providers in selecting clinically appropriate and cost-effective products for their CareFirst CHPMD patients.

The document is reflective of current medical practices of the date on which CareFirst CHPMD completed its standard review.

The CareFirst CHPMD formulary is intended as a reference for drug therapy selection. It is not intended to be comprehensive in nature nor is it a substitute for the knowledge, expertise, skill, and judgment of the prescriber in his or her choice of prescription drugs. Specific drug selection for an individual patient rests solely with the prescriber.

The CareFirst CHPMD formulary is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any provider based upon reliance, in whole or in part, on the information contained herein. The provider should consult the drug manufacturer's product literature or standard drug references for more detailed information.

PREFACE

The formulary is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action- how the drug produces an effect in the body.

Drugs represented in this formulary may have varying cost to the plan member based on the plan's benefit structure. Generic drugs typically are available at a lower member out-of-pocket cost while brand-name drugs will generally cost more than generics and have a higher member out-of-pocket cost. Generic drugs should be prescribed first-line as much as possible unless a patient has experienced an adverse effect and/or a lack of therapeutic outcome after using a sufficient dose for an appropriate period of time.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The CareFirst CHPMD Pharmacy and Therapeutics Committee ("P&T Committee") is an external advisory body of CareFirst CHPMD network physicians and pharmacists. These clinical professionals are utilized to determine the drugs to include on the formulary, providing insights

to the safety and clinical effectiveness of drug therapies. Voting members of the P&T Committee must disclose any financial relationship(s) and/or conflict(s) of interest with all pharmaceutical manufacturers and affiliations.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than prescribed brand-name product. Drug listed in lowercase indicates generic availability. In most instances, when a generic drug of a brand-name drug is released into the market it is covered and the associated brand-name drug will become non-formulary or not covered. Drugs prescribed are subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name counterparts. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness and Are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generic drugs maybe different from the brand in size, color, and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

SPECIALTY PLAN DESIGN

Specialty Guideline Management (SGM)

SGM is our utilization management program that helps ensure appropriate utilization of specialty drugs based on currently accepted evidence-based medicine guidelines. The utilization management program is available for all therapeutic areas dispensed by our specialty pharmacies. SGM is designed to help ensure safety and efficacy while preventing off-guideline utilization. Drugs which may be included in the SGM program are identified in the formulary as "SP" for your reference.

Note: Specialty drugs can only be dispensed by the CVS Pharmacy® Specialty Services and select University of Maryland Medical System Pharmacies. Providers: please contact either CVS Pharmacy® Specialty Services, Call: 1-800-237-2767, Fax: 1-800-323-2445 or University of Maryland Medical System(UMMS) Pharmacy Services, Call: 855-547-4276, Fax: 410-684-3776. For more information on

the Specialty Medications and a list of network Specialty pharmacies, please go to our website Pharmaceutical Management Procedures | CareFirst Community Health Plan Maryland (carefirstchpmd.com) and click on Specialty Medications.

PLAN DESIGN

The formulary represents a closed formulary plan design. The drugs listed on the formulary are covered by the plan as represented and drugs not listed are not covered unless a non-formulary exception is pre-approved for coverage. Certain drugs on the list are covered if utilization criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such drugs outside of their listed criteria will be reviewed for medical necessity. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria. Log into Carefirstchpmd.com to check the coverage of drugs on the formulary.

AUTHORIZATIONS

Authorization requests for both **NON-FORMULARY** and **FORMULARY** products requiring either a PA (Prior Authorization), QL (Quantity Limit), ST (Step Therapy) or medical necessity review contact **CVS Caremark®** at: **1-877-418-4133**.

Authorization requests for specific **MENTAL HEALTH** products contact the Maryland Department of Health (MDH) at: **1-800-932-3918** (Antipsychotic Peer Review Line for children 0-9 years old: **1-855-283-0876**).

HIV TREATMENT

HIV drugs are no longer processed by the Maryland Medicaid Fee For Service program. HIV drugs are now covered under the pharmacy benefit at CareFirst CHPMD. CareFirst CHPMD requires a copay of \$0 for generic drugs and \$3 for brand drugs. If a member is unable to pay a brand drug copay, the dispensing pharmacy must contact the CVS Help Desk at **1-800-345-5413** for assistance.

Formulary restrictions were implemented on 07/01/2020. Members 21 years of age or younger will not be subject to formulary restrictions in the antiretroviral class.

FORMULARY CHANGES/UPDATES

CareFirst CHPMD may add/or remove drugs from the drug list throughout the year. The formulary changes are reviewed and approved by the Pharmacy and Therapeutics (P & T) Committee or added/removed from the formulary based on the latest medical literature. Monthly formulary changes are posted onto the website at Carefirstchpmd.com.

OPIOIDS

The quantity of opioid products prescribed (including those that are combined with acetaminophen, aspirin, or ibuprofen) will be limited to up to 90 morphine milligram equivalents (MME) per day based on a 30-day supply. **Prescriptions that exceed the 90 MME daily limit will be subject to UM criteria, such as prior authorization.** Members who are opioid-naïve may be subject to additional step therapy requirements [use of an immediate release (IR) formulation will be required before moving to an extended-release (ER) formulation and quantity limit restrictions (first fill will be limited to three days for 19 years and under and seven days for 20 years and older)].

Note: The quantity limits outlined in the formulary reflect post one (1) month Limit of ≤ 200 MME/day (per 25 days).

BLOOD GLUCOSE METER TEST STRIPS, LANCETS, ALCOHOL SWABS

One Touch by Lifescan is the preferred covered blood glucose meter and test strips for CareFirst CHPMD members. Test strips have a quantity limit of 200 strips every 25 days.

Formulary alcohol swabs are limited to a maximum cost of \$10 per month. A majority of alcohol swabs available on the market costs less than \$10. Note: The existing quantity limit of 400 alcohol swabs every 25 days remains.

Formulary lancets are limited to a maximum cost of \$10 per month. A majority of lancets available on the market costs less than \$10. Note: The existing quantity limit of 200 lancets every 25 days remains.

NOTICE

The information contained in this formulary is proprietary. The information may not be copied in whole or in part without written permission. ©2022. All rights reserved. This formulary contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information.

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.



P.O. Box 915
Owings Mills, MD 21117
410-779-9369 or 800-730-8530

CareFirstchpmd.com

Effective 01/01/2023

Drug Name	Requirements/Limits
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PENICILLINS

NATURAL PENICILLINS

BICILLIN L-A INJ 2400000

BICILLIN L-A INJ 600000

BICILLIN L-A INJ 1200000

penicillin v potassium tab 250 mg

penicillin v potassium tab 500 mg

penicillin v potassium for soln 125 mg/5ml

penicillin v potassium for soln 250 mg/5ml

AMINOPENICILLINS

amoxicillin (trihydrate) cap 250 mg

amoxicillin (trihydrate) cap 500 mg

amoxicillin (trihydrate) tab 500 mg

amoxicillin (trihydrate) tab 875 mg

amoxicillin (trihydrate) chew tab 125 mg

amoxicillin (trihydrate) chew tab 250 mg

amoxicillin (trihydrate) for susp 125 mg/5ml

amoxicillin (trihydrate) for susp 200 mg/5ml

amoxicillin (trihydrate) for susp 250 mg/5ml

amoxicillin (trihydrate) for susp 400 mg/5ml

ampicillin cap 500 mg

PENICILLINASE-RESISTANT PENICILLINS

dicloxacillin sodium cap 250 mg

dicloxacillin sodium cap 500 mg

PENICILLIN COMBINATIONS

amoxicillin & k clavulanate tab 250-125 mg

amoxicillin & k clavulanate tab 500-125 mg

amoxicillin & k clavulanate tab 875-125 mg

amoxicillin & k clavulanate chew tab 200-28.5 mg

amoxicillin & k clavulanate chew tab 400-57 mg

amoxicillin & k clavulanate for susp 200-28.5

mg/5ml

amoxicillin & k clavulanate for susp 250-62.5

mg/5ml

amoxicillin & k clavulanate for susp 400-57

mg/5ml

amoxicillin & k clavulanate for susp 600-42.9

mg/5ml

CEPHALOSPORINS

CEPHALOSPORINS - 1ST GENERATION

cefadroxil cap 500 mg

cefadroxil tab 1 gm

cefadroxil for susp 250 mg/5ml

Drug Name	Requirements/Limits
<i>cefadroxil for susp 500 mg/5ml</i>	
<i>cephalexin cap 250 mg</i>	
<i>cephalexin cap 500 mg</i>	
<i>cephalexin cap 750 mg</i>	
<i>cephalexin tab 250 mg</i>	
<i>cephalexin tab 500 mg</i>	
<i>cephalexin for susp 125 mg/5ml</i>	
<i>cephalexin for susp 250 mg/5ml</i>	
CEPHALOSPORINS - 2ND GENERATION	
<i>ceprozil tab 250 mg</i>	
<i>ceprozil tab 500 mg</i>	
<i>ceprozil for susp 125 mg/5ml</i>	
<i>ceprozil for susp 250 mg/5ml</i>	
<i>cefuroxime axetil tab 250 mg</i>	
<i>cefuroxime axetil tab 500 mg</i>	
CEPHALOSPORINS - 3RD GENERATION	
<i>cefdinir cap 300 mg</i>	
<i>cefdinir for susp 125 mg/5ml</i>	
<i>cefdinir for susp 250 mg/5ml</i>	
<i>ceftriaxone sodium for inj 250 mg</i>	
<i>ceftriaxone sodium for inj 500 mg</i>	
<i>ceftriaxone sodium for inj 1 gm</i>	
<i>ceftriaxone sodium for inj 2 gm</i>	
CEPHALOSPORIN COMBINATIONS	
ZERBAXA INJ 1.5GM	PA
MACROLIDES	
ERYTHROMYCINS	
<i>erythromycin tab 250 mg</i>	
<i>erythromycin tab 500 mg</i>	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	
<i>erythrocin tab 250mg</i>	
<i>e.e.s. 400 tab 400mg</i>	
<i>erythromycin ethylsuccinate tab 400 mg</i>	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	
AZITHROMYCIN	
<i>azithromycin tab 250 mg</i>	
<i>azithromycin tab 500 mg</i>	
<i>azithromycin tab 600 mg</i>	
<i>azithromycin for susp 100 mg/5ml</i>	
<i>azithromycin for susp 200 mg/5ml</i>	
<i>azithromycin powd pack for susp 1 gm</i>	
CLARITHROMYCIN	
<i>clarithromycin tab 250 mg</i>	

Drug Name	Requirements/Limits
<i>clarithromycin tab 500 mg</i>	
<i>clarithromycin for susp 125 mg/5ml</i>	
<i>clarithromycin for susp 250 mg/5ml</i>	
<i>clarithromycin tab er 24hr 500 mg</i>	

TETRACYCLINES

TETRACYCLINES

<i>doxycycline monohydrate for susp 25 mg/5ml</i>	
<i>doxycycline hyclate cap 50 mg</i>	
<i>doxycycline hyclate cap 100 mg</i>	
<i>doxycycline hyclate tab 20 mg</i>	
<i>doxycycline hyclate tab 100 mg</i>	
<i>minocycline hcl cap 50 mg</i>	
<i>minocycline hcl cap 75 mg</i>	
<i>minocycline hcl cap 100 mg</i>	
<i>tetracycline hcl cap 250 mg</i>	QL (120 caps every 25 days)
<i>tetracycline hcl cap 500 mg</i>	QL (120 caps every 25 days)

FLUOROQUINOLONES

FLUOROQUINOLONES

<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	
<i>levofloxacin tab 250 mg</i>	
<i>levofloxacin tab 500 mg</i>	
<i>levofloxacin tab 750 mg</i>	
<i>levofloxacin oral soln 25 mg/ml</i>	

AMINOGLYCOSIDES

AMINOGLYCOSIDES

<i>neomycin sulfate tab 500 mg</i>	
<i>tobramycin nebu soln 300 mg/5ml</i>	SP, PA, QL (10 mL every 1 day)
<i>tobramycin nebu soln 300 mg/4ml</i>	SP, PA, QL (8 mL every 1 day)

SULFONAMIDES

SULFONAMIDES

<i>sulfadiazine tab 500 mg</i>	
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ANTIMYCOBACTERIAL AGENTS

ANTIMYCOBACTERIAL AGENTS

<i>ethambutol hcl tab 100 mg</i>	
<i>ethambutol hcl tab 400 mg</i>	
<i>isoniazid tab 100 mg</i>	
<i>isoniazid tab 300 mg</i>	

Drug Name	Requirements/Limits
<i>isoniazid syrup 50 mg/5ml</i>	
<i>pyrazinamide tab 500 mg</i>	
<i>rifabutin cap 150 mg</i>	
<i>rifampin cap 150 mg</i>	
<i>rifampin cap 300 mg</i>	

ANTIFUNGALS

ANTIFUNGALS

<i>griseofulvin microsize susp 125 mg/5ml</i>	
<i>griseofulvin ultramicrosize tab 125 mg</i>	
<i>griseofulvin ultramicrosize tab 250 mg</i>	
<i>nystatin tab 500000 unit</i>	
<i>terbinafine hcl tab 250 mg</i>	QL (90 tabs every year)

IMIDAZOLE-RELATED ANTIFUNGALS

<i>fluconazole tab 50 mg</i>	
<i>fluconazole tab 100 mg</i>	
<i>fluconazole tab 150 mg</i>	
<i>fluconazole tab 200 mg</i>	
<i>fluconazole for susp 10 mg/ml</i>	
<i>fluconazole for susp 40 mg/ml</i>	
<i>itraconazole cap 100 mg</i>	PA, QL (4 caps every 1 day)
<i>voriconazole tab 50 mg</i>	PA
<i>voriconazole tab 200 mg</i>	PA
<i>voriconazole for susp 40 mg/ml</i>	PA

ANTIVIRALS

ANTIRETROVIRALS

<i>SELZENTRY TAB 25MG</i>	QL (8 tabs every 1 day)
<i>SELZENTRY TAB 75MG</i>	QL (2 tabs every 1 day)
<i>maraviroc tab 150 mg</i>	QL (2 tabs every 1 day)
<i>maraviroc tab 300 mg</i>	QL (4 tabs every 1 day)
<i>SELZENTRY SOL 20MG/ML</i>	QL (1840 mL every 30 days)
<i>TROGARZO INJ 150MG/ML</i>	
<i>TIVICAY TAB 10MG</i>	QL (8 tabs every 1 day)
<i>TIVICAY TAB 25MG</i>	QL (2 tabs every 1 day)
<i>TIVICAY TAB 50MG</i>	QL (2 tabs every 1 day)
<i>TIVICAY PD TAB 5MG</i>	QL (12 tabs every 1 day)
<i>ISENTRESS TAB 400MG</i>	QL (4 tabs every 1 day)
<i>ISENTRESS HD TAB 600MG</i>	QL (2 tabs every 1 day)
<i>ISENTRESS CHW 25MG</i>	QL (6 tabs every 1 day)
<i>ISENTRESS CHW 100MG</i>	QL (6 tabs every 1 day)
<i>ISENTRESS POW 100MG</i>	QL (2 packets every 1 day)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	QL (1 cap every 1 day)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	QL (2 caps every 1 day)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	QL (1 cap every 1 day)

Drug Name	Requirements/Limits
REYATAZ POW 50MG	QL (6 packets every 1 day)
PREZISTA TAB 75MG	QL (10 tabs every 1 day)
PREZISTA TAB 150MG	QL (6 tabs every 1 day)
PREZISTA TAB 600MG	QL (2 tabs every 1 day)
PREZISTA TAB 800MG	QL (1 tab every 1 day)
PREZISTA SUS 100MG/ML	QL (400 mL every 30 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	QL (4 tabs every 1 day)
LEXIVA SUS 50MG/ML	QL (1575 mL every 28 days)
<i>ritonavir tab 100 mg</i>	QL (12 tabs every 1 day)
NORVIR SOL 80MG/ML	QL (16 mL every 1 day)
NORVIR POW 100MG	QL (12 packets every 1 day)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	QL (2 tabs every 1 day)
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	QL (30 mL every 1 day)
<i>emtricitabine caps 200 mg</i>	QL (1 cap every 1 day)
EMTRIVA SOL 10MG/ML	QL (680 mL every 28 days)
<i>lamivudine tab 150 mg</i>	QL (2 tabs every 1 day)
<i>lamivudine tab 300 mg</i>	QL (1 tab every 1 day)
<i>lamivudine oral soln 10 mg/ml</i>	QL (32 mL every 1 day)
<i>stavudine cap 15 mg</i>	QL (2 caps every 1 day)
<i>stavudine cap 20 mg</i>	QL (2 caps every 1 day)
<i>stavudine cap 30 mg</i>	QL (2 caps every 1 day)
<i>stavudine cap 40 mg</i>	QL (2 caps every 1 day)
<i>zidovudine cap 100 mg</i>	QL (6 caps every 1 day)
<i>zidovudine tab 300 mg</i>	QL (2 tabs every 1 day)
<i>zidovudine syrup 10 mg/ml</i>	QL (64 mL every 1 day)
VIREAD TAB 150MG	QL (1 tab every 1 day)
VIREAD TAB 200MG	QL (1 tab every 1 day)
VIREAD TAB 250MG	QL (1 tab every 1 day)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	QL (1 tab every 1 day)
VIREAD POW 40MG/GM	QL (8 gm every 1 day)
PIFELTRO TAB 100MG	QL (2 tabs every 1 day)
<i>efavirenz cap 50 mg</i>	QL (3 caps every 1 day)
<i>efavirenz cap 200 mg</i>	QL (3 caps every 1 day)
<i>efavirenz tab 600 mg</i>	QL (1 tab every 1 day)
INTELENCE TAB 25MG	QL (4 tabs every 1 day)
<i>etravirine tab 100 mg</i>	QL (4 tabs every 1 day)
<i>etravirine tab 200 mg</i>	QL (2 tabs every 1 day)
<i>nevirapine tab 200 mg</i>	QL (2 tabs every 1 day)
<i>nevirapine susp 50 mg/5ml</i>	QL (40 mL every 1 day)
<i>nevirapine tab er 24hr 100 mg</i>	QL (3 tabs every 1 day)
<i>nevirapine tab er 24hr 400 mg</i>	QL (1 tab every 1 day)
EDURANT TAB 25MG	QL (2 tabs every 1 day)
TYBOST TAB 150MG	QL (1 tab every 1 day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	QL (1 tab every 1 day)

Drug Name	Requirements/Limits
EVOTAZ TAB 300-150	QL (1 tab every 1 day)
DOVATO TAB 50-300MG	QL (1 tab every 1 day)
PREZCOBIX TAB 800-150	QL (1 tab every 1 day)
DESCOVY TAB 120-15MG	QL (1 tab every 1 day)
DESCOVY TAB 200/25MG	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	QL (1 tab every 1 day)
CIMDUO TAB 300-300	QL (1 tab every 1 day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	QL (2 tabs every 1 day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	QL (8 tabs every 1 day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	QL (4 tabs every 1 day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	QL (16 mL every 1 day)
TRIUMEQ TAB	QL (1 tab every 1 day)
TRIUMEQ PD TAB	QL (6 tabs every 1 day)
BIKTARVY TAB	QL (1 tab every 1 day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200- 300 mg</i>	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	QL (1 tab every 1 day)
ODEFSEY TAB	QL (1 tab every 1 day)
COMPLERA TAB	QL (1 tab every 1 day)
SYMTUZA TAB	QL (1 tab every 1 day)
GENVOYA TAB	QL (1 tab every 1 day)
STRIBILD TAB	QL (1 tab every 1 day)
CMV AGENTS	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	QL (4 tabs every 1 day)
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	QL (1000 mL every 30 days)
HEPATITIS AGENTS	
<i>adefovir dipivoxil tab 10 mg</i>	SP
<i>entecavir tab 0.5 mg</i>	SP, QL (1 tab every 1 day)
<i>entecavir tab 1 mg</i>	SP, QL (1 tab every 1 day)
BARACLUDE SOL	SP, QL (21 mL every 1 day)
<i>lamivudine tab 100 mg (hbv)</i>	SP
PEGASYS INJ 180MCG/M	SP, PA
PEGASYS INJ	SP, PA
<i>ribavirin cap 200 mg</i>	SP, PA

Drug Name	Requirements/Limits
<i>ribavirin tab 200 mg</i>	SP, PA
<i>MAVYRET TAB 100-40MG</i>	SP, PA, QL (3 tabs every 1 day)
<i>SOFOS/VELPAT TAB 400-100</i>	SP, PA, QL (1 tab every 1 day)

HERPES AGENTS

<i>acyclovir cap 200 mg</i>
<i>acyclovir tab 400 mg</i>
<i>acyclovir tab 800 mg</i>
<i>acyclovir susp 200 mg/5ml</i>
<i>valacyclovir hcl tab 500 mg</i>
<i>valacyclovir hcl tab 1 gm</i>
<i>famciclovir tab 125 mg</i>
<i>famciclovir tab 250 mg</i>
<i>famciclovir tab 500 mg</i>

INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	QL (28 caps every 180 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	QL (14 caps every 180 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	QL (14 caps every 180 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	QL (180 mL every 180 days), AGE

ANTIMALARIALS

ANTIMALARIALS

<i>chloroquine phosphate tab 250 mg</i>	QL (8 tabs every 180 days)
<i>chloroquine phosphate tab 500 mg</i>	QL (8 tabs every 180 days)
<i>hydroxychloroquine sulfate tab 200 mg</i>	
<i>mefloquine hcl tab 250 mg</i>	QL (8 tabs every 180 days)

ANTIMALARIAL COMBINATIONS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	QL (23 tabs every 180 days)
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	QL (23 tabs every 180 days)

ANTHELMINTICS

ANTHELMINTICS

<i>ivermectin tab 3 mg</i>
<i>EMVERM CHW 100MG</i>
<i>cvs pinworm sus 50mg/ml</i>
<i>pin-away sus 144mg/ml</i>
<i>pinworm med sus 144mg/ml</i>
<i>reeses med sus pinworm</i>

ANTI-INFECTIVE AGENTS - MISC.

ANTI-INFECTIVE AGENTS - MISC.

<i>metronidazole cap 375 mg</i>

Drug Name	Requirements/Limits
<i>metronidazole tab 250 mg</i>	
<i>metronidazole tab 500 mg</i>	
XIFAXAN TAB 550MG	ST
<i>trimethoprim tab 100 mg</i>	
TRIMETHOPRIM TAB 100MG	
LINCOSAMIDES	
<i>clindamycin hcl cap 150 mg</i>	
<i>clindamycin hcl cap 300 mg</i>	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	
OXAZOLIDINONES	
<i>linezolid tab 600 mg</i>	PA
<i>linezolid for susp 100 mg/5ml</i>	PA
ZYVOX SOL 2MG/ML	PA
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	PA
<i>linezolid in sodium chloride iv soln 600 mg/300ml- PA 0.9%</i>	PA
GLYCOPEPTIDES	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	ST
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	ST
LEPROSTATICS	
<i>dapsone tab 25 mg</i>	
<i>dapsone tab 100 mg</i>	
ANTIPROTOZOAL AGENTS	
<i>atovaquone susp 750 mg/5ml</i>	
URINARY ANTI-INFECTIVES	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	
ANTI-INFECTIVE MISC. - COMBINATIONS	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	
<i>sulfatrim pd sus 200-40/5</i>	
TOXOIDS	
TOXOID COMBINATIONS	
<i>BOOSTRIX INJ</i>	
<i>BOOSTRIX INJ</i>	
PASSIVE IMMUNIZING AND TREATMENT AGENTS	
MONOCLONAL ANTIBODIES	
<i>SYNAGIS INJ 50/0.5ML</i>	SP, PA

Drug Name	Requirements/Limits
SYNAGIS INJ 50MG	SP, PA
SYNAGIS INJ 100MG/ML	SP, PA

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

MYLERAN TAB 2MG	
LEUKERAN TAB 2MG	
<i>cyclophosphamide cap 25 mg</i>	
<i>cyclophosphamide cap 50 mg</i>	
CYCLOPHOSPH TAB 25MG	
CYCLOPHOSPH TAB 50MG	
<i>melfalan tab 2 mg</i>	
GLEOSTINE CAP 10MG	
GLEOSTINE CAP 40MG	
GLEOSTINE CAP 100MG	
<i>temozolomide cap 5 mg</i>	SP, PA
<i>temozolomide cap 20 mg</i>	SP, PA
<i>temozolomide cap 100 mg</i>	SP, PA
<i>temozolomide cap 140 mg</i>	SP, PA
<i>temozolomide cap 180 mg</i>	SP, PA
<i>temozolomide cap 250 mg</i>	SP, PA

ANTINEOPLASTIC - ANTI-HER2 AGENTS

KANJINTI SOL 150MG	SP, PA
KANJINTI INJ 420MG	SP, PA
TUKYSA TAB 50MG	PA, QL (4 tabs every 1 day)
TUKYSA TAB 150MG	PA, QL (4 tabs every 1 day)

ANTIMETABOLITES

<i>capecitabine tab 150 mg</i>	SP, PA, QL (4 tabs every 1 day)
<i>capecitabine tab 500 mg</i>	SP, PA, QL (10 tabs every 1 day)
<i>mercaptopurine tab 50 mg</i>	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	
TREXALL TAB 5MG	
TREXALL TAB 7.5MG	
TREXALL TAB 10MG	
TREXALL TAB 15MG	

ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS

INLYTA TAB 1MG	SP, PA, QL (8 tabs every 1 day)
INLYTA TAB 5MG	SP, PA, QL (4 tabs every 1 day)
MVASI INJ 100MG	SP, PA
MVASI INJ 400MG	SP, PA
ZIRABEV INJ 100/4ML	SP, PA
ZIRABEV INJ 400/16ML	SP, PA

Drug Name	Requirements/Limits
ALYMSYS SOL 100/4ML	SP, PA
ALYMSYS SOL 400/16ML	SP, PA
LENVIMA CAP 4MG	SP, PA, QL (1 cap every 1 day)
LENVIMA CAP 8 MG	SP, PA, QL (2 caps every 1 day)
LENVIMA CAP 10 MG	SP, PA, QL (1 cap every 1 day)
LENVIMA CAP 12MG	SP, PA, QL (3 caps every 1 day)
LENVIMA CAP 20 MG	SP, PA, QL (2 caps every 1 day)
LENVIMA CAP 14 MG	SP, PA, QL (2 caps every 1 day)
LENVIMA CAP 18 MG	SP, PA, QL (3 caps every 1 day)
LENVIMA CAP 24 MG	SP, PA, QL (3 caps every 1 day)

ANTINEOPLASTIC - EGFR INHIBITORS

GILOTrif TAB 20MG	PA, QL (1 tab every 1 day)
GILOTrif TAB 30MG	PA, QL (1 tab every 1 day)
GILOTrif TAB 40MG	PA, QL (1 tab every 1 day)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	SP, PA, QL (2 tabs every 1 day)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	SP, PA, QL (1 tab every 1 day)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	SP, PA, QL (1 tab every 1 day)

ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS

ERIVEDGE CAP 150MG	SP, PA, QL (30 caps every 30 days)
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ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

LYSODREN TAB 500MG	
<i>bicalutamide tab 50 mg</i>	
<i>flutamide cap 125 mg</i>	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	
<i>anastrozole tab 1 mg</i>	
<i>exemestane tab 25 mg</i>	
<i>letrozole tab 2.5 mg</i>	
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	PA
<i>megestrol acetate tab 20 mg</i>	
<i>megestrol acetate tab 40 mg</i>	
<i>megestrol acetate susp 40 mg/ml</i>	
<i>leuprolide acetate inj kit 5 mg/ml</i>	SP, PA

Drug Name	Requirements/Limits
ELIGARD INJ 7.5MG	SP, PA
ELIGARD INJ 22.5MG	SP, PA
ELIGARD INJ 30MG	SP, PA
ELIGARD INJ 45MG	SP, PA
CAMCEVI INJ 42MG	PA
<i>abiraterone acetate tab 250 mg</i>	SP, PA, QL (4 tabs every 1 day)

ANTINEOPLASTIC - BCL-2 INHIBITORS

VENCLEXTA TAB 10MG	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 50MG	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 100MG	PA, QL (6 tabs every 1 day)
VENCLEXTA TAB START PK	PA, QL (1 pack every 28 days)

MITOTIC INHIBITORS

etoposide cap 50 mg

ANTINEOPLASTIC ENZYME INHIBITORS

XALKORI CAP 200MG	SP, PA, QL (4 caps every 1 day)
XALKORI CAP 250MG	SP, PA, QL (4 caps every 1 day)
LORBRENA TAB 25MG	SP, PA, QL (3 tabs every 1 day)
LORBRENA TAB 100MG	SP, PA, QL (1 tab every 1 day)
VERZENIO TAB 50MG	SP, PA, QL (2 tabs every 1 day)
VERZENIO TAB 100MG	SP, PA, QL (2 tabs every 1 day)
VERZENIO TAB 150MG	SP, PA, QL (2 tabs every 1 day)
VERZENIO TAB 200MG	SP, PA, QL (2 tabs every 1 day)
ZOLINZA CAP 100MG	SP, PA, QL (4 caps every 1 day)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	PA, QL (4 tabs every 1 day)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	SP, PA, QL (2 tabs every 1 day)
TAFINLAR CAP 50MG	SP, PA, QL (4 caps every 1 day)
TAFINLAR CAP 75MG	SP, PA, QL (4 caps every 1 day)
ZELBORAF TAB 240MG	SP, PA, QL (8 tabs every 1 day)
CALQUENCE TAB 100MG	SP, PA, QL (2 tabs every 1 day)
IMBRUVICA CAP 140MG	PA, QL (3 caps every 1 day)

Drug Name	Requirements/Limits
<i>everolimus tab 2.5 mg</i>	SP, PA, QL (1 tab every 1 day)
<i>everolimus tab 5 mg</i>	SP, PA, QL (1 tab every 1 day)
<i>everolimus tab 7.5 mg</i>	SP, PA, QL (1 tab every 1 day)
<i>everolimus tab 10 mg</i>	SP, PA, QL (1 tab every 1 day)
CABOMETYX TAB 20MG	SP, PA, QL (1 tab every 1 day)
CABOMETYX TAB 40MG	SP, PA, QL (1 tab every 1 day)
CABOMETYX TAB 60MG	SP, PA, QL (1 tab every 1 day)
COMETRIQ KIT 60MG	SP, PA, QL (3 caps every 1 day)
COMETRIQ KIT 100MG	SP, PA, QL (2 caps every 1 day)
COMETRIQ KIT 140MG	SP, PA, QL (4 caps every 1 day)
XOSPATA TAB 40MG	SP, PA, QL (3 tabs every 1 day)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	SP, PA, QL (6 tabs every 1 day)
RYDAPT CAP 25MG	SP, PA, QL (8 caps every 1 day)
VOTRIENT TAB 200MG	SP, PA, QL (4 tabs every 1 day)
STIVARGA TAB 40MG	SP, PA, QL (3 tabs every 1 day)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	SP, PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	SP, PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	SP, PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	SP, PA, QL (1 cap every 1 day)
CAPRELSA TAB 100MG	SP, PA, QL (2 tabs every 1 day)
CAPRELSA TAB 300MG	SP, PA, QL (1 tab every 1 day)
MEKINIST TAB 0.5MG	SP, PA, QL (3 tabs every 1 day)
MEKINIST TAB 2MG	SP, PA, QL (1 tab every 1 day)
ROZLYTREK CAP 100MG	SP, PA, QL (1 cap every 1 day)

Drug Name	Requirements/Limits
ROZLYTREK CAP 200MG	SP, PA, QL (3 caps every 1 day)
ZEJULA CAP 100MG	PA, QL (3 caps every 1 day)
RUBRACA TAB 200MG	SP, PA, QL (4 tabs every 1 day)
RUBRACA TAB 250MG	SP, PA, QL (4 tabs every 1 day)
RUBRACA TAB 300MG	SP, PA, QL (4 tabs every 1 day)
<i>bortezomib for inj 3.5 mg</i>	SP, PA
VELCADE INJ 3.5MG	SP, PA
NINLARO CAP 2.3MG	SP, PA, QL (6 caps every 28 days)
NINLARO CAP 3MG	SP, PA, QL (6 caps every 28 days)
NINLARO CAP 4MG	SP, PA, QL (6 caps every 28 days)
JAKAFI TAB 5MG	SP, PA, QL (2 tabs every 1 day)
JAKAFI TAB 10MG	SP, PA, QL (2 tabs every 1 day)
JAKAFI TAB 15MG	SP, PA, QL (2 tabs every 1 day)
JAKAFI TAB 20MG	SP, PA, QL (2 tabs every 1 day)
JAKAFI TAB 25MG	SP, PA, QL (2 tabs every 1 day)
ZYDELIG TAB 100MG	SP, PA, QL (2 tabs every 1 day)
ZYDELIG TAB 150MG	SP, PA, QL (2 tabs every 1 day)

ANTINEOPLASTIC RADIOPHARMACEUTICALS

PLUVICTO INJ 1000MBQ	PA
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ANTINEOPLASTICS MISC.

<i>hydroxyurea cap 500 mg</i>	
MATULANE CAP 50MG	
INTRON A INJ 10MU	SP, PA
INTRON A INJ 50MU	SP, PA
<i>tretinoin cap 10 mg</i>	
<i>bexarotene cap 75 mg</i>	SP, PA

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

<i>leucovorin calcium tab 5 mg</i>
<i>leucovorin calcium tab 10 mg</i>
<i>leucovorin calcium tab 15 mg</i>
<i>leucovorin calcium tab 25 mg</i>

Drug Name	Requirements/Limits
CORTICOSTEROIDS	
GLUCOCORTICOSTEROIDS	
budesonide delayed release particles cap 3 mg	
dexamethasone tab 0.5 mg	
dexamethasone tab 0.75 mg	
dexamethasone tab 1 mg	
dexamethasone tab 1.5 mg	
dexamethasone tab 2 mg	
dexamethasone tab 4 mg	
dexamethasone tab 6 mg	
dexamethasone elixir 0.5 mg/5ml	
dexamethasone soln 0.5 mg/5ml	
hydrocortisone tab 5 mg	
hydrocortisone tab 10 mg	
hydrocortisone tab 20 mg	
MEDROL TAB 2MG	
methylprednisolone tab 4 mg	
methylprednisolone tab 8 mg	
methylprednisolone tab 16 mg	
methylprednisolone tab 32 mg	
methylprednisolone tab therapy pack 4 mg (21)	
prednisolone soln 15 mg/5ml	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	
prednisolone sod phos orally disintegr tab 10 mg (base eq)	
prednisolone sod phos orally disintegr tab 15 mg (base eq)	
prednisolone sod phos orally disintegr tab 30 mg (base eq)	
prednisone tab 1 mg	
prednisone tab 2.5 mg	
prednisone tab 5 mg	
prednisone tab 10 mg	
prednisone tab 20 mg	
prednisone tab 50 mg	
prednisone oral soln 5 mg/5ml	
prednisone tab therapy pack 5 mg (21)	
prednisone tab therapy pack 5 mg (48)	
prednisone tab therapy pack 10 mg (21)	
prednisone tab therapy pack 10 mg (48)	

Drug Name**Requirements/Limits****MINERALOCORTICOIDS**

fludrocortisone acetate tab 0.1 mg

ANDROGENS-ANABOLIC**ANDROGENS**

danazol cap 50 mg

danazol cap 100 mg

danazol cap 200 mg

testosterone td gel 25 mg/2.5gm (1%) PA

testosterone td gel 10mg/act (2%) PA

testosterone cypionate im inj in oil 100 mg/ml PA

testosterone cypionate im inj in oil 200 mg/ml PA

testosterone enanthate im inj in oil 200 mg/ml PA

ESTROGENS**ESTROGENS**

estradiol tab 0.5 mg

estradiol tab 1 mg

estradiol tab 2 mg

estradiol td patch weekly 0.025 mg/24hr

estradiol td patch weekly 0.0375 mg/24hr (37.5
mcg/24hr)

estradiol td patch weekly 0.05 mg/24hr

estradiol td patch weekly 0.06 mg/24hr

estradiol td patch weekly 0.075 mg/24hr

estradiol td patch weekly 0.1 mg/24hr

ESTROGEN COMBINATIONS

amabelz tab 0.5-0.1

estradiol & norethindrone acetate tab 0.5-0.1 mg

amabelz tab 1-0.5mg

estradiol & norethindrone acetate tab 1-0.5 mg

mimvey tab 1-0.5mg

COMBIPATCH DIS

COMBIPATCH DIS

fyavolv tab 0.5-2.5

norethindrone acetate-ethinyl estradiol tab 0.5
mg-2.5 mcg

fyavolv tab 1-5

jinteli tab 1mg-5mcg

norethindrone acetate-ethinyl estradiol tab 1 mg-5
mcg

CONTRACEPTIVES**COPPER CONTRACEPTIVES - IUD**

PARAGARD IUD T380A

QL (1 IUD in lifetime)

PROGESTIN CONTRACEPTIVES - ORAL

camila tab 0.35mg

QL (1 tab every 1 day)

Drug Name	Requirements/Limits
<i>deblitane tab 0.35mg</i>	QL (1 tab every 1 day)
<i>errin tab 0.35mg</i>	QL (1 tab every 1 day)
<i>heather tab 0.35mg</i>	QL (1 tab every 1 day)
<i>incassia tab 0.35mg</i>	QL (1 tab every 1 day)
<i>jencycla tab 0.35mg</i>	QL (1 tab every 1 day)
<i>lyleq tab 0.35mg</i>	QL (1 tab every 1 day)
<i>lyza tab 0.35mg</i>	QL (1 tab every 1 day)
<i>nora-be tab 0.35mg</i>	QL (1 tab every 1 day)
<i>norethindrone tab 0.35 mg</i>	QL (1 tab every 1 day)
<i>norlyroc tab 0.35mg</i>	QL (1 tab every 1 day)
<i>sharobel tab 0.35mg</i>	QL (1 tab every 1 day)

PROGESTIN CONTRACEPTIVES - INJECTABLE

<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	QL (5 injections every 364 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	QL (5 injections every 364 days)

PROGESTIN CONTRACEPTIVES - IUD

<i>SKYLA IUD 13.5MG</i>	QL (1 IUD in lifetime)
<i>KYLEENA IUD 19.5MG</i>	QL (1 IUD in lifetime)
<i>LILETTA IUD 52MG</i>	QL (1 IUD in lifetime)
<i>MIRENA IUD SYSTEM</i>	QL (1 IUD in lifetime)

PROGESTIN CONTRACEPTIVES - IMPLANTS

<i>NEXPLANON IMP 68MG</i>	QL (1 implant in lifetime)
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EMERGENCY CONTRACEPTIVES

<i>aftera tab 1.5mg</i>	QL (1 tab every 30 days), OTC
<i>afterpill tab 1.5mg</i>	QL (1 tab every 30 days), OTC
<i>econtra ez tab 1.5mg</i>	QL (1 tab every 30 days), OTC
<i>econtra os tab 1.5mg</i>	QL (1 tab every 30 days), OTC
<i>levonorgestrel tab 1.5 mg</i>	QL (1 tab every 30 days), OTC
<i>my choice tab 1.5mg</i>	QL (1 tab every 30 days), OTC
<i>my way tab 1.5mg</i>	QL (1 tab every 30 days), OTC
<i>new day tab 1.5mg</i>	QL (1 tab every 30 days), OTC
<i>opcicon tab 1.5mg</i>	QL (1 tab every 30 days), OTC
<i>option 2 tab 1.5mg</i>	QL (1 tab every 30 days), OTC
<i>react tab 1.5mg</i>	QL (1 tab every 30 days), OTC

Drug Name	Requirements/Limits
<i>take action tab 1.5mg</i>	QL (1 tab every 30 days), OTC
<i>ELLA TAB 30MG</i>	QL (2 tabs every year)
<i>COMBINATION CONTRACEPTIVES - TRANSDERMAL</i>	
<i>xulane dis 150-35</i>	QL (39 patches every 364 days)
<i>zafemy dis 150/35</i>	QL (39 patches every 364 days)
<i>COMBINATION CONTRACEPTIVES - VAGINAL</i>	
<i>eluryng mis</i>	QL (13 rings every 364 days)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	QL (13 rings every 364 days)
<i>COMBINATION CONTRACEPTIVES - ORAL</i>	
<i>apri tab</i>	QL (1 tab every 1 day)
<i>cyred eq tab</i>	QL (1 tab every 1 day)
<i>cyred tab</i>	QL (1 tab every 1 day)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	QL (1 tab every 1 day)
<i>enskyce tab</i>	QL (1 tab every 1 day)
<i>isibloom tab</i>	QL (1 tab every 1 day)
<i>juleber tab</i>	QL (1 tab every 1 day)
<i>kalliga tab</i>	QL (1 tab every 1 day)
<i>reclipsen tab</i>	QL (1 tab every 1 day)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	QL (1 tab every 1 day)
<i>jasmiel tab 3-0.02mg</i>	QL (1 tab every 1 day)
<i>lo-zumandimi tab 3-0.02mg</i>	QL (1 tab every 1 day)
<i>loryna tab 3-0.02mg</i>	QL (1 tab every 1 day)
<i>nikki tab 3-0.02mg</i>	QL (1 tab every 1 day)
<i>vestura tab 3-0.02mg</i>	QL (1 tab every 1 day)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	QL (1 tab every 1 day)
<i>ocella tab 3-0.03mg</i>	QL (1 tab every 1 day)
<i>syeda tab 3-0.03mg</i>	QL (1 tab every 1 day)
<i>zumandimine tab 3-0.03mg</i>	QL (1 tab every 1 day)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	QL (1 tab every 1 day)
<i>kelnor tab 1/35</i>	QL (1 tab every 1 day)
<i>zovia 1/35 tab</i>	QL (1 tab every 1 day)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	QL (1 tab every 1 day)
<i>kelnor 1/50 tab</i>	QL (1 tab every 1 day)
<i>afirmelle tab 0.1-0.02</i>	QL (1 tab every 1 day)
<i>aubra eq tab 0.1-0.02</i>	QL (1 tab every 1 day)
<i>aubra tab 0.1-0.02</i>	QL (1 tab every 1 day)
<i>aviane tab</i>	QL (1 tab every 1 day)

Drug Name	Requirements/Limits
<i>delyla tab 0.1-0.02</i>	QL (1 tab every 1 day)
<i>falmina tab</i>	QL (1 tab every 1 day)
<i>lessina tab</i>	QL (1 tab every 1 day)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	QL (1 tab every 1 day)
<i>lulera tab</i>	QL (1 tab every 1 day)
<i>sronyx tab</i>	QL (1 tab every 1 day)
<i>vienna tab 0.1-20</i>	QL (1 tab every 1 day)
<i>altavera tab</i>	QL (1 tab every 1 day)
<i>ayuna tab</i>	QL (1 tab every 1 day)
<i>chateal eq tab 0.15/30</i>	QL (1 tab every 1 day)
<i>chateal tab 0.15/30</i>	QL (1 tab every 1 day)
<i>kurvelo tab 0.15/30</i>	QL (1 tab every 1 day)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	QL (1 tab every 1 day)
<i>levora-28 tab 0.15/30</i>	QL (1 tab every 1 day)
<i>marlissa tab 0.15/30</i>	QL (1 tab every 1 day)
<i>portia-28 tab</i>	QL (1 tab every 1 day)
<i>balziva tab</i>	QL (1 tab every 1 day)
<i>briellyn tab</i>	QL (1 tab every 1 day)
<i>philith tab 0.4-35</i>	QL (1 tab every 1 day)
<i>vyfemla tab 0.4-35</i>	QL (1 tab every 1 day)
<i>necon tab 0.5/35</i>	QL (1 tab every 1 day)
<i>nortrel tab 0.5/35</i>	QL (1 tab every 1 day)
<i>wera tab 0.5/35</i>	QL (1 tab every 1 day)
<i>alyacen tab 1/35</i>	QL (1 tab every 1 day)
<i>dasetta tab 1/35</i>	QL (1 tab every 1 day)
<i>nortrel tab 1/35</i>	QL (1 tab every 1 day)
<i>nylia tab 1/35</i>	QL (1 tab every 1 day)
<i>pirmella tab 1/35</i>	QL (1 tab every 1 day)
<i>aurovela tab 1/20</i>	QL (1 tab every 1 day)
<i>junel 1/20 tab</i>	QL (1 tab every 1 day)
<i>larin tab 1/20</i>	QL (1 tab every 1 day)
<i>loestrin tab 1/20-21</i>	QL (1 tab every 1 day)
<i>microgestin tab 1/20</i>	QL (1 tab every 1 day)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	QL (1 tab every 1 day)
<i>aurovela tab 1.5/30</i>	QL (1 tab every 1 day)
<i>hailey tab 1.5/30</i>	QL (1 tab every 1 day)
<i>junel 1.5/30 tab</i>	QL (1 tab every 1 day)
<i>larin tab 1.5/30</i>	QL (1 tab every 1 day)
<i>loestrin 21 tab 1.5/30</i>	QL (1 tab every 1 day)
<i>microgestin tab 1.5/30</i>	QL (1 tab every 1 day)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	QL (1 tab every 1 day)

Drug Name	Requirements/Limits
<i>cryselle-28 tab 28 tabs</i>	QL (1 tab every 1 day)
<i>elinest tab</i>	QL (1 tab every 1 day)
<i>low-ogestrel tab</i>	QL (1 tab every 1 day)
<i>estarrylla tab 0.25-35</i>	QL (1 tab every 1 day)
<i>femynor tab 0.25-35</i>	QL (1 tab every 1 day)
<i>mili tab 0.25/35</i>	QL (1 tab every 1 day)
<i>mono-linyah tab 0.25-35</i>	QL (1 tab every 1 day)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	QL (1 tab every 1 day)
<i>nymyo tab 0.25-35</i>	QL (1 tab every 1 day)
<i>sprintec 28 tab 28 day</i>	QL (1 tab every 1 day)
<i>vlylibra tab 0.25-35</i>	QL (1 tab every 1 day)
<i>aurovela fe tab 1/20</i>	QL (1 tab every 1 day)
<i>blisovi fe tab 1/20</i>	QL (1 tab every 1 day)
<i>hailey fe tab 1/20</i>	QL (1 tab every 1 day)
<i>junel fe tab 1/20</i>	QL (1 tab every 1 day)
<i>larin fe tab 1/20</i>	QL (1 tab every 1 day)
<i>loestrin fe tab 1/20</i>	QL (1 tab every 1 day)
<i>microgestin tab fe 1/20</i>	QL (1 tab every 1 day)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	QL (1 tab every 1 day)
<i>tarina fe tab 1/20</i>	QL (1 tab every 1 day)
<i>tarina fe tab 1/20 eq</i>	QL (1 tab every 1 day)
<i>aurovela fe tab 1.5/30</i>	QL (1 tab every 1 day)
<i>blisovi fe tab 1.5/30</i>	QL (1 tab every 1 day)
<i>hailey fe tab 1.5/30</i>	QL (1 tab every 1 day)
<i>junel fe tab 1.5/30</i>	QL (1 tab every 1 day)
<i>larin fe tab 1.5/30</i>	QL (1 tab every 1 day)
<i>loestrin fe tab 1.5/30</i>	QL (1 tab every 1 day)
<i>microgestin tab fe1.5/30</i>	QL (1 tab every 1 day)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	QL (1 tab every 1 day)
<i>azurette tab</i>	QL (1 tab every 1 day)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	QL (1 tab every 1 day)
<i>kariva tab 28 day</i>	QL (1 tab every 1 day)
<i>pimtrea tab</i>	QL (1 tab every 1 day)
<i>simliya tab 28 day</i>	QL (1 tab every 1 day)
<i>viorele tab</i>	QL (1 tab every 1 day)
<i>volnea tab</i>	QL (1 tab every 1 day)
<i>velvet pak</i>	QL (1 tab every 1 day)
<i>enpresse-28 tab</i>	QL (1 tab every 1 day)
<i>levonest tab</i>	QL (1 tab every 1 day)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	QL (1 tab every 1 day)

Drug Name	Requirements/Limits
<i>trivora-28 tab</i>	QL (1 tab every 1 day)
<i>alyacen tab 7/7/7</i>	QL (1 tab every 1 day)
<i>dasetta tab 7/7/7</i>	QL (1 tab every 1 day)
<i>nortrel tab 7/7/7</i>	QL (1 tab every 1 day)
<i>nylia tab 7/7/7</i>	QL (1 tab every 1 day)
<i>pirmella tab 7/7/7</i>	QL (1 tab every 1 day)
<i>aranelle tab</i>	QL (1 tab every 1 day)
<i>leena tab</i>	QL (1 tab every 1 day)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	QL (1 tab every 1 day)
<i>tri-lo tab estaryll</i>	QL (1 tab every 1 day)
<i>tri-lo- tab marzia</i>	QL (1 tab every 1 day)
<i>tri-lo- tab sprintec</i>	QL (1 tab every 1 day)
<i>tri-lo-mili tab</i>	QL (1 tab every 1 day)
<i>tri-vylibra tab lo</i>	QL (1 tab every 1 day)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	QL (1 tab every 1 day)
<i>tri femynor tab</i>	QL (1 tab every 1 day)
<i>tri-estaryll tab</i>	QL (1 tab every 1 day)
<i>tri-linyah tab</i>	QL (1 tab every 1 day)
<i>tri-mili tab</i>	QL (1 tab every 1 day)
<i>tri-nymyo tab</i>	QL (1 tab every 1 day)
<i>tri-sprintec tab</i>	QL (1 tab every 1 day)
<i>tri-vylibra tab</i>	QL (1 tab every 1 day)
<i>amethia tab</i>	QL (1 tab every 1 day)
<i>ashlyna tab</i>	QL (1 tab every 1 day)
<i>camrese tab</i>	QL (1 tab every 1 day)
<i>daysee tab</i>	QL (1 tab every 1 day)
<i>jaimiess tab</i>	QL (1 tab every 1 day)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	QL (1 tab every 1 day)
<i>simpesse tab</i>	QL (1 tab every 1 day)

PROGESTINS

PROGESTINS

<i>hydroxyprogesterone caproate im in oil 250 mg/ml SP, PA, QL (21 vials every year)</i>
<i>hydroxyprogesterone caproate im in oil 250 mg/ml SP, PA, QL (5 vials every year)</i>
<i>MAKENA INJ 275MG</i>
SP, PA, QL (22 injections every year)
<i>medroxyprogesterone acetate tab 2.5 mg</i>
<i>medroxyprogesterone acetate tab 5 mg</i>
<i>medroxyprogesterone acetate tab 10 mg</i>
<i>norethindrone acetate tab 5 mg</i>
<i>progesterone cap 100 mg</i>

Drug Name	Requirements/Limits
<i>progesterone cap 200 mg</i>	

ANTIDIABETICS

INSULIN

BASAGLAR INJ 100UNIT	
SEMGLEE INJ 100U/ML	
SEMGLEE SOL 100U/ML	
SEMGLEE INJ 100U/ML	
ADMELOG INJ 100U/ML	
ADMELOG SOLO INJ 100U/ML	
HUMULIN R INJ U-100	OTC
NOVOLIN R INJ U-100	OTC
HUMULIN R INJ U-500	
NOVOLIN R INJ 100 UNIT	OTC
HUMULIN R INJ U-500	
HUMULIN N INJ U-100	OTC
NOVOLIN N INJ U-100	OTC
HUMULIN N INJ U-100KWP	OTC
NOVOLIN N INJ 100 UNIT	OTC
INSULIN ASPA INJ 70/30	
INS ASP PROT INJ FLEXPEN	
HUMALOG MIX SUS 75/25	
HUMALOG MIX INJ 50/50	
INSULIN LISP INJ PROTAMIN	
HUMALOG MIX INJ 50/50KWP	
HUMULIN INJ 70/30	OTC
NOVOLIN INJ 70/30	OTC
HUMULIN INJ 70/30KWP	OTC
NOVOLIN INJ 70/30 FP	OTC

INCRETIN MIMETIC AGENTS

TRULICITY INJ 0.75/0.5	ST, QL (12 pens every 63 days)
TRULICITY INJ 1.5/0.5	ST, QL (12 pens every 63 days)
TRULICITY INJ 3/0.5	ST, QL (12 pens every 63 days)
TRULICITY INJ 4.5/0.5	ST, QL (12 pens every 63 days)
RYBELSUS TAB 3MG	ST, QL (90 tabs every 75 days)
RYBELSUS TAB 7MG	ST, QL (90 tabs every 75 days)
RYBELSUS TAB 14MG	ST, QL (90 tabs every 75 days)
OZEMPIC INJ 2/1.5ML	ST, QL (3 pens every 63 days)

Drug Name	Requirements/Limits
OZEMPIC INJ 4MG/3ML	ST, QL (3 pens every 63 days)
OZEMPIC INJ 8MG/3ML	ST, QL (3 pens every 63 days)

SULFONYLUREAS

glimepiride tab 1 mg
glimepiride tab 2 mg
glimepiride tab 4 mg
glipizide tab 5 mg
glipizide tab 10 mg
glipizide tab er 24hr 2.5 mg
glipizide xl tab 2.5mg
glipizide tab er 24hr 5 mg
glipizide xl tab 5mg
glipizide tab er 24hr 10 mg
glipizide xl tab 10mg

BIGUANIDES

metformin hcl tab 500 mg
metformin hcl tab 850 mg
metformin hcl tab 1000 mg
metformin hcl tab er 24hr 500 mg
metformin hcl tab er 24hr 750 mg

MEGLITINIDE ANALOGUES

nateglinide tab 60 mg
nateglinide tab 120 mg
repaglinide tab 0.5 mg
repaglinide tab 1 mg
repaglinide tab 2 mg

DIABETIC OTHER

BAQSIMI ONE POW 3MG/DOSE	QL (2 actuations every 30 days)
BAQSIMI TWO POW 3MG/DOSE	QL (2 actuations every 30 days)
GVOKE HYPO 1 INJ .5/.1ML	QL (20 injections every 30 days)
GVOKE HYPO 2 INJ .5/.1ML	QL (20 injections every 30 days)
GVOKE HYPO 1 INJ 1MG/.2ML	QL (10 injections every 30 days)
GVOKE HYPO 2 INJ 1MG/.2ML	QL (10 injections every 30 days)
GVOKE PFS INJ	QL (20 syringes every 30 days)
GVOKE PFS INJ	QL (10 syringes every 30 days)

Drug Name	Requirements/Limits
<i>glucagon (rdna) for inj kit 1 mg</i>	QL (2 kits every 30 days)
ALPHA-GLUCOSIDASE INHIBITORS	
<i>acarbose tab 25 mg</i>	
<i>acarbose tab 50 mg</i>	
<i>acarbose tab 100 mg</i>	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	
INSULIN SENSITIZING AGENTS	
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	
JARDIANCE TAB 10MG	ST
JARDIANCE TAB 25MG	ST
STEGLATRO TAB 5MG	ST
STEGLATRO TAB 15MG	ST
ANTIDIABETIC COMBINATIONS	
XULTOPHY INJ 100/3.6	ST
SOLIQUA INJ 100/33	ST
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	
<i>alogliptin-pioglitazone tab 25-15 mg</i>	
<i>alogliptin-pioglitazone tab 25-30 mg</i>	
<i>alogliptin-pioglitazone tab 25-45 mg</i>	
SEGLUROMET TAB 2.5-500	ST
SEGLUROMET TAB 2.5-1000	ST
SEGLUROMET TAB 7.5-500	ST
SEGLUROMET TAB 7.5-1000	ST
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
<i>glipizide-metformin hcl tab 5-500 mg</i>	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	
THYROID AGENTS	
THYROID HORMONES	
<i>euthyrox tab 25mcg</i>	
<i>levo-t tab 25mcg</i>	
<i>levothyroxine sodium tab 25 mcg</i>	

Drug Name	Requirements/Limits
<i>levoxyl tab 25mcg</i>	
<i>unithroid tab 25mcg</i>	
<i>euthyrox tab 50mcg</i>	
<i>levo-t tab 50mcg</i>	
<i>levothyroxine sodium tab 50 mcg</i>	
<i>levoxyl tab 50mcg</i>	
<i>unithroid tab 50mcg</i>	
<i>euthyrox tab 75mcg</i>	
<i>levo-t tab 75mcg</i>	
<i>levothyroxine sodium tab 75 mcg</i>	
<i>levoxyl tab 75mcg</i>	
<i>unithroid tab 75mcg</i>	
<i>euthyrox tab 88mcg</i>	
<i>levo-t tab 88mcg</i>	
<i>levothyroxine sodium tab 88 mcg</i>	
<i>levoxyl tab 88mcg</i>	
<i>unithroid tab 88mcg</i>	
<i>euthyrox tab 100mcg</i>	
<i>levo-t tab 100mcg</i>	
<i>levothyroxine sodium tab 100 mcg</i>	
<i>levoxyl tab 100mcg</i>	
<i>unithroid tab 100mcg</i>	
<i>euthyrox tab 112mcg</i>	
<i>levo-t tab 112mcg</i>	
<i>levothyroxine sodium tab 112 mcg</i>	
<i>levoxyl tab 112mcg</i>	
<i>unithroid tab 112mcg</i>	
<i>euthyrox tab 125mcg</i>	
<i>levo-t tab 125mcg</i>	
<i>levothyroxine sodium tab 125 mcg</i>	
<i>levoxyl tab 125mcg</i>	
<i>unithroid tab 125mcg</i>	
<i>euthyrox tab 137mcg</i>	
<i>levo-t tab 137mcg</i>	
<i>levothyroxine sodium tab 137 mcg</i>	
<i>levoxyl tab 137mcg</i>	
<i>unithroid tab 137mcg</i>	
<i>euthyrox tab 150mcg</i>	
<i>levo-t tab 150mcg</i>	
<i>levothyroxine sodium tab 150 mcg</i>	
<i>levoxyl tab 150mcg</i>	
<i>unithroid tab 150mcg</i>	
<i>euthyrox tab 175mcg</i>	
<i>levo-t tab 175mcg</i>	
<i>levothyroxine sodium tab 175 mcg</i>	

Drug Name	Requirements/Limits
<i>levoxyl tab 175mcg</i>	
<i>unithroid tab 175mcg</i>	
<i>euthyrox tab 200mcg</i>	
<i>levo-t tab 200 mcg</i>	
<i>levothyroxine sodium tab 200 mcg</i>	
<i>levoxyl tab 200mcg</i>	
<i>unithroid tab 200mcg</i>	
<i>levo-t tab 300 mcg</i>	
<i>levothyroxine sodium tab 300 mcg</i>	
<i>unithroid tab 300mcg</i>	
<i>liothyronine sodium tab 5 mcg</i>	
<i>liothyronine sodium tab 25 mcg</i>	
<i>liothyronine sodium tab 50 mcg</i>	
ANTITHYROID AGENTS	
<i>methimazole tab 5 mg</i>	
<i>methimazole tab 10 mg</i>	
<i>propylthiouracil tab 50 mg</i>	
ENDOCRINE AND METABOLIC AGENTS - MISC.	
BONE DENSITY REGULATORS	
<i>alendronate sodium tab 5 mg</i>	
<i>alendronate sodium tab 10 mg</i>	
<i>alendronate sodium tab 35 mg</i>	
<i>alendronate sodium tab 70 mg</i>	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	
TYMLOS INJ	SP, PA, QL (1 pen every 30 days)
PROLIA INJ 60MG/ML	SP, PA, QL (1 syringe every 180 days)
HORMONE RECEPTOR MODULATORS	
<i>OSPHENA TAB 60MG</i>	PA
<i>raloxifene hcl tab 60 mg</i>	
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	
<i>SYNAREL SOL 2MG/ML</i>	
TRIPTODUR SUS 22.5MG	SP, PA
GROWTH HORMONES	
<i>NORDITROPIN INJ 5/1.5ML</i>	SP, PA
<i>NORDITROPIN INJ 10/1.5ML</i>	SP, PA
<i>NORDITROPIN INJ 15/1.5ML</i>	SP, PA
<i>NORDITROPIN INJ 30/3ML</i>	SP, PA
<i>SEROSTIM INJ 4MG</i>	SP, PA
<i>SEROSTIM INJ 5MG</i>	SP, PA
<i>SEROSTIM INJ 6MG</i>	SP, PA
<i>ZORBTIVE INJ 8.8MG</i>	SP, PA

Drug Name	Requirements/Limits
SOMATOSTATIC AGENTS	
SOMATULINE INJ 60/0.2ML	SP, PA, QL (1 syringe every 28 days)
SOMATULINE INJ 90/0.3ML	SP, PA, QL (1 syringe every 28 days)
LANREOTIDE INJ 120/.5ML	SP, PA, QL (1 syringe every 28 days)
SOMATULINE INJ 120/.5ML	SP, PA, QL (1 syringe every 28 days)
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	SP, PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	SP, PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	SP, PA, QL (45 vials every 30 days)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	SP, PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	SP, PA, QL (9 vials every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	SP, PA, QL (3 vials every 1 day)
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	SP, PA, QL (3 vials every 1 day)
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	SP, PA, QL (3 vials every 1 day)
POSTERIOR PITUITARY HORMONES	
<i>desmopressin acetate tab 0.1 mg</i>	PA
<i>desmopressin acetate tab 0.2 mg</i>	PA
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	PA
<i>desmopressin acetate nasal spray soln 0.01%</i>	PA
CORTICOTROPIN	
ACTHAR INJ 80UNIT	SP, PA, QL (35 mL every 21 days)
CORTROPHIN GEL 80UNIT	SP, PA, QL (35 mL every 21 days)
MINERALOCORTICOID RECEPTOR ANTAGONISTS	
KERENDIA TAB 10MG	PA
KERENDIA TAB 20MG	PA
PROLACTIN INHIBITORS	
<i>cabergoline tab 0.5 mg</i>	
VASOPRESSIN RECEPTOR ANTAGONISTS	
<i>tolvaptan tab 15 mg</i>	SP, PA
<i>tolvaptan tab 30 mg</i>	SP, PA, QL (1 tab every 1 day)

Drug Name	Requirements/Limits
METABOLIC MODIFIERS	
<i>calcitriol cap 0.25 mcg</i>	
<i>calcitriol cap 0.5 mcg</i>	
<i>calcitriol oral soln 1 mcg/ml</i>	
<i>doxercalciferol cap 0.5 mcg</i>	
<i>doxercalciferol cap 1 mcg</i>	
<i>doxercalciferol cap 2.5 mcg</i>	
<i>paricalcitol cap 1 mcg</i>	
<i>paricalcitol cap 2 mcg</i>	
<i>paricalcitol cap 4 mcg</i>	
<i>cinacalset hcl tab 30 mg (base equiv)</i>	SP, PA, QL (2 tabs every 1 day)
<i>cinacalset hcl tab 60 mg (base equiv)</i>	SP, PA, QL (2 tabs every 1 day)
<i>cinacalset hcl tab 90 mg (base equiv)</i>	SP, PA, QL (4 tabs every 1 day)
<i>javygtor tab 100mg</i>	SP, PA
<i>sapropterin dihydrochloride tab 100 mg</i>	SP, PA
<i>javygtor pak 100mg</i>	SP, PA
<i>sapropterin dihydrochloride powder packet 100 mg</i>	SP, PA
<i>javygtor pow 500mg</i>	SP, PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	SP, PA
CARDIOTONICS	
CARDIAC GLYCOSIDES	
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	
<i>digitek tab 0.125mg</i>	
<i>digoxin tab 125 mcg (0.125 mg)</i>	
<i>digitek tab 0.25mg</i>	
<i>digoxin tab 250 mcg (0.25 mg)</i>	
<i>digoxin oral soln 0.05 mg/ml</i>	
ANTIANGINAL AGENTS	
NITRATES	
<i>isosorbide dinitrate tab 5 mg</i>	
<i>isosorbide dinitrate tab 10 mg</i>	
<i>isosorbide dinitrate tab 20 mg</i>	
<i>isosorbide dinitrate tab 30 mg</i>	
<i>isosorbide dinitrate tab 40 mg</i>	
<i>isosorbide mononitrate tab 10 mg</i>	
<i>isosorbide mononitrate tab 20 mg</i>	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	
<i>nitro-time cap 2.5mg cr</i>	
<i>nitro-time cap 6.5mg cr</i>	
<i>nitro-time cap 9mg cr</i>	

Drug Name	Requirements/Limits
<i>nitroglycerin sl tab 0.3 mg</i>	
<i>nitroglycerin sl tab 0.4 mg</i>	
<i>nitroglycerin sl tab 0.6 mg</i>	
NITRO-BID OIN 2%	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	
NITRO-DUR DIS 0.3MG/HR	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	
NITRO-DUR DIS 0.8MG/HR	

BETA BLOCKERS

BETA BLOCKERS NON-SELECTIVE

<i>nadolol tab 20 mg</i>	
<i>nadolol tab 40 mg</i>	
<i>nadolol tab 80 mg</i>	
<i>pindolol tab 5 mg</i>	
<i>pindolol tab 10 mg</i>	
<i>propranolol hcl tab 10 mg</i>	
<i>propranolol hcl tab 20 mg</i>	
<i>propranolol hcl tab 40 mg</i>	
<i>propranolol hcl tab 60 mg</i>	
<i>propranolol hcl tab 80 mg</i>	
<i>propranolol hcl oral soln 20 mg/5ml</i>	
<i>propranolol hcl oral soln 40 mg/5ml</i>	
<i>propranolol hcl cap er 24hr 60 mg</i>	
<i>propranolol hcl cap er 24hr 80 mg</i>	
<i>propranolol hcl cap er 24hr 120 mg</i>	
<i>propranolol hcl cap er 24hr 160 mg</i>	
<i>sorine tab 80mg</i>	
<i>sotalol hcl tab 80 mg</i>	
<i>sorine tab 120mg</i>	
<i>sotalol hcl tab 120 mg</i>	
<i>sorine tab 160mg</i>	
<i>sotalol hcl tab 160 mg</i>	
<i>sorine tab 240mg</i>	
<i>sotalol hcl tab 240 mg</i>	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	
<i>timolol maleate tab 5 mg</i>	
<i>timolol maleate tab 10 mg</i>	
<i>timolol maleate tab 20 mg</i>	

BETA BLOCKERS CARDIO-SELECTIVE

<i>atenolol tab 25 mg</i>	
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Drug Name	Requirements/Limits
<i>atenolol tab 50 mg</i>	
<i>atenolol tab 100 mg</i>	
<i>bisoprolol fumarate tab 5 mg</i>	
<i>bisoprolol fumarate tab 10 mg</i>	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	
<i>metoprolol tartrate tab 25 mg</i>	
<i>metoprolol tartrate tab 50 mg</i>	
<i>metoprolol tartrate tab 100 mg</i>	
ALPHA-BETA BLOCKERS	
<i>carvedilol tab 3.125 mg</i>	
<i>carvedilol tab 6.25 mg</i>	
<i>carvedilol tab 12.5 mg</i>	
<i>carvedilol tab 25 mg</i>	
<i>labetalol hcl tab 100 mg</i>	
<i>labetalol hcl tab 200 mg</i>	
<i>labetalol hcl tab 300 mg</i>	
CALCIUM CHANNEL BLOCKERS	
CALCIUM CHANNEL BLOCKERS	
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	
<i>diltiazem hcl tab 30 mg</i>	
<i>diltiazem hcl tab 60 mg</i>	
<i>diltiazem hcl tab 90 mg</i>	
<i>diltiazem hcl tab 120 mg</i>	
<i>diltiazem hcl cap er 12hr 60 mg</i>	
<i>diltiazem hcl cap er 12hr 90 mg</i>	
<i>diltiazem hcl cap er 12hr 120 mg</i>	
<i>dilt-xr cap 120mg</i>	
<i>diltiazem hcl cap er 24hr 120 mg</i>	
<i>dilt-xr cap 180mg</i>	
<i>diltiazem hcl cap er 24hr 180 mg</i>	
<i>dilt-xr cap 240mg</i>	
<i>diltiazem hcl cap er 24hr 240 mg</i>	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	
<i>taztia xt cap 120mg/24</i>	
<i>tiadylt cap 120mg/24</i>	

Drug Name	Requirements/Limits
diltiazem hcl extended release beads cap er 24hr 180 mg	
taztia xt cap 180mg/24	
tiadylt cap 180mg/24	
diltiazem hcl extended release beads cap er 24hr 240 mg	
taztia xt cap 240mg/24	
tiadylt cap 240mg/24	
diltiazem hcl extended release beads cap er 24hr 300 mg	
taztia xt cap 300mg er	
tiadylt cap 300mg/24	
diltiazem hcl extended release beads cap er 24hr 360 mg	
taztia xt cap 360mg/24	
tiadylt cap 360mg/24	
diltiazem hcl extended release beads cap er 24hr 420 mg	
tiadylt cap 420mg/24	
cartia xt cap 120/24hr	
diltiazem hcl coated beads cap er 24hr 120 mg	
cartia xt cap 180/24hr	
diltiazem hcl coated beads cap er 24hr 180 mg	
cartia xt cap 240/24hr	
diltiazem hcl coated beads cap er 24hr 240 mg	
cartia xt cap 300/24hr	
diltiazem hcl coated beads cap er 24hr 300 mg	
diltiazem hcl coated beads cap er 24hr 360 mg	
diltiazem hcl coated beads tab er 24hr 180 mg	
matzim la tab 180mg/24	
diltiazem hcl coated beads tab er 24hr 240 mg	
matzim la tab 240mg/24	
diltiazem hcl coated beads tab er 24hr 300 mg	
matzim la tab 300mg/24	
diltiazem hcl coated beads tab er 24hr 360 mg	
matzim la tab 360mg/24	
diltiazem hcl coated beads tab er 24hr 420 mg	
matzim la tab 420mg/24	
felodipine tab er 24hr 2.5 mg	
felodipine tab er 24hr 5 mg	
felodipine tab er 24hr 10 mg	
nifedipine tab er 24hr 30 mg	
nifedipine tab er 24hr 60 mg	
nifedipine tab er 24hr 90 mg	
nifedipine tab er 24hr osmotic release 30 mg	

Drug Name	Requirements/Limits
nifedipine tab er 24hr osmotic release 60 mg	
nifedipine tab er 24hr osmotic release 90 mg	
verapamil hcl tab er 120 mg	
verapamil hcl tab er 180 mg	
verapamil hcl tab er 240 mg	
verapamil hcl cap er 24hr 100 mg	
verapamil hcl cap er 24hr 200 mg	
verapamil hcl cap er 24hr 300 mg	

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

disopyramide phosphate cap 100 mg
disopyramide phosphate cap 150 mg
NORPACE CAP 100MG CR
NORPACE CAP 150MG CR

ANTIARRHYTHMICS TYPE I-C

flecainide acetate tab 50 mg
flecainide acetate tab 100 mg
flecainide acetate tab 150 mg
propafenone hcl tab 150 mg
propafenone hcl tab 225 mg
propafenone hcl tab 300 mg
propafenone hcl cap er 12hr 225 mg
propafenone hcl cap er 12hr 325 mg
propafenone hcl cap er 12hr 425 mg

ANTIARRHYTHMICS TYPE III

amiodarone hcl tab 200 mg	
pacerone tab 200mg	
dofetilide cap 125 mcg (0.125 mg)	SP, PA
dofetilide cap 250 mcg (0.25 mg)	SP, PA
dofetilide cap 500 mcg (0.5 mg)	SP, PA

ANTIHYPERTENSIVES

ACE INHIBITORS

benazepril hcl tab 5 mg
benazepril hcl tab 10 mg
benazepril hcl tab 20 mg
benazepril hcl tab 40 mg
captopril tab 12.5 mg
captopril tab 25 mg
captopril tab 50 mg
captopril tab 100 mg
enalapril maleate tab 2.5 mg
enalapril maleate tab 5 mg
enalapril maleate tab 10 mg
enalapril maleate tab 20 mg

Drug Name	Requirements/Limits
<i>fosinopril sodium tab 10 mg</i>	
<i>fosinopril sodium tab 20 mg</i>	
<i>fosinopril sodium tab 40 mg</i>	
<i>lisinopril tab 2.5 mg</i>	
<i>lisinopril tab 5 mg</i>	
<i>lisinopril tab 10 mg</i>	
<i>lisinopril tab 20 mg</i>	
<i>lisinopril tab 30 mg</i>	
<i>lisinopril tab 40 mg</i>	
<i>quinapril hcl tab 5 mg</i>	
<i>quinapril hcl tab 10 mg</i>	
<i>quinapril hcl tab 20 mg</i>	
<i>quinapril hcl tab 40 mg</i>	
<i>ramipril cap 1.25 mg</i>	
<i>ramipril cap 2.5 mg</i>	
<i>ramipril cap 5 mg</i>	
<i>ramipril cap 10 mg</i>	
<i>trandolapril tab 1 mg</i>	
<i>trandolapril tab 2 mg</i>	
<i>trandolapril tab 4 mg</i>	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>irbesartan tab 75 mg</i>	
<i>irbesartan tab 150 mg</i>	
<i>irbesartan tab 300 mg</i>	
<i>losartan potassium tab 25 mg</i>	
<i>losartan potassium tab 50 mg</i>	
<i>losartan potassium tab 100 mg</i>	
<i>valsartan tab 40 mg</i>	
<i>valsartan tab 80 mg</i>	
<i>valsartan tab 160 mg</i>	
<i>valsartan tab 320 mg</i>	

ANTIADRENERGIC ANTIHYPERTENSIVES

<i>clonidine td patch weekly 0.1 mg/24hr</i>	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	
<i>clonidine hcl tab 0.1 mg</i>	
<i>clonidine hcl tab 0.2 mg</i>	
<i>clonidine hcl tab 0.3 mg</i>	
<i>guanfacine hcl tab 1 mg</i>	
<i>guanfacine hcl tab 2 mg</i>	
<i>doxazosin mesylate tab 1 mg</i>	
<i>doxazosin mesylate tab 2 mg</i>	
<i>doxazosin mesylate tab 4 mg</i>	
<i>doxazosin mesylate tab 8 mg</i>	
<i>prazosin hcl cap 1 mg</i>	

Drug Name	Requirements/Limits
<i>prazosin hcl cap 2 mg</i>	
<i>prazosin hcl cap 5 mg</i>	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)	
<i>eplerenone tab 25 mg</i>	
<i>eplerenone tab 50 mg</i>	
VASODILATORS	
<i>hydralazine hcl tab 10 mg</i>	
<i>hydralazine hcl tab 25 mg</i>	
<i>hydralazine hcl tab 50 mg</i>	
<i>hydralazine hcl tab 100 mg</i>	
ANTIHYPERTENSIVE COMBINATIONS	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	

Drug Name	Requirements/Limits
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide tab 125 mg</i>
<i>acetazolamide tab 250 mg</i>
<i>acetazolamide cap er 12hr 500 mg</i>
<i>methazolamide tab 25 mg</i>
<i>methazolamide tab 50 mg</i>

LOOP DIURETICS

<i>bumetanide tab 0.5 mg</i>
<i>bumetanide tab 1 mg</i>
<i>bumetanide tab 2 mg</i>
<i>furosemide tab 20 mg</i>
<i>furosemide tab 40 mg</i>
<i>furosemide tab 80 mg</i>
<i>furosemide oral soln 8 mg/ml</i>
<i>furosemide oral soln 10 mg/ml</i>
<i>torsemide tab 5 mg</i>
<i>torsemide tab 10 mg</i>
<i>torsemide tab 20 mg</i>
<i>torsemide tab 100 mg</i>

POTASSIUM SPARING DIURETICS

<i>amiloride hcl tab 5 mg</i>
<i>spironolactone tab 25 mg</i>
<i>spironolactone tab 50 mg</i>
<i>spironolactone tab 100 mg</i>

THIAZIDES AND THIAZIDE-LIKE DIURETICS

<i>chlorthalidone tab 25 mg</i>
<i>chlorthalidone tab 50 mg</i>
<i>hydrochlorothiazide cap 12.5 mg</i>
<i>hydrochlorothiazide tab 12.5 mg</i>

Drug Name	Requirements/Limits
hydrochlorothiazide tab 25 mg	
hydrochlorothiazide tab 50 mg	
indapamide tab 1.25 mg	
indapamide tab 2.5 mg	
metolazone tab 2.5 mg	
metolazone tab 5 mg	
metolazone tab 10 mg	

DIURETIC COMBINATIONS

amiloride & hydrochlorothiazide tab 5-50 mg
spironolactone & hydrochlorothiazide tab 25-25 mg
triamterene & hydrochlorothiazide cap 37.5-25 mg
triamterene & hydrochlorothiazide tab 37.5-25 mg
triamterene & hydrochlorothiazide tab 75-50 mg

VASOPRESSORS

VASOPRESSORS

midodrine hcl tab 2.5 mg
midodrine hcl tab 5 mg
midodrine hcl tab 10 mg

ANAPHYLAXIS THERAPY AGENTS

epinephrine solution auto-injector 0.15 mg/0.3ml	QL (8 pens every year) (1:2000)
epinephrine solution auto-injector 0.15 mg/0.15ml	QL (8 pens every year) (1:1000)
epinephrine solution auto-injector 0.3 mg/0.3ml	QL (8 pens every year) (1:1000)
EPIPEN 2-PAK INJ 0.3MG	QL (8 pens every year)

ANTIHYPERTERLIPIDEMICS

BILE ACID SEQUESTRANTS

cholestyramine powder 4 gm/dose
cholestyramine powder packets 4 gm
cholestyramine light powder 4 gm/dose
prevalite pow 4gm
cholestyramine light powder packets 4 gm
prevalite pow 4gm pk
colestipol hcl tab 1 gm
colestipol hcl granules 5 gm
colestipol hcl granule packets 5 gm

FIBRIC ACID DERIVATIVES

fenofibrate tab 48 mg
fenofibrate tab 54 mg
fenofibrate tab 145 mg
fenofibrate tab 160 mg
fenofibrate micronized cap 67 mg
fenofibrate micronized cap 134 mg

Drug Name	Requirements/Limits
<i>fenofibrate micronized cap 200 mg</i>	
<i>gemfibrozil tab 600 mg</i>	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	
<i>ezetimibe tab 10 mg</i>	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	
PRALUENT INJ 75MG/ML	PA, QL (2 pens every 28 days)
PRALUENT INJ 150MG/ML	PA, QL (2 pens every 28 days)
REPATHA SURE INJ 140MG/ML	PA, QL (2 pens every 28 days)
REPATHA PUSH INJ 420/3.5	PA, QL (1 cartridge every 28 days)
REPATHA INJ 140MG/ML	PA, QL (2 syringes every 28 days)
HMG COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	
<i>lovastatin tab 10 mg</i>	
<i>lovastatin tab 20 mg</i>	
<i>lovastatin tab 40 mg</i>	
<i>rosuvastatin calcium tab 5 mg</i>	
<i>rosuvastatin calcium tab 10 mg</i>	
<i>rosuvastatin calcium tab 20 mg</i>	
<i>rosuvastatin calcium tab 40 mg</i>	
<i>pravastatin sodium tab 10 mg</i>	
<i>pravastatin sodium tab 20 mg</i>	
<i>pravastatin sodium tab 40 mg</i>	
<i>pravastatin sodium tab 80 mg</i>	
<i>simvastatin tab 5 mg</i>	
<i>simvastatin tab 10 mg</i>	
<i>simvastatin tab 20 mg</i>	
<i>simvastatin tab 40 mg</i>	
<i>simvastatin tab 80 mg</i>	
NICOTINIC ACID DERIVATIVES	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	
CARDIOVASCULAR AGENTS - MISC.	
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST	
UPTRAVI TAB 200MCG	SP, PA, QL (140 tabs every 28 days)

Drug Name	Requirements/Limits
UPTRAVI TAB 400MCG	SP, PA, QL (60 tabs every 30 days)
UPTRAVI TAB 600MCG	SP, PA, QL (60 tabs every 30 days)
UPTRAVI TAB 800MCG	SP, PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1000MCG	SP, PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1200MCG	SP, PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1400MCG	SP, PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1600MCG	SP, PA, QL (60 tabs every 30 days)
UPTRAVI PACK TAB 200/800	SP, PA, QL (1 pack every 28 days)

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

<i>sildenafil citrate tab 20 mg</i>	SP, PA, QL (3 tabs every 1 day)
<i>sildenafil citrate for suspension 10 mg/ml</i>	SP, PA, QL (7.5 mL every 1 day)

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

<i>ambrisentan tab 5 mg</i>	SP, PA, QL (1 tab every 1 day)
<i>ambrisentan tab 10 mg</i>	SP, PA, QL (1 tab every 1 day)
<i>bosentan tab 62.5 mg</i>	SP, PA, QL (2 tabs every 1 day)
<i>bosentan tab 125 mg</i>	SP, PA, QL (2 tabs every 1 day)
OPSUMIT TAB 10MG	SP, PA, QL (1 tab every 1 day)

PROSTAGLANDIN VASODILATORS

<i>epoprostenol sodium for inj 0.5 mg</i>	SP, PA
<i>epoprostenol sodium for inj 1.5 mg</i>	SP, PA
TYVASO REFIL SOL 0.6MG/ML	SP, PA, QL (1 ampule every 1 day)
TYVASO SOL 0.6MG/ML	SP, PA, QL (1 ampule every 1 day)
TYVASO START SOL 0.6MG/ML	SP, PA, QL (1 ampule every 1 day)
REMODULIN INJ 1MG/ML	SP, PA
<i>treprostинil inj soln 20 mg/20ml (1 mg/ml)</i>	SP, PA
REMODULIN INJ 2.5MG/ML	SP, PA
<i>treprostинil inj soln 50 mg/20ml (2.5 mg/ml)</i>	SP, PA

Drug Name	Requirements/Limits
REMODULIN INJ 5MG/ML	SP, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	SP, PA
REMODULIN INJ 10MG/ML	SP, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	SP, PA
TYVASO DPI POW 16MCG	SP, PA
TYVASO DPI POW 32MCG	SP, PA
TYVASO DPI POW 48MCG	SP, PA
TYVASO DPI POW 64MCG	SP, PA
TYVASO DPI POW 32-48MCG	SP, PA
TYVASO DPI POW 16-32MCG	SP, PA
TYVASO DPI POW 16-32-48	SP, PA
ORENITRAM TAB 0.125MG	SP, PA
ORENITRAM TAB 0.25MG	SP, PA
ORENITRAM TAB 1MG	SP, PA
ORENITRAM TAB 2.5MG	SP, PA
ORENITRAM TAB 5MG	SP, PA

CARDIAC MYOSIN INHIBITORS

CAMZYOS CAP 2.5MG	SP, PA, QL (1 cap every 1 day)
CAMZYOS CAP 5MG	SP, PA, QL (1 cap every 1 day)
CAMZYOS CAP 10MG	SP, PA, QL (1 cap every 1 day)
CAMZYOS CAP 15MG	SP, PA, QL (1 cap every 1 day)

SINUS NODE INHIBITORS

CORLANOR TAB 5MG
CORLANOR TAB 7.5MG
CORLANOR SOL 5MG/5ML

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

ENTRESTO TAB 24-26MG
ENTRESTO TAB 49-51MG
ENTRESTO TAB 97-103MG

ANTIHISTAMINES

ANTIHISTAMINES - ALKYLAMINES

aller-chlor tab 4mg	OTC
allergy relf tab 4mg	OTC
allergy tab 4mg	OTC
chlor-phenir tab 4mg	OTC
chlorhist tab 4mg	OTC
chlorpheniramine maleate tab 4 mg	OTC
cvs allergy tab 4mg	OTC
eq chlortabs tab 4mg	OTC
eql allergy tab 4mg	OTC
gnp allergy tab 4mg	OTC

Drug Name	Requirements/Limits
pharbechlor tab 4mg	OTC
qc allergy tab 4mg	OTC
ra allergy tab 4mg	OTC
ra chlorphen tab 4mg	OTC
sm allergy tab 4mg	OTC
wal-finate tab 4mg	OTC
allergy relf tab 12mg cr	OTC
chlorpheniramine maleate tab er 12 mg	OTC
diabet tuss syrup allergy	OTC
ed chlorped syrup jr	OTC

ANTIHISTAMINES - ETHANOLAMINES

dayhist alrg tab 12 hour	OTC
px dayhist tab 1.34mg	OTC
clemastine fumarate tab 2.68 mg	
aler-cap cap 25mg	OTC
allergy cap 25mg	OTC
allergy med cap 25mg	OTC
allergy rel cap 25mg	OTC
allergy relf cap 25mg	OTC
antihistamin cap 25mg	OTC
banophen cap 25mg	OTC
comp allergy cap 25mg	OTC
cvs allergy cap 25mg	OTC
diphenhist cap 25mg	OTC
diphenhydramine hcl cap 25 mg	OTC
eq allergy cap 25mg	OTC
gnp allergy cap 25mg	OTC
hm allergy cap 25mg	OTC
medi-phedryl cap 25mg	OTC
pharbedryl cap 25mg	OTC
px allergy cap 25mg	OTC
qc allergy cap 25mg	OTC
wal-dryl cap 25mg	OTC
banophen cap 50mg	OTC
diphenhydramine hcl cap 50 mg	OTC
pharbedryl cap 50mg	OTC
a-s pls alrg tab 25mg	OTC
alertab tab 25mg	OTC
allergy relf tab 25mg	OTC
anti-hist tab 25mg	OTC
banophen tab 25mg	OTC
comp allergy tab 25mg	OTC
comp allergy tab 25mg med	OTC
comp allergy tab 25mg rlf	OTC
diphen tab 25mg	OTC

Drug Name	Requirements/Limits
diphenhydramine hcl tab 25 mg	OTC
eql allergy tab 25mg	OTC
geri-dryl tab 25mg	OTC
gnp allergy tab 25mg	OTC
mm aller-ben tab 25mg	OTC
px allergy tab 25mg	OTC
qc allergy tab 25mg	OTC
ra allergy tab 25mg	OTC
sb allergy tab 25mg med	OTC
sm allergy tab 25mg	OTC
sm allergy tab 25mg rlf	OTC
sominex nigh tab 25mg	OTC
total allerg tab 25mg	OTC
wal-dryl tab 25mg	OTC
BENADRYL ALG TAB EX STR	OTC
allergy chil chw 12.5mg	OTC
gnp allergy chw 12.5mg	OTC
allergy chld liq 12.5/5ml	OTC
allergy liq 12.5/5ml	OTC
allergy med liq 12.5/5ml	OTC
allergy rel liq 12.5/5ml	OTC
allergy relf liq 12.5/5ml	OTC
allergy relf liq 50/20ml	OTC
allergy rlf liq 50/20ml	OTC
chld allergy liq 12.5/5ml	OTC
cvs allergy liq 25/10ml	OTC
diphedryl liq 12.5/5ml	OTC
diphenhydramine hcl liquid 12.5 mg/5ml	OTC
geri-dryl liq 12.5/5ml	OTC
gnp allergy liq children	OTC
liquid aller liq 12.5/5ml	OTC
m-dryl liq 12.5/5ml	OTC
naramin liq	OTC
pediacare al liq 12.5/5ml	OTC
siladryl alr liq 12.5/5ml	OTC
total allerg liq 12.5/5ml	OTC
wal-dryl liq 12.5/5ml	OTC
diphenhydramine hcl elixir 12.5 mg/5ml	
allrgy relf tab 12.5mg	OTC
cvs allergy chw 12.5mg	OTC
cvs allergy tab chldrn	OTC
eql allergy tab chldrn	OTC
wal-dryl alr tab 12.5mg	OTC

ANTIHISTAMINES - PHENOTHIAZINES

promethazine hcl tab 12.5 mg

Drug Name	Requirements/Limits
<i>promethazine hcl tab 25 mg</i>	
<i>promethazine hcl tab 50 mg</i>	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	
<i>promethazine hcl suppos 12.5 mg</i>	
<i>promethegan sup 12.5mg</i>	
<i>promethazine hcl suppos 25 mg</i>	
<i>promethegan sup 25mg</i>	
<i>promethegan sup 50mg</i>	
ANTIHISTAMINES - PIPERIDINES	
<i>cyproheptadine hcl tab 4 mg</i>	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	
ANTIHISTAMINES - NON-SEDATING	
<i>all day allg cap 10mg</i>	OTC
<i>allergy rel cap 10mg</i>	OTC
<i>qc all day cap 10mg</i>	OTC
<i>wal-zyr cap 10mg</i>	OTC
<i>allergy rlef tab 5mg</i>	OTC
<i>cetirizine hcl tab 5 mg</i>	OTC
<i>all day allg tab 10mg</i>	OTC
<i>aller-tec tab 10mg</i>	OTC
<i>allergy 24hr tab 10mg</i>	OTC
<i>allergy rel tab 10mg</i>	OTC
<i>allergy rlef tab 10mg</i>	OTC
<i>allergy reli tab 10mg</i>	OTC
<i>allergy rlf tab 10mg</i>	OTC
<i>allergy tab 10mg</i>	OTC
<i>allgy relief tab 10mg</i>	OTC
<i>cetirizine hcl tab 10 mg</i>	OTC
<i>cvs allergy tab 10mg</i>	OTC
<i>eql all day tab allergy</i>	OTC
<i>gnp all day tab allergy</i>	OTC
<i>qc allergy tab 10mg</i>	OTC
<i>sb allergy tab 10mg</i>	OTC
<i>sm all day tab 10mg</i>	OTC
<i>sm all day tab allergy</i>	OTC
<i>wal-zyr tab 10mg</i>	OTC
<i>cetirizine chw 5mg</i>	AGE, OTC
<i>wal-zyr chw 5mg</i>	AGE, OTC
<i>cetirizine chw 10mg</i>	AGE, OTC
<i>wal-zyr chw 10mg</i>	AGE, OTC
<i>zyrtec child chw alg 10mg</i>	AGE, OTC
<i>zyrtec chw 10mg</i>	AGE, OTC
<i>all day allg sol 1mg/ml</i>	OTC
<i>all day allg sol 5mg/5ml</i>	OTC
<i>all-day allg sol 5mg/5ml</i>	OTC

Drug Name	Requirements/Limits
aller-tec sol 1mg/ml	OTC
allergy chld sol 1mg/ml	OTC
allergy rel sol 1mg/ml	OTC
allergy relf sol 1mg/ml	OTC
allergy relf sol 5mg/5ml	OTC
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	
cetirizine sol 1mg/ml	OTC
cetirizine sol 5mg/5ml	OTC
child allrgy sol 5mg/5ml	OTC
wal-zyr chld sol 1mg/ml	OTC
wal-zyr chld sol 5mg/5ml	OTC
wal-zyr sol 1mg/ml	OTC
wal-zyr sol 5mg/5ml	OTC
ZYRTEC CHILD TAB 10MG	OTC
allergy relf tab 60mg	OTC
fexofenadine hcl tab 60 mg	OTC
hm allergy tab 60mg	OTC
12hr allergy tab 60mg	OTC
sm allergy tab 60mg	OTC
wal-fex alrg tab 60mg 12h	OTC
aller-ease tab 180mg	OTC
aller-fex tab 180mg	OTC
allergy 24hr tab 180mg	OTC
allergy rlef tab 180mg	OTC
allergy tab 180mg	OTC
cvs allergy tab 180mg	OTC
fexofenadine hcl tab 180 mg	OTC
hm allergy tab 180mg	OTC
24hr allergy tab 180mg	OTC
mm fexofenad tab 180mg	OTC
wal-fex allr tab 180mg	OTC
wal-fex tab 180mg	OTC
allergy chld sus 30mg/5ml	OTC
allergy rlf sus 30/5ml	OTC
ALLEGRA ALRG TAB 30MG	OTC
allergy rlef cap 10mg	OTC
loratadine cap 10 mg	OTC
qc allergy cap relief	OTC
allerclear tab 10mg	OTC
allergy rlef tab 10mg	OTC
loradamed tab 10mg	OTC
loratadine tab 10 mg	OTC
qc allergy tab 10mg	OTC
qc loratadin tab 10mg	OTC
sm all day tab allr rel	OTC

Drug Name	Requirements/Limits
<i>sm loratadin tab 10mg</i>	OTC
<i>wal-itin tab 10mg</i>	OTC
<i>allergy rlf chw 5mg</i>	OTC
<i>loratadine chw 5mg</i>	OTC
<i>wal-itin chw 5mg</i>	OTC
<i>allergy chld sol 5mg/5ml</i>	OTC
<i>allergy chld syrup 5mg/5ml</i>	OTC
<i>allergy relf sol 5mg/5ml</i>	OTC
<i>allergy relf syrup 5mg/5ml</i>	OTC
<i>claritin sol 5mg/5ml</i>	OTC
<i>cvs allergy syrup 5mg/5ml</i>	OTC
<i>eq allergy syrup 5mg/5ml</i>	OTC
<i>loratadine sol 5mg/5ml</i>	OTC
<i>loratadine sol 10/10ml</i>	OTC
<i>loratadine syrup 5mg/5ml</i>	OTC
<i>sm allergy syrup 5mg/5ml</i>	OTC
<i>wal-itin chl sol 5mg/5ml</i>	OTC
<i>wal-itin syrup 5mg/5ml</i>	OTC
<i>CLARITIN RDT TAB 5MG</i>	OTC
<i>alavert tab 10mg</i>	OTC
<i>allergy relf tab 10mg</i>	OTC
<i>eq loratadin tab 10mg</i>	OTC
<i>loratadine tab 10mg</i>	OTC
<i>triaminic tab 10mg</i>	OTC
<i>wal-itin tab 10mg</i>	OTC
<i>wal-vert tab 10mg</i>	OTC

NASAL AGENTS - SYSTEMIC AND TOPICAL

SYMPATHOMIMETIC DECONGESTANTS

<i>decongestant tab 30mg</i>	OTC
<i>gnp deconge tab 30mg</i>	OTC
<i>nasal decong tab 30mg</i>	OTC
<i>pseudoephedrine hcl tab 30 mg</i>	OTC
<i>pseudofed tab 30mg</i>	OTC
<i>ra suphedrin tab 30mg</i>	OTC
<i>sinus cngst tab 30mg</i>	OTC
<i>sinus/conges tab 30mg</i>	OTC
<i>sm nasal dec tab 30mg</i>	OTC
<i>sudogest max tab 30mg</i>	OTC
<i>sudogest tab 30mg</i>	OTC
<i>wal-phed tab 30mg</i>	OTC
<i>pseudoephedrine hcl tab 60 mg</i>	OTC
<i>sudogest tab 60mg</i>	OTC
<i>SUDAFED CHLD LIQ 15MG/5ML</i>	OTC
<i>decongestant tab 120mg er</i>	QL (60 tabs every 30 days), OTC

Drug Name	Requirements/Limits
12hr deconge tab 120mg cr	QL (60 tabs every 30 days), OTC
nasal decong tab 120mg er	QL (60 tabs every 30 days), OTC
pseudoephedrine hcl tab er 12hr 120 mg	QL (60 tabs every 30 days), OTC
qc suphedrin tab 120mg sr	QL (60 tabs every 30 days), OTC
ra suphedrin tab 120mg cr	QL (60 tabs every 30 days), OTC
sinus 12 hr tab 120mg er	QL (60 tabs every 30 days), OTC
sinus 12-hr tab 120mg er	QL (60 tabs every 30 days), OTC
sinus/conges tab 120mg	QL (60 tabs every 30 days), OTC
sudafed 12hr tab 120mg cr	QL (60 tabs every 30 days), OTC
sudafed 12hr tab 120mg er	QL (60 tabs every 30 days), OTC
sudogest 12 tab 120mg er	QL (60 tabs every 30 days), OTC
suphedrine tab 120mg er	QL (60 tabs every 30 days), OTC
wal-phed d tab 120mg	QL (60 tabs every 30 days), OTC
wal-phed tab 120mg er	QL (60 tabs every 30 days), OTC
SUDAFED 24HR TAB 240MG	QL (30 tabs every 30 days), OTC

NASAL STEROIDS

budesonide sus 32mcg	QL (1 bottle every 30 days), OTC
budesonide sus nasal	QL (1 bottle every 30 days), OTC
flunisolide nasal soln 25 mcg/act (0.025%)	QL (2 bottles every 25 days)
aller-flo spr 50mcg	QL (1 bottle every 25 days), OTC
allergy nasa spr 50mcg	QL (1 bottle every 25 days), OTC
allergy relf spr 50mcg	QL (1 bottle every 25 days), OTC
allgy relief spr 50mcg	QL (1 bottle every 25 days), OTC
clarispray spr 50mcg	QL (1 bottle every 25 days), OTC
fluticasone propionate nasal susp 50 mcg/act	QL (1 bottle every 25 days)

Drug Name	Requirements/Limits
<i>fluticasone propionate nasal susp 50 mcg/act</i>	QL (1 bottle every 25 days), OTC
<i>fluticasone sus 50mcg</i>	QL (1 bottle every 25 days), OTC
<i>aller-cort spr 55mcg/ac</i>	QL (1 bottle every 25 days), OTC
<i>allergy nasa spr 24hr</i>	QL (1 bottle every 25 days), OTC
<i>24 hr nasal spr allergy</i>	QL (1 bottle every 25 days), OTC
<i>nasal allrgy spr 55mcg/ac</i>	QL (1 bottle every 25 days), OTC
<i>ra nasal spr allergy</i>	QL (1 bottle every 25 days), OTC
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	QL (1 bottle every 25 days), OTC

NASAL ANTICHOLINERGICS

<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>

NASAL ANTIALLERGY

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	QL (2 bottles every 25 days)
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	OTC

NASAL AGENTS - MISC.

<i>NOZIN NASAL KIT SANITIZE</i>	OTC
<i>afrin saline spr 0.65%</i>	OTC
<i>altamist spr 0.65%</i>	OTC
<i>ayr spr 0.65%</i>	OTC
<i>baby ayr spr 0.65%</i>	OTC
<i>deep sea spr 0.65%</i>	OTC
<i>hm saline spr 0.65%</i>	OTC
<i>nasal moist spr 0.65%</i>	OTC
<i>nasal saline spr 0.65%</i>	OTC
<i>ocean kids spr 0.65%</i>	OTC
<i>saline mist spr 0.65%</i>	OTC
<i>saline nasal spr 0.65%</i>	OTC
<i>sb saline spr 0.65%</i>	OTC
<i>AYR NASAL DRO 0.65%</i>	OTC
<i>CVS NASAL AER 0.9%</i>	OTC
<i>RA STERILE SOL NASAL</i>	OTC
<i>SIMPLY SALIN AER 0.9%</i>	OTC

Drug Name	Requirements/Limits
COUGH/COLD/ALLERGY	
ANTITUSSIVES	
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	QL (6 tabs every 1 day)
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	QL (30 mL every 1 day)
hydromet syrup 5-1.5/5	QL (30 mL every 1 day)
benzonatate cap 100 mg	
benzonatate cap 200 mg	
EXPECTORANTS	
coughtab tab 200mg	OTC
guaifenesin tab 200 mg	OTC
sb coughtab tab 200mg	OTC
chest conges tab 400mg	OTC
guaifenesin tab 400 mg	OTC
medifin 400 tab 400mg	OTC
mucosa tab 400mg	OTC
pharbinex tab 400mg	OTC
refenesen tab 400mg	OTC
tab tussin tab 400mg	OTC
xpect tab 400mg	OTC
altarussin liq 100/5ml	OTC
buckleys liq chest	OTC
chest conges liq 100/5ml	OTC
chest conges liq childrns	OTC
diabetic tus liq 100/5ml	OTC
diabtc tussn liq 100/5ml	OTC
geri-tussin liq 100/5	OTC
guaifenesin liquid 100 mg/5ml	OTC
mucinex fast liq cst cong	OTC
mucus relief liq 100/5ml	OTC
mucus relief liq 400/20ml	OTC
mucus+chst liq 100/5ml	OTC
mucus+chst liq 200/10ml	OTC
px tussin liq 100/5ml	OTC
qc medifin liq mucus rl	OTC
qc tussin ex liq 100/5ml	OTC
ra tussin liq 100/5ml	OTC
robafen liq 200/10ml	OTC
sb cgh contr liq 100/5ml	OTC
scot-tussin liq expct sf	OTC
siltussin sa liq 100/5ml	OTC
tusnel-ex liq 100/5ml	OTC
tussin adult liq 100/5ml	OTC
tussin chest liq 100/5ml	OTC

Drug Name	Requirements/Limits
tussin mucus liq 100/5ml	OTC
tussin mucus liq 200/10ml	OTC
wal-tussin liq 100/5ml	OTC
EXPECT CHILD LIQ 200M/5ML	OTC
GILTUSS EX LIQ MAX STR	OTC
MUCINEX/KIDS GRA 100MG	OTC
cvs mucus er tab 600mg	OTC
eq 12 hr muc tab 600mg	OTC
eq mucus er tab 600mg	OTC
gnp mucus er tab 600mg	OTC
guaifenesin tab er 12hr 600 mg	OTC
mucus er tab 600mg	OTC
mucus relief tab 600mg	OTC
mucus relief tab 600mg er	OTC
sm mucus rel tab 600mg er	OTC
cvs mucus tab 1200 er	OTC
eql mucus-er tab 1200mg	OTC
gnp mucus er tab 1200mg	OTC
MUCINEX TAB 1200MG	OTC
mucus er max tab 1200mg	OTC
mucus relief tab 1200 er	OTC
mucus relief tab 1200mg	OTC
qc mucus rel tab 1200 er	OTC
sm mucus rel tab 1200 er	OTC

MISC. RESPIRATORY INHALANTS

sodium chloride soln nebu 0.9%	
nebusal neb 3%	
sodium chloride soln nebu 3%	
pulmosal neb 7%	
sodium chloride soln nebu 7%	
sodium chloride soln nebu 10%	
simply salin aer baby	OTC
sodium chloride aero soln 0.9%	OTC

COUGH/COLD/ALLERGY COMBINATIONS

cold/allergy elx children	OTC
rynex pse liq	OTC
wal-tap elx cld/alle	OTC
all day alrg tab 5-120mg	OTC
aller-tec d tab 5-120mg	OTC
allergy d tab 5-120mg	OTC
allergy relf tab 5-120mg	OTC
allergy-d tab 5-120mg	OTC
allergy/cong tab 5-120mg	OTC
allrgy relf tab 5-120mg	OTC
cetirizine-pseudoephedrine tab er 12hr 5-120 mg	OTC

Drug Name	Requirements/Limits
<i>ra cetiri-d tab 5-120mg</i>	OTC
<i>sm allergy-d tab 5-120mg</i>	OTC
<i>wal-zyr d tab 5-120mg</i>	OTC
<i>alavert alrg tab /sinus</i>	OTC
<i>alavert d-12 tab 5-120mg</i>	OTC
<i>allerclear d tab 5-120mg</i>	OTC
<i>allergy relf tab 5-120mg</i>	OTC
<i>allergy rlef tab 5/120mg</i>	OTC
<i>allergy rlef tab d12</i>	OTC
<i>allergy/cong tab 5-120mg</i>	OTC
<i>allrgy d-12 tab 5-120mg</i>	OTC
<i>allrgy rlf-d tab 5-120mg</i>	OTC
<i>eq alrg/cong tab 5-120mg</i>	OTC
<i>loratadine d tab 5-120mg</i>	OTC
<i>loratadine-d tab 5-120mg</i>	OTC
<i>wal-itin d tab 5-120mg</i>	OTC
<i>aller/conges tab 10-240mg</i>	OTC
<i>allerclear d tab 10-240mg</i>	OTC
<i>allergy rel/ tab deconges</i>	OTC
<i>allergy rlef tab 10-240mg</i>	OTC
<i>allergy rlef tab /nsl dec</i>	OTC
<i>allergy rlef tab d</i>	OTC
<i>allergy rlef tab d-24</i>	OTC
<i>allergy rlef tab deconges</i>	OTC
<i>allrgy rel d tab 10-240mg</i>	OTC
<i>allrgy rlf-d tab 10-240mg</i>	OTC
<i>allrgy/nasal tab 10-240mg</i>	OTC
<i>eql allergy tab 10-240mg</i>	OTC
<i>lorata-dine tab d 24hr</i>	OTC
<i>loratadine-d tab 10-240mg</i>	OTC
<i>ra lorata-d tab 24 hour</i>	OTC
<i>wal-itin d tab 10-240mg</i>	OTC
<i>wal-itin d tab 24 hour</i>	OTC
<i>allergy d tab 60-120mg</i>	OTC
<i>allergy-d tab 12 hour</i>	OTC
<i>allergy/cong tab 60-120mg</i>	OTC
<i>antihistamin tab 60-120mg</i>	OTC
<i>fexofenadine-pseudoephedrine tab er 12hr 60-120 mg</i>	OTC
<i>12hr allergy tab 60-120mg</i>	OTC
<i>wal-fex d tab 12 hour</i>	OTC
<i>allergy reli tab d</i>	OTC
<i>fexofenadine-pseudoephedrine tab er 24hr 180-240 mg</i>	OTC
<i>24hr allergy tab</i>	OTC

Drug Name	Requirements/Limits
wal-fex d tab 24 hour	OTC
prometh vc syrup 6.25-5/5	
promethazine & phenylephrine syrup 6.25-5 mg/5ml	
promethazine w/ codeine syrup 6.25-10 mg/5ml	QL (30 mL every 1 day)
prometh vc/ syrup codeine	QL (30 mL every 1 day)
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	QL (30 mL every 1 day)
promethazine-dm syrup 6.25-15 mg/5ml	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	
altarussin syrup -pe	OTC
cvs mucus d tab 60-600mg	OTC
eq mucus d tab 60-600mg	OTC
MUCINEX D TAB 60-600MG	OTC
mucus rlf d tab 60-600mg	OTC
mucus relief tab 60-600mg	OTC
mucus rlf d tab 60-600mg	OTC
mucus-d tab 60-600mg	OTC
pseudoephedrine-guaifenesin tab er 12hr 60-600 mg	OTC
MUCINEX D TAB 120-1200	OTC
mucus d max tab 120-1200	OTC
mucus d tab 120/1200	OTC
mucus rlf d tab 120-1200	OTC
MUCUS RLF D TAB 120-1200	OTC
pseudoephedrine-guaifenesin tab er 12hr 120-1200 mg	OTC
CODITUSSIN LIQ AC	QL (60 mL every 1 day), OTC
M-CLEAR WC LIQ 100-6.3	QL (90 mL every 1 day), OTC
g tussin ac liq 100-10/5	QL (60 mL every 1 day), OTC
guaiatuss ac syrup 100-10/5	QL (60 mL every 1 day), OTC
guaifenesin syrup 100-10/5	QL (60 mL every 1 day), OTC
guaifenesin-codeine soln 100-10 mg/5ml	QL (60 mL every 1 day), OTC
maxi-tuss ac sol	QL (60 mL every 1 day), OTC
VCKS DAYQUIL LIQ MUCUS DM	OTC
cgh cong dm liq 5-100/5	OTC
childrens liq 5-100mg	OTC
cong/cough liq 5-100/5	OTC

Drug Name	Requirements/Limits
cough child liq 5-100/5	OTC
cough/chest liq 20-400	OTC
cvstussin dm liq 20-400mg	OTC
delsym cough congs dm	OTC
dm max adult liq 20-400	OTC
eq mucus rel liq dm	OTC
gnp mucus liq rlf dm	OTC
hm mucus rel liq cgh chld	OTC
mucinex cgh liq 5-100mg	OTC
mucinex dm liq 20-400	OTC
mucinex dm liq max str	OTC
mucinex liq freeform	OTC
mucus rel dm liq	OTC
mucus rel dm liq 5-100/5	OTC
mucus rel dm liq 20-400mg	OTC
mucus relief liq 5-100mg	OTC
mucus rlf dm liq 5-100/5	OTC
mucus rlf dm liq 20-400mg	OTC
mucus/cough liq 5-100mg	OTC
robitussin liq 20-400	OTC
robitussin liq 20-400mg	OTC
sm tussin dm liq 5-100/5	OTC
tussin dm liq 5-100mg	OTC
tussin dm liq 20-400mg	OTC
tussin dm liq 20-400ml	OTC
tussin dm mx liq	OTC
tussin dm mx liq 5-100/5	OTC
biocotron liq 100-10/5	OTC
dextromethorphan-guaifenesin liquid 10-100 mg/5ml	OTC
diabetic tus liq cough dm	OTC
diabetic tus liq dm	OTC
giltuss cgh liq & chest	OTC
giltuss diab liq cgh/cold	OTC
giltuss hon liq chg/chst	OTC
gnp tussin liq dm	OTC
gnp tussin liq dm cough	OTC
guaiasorb dm liq 100-10/5	OTC
maxi-tuss g liq	OTC
px tussin dm liq 100-10/5	OTC
ra tussin dm liq 100-10/5	OTC
robafen dm liq cough	OTC
siltussin dm liq das	OTC
sm tussin liq dm	OTC
sorbugen nr liq	OTC

Drug Name	Requirements/Limits
<i>sorbituss nr liq 10-100/5</i>	OTC
<i>tusnel diabt liq 10-100/5</i>	OTC
<i>tussin cough liq 10-100/5</i>	OTC
<i>tussin cough liq chest</i>	OTC
<i>tussin dm liq</i>	OTC
<i>tussin dm liq 10-100/5</i>	OTC
<i>tussin dm liq 100-10/5</i>	OTC
<i>wal-tussin liq 10-100/5</i>	OTC
<i>diabetic tus liq 20-400mg</i>	OTC
<i>maxi-tuss liq gmx</i>	OTC
<i>ra tussin liq dm max</i>	OTC
<i>INTENSE COUG LIQ RELIEVER</i>	OTC
<i>intense coug liq reliever</i>	OTC
<i>medi-tuss dm liq dbl str</i>	OTC
<i>altarussn dm syrup 100-10/5</i>	OTC
<i>chest conges syrup rel dm</i>	OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	OTC
<i>eq tussin dm syrup cgh/chst</i>	OTC
<i>eql tussin syrup dm</i>	OTC
<i>geri-tussin syrup dm</i>	OTC
<i>guaicon dms syrup 100-10/5</i>	OTC
<i>medi-tussin syrup dm</i>	OTC
<i>siltussin-dm syrup alc free</i>	OTC
<i>sm tussin dm syrup 100-10/5</i>	OTC
<i>sm tussin syrup dm</i>	OTC
<i>tussin dm syrup 100-10/5</i>	OTC
<i>wal-tussin syrup dm</i>	OTC
<i>MUCINEX CGH GRA 5-100MG</i>	OTC
<i>cvs mucus dm tab 30-600mg</i>	OTC
<i>eql mucus-dm tab 30-600cr</i>	OTC
<i>MUCINEX DM TAB 30-600ER</i>	OTC
<i>mucus dm tab 30-600mg</i>	OTC
<i>mucus relief tab 30-600er</i>	OTC
<i>mucus relief tab 30-600mg</i>	OTC
<i>mucus rlf dm tab 30-600er</i>	OTC
<i>mucus-dm tab 30-600mg</i>	OTC
<i>dextromethorphan-guaifenesin tab er 12hr 60-1200 mg</i>	OTC
<i>eq mucus dm tab 60-1200</i>	OTC
<i>hm mucus dm tab 60-1200</i>	OTC
<i>MUCINEX DM TAB 60-1200</i>	OTC
<i>mucus dm max tab 60-1200</i>	OTC
<i>mucus dm tab 60-1200</i>	OTC
<i>mucus relief tab 60-1200</i>	OTC

Drug Name	Requirements/Limits
<i>mucus-dm max tab 60-1200</i>	OTC
TUSNEL C SYP	QL (40 mL every 1 day), OTC
<i>sm tussin cf liq</i>	OTC
<i>wal-tussin liq cf</i>	OTC

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

BRONCHODILATORS - ANTICHOLINERGICS

<i>ipratropium bromide inhal soln 0.02%</i>	QL (375 vials every 75 days)
INCRUSE ELPT INH 62.5MCG	QL (30 blisters every 25 days)

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium soln nebu 20 mg/2ml</i>
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SYMPATHOMIMETICS

<i>albuterol sulfate tab 2 mg</i>	
<i>albuterol sulfate tab 4 mg</i>	
<i>albuterol sulfate syrup 2 mg/5ml</i>	
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	QL (375 each every 25 days)
ALBUTEROL NEB 0.5%	QL (60 mL every 25 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	QL (120 each every 25 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	QL (60 mL every 25 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	QL (375 each every 25 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	QL (375 each every 25 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (2 inhalers every 25 days)
STRIVERDI AER 2.5MCG	QL (1 inhaler every 25 days)
<i>terbutaline sulfate tab 2.5 mg</i>	
<i>terbutaline sulfate tab 5 mg</i>	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml/QL</i>	(1620 mL every 75 days)
COMBIVENT AER 20-100	QL (2 inhalers every 25 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	
<i>wixela inhba aer 100/50</i>	

Drug Name	Requirements/Limits
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	
ANORO ELLIPT AER 62.5-25	QL (60 blisters every 25 days)
TRELEGY AER 100MCG	QL (2 inhalers every 25 days)
TRELEGY AER 200MCG	QL (2 inhalers every 25 days)

XANTHINES

*elioxophyllin elx 80/15ml
theophylline elixir 80 mg/15ml
theophylline soln 80 mg/15ml
theophylline tab er 12hr 300 mg
theophylline tab er 12hr 450 mg
theophylline tab er 24hr 400 mg
theophylline tab er 24hr 600 mg*

STEROID INHALANTS

*QVAR REDIHAL AER 40MCG
QVAR REDIHA AER 80MCG
budesonide inhalation susp 0.25 mg/2ml
budesonide inhalation susp 0.5 mg/2ml
budesonide inhalation susp 1 mg/2ml
ALVESCO AER 80MCG
ALVESCO AER 160MCG
ARNUITY ELPT INH 100MCG
ARNUITY ELPT INH 200MCG
FLOVENT DISK AER 50MCG
FLOVENT DISK AER 100MCG
FLOVENT DISK AER 250MCG
FLOVENT HFA AER 44MCG
FLUTICAS HFA AER 44MCG
FLOVENT HFA AER 110MCG
FLUTICAS HFA AER 110MCG
FLOVENT HFA AER 220MCG
FLUTICAS HFA AER 220MCG*

LEUKOTRIENE MODULATORS

*montelukast sodium tab 10 mg (base equiv)
montelukast sodium chew tab 4 mg (base equiv)
montelukast sodium chew tab 5 mg (base equiv)
montelukast sodium oral granules packet 4 mg
(base equiv)*

ANTIASTHMATIC - MONOCLONAL ANTIBODIES

XOLAIR SOL 150MG	SP, PA, QL (8 vials every 28 days)
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Drug Name	Requirements/Limits
XOLAIR INJ 75/0.5	SP, PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	SP, PA, QL (8 syringes every 28 days)
FASENRA PEN INJ 30MG/ML	SP, PA, QL (1 pen every 56 days)
FASENRA INJ 30MG/ML	SP, PA, QL (1 pen every 56 days)

RESPIRATORY AGENTS - MISC.

ALPHA-PROTEINASE INHIBITOR (HUMAN)

PROLASTIN-C INJ 1000MG	PA
PROLASTIN-C INJ 1000MG	SP, PA

CYSTIC FIBROSIS AGENTS

KALYDECO TAB 150MG	SP, PA, QL (2 tabs every 1 day)
KALYDECO PAK 25MG	SP, PA, QL (2 packets every 1 day)
KALYDECO PAK 50MG	SP, PA, QL (2 packets every 1 day)
KALYDECO PAK 75MG	SP, PA, QL (2 packets every 1 day)
PULMOZYME SOL 1MG/ML	SP, PA, QL (5 mL every 1 day)
ORKAMBI TAB 100-125	SP, PA, QL (4 tabs every 1 day)
ORKAMBI TAB 200-125	SP, PA, QL (4 tabs every 1 day)
ORKAMBI GRA 100-125	SP, PA, QL (2 packets every 1 day)
ORKAMBI GRA 150-188	SP, PA, QL (2 packets every 1 day)
SYMDEKO TAB 50-75MG	SP, PA, QL (2 tabs every 1 day)
TRIKAFTA TAB	SP, PA, QL (3 tabs every 1 day)

PULMONARY FIBROSIS AGENTS

OFEV CAP 100MG	SP, PA, QL (2 caps every 1 day)
OFEV CAP 150MG	SP, PA, QL (2 caps every 1 day)

LAXATIVES

STIMULANT LAXATIVES

alophen tab 5mg ec	OTC
bisacodyl tab 5mg ec	OTC
correctol tab 5mg ec	OTC
cvs c-lax tab 5mg	OTC

Drug Name	Requirements/Limits
<i>eql gentle tab laxative</i>	OTC
<i>eql laxative tab 5mg ec</i>	OTC
<i>ex-lax ultra tab 5mg ec</i>	OTC
<i>feenamint tab 5mg ec</i>	OTC
<i>gentle laxat tab 5mg ec</i>	OTC
<i>gnp gntl lax tab 5mg ec</i>	OTC
<i>gnp laxative tab 5mg ec</i>	OTC
<i>hm laxative tab 5mg</i>	OTC
<i>kp bisacodyl tab 5mg ec</i>	OTC
<i>laxative tab 5mg ec</i>	OTC
<i>qc laxative tab 5mg ec</i>	OTC
<i>ra laxative tab 5mg ec</i>	OTC
<i>sb bisacodyl tab 5mg ec</i>	OTC
<i>sm gentle tab laxative</i>	OTC
<i>sm laxative tab 5mg ec</i>	OTC
<i>womans laxat tab 5mg ec</i>	OTC
<i>womens laxat tab 5mg ec</i>	OTC
<i>bisacodyl suppos 10 mg</i>	OTC
<i>fast relief sup 10mg</i>	OTC
<i>gentle laxat sup 10mg</i>	OTC
<i>hm laxative sup 10mg</i>	OTC
<i>laxative sup 10mg</i>	OTC
<i>magic bullet sup 10mg</i>	OTC
<i>onelax sup 10mg</i>	OTC
<i>qc laxative sup 10mg</i>	OTC
<i>sb laxative sup 10mg</i>	OTC
<i>sm laxative sup 10mg</i>	OTC
<i>SENOKOT LAX CHW GUMMIES</i>	OTC
<i>SENNA SYP</i>	OTC
<i>CORRECTOL MIS HERBAL</i>	OTC
<i>sennosides cap 8.6 mg</i>	OTC
<i>cvs senna tab 8.6mg</i>	OTC
<i>eqvegetable tab 8.6mg</i>	OTC
<i>evac-u-gen tab 8.6mg</i>	OTC
<i>geri-kot tab 8.6mg</i>	OTC
<i>gnp senna lx tab 8.6mg</i>	OTC
<i>hm senna tab 8.6mg</i>	OTC
<i>kp senna tab 8.6mg</i>	OTC
<i>medi-natural tab 8.6mg</i>	OTC
<i>nat veg lax tab 8.6mg</i>	OTC
<i>natural lax tab 8.6mg</i>	OTC
<i>px laxative tab 8.6mg</i>	OTC
<i>qc senna tab 8.6mg</i>	OTC
<i>qc vege laxa tab 8.6mg</i>	OTC
<i>sb senna-lax tab 8.6mg</i>	OTC

Drug Name	Requirements/Limits
senna lax tab 8.6mg	OTC
senna laxati tab 8.6mg	OTC
senna tab 8.6mg	OTC
senna-lax tab 8.6mg	OTC
senna-tabs tab 8.6mg	OTC
senna-time tab 8.6mg	OTC
SENOKOT TAB 8.6MG	OTC
sm senna lax tab 8.6mg	OTC
laxative reg tab 15mg	OTC
laxative tab 15mg	OTC
medi-lax tab 15mg	OTC
perdiem tab 15mg	OTC
senna smooth tab 15mg	OTC
senna-extra tab 17.2mg	OTC
senokot extr tab 17.2mg	OTC
cvs laxative tab 25mg	OTC
eq laxative tab 25mg	OTC
eql laxative tab 25mg	OTC
ex-lax tab max st	OTC
laxative max tab 25mg	OTC
laxative tab 25mg	OTC
choc laxativ chw 15mg	OTC
cvs laxative chw 15mg	OTC
eql laxative chw 15mg	OTC
EX-LAX CHW 15MG	OTC
laxative chw 15mg	OTC
ra laxative chw 15mg	OTC
onelax senna syrup 8.8/5ml	OTC
sennazon syrup 8.8mg/5	OTC
sennosides syrup 8.8 mg/5ml	OTC

SURFACTANT LAXATIVES

docusate cal cap 240mg	OTC
stool soft cap 240mg	OTC
stool softnr cap 240mg	OTC
surfak cap 240mg	OTC
stool softnr cap 50mg	OTC
correctol cap 100mg	OTC
docusate sodium cap 100 mg	OTC
dulcolax pnk cap 100mg	OTC
dulcolax ss cap 100mg	OTC
easy-lax cap 100mg	OTC
eq stool cap softener	OTC
eq stool sof cap 100mg	OTC
hm stool sof cap 100mg	OTC
phillips cap 100mg	OTC

Drug Name	Requirements/Limits
<i>ra col-rite cap 100mg</i>	OTC
<i>stool soften cap 100mg</i>	OTC
<i>stool softnr cap 100mg</i>	OTC
<i>docusate sodium cap 250 mg</i>	OTC
<i>ra col-rite cap 250mg</i>	OTC
<i>stool soft cap 250mg</i>	OTC
<i>stool soften cap 250mg</i>	OTC
<i>stool softnr cap 250mg</i>	OTC
<i>docusate sodium tab 100 mg</i>	OTC
<i>dok tab 100mg</i>	OTC
<i>move along tab 100mg</i>	OTC
<i>stool softnr tab 100mg</i>	OTC
<i>PEDIA-LAX LIQ 50MG</i>	OTC
<i>docu liq 50mg/5ml</i>	OTC
<i>docu liq 100/10ml</i>	OTC
<i>docusate sodium liquid 150 mg/15ml</i>	OTC
<i>stool soften liq 50mg/5ml</i>	OTC
<i>DOCUSATE SOD SYP 60/15ML</i>	OTC

LAXATIVES - MISCELLANEOUS

<i>constulose sol 10gm/15</i>	
<i>lactulose solution 10 gm/15ml</i>	
<i>clearlax pow</i>	OTC
<i>cvs purelax pow</i>	OTC
<i>eq clearlax pow</i>	OTC
<i>eql clearlax pow</i>	OTC
<i>gavilax pow</i>	OTC
<i>gentlelax pow</i>	OTC
<i>glycolax pow 3350 nf</i>	OTC
<i>gnp clearlax pow</i>	OTC
<i>hm clearlax pow</i>	OTC
<i>laxaclear pow</i>	OTC
<i>mm clearlax pow</i>	OTC
<i>natura-lax pow 3350 nf</i>	OTC
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	OTC
<i>ra laxative pow</i>	OTC
<i>sm clearlax pow</i>	OTC
<i>smooth lax pow</i>	OTC
<i>smooth lax pow 3350</i>	OTC
<i>cvs purelax pak</i>	OTC
<i>gnp clearlax pak 3350 nf</i>	OTC
<i>healthylax pow</i>	OTC
<i>polyethylene glycol 3350 oral packet 17 gm</i>	OTC
<i>smooth lax pow 3350 nf</i>	OTC

LAXATIVE COMBINATIONS

<i>colace 2in1 tab 8.6-50mg</i>	OTC
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Drug Name	Requirements/Limits
<i>cvs senna pl tab 8.6-50mg</i>	OTC
<i>docuzen tab 8.6-50mg</i>	OTC
<i>easy-lax pls tab 8.6-50mg</i>	OTC
<i>eq senna-s tab 8.6-50mg</i>	OTC
<i>hm senna-s tab 8.6-50mg</i>	OTC
<i>hm stool sof tab 8.6-50mg</i>	OTC
<i>lax/stl soft tab 8.6-50mg</i>	OTC
<i>laxacin tab 8.6-50mg</i>	OTC
<i>laxative pls tab 8.6-50mg</i>	OTC
<i>medi-natural tab 8.6-50mg</i>	OTC
<i>ra p col-rit tab 8.6-50mg</i>	OTC
<i>sb docusate tab 8.6-50mg</i>	OTC
<i>senexon-s tab 8.6-50mg</i>	OTC
<i>senna plus tab 8.6-50mg</i>	OTC
<i>senna s tab 8.6-50mg</i>	OTC
<i>senna-plus tab 8.6-50mg</i>	OTC
<i>senna-s tab 8.6-50mg</i>	OTC
<i>senna-time s tab 8.6-50mg</i>	OTC
<i>senna/dss tab 8.6-50mg</i>	OTC
<i>sm senna-s tab 8.6-50mg</i>	OTC
<i>sm stool sof tab 8.6-50mg</i>	OTC
<i>stimulant tab 8.6-50mg</i>	OTC
<i>stool softnr tab 8.6-50mg</i>	OTC
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	
<i>gavilyte-g sol</i>	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	
<i>gavilyte-c sol</i>	

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIPERISTALTIC AGENTS

<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	
<i>anti-diarrhe cap 2mg</i>	OTC
<i>loperamide hcl cap 2 mg</i>	
<i>qc anti-diar cap 2mg</i>	OTC
<i>anti-diarrhe tab 2mg</i>	OTC
<i>diamode tab 2mg</i>	OTC
<i>loperamide hcl tab 2 mg</i>	OTC
<i>sm anti-diar tab 2mg</i>	OTC
<i>ANTI-DIARRHE LIQ 1MG/5ML</i>	OTC

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

<i>kapectate tab 262mg</i>	OTC
<i>pink bismuth tab 262mg</i>	OTC

Drug Name	Requirements/Limits
<i>sb bismuth tab 262mg</i>	OTC
<i>soothe tab 262mg</i>	OTC
<i>stomach rele tab 262mg</i>	OTC
<i>stomach relf tab 262mg</i>	OTC
<i>bismatrol chw 262mg</i>	OTC
<i>bismuth subsalicylate chew tab 262 mg</i>	OTC
<i>eql stomach chw 262mg</i>	OTC
<i>medi-bismuth chw 262mg</i>	OTC
<i>pink bismuth chw 262mg</i>	OTC
<i>px stomach chw 262mg</i>	OTC
<i>qc stomach chw 262mg</i>	OTC
<i>sm stomach chw 262mg</i>	OTC
<i>soothe chw 262mg</i>	OTC
<i>stomach relf chw 262mg</i>	OTC
<i>anti-diarrhl sus 262/15ml</i>	OTC
<i>diarrhea rel sus 262/15ml</i>	OTC
<i>diarrhea sus 262/15ml</i>	OTC
<i>diotame sus 262/15ml</i>	OTC
<i>kaopectate sus 262/15ml</i>	OTC
<i>pink bismuth sus 262/15ml</i>	OTC
<i>pink bismuth sus 525/30ml</i>	OTC
<i>px stomach sus 262/15ml</i>	OTC
<i>qc stomach sus 525/30ml</i>	OTC
<i>sm stomach sus 262/15ml</i>	OTC
<i>sm stomach sus 525/30ml</i>	OTC
<i>soothe sus 262/15ml</i>	OTC
<i>soothe sus 525/30ml</i>	OTC
<i>stomach relf sus 262/15ml</i>	OTC
<i>stomach relf sus 524/30ml</i>	OTC
<i>stomach relf sus 525/30ml</i>	OTC
<i>stomach relf sus 527/30ml</i>	OTC
<i>kaopectate sus ex st</i>	OTC
<i>pink bismuth sus max str</i>	OTC
<i>px stomach sus 525/15ml</i>	OTC
<i>qc pink bism sus 525/15ml</i>	OTC
<i>qc stomach sus 525/15ml</i>	OTC
<i>soothe sus 525/15ml</i>	OTC
<i>stomach relf sus 525/15ml</i>	OTC
<i>stomach relf sus max str</i>	OTC
<i>stomach relf sus plus</i>	OTC
<i>abatinex cap 680mg</i>	OTC
<i>acidophilus cap</i>	OTC
<i>acidophilus cap 10mg</i>	OTC
<i>acidophilus cap 100mg</i>	OTC
<i>acidophilus cap ex st</i>	OTC

Drug Name	Requirements/Limits
<i>acidophilus cap probioti</i>	OTC
<i>azo complete cap fem blnc</i>	OTC
AZO DUAL CAP PROTECT	OTC
BIOMEPRO CAP	OTC
<i>biotinex cap</i>	OTC
<i>cultur total cap balance</i>	OTC
CULTURELLE CAP ADV REG	OTC
CULTURELLE CAP WOMENS	OTC
<i>digestive cap health</i>	OTC
<i>digestive cap probioti</i>	OTC
FLORAJEN CAP ACIDOPHI	OTC
FLORAJEN CAP WOMEN	OTC
<i>lactobacillu cap</i>	OTC
<i>lactobacillus cap</i>	OTC
NEWFLORA CAP PROBIOTI	OTC
<i>primadophilu cap</i>	OTC
<i>probiotic cap</i>	OTC
PROBIOTIC CAP	OTC
<i>probiotic cap acidophi</i>	OTC
<i>probiotic cap gold</i>	OTC
REJUVAFLOR CAP	OTC
REPHRESH CAP PRO-B	OTC
<i>acidoph/prob tab formula</i>	OTC
<i>acidophilus tab probiotc</i>	OTC
<i>acidophilus tab probioti</i>	OTC
<i>floranex tab</i>	OTC
<i>lactobacillu tab probioti</i>	OTC
<i>lactobacillus tab</i>	OTC
<i>probiata tab</i>	OTC
<i>culturelle chw womens</i>	OTC
<i>prenatal chw wellness</i>	OTC
<i>probiotic chw children</i>	OTC
BIOMEPRO LIQ	OTC
MORE-DOPHILU POW ACIDOPHI	OTC
<i>floranex gra</i>	OTC
LACTINEX GRA	OTC
<i>lactobacillus - packet</i>	OTC
<i>probiotic pak children</i>	OTC
ACIDOPHILUS WAF	OTC
BIO-K PLUS CAP STRONG	OTC
BIOMEPRO CAP	OTC
ELACTIA CAP	OTC
BIOGAIA CHW 100M CEL	OTC
BIOGAIA CHW GASTRUS	OTC
GOOD START CHW GROW KID	OTC

Drug Name	Requirements/Limits
PEDIA-LAX CHW YUMS	OTC
BIOGAIA DRO PROBIOTI	OTC
BIOGAIA DRO PRODENTI	OTC
BIOGAIA PROT DRO BABY	OTC
GERBR SOOTHE DRO COLIC	OTC
GOOD START POW GROW KID	OTC
BIOGAIA LOZ PRODENTI	OTC
BIOGAIA PROD LOZ KIDS	OTC
BIOGAIA MIS PROBIOTI	OTC
CULTURELLE CAP	OTC
<i>culturelle cap hlth/wel</i>	OTC
CULTURELLE CAP IMMUNITY	OTC
CULTURELLE CAP PRO-WELL	OTC
<i>dual prenata cap immunity</i>	OTC
<i>hm probiotic cap</i>	OTC
<i>probiotic cap</i>	OTC
CULTUR KIDS CHW PURELY	OTC
CULTURELLE CHW KIDS	OTC
PROBIOTIC DRO COLIC	OTC
PROBIOTIC LIQ 15 DAY	OTC
PROBIOTIC LIQ NEWBORN	OTC
CULTUR KIDS POW PURELY	OTC
CULTURE KIDS PAK PROB FIB	OTC
CULTURELLE PAK KIDS	OTC
CULTURELLE PAK PROBIOT	OTC
KIDS PROBIOT PAK FIBER	OTC
MOMMYS BLISS POW PROBIOTI	OTC

ANTIDIARRHEAL/PROBIOTIC COMBINATIONS

<i>anti-diarrhe tab 2-125mg</i>	OTC
<i>anti-diarrhe tab anti-gas</i>	OTC
<i>loperamide-simethicone tab 2-125 mg</i>	OTC

ANTACIDS

ANTACIDS - CALCIUM SALTS

CALCIUM CARB TAB 648MG	OTC
<i>child soothe chw 400mg</i>	OTC
<i>childrens chw pepto</i>	OTC
<i>childrens chw soothe</i>	OTC
<i>maalox child chw</i>	OTC
<i>titralac chw 420mg</i>	OTC
<i>antacid chw 500mg</i>	OTC
<i>cal-gest chw 500mg</i>	OTC
<i>calc antacid chw 500mg</i>	OTC
<i>calcium carbonate (antacid) chew tab 500 mg</i>	OTC
<i>eql antacid chw fruit</i>	OTC

Drug Name	Requirements/Limits
<i>eql antacid chw pepprmnt</i>	OTC
<i>qc antacid chw 500mg</i>	OTC
<i>ra antacid chw 500mg</i>	OTC
<i>sm antacid chw 500mg</i>	OTC
<i>tame flame chw 500mg</i>	OTC
<i>MAALOX CHW 600MG</i>	OTC
<i>alka-seltzer chw 750mg</i>	OTC
<i>antacid chw 750mg</i>	OTC
<i>antacid extr chw 750mg</i>	OTC
<i>antacid flav chw 750mg</i>	OTC
<i>antacid kids chw 750mg</i>	OTC
<i>calc antacid chw 750mg</i>	OTC
<i>eq antacid chw 750mg</i>	OTC
<i>flavor chews chw 750mg</i>	OTC
<i>gnp antacid chw 750mg</i>	OTC
<i>hm antacid chw 750mg</i>	OTC
<i>qc antacid chw 750mg</i>	OTC
<i>smooth anta chw fruit</i>	OTC
<i>smooth antac chw 750mg</i>	OTC
<i>tums smoothi chw 750mg</i>	OTC
<i>antacid chw 1000mg</i>	OTC
<i>antacid max chw 1000mg</i>	OTC
<i>antacid ultr chw 1000mg</i>	OTC
<i>cvs antacid chw 1000mg</i>	OTC
<i>eq antacid chw 1000mg</i>	OTC
<i>eql antacid chw 1000mg</i>	OTC
<i>gnp antacid chw 1000mg</i>	OTC
<i>px antacid chw 1000mg</i>	OTC
<i>qc antacid chw 1000mg</i>	OTC
<i>ra antacid chw 1000mg</i>	OTC
<i>ANTACID CHW 1177MG</i>	OTC
<i>ANTACID SOFT CHW 1177MG</i>	OTC
<i>CVS ANTACID CHW 1177MG</i>	OTC
<i>TUMS CHW DEL CHW 1177MG</i>	OTC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	OTC

ANTACID COMBINATIONS

<i>MAG-AL LIQ</i>	OTC
<i>acid gone chw</i>	OTC
<i>antacid chw</i>	OTC
<i>gnp antacid chw 160-105</i>	OTC
<i>heartbrn ant chw 160-105</i>	OTC
<i>heartbrn rlf chw 160-105</i>	OTC
<i>heartburn chw ex st</i>	OTC
<i>acid gone sus</i>	OTC
<i>heartbrn rel sus cherry</i>	OTC

Drug Name	Requirements/Limits
<i>heartburn sus relief</i>	OTC
FOAM ANTACID CHW 80-20MG	OTC
ANTACID CHW 550-110	OTC
<i>cvs antacid sus supreme</i>	OTC
<i>geri-lanta sus supreme</i>	OTC
<i>mintox plus chw</i>	OTC
DI-GEL SUS	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-</i> OTC <i>20 mg/5ml</i>	
<i>antacid & sus gas relf</i>	OTC
<i>antacid fast sus relief</i>	OTC
<i>antacid i sus</i>	OTC
<i>antacid liq sus</i>	OTC
<i>antacid m sus</i>	OTC
<i>antacid sus anti-gas</i>	OTC
<i>antacid sus antigas</i>	OTC
<i>antacid sus mint</i>	OTC
<i>antacid sus reg st</i>	OTC
<i>comfort gel sus</i>	OTC
<i>comfort gel sus anti-gas</i>	OTC
<i>cvs antacid sus anti-gas</i>	OTC
<i>cvs antacid/ sus anti-gas</i>	OTC
<i>eq antacid sus anti-gas</i>	OTC
<i>eql antacid sus anti-gas</i>	OTC
<i>geri-lanta sus</i>	OTC
<i>geri-mox sus</i>	OTC
<i>gnp antacid sus coolmint</i>	OTC
<i>gnp antacid sus reg st</i>	OTC
<i>goodsense sus antacid</i>	OTC
<i>hm antacid sus</i>	OTC
<i>mag-al plus liq</i>	OTC
<i>px antacid sus reg st</i>	OTC
<i>qc antacid sus</i>	OTC
<i>qc antacid sus anti-gas</i>	OTC
<i>ra antacid sus anti-gas</i>	OTC
<i>sb antacid sus anti-gas</i>	OTC
<i>sm antacid sus</i>	OTC
<i>sm antacid sus advanced</i>	OTC
<i>sm antacid sus anti-gas</i>	OTC
<i>almacone dbl sus strength</i>	OTC
<i>antacid adv sus max st</i>	OTC
<i>antacid iii sus</i>	OTC
<i>antacid max sus anti-gas</i>	OTC
<i>antacid max sus cherry</i>	OTC
<i>antacid sus advanced</i>	OTC

Drug Name	Requirements/Limits
<i>antacid sus anti-gas</i>	OTC
<i>antacid sus ex st</i>	OTC
<i>antacid sus max st</i>	OTC
<i>antacid/gas sus rel max</i>	OTC
<i>antacid/sime sus ds</i>	OTC
<i>comfort gel sus antacid</i>	OTC
<i>comfort gel sus anti-gas</i>	OTC
<i>cvs antacid sus antigas</i>	OTC
<i>cvs antacid/ sus anti-gas</i>	OTC
<i>eq antacid sus max st</i>	OTC
<i>geri-lanta sus max st</i>	OTC
<i>gnp antacid sus cherry</i>	OTC
<i>gnp antacid sus original</i>	OTC
<i>goodsense sus ant/gas</i>	OTC
<i>hm antacid sus anti-gas</i>	OTC
<i>maalox max sus cherry</i>	OTC
<i>maalox max sus lemon</i>	OTC
<i>maalox max sus wild bry</i>	OTC
<i>maalox multi sus symp max</i>	OTC
<i>mag-al plus liq xs</i>	OTC
<i>meijer sus antacid</i>	OTC
<i>mintox sus max st</i>	OTC
<i>mylanta sus max st</i>	OTC
<i>px antacid sus max st</i>	OTC
<i>qc antacid sus anti-gas</i>	OTC
<i>ra antacid sus antigas</i>	OTC
<i>sm antacid sus advanced</i>	OTC
<i>sm antacid sus max st</i>	OTC

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

<i>hyoscyamine sulfate tab 0.125 mg</i>	
<i>oscimin tab 0.125mg</i>	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	
<i>oscimin sub 0.125mg</i>	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	
<i>hyosyne elx 0.125/5</i>	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	
<i>hyosyne dro 0.125/ml</i>	
<i>ed-spaz tab 0.125mg</i>	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	
<i>nulev tab 0.125mg</i>	
<i>glycopyrrolate tab 1 mg</i>	
<i>glycopyrrolate tab 2 mg</i>	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	AGE
<i>dicyclomine hcl cap 10 mg</i>	

Drug Name	Requirements/Limits
<i>dicyclomine hcl tab 20 mg</i>	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	
H-2 ANTAGONISTS	
<i>acid reducer tab 200mg</i>	OTC
<i>cimetidine tab 200 mg</i>	
<i>cimetidine tab 200mg</i>	OTC
<i>eq cimetidin tab 200mg</i>	OTC
<i>heartburn tab 200mg</i>	OTC
<i>sm acid redu tab 200mg</i>	OTC
<i>cimetidine tab 300 mg</i>	
<i>cimetidine tab 400 mg</i>	
<i>cimetidine tab 800 mg</i>	
<i>cimetidine hcl soln 300 mg/5ml</i>	
<i>acid control tab 10mg</i>	OTC
<i>acid reducer tab 10mg</i>	OTC
<i>eql heartbrn tab 10mg</i>	OTC
<i>famotidine tab 10 mg</i>	OTC
<i>heartburn tab relief</i>	OTC
<i>qc famotidin tab acid red</i>	OTC
<i>zantac 360 tab 10mg</i>	OTC
<i>acid control tab 20mg</i>	OTC
<i>acid reducer tab 20mg</i>	OTC
<i>eq famotidin tab 20mg</i>	OTC
<i>famotidine tab 20 mg</i>	
<i>famotidine tab 20 mg</i>	OTC
<i>heartburn tab 20mg</i>	OTC
<i>mm acid-pep tab 20mg</i>	OTC
<i>PEPCID AC TAB 20MG</i>	OTC
<i>qc famotidin tab acid red</i>	OTC
<i>zantac 360 tab 20mg</i>	OTC
<i>famotidine tab 40 mg</i>	
<i>famotidine for susp 40 mg/5ml</i>	
<i>nizatidine cap 150 mg</i>	
<i>nizatidine cap 300 mg</i>	
ULCER DRUGS - PROSTAGLANDINS	
<i>misoprostol tab 100 mcg</i>	
<i>misoprostol tab 200 mcg</i>	
PROTON PUMP INHIBITORS	
<i>esomeprazole magnesium tab delayed release 20 mg</i>	QL (90 tabs every year), OTC
<i>NEXIUM GRA 2.5MG DR</i>	QL (90 packets every year), AGE
<i>NEXIUM GRA 5MG DR</i>	QL (90 packets every year), AGE

Drug Name	Requirements/Limits
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	QL (90 packets every year), AGE
<i>eq esome mag cap 20mg dr</i>	QL (30 caps every 25 days), OTC
<i>esomeprazole cap 20mg dr</i>	QL (30 caps every 25 days), OTC
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	QL (30 caps every 25 days), OTC
<i>lansoprazole cap delayed release 15 mg</i>	
<i>lansoprazole cap delayed release 15 mg</i>	OTC
<i>PREVACID 24H CAP 15MG DR</i>	OTC
<i>omeprazole delayed release tab 20 mg</i>	OTC
<i>omeprazole tab 20mg</i>	OTC
<i>qc omepraza tab 20mg</i>	OTC
<i>sm omepraza tab 20mg</i>	OTC
<i>omeprazole cap delayed release 10 mg</i>	QL (90 caps every year)
<i>omeprazole cap delayed release 20 mg</i>	QL (90 caps every year)
<i>omeprazole cap delayed release 20 mg</i>	QL (90 caps every year), OTC
<i>omeprazole cap delayed release 40 mg</i>	QL (90 caps every year)
<i>acid reducer tab 20mg dr</i>	OTC
<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	OTC
<i>acid reducer cap 20.6mgdr</i>	OTC
<i>gnp omeprazo cap 20mg</i>	OTC
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	OTC
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	QL (90 tabs every year)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	QL (90 tabs every year)

MISC. ANTI-ULCER

sucralfate tab 1 gm

ULCER THERAPY COMBINATIONS

<i>omepra/bicar cap 20-1100</i>	QL (90 caps every year), OTC
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ANTIEMETICS

ANTIEMETICS - ANTICHOLINERGIC

<i>meclizine hcl tab 12.5 mg</i>	
<i>meclizine hcl tab 12.5 mg</i>	OTC
<i>dramamine tab 25mg</i>	OTC
<i>eql motion tab sickness</i>	OTC
<i>meclizine hcl tab 25 mg</i>	
<i>meclizine hcl tab 25 mg</i>	OTC
<i>motion sick tab 25mg</i>	OTC
<i>motion sickn tab 25 mg</i>	OTC
<i>travel-ease tab 25mg</i>	OTC

Drug Name	Requirements/Limits
<i>bonine chw 25mg</i>	OTC
<i>dramamine chw motion</i>	OTC
<i>meclizine hcl chew tab 25 mg</i>	OTC
<i>motion sick chw 25mg</i>	OTC
<i>motion-time chw 25mg</i>	OTC
<i>travel ease chw 25mg</i>	OTC
<i>trimethobenzamide hcl cap 300 mg</i>	

5-HT3 RECEPTOR ANTAGONISTS

<i>granisetron hcl tab 1 mg</i>	QL (6 tabs every 15 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	QL (12 tabs every 15 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	QL (12 tabs every 15 days)
<i>ondansetron hcl tab 4 mg</i>	QL (12 tabs every 15 days)
<i>ondansetron hcl tab 8 mg</i>	QL (12 tabs every 15 days)
<i>ondansetron hcl tab 24 mg</i>	QL (1 tab every 15 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	QL (100 mL every 15 days)

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

<i>aprepitant capsule 40 mg</i>	PA
<i>aprepitant capsule 80 mg</i>	PA
<i>aprepitant capsule 125 mg</i>	PA
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	PA

ANTIEMETICS - MISCELLANEOUS

<i>dronabinol cap 2.5 mg</i>	QL (60 caps every 25 days)
<i>dronabinol cap 5 mg</i>	QL (60 caps every 25 days)
<i>dronabinol cap 10 mg</i>	QL (60 caps every 25 days)

DIGESTIVE AIDS

DIGESTIVE ENZYMES

<i>VIOKACE TAB 10440</i>	
<i>VIOKACE TAB 20880</i>	
<i>CREON CAP 3000UNIT</i>	
<i>ZENPEP CAP 3000UNIT</i>	
<i>ZENPEP CAP 5000UNIT</i>	
<i>CREON CAP 6000UNIT</i>	
<i>CREON CAP 12000UNT</i>	
<i>ZENPEP CAP 15000UNT</i>	
<i>ZENPEP CAP 20000UNT</i>	
<i>CREON CAP 24000UNT</i>	
<i>ZENPEP CAP 25000UNT</i>	
<i>CREON CAP 36000UNT</i>	
<i>ZENPEP CAP 40000UNT</i>	

GASTROINTESTINAL AGENTS - MISC.

GALLSTONE SOLUBILIZING AGENTS

<i>ursodiol cap 300 mg</i>	
<i>ursodiol tab 250 mg</i>	
<i>ursodiol tab 500 mg</i>	

Drug Name	Requirements/Limits
ANTIFLATULENTS	
<i>eq gas relie cap 125mg</i>	OTC
<i>gas relief cap 125mg</i>	OTC
<i>gas-x cap 125mg</i>	OTC
<i>simethicone cap 125 mg</i>	OTC
<i>anti-gas cap 180mg</i>	OTC
<i>eql gas rlf cap 180mg</i>	OTC
<i>gas relief cap 180mg</i>	OTC
<i>gas-x cap 180mg</i>	OTC
<i>gnp anti-gas cap 180mg</i>	OTC
<i>simethicone cap 180 mg</i>	OTC
<i>sm gas relie cap 180mg</i>	OTC
<i>cvs gas rlef chw 80mg</i>	OTC
<i>gas relief chw 80mg</i>	OTC
<i>gnp gas rlef chw 80mg</i>	OTC
<i>hm gas rlef chw 80mg</i>	OTC
<i>qc gas rlef chw 80mg</i>	OTC
<i>ra gas rlef chw 80mg</i>	OTC
<i>simethicone chew tab 80 mg</i>	OTC
<i>sm gas rlef chw 80mg</i>	OTC
<i>sm gas relieve chw 80mg</i>	OTC
<i>cvs gas rlef chw 125mg</i>	OTC
<i>eql gas gone chw 125mg</i>	OTC
<i>gas relief chw 125mg</i>	OTC
<i>gnp gas rlef chw 125mg</i>	OTC
<i>hm gas rlef chw 125mg</i>	OTC
<i>phazyme chw 125mg</i>	OTC
<i>qc gas rlef chw 125mg</i>	OTC
<i>ra gas rlef chw 125mg</i>	OTC
<i>sb gas rlef chw 125mg</i>	OTC
<i>simethicone chew tab 125 mg</i>	OTC
<i>sm gas rel chw 125mg</i>	OTC
<i>gas relief liq infants</i>	OTC
<i>gas-x infant dro</i>	OTC
<i>gas relief dro 20/0.3ml</i>	OTC
<i>gas relief dro 40/0.6ml</i>	OTC
<i>gas relief dro infants</i>	OTC
<i>gas relief sus</i>	OTC
<i>gas relief sus infants</i>	OTC
<i>little remed dro 20/0.3ml</i>	OTC
<i>little remed sus 20/.03ml</i>	OTC
<i>simeped dro 40/0.6ml</i>	OTC
<i>simethicone dro infants</i>	OTC
<i>simethicone susp 40 mg/0.6ml</i>	OTC
<i>GAS-X CHILD MIS 40MG</i>	OTC

Drug Name	Requirements/Limits
GAS-X EX-STR MIS 62.5MG	OTC

GASTROINTESTINAL STIMULANTS

*metoclopramide hcl tab 5 mg (base equivalent)
metoclopramide hcl tab 10 mg (base equivalent)
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)
(base equiv)*

INTESTINAL ACIDIFIERS

*enulose sol 10gm/15
generlac sol 10gm/15
lactulose (encephalopathy) solution 10 gm/15ml*

INFLAMMATORY BOWEL AGENTS

<i>balsalazide disodium cap 750 mg</i>	
<i>mesalamine cap er 500 mg</i>	PA
<i>mesalamine enema 4 gm</i>	
<i>mesalamine cap er 24hr 0.375 gm</i>	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	
<i>sulfasalazine tab 500 mg</i>	
<i>sulfasalazine tab delayed release 500 mg</i>	
<i>ENTYVIO INJ 300MG</i>	SP, PA, QL (1 vial every 50 days)
<i>AVSOLA INJ 100MG</i>	SP, PA, QL (3 vials every 28 days)

AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

TRULANCE TAB 3MG

IRRITABLE BOWEL SYNDROME (IBS) AGENTS

*LINZESS CAP 72MCG
LINZESS CAP 145MCG
LINZESS CAP 290MCG*

PERIPHERAL OPIOID RECEPTOR ANTAGONISTS

*MOVANTIK TAB 12.5MG
MOVANTIK TAB 25MG*

PHOSPHATE BINDER AGENTS

<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	
<i>sevelamer carbonate tab 800 mg</i>	ST
<i>sevelamer carbonate packet 0.8 gm</i>	ST
<i>sevelamer carbonate packet 2.4 gm</i>	ST

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

OXYTROL/WOMN DIS 3.9MG/24 *GNDR, OTC*

Drug Name	Requirements/Limits
<i>oxybutynin chloride tab 5 mg</i>	
<i>oxybutynin chloride syrup 5 mg/5ml</i>	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	
<i>trospium chloride tab 20 mg</i>	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS	
<i>bethanechol chloride tab 5 mg</i>	
<i>bethanechol chloride tab 10 mg</i>	
<i>bethanechol chloride tab 25 mg</i>	
<i>bethanechol chloride tab 50 mg</i>	
VAGINAL AND RELATED PRODUCTS	
VAGINAL ANTI-INFECTIVES	
<i>clindamycin phosphate vaginal cream 2%</i>	
<i>metronidazole vaginal gel 0.75%</i>	
<i>clotrimazole cre 1% vag</i>	OTC
<i>clotrimazole vaginal cream 1%</i>	OTC
<i>qc clotrimaz cre 1%</i>	OTC
<i>clotrimazole cre 2%</i>	OTC
<i>clotrimazole cre 3 day</i>	OTC
<i>3 day vaginl cre 2%</i>	OTC
<i>cvs miconazo cre 7</i>	OTC
<i>miconazole 7 cre</i>	OTC
<i>miconazole 7 cre 2%</i>	OTC
<i>miconazole 7 cre tube/kit</i>	OTC
<i>miconazole nitrate vaginal cream 2%</i>	OTC
<i>3 day vagnal cre 4%</i>	OTC
<i>miconazole 7 sup 100mg</i>	OTC
<i>sm micon 7 sup 100mg</i>	OTC
<i>miconazole 3 sup 200mg</i>	
<i>miconazole 3 kit combo pk</i>	OTC
<i>vagistat-3 kit combo pk</i>	OTC
<i>miconazole 1 kit</i>	OTC
<i>miconazole 1 kit 1200-2%</i>	OTC
<i>MONISTAT 7 KIT COMBO PK</i>	OTC
<i>miconazole 3 kit combinat</i>	OTC
<i>miconazole 3 kit combo</i>	OTC
<i>MONISTAT 7 KIT COMPLETE</i>	OTC
<i>MONISTAT 3 KIT COMBO PK</i>	OTC
<i>MICONAZOLE 1 KIT COMBO</i>	OTC
<i>terconazole vaginal cream 0.4%</i>	
<i>terconazole vaginal cream 0.8%</i>	
<i>terconazole vaginal suppos 80 mg</i>	

Drug Name	Requirements/Limits
SPERMICIDES	
VCF VAGINAL AER CONTRACP	OTC
SHUR-SEAL GEL 2%	OTC
GYNOL II GEL 3%	OTC
VCF VAGINAL GEL CONTRACE	OTC
ENCARE SUP 100MG	OTC
VCF VAGINAL MIS CONTRACP	OTC
VAGINAL ESTROGENS	
<i>estradiol vaginal tab 10 mcg</i>	
<i>yuvafem tab 10mcg</i>	
MISCELLANEOUS VAGINAL PRODUCTS	
<i>acetic acid vaginal solution</i>	OTC
<i>ex cleansing sol</i>	OTC
<i>summers eve sol ex clean</i>	OTC
GENITOURINARY AGENTS - MISCELLANEOUS	
ALKALINIZERS	
<i>potassium citrate tab er 5 meq (540 mg)</i>	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	
URINARY ANALGESICS	
<i>phenazopyridine hcl tab 100 mg</i>	
<i>phenazo tab 200mg</i>	
<i>phenazopyridine hcl tab 200 mg</i>	
PROSTATIC HYPERSTROPHY AGENTS	
<i>finasteride tab 5 mg</i>	
<i>alfuzosin hcl tab er 24hr 10 mg</i>	
<i>tamsulosin hcl cap 0.4 mg</i>	
ANTIPSYCHOTICS/ANTIMANIC AGENTS	
PHENOTHIAZINES	
<i>compro sup 25mg</i>	
<i>prochlorperazine suppos 25 mg</i>	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	
BARBITURATE HYPNOTICS	
<i>phenobarbital tab 15 mg</i>	
<i>phenobarbital tab 16.2 mg</i>	
<i>phenobarbital tab 30 mg</i>	
<i>phenobarbital tab 32.4 mg</i>	
<i>phenobarbital tab 60 mg</i>	
<i>phenobarbital tab 64.8 mg</i>	
<i>phenobarbital tab 97.2 mg</i>	

Drug Name	Requirements/Limits
<i>phenobarbital tab 100 mg</i>	
<i>phenobarbital elixir 20 mg/5ml</i>	
ANTIHISTAMINE HYPNOTICS	
<i>ra sleep aid tab 25mg</i>	OTC
<i>sleep aid tab 25mg</i>	OTC
<i>sleep-aid tab 25mg</i>	OTC
<i>sm sleep aid tab 25mg</i>	OTC
<i>ultra sleep tab 25mg</i>	OTC
<i>wal-som tab 25mg</i>	OTC
<i>eq sleep aid cap 50mg</i>	OTC
<i>qc sleep aid cap 50mg</i>	OTC
<i>qc sleep-aid cap 50mg</i>	OTC
<i>ra sleep aid cap 50mg</i>	OTC
<i>sleep aid cap 50mg</i>	OTC
<i>sleep-aid cap 50mg</i>	OTC
<i>wal-som cap 50mg</i>	OTC
<i>hm nighttime tab 25mg</i>	OTC
<i>night time tab 25mg</i>	OTC
<i>nighttime tab 25mg</i>	OTC
<i>nytol quick tab 25mg</i>	OTC
<i>ra nighttime tab 25mg</i>	OTC
<i>ra sleep aid tab 25mg</i>	OTC
<i>rest simply tab 25mg</i>	OTC
<i>sb sleep tab 25mg</i>	OTC
<i>simply sleep tab 25mg</i>	OTC
<i>sleep aid tab 25mg</i>	OTC
<i>sleep tab 25mg</i>	OTC
<i>sleep-aid tab 25mg</i>	OTC
<i>sleep-tabs tab 25mg</i>	OTC
<i>sm nighttime tab 25mg</i>	OTC
<i>diphenhydramine hcl (sleep) tab 50 mg</i>	OTC
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	
ANTIDEMENTIA AGENTS	
<i>donepezil hydrochloride tab 5 mg</i>	
<i>donepezil hydrochloride tab 10 mg</i>	
<i>donepezil hydrochloride tab 23 mg</i>	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	
<i>galantamine hydrobromide tab 4 mg</i>	
<i>galantamine hydrobromide tab 8 mg</i>	
<i>galantamine hydrobromide tab 12 mg</i>	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	

Drug Name	Requirements/Limits
galantamine hydrobromide cap er 24hr 16 mg	
galantamine hydrobromide cap er 24hr 24 mg	
rivastigmine td patch 24hr 4.6 mg/24hr	PA
rivastigmine td patch 24hr 9.5 mg/24hr	PA
rivastigmine td patch 24hr 13.3 mg/24hr	PA
rivastigmine tartrate cap 1.5 mg (base equivalent)	PA
rivastigmine tartrate cap 3 mg (base equivalent)	PA
rivastigmine tartrate cap 4.5 mg (base equivalent)	PA
rivastigmine tartrate cap 6 mg (base equivalent)	PA
memantine hcl tab 5 mg	
memantine hcl tab 10 mg	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	
memantine hcl oral solution 2 mg/ml	
MULTIPLE SCLEROSIS AGENTS	
glatiramer acetate soln prefilled syringe 20 mg/ml	SP, PA, QL (30 injections every 30 days)
glatopa inj 20mg/ml	SP, PA, QL (30 injections every 30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml	SP, PA, QL (12 injections every 28 days)
glatopa inj 40mg/ml	SP, PA, QL (12 injections every 28 days)
REBIF REBIDO INJ 22/0.5	SP, PA, QL (12 injections every 28 days)
REBIF REBIDO INJ 44/0.5	SP, PA, QL (12 injections every 28 days)
REBIF REBIDO INJ TITRATN	SP, PA, QL (12 injections every 28 days)
REBIF INJ 22/0.5	SP, PA, QL (12 injections every 28 days)
REBIF INJ 44/0.5	SP, PA, QL (12 injections every 28 days)
REBIF TITRTN INJ PACK	SP, PA, QL (12 injections every 28 days)
AVONEX PEN KIT 30MCG	SP, PA, QL (4 injections every 28 days)
AVONEX PREFL KIT 30MCG	SP, PA, QL (4 injections every 28 days)
EXTAVIA INJ 0.3MG	SP, PA, QL (15 injections every 30 days)
AUBAGIO TAB 7MG	SP, PA, QL (1 tab every 1 day)
AUBAGIO TAB 14MG	SP, PA, QL (1 tab every 1 day)
OCREVUS INJ 300/10ML	SP, PA, QL (2 vials every 24 weeks)

Drug Name	Requirements/Limits
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	SP, PA, QL (1 kit every month)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	SP, PA, QL (14 caps every 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	SP, PA, QL (60 caps every 30 days)
VUMERITY CAP 231MG	SP, PA, QL (4 caps every 1 day)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	SP, PA, QL (1 cap every 1 day)
MAYZENT TAB 0.25MG	SP, PA, QL (12 tabs every 5 days)
MAYZENT TAB 1MG	SP, PA, QL (1 tab every 1 day)
MAYZENT TAB 2MG	SP, PA, QL (30 tabs every 30 days)
MAYZENT PAK STARTER (7 TABS)	SP, PA, QL (7 tabs every 4 days)
MAYZENT PAK STARTER (12 TABS)	SP, PA, QL (12 tabs every 5 days)

ANTI-CATAPLECTIC AGENTS

XYREM SOL 500MG/ML	PA, QL (18 mL every 1 day)
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FIBROMYALGIA AGENTS

SAVELLA TAB 12.5MG	PA
SAVELLA TAB 25MG	PA
SAVELLA TAB 50MG	PA
SAVELLA TAB 100MG	PA
SAVELLA MIS TITR PAK	PA

PSEUDOBULBAR AFFECT (PBA) AGENTS

NUEDEXTA CAP 20-10MG	PA
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ANALGESICS - NONNARCOTIC

SALICYLATES

<i>aspirin tab 325 mg</i>	OTC
<i>bayer adv tab 325mg</i>	OTC
<i>bayer asa tab 325mg</i>	OTC
<i>cvs aspirin tab 325mg</i>	OTC
<i>eq aspirin tab 325mg</i>	OTC
<i>genuine asa tab 325mg</i>	OTC
<i>genuine aspr tab 325mg</i>	OTC
<i>gnp aspirin tab 325mg</i>	OTC
<i>hm aspirin tab 325mg</i>	OTC
<i>px aspirin tab 325mg</i>	OTC
<i>qc aspirin tab 325mg</i>	OTC
<i>ra aspirin tab 325mg</i>	OTC
<i>sb aspirin tab 325mg</i>	OTC

Drug Name	Requirements/Limits
<i>sm aspirin tab 325mg</i>	OTC
<i>bayer adv tab 500mg</i>	OTC
<i>aspirin chew tab 81 mg</i>	OTC
<i>aspirin chld chw 81mg</i>	OTC
<i>aspirin low chw 81mg</i>	OTC
<i>aspirin-81 chw 81mg</i>	OTC
<i>bayer low chw 81mg</i>	OTC
<i>child asa chw 81mg</i>	OTC
<i>eq aspirin chw 81mg</i>	OTC
<i>eql aspirin chw 81mg</i>	OTC
<i>gnp aspirin chw 81mg</i>	OTC
<i>hm aspirin chw 81mg</i>	OTC
<i>px aspirin chw 81mg</i>	OTC
<i>qc aspirin chw 81mg</i>	OTC
<i>qc child asa chw 81mg</i>	OTC
<i>ra aspirin chw 81mg</i>	OTC
<i>sb child asa chw 81mg</i>	OTC
<i>sm aspirin chw 81mg</i>	OTC
<i>sm child asa chw 81mg</i>	OTC
<i>st joseph chw low 81mg</i>	OTC
<i>aspirin adlt tab 81mg ec</i>	OTC
<i>aspirin low tab 81mg</i>	OTC
<i>aspirin low tab 81mg ec</i>	OTC
<i>aspirin regi tab 81mg</i>	OTC
<i>aspirin tab 81mg ec</i>	OTC
<i>aspirin tab delayed release 81 mg</i>	OTC
<i>bayer low tab 81mg ec</i>	OTC
<i>cvs aspirin tab 81mg ec</i>	OTC
<i>ecotrin low tab 81mg ec</i>	OTC
<i>gnp aspirin tab 81mg ec</i>	OTC
<i>goodsense tab 81mg ec</i>	OTC
<i>kls aspirin tab 81mg ec</i>	OTC
<i>kp aspirin tab 81mg ec</i>	OTC
<i>low dose asa tab 81mg</i>	OTC
<i>mm aspirin tab low dose</i>	OTC
<i>px aspirin tab 81mg ec</i>	OTC
<i>ra aspirin tab 81mg ec</i>	OTC
<i>sm aspirin tab 81mg ec</i>	OTC
<i>st joseph tab low 81mg</i>	OTC
<i>aspirin tab delayed release 325 mg</i>	OTC
<i>cvs aspirin tab 325mg ec</i>	OTC
<i>enteric asa tab 325mg ec</i>	OTC
<i>eql aspirin tab 325mg ec</i>	OTC
<i>gnp aspirin tab 325mg ec</i>	OTC
<i>hm aspirin tab 325mg ec</i>	OTC

Drug Name	Requirements/Limits
<i>px aspirin tab 325mg ec</i>	OTC
<i>qc aspirin tab 325mg ec</i>	OTC
<i>ra aspirin tab 325mg ec</i>	OTC
<i>sb aspirin tab 325mg ec</i>	OTC
<i>sm aspirin tab 325mg ec</i>	OTC
ASPIRIN SUP 300MG	OTC
<i>diflunisal tab 500 mg</i>	
ANALGESICS OTHER	
<i>acetamin cap 500mg</i>	OTC
<i>mapap cap 500mg</i>	OTC
<i>pain relief cap 500mg</i>	OTC
<i>acetaminophen tab 325 mg</i>	OTC
<i>acetaminophn tab 325mg</i>	OTC
<i>aspirin free tab 325mg</i>	OTC
<i>cvs acetamin tab 325mg</i>	OTC
<i>eql acetamin tab 325mg</i>	OTC
<i>gnp acetamin tab 325mg</i>	OTC
<i>non-aspirin tab 325mg</i>	OTC
<i>pain relief tab 325mg</i>	OTC
<i>pain relieve tab 325mg</i>	OTC
<i>pain relievrtab 325mg</i>	OTC
<i>pharbetol tab 325mg</i>	OTC
<i>ra acetamin tab 325mg</i>	OTC
<i>acetamin tab 500mg</i>	OTC
<i>acetaminophen tab 500 mg</i>	OTC
<i>acetaminophn tab 500mg</i>	OTC
<i>eq acetamin tab 500mg</i>	OTC
<i>eql acetamin tab 500mg</i>	OTC
<i>gnp pain rel tab 500mg</i>	OTC
<i>medi-tabs tab 500mg</i>	OTC
<i>mm acetamino tab 500mg</i>	OTC
<i>non-aspirin tab 500mg</i>	OTC
<i>non-aspirin tab 500mg/rr</i>	OTC
<i>pain relief tab 500mg</i>	OTC
<i>pain relief tab 500mg/rr</i>	OTC
<i>pain relieve tab 500mg</i>	OTC
<i>pain relieve tab 500mg/rr</i>	OTC
<i>pain relievrtab 500mg</i>	OTC
<i>panadol tab 500mg</i>	OTC
<i>pharbetol tab 500mg</i>	OTC
<i>shake ache tab 500mg</i>	OTC
<i>sm pain rel tab 500mg</i>	OTC
<i>acetamin er tab 650mg</i>	OTC
<i>acetaminophen tab er 650 mg</i>	OTC
<i>arthrts pain tab 650mg</i>	OTC

Drug Name	Requirements/Limits
arthrts pain tab 650mg er	OTC
hm pain rlf tab 650mg	OTC
8 hour pain tab 650mg	OTC
8hr arthrits tab 650mg er	OTC
8 hr arthrts tab 650mg	OTC
8hr pain er tab 650mg	OTC
8hr pain rel tab 650mg	OTC
8 hr pain tab 650mg	OTC
8 hr pain tab 650mg er	OTC
midol tab 650mg	OTC
non-aspirin tab 650mg	OTC
pain relief tab 650mg	OTC
qc 8 hr pain tab 650mg er	OTC
qc apap 8 hr tab 650mg	OTC
sm arthrtis p tab 650mg	OTC
childrens chw apap	OTC
chld meditab chw 80mg	OTC
chld non-asa chw 80mg grp	OTC
cvs childs chw 80mg	OTC
mapap child chw 80mg	OTC
non-aspirin chw 80mg	OTC
pain relievrv chw 80mg	OTC
sb non-asa chw 80mg frt	OTC
sb non-asa chw 80mg grp	OTC
acetaminophen chew tab 160 mg	OTC
asa free chw 160mg jr	OTC
mapap chw 160mg	OTC
medi-tabs jr chw 160mg	OTC
non-aspirin chw 160mg	OTC
non-aspirin chw 160mg jr	OTC
pain & fever chw 160mg	OTC
pain relief chw 160mg	OTC
sb non-asa chw 160mg	OTC
acetaminophe liq 160/5ml	OTC
acetaminophen liquid 160 mg/5ml	OTC
chld silapap liq 160/5ml	OTC
ed-apap liq 80mg/2.5	OTC
little remed liq 160/5ml	OTC
m-pap liq 160/5ml	OTC
pain relief liq 160/5ml	OTC
acetamin liq 500/15ml	OTC
mapap apap liq 500/15ml	OTC
pain relief liq 500/15ml	OTC
pain relievrv liq 500/15ml	OTC
qc pain reli liq 500/15ml	OTC

Drug Name	Requirements/Limits
<i>apra elx 160/5ml</i>	OTC
<i>chld asafree elx 80/2.5ml</i>	OTC
<i>medi-tabs elx 80/2.5ml</i>	OTC
<i>pain relief elx 160/5ml</i>	OTC
<i>acetaminophen susp 160 mg/5ml</i>	OTC
<i>betatemp sus 160/5ml</i>	OTC
<i>fever/pain sus 160/5ml</i>	OTC
<i>non-aspirin sus 160/5ml</i>	OTC
<i>pain & fever sus 160/5ml</i>	OTC
<i>pain relief sus 160/5ml</i>	OTC
<i>pain relieve sus 160/5ml</i>	OTC
<i>panadol sus 160/5ml</i>	OTC
<i>pediacare sus 160/5ml</i>	OTC
<i>qc acetamino sus 160/5ml</i>	OTC
<i>ra childrens sus 160/5ml</i>	OTC
<i>acetaminophen soln 160 mg/5ml</i>	OTC
FEVERALL INF SUP 80MG	OTC
<i>acetaminophen suppos 120 mg</i>	OTC
<i>feverall sup 120mg</i>	OTC
<i>fevr reducng sup 120mg</i>	OTC
<i>pain/fever sup 120mg</i>	OTC
FEVERALL SUP 325MG	OTC
<i>acetaminophen suppos 650 mg</i>	OTC
<i>feverall sup 650mg</i>	OTC
<i>apap rapid tab tab 80mg</i>	OTC
<i>chld non-asa tab 80mg qm</i>	OTC
<i>acetaminophe tab 160mg</i>	OTC
<i>non-asa jr tab 160mg qm</i>	OTC
<i>sm rpd melt tab 160mg</i>	OTC

ANALGESICS - OPIOID

OPIOID AGONISTS

<i>fentanyl td patch 72hr 12 mcg/hr</i>	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	PA, QL (10 patches every 25 days)
<i>hydromorphone hcl tab 2 mg</i>	PA, QL (6 tabs every 1 day)
<i>hydromorphone hcl tab 4 mg</i>	PA, QL (6 tabs every 1 day)
<i>hydromorphone hcl tab 8 mg</i>	PA, QL (6 tabs every 1 day)
<i>methadone hcl tab 5 mg</i>	PA, QL (4 tabs every 1 day)

Drug Name	Requirements/Limits
<i>methadone hcl tab 10 mg</i>	PA, QL (4 tabs every 1 day)
<i>morphine sulfate tab 15 mg</i>	PA, QL (6 tabs every 1 day)
<i>morphine sulfate tab 30 mg</i>	PA, QL (6 tabs every 1 day)
<i>morphine sulfate tab er 15 mg</i>	PA, QL (3 tabs every 1 day)
<i>morphine sulfate tab er 30 mg</i>	PA, QL (3 tabs every 1 day)
<i>morphine sulfate tab er 60 mg</i>	PA, QL (3 tabs every 1 day)
<i>morphine sulfate tab er 100 mg</i>	PA, QL (3 tabs every 1 day)
<i>morphine sulfate tab er 200 mg</i>	PA, QL (2 tabs every 1 day)
<i>morphine sulfate oral soln 10 mg/5ml</i>	PA, QL (30 mL every 1 day)
<i>morphine sulfate oral soln 20 mg/5ml</i>	PA, QL (30 mL every 1 day)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	PA, QL (6 mL every 1 day)
<i>oxycodone hcl cap 5 mg</i>	PA, QL (6 caps every 1 day)
<i>oxycodone hcl tab 5 mg</i>	PA, QL (6 tabs every 1 day)
<i>oxycodone hcl tab 10 mg</i>	PA, QL (6 tabs every 1 day)
<i>oxycodone hcl tab 15 mg</i>	PA, QL (6 tabs every 1 day)
<i>oxycodone hcl tab 20 mg</i>	PA, QL (6 tabs every 1 day)
<i>oxycodone hcl tab 30 mg</i>	PA, QL (6 tabs every 1 day)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	PA, QL (6 mL every 1 day)
<i>oxycodone hcl soln 5 mg/5ml</i>	PA, QL (6 mL every 1 day)
<i>tramadol hcl tab 50 mg</i>	PA, QL (8 tabs every 1 day)
<i>tramadol hcl tab er 24hr 100 mg</i>	PA, QL (1 tab every 1 day)
<i>tramadol hcl tab er 24hr 200 mg</i>	PA, QL (1 tab every 1 day)
<i>tramadol hcl tab er 24hr 300 mg</i>	PA, QL (1 tab every 1 day)

OPIOID COMBINATIONS

<i>endocet tab 2.5-325</i>	PA, QL (12 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	PA, QL (12 tabs every 1 day)
<i>endocet tab 5-325mg</i>	PA, QL (12 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	PA, QL (12 tabs every 1 day)
<i>endocet tab 7.5-325</i>	PA, QL (8 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	PA, QL (8 tabs every 1 day)
<i>endocet tab 10-325mg</i>	PA, QL (6 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	PA, QL (6 tabs every 1 day)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	PA, QL (13 tabs every 1 day)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	PA, QL (12 tabs every 1 day)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	PA, QL (6 tabs every 1 day)
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	PA, QL (90 mL every 1 day)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	PA, QL (6 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	PA, QL (8 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	PA, QL (6 tabs every 1 day)

Drug Name	Requirements/Limits
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	PA, QL (90 mL every 1 day)
tramadol-acetaminophen tab 37.5-325 mg	PA, QL (40 tabs every 25 days)

ANALGESICS - ANTI-INFLAMMATORY

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

diclofenac potassium tab 50 mg	
diclofenac sodium tab delayed release 25 mg	
diclofenac sodium tab delayed release 50 mg	
diclofenac sodium tab delayed release 75 mg	
diclofenac sodium tab er 24hr 100 mg	
etodolac cap 200 mg	
etodolac cap 300 mg	
etodolac tab 400 mg	
etodolac tab 500 mg	
etodolac tab er 24hr 400 mg	
etodolac tab er 24hr 500 mg	
etodolac tab er 24hr 600 mg	
flurbiprofen tab 50 mg	
flurbiprofen tab 100 mg	
advil minis cap 200mg	OTC
ibuprofen cap 200mg	OTC
medi-profen cap 200mg	OTC
motrin ib cap 200mg	OTC
qc ibuprofen cap 200mg	OTC
ra ibuprofen cap 200mg	OTC
sm ibuprofen cap 200mg	OTC
wal-profen cap 200mg	OTC
advil jr st tab 100mg	OTC
sm ibuprofen tab 100mg jr	OTC
eq ibuprofen tab 200mg	OTC
eql ibuprofn tab 200mg	OTC
hm ibuprofen tab 200mg	OTC
ibu-200 tab 200mg	OTC
ibuprofen tab 200 mg	OTC
kls ibuprofn tab 200mg	OTC
kls ibuprofn tab ib 200mg	OTC
medi-profen tab 200mg	OTC
motrin ib tab 200mg	OTC
pain relief tab 200mg	OTC
px ibuprofen tab 200mg	OTC
qc ibuprofen tab 200mg	OTC
ra ibuprofen tab 200mg	OTC
sb ibuprofen tab 200mg	OTC
sm ibuprofen tab 200mg	OTC

Drug Name	Requirements/Limits
wal-profen tab 200mg	OTC
ibu tab 400mg	
ibuprofen tab 400 mg	
ibu tab 600mg	
ibuprofen tab 600 mg	
ibu tab 800mg	
ibuprofen tab 800 mg	
advil jr str chw 100mg	OTC
ibuprofen chw 100mg	OTC
ibuprofen jr chw 100mg	OTC
ibuprofn 100 chw jr 100mg	OTC
sm ibuprofen chw 100mg	OTC
cvs ibuprof dro 50/1.25	OTC
ibuprofen dro 50/1.25	OTC
medi-profen sus 40mg/ml	OTC
px profen ib dro 50/1.25	OTC
cvs ibuprofe sus 100/5ml	OTC
eq ibuprofen sus 100/5ml	OTC
hyvee ibupro sus 100mg/5m	OTC
ibuprofen ch sus 100/5ml	OTC
ibuprofen sus 100/5ml	OTC
ibuprofen sus 200/10ml	OTC
ibuprofen susp 100 mg/5ml	
medi-profen sus 100/5ml	OTC
px profen ib sus 100/5ml	OTC
qc ibuprofen sus 100/5ml	OTC
ketorolac tromethamine tab 10 mg	QL (20 tabs every 25 days)
meloxicam tab 7.5 mg	
meloxicam tab 15 mg	
nabumetone tab 500 mg	
nabumetone tab 750 mg	
naproxen tab 250 mg	
naproxen tab 375 mg	
naproxen tab 500 mg	
ec-naproxen tab 375mg	
naproxen tab ec 375 mg	
ec-naproxen tab 500mg	
naproxen tab ec 500 mg	
gnp naproxen cap 220mg	OTC
naproxen sodium cap 220 mg	OTC
qc naproxen cap 220mg	OTC
all day pain tab 220mg	OTC
all day relf tab 220mg	OTC
cvs naproxen tab 220mg	OTC
mediproxen tab 220mg	OTC

Drug Name	Requirements/Limits
<i>naproxen sodium tab 220 mg</i>	OTC
<i>pain relief tab 220mg</i>	OTC
<i>pamprin tab 220mg</i>	OTC
<i>oxaprozin tab 600 mg</i>	
<i>sulindac tab 150 mg</i>	
<i>sulindac tab 200 mg</i>	
<i>celecoxib cap 50 mg</i>	PA
<i>celecoxib cap 100 mg</i>	PA
<i>celecoxib cap 200 mg</i>	PA
<i>celecoxib cap 400 mg</i>	PA

ANTIRHEUMATIC ANTIMETABOLITES

RASUVO INJ 7.5MG	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 10MG	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 12.5MG	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 15MG	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 17.5MG	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 20MG	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 22.5MG	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 25MG	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 30MG	SP, PA, QL (4 injections every 28 days)

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA PEN INJ 40MG/0.8	SP, PA, QL (4 pens every 28 days)
HUMIRA PEN INJ CD/UC/HS	SP, PA, QL (6 pens every 28 days)
HUMIRA PEN INJ PS/UV	SP, PA, QL (4 pens every 28 days)
HUMIRA PEN INJ 80/0.8ML	SP, PA, QL (8 pens every 28 days)
HUMIRA PEN KIT CD/UC/HS	SP, PA, QL (3 pens every 28 days)
HUMIRA PEN KIT PED UC	SP, PA, QL (4 pens every 28 days)
HUMIRA PEN KIT PS/UV	SP, PA, QL (3 pens every 28 days)
HUMIRA KIT 40MG/0.8	SP, PA, QL (4 injections every 28 days)

Drug Name	Requirements/Limits
PYRIMIDINE SYNTHESIS INHIBITORS	
leflunomide tab 10 mg	
leflunomide tab 20 mg	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS	
ENBREL SRCLK INJ 50MG/ML	SP, PA, QL (4 pens every 28 days)
ENBREL MINI INJ 50MG/ML	SP, PA, QL (4 pens every 28 days)
ENBREL INJ 25/0.5ML	SP, PA, QL (4 pens every 28 days)
ENBREL INJ 50MG/ML	SP, PA, QL (4 pens every 28 days)
INTERLEUKIN-6 RECEPTOR INHIBITORS	
KEVZARA INJ 150/1.14	SP, PA, QL (2 syringes every 28 days)
KEVZARA INJ 200/1.14	SP, PA, QL (2 syringes every 28 days)
ANTIRHEUMATIC - ENZYME INHIBITORS	
XELJANZ TAB 5MG	SP, PA, QL (2 tabs every 1 day)
XELJANZ TAB 10MG	SP, PA, QL (2 tabs every 1 day)
XELJANZ SOL 1MG/ML	SP, PA, QL (10 mL every 1 day)
XELJANZ XR TAB 11MG	SP, PA, QL (1 tab every 1 day)
MIGRAINE PRODUCTS	
SEROTONIN AGONISTS	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	ST, QL (8 tabs every 25 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	ST, QL (8 tabs every 25 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	ST, QL (12 tabs every 25 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	ST, QL (12 tabs every 25 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	ST, QL (12 tabs every 25 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	ST, QL (12 tabs every 25 days)
<i>sumatriptan nasal spray 5 mg/act</i>	QL (8 inhalers every 25 days)
<i>sumatriptan nasal spray 20 mg/act</i>	QL (8 inhalers every 25 days)
<i>sumatriptan succinate tab 25 mg</i>	QL (8 tabs every 25 days)
<i>sumatriptan succinate tab 50 mg</i>	QL (8 tabs every 25 days)

Drug Name	Requirements/Limits
<i>sumatriptan succinate tab 100 mg</i>	QL (8 tabs every 25 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	QL (8 injections every 25 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	QL (8 injections every 25 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	QL (8 injections every 25 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	QL (8 injections every 25 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	QL (8 injections every 25 days)
<i>zolmitriptan tab 2.5 mg</i>	ST, QL (8 tabs every 25 days)
<i>zolmitriptan tab 5 mg</i>	ST, QL (8 tabs every 25 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	ST, QL (8 tabs every 25 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	ST, QL (8 tabs every 25 days)

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG INJ 70MG/ML	PA, QL (2 pens every 25 days)
AIMOVIG INJ 140MG/ML	PA, QL (1 pen every 25 days)
EMGALITY INJ 100MG/ML	PA, QL (3 syringes every 25 days)
EMGALITY INJ 120MG/ML	PA, QL (2 syringes every 25 days)

GOUT AGENTS

GOUT AGENTS

<i>allopurinol tab 100 mg</i>	
<i>allopurinol tab 300 mg</i>	
<i>colchicine tab 0.6 mg</i>	QL (30 tabs every 25 days)

URICOSURICS

<i>probenecid tab 500 mg</i>	
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ANTICONVULSANTS

HYDANTOINS

<i>phenytoin chew tab 50 mg</i>	
<i>phenytoin susp 125 mg/5ml</i>	
<i>DILANTIN CAP 30MG</i>	
<i>phenytoin sodium extended cap 100 mg</i>	
<i>phenytoin sodium extended cap 200 mg</i>	
<i>phenytoin sodium extended cap 300 mg</i>	

SUCCINIMIDES

<i>ethosuximide cap 250 mg</i>	
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Drug Name	Requirements/Limits
<i>ethosuximide soln 250 mg/5ml</i>	
ANTICONVULSANTS - MISC.	
ZTALMY SUS 50MG/ML	SP, PA
<i>primidone tab 50 mg</i>	
<i>primidone tab 250 mg</i>	
ANTIPARKINSON AND RELATED THERAPY AGENTS	
ANTIPARKINSON COMT INHIBITORS	
<i>entacapone tab 200 mg</i>	
ANTIPARKINSON DOPAMINERGICS	
<i>amantadine hcl cap 100 mg</i>	
<i>amantadine hcl tab 100 mg</i>	
<i>amantadine hcl soln 50 mg/5ml</i>	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	
<i>pramipexole dihydrochloride tab 1 mg</i>	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	
<i>ropinirole hydrochloride tab 0.25 mg</i>	
<i>ropinirole hydrochloride tab 0.5 mg</i>	
<i>ropinirole hydrochloride tab 1 mg</i>	
<i>ropinirole hydrochloride tab 2 mg</i>	
<i>ropinirole hydrochloride tab 3 mg</i>	
<i>ropinirole hydrochloride tab 4 mg</i>	
<i>ropinirole hydrochloride tab 5 mg</i>	
<i>carbidopa & levodopa tab 10-100 mg</i>	
<i>carbidopa & levodopa tab 25-100 mg</i>	
<i>carbidopa & levodopa tab 25-250 mg</i>	
<i>carbidopa & levodopa tab er 25-100 mg</i>	
<i>carbidopa & levodopa tab er 50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	

Drug Name	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS	
<i>selegiline hcl cap 5 mg</i>	
<i>selegiline hcl tab 5 mg</i>	
NEUROMUSCULAR AGENTS	
ALS AGENTS	
<i>riluzole tab 50 mg</i>	
MUSCULOSKELETAL THERAPY AGENTS	
CENTRAL MUSCLE RELAXANTS	
<i>baclofen tab 10 mg</i>	
<i>baclofen tab 20 mg</i>	
<i>carisoprodol tab 350 mg</i>	QL (120 tabs every 25 days)
<i>chlorzoxazone tab 500 mg</i>	
<i>cyclobenzaprine hcl tab 5 mg</i>	
<i>cyclobenzaprine hcl tab 10 mg</i>	
<i>methocarbamol tab 500 mg</i>	
<i>methocarbamol tab 750 mg</i>	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	
DIRECT MUSCLE RELAXANTS	
<i>dantrolene sodium cap 25 mg</i>	
<i>dantrolene sodium cap 50 mg</i>	
<i>dantrolene sodium cap 100 mg</i>	
VISCOSUPPLEMENTS	
<i>GEL-ONE INJ 30MG/3ML</i>	PA
<i>SYNVISC INJ 8MG/ML</i>	PA
<i>SYNVISC ONE INJ 8MG/ML</i>	PA
<i>VISCO-3 INJ 25/2.5ML</i>	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS	
ANTIMYASTHENIC/CHOLINERGIC AGENTS	
<i>pyridostigmine bromide tab 60 mg</i>	
<i>pyridostigmine bromide tab er 180 mg</i>	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	
VITAMINS	
WATER SOLUBLE VITAMINS	
<i>thiamine hcl tab 50 mg</i>	OTC
<i>cvs b1 tab 100mg</i>	OTC
<i>cvs b-1 tab 100mg</i>	OTC
<i>qc vit b1 tab 100mg</i>	OTC
<i>thiamine hcl tab 100 mg</i>	OTC
<i>ra vit b-1 tab 100mg</i>	OTC
<i>sm vit b1 tab 100mg</i>	OTC

Drug Name	Requirements/Limits
<i>thiamine mononitrate tab 100 mg</i>	OTC
<i>pyridoxine hcl tab 25 mg</i>	OTC
<i>pyridoxine hcl tab 50 mg</i>	OTC
<i>ra vit b-6 tab 50mg</i>	OTC
<i>ascorbic acid liquid 500 mg/5ml</i>	OTC
<i>liquid c liq 500/5ml</i>	OTC
<i>c-500 tab non-acid</i>	OTC
<i>calcium ascorbate tab 500 mg</i>	OTC
OIL SOLUBLE VITAMINS	
<i>VITAMIN D CAP 2000UNIT</i>	OTC
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	
<i>VITAMIN D2 TAB 400UNIT</i>	OTC
<i>VITAMIN D2 TAB 2000UNIT</i>	OTC
<i>calcidiol dro 8000/ml</i>	OTC
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	OTC
<i>cholecalciferol cap 25 mcg (1000 unit)</i>	OTC
<i>cvs d3 cap 1000unit</i>	OTC
<i>d3 cap 1000unit</i>	OTC
<i>d3-1000 cap 1000unit</i>	OTC
<i>d 1000 cap 1000unit</i>	OTC
<i>finest nutrit cap vit d3</i>	OTC
<i>gnp d cap 1000unit</i>	OTC
<i>qc vit d3 cap 1000unit</i>	OTC
<i>vitamin d cap 1000unit</i>	OTC
<i>cholecalciferol cap 50 mcg (2000 unit)</i>	OTC
<i>cvs d3 cap 50mcg</i>	OTC
<i>d3 2000 cap 2000unit</i>	OTC
<i>d3 cap 2000unit</i>	OTC
<i>d3 high pote cap 50mcg</i>	OTC
<i>d3 super str cap 2000unit</i>	OTC
<i>kls d3 cap 50mcg</i>	OTC
<i>qc vit d3 cap 2000unit</i>	OTC
<i>ra vitamin cap 2000unit</i>	OTC
<i>sm vit d3 cap 50mcg</i>	OTC
<i>vit d3 hp cap 2000unit</i>	OTC
<i>vitamin d3 cap 2000unit</i>	OTC
<i>vitamin d-3 cap 2000unit</i>	OTC
<i>cholecalciferol cap 125 mcg (5000 unit)</i>	OTC
<i>cvs d3 cap 5000unit</i>	OTC
<i>d3 5000 cap 5000unit</i>	OTC
<i>d3 high pot cap 125mcg</i>	OTC
<i>d3 maximum cap 5000unit</i>	OTC
<i>dialyvite d cap 5000unit</i>	OTC
<i>eql vitamin cap d3</i>	OTC
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	OTC

Drug Name	Requirements/Limits
<i>is-d 10000 cap 250mcg</i>	OTC
<i>vitamin d3 cap 10000unt</i>	OTC
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	OTC
<i>d3-50 cap 50000unt</i>	OTC
<i>decara cap 50000unt</i>	OTC
<i>optimal d3 cap 50000unt</i>	OTC
<i>weekly-d cap 50000unt</i>	OTC
<i>cholecalciferol tab 10 mcg (400 unit)</i>	OTC
<i>d3 tab 400unit</i>	OTC
<i>delta d3 tab 400unit</i>	OTC
<i>qc vit d3 tab 400unit</i>	OTC
<i>sm vitamin d tab 400unit</i>	OTC
<i>cholecalciferol tab 25 mcg (1000 unit)</i>	OTC
<i>gnp vit d3 tab 1000unit</i>	OTC
<i>gnp vit d tab 1000unit</i>	OTC
<i>hm vitamin d tab 25mcg</i>	OTC
<i>qc vit d3 tab 25mcg</i>	OTC
<i>qc vit d3 tab 1000unit</i>	OTC
<i>vitamin d tab 1000unit</i>	OTC
<i>vitamin d-3 tab 1000unit</i>	OTC
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	OTC
<i>qc vit d3 tab 2000unit</i>	OTC
<i>thera-d tab 2000unit</i>	OTC
<i>cholecalciferol tab 125 mcg (5000 unit)</i>	OTC
<i>gnp vit d tab 5000unit</i>	OTC
<i>qc vit d3 tab 5000unit</i>	OTC
<i>vitamin d3 tab 5000unit</i>	OTC
<i>vitamin d tab 5000iu</i>	OTC
<i>vitamin d-3 tab 5000unit</i>	OTC
<i>cholecalciferol chew tab 10 mcg (400 unit)</i>	OTC
<i>d3 kids chw 400unit</i>	OTC
<i>vitamin d chw 400unit</i>	OTC
<i>cholecalciferol chew tab 25 mcg (1000 unit)</i>	OTC
<i>d3 adult chw 1000unit</i>	OTC
<i>gnp d chw 2000unit</i>	OTC
<i>kids vit d3 chw 1000unit</i>	OTC
<i>vit d3 gumm chw 1000unit</i>	OTC
<i>vitachew d3 chw 25mcg</i>	OTC
<i>vitajoy daly chw d 1000iu</i>	OTC
<i>vitamin d3 chw 25mcg</i>	OTC
<i>vitamin d3 chw 50mcg</i>	OTC
<i>vitamin d3 chw 1000unit</i>	OTC
<i>vitamin d3 chw ex str</i>	OTC
<i>vitamin d chw 1000unit</i>	OTC
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i>	OTC

Drug Name	Requirements/Limits
<i>d-vitamin dro 400unit</i>	OTC
<i>d-vite pedia dro 400unit</i>	OTC
<i>pedia d-vite dro 400unit</i>	OTC
<i>vitamin d3 dro 10mcg/ml</i>	OTC
<i>vitamin d dro 10mcg</i>	OTC
BABY DDROPS LIQ 400UNIT	OTC
<i>baby super dro daily d3</i>	OTC
<i>baby vit d dro 400/.028</i>	OTC
DDROPS LIQ 2000UNIT	OTC
<i>phytonadione tab 5 mg</i>	

MULTIVITAMINS

VITAMIN MIXTURES

E-400 CAP SELENIUM	OTC
ECEE PLUS TAB	OTC
VITAMIN C LIQ	OTC
<i>ra cod liver cap</i>	OTC
<i>vitamin a&d cap</i>	OTC
<i>vitamins a & d cap</i>	OTC
<i>yl vitamin cap a & d</i>	OTC
<i>vitamins a & d tab</i>	OTC
<i>cod liver cap</i>	OTC
<i>cod liver cap oil</i>	OTC
<i>cod liver cap oil/a&d</i>	OTC
<i>qc cod liver cap</i>	OTC
COD LIVER OIL	OTC
COD LIVER OIL FOR KIDS	OTC
COD LIVER OIL NORWAYIA	OTC
COD LIVER OIL OIL	OTC
COD LIVER OIL USP/NF	OTC
RA COD LIVER OIL	OTC
<i>cod liver chw /vit d</i>	OTC
<i>cod liver chw w/vit</i>	OTC
SUPER D3 CAP COMPLEX	OTC
CRANBERRY CAP URIN COM	OTC
<i>niacin cap 400-100</i>	OTC
<i>niacin cap 400mg</i>	OTC
D3/VITAMIN C TAB /ZINC	OTC
D3 + K2 DOTS TAB	OTC
DOSOKAP TAB	OTC
K2 PLUS D3 TAB	OTC

B-COMPLEX VITAMINS

<i>b-complex vitamin cap</i>	OTC
<i>b-complex + tab b-12</i>	OTC
<i>b-complex vitamin tab</i>	OTC

Drug Name	Requirements/Limits
<i>ra b-complex tab</i>	OTC
<i>ra b-complex tab w/b-12</i>	OTC
<i>b-complex tab</i>	OTC
<i>cvs balanced tab b100</i>	OTC
<i>b-complex vitamin sublingual liquid</i>	OTC
<i>APETEX ELX</i>	OTC
<i>APETIGEN ELX</i>	OTC
<i>biopetit elx</i>	OTC
<i>brewers yeast tab</i>	OTC
<i>BREWERS YEAS POW</i>	OTC
<i>B-COMPLEX W/ C</i>	
<i>b-complex w/ c cap</i>	OTC
<i>super b w/c cap</i>	OTC
<i>vt b complex cap</i>	OTC
<i>allbee plus tab vit c</i>	OTC
<i>b complex tab plus c</i>	OTC
<i>b-complex w/ c tab</i>	OTC
<i>better b tab complex</i>	OTC
<i>cvs super b tab complx/c</i>	OTC
<i>hm b complex tab w/ vit c</i>	OTC
<i>sm b complex tab with c</i>	OTC
<i>super b comp tab vit c</i>	OTC
<i>RA B-COMPLEX TAB VIT C TR</i>	OTC
<i>PRONUTRIENTS TAB SUPER B</i>	OTC
<i>bec/zinc tab</i>	OTC
<i>cvs stress tab form/zn</i>	OTC
<i>stress b com tab vit c/zn</i>	OTC
<i>stress b/ tab zinc</i>	OTC
<i>stress form/ tab zinc</i>	OTC
<i>stress plus tab zinc</i>	OTC
<i>zinc-vites tab</i>	OTC
<i>b-comp/vit c tab</i>	OTC
<i>b-complex tab /vit c</i>	OTC
<i>B-COMPLEX W/ FOLIC ACID</i>	
<i>b-complex w/ folic acid cap</i>	OTC
<i>benfotiamine cap multi-b</i>	OTC
<i>b complex tab form 1</i>	OTC
<i>b-complex w/ folic acid tab</i>	OTC
<i>big 100 tab</i>	OTC
<i>kobee tab</i>	OTC
<i>sm balanced tab b-50</i>	OTC
<i>sm balanced tab b-100</i>	OTC
<i>BALANCE B-50 TAB TR</i>	OTC
<i>B ACTIV CAP</i>	OTC
<i>B-100 HIGH CAP POTENTCY</i>	OTC

Drug Name	Requirements/Limits
B-COMPLEX CAP	OTC
B-COMPLEX CAP VEGGIE	OTC
SUPER B-50 CAP B-COMP	OTC
SUPER B- CAP COMPLEX	OTC
<i>b-50 complex tab</i>	OTC
<i>b-100 tab b-100</i>	OTC
<i>b-compleet- tab 50</i>	OTC
<i>b-compleet- tab 100</i>	OTC
<i>b-complex w/biotin & folic acid tab</i>	OTC
<i>balance b-50 tab</i>	OTC
<i>balanced b tab complex</i>	OTC
<i>balanced tab b-50</i>	OTC
<i>balanced tab b-100</i>	OTC
<i>big 100 tab</i>	OTC
<i>eql b complx tab 50</i>	OTC
<i>quin b stron tab b-25</i>	OTC
<i>ra balanced tab b-50</i>	OTC
<i>ra balanced tab b-100</i>	OTC
<i>sm b100 tab complex</i>	OTC
<i>sm b-complex tab</i>	OTC
<i>super b-50 tab</i>	OTC
<i>super b-100 tab</i>	OTC
<i>super b- tab complex</i>	OTC
<i>super dec tab b-100</i>	OTC
<i>super quints tab</i>	OTC
<i>super-b tab complex</i>	OTC
<i>yl balanced tab b-100</i>	OTC
<i>b-100 complx tab</i>	OTC
<i>b-100 tab complex</i>	OTC
<i>b-100 tr tab</i>	OTC
<i>b-complex tab 100 tr</i>	OTC
<i>balanc b-100 tab tr</i>	OTC
<i>balanced tab b-100 tr</i>	OTC
<i>complex b-50 tab</i>	OTC
<i>endur-b tab</i>	OTC
<i>eql b-100 tab complex</i>	OTC
<i>gnp b-50 tab complex</i>	OTC
<i>gnp b-100 tab complex</i>	OTC
<i>qc b50 tab pr</i>	OTC
<i>ra balanced tab b-50 tr</i>	OTC
<i>ra balnaced tab b-100 tr</i>	OTC
<i>mynephron cap</i>	
<i>renal cap</i>	
<i>reno cap</i>	
<i>reno cap</i>	OTC

Drug Name	Requirements/Limits
<i>triphocaps cap</i>	
<i>virt-caps cap</i>	
<i>wescaps cap</i>	
<i>b-complex tab balanced</i>	OTC
<i>b-complex w/ c & folic acid tab</i>	OTC
<i>kp b complex tab /c</i>	OTC
<i>sm b super tab vita com</i>	OTC
<i>SM B-COMPLEX TAB /VIT C</i>	OTC
<i>stress form tab</i>	OTC
<i>super b comp tab /vit c</i>	OTC
<i>super b comp tab vit c</i>	OTC
<i>super b-comp tab /fa/vitc</i>	OTC
<i>super b-comp tab vit c/fa</i>	OTC
<i>dialyvite tab 800</i>	OTC
<i>FULL SPECT TAB B/ VIT C</i>	OTC
<i>nephro tab vitamins</i>	OTC
<i>NEPHRO-VITE TAB</i>	OTC
<i>rena-vite tab</i>	OTC
<i>renal vitamn tab</i>	OTC
<i>renal-vite tab</i>	OTC
<i>rena-vite rx tab</i>	OTC
<i>B-COMPLEX/FA TAB /VIT C</i>	OTC
<i>DIALYVITE TAB 800/IRON</i>	OTC
<i>DIALYVIT 800 TAB ZINC 15</i>	OTC
<i>DIALYVITE TAB 800/ZINC</i>	OTC
<i>ACTRIVIT LIQ 800-15-1</i>	OTC
<i>B-COMPLEX TAB C/FA/BIO</i>	OTC
<i>B-COMPLEX W/ IRON</i>	
<i>b-complex w/ iron tab</i>	OTC
<i>super b-comp tab iron/c</i>	OTC
<i>APETIGEN-PLS SOL</i>	OTC
<i>B-COMPLEX W/ MINERALS</i>	
<i>APETIGEN TAB PLUS</i>	OTC
<i>eldertonic liq</i>	OTC
<i>BIOFLAVONOID PRODUCTS</i>	
<i>ACTITROM CAP</i>	OTC
<i>ACTITROM-D CAP</i>	OTC
<i>BIO C 1:1 CAP</i>	OTC
<i>C 1000/BIOFL CAP /R HIPS</i>	OTC
<i>DAFLONEX-XL CAP</i>	OTC
<i>GRAPE SEED CAP 50MG</i>	OTC
<i>QUERCETIN CAP COMPLEX</i>	OTC
<i>TROMBONEX CAP</i>	OTC
<i>TROMBONEX-D CAP</i>	OTC

Drug Name	Requirements/Limits
VASOFLEX CAP	OTC
VASOFLEX CAP FORTE	OTC
VITAMIN C CAP FLAVONOI	OTC
ADVANCED C TAB PLUS	OTC
<i>anti-allergy tab</i>	OTC
<i>bioflex tab</i>	OTC
<i>easy-c tab 500mg</i>	OTC
<i>ester-c tab</i>	OTC
<i>ester-c tab 500mg</i>	OTC
<i>ester-c tab 1000mg</i>	OTC
<i>flexgen tab</i>	OTC
<i>hi c-500 tab</i>	OTC
<i>pan-c 500 tab bioflavo</i>	OTC
PERIDIN-C TAB	OTC
<i>span c tab</i>	OTC
<i>super c-500 tab</i>	OTC
<i>super c-1000 tab</i>	OTC
<i>tri super tab flavons</i>	OTC
<i>vasoflex hd tab</i>	OTC
<i>vasoflex tab</i>	OTC
<i>vita c/biofl tab rose hip</i>	OTC
<i>bioflavonoid products tab er</i>	OTC
<i>c1000 tr/rh tab bioflav</i>	OTC
<i>c1500 tr/rh tab bioflav</i>	OTC
<i>c complex tab 500mg</i>	OTC
<i>c complex tab 1000mg</i>	OTC
DAFLONEX-XL TAB	OTC
<i>ester-c tab 500mg</i>	OTC
<i>ra vitamin c tab 1000mg</i>	OTC
FRUIT C CHW 200MG	OTC
VITAMIN C CHW 500MG	OTC
BIOFLAVONOID POW CITRUS	OTC

MULTIVITAMINS

<i>antioxidant cap formula</i>	OTC
<i>chlorocaps cap</i>	OTC
DEKAS CAP ESSENTIA	OTC
<i>mv-one cap</i>	OTC
<i>viteyes clas cap zinc fre</i>	OTC
ZE-PLUS CAP	OTC
ZELDANA CAP	OTC
<i>anti-oxidant tab</i>	OTC
<i>daily multi tab vitamins</i>	OTC
DAILY MULTI TAB VITAMINS	OTC
<i>daily tab vitamin</i>	OTC
<i>daily value tab multivit</i>	OTC

Drug Name	Requirements/Limits
daily vit tab	OTC
daily vite tab	OTC
daily-vitamn tab	OTC
daily-vite tab	OTC
essentl one tab daily	OTC
ESTROFACTORS TAB	OTC
healthy hair tab skn/nail	OTC
HIGH POTENCY TAB MULTIVIT	OTC
mult vitamin tab daily	OTC
mult vitamin tab essent	OTC
MULTI VITAMI TAB	OTC
MULTI VITAMI TAB D-3	OTC
multi-vitamn tab	OTC
multiple vitamin tab	OTC
MULTIVITAMIN TAB	OTC
multivitamin tab adult	OTC
MULTIVITAMIN TAB ADULT	OTC
multivitamin tab daily	OTC
multivitamin tab iron-fre	OTC
NEOMULTIVITE TAB	OTC
OMNICAP TAB	OTC
once daily tab	OTC
one daily tab	OTC
one daily tab essentl	OTC
ONE DAILY TAB ESSENTL	OTC
one daily tab multivit	OTC
ONE-A-DAY TAB ESSENT	OTC
ONE-A-DAY TAB MENS	OTC
one-daily tab mult vit	OTC
one-daily tab mult-vit	OTC
qc essential tab	OTC
QUINTABS TAB	OTC
sm multiple tab vitamins	OTC
stress form tab	OTC
stress formu tab	OTC
stresstabs tab	OTC
stresstabs tab energy	OTC
tab-a-vite tab	OTC
tab-a-vite tab beta car	OTC
TERA TAB	OTC
thera-mill tab	OTC
thera-tabs tab	OTC
THEREMS TAB MULTIVIT	OTC
vitalee tab	OTC
ONE-A-DAY CHW VITACRAV	OTC

Drug Name	Requirements/Limits
DEKAS LIQ ESSENTIA	OTC
MULTIVITAMIN DRO ORGANIC	OTC
MULTIVITAMIN LIQ	OTC
MULTIPLE VITAMINS W/ IRON	
CHLORELLA CAP	OTC
<i>daily multi tab vit/iron</i>	OTC
<i>daily vit tab +iron</i>	OTC
<i>daily vit tab iron</i>	OTC
<i>daily vite tab iron</i>	OTC
<i>daily-vitamn tab</i>	OTC
<i>multi vitami tab w/iron</i>	OTC
<i>multi-vit/fe tab</i>	OTC
<i>multiple vitamins w/ iron tab</i>	OTC
<i>multiv/iron tab adult</i>	OTC
<i>nat-rul dail tab vit/iron</i>	OTC
<i>one daily mv tab /iron</i>	OTC
<i>one-daily tab /iron</i>	OTC
<i>sm multiple tab vit/iron</i>	OTC
<i>stress b com tab w/iron</i>	OTC
<i>stress form tab /iron</i>	OTC
<i>tab-a-vite tab /iron</i>	OTC
TAB-A-VITE TAB IRON/BET	OTC
MULTIPLE VITAMINS W/ MINERALS	
ACTIVNUTRIEN CAP	OTC
ACTIVNUTRIEN CAP W/O IRON	OTC
ADULT 50+ CAP EYE HLTH	OTC
ADULT 50+ CAP OCUVITE	OTC
<i>50+ adult cap eye hlth</i>	OTC
<i>advanced eye cap health</i>	OTC
<i>amoryn mood cap booster</i>	OTC
<i>antiox form/ cap minerals</i>	OTC
<i>antioxidant cap</i>	OTC
APPE-CURB CAP	OTC
BARIATRIC CAP MULTIVIT	OTC
<i>bdy/hair/skn cap nails</i>	OTC
BIO-35 GLUTE CAP FREE	OTC
BIO-35 IRON CAP FREE	OTC
BIOCAL CAP	OTC
CELEBRATE CAP 18	OTC
CELEBRATE CAP 36	OTC
CELEBRATE CAP 45	OTC
CELEBRATE CAP 60	OTC
CHOICEFUL CAP MULTIVIT	OTC
<i>coral calciu cap plus</i>	OTC
CVS VISION CAP HEALTH	OTC

Drug Name	Requirements/Limits
daily vitmn cap plus	OTC
DECUBI-VITE CAP	OTC
DEKAS PLUS CAP	OTC
DEKAS PLUS CAP OCEAN	OTC
dry eye cap formula	OTC
EYE HEALTH CAP	OTC
EYE HEALTH CAP ADLT 50+	OTC
EYE MULTIVIT CAP	OTC
EYE MULTIVIT CAP LUTEIN	OTC
eye vitamins cap	OTC
GENADEK CAP STEP 1	OTC
GENADEK CAP STEP 2	OTC
glucoten cap	OTC
hair/skin cap nails	OTC
HAIR/SKIN/ CAP NAILS	OTC
healthy eyes cap	OTC
healthy eyes cap superv 2	OTC
healthy eyes cap supervis	OTC
HEALTHY EYES CAP SUPERVIS	OTC
icaps cap	OTC
icaps lutein cap /omega-3	OTC
macular hlth cap formula	OTC
MENS 50+ CAP ADVANCED	OTC
mens daily cap lycopene	OTC
MOOD FOOD ES CAP	OTC
multi 50+ cap for her	OTC
multi cap complete	OTC
multi cap for her	OTC
multi cap for him	OTC
multivitamin cap daily	OTC
MVW COMPLETE CAP D3000	OTC
MVW COMPLETE CAP D5000	OTC
MVW COMPLETE CAP FORMULAT	OTC
MVW COMPLETE CAP MINIS	OTC
OCUHEALTH CAP VISION 2	OTC
OCUVITE CAP ADULT	OTC
ocuvite eye cap health	OTC
OCUVITE LUTE CAP	OTC
ONE-DAILY CAP MULTI	OTC
PORENAL+D CAP OMEGA 3	OTC
PRESERVISION CAP AREDS	OTC
PRESERVISION CAP AREDS 2	OTC
PRESERVISION CAP LUTEIN	OTC
PRORENAL+D CAP OMEGA-3	OTC
PROTECT CAP CARDIO	OTC

Drug Name	Requirements/Limits
PROTECT CAP PLUS SO	OTC
PROTEGRA CAP	OTC
SUPER ANTIOX CAP	OTC
<i>super antiox cap protect</i>	OTC
<i>systane icap cap areds2</i>	OTC
THERAMIL CAP FORTE	OTC
THERANATAL CAP LACTATIO	OTC
<i>ultra multi cap /iron</i>	OTC
<i>vision form cap 2</i>	OTC
<i>vision formu cap 50+</i>	OTC
VISION HEALT CAP	OTC
<i>vision plus cap</i>	OTC
VISTA ADVAN CAP AREDS2	OTC
VISTA ADVAN CAP DRY EYE	OTC
<i>vita-min cap</i>	OTC
VITABEX CAP	OTC
VITABEX PLUS CAP	OTC
VITEYES CAP CLASSIC	OTC
<i>viteyes cap complete</i>	OTC
VITEYES CLAS CAP ADV	OTC
VITEYES CLAS CAP ADVANCED	OTC
VITEYES CLAS CAP MAC SUPP	OTC
VITEYES CLAS CAP OMEGA-3	OTC
<i>womens 50+ cap advanced</i>	OTC
<i>womens cap multi</i>	OTC
<i>a thru z adv tab adult</i>	OTC
<i>a thru z sel tab 50+ adva</i>	OTC
<i>a thru z sel tab 50+ mens</i>	OTC
<i>a thru z sel tab advanced</i>	OTC
<i>a thru z tab advanced</i>	OTC
<i>a thru z tab high pot</i>	OTC
<i>a thru z tab select</i>	OTC
<i>a thru z tab ultimate</i>	OTC
<i>a thru z ult tab mens</i>	OTC
ABC COMPLETE TAB MENS 50+	OTC
ABC COMPLETE TAB SENIOR	OTC
ABC COMPLETE TAB WOMEN	OTC
ADV DIABETIC TAB MULTIVIT	OTC
<i>advanced tab formula</i>	OTC
ALGAE BASED TAB CALCIUM	OTC
ALIVE 50+ TAB ENERGY	OTC
ALIVE DAILY TAB WOMENS	OTC
ALIVE ENERGY TAB WOMENS	OTC
ANTIOXIDANT TAB FORMULA	OTC
<i>antioxidant tab protecti</i>	OTC

Drug Name	Requirements/Limits
<i>antioxidant tab vitamins</i>	OTC
AZO HORMONAL TAB HEALTH	OTC
BASIC AM TAB	OTC
BASIC PM TAB	OTC
CAL-DAY 1000 TAB	OTC
CENT MATURE TAB ADLT 50+	OTC
<i>cent mature tab womn 50+</i>	OTC
<i>centavite az tab minerals</i>	OTC
CENTRAL-VITE TAB	OTC
<i>central-vite tab mens mat</i>	OTC
<i>central-vite tab wmnns mat</i>	OTC
<i>centravites tab</i>	OTC
<i>centravites tab 50 plus</i>	OTC
CENTRAVITES TAB 50 PLUS	OTC
CENTRAVITES TAB ADULTS	OTC
CENTRUM MINI TAB WOMEN 50	OTC
CENTRUM SILV TAB 50+MEN	OTC
CENTRUM SILV TAB 50+WOMEN	OTC
CENTRUM SILV TAB ADULT 50	OTC
CENTRUM SPEC TAB HEART	OTC
CENTRUM SPEC TAB IMMUNE	OTC
CENTRUM SPEC TAB VISION	OTC
CENTRUM TAB ADULTS	OTC
CENTRUM TAB CARDIO	OTC
CENTRUM TAB MEN	OTC
CENTRUM TAB SILVER	OTC
CENTRUM TAB ULTRA	OTC
CENTRUM TAB WOMEN	OTC
<i>century tab</i>	OTC
<i>century tab mature</i>	OTC
<i>cerovite tab senior</i>	OTC
<i>certa plus tab</i>	OTC
CERTAVITE TAB SENIOR	OTC
<i>certavite/ tab antioxidant</i>	OTC
CERTAVITE/ TAB ANTIOXID	OTC
<i>companion tab</i>	OTC
<i>compete tab</i>	OTC
<i>comple multi tab adlt 50+</i>	OTC
<i>daily betic tab</i>	OTC
<i>daily combo tab</i>	OTC
<i>daily diet tab support</i>	OTC
<i>daily mens tab health</i>	OTC
<i>daily multi tab men</i>	OTC
<i>daily multi tab minerals</i>	OTC
<i>daily multi tab vit/mens</i>	OTC

Drug Name	Requirements/Limits
<i>daily multi tab vit/min</i>	OTC
<i>daily multi tab womn 50+</i>	OTC
<i>daily vit tab +mineral</i>	OTC
<i>daily womens tab health</i>	OTC
<i>daily-vitamn tab maximum</i>	OTC
DERMAVITE TAB	OTC
<i>diabets hlth tab formula</i>	OTC
<i>dialyvite tab 800/d</i>	OTC
EQ COMPLETE TAB ADULT	OTC
EQ ONE DAILY TAB MENS	OTC
<i>eq one daily tab womens</i>	OTC
EQ ONE DAILY TAB WOMENS	OTC
<i>eql century tab</i>	OTC
<i>eql century tab mature</i>	OTC
EQL CENTURY TAB MENS	OTC
EQL CENTURY TAB WOMENS	OTC
<i>eql vision tab formula</i>	OTC
<i>essentia tab</i>	OTC
<i>essential tab balance</i>	OTC
ESTROVEN MEN TAB SUPPLEM	OTC
<i>eye health & tab lutein</i>	OTC
EYE HEALTH TAB LUTEIN	OTC
EYE MULTIVIT TAB SODIUM	OTC
<i>eye-vites tab</i>	OTC
<i>eyeprotect tab</i>	OTC
FITNESS TABS TAB MEN	OTC
FITNESS TABS TAB WOMEN	OTC
FOSFREE TAB	OTC
FREDAVITE TAB	OTC
GERI-FREEDA TAB SENIOR	OTC
<i>gerivite tab complete</i>	OTC
<i>gnp healthy tab eyes</i>	OTC
HAIR SKIN & TAB NAILS AD	OTC
<i>hair skin tab nails</i>	OTC
<i>hair/skin/ tab nails</i>	OTC
<i>healthy eyes tab</i>	OTC
HI POT MV/ TAB BETA-CAR	OTC
<i>hi-kovite tab 2-part</i>	OTC
<i>hi-potency tab multivit</i>	OTC
HIGH POTENCY TAB MV/FA	OTC
HM COMPLETE TAB MEN	OTC
<i>hm complete tab women</i>	OTC
HM HAIR/SKIN TAB /NAILS	OTC
<i>i-vite tab</i>	OTC
ICAPS AREDS TAB FORMULA	OTC

Drug Name	Requirements/Limits
<i>icaps mv tab</i>	OTC
K-PAX TAB PROF ST	OTC
<i>kp adult 50+ tab daily</i>	OTC
<i>kp adults tab daily</i>	OTC
<i>kp mens 50+ tab daily</i>	OTC
<i>kp mens tab daily</i>	OTC
<i>kp vision tab for/ltn</i>	OTC
<i>kp vision tab formula</i>	OTC
<i>kp women 50+ tab daily</i>	OTC
<i>kp womens tab daily</i>	OTC
<i>life pack tab mens</i>	OTC
<i>life pack tab womens</i>	OTC
LIVER DETOX TAB	OTC
LUTEIN PLUS TAB ZEAXANTH	OTC
<i>macuvite tab</i>	OTC
<i>macuvite tab eye care</i>	OTC
<i>macuvite tab lutein</i>	OTC
<i>max daily tab green</i>	OTC
<i>mega multi tab men</i>	OTC
MEGA MULTI TAB MEN	OTC
<i>mega multi tab women</i>	OTC
MEGA MULTI TAB WOMEN	OTC
MEGAVITE TAB FRT/VEG	OTC
MEGAVITE TAB GOLD 55+	OTC
<i>mens daily tab formula</i>	OTC
MENS MULTI TAB VIT/MIN	OTC
MENS MULTIPL TAB	OTC
<i>milltrium sr tab</i>	OTC
<i>milltrium tab advanced</i>	OTC
<i>milltrium tab cardio</i>	OTC
<i>mult vitamin tab no iron</i>	OTC
<i>mult vitamin tab womens</i>	OTC
<i>multi 50+ tab for her</i>	OTC
<i>multi 50+ tab for him</i>	OTC
<i>multi 50+ wm tab advanced</i>	OTC
<i>multi complt tab /iron</i>	OTC
<i>multi tab for her</i>	OTC
<i>multi tab for him</i>	OTC
MULTI VITAMN TAB MINERALS	OTC
MULTI-BETIC TAB DIABETES	OTC
<i>multi-lean tab</i>	OTC
<i>multi-vit/ tab minerals</i>	OTC
<i>multi-vitami tab menopaus</i>	OTC
MULTI-VITAMI TAB MONOCAPS	OTC
<i>multi-vite tab</i>	OTC

Drug Name	Requirements/Limits
multi-vite tab 50&over	OTC
multiple vitamins w/ minerals tab	OTC
multiv women tab 50+	OTC
MULTIVITAMIN TAB	OTC
multivitamin tab adlt 50+	OTC
MULTIVITAMIN TAB ADULT	OTC
multivitamin tab adults	OTC
MULTIVITAMIN TAB ADULTS	OTC
MULTIVITAMIN TAB MEN	OTC
multivitamin tab men 50+	OTC
multivitamin tab women	OTC
MULTIVITAMIN TAB WOMEN	OTC
multivitamin tab womens	OTC
MULTIVITAMIN TAB ZINC STR	OTC
myamulti tab	OTC
NAT-RUL THER TAB M	OTC
NATRUL-VITES TAB	OTC
nutritional tab support	OTC
OCULAR TAB VITAMINS	OTC
ocutabs tab	OTC
ocutabs tab lutein	OTC
ocuvite eye tab + multi	OTC
ocuvite tab lutein	OTC
ocuvite xtra tab	OTC
ONCOVITE TAB	OTC
ONE DAILY MN TAB W/O IRON	OTC
ONE DAILY MV TAB WOMENS	OTC
one daily tab 50 plus	OTC
one daily tab 50+	OTC
one daily tab 50+ adv	OTC
one daily tab /mineral	OTC
one daily tab complete	OTC
one daily tab essentl	OTC
one daily tab fe/ca	OTC
one daily tab healthy	OTC
one daily tab iron-fre	OTC
one daily tab maximum	OTC
one daily tab men	OTC
one daily tab men 50+	OTC
one daily tab mens	OTC
ONE DAILY TAB MENS	OTC
one daily tab mens 50+	OTC
ONE DAILY TAB MENS 50+	OTC
one daily tab multi-vi	OTC
ONE DAILY TAB WMNS 50+	OTC

Drug Name	Requirements/Limits
<i>one daily tab wom 50+</i>	OTC
<i>one daily tab women</i>	OTC
<i>one daily tab women 50</i>	OTC
<i>one daily tab womens</i>	OTC
ONE DAILY TAB WOMENS	OTC
<i>one dly hlth tab wght adv</i>	OTC
ONE-A-DAY TAB 50+ ADV	OTC
ONE-A-DAY TAB 50+ MENS	OTC
ONE-A-DAY TAB 50+ WMN	OTC
ONE-A-DAY TAB 65+	OTC
ONE-A-DAY TAB ENERGY	OTC
ONE-A-DAY TAB MENOPAUS	OTC
ONE-A-DAY TAB MENS	OTC
ONE-A-DAY TAB PETITES	OTC
ONE-A-DAY TAB PROEDGE	OTC
<i>one-a-day tab teen/her</i>	OTC
ONE-A-DAY TAB TEEN/HIM	OTC
ONE-A-DAY TAB WOMENS	OTC
<i>optic-vites tab</i>	OTC
<i>optic-vites tab lutein</i>	OTC
<i>optimum pms tab</i>	OTC
OPTIVITE TAB P.M.T.	OTC
OPURITY TAB	OTC
OSTEOPRIME TAB PLUS	OTC
<i>osteoprime tab ultra</i>	OTC
PARVLEX TAB	OTC
PHYTOMULTI TAB	OTC
PRESERVISION TAB AREDS	OTC
PRO-CAL TAB	OTC
PROCERV HP TAB	OTC
PRORENAL +D TAB	OTC
PRORENAL+D TAB	OTC
<i>prosight tab</i>	OTC
PROVIT TAB	OTC
<i>px advanced tab multivit</i>	OTC
<i>px complete tab senior</i>	OTC
<i>px mens mult tab vitamins</i>	OTC
<i>qc hair/skin tab nails</i>	OTC
QC MULTI-VIT TAB	OTC
<i>qc therin-m tab</i>	OTC
QUIN B TAB STRONG	OTC
<i>quintabs-m tab</i>	OTC
QUINTABS-M TAB	OTC
<i>ra one daily tab maximum</i>	OTC
<i>ra one daily tab mens</i>	OTC

Drug Name	Requirements/Limits
ra one daily tab mens 50+	OTC
ra one daily tab mens/d3	OTC
RAYAVIT TAB	OTC
renaplex tab	OTC
RENAPLEX-D TAB	OTC
senior tabs tab	OTC
SENTRY SENIO TAB LUTEIN	OTC
sentry tab	OTC
SENTRY TAB	OTC
sentry tab senior	OTC
SENTRY TAB SENIOR	OTC
sm complete tab	OTC
sm complete tab 50+	OTC
sm complete tab 50+ mens	OTC
sm complete tab 50+ wmn	OTC
sm complete tab adv form	OTC
sm complete tab senior	OTC
sm hair/skin tab /nails	OTC
SM ONE DAILY TAB MENS	OTC
SM ONE DAILY TAB WOMENS	OTC
sm opti-vita tab	OTC
SOLO TAB	OTC
spectr women tab hlth sen	OTC
spectra ultr tab hlth men	OTC
SPECTRAVITE TAB	OTC
SPECTRAVITE TAB ADLT 50+	OTC
SPECTRAVITE TAB ADULTS	OTC
spectravite tab advanced	OTC
spectravite tab men	OTC
spectravite tab men 50+	OTC
SPECTRAVITE TAB MEN 50+	OTC
spectravite tab senior	OTC
SPECTRAVITE TAB ULT MEN	OTC
SPECTRAVITE TAB ULT WMN	OTC
spectravite tab women	OTC
spectravite tab women 50	OTC
stress b-com tab antio/zn	OTC
stress form/ tab zinc	OTC
stresstabs tab advanced	OTC
super antiox tab a/c/e/se	OTC
super multip tab	OTC
super thera tab vite m	OTC
supr aytinal tab	OTC
supr aytinal tab 50 plus	OTC
supr vitamin tab	OTC

Drug Name	Requirements/Limits
SYSTANE ICAP TAB AREDS2	OTC
T-VITES TAB	OTC
<i>thera form/ tab hematin</i>	OTC
TERA M PLUS TAB	OTC
<i>thera tab vital-m</i>	OTC
<i>thera vital tab m</i>	OTC
<i>thera-m tab</i>	OTC
TERA-M TAB	OTC
<i>thera-mill m tab</i>	OTC
TERA-TABS M TAB	OTC
<i>therabasic-m tab</i>	OTC
TERABETIC TAB MULTIVIT	OTC
<i>theradex m tab</i>	OTC
<i>theradex m/ tab beta car</i>	OTC
THERAGRAN-M TAB	OTC
THERAGRAN-M TAB 50 PLUS	OTC
THERAGRAN-M TAB ADVANCED	OTC
THERAGRAN-M TAB PREMIER	OTC
<i>therapeutic tab -m</i>	OTC
<i>therapeutic- tab m</i>	OTC
<i>therapeutic- tab m/lutein</i>	OTC
<i>theratrum co tab 50 plus</i>	OTC
<i>theratrum tab complete</i>	OTC
THEREMS-M TAB	OTC
<i>thrive for tab women</i>	OTC
<i>ultra freeda tab</i>	OTC
<i>ultra freeda tab /iron</i>	OTC
ULTRA POTENC TAB WOMEN 50	OTC
<i>ultrachoice tab advanced</i>	OTC
<i>vision form/ tab lutein</i>	OTC
<i>vision tab vitamins</i>	OTC
<i>visivites tab</i>	OTC
<i>visivites tab /lutein</i>	OTC
<i>vita hair tab</i>	OTC
<i>vitabasic tab complete</i>	OTC
<i>vitabasic tab senior</i>	OTC
VITAMIN D3 TAB COMPLETE	OTC
VITASANA TAB	OTC
VITATRUM TAB	OTC
<i>vitatrum tab complete</i>	OTC
VITEYES CLAS TAB MULTIVIT	OTC
VITEYES OPTI TAB NERV SUP	OTC
VITRUM 50+ TAB ADT- MUL	OTC
VITRUM TAB ADULT	OTC
<i>vitrum tab senior</i>	OTC

Drug Name	Requirements/Limits
VITRUM TAB SENIOR	OTC
WEIGHT SMART TAB ADVANCED	OTC
womens 50+ tab advanced	OTC
womens daily tab fa/ca/fe	OTC
womens daily tab formula	OTC
womens mult tab	OTC
WOMENS MULTI TAB VIT/MIN	OTC
womns active tab daily	OTC
YELETS TEEN TAB FORMULA	OTC
ENDUR-VM TAB	OTC
ENDUR-VM TAB IRON	OTC
magnum-75 tab	OTC
mega-maratho tab 100 tr	OTC
natrul-100 tab super	OTC
superior 35 tab	OTC
totalday mul tab tr	OTC
ULTRA MEGA G TAB 75MG CR	OTC
ULTRA MEGA G TAB 100MG	OTC
ULTRA MEGA TAB 75MG CR	OTC
ULTRA MEGA TAB TWO	OTC
ultra-mega tab cr	OTC
a thru z chw select	OTC
ADEK CHW PLUS ZN	OTC
adlt multivi chw gummies	OTC
ADLT ONE DLY CHW GUMMIES	OTC
advanced chw multi ea	OTC
airborne chw	OTC
AIRBORNE CHW	OTC
airborne chw gummies	OTC
airborne chw immune	OTC
airborne chw kids	OTC
AIRBORNE CHW KIDS	OTC
AIRBORNE+ CHW PROBIOTI	OTC
AIRBORNE+ CHW REST	OTC
airshield chw	OTC
AIRSHIELD CHW IMMUNITY	OTC
ALIVE HAIR CHW SKN/NAIL	OTC
ALIVE MULTI CHW VITAMIN	OTC
ALIVE WOMENS CHW 50+	OTC
ALIVE WOMENS CHW GUMMY	OTC
BARIATRIC CHW FUSION	OTC
CELEBRATE CHW 18	OTC
CELEBRATE CHW 36	OTC
CELEBRATE CHW 45	OTC
CELEBRATE CHW 60	OTC

Drug Name	Requirements/Limits
CENTRUM 50+ CHW FRSH/FRU	OTC
CENTRUM CHW ADULTS	OTC
CENTRUM CHW FLAV BST	OTC
CENTRUM CHW SILVER	OTC
CENTRUM CHW VITAMINT	OTC
CENTRUM MULT CHW OMEGA 3	OTC
CHOICEFUL CHW MULTIVIT	OTC
CULTURELLE CHW MULTIVIT	OTC
<i>cvs daily chw gummies</i>	OTC
DEKAS CHW BARIATRI	OTC
DEKAS PLUS CHW	OTC
EMERGEN-C CHW IMMUNE/D	OTC
EMERGEN-C CHW VITA C	OTC
IMMUNE CHW SUPPORT	OTC
<i>mens daily chw gummies</i>	OTC
MENS MULTI CHW	OTC
<i>multi adult chw gummies</i>	OTC
<i>multi gummie chw mens</i>	OTC
<i>multi gummie chw womens</i>	OTC
<i>multi+omega3 chw adult</i>	OTC
<i>multi-vitami chw gummies</i>	OTC
<i>multivi adlt chw gummies</i>	OTC
MULTIVITAMIN CHW ADLT GUM	OTC
<i>ocuvite eye chw heatlh</i>	OTC
ONE A DAY CHW IMMUNITY	OTC
ONE A DAY CHW WOMENS	OTC
ONE DAILY CHW ADLT GUM	OTC
ONE-A-DAY CHW IMMUNITY	OTC
ONE-A-DAY CHW VITACRAV	OTC
OPTIFAST POS CHW BARIATRI	OTC
OPTIMUM CHW AIRVITES	OTC
OPTISOURCE CHW BARIATRC	OTC
OPURITY CHW BYPASS	OTC
PRESERVISION CHW AREDS 2	OTC
SPECTRAVITE CHW ADLT 50+	OTC
SPECTRAVITE CHW WOMEN	OTC
SYSTANE ICAP CHW AREDS2	OTC
VITACRAVES CHW GUMMIES	OTC
VITACRAVES CHW IMMUNITY	OTC
VITACRAVES CHW MENS	OTC
VITACRAVES CHW SOUR GUM	OTC
VITACRAVES CHW WOMENS	OTC
<i>vitatrum chw</i>	OTC
WAL-BORN CHW VIT C	OTC
WMNS MULTIVI CHW +COLLAGE	OTC

Drug Name	Requirements/Limits
womens daily chw gummies	OTC
WOMENS MULT CHW GUMMIES	OTC
YOUR LIFE CHW GUMMIES	OTC
ACTIVE 55 LIQ PLUS	OTC
AIRBORNE+NAT LIQ ENERGY	OTC
ALIVE LIQ MULT-VIT	OTC
bprotected liq multi-vi	OTC
CENTRUM LIQ	OTC
comp multivi liq mineral	OTC
lysiplex liq plus	OTC
MULTI-VITE LIQ	OTC
multivitamin liq	OTC
multivitamin liq mineral	OTC
tropical liq nutritio	OTC
C-BUFF POW	OTC
NANOVM POW ADULT	OTC
NANOVM POW SENIOR	OTC
PHLEXY-VITS POW	OTC
VITEYES CLAS POW +MULTI	OTC
ACTIVESSENT PAK	OTC
AIRBORNE POW	OTC
AIRBORNE+ POW STRESS	OTC
ATP IGNITE PAK	OTC
CENTRUM POW DRINK	OTC
EMERGEN-C PAK BLUE	OTC
EMERGEN-C PAK FIVE	OTC
EMERGEN-C PAK HEART	OTC
EMERGEN-C PAK IMMUNE	OTC
EMERGEN-C PAK JOINT	OTC
EMERGEN-C PAK KIDZ	OTC
EMERGEN-C PAK MSM LITE	OTC
EMERGEN-C PAK PINK	OTC
EMERGEN-C PAK SUPER FR	OTC
EMERGEN-C PAK VIT D/CA	OTC
EMERGEN-C PAK VITA C	OTC
ENERGY POW BOOSTER	OTC
EVOLUTION60 POW	OTC
GNP IMMUNE PAK	OTC
GNP IMMUNE PAK SUPPORT	OTC
IMMUBLAST-C POW ORANGE	OTC
IMMUNE SUPP POW VIT C	OTC
MAXIMIN PAK	OTC
MULTI FOR POW HER	OTC
MULTI FOR POW HIM	OTC
PROXEED PLUS PAK	OTC

Drug Name	Requirements/Limits
RA ESSENCE-C POW ORANGE	OTC
RA ESSENCE-C POW RASPBRY	OTC
RA ESSENCE-C POW TNGERINE	OTC
SKIN BEAUTY/ PAK WELLNESS	OTC
VITAMENT PAK	OTC
VITAMIN C PAK BLEND	OTC
ZINC LOZ	OTC
CONCEPTIONXR MIS MOTILITY	OTC
DAILY HEART PAK SUPPORT	OTC
DAILY PAK MIS MULTIVIT	OTC
DIABET HLTH PAK SUPPORT	OTC
DIABETES PAK HEALTH	OTC
KP MENS MIS DAILY PK	OTC
KP WOMENS PAK DAILY	OTC
LIFE PACK MIS MENS	OTC
LIFE PACK MIS WOMENS	OTC
MENS PAK	OTC
PREMIUM MIS PACKETS	OTC
THERANATAL MIS LACTATIO	OTC
WOMENS PAK	OTC
MULTIPLE VITAMINS W/ CALCIUM	
essent one tab daily	OTC
one daily tab womens	OTC
ONE-A-DAY TAB WOMENS	OTC
signacal tab	OTC
SM ONE DAILY TAB ESSENTIA	OTC
PEDIATRIC VITAMINS	
HONEY BEARS CHW	OTC
MULTIVITAMIN CHW CHILD	OTC
PEDIATRIC MULTIPLE VITAMINS	
animal chews chw	OTC
bite-a-mins chw	OTC
child chew chw vitamins	OTC
child chew/ chw extra c	OTC
children vit chw	OTC
childrens chw multivit	OTC
childrens chw vitamins	OTC
culturelle chw	OTC
culturelle chw kids	OTC
flintstones chw multivit	OTC
flintstones chw my first	OTC
flintstones chw omega-3	OTC
flintstones chw pls calc	OTC
fruity chews chw	OTC

Drug Name	Requirements/Limits
<i>gerber grow chw mighty</i>	OTC
<i>gerber lil chw brainies</i>	OTC
<i>gnp little chw ones</i>	OTC
<i>kids probiot chw multivit</i>	OTC
<i>land bfr tim chw vit/c</i>	OTC
<i>little chw animals</i>	OTC
<i>multivitamin chw children</i>	OTC
<i>qc childrens chw extra c</i>	OTC
<i>sm animal chw shapes</i>	OTC
VITACRAVES CHW +OMEGA-3	OTC
<i>zoo friends chw extra c</i>	OTC
NOVAMV PED DRO 10MG/ML	OTC
MULTIV INFAN DRO /TODDLER	OTC
MULTIVITAMIN DRO INFANT	OTC
PED POLY-VIT DRO	OTC
POLY-VI-SOL SOL 50MG/ML	OTC
POLY-VITA DRO	OTC
POLY-VITE DRO	OTC
POLY-VITE SOL 50MG/ML	OTC
PED MULTIPLE VITAMINS W/ MINERALS	
BABY IRON DRO IMMUNITY	OTC
DEKAS PLUS LIQ	OTC
GENADEK DRO	OTC
UPSPRINGBABY DRO MV/IRON	OTC
NANOVM POW 1-3 YRS	OTC
NANOVM POW 4-8YEARS	OTC
NANOVM POW 9-18 YRS	OTC
NANOVM T/F POW	OTC
ACTIVNUTRIEN CHW	OTC
<i>alive gummie chw children</i>	OTC
<i>alive multi chw childrens</i>	OTC
CENTRUM KIDS CHW	OTC
CENTRUM KIDS CHW FLAV BST	OTC
<i>childrens chw gummies</i>	OTC
<i>eq multivita chw gummies</i>	OTC
<i>flintstones chw bone bld</i>	OTC
FLINTSTONES CHW COMPLETE	OTC
FLINTSTONES CHW GUMMIES	OTC
FLINTSTONES CHW IMMUNITY	OTC
FLINTSTONES CHW SOUR GUM	OTC
FLINTSTONES CHW TODDLER	OTC
<i>gummi bear chw multivit</i>	OTC
<i>gummies chw</i>	OTC
<i>gummy dinos chw</i>	OTC
<i>gummy dinos chw chldrn</i>	OTC

Drug Name	Requirements/Limits
<i>gummy multiv chw kids</i>	OTC
HEALTHY KIDS CHW GUMMIES	OTC
JOLLY RANCHR CHW ONE-A-DA	OTC
KIDZ MULTVIT CHW PROBIOTI	OTC
<i>multivitamin chw child</i>	OTC
<i>multivitamin chw children</i>	OTC
MULTIVITAMIN CHW GUMMIES	OTC
<i>mvw complete chw bubblegum</i>	OTC
<i>mvw complete chw d3000</i>	OTC
<i>mvw complete chw d5000</i>	OTC
MVW COMPLETE CHW GRAPE	OTC
<i>mvw complete chw orange</i>	OTC
<i>smarty pants chw kids</i>	OTC
<i>vitachew chw</i>	OTC
VITALETS CHW CHILD	OTC
ZOO FRIENDS CHW COMPLETE	OTC
<i>zoo friends chw gummies</i>	OTC

PED MV W/ IRON

HONEY BEARS CHW IRON-ZIN	OTC
<i>bite-a-mins chw /iron</i>	OTC
<i>child multiv chw iron</i>	OTC
<i>childrens chw /iron</i>	OTC
<i>fruity chews chw /iron</i>	OTC
<i>land bfr tim chw vit/iron</i>	OTC
<i>qc childrens chw iron</i>	OTC
<i>animal shape chw complete</i>	OTC
<i>cerovite jr chw</i>	OTC
<i>chewable chw children</i>	OTC
<i>child vitami chw</i>	OTC
<i>childrens chw complete</i>	OTC
<i>chld mltivit chw /mineral</i>	OTC
<i>compl multiv chw childrns</i>	OTC
<i>cvs children chw complete</i>	OTC
<i>flintstones chw complete</i>	OTC
<i>flintstones chw w/iron</i>	OTC
MULTIVITAMIN CHW IRON	OTC
<i>qc childrens chw complete</i>	OTC
<i>sm animal sh chw complete</i>	OTC
<i>ultra choice chw kids</i>	OTC
PED POLY-VIT DRO /IRON	OTC
POLY-VITA/FE DRO	OTC
POLY-VITE SOL /IRON	OTC

PED MV W/ FLUORIDE

<i>mv select/fl dro 0.25mg</i>	OTC
<i>tri-vit/fluo dro 0.25mg</i>	

Drug Name	Requirements/Limits
<i>vit a/c/d/fl dro 0.25mg</i>	
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	
<i>tri-vit/fluor dro 0.5mg</i>	
<i>multi vit/fl chw 0.25mg</i>	
MULTIV+FLUOR CHW 0.25MG	OTC
<i>multivit/fl chw 0.25mg</i>	
MULTIVIT/FL CHW 0.25MG	OTC
POLY-VI-FLOR CHW 0.25MG	
QUFLORA PED CHW 0.25MG	
MULTIV+FLUOR CHW 0.5MG	OTC
<i>multivit/fl chw 0.5mg</i>	
MULTIVIT/FL CHW 0.5MG	OTC
POLY-VI-FLOR CHW 0.5MG	
QUFLORA PED CHW 0.5MG	
MULTIV+FLUOR CHW 1MG	OTC
<i>multivit/fl chw 1mg</i>	
MULTIVIT/FL CHW 1MG	OTC
POLY-VI-FLOR CHW 1MG	
QUFLORA PED CHW 1MG	
FLORIVA DRO PLUS	
<i>multivit/fl dro 0.25mg</i>	
<i>multivit/fl dro 0.25mg</i>	OTC
QUFLORA PED DRO 0.25MG	
<i>multi vit/fl dro 0.5mg/ml</i>	OTC
<i>multi-vit/fl dro 0.5mg/ml</i>	
<i>multivit/fl dro 0.5mg/ml</i>	OTC
QUFLORA PED DRO 0.5MG/ML	
PED MULTI VITAMINS W/FL & FE	
<i>multi-vit/fe dro /fl 0.25</i>	OTC
<i>multi-vit/fl dro /fe 0.25</i>	
<i>multivit/fl/ dro fe 0.25</i>	OTC
SPECIALTY VITAMINS PRODUCTS	
ADRENAL CAP MANAGER	OTC
ADRENALIV CAP	OTC
ADRENOID CAP	OTC
BILBERRY CAP PLUS	OTC
CARDIOPRESS CAP	OTC
CHOLASE CAP CONTROL	OTC
COLLAGEN CAP ULTRA	OTC
FEMQUIL CAP	OTC
GLYCOTROL CAP	OTC
GLYCOTROL CAP COMPLETE	OTC
HEART SAVIOR CAP	OTC
IMMUNERX CAP	OTC
IMMUNICARE CAP	OTC

Drug Name	Requirements/Limits
INULOSE BLD CAP SUGAR	OTC
LIPOTRIAD CAP VIS PLUS	OTC
LIPOTRIAD CAP VISION	OTC
LIPOTRIAD CAP VISIONAR	OTC
MEDCAPS DPO CAP	OTC
MEMORALL CAP	OTC
METHYL CAP PROTECT	OTC
METHYL-GUARD CAP	OTC
METHYL-GUARD CAP PLUS	OTC
MM BIOTIN CAP KERATIN	OTC
RETAIN CAP VISION	OTC
SYNERTROPIN CAP	OTC
VITAMINS FOR CAP HAIR	OTC
<i>a thru z tab advantag</i>	OTC
ADRENAL TAB CALM	OTC
ALLERWELL TAB ALLERGY	OTC
BIOTIN PLUS TAB KERATIN	OTC
BRAIN MIGHT TAB	OTC
CENTRUM SPEC TAB ENERGY	OTC
CENTRUM TAB PERFORMA	OTC
CVS HAIR/SKN TAB NAILS	OTC
ELON MATRIX TAB 5000	OTC
ELON MATRIX TAB 5000 COM	OTC
ELON MATRIX TAB COMPLETE	OTC
ELON MATRIX TAB PLUS	OTC
ELON R3 TAB	OTC
HAIR FARE TAB	OTC
HAIR NOURISH TAB SUPPLEMN	OTC
<i>hair/skin/ tab nails</i>	OTC
HEALTHY TAB HEART	OTC
HEART TABS TAB	OTC
LIPIDSHIELD TAB PLUS	OTC
<i>menopause tab support</i>	OTC
MG PLUS TAB PROTEIN	OTC
MIL ADREGEN TAB	OTC
<i>milltrium tab stamina</i>	OTC
RA EAR CARE TAB	OTC
THERABETIC TAB EYE HLTH	OTC
<i>ultimate fat tab burner</i>	OTC
UPSPRING TAB HE NATAL	OTC
<i>varisan tab vitality</i>	OTC
<i>vit for hair tab</i>	OTC
<i>weight loss tab multi</i>	OTC
GERM DEFENSE TAB PM	OTC
RA EFFERVESC TAB FORMULA	OTC

Drug Name	Requirements/Limits
WAL-BORN TAB	OTC
MENOPAUSE MIS AM/PM	OTC
WOMENS MENOP MIS VITA PAK	OTC
WOMENS VITA MIS PAK	OTC

PRENATAL VITAMINS

<i>prenatabs rx tab</i>
<i>elite-ob tab</i>
<i>trinate tab</i>
<i>prenatal 19 chw tab</i>
<i>pnv-select tab</i>
<i>inatal gt tab</i>
<i>pnv-dha cap</i>

VITAMINS W/ LIPOTROPICS

<i>b-stress cap</i>	OTC
<i>balance b-50 cap complex</i>	OTC
<i>multi-vit hp cap /mineral</i>	OTC
<i>ACTIFLOVIT TAB EAR HEAL</i>	OTC
<i>b-complex tab form 1</i>	OTC
<i>balance b100 tab</i>	OTC
<i>balance b-50 tab complex</i>	OTC
<i>cvs balanced tab b50</i>	OTC
<i>cvs inner tab ear plus</i>	OTC
<i>ear health tab formula</i>	OTC
<i>ear health tab plus</i>	OTC
<i>lipo flavono tab plus</i>	OTC
<i>lipoflavovit tab</i>	OTC
<i>LIPOTRIAD TAB</i>	OTC
<i>mega multi tab w/che mi</i>	OTC
<i>nat-rul tab b-50</i>	OTC
<i>px b-50 tab</i>	OTC
<i>risanoid tab plus</i>	OTC
<i>ultra b-100 tab complex</i>	OTC
<i>vitamins w/ lipotropics tab</i>	OTC
<i>B-100 COMP TAB TR</i>	OTC
<i>GERAVINE ELX</i>	OTC

IRON W/ VITAMINS

<i>geritol tab complete</i>	OTC
<i>GERITOL LIQ TONIC</i>	OTC

MINERALS & ELECTROLYTES

CALCIUM

<i>CALCIUM TAB 280MG</i>	OTC
<i>RA CALCIUM TAB 500MG</i>	OTC
<i>cvs calcium tab 600mg</i>	OTC
<i>ra calcium tab high pot</i>	OTC

Drug Name	Requirements/Limits
calcium carbonate tab 600 mg	OTC
calcium carb tab 1250mg	OTC
calcium carbonate tab 1250 mg (500 mg elemental ca)	OTC
calcium 600 tab	OTC
calcium carbonate tab 1500 mg (600 mg elemental ca)	OTC
calcium tab 600mg	OTC
hm calcium tab 600mg	OTC
pure calcium tab carbonat	OTC
super calciu tab 600mg	OTC
CALCIUM CARB CHW 500MG	OTC
calcium citrate tab 950 mg (200 mg elemental ca)	OTC
oyster shell calcium tab 500 mg	OTC
OYST SHELL/D TAB 500MG	OTC
super cal/ tab mag	OTC
cal-mag tab 500-250	OTC
calcium w/ magnesium tab 500-250 mg	OTC
CALCIUM/D3 TAB 500/200	OTC
PARVA-CAL TAB 500MG	OTC
calcium carbonate-vitamin d cap 600 mg-5 mcg (200 unit)	OTC
liq ca/vit d cap 600mg	OTC
calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)	OTC
oyst shell/d tab 250mg	OTC
OYS SHELL CA TAB 500 + D	OTC
OYST SHELL/D TAB 500MG	OTC
CALCIUM/VT D TAB 600-125	OTC
calcium 600 tab +d	OTC
calcium carbonate-vitamin d tab 600 mg-5 mcg (200 unit)	OTC
CALCIUM 600 TAB +D	OTC
EQL CALCIUM CAP VIT D	OTC
calc 600+d3 cap 600-500	OTC
calcium plus cap d3	OTC
calcium/d3 cap 600-500	OTC
calcium/vitd cap 600-500	OTC
kp calcium cap 600+d	OTC
calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)	OTC
oys shell+d tab 250-125	OTC
oyst shell/d tab 250-125	OTC
calcium 500 tab +d	OTC
calcium 500 tab /vit d	OTC
nat-rul cal tab /d 500mg	OTC

Drug Name	Requirements/Limits
<i>oyst shell/d tab 500-125</i>	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)</i>	OTC
<i>calcium pls tab 500-200</i>	OTC
<i>calcium tab 500+d</i>	OTC
<i>calcium tab 500/d</i>	OTC
<i>calcium/d tab 500-200</i>	OTC
<i>calcium/d tab 500/200</i>	OTC
<i>calcium/d tab 500mg</i>	OTC
<i>os-cal + d3 tab 500-200</i>	OTC
<i>oysco 500+d tab</i>	OTC
<i>oyst ca/d3 tab 500-200</i>	OTC
<i>ra hi cal tab 500-200</i>	OTC
<i>sm calcium/d tab 500-200</i>	OTC
<i>calcium 500 tab +d</i>	OTC
<i>calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)</i>	OTC
<i>calcium/d3 tab</i>	OTC
<i>calcium/d tab 500-400</i>	OTC
<i>os calcium tab /vit d</i>	OTC
<i>oys shell ca tab /d3</i>	OTC
<i>oyst shell/d tab 500-400</i>	OTC
<i>oyst shell/d tab 500mg</i>	OTC
<i>sm calcium tab /vit d3</i>	OTC
<i>calcium/d3 tab</i>	OTC
<i>calcium/d3 tab 500-600</i>	OTC
<i>os-cal extra tab d3</i>	OTC
<i>calcium 600 tab +d</i>	OTC
<i>calcium 600 tab +d3</i>	OTC
<i>calcium + d tab 600-200</i>	OTC
<i>calcium + d tab 600mg</i>	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit)</i>	OTC
<i>calcium tab vit d</i>	OTC
<i>calcium/d3 tab 600-5</i>	OTC
<i>calcium/d tab 600-200</i>	OTC
<i>ra calcium+d tab 600mg</i>	OTC
<i>calcium 600 tab + d</i>	OTC
<i>calcium 600 tab +d</i>	OTC
<i>calcium 600/ tab vit d</i>	OTC
<i>calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit)</i>	OTC
<i>calcium+d3 tab 600-400</i>	OTC
<i>calcium+d tab 600-400</i>	OTC
<i>calcium/d3 tab 600-10</i>	OTC

Drug Name	Requirements/Limits
<i>eql calcium tab w/vit d</i>	OTC
<i>kp calcium tab 600+d</i>	OTC
<i>px calcium&d tab 600-400</i>	OTC
<i>ra ca/vit d3 tab 600-400</i>	OTC
<i>ra calcium tab vit d</i>	OTC
<i>sm ca/vit d3 tab 600-400</i>	OTC
<i>sm calcium/d tab 600-400</i>	OTC
<i>super ca 600 tab + d3</i>	OTC
<i>super ca 600 tab + d3 400</i>	OTC
<i>calc 600+d tab 600-800</i>	OTC
<i>calcium+d3 tab 600-20</i>	OTC
<i>calcium+d3 tab 600-800</i>	OTC
<i>calcium+d tab 600-800</i>	OTC
<i>calcium/d3 tab</i>	OTC
<i>calcium/d3 tab 600-20</i>	OTC
<i>calcium/d3 tab 600-800</i>	OTC
<i>calcium/d tab 600-800</i>	OTC
<i>calcium/vita tab d3</i>	OTC
<i>600+d3 tab cal/vitd</i>	OTC
<i>kp calcium tab +d</i>	OTC
<i>calcium carb-cholecalcif chew tab 500 mg-10 mcg (400 unit)</i>	OTC
<i>oys shell+d chw 500-400</i>	OTC
<i>os-cal chw</i>	OTC
<i>os-cal chw 500-600</i>	OTC
<i>calcium 600 chw w/vit d</i>	OTC
<i>creamies chw 600-400</i>	OTC
<i>CALCIUM/D3 WAF</i>	OTC
<i>calc cit+d3 tab 200-250</i>	OTC
<i>calc citr+d3 tab 200-250</i>	OTC
<i>calc citr+d3 tab 400-12.5</i>	OTC
<i>calc citr/d3 tab 200-250</i>	OTC
<i>calcium cit-vit d tab 200 mg-6.25 mcg(250 unit) (elem ca)</i>	OTC
<i>calc cit+d3 tab 250-200</i>	OTC
<i>calc citrate tab +d</i>	OTC
<i>ca citrate + tab</i>	OTC
<i>ca citrate tab + d</i>	OTC
<i>ca citrate tab plus d</i>	OTC
<i>calcitrate tab plus d</i>	OTC
<i>calcium + d3 tab</i>	OTC
<i>calcium + d tab</i>	OTC
<i>calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca)</i>	OTC
<i>cal cit+d3 tab maximum</i>	OTC

Drug Name	Requirements/Limits
<i>calc citr+d3 tab 315-250</i>	OTC
<i>calc citra+d tab 315-250</i>	OTC
<i>calcium +d3 tab maximum</i>	OTC
<i>calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)</i>	OTC
<i>calcium citr tab +d</i>	OTC
<i>calcium citr tab plus d-3</i>	OTC
<i>calcium citr tab w/vit d3</i>	OTC
<i>calcium+d3 tab 315-250</i>	OTC
<i>eq calcium tab citr+d</i>	OTC
<i>eql calcium tab citr/d3</i>	OTC
<i>gnp calcium tab cit +d3</i>	OTC
<i>sm cal citr+ tab vit d3</i>	OTC
<i>CAL CIT MAL/ TAB VITAMIND</i>	OTC
<i>calcium-magnesium-zinc tab 333-133-5 mg</i>	OTC
<i>cvs ca/mg/zn tab</i>	OTC
<i>kp ca/mg/zn tab</i>	OTC
<i>sm ca/mg/zn tab</i>	OTC
<i>calcium-magnesium-zinc tab 333-133-8.3 mg</i>	OTC
<i>sm ca/mg/zn tab</i>	OTC
<i>RISACAL-D TAB</i>	OTC
<i>calcium for chw women</i>	OTC
<i>calcium soft chw mlk choc</i>	OTC
<i>cal soft chw chw mlk choc</i>	OTC
<i>chew calcium chw</i>	OTC
<i>sm calcium chw</i>	OTC
<i>CALCIUM SOFT CHW CARAMEL</i>	OTC
<i>CALCIUM SOFT CHW CHOCOLAT</i>	OTC

FLUORIDE

<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>
<i>nafrinse chw 1mg f</i>
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>
<i>fluoritab dro 0.125mg</i>
<i>nafrinse dro 0.125mg</i>
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml OTC naf)</i>

PHOSPHATE

<i>phospho-trin tab k500</i>

Drug Name	Requirements/Limits
POTASSIUM	
effer-k tab 25meq ef	
k-prime tab 25meq ef	
klor-con/ef tab 25meq fr	
potassium chloride cap er 8 meq	
potassium chloride cap er 10 meq	
klor-con 8 tab 8meq er	
potassium chloride tab er 8 meq (600 mg)	
klor-con 10 tab 10meq er	
potassium chloride tab er 10 meq	
potassium chloride tab er 20 meq (1500 mg)	
potassium chloride oral soln 10% (20 meq/15ml)	
potassium chloride oral soln 20% (40 meq/15ml)	
klor-con m10 tab 10meq er	
potassium chloride microencapsulated crys er tab 10 meq	
klor-con m20 tab 20meq er	
potassium chloride microencapsulated crys er tab 20 meq	
ELECTROLYTE MIXTURES	
ceralyte 70 sol	OTC
cvs electrol sol	OTC
gnp electrol sol	OTC
oral electro sol cherry	OTC
oral electro sol freezer	OTC
oral electro sol h-e-b	OTC
oral electrolyte solution	OTC
oralyte sol bubl gum	OTC
oralyte sol fruit	OTC
oralyte sol grape	OTC
oralyte sol unflavor	OTC
ped elctrlyt sol	OTC
ped elctrlyt sol /zinc	OTC
ped elctrlyt sol apple	OTC
ped elctrlyt sol freeze	OTC
ped elctrlyt sol freezer	OTC
ped elctrlyt sol freezpop	OTC
ped elctrlyt sol fruit	OTC
ped elctrlyt sol grape	OTC
ped elctrlyt sol pineappl	OTC
ped elctrlyt sol strawbry	OTC
ped elctrlyt sol unflavor	OTC
ped elctrlyt sol unflavrd	OTC
pedia vance sol apple	OTC
pedia vance sol grape	OTC

Drug Name	Requirements/Limits
ra pediatric sol electrol	OTC
rehydralyte sol	OTC

NUTRIENTS

PROTEINS

levocarnitine cap 250 mg	OTC
levocarnitine cap 500 mg	OTC
LEVOCARNITIN TAB 330MG	OTC
levocarnitine tab 500 mg	OTC
ACTICARNITIN SOL SF	OTC
g-levocarnit sol 1gm/10ml	OTC
LEVOCARNITIN SOL 1GM/10ML	OTC
levocarnitine (dietary) oral soln 1 gm/10ml	OTC

MISC. NUTRITIONAL SUBSTANCES

cvs fish oil cap 1/2 size	OTC
omega-3 fatty acids cap 500 mg	OTC
ovega-3 cap 500mg	OTC
sam-e.p.a. cap 500mg	OTC
super omega cap 500mg	OTC
sv fish oil cap 500mg	OTC
fish oil cap 300mg	OTC
fish oil con cap 300mg	OTC
omega-3 fatty acids cap 300 mg	OTC
sm fish oil cap	OTC
fish oil cap 435mg	OTC
omega-3 fatty acids cap 435 mg	OTC
FISH OIL CAP 1000MG	OTC
FISH OIL CAP 1400MG	OTC
OMEGA-3 CAP 1400MG	OTC
ULTRA OMEGA3 CAP 1400MG	OTC
cvs fish oil cap 1000mg	OTC
eql fish oil cap 1000mg	OTC
fish oil con cap 1000mg	OTC
gnp fish oil cap 1000mg	OTC
hm fish oil cap 1000mg	OTC
maxepa cap 1000mg	OTC
maximum epa cap 1000mg	OTC
omega 3 cap 1000mg	OTC
omega iii cap epa+dha	OTC
omega-3 cf cap 1000mg	OTC
omega-3 fatty acids cap 1000 mg	OTC
omega-3 fish cap 1000 mg	OTC
px fish oil cap 1000mg	OTC
qc fish oil cap 1000mg	OTC
ra fish oil cap 1000mg	OTC

Drug Name	Requirements/Limits
<i>salmon oil cap 1000mg</i>	OTC
<i>sea-omega 50 cap 1000mg</i>	OTC
<i>sm fish oil cap 1000mg</i>	OTC
<i>super dha cap gems</i>	OTC
<i>super omega cap -3</i>	OTC
<i>supr omega 3 cap epa/dha</i>	OTC
<i>theromega cap 1000mg</i>	OTC
<i>cvs fish oil cap 1200mg</i>	OTC
<i>eql fish oil cap 1200mg</i>	OTC
<i>fish oil cap 1200mg</i>	OTC
<i>hm fish oil cap 1200mg</i>	OTC
<i>kp fish oil cap 1200mg</i>	OTC
<i>omega-3 fatty acids cap 1200 mg</i>	OTC
<i>omega-3 fish cap 1200mg</i>	OTC
<i>sm fish oil cap 1200mg</i>	OTC
<i>FISH OIL CAP 1360MG</i>	OTC
<i>fish oil chw gummies</i>	OTC
<i>gummy fish chw omega-3</i>	OTC
<i>finest fish liq oil</i>	OTC
<i>finest fish liq oil/kids</i>	OTC
<i>very finest liq fish oil</i>	OTC

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

DIETARY MANAGEMENT PRODUCTS

<i>FOLBIC TAB</i>	OTC
<i>NIVA-FOL TAB</i>	OTC
<i>westab max tab 2.5-25-2</i>	

HEMATOPOIETIC AGENTS

COBALAMINS

<i>cyanocobalamin inj 1000 mcg/ml</i>
<i>dodex inj</i>

FOLIC ACID/FOLATES

<i>folate tab 400mcg</i>	OTC
<i>folic acid tab 400 mcg</i>	OTC
<i>sm folic acd tab 400mcg</i>	OTC
<i>yl folic aci tab 400mcg</i>	OTC
<i>folic acid tab 800mcg</i>	OTC
<i>folic acid tab 1 mg</i>	
<i>folic acid tab 1000mcg</i>	OTC

IRON

<i>ferrous sulfate tab 27 mg (elemental fe)</i>	OTC
<i>high potency tab fe 27mg</i>	OTC
<i>px iron tab 27mg</i>	OTC
<i>ra iron tab 27mg</i>	OTC
<i>cvs iron tab 325mg</i>	OTC

Drug Name	Requirements/Limits
<i>ferosul tab 325mg</i>	OTC
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	OTC
<i>iron supplem tab therapy</i>	OTC
<i>nat-rul iron tab 325mg</i>	OTC
<i>ra iron tab 325mg</i>	OTC
<i>sm iron tab 325mg</i>	OTC
<i>sv iron tab 325mg</i>	OTC
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i>	OTC
<i>gnp iron tab 45mg</i>	OTC
<i>iron slow tab 45mg</i>	OTC
<i>sm iron slow tab 45mg</i>	OTC
<i>sm iron tab 45mg</i>	OTC
<i>SLOW RELEASE TAB 47.5MG</i>	OTC
<i>FERROUS SULF TAB 324MG EC</i>	OTC
<i>fe tabs tab 325mg ec</i>	OTC
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	OTC
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	OTC
<i>iron suppmt elx 220/5ml</i>	OTC
<i>fe-vite iron sol 15mg/ml</i>	OTC
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	OTC
<i>iron inf-tod dro 15mg</i>	OTC
<i>iron inf/tod dro 15mg</i>	OTC
<i>iron supplmt dro 15mg/ml</i>	OTC
<i>pedia iron dro 15mg/ml</i>	OTC
<i>pediatric dro iron</i>	OTC
<i>gnp iron tab 65mg</i>	OTC
<i>px iron tab 200mg</i>	OTC
<i>IRON HP TAB 65MG</i>	OTC
<i>cvs slow rel tab fe 45mg</i>	OTC
<i>iron slow tab 45mg</i>	OTC
<i>slow release tab 45mg</i>	OTC
<i>slow release tab iron 45</i>	OTC
<i>slow-release tab 45mg</i>	OTC
<i>slow-release tab fe 45mg</i>	OTC
<i>slow iron tab 160mg cr</i>	OTC
<i>slow rel fe tab 160mg cr</i>	OTC
<i>sm iron slow tab 160mg cr</i>	OTC
<i>cvs iron tab 27mg</i>	OTC
<i>ferate tab 27mg</i>	OTC
<i>fergon tab 27mg</i>	OTC
<i>ferrotabs tab</i>	OTC

Drug Name	Requirements/Limits
ferrous gluconate tab 240 mg (27 mg elemental fe)	OTC
ferrous gluc tab 324mg	OTC
FERRETT'S TAB 325MG	OTC
ferrocite tab 324mg	OTC
ferrous fumarate tab 324 mg (106 mg elemental fe)	OTC

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 25MCG	SP, PA
ARANESP INJ 40MCG	SP, PA
ARANESP INJ 60MCG	SP, PA
ARANESP INJ 100MCG	SP, PA
ARANESP INJ 200MCG	SP, PA
ARANESP INJ 25MCG	SP, PA
ARANESP INJ 40MCG	SP, PA
ARANESP INJ 60MCG	SP, PA
ARANESP INJ 100MCG	SP, PA
ARANESP INJ 150MCG	SP, PA
ARANESP INJ 200MCG	SP, PA
ARANESP INJ 300MCG	SP, PA
ARANESP INJ 500MCG	SP, PA
RETACRIT INJ 2000UNIT	SP, PA
RETACRIT INJ 3000UNIT	SP, PA
RETACRIT INJ 4000UNIT	SP, PA
RETACRIT INJ 10000UNT	SP, PA
RETACRIT INJ 20000UNI	SP, PA
RETACRIT INJ 40000UNT	SP, PA
ZARXIO INJ 300/0.5	SP, PA
ZARXIO INJ 480/0.8	SP, PA
ZIEXTENZO INJ 6/0.6ML	SP, PA, QL (3 syringes every 28 days)
DOPTELET TAB 20MG	SP, PA, QL (2 tabs every 1 day)
DOPTELET TAB 20MG	SP, PA, QL (3 tabs every 1 day)

AGENTS FOR GAUCHER DISEASE

CERDELGA CAP 84MG	SP, PA, QL (60 caps every 30 days)
CEREZYME INJ 400UNIT	SP, PA, QL (15 vials every 14 days)

HEMATOPOIETIC MIXTURES

folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5

mg

folplex 2.2 tab

fabb tab 2.2-25-1

Drug Name	Requirements/Limits
<i>virt-gard tab 2.2-25-1</i>	
<i>westab mini tab 2.2-25-1</i>	
<i>airavite tab</i>	
<i>folbee tab</i>	
<i>nufol tab</i>	
<i>westab one tab 2.5-25-1</i>	

ANTICOAGULANTS

HEPARINS AND HEPARINOID-LIKE AGENTS

<i>enoxaparin sodium inj 300 mg/3ml</i>
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>

COUMARIN ANTICOAGULANTS

<i>jantoven tab 1mg</i>
<i>warfarin sodium tab 1 mg</i>
<i>jantoven tab 2mg</i>
<i>warfarin sodium tab 2 mg</i>
<i>jantoven tab 2.5mg</i>
<i>warfarin sodium tab 2.5 mg</i>
<i>jantoven tab 3mg</i>
<i>warfarin sodium tab 3 mg</i>
<i>jantoven tab 4mg</i>
<i>warfarin sodium tab 4 mg</i>
<i>jantoven tab 5mg</i>
<i>warfarin sodium tab 5 mg</i>
<i>jantoven tab 6mg</i>
<i>warfarin sodium tab 6 mg</i>
<i>jantoven tab 7.5mg</i>
<i>warfarin sodium tab 7.5 mg</i>
<i>jantoven tab 10mg</i>
<i>warfarin sodium tab 10 mg</i>

DIRECT FACTOR XA INHIBITORS

<i>ELIQUIS TAB 2.5MG</i>
<i>ELIQUIS TAB 5MG</i>

Drug Name	Requirements/Limits
ELIQUIS ST P TAB 5MG	
XARELTO TAB 2.5MG	
XARELTO TAB 10MG	
XARELTO TAB 15MG	
XARELTO TAB 20MG	
XARELTO STAR TAB 15/20MG	

HEMATOLOGICAL AGENTS - MISC.

ANTIHEMOPHILIC PRODUCTS

JIVI INJ 500 UNIT	SP, PA
JIVI INJ 1000UNIT	SP, PA
JIVI INJ 2000UNIT	SP, PA
JIVI INJ 3000UNIT	SP, PA
HEMLIBRA INJ 30MG/ML	SP, PA
HEMLIBRA INJ 60/0.4	SP, PA
HEMLIBRA INJ 105/0.7	SP, PA
HEMLIBRA INJ 150/ML	SP, PA

PLATELET AGGREGATION INHIBITORS

dipyridamole tab 25 mg	
dipyridamole tab 50 mg	
dipyridamole tab 75 mg	
cilostazol tab 50 mg	
cilostazol tab 100 mg	
anagrelide hcl cap 0.5 mg	
anagrelide hcl cap 1 mg	
clopidogrel bisulfate tab 75 mg (base equiv)	
clopidogrel bisulfate tab 300 mg (base equiv)	
prasugrel hcl tab 5 mg (base equiv)	
prasugrel hcl tab 10 mg (base equiv)	
BRILINTA TAB 60MG	
BRILINTA TAB 90MG	

COMPLEMENT INHIBITORS

CINRYZE SOL 500 UNIT	SP, PA, QL (20 vials every 30 days)
RUCONEST INJ 2100UNIT	SP, PA, QL (60 vials every 90 days)

BRADYKININ B2 RECEPTOR ANTAGONISTS

icatibant acetate inj 30 mg/3ml (base equivalent)	SP, PA, QL (45 syringes every 90 days)
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OPHTHALMIC AGENTS

OPHTHALMIC ANTI-INFECTIVES

bacitracin ophth oint 500 unit/gm	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	
erythromycin ophth oint 5 mg/gm	

Drug Name	Requirements/Limits
gentamicin sulfate ophth soln 0.3%	QL (20 mL every 25 days)
gentak oin 0.3% op	
levofloxacin ophth soln 0.5%	
ofloxacin ophth soln 0.3%	
tobramycin ophth soln 0.3%	
sulfacetamide sodium ophth soln 10%	
trifluridine ophth soln 1%	
NATACYN SUS 5% OP	
ak-poly-bac oin op	
bacitracin-polymyxin b ophth oint	
polycin oin op	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	
neo-polycin oin op	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	
neomycin-polomy-gramcid op sol 1.75-10000-0.025mg-unt-mg/ml	

ARTIFICIAL TEARS AND LUBRICANTS

eye drops dro 0.25%	OTC
THERATEARS SOL 0.25% PF	OTC
carboxymethylcellulose sodium ophth soln 0.5%	OTC
cvs lubricnt dro 0.5% op	OTC
lubricnt eye dro 0.5% op	OTC
restore tear dro 0.5% op	OTC
ultra fresh dro 0.5% op	OTC
biolle tears dro 0.5% op	OTC
cvs lubrican dro 0.5%	OTC
lubricating dro 0.5%	OTC
lubricnt eye dro 0.5% op	OTC
restore plus dro 0.5% op	OTC
retaine cmc sol 0.5% op	OTC
dry eye relf gel 1%	OTC
lubricnt gel dro 1%	OTC
biolle gel 1%	OTC
refresh cell gel 1% op	OTC
theratears gel 1% ophth	OTC
RETAINE HPMC SOL 0.3%	OTC
PURE & GENTL DRO 0.3%	OTC
GENTEAL GEL 0.3%	OTC
artifi tears sol 1.4% op	OTC
polyvinyl alcohol ophth soln 1.4%	OTC
lubricant dro eye 0.6%	OTC
lubricnt eye dro 0.6%	OTC
genteal tear sol moderate	OTC

Drug Name	Requirements/Limits
<i>just tears sol eye drop</i>	OTC
<i>sm artifacia sol tears</i>	OTC
<i>soothe dro hydratio</i>	OTC
<i>soothe xp dro</i>	OTC
<i>soothe xp dro 1%-4.5%</i>	OTC
<i>soothe xp sol</i>	OTC
<i>systane dro contacts</i>	OTC
<i>eye drops dro 0.5-0.9%</i>	OTC
<i>lubr/dry eye dro 0.5-0.9%</i>	OTC
<i>REFRESH DRO RELIEVA</i>	OTC
<i>REFRESH OPTI DRO 0.5-0.9%</i>	OTC
<i>REFRESH DRO RELIEVA</i>	OTC
<i>LUBRICNT GEL DRO 0.25-0.3</i>	OTC
<i>artificial sol tears</i>	OTC
<i>lubricating sol tears</i>	OTC
<i>artificial sol tears</i>	OTC
<i>cvs natural dro tears</i>	OTC
<i>lubricnt eye dro 0.1-0.3%</i>	OTC
<i>eq lubricant dro eye drop</i>	OTC
<i>gnp eye drop dro 0.4-0.3%</i>	OTC
<i>lubric tears sol 0.4-0.3%</i>	OTC
<i>lubricant dro eye</i>	OTC
<i>lubricant sol eye drop</i>	OTC
<i>lubricat eye dro 0.4-0.3%</i>	OTC
<i>lubricating sol 0.4-0.3%</i>	OTC
<i>lubricnt eye dro 0.4-0.3%</i>	OTC
<i>ra lubricant dro 0.4-0.3%</i>	OTC
<i>sm lubricant dro 0.4-0.3%</i>	OTC
<i>ult lub eye dro 0.4-0.3%</i>	OTC
<i>ultra eye dro 0.4-0.3%</i>	OTC
<i>lubricnt eye dro 0.4-0.3%</i>	OTC
<i>ultra eye pf dro 0.4-0.3%</i>	OTC
<i>artificial sol 0.5-0.6%</i>	OTC
<i>artificial sol tears</i>	OTC
<i>clear eyes dro 0.5-0.6%</i>	OTC
<i>stye dro 0.5-0.6%</i>	OTC
<i>REFRESH DRO OP</i>	OTC
<i>artifi tears dro 1-0.3%</i>	OTC
<i>artificial dro tears</i>	OTC
<i>artificial sol tears</i>	OTC
<i>lubricnt eye dro</i>	OTC
<i>altalube oin</i>	OTC
<i>artifi tears oin op</i>	OTC
<i>artificial oin eye</i>	OTC
<i>cvs lubricat oin</i>	OTC

Drug Name	Requirements/Limits
<i>dry eye relf oin night</i>	OTC
<i>dry-eye relf oin nighttim</i>	OTC
<i>eq restore oin pm</i>	OTC
<i>eye lubrican oin op</i>	OTC
<i>for sty reli oin</i>	OTC
<i>genteal tear oin nt-time</i>	OTC
<i>hypotears oin op</i>	OTC
<i>lubricant oin eye</i>	OTC
<i>lubricant oin eye pm</i>	OTC
<i>lubricant pm oin</i>	OTC
<i>lubricnt eye oin fast act</i>	OTC
<i>lubricnt eye oin nighttim</i>	OTC
<i>lubrifresh oin p.m.</i>	OTC
<i>refresh lacr oin op</i>	OTC
<i>retaine pm oin</i>	OTC
<i>soothe night oin op</i>	OTC
<i>stye oin</i>	OTC
<i>systane oin</i>	OTC
<i>ultra fresh oin pm</i>	OTC
<i>REFRESH SOL DIGITAL</i>	OTC
<i>REFRESH SOL OPTIVE</i>	OTC
<i>REFRESH OPT SOL MEGA-3</i>	OTC
<i>REFRESH SOL DIGITAL</i>	OTC
<i>REFRESH SOL OPTIVE</i>	OTC
<i>artificial dro tears</i>	OTC
<i>cvs dry eye dro relief</i>	OTC
<i>dry eye rlf dro</i>	OTC
<i>eye drops sol relief</i>	OTC
<i>hm dry eye sol relief</i>	OTC
<i>sm dry eye sol relief</i>	OTC

BETA-BLOCKERS - OPHTHALMIC

<i>betaxolol hcl ophth soln 0.5%</i>
<i>levobunolol hcl ophth soln 0.5%</i>
<i>timolol maleate ophth soln 0.25%</i>
<i>timolol maleate ophth soln 0.5%</i>
<i>timolol maleate ophth gel forming soln 0.25%</i>
<i>timolol maleate ophth gel forming soln 0.5%</i>
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>

OPHTHALMIC STEROIDS

<i>dexamethasone sodium phosphate ophth soln 0.1%</i>
<i>fluorometholone ophth susp 0.1%</i>
<i>prednisolone acetate ophth susp 1%</i>
<i>PREDNISOLONE SUS 1%</i>

Drug Name	Requirements/Limits
PRED SOD PHO SOL 1% OP	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	
<i>neomycin-polymyxin-hc ophth susp</i>	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	
<i>neo-polycin oin hc 1%op</i>	
PROSTAGLANDINS - OPHTHALMIC	
<i>latanoprost ophth soln 0.005%</i>	
OPHTHALMIC ADRENERGIC AGENTS	
<i>brimonidine tartrate ophth soln 0.15%</i>	
<i>brimonidine tartrate ophth soln 0.2%</i>	
OPHTHALMIC INTEGRIN ANTAGONISTS	
XIIDRA DRO 5%	PA, QL (60 drops every 25 days)
OPHTHALMICS - MISC.	
<i>azelastine hcl ophth soln 0.05%</i>	
<i>cromolyn sodium ophth soln 4%</i>	
<i>alaway child dro 0.025%op</i>	OTC
<i>alaway dro 0.025%op</i>	OTC
<i>claritin eye dro 0.025%op</i>	OTC
<i>cvs allergy dro 0.025%op</i>	OTC
<i>eye itch rel dro 0.025%</i>	OTC
<i>eye itch rel dro 0.025%op</i>	OTC
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	OTC
ZADITOR DRO 0.025%OP	OTC
<i>dorzolamide hcl ophth soln 2%</i>	
DORZOLAMIDE SOL 2%	
<i>diclofenac sodium ophth soln 0.1%</i>	
<i>ketorolac tromethamine ophth soln 0.4%</i>	
<i>ketorolac tromethamine ophth soln 0.5%</i>	
OTIC AGENTS	
OTIC ANTI-INFECTIVES	
<i>ofloxacin otic soln 0.3%</i>	
OTIC AGENTS - MISCELLANEOUS	
<i>acetic acid otic soln 2%</i>	
<i>clearcanal dro 6.5%</i>	OTC
<i>clinere liq earwax</i>	OTC
DEBROX SOL 6.5% OT	OTC

Drug Name	Requirements/Limits
<i>ear drops dro 6.5%</i>	OTC
<i>ear drops sol 6.5% ot</i>	OTC
<i>ear wax kit sol 6.5% ot</i>	OTC
<i>ear wax rem dro kit 6.5%</i>	OTC
<i>ear wax remv dro 6.5% ot</i>	OTC
<i>ear wax remv sol 6.5% ot</i>	OTC
<i>earwax remov dro kit</i>	OTC
<i>earwax remov dro system</i>	OTC
<i>earwax remov sol 6.5%</i>	OTC
<i>earwax remv sol 6.5% ot</i>	OTC
<i>earwax remvl dro 6.5% ot</i>	OTC
<i>earwax sol removal</i>	OTC
<i>eq ear wax sol removal</i>	OTC
<i>eq earwax sol 6.5% ot</i>	OTC
<i>gnp earwax sol 6.5% ot</i>	OTC
<i>gnp earwax sol removal</i>	OTC
<i>hm earwax re dro kit</i>	OTC
<i>hm earwax sol 6.5%</i>	OTC
<i>murine ear dro 6.5% ot</i>	OTC
<i>murine ear sol 6.5% ot</i>	OTC
<i>ra ear dro 6.5% ot</i>	OTC
<i>sm ear dro 6.5% ot</i>	OTC

OTIC COMBINATIONS

ciprofloxacin-dexamethasone otic susp 0.3-0.1%
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%
neomycin-polymyxin-hc otic soln 1%

MOUTH/THROAT/DENTAL AGENTS

ANTI-INFECTIVES - THROAT

nystatin susp 100000 unit/ml
clotrimazole troche 10 mg QL (90 troches every 25 days)

ANTISEPTICS - MOUTH/THROAT

chlorhexidine gluconate soln 0.12%
periogard sol 0.12%

STEROIDS - MOUTH/THROAT/DENTAL

oralone dent pst 0.1%
triamcinolone acetonide dental paste 0.1%

ANESTHETICS TOPICAL ORAL

lidocaine hcl viscous soln 2%

DENTAL PRODUCTS

sodium fluoride rinse 0.2%
denta 5000 cre plus
denta 5000 cre plus 2pk

Drug Name	Requirements/Limits
<i>sf 5000 plus cre 1.1%</i>	
<i>sodium fluor cre 5000 pls</i>	
<i>sodium fluor cre 5000 ppm</i>	
<i>sodium fluoride cream 1.1%</i>	
<i>cavarest gel 1.1%</i>	
<i>dentagel gel 1.1%</i>	
<i>just right gel 5000</i>	
<i>sf gel 1.1%</i>	
<i>sod fluoride gel 1.1%</i>	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	
<i>clinpro 5000 pst 1.1%</i>	
<i>fluoridex pst 1.1%</i>	
<i>fluorimax pst 5000</i>	
<i>just right pst 5000</i>	
<i>sod fluoride pst 1.1%</i>	

THROAT PRODUCTS - MISC.

CAPHOSOL TAB	OTC
MOI-STIR SOL	OTC
MIGHTEAFLOW GUM	OTC
NEUTRASAL POW	
ORAL RELIEF GEL DRY MOUT	OTC
<i>salese/ loz xylitol</i>	OTC
ORAL RELIEF KIT DRY MOUT	OTC
<i>pilocarpine hcl tab 5 mg</i>	
<i>pilocarpine hcl tab 7.5 mg</i>	

ANORECTAL AND RELATED PRODUCTS

RECTAL STEROIDS

<i>hydrocortisone perianal cream 1%</i>	
<i>procto-pak cre 1%</i>	
<i>hydrocortisone perianal cream 2.5%</i>	
<i>procto-med cre hc 2.5%</i>	
<i>proctosol hc cre 2.5%</i>	
<i>proctozone cre -hc 2.5%</i>	

INTRARECTAL STEROIDS

<i>hydrocortisone enema 100 mg/60ml</i>	
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DERMATOLOGICALS

ACNE PRODUCTS

<i>cerave acne liq foaming</i>	OTC
<i>creamy face liq wash 4%</i>	OTC
<i>panoxyl wash liq 4%</i>	OTC
<i>benzoyl per liq 5%</i>	OTC
<i>benzoyl per liq 5% wash</i>	OTC
<i>3-in-1 clean liq 5%</i>	OTC
<i>benzepro liq creamy</i>	

Drug Name	Requirements/Limits
<i>pr benzoyl liq 7% wash</i>	
<i>acne foaming liq wash 10%</i>	OTC
<i>benzoyl per liq 10%</i>	OTC
<i>benzoyl per liq 10% wash</i>	OTC
<i>foaming face liq wsh 10%</i>	OTC
<i>panoxyl wash liq 10%</i>	OTC
<i>acne cleanse cre cvs cont</i>	OTC
<i>acne control cre clns 10%</i>	OTC
<i>acne max str cre 10%</i>	OTC
<i>clearasil cre acne</i>	OTC
<i>clearasil cre spot 10%</i>	OTC
<i>clearskin cre 10%</i>	OTC
<i>cvs acne cre 10%</i>	OTC
<i>acne medicat gel 2.5%</i>	OTC
<i>benzoyl peroxide gel 2.5%</i>	OTC
<i>acne medicat gel 5%</i>	OTC
<i>benzoyl peroxide gel 5%</i>	OTC
<i>bp gel gel 5%</i>	OTC
<i>benzoyl peroxide gel 8%</i>	
<i>acne medicat gel 10%</i>	OTC
<i>acne treatmn gel 10%</i>	OTC
<i>acne-clear gel 10%</i>	OTC
<i>benzoyl peroxide gel 10%</i>	OTC
<i>bp gel gel 10%</i>	OTC
<i>persa-gel gel 10%</i>	OTC
<i>accutane cap 10mg</i>	PA
<i>amnesteem cap 10mg</i>	PA
<i>claravis cap 10mg</i>	PA
<i>isotretinoin cap 10 mg</i>	PA
<i>myorisan cap 10mg</i>	PA
<i>zenatane cap 10mg</i>	PA
<i>accutane cap 20mg</i>	PA
<i>amnesteem cap 20mg</i>	PA
<i>claravis cap 20mg</i>	PA
<i>isotretinoin cap 20 mg</i>	PA
<i>myorisan cap 20mg</i>	PA
<i>zenatane cap 20mg</i>	PA
<i>accutane cap 30mg</i>	PA
<i>claravis cap 30mg</i>	PA
<i>isotretinoin cap 30 mg</i>	PA
<i>myorisan cap 30mg</i>	PA
<i>zenatane cap 30mg</i>	PA
<i>accutane cap 40mg</i>	PA
<i>amnesteem cap 40mg</i>	PA
<i>claravis cap 40mg</i>	PA

Drug Name	Requirements/Limits
<i>isotretinoin cap 40 mg</i>	PA
<i>myorisan cap 40mg</i>	PA
<i>zenatane cap 40mg</i>	PA
<i>avita cre 0.025%</i>	PA
<i>tretinoin cream 0.025%</i>	PA
<i>tretinoin cream 0.05%</i>	PA
<i>tretinoin cream 0.1%</i>	PA
<i>tretinoin gel 0.01%</i>	PA
<i>avita gel 0.025%</i>	PA
<i>tretinoin gel 0.025%</i>	PA
<i>clindamycin phosphate soln 1%</i>	QL (60 mL every 25 days)
<i>clindamycin phosphate gel 1%</i>	
<i>clindamycin phosphate lotion 1%</i>	QL (60 mL every 25 days)
<i>erythromycin soln 2%</i>	QL (60 mL every 25 days)
<i>erythromycin gel 2%</i>	QL (60 gm every 25 days)
<i>sulfacetamide sodium lotion 10% (acne)</i>	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	QL (47 gm every 25 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	QL (50 gm every 25 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	QL (50 gm every 25 days)
<i>ONEXTON GEL 1.2-3.75</i>	QL (50 gm every 25 days)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	QL (45 gm every 25 days)
<i>neuac gel 1.2-5%</i>	QL (45 gm every 25 days)

ROSACEA AGENTS

<i>metronidazole cream 0.75%</i>	QL (60 gm every 25 days)
<i>rosadan cre 0.75%</i>	QL (60 gm every 25 days)
<i>NORITATE CRE 1%</i>	QL (60 gm every 25 days)
<i>metronidazole gel 0.75%</i>	QL (60 gm every 25 days)
<i>rosadan gel 0.75%</i>	QL (60 gm every 25 days)
<i>metronidazole gel 1%</i>	ST, QL (60 gm every 25 days)
<i>metronidazole lotion 0.75%</i>	QL (60 mL every 25 days)

ANTIBIOTICS - TOPICAL

<i>antibiotic oin 500unit</i>	OTC
<i>bacitracin oint 500 unit/gm</i>	OTC
<i>bacitraycin oin 500/gm</i>	OTC
<i>bacitr zinc oin 500/gm</i>	OTC
<i>bacitracin oin 500/gm</i>	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	OTC
<i>sm antibioti oin 500/gm</i>	OTC
<i>gentamicin sulfate cream 0.1%</i>	QL (120 gm every 25 days)
<i>gentamicin sulfate oint 0.1%</i>	QL (120 gm every 25 days)
<i>mupirocin oint 2%</i>	QL (30 gm every 25 days)
<i>mupirocin calcium cream 2%</i>	QL (30 gm every 25 days)

Drug Name	Requirements/Limits
<i>double antib oin</i>	OTC
<i>double oin antibiot</i>	OTC
<i>neosporin oin</i>	OTC
<i>poly bacitra oin</i>	OTC
<i>wal-sporin oin</i>	OTC
<i>antibiotic oin</i>	OTC
<i>eq triple oin antibiot</i>	OTC
<i>eql firstaid oin antibiot</i>	OTC
<i>first aid oin antibiot</i>	OTC
<i>gnp triple oin antibiot</i>	OTC
<i>hm triple oin antibiot</i>	OTC
<i>lanabiotic oin</i>	OTC
<i>px triple oin</i>	OTC
<i>qc triple oin antibiot</i>	OTC
<i>ra triple oin antibiot</i>	OTC
<i>sb triple oin antibiot</i>	OTC
<i>sm triple oin antibiot</i>	OTC
<i>triple antib oin</i>	OTC
<i>triple antib oin frst aid</i>	OTC

ANTIFUNGALS - TOPICAL

<i>ciclopirox gel 0.77%</i>	QL (120 gm every 25 days)
<i>ciclopirox shampoo 1%</i>	QL (120 mL every 25 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	QL (120 mL every 25 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	QL (120 gm every 25 days)
<i>nyamyc pow 100000</i>	QL (120 gm every 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	QL (120 gm every 25 days)
<i>nystop pow 100000</i>	QL (120 gm every 25 days)
<i>nystatin cream 100000 unit/gm</i>	QL (120 gm every 25 days)
<i>nystatin oint 100000 unit/gm</i>	QL (120 gm every 25 days)
<i>anti-fungal sol 1%</i>	OTC
<i>blis-to-sol liq 1%</i>	OTC
<i>dr gs clear sol nail 1%</i>	OTC
<i>foot repair sol serum 1%</i>	OTC
<i>formula 3 sol treatmen</i>	OTC
<i>formula 7 sol</i>	OTC
<i>fungal nail sol erase 1%</i>	OTC
<i>micotrin al liq 1%</i>	OTC
<i>mycocide ns sol 1%</i>	OTC
<i>myozyl al sol 1%</i>	OTC
<i>tinaspore sol 1%</i>	OTC
<i>athlete foot aer 1%</i>	OTC
<i>athletes ft aer 1% pow</i>	OTC
<i>foot&sneaker aer 1%</i>	OTC
<i>jck itch pow aer 1%</i>	OTC
<i>odor control aer powd 1%</i>	OTC

Drug Name	Requirements/Limits
<i>odor eaters aer 1%</i>	OTC
<i>tolnaftate aerosol pow 1%</i>	OTC
<i>anti-fungal cre 1%</i>	OTC
<i>antifungal cre 1%</i>	OTC
<i>antifungal cre foot</i>	OTC
<i>athlete foot cre 1%</i>	OTC
<i>cvs athletes cre foot 1%</i>	OTC
<i>fungi-guard cre 1%</i>	OTC
<i>qc antifunga cre 1%</i>	OTC
<i>sm antifungl cre 1%</i>	OTC
<i>tolnaftate cre 1%</i>	OTC
<i>clotrimazole soln 1%</i>	QL (120 mL every 25 days)
<i>clotrimazole soln 1%</i>	QL (120 mL every 25 days), OTC
<i>antifungal cre 1%</i>	QL (120 gm every 25 days), OTC
<i>athlete foot cre 1%</i>	QL (120 gm every 25 days), OTC
<i>clotrimazole cream 1%</i>	QL (120 gm every 25 days)
<i>clotrimazole cream 1%</i>	QL (120 gm every 25 days), OTC
<i>cvs itch rel cre 1%</i>	QL (120 gm every 25 days), OTC
<i>cvs ringworm cre 1%</i>	QL (120 gm every 25 days), OTC
<i>desenex cre 1%</i>	QL (120 gm every 25 days), OTC
<i>jock itch cre 1%</i>	QL (120 gm every 25 days), OTC
<i>micotrin ac cre 1%</i>	QL (120 gm every 25 days), OTC
<i>mycozyl ac cre 1%</i>	QL (120 gm every 25 days), OTC
<i>pro-ex antif cre 1%</i>	QL (120 gm every 25 days), OTC
<i>ketoconazole cream 2%</i>	QL (120 gm every 25 days)
<i>ketoconazole shampoo 2%</i>	QL (120 mL every 25 days)
<i>antifungal pow 2%</i>	OTC
<i>athlete foot pow 2%</i>	OTC
<i>desenex pow 2%</i>	OTC
<i>miconazorb pow af 2%</i>	OTC
<i>micotrin ap pow 2%</i>	OTC
<i>zeasorb-af pow 2%</i>	OTC
<i>antifungal cre 2%</i>	OTC
<i>cavilon cre 2%</i>	OTC
<i>micaderm cre 2%</i>	OTC

Drug Name	Requirements/Limits
<i>miconazole nitrate cream 2%</i>	OTC
<i>sm antifungl cre 2%</i>	OTC
<i>tineacide cre</i>	OTC
<i>triple paste oin 2%</i>	OTC

ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>arthr pain gel 1%</i>	QL (500 gm every 25 days), OTC
<i>aspercrm art gel 1% pain</i>	QL (500 gm every 25 days), OTC
<i>goodsense gel art pain</i>	QL (500 gm every 25 days), OTC
<i>kls diclofen gel 1%</i>	QL (500 gm every 25 days), OTC
<i>motrin arthr gel pain 1%</i>	QL (500 gm every 25 days), OTC
<i>qc diclofena gel 1%</i>	QL (500 gm every 25 days), OTC
VOLTAREN GEL 1%	QL (500 gm every 25 days), OTC

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL

EUCRISA OIN 2%	ST, QL (60 gm every 25 days)
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ANTIPSORIATICS

<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	ST, QL (120 mL every 25 days)
<i>calcipotriene oint 0.005%</i>	ST, QL (120 gm every 25 days)
<i>calcitrene oin 0.005%</i>	ST, QL (120 gm every 25 days)
SILIQ INJ 210/1.5	SP, PA, QL (2 syringes every 28 days)
COSENTYX PEN INJ 150MG/ML	SP, PA, QL (1 pen every 28 days)
COSENTYX PEN INJ 300DOSE	SP, PA, QL (2 pens every 28 days)
COSENTYX INJ 75MG/0.5	SP, PA, QL (1 pen every 28 days)
COSENTYX INJ 150MG/ML	SP, PA, QL (1 syringe every 28 days)
COSENTYX INJ 300DOSE	SP, PA, QL (2 syringes every 28 days)

ANTISEBORRHEIC PRODUCTS

<i>anti-dandruf sha 1%</i>	OTC
<i>dandruff sha 1%</i>	OTC
<i>selenium sulfide lotion 2.5%</i>	

Drug Name	Requirements/Limits
ANTIVIRALS - TOPICAL	
docosanol cream 10%	OTC
hm docosan cre 10%	OTC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL	
fluorouracil cream 5%	
BURN PRODUCTS	
silver sulfadiazine cream 1%	
ssd cre 1%	
CORTICOSTEROIDS - TOPICAL	
alclometasone dipropionate cream 0.05%	QL (120 gm every 25 days)
alclometasone dipropionate oint 0.05%	QL (120 gm every 25 days)
betamethasone dipropionate cream 0.05%	QL (120 gm every 25 days)
betamethasone dipropionate lotion 0.05%	QL (120 mL every 25 days)
betamethasone dipropionate oint 0.05%	QL (120 gm every 25 days)
betamethasone dipropionate augmented cream 0.05%	QL (120 gm every 25 days)
betamethasone dipropionate augmented gel 0.05%	QL (120 gm every 25 days)
betamethasone dipropionate augmented lotion 0.05%	QL (120 mL every 25 days)
betamethasone dipropionate augmented oint 0.05%	QL (120 gm every 25 days)
betamethasone valerate cream 0.1% (base equivalent)	QL (120 gm every 25 days)
betamethasone valerate lotion 0.1% (base equivalent)	QL (120 mL every 25 days)
betamethasone valerate oint 0.1% (base equivalent)	QL (120 gm every 25 days)
clobetasol propionate emollient base cream 0.05%	
desonide cream 0.05%	QL (120 gm every 25 days)
desonide lotion 0.05%	QL (120 mL every 25 days)
desonide oint 0.05%	QL (120 gm every 25 days)
desoximetasone cream 0.05%	QL (120 gm every 25 days)
desoximetasone cream 0.25%	QL (120 gm every 25 days)
desoximetasone gel 0.05%	QL (120 gm every 25 days)
desoximetasone oint 0.25%	QL (120 gm every 25 days)
fluocinolone acetonide soln 0.01%	QL (120 mL every 25 days)
fluocinolone acetonide cream 0.025%	QL (120 gm every 25 days)
fluocinolone acetonide oint 0.025%	QL (120 gm every 25 days)
fluocinonide soln 0.05%	QL (120 mL every 25 days)
fluocinonide cream 0.05%	QL (120 gm every 25 days)
fluocinonide gel 0.05%	QL (120 gm every 25 days)
fluocinonide oint 0.05%	QL (120 gm every 25 days)
fluticasone propionate cream 0.05%	QL (120 gm every 25 days)
fluticasone propionate oint 0.005%	QL (120 gm every 25 days)

Drug Name	Requirements/Limits
<i>halobetasol propionate cream 0.05%</i>	QL (120 gm every 25 days)
BRYHALI LOT 0.01%	ST, QL (120 gm every 25 days)
<i>halobetasol propionate oint 0.05%</i>	QL (120 gm every 25 days)
<i>scalp relief sol 1%</i>	OTC
<i>scalpicin sol 1%</i>	OTC
<i>hydrocort cre 0.5%</i>	OTC
<i>instacort 5 cre 0.5%</i>	OTC
<i>ala-cort cre 1%</i>	
<i>anti-itch cre 1%</i>	OTC
<i>anti-itch cre 1%pls 10</i>	OTC
<i>aveeno cre 1%</i>	OTC
<i>cort intense cre heal 1%</i>	OTC
<i>cortisone cre 1%</i>	OTC
<i>cortiz femin cre 1% itch</i>	OTC
<i>cortizone-10 cre 1% night</i>	OTC
<i>cortizone-10 cre /aloe 1%</i>	OTC
<i>cortizone-10 cre healing</i>	OTC
<i>cortizone-10 cre plus</i>	OTC
<i>eq 1% hydroc cre</i>	OTC
<i>eq hydrocort cre 1%</i>	OTC
<i>gnp hydrocor cre 1% plus</i>	OTC
<i>hm hydrocort cre 1% plus</i>	OTC
<i>hydrocort cre 1% aloe</i>	OTC
<i>hydrocort cre 1% plus</i>	OTC
<i>hydrocort/ cre aloe 1%</i>	OTC
<i>hydrocortisone cream 1%</i>	
<i>hydrocortisone cream 1%</i>	OTC
<i>hydrocream cre 1%</i>	OTC
<i>kericort 10 cre 1%</i>	OTC
<i>medpura hc cre 1%</i>	OTC
<i>prep h cre 1%</i>	OTC
<i>qc anti-itch cre 1%</i>	OTC
<i>qc anti-itch cre 1% aloe</i>	OTC
<i>ra anti-itch cre 1%</i>	OTC
<i>ra hydrocort cre 1%</i>	OTC
<i>ra hydrocort cre 1%pls 12</i>	OTC
<i>sb hydrocort cre 1%</i>	OTC
<i>sm hydrocort cre 1%</i>	OTC
<i>sm hydrocort cre 1% plus</i>	OTC
<i>ala-cort cre 2.5%</i>	QL (120 gm every 25 days)
<i>hydrocortisone cream 2.5%</i>	QL (120 gm every 25 days)
<i>cortisone gel 1%</i>	OTC
<i>cortizone-10 gel 1%</i>	OTC
<i>mg217 gel 1%</i>	OTC

Drug Name	Requirements/Limits
<i>aquanil hc lot 1%</i>	OTC
<i>beta hc lot 1%</i>	OTC
<i>cortisone lot 1%</i>	OTC
<i>cortizone-10 lot diab/1%</i>	OTC
<i>cortizone-10 lot eczema</i>	OTC
<i>cortizone-10 lot hydraten</i>	OTC
<i>cortizone-10 lot psoriasis</i>	OTC
<i>dermarest lot 1%</i>	OTC
<i>hydrocortisone lotion 1%</i>	OTC
<i>sarnol-hc lot 1%</i>	OTC
<i>hydrocortisone lotion 2.5%</i>	QL (120 mL every 25 days)
<i>hydrocortisone oint 0.5%</i>	OTC
<i>anti-itch oint 1%</i>	OTC
<i>aquaphor oint itch rlf</i>	OTC
<i>cortisone oint 1%</i>	OTC
<i>cortizone-10 oint 1%</i>	OTC
<i>hydrocortisone oint 1%</i>	
<i>hydrocortisone oint 1%</i>	OTC
<i>ra anti-itch oint 1%</i>	OTC
<i>sb hydrocort oint 1%</i>	OTC
<i>sm hydrocort oint 1%</i>	OTC
<i>hydrocortisone oint 2.5%</i>	QL (120 gm every 25 days)
<i>gynecort 10 cre 1%</i>	OTC
<i>hydrocortisone acetate cream 1%</i>	OTC
<i>lanacort 10 cre 1%</i>	OTC
<i>vagisil cre 1%</i>	OTC
<i>hydrocortisone acetate oint 1%</i>	OTC
<i>hydrocortisone valerate cream 0.2%</i>	QL (120 gm every 25 days)
<i>hydrocortisone valerate oint 0.2%</i>	QL (120 gm every 25 days)
<i>hydrocortisone butyrate soln 0.1%</i>	QL (4.8 mL every 1 day)
<i>hydrocortisone butyrate cream 0.1%</i>	QL (120 gm every 25 days)
<i>hydrocortisone butyrate oint 0.1%</i>	QL (120 gm every 25 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	
<i>mometasone furoate cream 0.1%</i>	QL (120 gm every 25 days)
<i>mometasone furoate oint 0.1%</i>	QL (120 gm every 25 days)
<i>triamcinolone acetonide cream 0.025%</i>	QL (120 gm every 25 days)
<i>triamcinolone acetonide cream 0.1%</i>	QL (120 gm every 25 days)
<i>triderm cre 0.1%</i>	QL (120 gm every 25 days)
<i>triamcinolone acetonide cream 0.5%</i>	QL (120 gm every 25 days)
<i>triderm cre 0.5%</i>	QL (120 gm every 25 days)
<i>triamcinolone acetonide lotion 0.025%</i>	QL (120 mL every 25 days)
<i>triamcinolone acetonide lotion 0.1%</i>	QL (120 mL every 25 days)
<i>triamcinolone acetonide oint 0.025%</i>	QL (120 gm every 25 days)
<i>triamcinolone acetonide oint 0.1%</i>	QL (120 gm every 25 days)
<i>triamcinolone acetonide oint 0.5%</i>	QL (120 gm every 25 days)

Drug Name	Requirements/Limits
<i>DIAPER RASH PRODUCTS</i>	
A+D DIAPER CRE RASH	OTC
BENSONS CRE BOTTOM	OTC
CVS DIAPER CRE A/D ZINC	OTC
aveeno baby oin multipur	OTC
balmex multi oin purpose	OTC
cerave baby oin healing	OTC
desitin oin	OTC
flanders oin buttocks	OTC
medi-paste oin	OTC
paladin oin	OTC
pediatric oin	OTC
pinxav oin	OTC
skin protect oin all-purp	OTC
<i>EMOLLIENTS</i>	
<i>lactic acid (ammonium lactate) cream 12%</i>	
<i>lactic acid (ammonium lactate) cream 12%</i>	OTC
<i>al12 lot 12%</i>	OTC
<i>amlactin lot daily</i>	OTC
<i>lactic acid (ammonium lactate) lotion 12%</i>	
<i>lactic acid (ammonium lactate) lotion 12%</i>	OTC
<i>skin trtmnt lot 12%</i>	OTC
<i>a&d oin</i>	OTC
<i>a+d prevent oin</i>	OTC
<i>baby vitamin oin a & d</i>	OTC
<i>cvs vit a&d oin</i>	OTC
<i>eq vitamins oin a & d</i>	OTC
<i>gnp vit a&d oin</i>	OTC
<i>vitamin a&d oin</i>	OTC
<i>vitamins a & d oint</i>	OTC
<i>EMOLLIENT/KERATOLYTIC AGENTS</i>	
<i>gordons urea cre 40%</i>	OTC
<i>urea cream 40%</i>	
<i>uremez-40 cre 40%</i>	
<i>ENZYMES - TOPICAL</i>	
<i>SANTYL OIN 250/GM</i>	PA
<i>KERATOLYTIC/ANTIMITOTIC AGENTS</i>	
<i>podofilox soln 0.5%</i>	
<i>IMMUNOMODULATING AGENTS - TOPICAL</i>	
<i>imiquimod cream 5%</i>	
<i>LOCAL ANESTHETICS - TOPICAL</i>	
CAPSAICIN LIQ 0.15%	QL (30 mL every 25 days), OTC

Drug Name	Requirements/Limits
CAPZASIN LIQ 0.15%	QL (30 mL every 25 days), OTC
QC CAPSAICIN LIQ 0.15%	QL (30 mL every 25 days), OTC
<i>capsaicin cream 0.025%</i>	QL (120 gm every 25 days), OTC
ZOSTRIX NAT CRE 0.033%	QL (120 gm every 25 days), OTC
CAPZASIN-P CRE 0.035%	QL (120 gm every 25 days), OTC
<i>arth pain cre 0.075%</i>	QL (120 gm every 25 days), OTC
<i>capsaicin cream 0.1%</i>	QL (120 gm every 25 days), OTC
<i>capsaicin hp cre 0.1%</i>	QL (120 gm every 25 days), OTC
<i>zostrix hp cre 0.1%</i>	QL (120 gm every 25 days), OTC
CASTIVA LOT	QL (120 gm every 25 days), OTC
<i>aspercreme pad lid 4%</i>	QL (30 patches every 25 days), OTC
<i>aspercreme pad lido 4%</i>	QL (30 patches every 25 days), OTC
<i>asperflex pad 4%</i>	QL (30 patches every 25 days), OTC
<i>blue-emu dry pad rlf 4%</i>	QL (30 patches every 25 days), OTC
<i>cvs pain rel pad 4%</i>	QL (30 patches every 25 days), OTC
<i>eq lidocaine pad 4%</i>	QL (30 patches every 25 days), OTC
<i>gnp lidocain pad 4%</i>	QL (30 patches every 25 days), OTC
<i>healthwise pad 4%</i>	QL (30 patches every 25 days), OTC
<i>hm lidocaine pad 4%</i>	QL (30 patches every 25 days), OTC
<i>lido king pad 4%</i>	QL (30 patches every 25 days), OTC
<i>lidocaine pa pad 4%</i>	QL (30 patches every 25 days), OTC
<i>lidocaine pad relievin</i>	QL (30 patches every 25 days), OTC
<i>pain relief pad 4% max</i>	QL (30 patches every 25 days), OTC
<i>pain relievi pad lidocain</i>	QL (30 patches every 25 days), OTC

Drug Name	Requirements/Limits
<i>qc lidocaine pad rlf 4%</i>	QL (30 patches every 25 days), OTC
<i>ra lidocaine pad 4%</i>	QL (30 patches every 25 days), OTC
<i>ra pain reli pad 4%</i>	QL (30 patches every 25 days), OTC
<i>re-lieved pad 4%</i>	QL (30 patches every 25 days), OTC
<i>salonpas gel pad 4%</i>	QL (30 patches every 25 days), OTC
<i>salonpas pad pain rel</i>	QL (30 patches every 25 days), OTC
<i>theracare pad 4%</i>	QL (30 patches every 25 days), OTC
<i>welmate pad 4%</i>	QL (30 patches every 25 days), OTC
<i>lidocaine patch 5%</i>	PA
<i>lidocaine hcl soln 4%</i>	
CAPZASIN GEL RELIEF	QL (42.5 gm every 25 days), OTC
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	QL (1 gm every 1 day)

SCABICIDES & PEDICULICIDES

<i>cvs ivermect lot 0.5%</i>	ST, OTC
<i>malathion lotion 0.5%</i>	ST
NIX LICE SPR KILLING	OTC
<i>goodsense liq lice rin</i>	OTC
<i>lice treatmt liq 1%</i>	OTC
<i>lice trtmnt liq 1%</i>	OTC
NIX CREM RIN LIQ 1%	OTC
<i>bedding spra aer 0.5%</i>	OTC
<i>lice/bedbug aer 0.5%</i>	OTC
<i>lice/bedbug spr dust mit</i>	OTC
RID AER	OTC
<i>sm bedding aer lice</i>	OTC
<i>stop lice 3 spr 0.5%</i>	OTC
<i>stop lice spr 0.5%</i>	OTC
<i>permethrin cream 5%</i>	
<i>lice treatmt lot 1%</i>	OTC
<i>ra lice lot 1%</i>	OTC
<i>spinosad susp 0.9%</i>	ST
<i>lice killing sha</i>	OTC
<i>lice killing sha 0.33-4%</i>	OTC
<i>lice treatmt sha 0.33-4%</i>	OTC
<i>rid lice kil sha 0.33-4%</i>	OTC

MISC. TOPICAL

CALAMINE LOT	OTC
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Drug Name	Requirements/Limits
CALAMINE LOT	OTC
CALAMINE LOT 8-8%	OTC
GNP CALAMINE LOT 8-8%	OTC
tacrolimus (topical) oint. 03 %	ST
tacrolimus (topical) oint .1%	ST

ANTISEPTICS & DISINFECTANTS

CHLORINE ANTISEPTICS

<i>betasept liq 4%</i>	OTC
HIBICLENS LIQ 4%	OTC
<i>antibac hand sol 2%</i>	OTC
<i>chlorhexidin sol 2%</i>	OTC
<i>dyna-hex 2 sol 2%</i>	OTC
<i>hand wash sol 2%</i>	OTC
<i>antiseptic sol 4%</i>	OTC
<i>antiseptic sol clnsr 4%</i>	OTC
<i>antiseptic sol skin cln</i>	OTC
<i>dyna-hex 4 sol 4%</i>	OTC
<i>skin cleansr sol 4%</i>	OTC
<i>sm antisepti sol clnsr 4%</i>	OTC
CHLORHEX GLU PAD 2%	OTC
BIOPATCH MIS 1"/4MM	OTC
BIOPATCH MIS 1"/7MM	OTC
BIOPATCH MIS 3/4"/1.5	OTC
BIOPATCH PRO MIS DISK/CHG	OTC
TEGADERM CHG MIS DRESSING	OTC

IODINE ANTISEPTICS

BETADINE SRG SOL 7.5%	OTC
<i>first aid sol 10%</i>	OTC
<i>hm povid-iod sol 10%</i>	OTC
<i>povidone-iodine soln 10%</i>	
<i>povidone-iodine soln 10%</i>	OTC
<i>povidone-ion sol 10%</i>	OTC
<i>povidone/iod sol 10%</i>	OTC
<i>ra antisepti sol 10%</i>	OTC
<i>sm povid-iod sol 10%</i>	OTC
FIRST AID OIN 10%	OTC

ANTISEPTIC COMBINATIONS

IV PREP WIPE PAD	OTC
MICROCLENS PAD WIPES	OTC
UNI-SOLVE PAD WIPES	OTC

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES AND SPECIFIC ANTAGONISTS

VISTOGARD PAK 10GM	QL (20 packets every 5 days)
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Drug Name	Requirements/Limits
DIAGNOSTIC PRODUCTS	
DIAGNOSTIC TESTS	
ONETOUCH TES ULTRA	QL (200 strips every 25 days), OTC
ONETOUCH TES VERIO	QL (200 strips every 25 days), OTC
DAIStIX TES STRIPS	OTC
CHEMSTRIP 2 TES GP	OTC
CHEMSTRIP 5 TES OB	OTC
CHEMSTRIP 7 TES	OTC
CHEMSTRIP 9 TES STRIPS	OTC
CHEMSTRIP 10 TES MD	OTC
CHEMSTRIP TES -10 SG	OTC
MULTISTIX 10 TES SG	OTC
CHEMSTRIP TES UGK	OTC
CVS KETONE TES CARE	OTC
KETO-DIASTIX TES	OTC
ALTERNATIVE MEDICINES	
ALTERNATIVE MEDICINE - M'S	
cvs quality cap sleep	OTC
melatonin cap 10mg	OTC
MELATONIN TAB 300MCG	OTC
melatonin tab 1 mg	OTC
kp melatonin tab 3mg	OTC
melatonin tab 3mg	OTC
ra melatonin tab 3mg	OTC
sm melatonin tab 3mg	OTC
hm melatonin tab 5mg	OTC
melatonin tab 5mg	OTC
qc melatonin tab 5mg	OTC
ra melatonin tab 5mg	OTC
sv melatonin tab 5mg	OTC
melatonin tab 10 mg	OTC
melatonin tab ex str	OTC
melatonin tab max str	OTC
ra melatonin tab 10mg	OTC
MELADOX TAB 3MG CR	OTC
MELATONIN TAB 3MG CR	OTC
hm melatonin tab 10mg	OTC
melatonin tab 10mg	OTC
melatonin tab 10mg cr	OTC
mm melatonin tab 10mg tr	OTC
melatonin chw 2.5mg	OTC
vitajoy gumm chw 2.5mg	OTC
RA MELATONIN SUB 1MG	OTC

Drug Name	Requirements/Limits
<i>melatonin sub 5mg</i>	OTC
<i>hm melatonin sub 10mg</i>	OTC
<i>melatonin sl tab 10 mg</i>	OTC
<i>melatonin sub quik dis</i>	OTC
MELATONIN LIQ 1MG/4ML	OTC
MELATONIN LIQ 2.5MG	OTC
MELATONIN LIQ 5MG/20ML	OTC
<i>melatonin liq 5mg/15ml</i>	OTC
<i>melatonin liquid 1 mg/ml</i>	OTC
<i>sleep child/ liq melatoni</i>	OTC
SLEEP SOUNDL LIQ 3.5/2ML	OTC
MELATONIN LOZ 5MG	OTC
MELATONIN TAB 500MCG	OTC
<i>melatonin tablet disintegrating 3 mg</i>	OTC
<i>sv melatonin tab 3mg</i>	OTC
<i>melatonin tablet disintegrating 5 mg</i>	OTC
<i>sm melatonin tab 5mg</i>	OTC
<i>melatonin chw 10mg</i>	OTC
<i>melatonin chw quik dis</i>	OTC
<i>melatonin tablet disintegrating 10 mg</i>	OTC
<i>qc melatonin tab 10mg</i>	OTC

CHEMICALS

LIQUIDS

ALMOND OIL	
ALMOND OIL SWEET	
ALMOND OIL SWEET	OTC
BASE G ALMON OIL SWEET	
CASTOR OIL	
CASTOR OIL	OTC
QC CASTOR OIL	OTC
LINSEED OIL RAW	
OLIVE OIL	
OLIVE OIL	OTC
QC SWEET OIL	OTC
SM SWEET OIL	OTC
SWEET OIL	OTC

MEDICAL DEVICES AND SUPPLIES

PARENTERAL THERAPY SUPPLIES

BD INSULIN SYRINGE - OTC	QL (200 syringes every 25 days), OTC
BD INSULIN SYRINGE - OTC	QL (200 syringes every 25 days), OTC
BD INSULIN SYRINGE - OTC	QL (200 syringes every 25 days), OTC

Drug Name	Requirements/Limits
INSULIN SYRG MIS 0.3/31G	QL (200 syringes every 25 days)
INSULIN SYRG MIS 0.3/31G	QL (200 syringes every 25 days), OTC
INSULIN SYRG MIS 1ML/30G	QL (200 syringes every 25 days), OTC
INSULIN SYRG MIS 1ML/31G	QL (200 syringes every 25 days), OTC
INSULIN SYRG MIS 0.3/31G	QL (200 syringes every 25 days), OTC
INSULIN SYRG MIS 0.5/31G	QL (200 syringes every 25 days), OTC
INSULIN SYRG MIS 1ML/31G	QL (200 syringes every 25 days), OTC
BD U-500 MIS 31GX6MM	QL (200 syringes every 25 days)
BD PEN NEEDL MIS 29GX12.7	QL (200 needles every 25 days), OTC
LITETOUCH MIS 29GX12.7	QL (200 needles every 25 days), OTC
PEN NEEDLE MIS 29GX1/2"	QL (200 needles every 25 days), OTC
PEN NEEDLES MIS 29GX1/2"	QL (200 needles every 25 days), OTC
PEN NEEDLES MIS 29GX12.7	QL (200 needles every 25 days), OTC
SURE COMFORT MIS 29GX1/2"	QL (200 needles every 25 days), OTC
ULTILET PEN MIS 29GX12.7	QL (200 needles every 25 days), OTC
ABOUTTIME MIS 31GX3/16	QL (200 needles every 25 days), OTC
AUM SAFETY MIS 31GX5MM	QL (200 needles every 25 days), OTC
BD PEN NEEDL MIS 31GX5MM	QL (200 needles every 25 days), OTC
CARETOUCH MIS 31GX5MM	QL (200 needles every 25 days), OTC
CLICKFINE MIS 31GX3/16	QL (200 needles every 25 days), OTC
COMFORT EZ MIS 31GX5MM	QL (200 needles every 25 days), OTC
COMFORT TOUC MIS 31GX5MM	QL (200 needles every 25 days), OTC
DIATHRIVE MIS 31GX5MM	QL (200 needles every 25 days), OTC
DROPSAFE MIS 31GX5MM	QL (200 needles every 25 days), OTC

Drug Name	Requirements/Limits
EASY COMFORT MIS 31GX3/16	QL (200 needles every 25 days), OTC
EASY TOUCH MIS 31GX3/16	QL (200 needles every 25 days), OTC
FIFTY50 MIS 31GX3/16	QL (200 needles every 25 days), OTC
FIFTY50 MIS 31GX5MM	QL (200 needles every 25 days), OTC
GNP ULTICARE MIS 31GX5MM	QL (200 needles every 25 days), OTC
IN CONTROL MIS 31GX3/16	QL (200 needles every 25 days), OTC
IN CONTROL MIS 31GX5MM	QL (200 needles every 25 days), OTC
INSUPEN MIS 31GX5MM	QL (200 needles every 25 days), OTC
MM PENTIPS MIS 31GX5MM	QL (200 needles every 25 days)
PEN NEEDLE MIS 31GX3/16	QL (200 needles every 25 days), OTC
PEN NEEDLE MIS 31GX5MM	QL (200 needles every 25 days), OTC
PEN NEEDLES MIS 31GX3/16	QL (200 needles every 25 days), OTC
PEN NEEDLES MIS 31GX5MM	QL (200 needles every 25 days), OTC
PENTIPS MIS 31GX5MM	QL (200 needles every 25 days)
PENTIPS MIS 31GX5MM	QL (200 needles every 25 days), OTC
RA PEN NEEDL MIS 31GX3/16	QL (200 needles every 25 days), OTC
RAYA SURE MIS 31GX5MM	QL (200 needles every 25 days), OTC
SURE COMFORT MIS 31GX3/16	QL (200 needles every 25 days), OTC
1ST TIER UNI MIS 31GX5MM	QL (200 needles every 25 days), OTC
ULTICARE PEN MIS 31GX5MM	QL (200 needles every 25 days), OTC
ULTIGUARD MIS 31GX5MM	QL (200 needles every 25 days), OTC
ULTILET PEN MIS 31GX5MM	QL (200 needles every 25 days), OTC
ULTRA FLO MIS 31GX5MM	QL (200 needles every 25 days), OTC
UNIFINE PLUS MIS 31GX3/16	QL (200 needles every 25 days), OTC

Drug Name	Requirements/Limits
UNIFINE PNTP MIS 31GX3/16	QL (200 needles every 25 days), OTC
UNIFINE PNTP MIS 31GX5MM	QL (200 needles every 25 days), OTC
UNIFINE ULTR MIS 31GX5MM	QL (200 needles every 25 days), OTC
ZEVRX MIS 31GX5MM	QL (200 needles every 25 days), OTC
ABOUTTIME MIS 31GX5/16	QL (200 pen needles every 25 days), OTC
BD PEN NEEDL MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
CAREFINE MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
CARETOUCH MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
CLICKFINE MIS 31GX5/16	QL (200 pen needles every 25 days), OTC
CLICKFINE MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
COMFORT EZ MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
COMFORT TOUC MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
DIATHRIVE MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
EASY COMFORT MIS 31GX5/16	QL (200 pen needles every 25 days), OTC
EASY TOUCH MIS 31GX5/16	QL (200 pen needles every 25 days), OTC
FIFTY50 MIS 31GX5/16	QL (200 pen needles every 25 days), OTC
FIFTY50 PEN MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
GNP ULTICARE MIS 31GX5/16	QL (200 pen needles every 25 days), OTC
HM ULTICARE MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
IN CONTROL MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
INCONTROL MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
INSULIN PEN MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
INSUPEN MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
INSUPEN ULTR MIS 31GX8MM	QL (200 pen needles every 25 days), OTC

Drug Name	Requirements/Limits
LITETOUCH MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
MM PENTIPS MIS 31GX8MM	QL (200 pen needles every 25 days)
PEN NEEDLE MIS 31GX5/16	QL (200 pen needles every 25 days), OTC
PEN NEEDLE MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
PEN NEEDLES MIS 31GX5/16	QL (200 pen needles every 25 days), OTC
PEN NEEDLES MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
PENTIPS MIS 31GX8MM	QL (200 pen needles every 25 days)
PENTIPS MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
PREVENT DROP MIS 31GX5/16	QL (200 pen needles every 25 days), OTC
PREVENT SAFE MIS 31GX5/16	QL (200 pen needles every 25 days), OTC
PRO COMFORT MIS 31GX8MM	QL (200 pen needles every 25 days)
RAYA SURE MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
RELION PEN MIS 31GX5/16	QL (200 pen needles every 25 days), OTC
RELION PEN MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
SURE COMFORT MIS 31GX5/16	QL (200 pen needles every 25 days), OTC
1ST TIER UNI MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
TIER UNI PLS MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
ULTICARE PEN MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
ULTIGUARD MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
ULTILET PEN MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
ULTRA FLO MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
UNIFINE PLUS MIS 31GX5/16	QL (200 pen needles every 25 days), OTC
UNIFINE PNTP MIS 31GX5/16	QL (200 pen needles every 25 days), OTC
UNIFINE PNTP MIS 31GX8MM	QL (200 pen needles every 25 days), OTC

Drug Name	Requirements/Limits
UNIFINE ULTR MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
ZEVRX MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
ABOUTTIME MIS 32GX5/32	QL (200 needles every 25 days), OTC
AUM MINI PEN MIS 32GX4MM	QL (200 needles every 25 days), OTC
AUM READYGRD MIS 32GX4MM	QL (200 needles every 25 days), OTC
BD PEN NEEDL MIS 32GX4MM	QL (200 needles every 25 days)
BD PEN NEEDL MIS 32GX4MM	QL (200 needles every 25 days), OTC
CAREFINE MIS 32GX4MM	QL (200 needles every 25 days), OTC
CARETOUCH MIS 32GX4MM	QL (200 needles every 25 days), OTC
CLICKFINE MIS 32GX5/32	QL (200 needles every 25 days), OTC
COMFORT EZ MIS 32GX4MM	QL (200 needles every 25 days), OTC
COMFORT TOUC MIS 32GX4MM	QL (200 needles every 25 days), OTC
DIATHRIVE MIS 32GX4MM	QL (200 needles every 25 days), OTC
EASY COMFORT MIS 32GX5/32	QL (200 needles every 25 days), OTC
EASY TOUCH MIS 32GX5/32	QL (200 needles every 25 days), OTC
FIFTY50 PEN MIS 32GX4MM	QL (200 needles every 25 days), OTC
GNP ULTICARE MIS 32GX5/32	QL (200 needles every 25 days), OTC
INCONTROL MIS 32GX4MM	QL (200 needles every 25 days), OTC
INSUPEN MIS 32GX4MM	QL (200 needles every 25 days), OTC
MM PENTIPS MIS 32GX4MM	QL (200 needles every 25 days)
NOVOFINE PLS MIS 32GX4MM	QL (200 needles every 25 days), OTC
PEN NEEDLE MIS 32GX4MM	QL (200 needles every 25 days), OTC
PEN NEEDLE MIS 32GX5/32	QL (200 needles every 25 days), OTC
PEN NEEDLES MIS 32GX4MM	QL (200 needles every 25 days), OTC

Drug Name	Requirements/Limits
PEN NEEDLES MIS 32GX5/32	QL (200 needles every 25 days), OTC
PENTIPS MIS 32GX4MM	QL (200 needles every 25 days)
PENTIPS MIS 32GX4MM	QL (200 needles every 25 days), OTC
PIP PEN NEED MIS 32GX4MM	QL (200 needles every 25 days), OTC
PRO COMFORT MIS 32GX4MM	QL (200 needles every 25 days)
PURE COMFORT MIS 32GX4MM	QL (200 needles every 25 days), OTC
RELION PEN MIS 32GX4MM	QL (200 needles every 25 days), OTC
RELION PEN MIS 32GX5/32	QL (200 needles every 25 days), OTC
SURE COMFORT MIS 32GX5/32	QL (200 needles every 25 days)
SURE COMFORT MIS 32GX5/32	QL (200 needles every 25 days), OTC
1ST TIER UNI MIS 32GX4MM	QL (200 needles every 25 days), OTC
ULTICARE MIC MIS 32GX4MM	QL (200 needles every 25 days), OTC
ULTIGUARD MIS 32GX4MM	QL (200 needles every 25 days), OTC
ULTILET PEN MIS 32GX4MM	QL (200 needles every 25 days), OTC
ULTRA FLO MIS PEN NEED	QL (200 needles every 25 days), OTC
UNFINE PNTP MIS 32GX4MM	QL (200 needles every 25 days), OTC
UNIFINE PLUS MIS 32GX5/32	QL (200 needles every 25 days), OTC
UNIFINE PNTP MIS 32GX4MM	QL (200 needles every 25 days), OTC
UNIFINE PNTP MIS 32GX5/32	QL (200 needles every 25 days), OTC
UNIFINE SAFE MIS 32GX4MM	QL (200 needles every 25 days), OTC
UNIFINE ULTR MIS 32GX4MM	QL (200 needles every 25 days), OTC
ZEVRX MIS 32GX4MM	QL (200 needles every 25 days), OTC
AUM MINI PEN MIS 32GX6MM	QL (200 needles every 25 days), OTC
BD PEN NEEDL MIS 32GX6MM	QL (200 needles every 25 days), OTC

Drug Name	Requirements/Limits
CAREFINE MIS 32GX6MM	QL (200 needles every 25 days), OTC
COMFORT EZ MIS 32GX6MM	QL (200 needles every 25 days), OTC
COMFORT TOUC MIS 32GX6MM	QL (200 needles every 25 days), OTC
EASY TOUCH MIS 32GX1/4"	QL (200 needles every 25 days), OTC
EASY TOUCH MIS 32GX6MM	QL (200 needles every 25 days), OTC
FIFTY50 PEN MIS 32GX6MM	QL (200 needles every 25 days), OTC
GNP ULTICARE MIS 32GX1/4"	QL (200 needles every 25 days), OTC
INSUPEN SENS MIS 32GX6MM	QL (200 needles every 25 days), OTC
NOVOFINE MIS 32GX6MM	QL (200 needles every 25 days), OTC
PEN NEEDLE MIS 32GX1/4"	QL (200 needles every 25 days), OTC
PEN NEEDLE MIS 32GX6MM	QL (200 needles every 25 days), OTC
PEN NEEDLES MIS 32GX1/4	QL (200 needles every 25 days), OTC
PEN NEEDLES MIS 32GX1/4"	QL (200 needles every 25 days), OTC
PEN NEEDLES MIS 32GX6MM	QL (200 needles every 25 days), OTC
PENTIPS MIS 32GX6MM	QL (200 needles every 25 days), OTC
PRO COMFORT MIS 32GX6MM	QL (200 needles every 25 days), OTC
PURE COMFORT MIS 32GX6MM	QL (200 needles every 25 days), OTC
SURE COMFORT MIS 32GX6MM	QL (200 needles every 25 days), OTC
ULTIGUARD MIS 32GX6MM	QL (200 needles every 25 days), OTC
UNIFINE PNTP MIS 32GX6MM	QL (200 needles every 25 days), OTC

RESPIRATORY THERAPY SUPPLIES

ACE AERO CLD MIS ENHANCER	
ACTIVITY PCH MIS	
ADULT MASK MIS LARGE	
AEROSOL MASK MIS ADULT	
AEROSOL MASK MIS ADULT	OTC
AEROTRC PLUS MIS	

Drug Name	Requirements/Limits
AIR TUBE MIS /PLUGS	
AIRS PEDIATR MIS MASK	
ALTERA NEB MIS HANDSET	QL
BUBBLES PEDI MIS MASK	OTC
CARETOUCH MIS CPAP	
CO MONITOR MIS T PIECES	
CONVERSION MIS BABY SZ1	
CONVERSION MIS BABY SZ2	
CONVERSION MIS BABY SZ3	
CPAP & BIPAP MIS HOSE	
2 CPAP HOSE MIS HANGER	
CPAP MASK MIS WIPES	
CPAP NEURAL MIS PRE-WASH	
EASY FLOW MIS 300MM	OTC
EASY FLOW MIS 400MM	OTC
EASY FLOW MIS AIR NOZZ	OTC
EASY FLOW MIS HEPA FIL	OTC
EBASE CONTRO MIS KIT	
ERAPID NEB MIS HANDSET	QL
FILTER AIR MIS PP	
FLYP HYPERSO MIS CARTRIDG	OTC
FULL KIT NEB MIS SET	
LITETOUGH MIS MASK LG	
LITETOUGH MIS MASK MD	
LITETOUGH MIS MASK SM	
MINIELITE MIS FILTERS	OTC
NEBULIZER MIS MASK AD	
NEBULIZER MIS MASK CH	
NEBULIZER MIS MASK CHD	
NEBULIZER MIS MASK INF	
NOSE CLIP MIS	OTC
PARI EXPIRAT MIS FILTER	
PARI MASK MIS SIZE 3	
PARI PLASTIC MIS MASK	
PARI PLASTIC MIS MASK PED	
PARI SMRTMSK MIS BABY	OTC
PARI VORTEX MIS ADL MASK	OTC
PEDIATRIC MIS MOUTHPIE	OTC
PFLEX MIS	
PFT FILTER MIS 1000	
PHARM CHOICE MIS WIPES	OTC
PILLOW MASK MIS ADULT	
PILLOW MASK MIS CHILD	
PILLOW MASK MIS PEDIATRI	
PRONEB ULTRA MIS FILTER	OTC

Drug Name	Requirements/Limits
REPLACEMENT MIS FILTER	
REPLACEMENT MIS FILTERS	OTC
SIDESTREAM MIS MASK	
SIDESTREAM MIS MASK	OTC
SIDESTREAM MIS PED MASK	
SIDESTREAM MIS PED MASK	OTC
SIDESTRM PLS MIS FACE MSK	OTC
SILICONE MSK MIS ADULT	
SILICONE MSK MIS INFANT	
SILICONE MSK MIS PED	
SOOTHENE MIS MED CUP	OTC
SOOTHENE MIS MESH CAP	OTC
SOOTHENE MIS NBL 100	OTC
THRESHOLD MIS IMT	
TUBE CLEANIN MIS BRUSH	
WINDMILL MIS TRAINER	
WING TIP MIS TUBING	OTC
AERCHMBR PLS MIS FLOW-VU	
AERCHMBR PLS MIS LRG MASK	
AERCHMBR PLS MIS MED MASK	
AERCHMBR PLS MIS SM MASK	
AERCHMBR Z- MIS STAT PLS	
AEROCHAMBER MIS CHAMBER	
AEROCHAMBER MIS FOSIGNA	
AEROCHAMBER MIS MV	
AEROCHAMBER MIS PLUS	
AEROVENT MIS PLUS	
BREATHE EASE MIS LG MASK	
BREATHE EASE MIS MED MASK	
BREATHE EASE MIS SM MASK	
COMPACT SPAC MIS CHAMBER	
COMPACT SPAC MIS LG MASK	
COMPACT SPAC MIS MD MASK	
COMPACT SPAC MIS SM MASK	
EASIVENT MIS	
EASIVENT MIS MASK LG	
EASIVENT MIS MASK MED	
EASIVENT MIS MASK SM	
FLEXICHAMBER MIS	
HOLD CHAMBER MIS ADLT LG	
HOLD CHAMBER MIS ADLT LG	OTC
HOLD CHAMBER MIS MEDIUM	
HOLD CHAMBER MIS MEDIUM	OTC
HOLD CHAMBER MIS SMALL	
HOLD CHAMBER MIS SMALL	OTC

Drug Name	Requirements/Limits
HOLDING CHAM MIS ADULT	OTC
HOLDING CHAM MIS CHILD	OTC
INSPIRACHAMB MIS LARGE	
INSPIRACHAMB MIS MEDIUM	
INSPIRACHAMB MIS MOUTHPC	
INSPIRACHAMB MIS SMALL	
INSPIREASE MIS DD SYST	
MICROCHAMBER MIS	
MICROSPACER MIS	
OPTICHAMBER MIS DIA LG	
OPTICHAMBER MIS DIA MD	
OPTICHAMBER MIS DIA SM	
OPTICHAMBER MIS DIAMOND	
POCKET CHAMB MIS	
POCKET SPACE MIS	
PROCARE MIS ADULT	OTC
PROCARE MIS CHILD	OTC
PURE COMFORT MIS SPACER	OTC
RITEFLO MIS	
SPACE CHAMBR MIS ANTI-STA	
SPACE CHAMBR MIS LARGE	
SPACE CHAMBR MIS MEDIUM	
SPACE CHAMBR MIS SMALL	
SPACER CHAMB MIS ADULT	OTC
SPACER CHAMB MIS CHILD	OTC
SPACER CHAMB MIS INFANT	OTC
VORTEX VALVE MIS CHAMBER	
FLEXICHAMBER MIS MASK LRG	QL (2 boxes every year)
FLEXICHAMBER MIS MASK SM	QL (2 boxes every year)
MASK VORTEX/ MIS FROG	QL (2 boxes every year), OTC
MASK VORTEX/ MIS LADY BUG	QL (2 boxes every year), OTC
PANDA MASK MIS LARGE	QL (2 packs every year), OTC
PANDA MASK MIS MEDIUM	QL (1 pack every year), OTC
PANDA MASK MIS PEDIATRI	QL (1 pack every year), OTC
PANDA MASK MIS SMALL	QL (1 pack every year), OTC
OPTIONHOME MIS NEBULIZR	QL
HUMIDIFIER MIS COOL MIS	QL (1 humidifier every 2 years), OTC
KAZ VAPORIZR MIS 1 GALLON	OTC, QL (1 every 2 years)
KAZ VAPORIZR MIS 1.5 GAL	OTC, QL (1 every 2 years)
KAZ VAPORIZR MIS 2.2 GAL	OTC, QL (1 every 2 years)
LIFESTYLECOM MIS VAPORIZE	OTC, QL (1 every 2 years)

Drug Name	Requirements/Limits
VAPORIZER MIS 1 GALLON	OTC, QL (1 every 2 years)
VAPORIZER MIS 1.2 GAL	OTC, QL (1 every 2 years)
VAPORIZER MIS 1.7 GAL	OTC, QL (1 every 2 years)
VAPORIZER MIS 1.9 GAL	OTC, QL (1 every 2 years)
VAPORIZER MIS 2 GALLON	OTC, QL (1 every 2 years)
VAPORIZER MIS 3 GALLON	OTC, QL (1 every 2 years)
VAPORIZER MIS WATERLES	OTC, QL (1 every 2 years)

RESPIRATORY AIDS

ACTEEV PROTE MIS MASK	OTC
ALL PURPOSE MIS MASK	OTC
BREATHE COMF MIS SHIELD	OTC
CLEVER CHOIC MIS MASK	OTC
CLEVR CHOICE MIS MEDICAL	OTC
DISPOSABLE MIS FACE MAS	OTC
EAR-LOOP MIS MASK SM	OTC
EARLOOP MIS MASK	OTC
EASY FLOW MIS KN 95	OTC
FACE MASK MIS 3 PLY	OTC
FACE MASK MIS 3-PLY	OTC
FACE MASK MIS EARLOOP	
FACE MASK MIS EARLOOP	OTC
FACE MASK MIS N-100	
FACE MASK MIS R95 PART	
FACE MASK MIS SURG/DIS	OTC
FACE MASKS MIS 3 LAYER	OTC
J&J GERM FIL MIS MASK	OTC
KN95 DISPOSA MIS MASK	OTC
KN95 MEDICAL MIS MASK	OTC
MASK PEDIATR MIS SIZE 1"	OTC
N95 MASK MIS	OTC
N95 PARTICUL MIS ATE RESP	OTC
PEDIATRIC MD MIS MASK	OTC
PEDIATRIC SM MIS MASK	OTC
PROCEDURAL MIS MASK	OTC
SHIELD-SECUR MIS	OTC
SURGICAL MSK MIS N95	

DIABETIC SUPPLIES

OMNIPOD DASH MIS PODS	PA
OMNIPOD 5 G6 KIT INTRO	PA
V-GO KIT	PA
ONE TOUCH KIT VERIO FL	OTC
ONETOUCH KIT ULT MINI	OTC
ONETOUCH KIT ULTRA 2	OTC
ONETOUCH KIT VERIO	OTC
ONETOUCH KIT VERIO FL	OTC

Drug Name	Requirements/Limits
ONETOUCH KIT VERIO IQ	OTC
ONETOUCH KIT VERIO RE	OTC
ACTI-LANCE MIS 28G	QL (200 lancets every 25 days), OTC
ACTI-LANCE MIS LITE 28G	QL (200 lancets every 25 days), OTC
ACTI-LANCE MIS SPEC 17G	QL (200 lancets every 25 days), OTC
ACTI-LANCE MIS UNIV 23G	QL (200 lancets every 25 days), OTC
ADV TRAVEL MIS LANC 28G	QL (200 lancets every 25 days), OTC
ADVCATE SAFE MIS LANC 26G	QL (200 lancets every 25 days), OTC
ADVOCATE MIS LANC 30G	QL (200 lancets every 25 days), OTC
ADVOCATE MIS LANCETS	QL (200 lancets every 25 days), OTC
AGAMATRIX MIS 33G	QL (200 lancets every 25 days), OTC
AIMSCO TWIST MIS 32G	QL (200 lancets every 25 days), OTC
AIMSCO TWIST MIS 33G	QL (200 lancets every 25 days), OTC
AQUALANCE MIS 30G	QL (200 lancets every 25 days), OTC
ASSURE CMFRT MIS 28G	QL (200 lancets every 25 days), OTC
ASSURE LANCE MIS 21G	QL (200 lancets every 25 days), OTC
ASSURE LANCE MIS 28G	QL (200 lancets every 25 days), OTC
ASSURE LANCE MIS LOW FLOW	QL (200 lancets every 25 days), OTC
ASSURE LANCE MIS MICRO	QL (200 lancets every 25 days), OTC
ASSURE LANCE MIS SAFE 25G	QL (200 lancets every 25 days), OTC
ASSURE LANCE MIS SAFE 30G	QL (200 lancets every 25 days), OTC
ASSURE PLUS MIS HIGH 18G	QL (200 lancets every 25 days), OTC
ASSURE PLUS MIS LOW 25G	QL (200 lancets every 25 days), OTC
ASSURE PLUS MIS MCRO 28G	QL (200 lancets every 25 days), OTC

Drug Name	Requirements/Limits
ASSURE PLUS MIS NORM 21G	QL (200 lancets every 25 days), OTC
ASSURE PLUS MIS PEDIATRI	QL (200 lancets every 25 days), OTC
AURORA LANCE MIS 30G	QL (200 lancets every 25 days), OTC
AURORA LANCE MIS THIN 23G	QL (200 lancets every 25 days), OTC
AUTO LANCET MIS	QL (200 lancets every 25 days), OTC
BD LANCET UF MIS 30G	QL (200 lancets every 25 days), OTC
BD LANCET UF MIS 33G	QL (200 lancets every 25 days), OTC
BD MICROTAIN MIS LANCETS	QL (200 lancets every 25 days), OTC
CAREONE LANC MIS 30G	QL (200 lancets every 25 days), OTC
CAREONE LANC MIS THIN 23G	QL (200 lancets every 25 days), OTC
CARESENS 30G MIS LANCETS	QL (200 lancets every 25 days), OTC
CARETOUCH MIS LANC 26G	QL (200 lancets every 25 days), OTC
CARETOUCH MIS LANC 28G	QL (200 lancets every 25 days), OTC
CARETOUCH MIS LANC 30G	QL (200 lancets every 25 days), OTC
CARETOUCH MIS TWIST 28	QL (200 lancets every 25 days), OTC
CARETOUCH MIS TWIST 30	QL (200 lancets every 25 days), OTC
CARETOUCH MIS TWIST 33	QL (200 lancets every 25 days), OTC
CLEANLET 28G MIS LANCETS	QL (200 lancets every 25 days), OTC
CLEVER CHECK MIS	QL (200 lancets every 25 days), OTC
CLEVER CHECK MIS 30G	QL (200 lancets every 25 days), OTC
COAGUCHEK MIS LANCETS	QL (200 lancets every 25 days), OTC
COMFORT ASSU MIS LANC 28G	QL (200 lancets every 25 days), OTC
COMFORT ASSU MIS LANC 33G	QL (200 lancets every 25 days), OTC
COMFORT EZ MIS 21G	QL (200 lancets every 25 days), OTC

Drug Name	Requirements/Limits
COMFORT EZ MIS 23G	QL (200 lancets every 25 days), OTC
COMFORT EZ MIS 28G	QL (200 lancets every 25 days), OTC
COMFORT MIS LANCETS	QL (200 lancets every 25 days), OTC
COMFORT TCH MIS LANC 30G	QL (200 lancets every 25 days), OTC
COMFORT TCH MIS LANC 31G	QL (200 lancets every 25 days), OTC
COMFORTOUCH MIS LANCET	QL (200 lancets every 25 days), OTC
CVS LANCETS MIS 21G	QL (200 lancets every 25 days), OTC
CVS LANCETS MIS 30G	QL (200 lancets every 25 days), OTC
CVS LANCETS MIS 33G	QL (200 lancets every 25 days), OTC
CVS LANCETS MIS ORIGINAL	QL (200 lancets every 25 days), OTC
CVS LANCETS MIS THIN 26G	QL (200 lancets every 25 days), OTC
CVS LANCETS MIS THIN 30G	QL (200 lancets every 25 days), OTC
CVS LANCETS MIS THIN 33G	QL (200 lancets every 25 days), OTC
DIATHRIVE MIS LANCETS	QL (200 lancets every 25 days), OTC
DIATHRIVE MIS UT 30G	QL (200 lancets every 25 days), OTC
DROPLET LANC MIS 30G	QL (200 lancets every 25 days), OTC
DROPLET PERS MIS LANC 30G	QL (200 lancets every 25 days), OTC
E-Z JECT MIS 21G	QL (200 lancets every 25 days), OTC
E-Z JECT MIS 21G COLR	QL (200 lancets every 25 days), OTC
E-Z JECT MIS 30G	QL (200 lancets every 25 days), OTC
E-Z JECT MIS 32G COLR	QL (200 lancets every 25 days), OTC
E-Z JECT MIS LANC 21G	QL (200 lancets every 25 days), OTC
E-Z JECT MIS THIN 26G	QL (200 lancets every 25 days), OTC
E-ZJECT LANC MIS 33G	QL (200 lancets every 25 days), OTC

Drug Name	Requirements/Limits
EASY COMFORT MIS 30G	QL (200 lancets every 25 days), OTC
EASY COMFORT MIS LANC/30G	QL (200 lancets every 25 days), OTC
EASY COMFORT MIS TWIST	QL (200 lancets every 25 days), OTC
EASY TOUCH MIS LANC/21G	QL (200 lancets every 25 days), OTC
EASY TOUCH MIS LANC/23G	QL (200 lancets every 25 days), OTC
EASY TOUCH MIS LANC/26G	QL (200 lancets every 25 days), OTC
EASY TOUCH MIS LANC/28G	QL (200 lancets every 25 days), OTC
EASY TOUCH MIS LANC/30G	QL (200 lancets every 25 days), OTC
EASY TOUCH MIS LANC/32G	QL (200 lancets every 25 days), OTC
EASY TOUCH MIS LANC/33G	QL (200 lancets every 25 days), OTC
EMBRACE LANC MIS 21G	QL (200 lancets every 25 days), OTC
EMBRACE LANC MIS 28G	QL (200 lancets every 25 days), OTC
EMBRACE LANC MIS THIN 30G	QL (200 lancets every 25 days), OTC
EQL LANCETS MIS 21G COLR	QL (200 lancets every 25 days), OTC
EQL LANCETS MIS 33G COLR	QL (200 lancets every 25 days), OTC
EQL LANCETS MIS THIN 26G	QL (200 lancets every 25 days), OTC
EQL LANCETS MIS THIN 30G	QL (200 lancets every 25 days), OTC
EZ-LETS 21G MIS LANCETS	QL (200 lancets every 25 days), OTC
EZ-LETS 26G MIS LANCETS	QL (200 lancets every 25 days), OTC
EZ-LETS 28G MIS LANCETS	QL (200 lancets every 25 days), OTC
EZ-LETS 30G MIS LANCETS	QL (200 lancets every 25 days), OTC
FASTCLIX MIS LANCETS	QL (200 lancets every 25 days), OTC
FIFTY50 SAFE MIS LANCETS	QL (200 lancets every 25 days), OTC
FINE 30 MIS	QL (200 lancets every 25 days), OTC

Drug Name	Requirements/Limits
FINGERSTIX MIS LANCETS	QL (200 lancets every 25 days), OTC
FORA LANCETS MIS 30G	QL (200 lancets every 25 days), OTC
FORA MIS LANCETS	QL (200 lancets every 25 days), OTC
FREESTYLE MIS LANCETS	QL (200 lancets every 25 days), OTC
GENTEEEL MIS LANCETS	QL (200 lancets every 25 days), OTC
GENTLE-LET MIS 26G	QL (200 lancets every 25 days), OTC
GENTLE-LET MIS 28G	QL (200 lancets every 25 days), OTC
GENTLE-LET MIS LANCETS	QL (200 lancets every 25 days), OTC
GLOBAL 28G MIS LANCETS	QL (200 lancets every 25 days), OTC
GLOBAL 30G MIS LANCETS	QL (200 lancets every 25 days), OTC
GLUCOCOM MIS 28G	QL (200 lancets every 25 days), OTC
GLUCOCOM MIS 30G	QL (200 lancets every 25 days), OTC
GLUCOCOM MIS 33G	QL (200 lancets every 25 days), OTC
GNP LANCETS MIS 21G	QL (200 lancets every 25 days), OTC
GNP LANCETS MIS 28G	QL (200 lancets every 25 days), OTC
GNP LANCETS MIS 30G	QL (200 lancets every 25 days), OTC
GNP LANCETS MIS 33G	QL (200 lancets every 25 days), OTC
GNP LANCETS MIS THIN 26G	QL (200 lancets every 25 days), OTC
GOJJI LANCET MIS 30G	QL (200 lancets every 25 days), OTC
GOODSENSE MIS LANC 26G	QL (200 lancets every 25 days), OTC
GOODSENSE MIS LANC 30G	QL (200 lancets every 25 days), OTC
GOODSENSE MIS LANC 33G	QL (200 lancets every 25 days), OTC
HAEMOLANCE MIS HIGH FLO	QL (200 lancets every 25 days), OTC
HAEMOLANCE MIS LOW FLOW	QL (200 lancets every 25 days), OTC

Drug Name	Requirements/Limits
HAEMOLANCE MIS PLUS	QL (200 lancets every 25 days), OTC
HAEMOLANCE MIS PLUS LOW	QL (200 lancets every 25 days), OTC
HAEMOLANCE MIS PLUS MAX	QL (200 lancets every 25 days), OTC
HAEMOLANCE MIS PLUS PED	QL (200 lancets every 25 days), OTC
HAEMOLANCE MIS RETRACT	QL (200 lancets every 25 days), OTC
HLTHY ACCNTS MIS LANC 30G	QL (200 lancets every 25 days), OTC
IN TOUCH LAN MIS 30G	QL (200 lancets every 25 days), OTC
INCONTROL MIS LANC 28G	QL (200 lancets every 25 days), OTC
INCONTROL MIS LANC 30G	QL (200 lancets every 25 days), OTC
INCONTROL MIS LANC 33G	QL (200 lancets every 25 days), OTC
KINNEY MIS LANCETS	QL (200 lancets every 25 days), OTC
KINNEY THIN MIS LANCETS	QL (200 lancets every 25 days), OTC
KROGER LANCE MIS	QL (200 lancets every 25 days), OTC
KROGER LANCE MIS 26G	QL (200 lancets every 25 days), OTC
KROGER LANCE MIS THIN	QL (200 lancets every 25 days), OTC
KROGER LANCE MIS THIN 30G	QL (200 lancets every 25 days), OTC
LANCET MICRO MIS THIN 33G	QL (200 lancets every 25 days), OTC
LANCET STAND MIS 21G	QL (200 lancets every 25 days), OTC
LANCET SUPER MIS THIN 30G	QL (200 lancets every 25 days), OTC
LANCET ULTRA MIS 28G	QL (200 lancets every 25 days), OTC
LANCET ULTRA MIS THIN 30G	QL (200 lancets every 25 days), OTC
LANCETS MICR MIS THIN 33G	QL (200 lancets every 25 days), OTC
LANCETS MIS	QL (200 lancets every 25 days), OTC
LANCETS MIS 21G	QL (200 lancets every 25 days), OTC

Drug Name	Requirements/Limits
LANCETS MIS 21G COLR	QL (200 lancets every 25 days), OTC
LANCETS MIS 26G	QL (200 lancets every 25 days), OTC
LANCETS MIS 28G	QL (200 lancets every 25 days), OTC
LANCETS MIS 30G	QL (200 lancets every 25 days), OTC
LANCETS MIS 33G	QL (200 lancets every 25 days), OTC
LANCETS MIS ORIGINAL	QL (200 lancets every 25 days), OTC
LANCETS MIS THIN	QL (200 lancets every 25 days), OTC
LANCETS MIS THIN 26G	QL (200 lancets every 25 days), OTC
LANCETS MIS THIN 30G	QL (200 lancets every 25 days), OTC
LANCETS SUPR MIS THIN 28G	QL (200 lancets every 25 days), OTC
LANCETS THIN MIS	QL (200 lancets every 25 days), OTC
LANCETS THIN MIS 26G	QL (200 lancets every 25 days), OTC
LANCETS ULTR MIS THIN	QL (200 lancets every 25 days), OTC
LANCETS ULTR MIS THIN 31G	QL (200 lancets every 25 days), OTC
LB LANCET MIS 28G	QL (200 lancets every 25 days), OTC
LIFESCAN MIS UNISTIK2	QL (200 lancets every 25 days), OTC
LITE TOUCH MIS LANCETS	QL (200 lancets every 25 days), OTC
LITETOUCH MIS LANCETS	QL (200 lancets every 25 days), OTC
LONGS LANCET MIS STANDARD	QL (200 lancets every 25 days), OTC
LONGS LANCET MIS THIN	QL (200 lancets every 25 days), OTC
LONGS LANCET MIS ULTRA TH	QL (200 lancets every 25 days), OTC
MEDICHOICE MIS LANCET	QL (200 lancets every 25 days), OTC
MEDLANCE MIS 30G PLUS	QL (200 lancets every 25 days), OTC
MEDLANCE MIS EXTR 21G	QL (200 lancets every 25 days), OTC

Drug Name	Requirements/Limits
MEDLANCE MIS LITE 25G	QL (200 lancets every 25 days), OTC
MEDLANCE MIS PLUS	QL (200 lancets every 25 days), OTC
MEDLANCE MIS PLUS 30G	QL (200 lancets every 25 days), OTC
MEDLANCE MIS UNV 21G	QL (200 lancets every 25 days), OTC
MEDLANCE PLS MIS 0.8MM	QL (200 lancets every 25 days), OTC
MEDLANCE PLS MIS EXTR 21G	QL (200 lancets every 25 days), OTC
MEDLANCE PLS MIS LITE 25G	QL (200 lancets every 25 days), OTC
MEDLANCE PLS MIS UNIV 21G	QL (200 lancets every 25 days), OTC
MEIJER LANCE MIS COLOR	QL (200 lancets every 25 days), OTC
MEIJER LANCE MIS UNIV 21G	QL (200 lancets every 25 days), OTC
MEIJER LANCE MIS UNIV 30G	QL (200 lancets every 25 days), OTC
MEIJER LANCE MIS UNIVERSA	QL (200 lancets every 25 days), OTC
MEIJER MIS LANCETS	QL (200 lancets every 25 days), OTC
MICRO THIN MIS LANC 33G	QL (200 lancets every 25 days), OTC
MICROLET MIS LANCETS	QL (200 lancets every 25 days), OTC
MM TWIST MIS LANCETS	QL (200 lancets every 25 days), OTC
MOBILE LANCE MIS 30G	QL (200 lancets every 25 days), OTC
MONOLET MIS LANCETS	QL (200 lancets every 25 days), OTC
MONOLET OPD MIS LANCETS	QL (200 lancets every 25 days), OTC
MONOLETTOR MIS LANCETS	QL (200 lancets every 25 days), OTC
MPD SFTY LAN MIS 21G	QL (200 lancets every 25 days), OTC
MPD SFTY LAN MIS 23G	QL (200 lancets every 25 days), OTC
MPD SFTY LAN MIS 28G	QL (200 lancets every 25 days), OTC
MPD SFTY LAN MIS 30G	QL (200 lancets every 25 days), OTC

Drug Name	Requirements/Limits
MYGLUCOHEALT MIS LANC 30G	QL (200 lancets every 25 days), OTC
NOVA SAFETY MIS LANC 23G	QL (200 lancets every 25 days), OTC
NOVA SAFETY MIS LANC 28G	QL (200 lancets every 25 days), OTC
NOVA SURE MIS LANCETS	QL (200 lancets every 25 days), OTC
ON-THE-GO MIS LANC 30G	QL (200 lancets every 25 days), OTC
ONETOUCH DEL MIS PLUS 30G	QL (200 lancets every 25 days), OTC
ONETOUCH DEL MIS PLUS 33G	QL (200 lancets every 25 days), OTC
ONETOUCH FP MIS LANCETS	QL (200 lancets every 25 days), OTC
ONETOUCH MIS 30G	QL (200 lancets every 25 days), OTC
ONETOUCH MIS LANCETS	QL (200 lancets every 25 days), OTC
ONETOUCH US MIS LANCETS	QL (200 lancets every 25 days), OTC
PC LANCETS MIS 30G	QL (200 lancets every 25 days), OTC
PERFECT 28G MIS LANCETS	QL (200 lancets every 25 days), OTC
PERFECT 30G MIS LANCETS	QL (200 lancets every 25 days), OTC
PHARMACY COU MIS LANCETS	QL (200 lancets every 25 days), OTC
PIP LANCETS MIS 28G	QL (200 lancets every 25 days), OTC
PIP LANCETS MIS 30G	QL (200 lancets every 25 days), OTC
PRO COMFORT MIS 31G	QL (200 lancets every 25 days), OTC
PRO COMFORT MIS LANCETS	QL (200 lancets every 25 days), OTC
PRODIGY MIS 26G	QL (200 lancets every 25 days), OTC
PRODIGY MIS 28G	QL (200 lancets every 25 days), OTC
PSS SAFE LAN MIS	QL (200 lancets every 25 days), OTC
PSS SEL LANC MIS	QL (200 lancets every 25 days), OTC
PURE COMFORT MIS 30G LAN	QL (200 lancets every 25 days), OTC

Drug Name	Requirements/Limits
PX LANCETS MIS 28G	QL (200 lancets every 25 days), OTC
PX LANCETS MIS 33G	QL (200 lancets every 25 days), OTC
PX LANCETS MIS ULT THIN	QL (200 lancets every 25 days), OTC
QC LANCETS MIS 28G	QL (200 lancets every 25 days), OTC
QC LANCETS MIS 30G	QL (200 lancets every 25 days), OTC
RA E-ZJECT MIS 28G	QL (200 lancets every 25 days), OTC
RA E-ZJECT MIS THIN 26G	QL (200 lancets every 25 days), OTC
RA E-ZJECT MIS THIN 28G	QL (200 lancets every 25 days), OTC
RA E-ZJECT MIS ULT THIN	QL (200 lancets every 25 days), OTC
READYLANCE MIS 21G	QL (200 lancets every 25 days), OTC
READYLANCE MIS 23G	QL (200 lancets every 25 days), OTC
READYLANCE MIS 26G	QL (200 lancets every 25 days), OTC
READYLANCE MIS 28G	QL (200 lancets every 25 days), OTC
READYLANCE MIS 30G	QL (200 lancets every 25 days), OTC
REALITY MIS LANCETS	QL (200 lancets every 25 days), OTC
REALITY TRIG MIS LANCETS	QL (200 lancets every 25 days), OTC
RELION LANCE MIS THIN 26G	QL (200 lancets every 25 days), OTC
RELION LANCE MIS THIN 30G	QL (200 lancets every 25 days), OTC
RELION MICRO MIS THIN 33G	QL (200 lancets every 25 days), OTC
RELION ULTRA MIS THIN 30G	QL (200 lancets every 25 days), OTC
RELION ULTRA MIS THIN PLS	QL (200 lancets every 25 days), OTC
RIGHTEST MIS GL300	QL (200 lancets every 25 days), OTC
SAFE-T-LANCE MIS 21G	QL (200 lancets every 25 days), OTC
SAFE-T-LANCE MIS 25G	QL (200 lancets every 25 days), OTC

Drug Name	Requirements/Limits
SAFE-T-LANCE MIS HI FLOW	QL (200 lancets every 25 days), OTC
SAFE-T-LANCE MIS LOW FLOW	QL (200 lancets every 25 days), OTC
SAFE-T-LANCE MIS NOR FLOW	QL (200 lancets every 25 days), OTC
SAFE-T-PRO MIS LANCETS	QL (200 lancets every 25 days), OTC
SAFE-T-PRO MIS PLUS	QL (200 lancets every 25 days), OTC
SAFETY 21G MIS LANCETS	QL (200 lancets every 25 days), OTC
SAFETY 28G MIS LANCETS	QL (200 lancets every 25 days), OTC
SAFETY 30G MIS LANCETS	QL (200 lancets every 25 days), OTC
SAFETY MIS LANCETS	QL (200 lancets every 25 days), OTC
SAPS HEALTH MIS TWIST	QL (200 lancets every 25 days), OTC
SAPS TWIST MIS 30G	QL (200 lancets every 25 days), OTC
SAPSCARE MIS TWIST	QL (200 lancets every 25 days), OTC
SB LANCETS MIS THIN	QL (200 lancets every 25 days), OTC
SB LANCETS MIS ULTR THN	QL (200 lancets every 25 days), OTC
SINGLE-LET MIS 23G	QL (200 lancets every 25 days), OTC
SM LANCETS MIS 33G	QL (200 lancets every 25 days), OTC
SMART SENSE MIS LANC 21G	QL (200 lancets every 25 days), OTC
SMART SENSE MIS LANC 26G	QL (200 lancets every 25 days), OTC
SMART SENSE MIS LANC 30G	QL (200 lancets every 25 days), OTC
SMART SENSE MIS LANC 33G	QL (200 lancets every 25 days), OTC
SMARTEST MIS LANCETS	QL (200 lancets every 25 days), OTC
SOFTCLIX MIS LANCETS	QL (200 lancets every 25 days), OTC
SOLUS V2 MIS LANC 28G	QL (200 lancets every 25 days), OTC
SOLUS V2 MIS LANC 30G	QL (200 lancets every 25 days), OTC

Drug Name	Requirements/Limits
STERILANCE MIS TL 28G	QL (200 lancets every 25 days), OTC
STERILANCE MIS TL 30G	QL (200 lancets every 25 days), OTC
STERILANCE MIS TL 32G	QL (200 lancets every 25 days), OTC
SUPER THIN MIS LANC 28G	QL (200 lancets every 25 days), OTC
SUPER THIN MIS LANCETS	QL (200 lancets every 25 days), OTC
SURE COMFORT MIS LANC 18G	QL (200 lancets every 25 days), OTC
SURE COMFORT MIS LANC 21G	QL (200 lancets every 25 days), OTC
SURE COMFORT MIS LANC 23G	QL (200 lancets every 25 days), OTC
SURE COMFORT MIS LANC 30G	QL (200 lancets every 25 days), OTC
SURE COMFORT MIS LANCETS	QL (200 lancets every 25 days), OTC
SUREFLEX MIS LANCETS	QL (200 lancets every 25 days), OTC
SURELITE MIS LANCETS	QL (200 lancets every 25 days), OTC
TECHLITE AST MIS LANCETS	QL (200 lancets every 25 days), OTC
TECHLITE MIS LANC 30G	QL (200 lancets every 25 days), OTC
TECHLITE MIS LANCETS	QL (200 lancets every 25 days), OTC
TGT LANCET MIS 26G	QL (200 lancets every 25 days), OTC
TGT LANCET MIS 30G	QL (200 lancets every 25 days), OTC
TGT LANCET MIS 33G	QL (200 lancets every 25 days), OTC
THIN LANCETS MIS 26G	QL (200 lancets every 25 days), OTC
THIN LANCETS MIS 30G	QL (200 lancets every 25 days), OTC
THINLETS GP MIS 26G	QL (200 lancets every 25 days), OTC
TOPCARE MIS LANC 33G	QL (200 lancets every 25 days), OTC
TRAVEL LANCE MIS 30G	QL (200 lancets every 25 days), OTC
TRAVEL LANCE MIS ADV 28G	QL (200 lancets every 25 days), OTC

Drug Name	Requirements/Limits
TRUE COMFORT MIS LANC 30G	QL (200 lancets every 25 days), OTC
TRUPLUS LANC MIS 26G	QL (200 lancets every 25 days), OTC
TRUPLUS LANC MIS 28G	QL (200 lancets every 25 days), OTC
TRUPLUS LANC MIS 30G	QL (200 lancets every 25 days), OTC
TRUPLUS LANC MIS 33G	QL (200 lancets every 25 days), OTC
TWIST LANCET MIS 30G MULT	QL (200 lancets every 25 days), OTC
ULTILET MIS 26G	QL (200 lancets every 25 days), OTC
ULTILET MIS 28G	QL (200 lancets every 25 days), OTC
ULTILET MIS 30G	QL (200 lancets every 25 days), OTC
ULTILET MIS 33G	QL (200 lancets every 25 days), OTC
ULTILET MIS LANCETS	QL (200 lancets every 25 days), OTC
ULTILET MIS SAFETY	QL (200 lancets every 25 days), OTC
ULTILET SAFE MIS 21G	QL (200 lancets every 25 days), OTC
ULTRA THIN MIS 28G	QL (200 lancets every 25 days), OTC
ULTRA THIN MIS 30G	QL (200 lancets every 25 days), OTC
ULTRA THIN MIS 31G	QL (200 lancets every 25 days), OTC
ULTRA THIN MIS 33G	QL (200 lancets every 25 days), OTC
ULTRA THIN MIS LAN 31G	QL (200 lancets every 25 days), OTC
ULTRA THIN MIS LANC 28G	QL (200 lancets every 25 days), OTC
ULTRA THIN MIS LANC 30G	QL (200 lancets every 25 days), OTC
ULTRA THIN MIS LANCETS	QL (200 lancets every 25 days), OTC
UNILET CMFR MIS TCH 28G	QL (200 lancets every 25 days), OTC
UNILET CMFR MIS TCH 30G	QL (200 lancets every 25 days), OTC
UNILET EX II MIS 28G	QL (200 lancets every 25 days), OTC

Drug Name	Requirements/Limits
UNILET EXCEL MIS 23G	QL (200 lancets every 25 days), OTC
UNILET G.P MIS SUPR 23G	QL (200 lancets every 25 days), OTC
UNILET G.P. MIS 21G	QL (200 lancets every 25 days), OTC
UNILET GP 28 MIS ULT THIN	QL (200 lancets every 25 days), OTC
UNILET LANC MIS 33G	QL (200 lancets every 25 days), OTC
UNILET LANCE MIS 21G	QL (200 lancets every 25 days), OTC
UNILET LANCE MIS 28G	QL (200 lancets every 25 days), OTC
UNILET LANCE MIS 33G	QL (200 lancets every 25 days), OTC
UNILET LANCT MIS 28G	QL (200 lancets every 25 days), OTC
UNILET LANCT MIS 30G	QL (200 lancets every 25 days), OTC
UNILET LANCT MIS 33G	QL (200 lancets every 25 days), OTC
UNILET MICRO MIS 33G	QL (200 lancets every 25 days), OTC
UNILET MIS 21G	QL (200 lancets every 25 days), OTC
UNILET SUPER MIS 23G	QL (200 lancets every 25 days), OTC
UNILET SUPER MIS G.P. 23G	QL (200 lancets every 25 days), OTC
UNISTIK 3 MIS GENT 30G	QL (200 lancets every 25 days), OTC
UNISTIK II MIS LANCETS	QL (200 lancets every 25 days), OTC
UNISTIK PRO MIS LANC 21G	QL (200 lancets every 25 days), OTC
UNISTIK PRO MIS LANC 28G	QL (200 lancets every 25 days), OTC
UNISTIK SAFE MIS LANC 28G	QL (200 lancets every 25 days), OTC
UNISTIK SAFE MIS LANC 30G	QL (200 lancets every 25 days), OTC
UNISTIK TOUC MIS LANC 21G	QL (200 lancets every 25 days), OTC
UNISTIK TOUC MIS LANC 23G	QL (200 lancets every 25 days), OTC
UNISTIK TOUC MIS LANC 28G	QL (200 lancets every 25 days), OTC

Drug Name	Requirements/Limits
UNISTIK TOUC MIS LANC 30G	QL (200 lancets every 25 days), OTC
UNITSTIK PRO MIS LANC 25G	QL (200 lancets every 25 days), OTC
UNIVERSAL 1 MIS 33G	QL (200 lancets every 25 days), OTC
UNIVERSAL 1 MIS LANC 26G	QL (200 lancets every 25 days), OTC
UNIVERSAL 1 MIS LANC 30G	QL (200 lancets every 25 days), OTC
VIVAGUARD MIS 28G	QL (200 lancets every 25 days), OTC
VIVAGUARD MIS 30G	QL (200 lancets every 25 days), OTC
ZEVRX TWIST MIS LANC 30G	QL (200 lancets every 25 days), OTC

BANDAGES-DRESSINGS-TAPE

ACT BRIGHTS MIS BANDAGES	OTC
ACT SPORT FM MIS 1-1/8"X3	OTC
ACT SPORT FM MIS ASSORTED	OTC
ACT SPORT FM MIS KNEE/ELB	OTC
ADH BANDAGE MIS ANTIBACT	OTC
ADH BANDAGE MIS CLEAR	OTC
ADH BANDAGE MIS FLEXIBLE	OTC
ADH BANDAGE MIS FOAM	OTC
ADH BANDAGE MIS FOAM TOE	OTC
ADH BANDAGE MIS HEALTH	OTC
ADH BANDAGE MIS HYPO-ALL	OTC
ADH BANDAGE MIS PLASTIC	OTC
ADH BANDAGE MIS RETENTIO	OTC
ADH BANDAGE MIS SHEER	OTC
ADH BANDAGE MIS STRONG	OTC
ADH BANDAGE MIS WTR SHLD	OTC
ADHESIVE PAD MIS LARGE	OTC
ADHESIVE PAD MIS MEDIUM	OTC
ADV HEALING MIS BANDAGES	OTC
ANIMAL PRINT MIS STRIPS	OTC
ANTI-BACTRIA MIS CHILD	OTC
ANTIBAC BNDG MIS 7/8"	OTC
ANTIBAC FABR MIS STRIPS	OTC
ANTIBACTERAI MIS BANDAGES	OTC
ANTIBACTERIA MIS BANDAGES	OTC
ANTIBACTERIA MIS CLEAR	OTC
BAND AID MED MIS BUTTRFLY	OTC
BAND AID MIS 1"	OTC
BAND-AID CLR MIS 7/8"SPOT	OTC

Drug Name	Requirements/Limits
BAND-AID FAM MIS PACK	OTC
BAND-AID FLX MIS	OTC
BAND-AID FLX MIS 1" X 3"	OTC
BAND-AID FLX MIS 1"X3"	OTC
BAND-AID FLX MIS 3/4"X3"	OTC
BAND-AID FLX MIS ASSORTED	OTC
BAND-AID FLX MIS EXTRA LG	OTC
BAND-AID FLX MIS FABRIC	OTC
BAND-AID FLX MIS FINGRTIP	OTC
BAND-AID FLX MIS KNUCKLE	OTC
BAND-AID HYD MIS ACNE BLE	OTC
BAND-AID HYD MIS ALL-PURP	OTC
BAND-AID HYD MIS BLS CUSH	OTC
BAND-AID HYD MIS LARGE	OTC
BAND-AID LG MIS BUTTRFLY	OTC
BAND-AID MIS	OTC
BAND-AID MIS 3/4"X3"	OTC
BAND-AID MIS BABY SHA	OTC
BAND-AID MIS BLUE CLU	OTC
BAND-AID MIS DIS PRIN	OTC
BAND-AID MIS FROZEN	OTC
BAND-AID MIS GLOW-DRK	OTC
BAND-AID MIS HL KITTY	OTC
BAND-AID MIS HOT COLR	OTC
BAND-AID MIS LIGHTYEA	OTC
BAND-AID MIS MEDICATE	OTC
BAND-AID MIS MICK MOU	OTC
BAND-AID MIS OURTONE	OTC
BAND-AID MIS PIXAR	OTC
BAND-AID MIS POKEMON	OTC
BAND-AID MIS RUGRATS	OTC
BAND-AID MIS SENSITIV	OTC
BAND-AID MIS SHEER	OTC
BAND-AID MIS SHEER CF	OTC
BAND-AID MIS SKN FLX	OTC
BAND-AID MIS SPORT EX	OTC
BAND-AID MIS STAR WAR	OTC
BAND-AID MIS SUP MARI	OTC
BAND-AID MIS THAT GIR	OTC
BAND-AID MIS TOUGH	OTC
BAND-AID MIS TOUGH WP	OTC
BAND-AID MIS TOUGH XL	OTC
BAND-AID MIS TOUGH-ST	OTC
BAND-AID MIS TOY STRY	OTC
BAND-AID MIS VARIETY	OTC

Drug Name	Requirements/Limits
BAND-AID MIS X-LG	OTC
BAND-AID PAW MIS PATROL	OTC
BAND-AID WTR MIS BLC FLEX	OTC
BANDAGE FABR MIS EX-LONG	OTC
BANDAGES FAB MIS ASSORTED	OTC
BLISTER REL MIS BANDAGE	OTC
BUTTERFLY MIS CLOSURES	OTC
CARPALAID MIS EMPLOYEE	OTC
CARPALAID MIS LARGE	OTC
CARPALAID MIS PRA LG	OTC
CARPALAID MIS PRAC SM	OTC
CARPALAID MIS SMALL	OTC
COMFORT FAB MIS 3/4"X3"	OTC
COMFORT FAB MIS ASSORTED	OTC
COMFORT FAB MIS KNEE/ELB	OTC
COVERLET MIS STRIPS	OTC
CRAYON STRIP MIS BANDAGE	OTC
CVS ANTI-BAC MIS	OTC
CVS ANTI-BAC MIS BANDAGE	OTC
CVS ANTI-BAC MIS WATERPRO	OTC
CVS CLEAR MIS BANDAGES	OTC
CVS FLEX FAB MIS BANDAG	OTC
CVS PLASTIC MIS BANDAGE	OTC
CVS SHEER BA MIS ASSORTED	OTC
CVS SHEER MIS BAND 1"	OTC
CVS SHEER MIS BAND XL	OTC
CVS SPOT BAN MIS SHEER	OTC
EQ STRONG MIS STRIPS	OTC
EQL BUTTERFL MIS CLOSURE	OTC
EQL FIRST MIS AID BAND	OTC
EQL FLEXIBLE MIS FABRIC	OTC
EQL FLEXIBLE MIS FOAM	OTC
EQL GENTLE MIS STRIPS	OTC
EQL HVY DUTY MIS STRIPS	OTC
EQL PLASTIC MIS STRIPS	OTC
EQL SHEER MIS SPOTS	OTC
EQL SHEER MIS STRIPS	OTC
EQL STRIPS MIS	OTC
FABRIC BANDG MIS ASSORTED	OTC
FABRIC BANDG MIS FLEXIBLE	OTC
FIRST AID MIS FLEX FAB	OTC
FLEX BANDAGE MIS	OTC
FLEX BANDAGE MIS FABRIC	OTC
GNP BANDAGES MIS	OTC
GNP BANDAGES MIS 1"X3"	OTC

Drug Name	Requirements/Limits
GNP BANDAGES MIS 2"X4"	OTC
GNP BANDAGES MIS 3/4"X3"	OTC
GNP BANDAGES MIS ASSORTED	OTC
GNP BANDAGES MIS CLEAR	OTC
GNP BANDAGES MIS SHEER	OTC
GNTL ADHESVE MIS BNDG XL	OTC
HEAVY DUTY MIS BANDAGES	OTC
HEAVY DUTY MIS CLR&TGH	OTC
HEAVY DUTY MIS FAB BAND	OTC
HM BUTTERFLY MIS CLOSURES	OTC
HYPO-ALLERG MIS BANDAGE	OTC
LEUKOSTRIP MIS 1/2"X4"	OTC
LEUKOSTRIP MIS 1/4"X3"	OTC
LEUKOSTRIP MIS 1/4"X4"	OTC
LEUKOSTRIP MIS 1/8X1.5"	OTC
NEXCARE TATT MIS BANDAGES	OTC
NEXCARE WATR MIS PRF BAND	OTC
PEANUTS MIS BANDAGES	OTC
PLAS BANDAGE MIS 3/4"X3"	OTC
PLASTC BANDG MIS 3/4"	OTC
PROXI-STRIP MIS 1/4"X4"	OTC
PROXI-STRIPS MIS 1/2"X4"	OTC
RA ADHESIVE MIS BANDAGES	OTC
SHEER ADHESI MIS 3/4"X3"	OTC
SHEER BANDGE MIS	OTC
SHEER BANDGE MIS 1"	OTC
SHEER BANDGE MIS EX-LARGE	OTC
SHR BANDAGES MIS	OTC
SHR BANDAGES MIS ASSORTED	OTC
SM BANDAGES MIS ANTIBACT	OTC
SM BANDAGES MIS CLEAR	OTC
SM BANDAGES MIS CLR SPOT	OTC
SM BANDAGES MIS FAB 3/4"	OTC
SM BANDAGES MIS FAB XL	OTC
SM BANDAGES MIS FLEXIBLE	OTC
SM BANDAGES MIS FOAM	OTC
SM BANDAGES MIS FOAM XL	OTC
SM BANDAGES MIS PLASTIC	OTC
SM BANDAGES MIS SHEER	OTC
SM BANDAGES MIS SHEER XL	OTC
SM BANDAGES MIS STRNG ST	OTC
SM BANDAGES MIS WTRSHELD	OTC
SM KNUCKLE/ MIS FINGERTP	OTC
SM STRONG MIS STRIPS	OTC
SM STURDY MIS STRIP	OTC

Drug Name	Requirements/Limits
SOFT 'N FLEX MIS	OTC
SORESPOT MIS BANDAGES	OTC
STERI-STRIP MIS	OTC
STERI-STRIP MIS 1" X 5"	OTC
STERI-STRIP MIS 1/2"X2"	OTC
STERI-STRIP MIS 1/2"X4"	OTC
STERI-STRIP MIS 1/4"X1.5	OTC
STERI-STRIP MIS 1/4"X3"	OTC
STERI-STRIP MIS 1/4"X4"	OTC
STERI-STRIP MIS 1/8"X3"	OTC
STRONG STRIP MIS WATERPRF	OTC
SUPERSTRIP MIS 1" X 3"	OTC
SURESEAL MIS EX LARGE	OTC
SURESEAL MIS K	OTC
SURESEAL MIS LARGE	OTC
VARIETY PACK MIS BANDAGES	OTC
WATERPROOF MIS BANDAGES	OTC
WTERPRF BAND MIS CLEAR	OTC
ADHESIVE PAD 2"X3"	OTC
ADHESIVE PAD 3"X4"	OTC
ADHESIVE PAD 4"X4"	OTC
ADHESIVE PAD 6"X6"	OTC
ADHESIVE PAD PAD 2.25"X3"	OTC
ADHESIVE PAD PAD 3"X4"	OTC
ADHESIVE PAD PAD ANTIBACT	OTC
BAND-AID PAD 2"X3"	OTC
BAND-AID PAD 3"X4"	OTC
BAND-AID PAD ADHESIVE	OTC
EASY RELEASE PAD NONSTICK	OTC
FIRST AID NO PAD STICK	OTC
J & J ADHES PAD LARGE	OTC
MOLESKIN PAD FOAM	OTC
POLYMEM DOT PAD 2" X 2"	OTC
RA SHEER ADH PAD LARGE	OTC
SM ADHESIVE PAD 2"X3"	OTC
SM ADHESIVE PAD 3"X4"	OTC
WATERPROOF PAD 3"X4"	OTC

CONTRACEPTIVES

CONDOMS MIS	QL (12 condoms every 1 day), OTC
AIMSCO MIS LUBRICAT	QL (12 condoms every 1 day), OTC
COLOR CONDOM MIS + LUBE	QL (12 condoms every 1 day), OTC

Drug Name	Requirements/Limits
FANTASY LUBR MIS	QL (12 condoms every 1 day), OTC
FANTASY LUBR MIS COLORS	QL (12 condoms every 1 day), OTC
FANTASY LUBR MIS SPERMICI	QL (12 condoms every 1 day), OTC
FANTASY MIS LUBRICAT	QL (12 condoms every 1 day), OTC
K-Y ME & YOU MIS EX LUBRI	QL (12 condoms every 1 day), OTC
K-Y ME & YOU MIS INTENSE	QL (12 condoms every 1 day), OTC
KAMELEON LUB MIS COLORS	QL (12 condoms every 1 day), OTC
KAMELEON MIS TRI-COLR	QL (12 condoms every 1 day), OTC
KIMONO COLOR MIS	QL (12 condoms every 1 day), OTC
KIMONO MICRO MIS THIN +	QL (12 condoms every 1 day), OTC
KIMONO MICRO MIS THIN PLS	QL (12 condoms every 1 day), OTC
KIMONO MIS LUBRICAT	QL (12 condoms every 1 day), OTC
KIMONO MIS SENSATIO	QL (12 condoms every 1 day), OTC
KIMONO PLUS MIS LUBRICAT	QL (12 condoms every 1 day), OTC
KIMONO PLUS MIS SPERMICI	QL (12 condoms every 1 day), OTC
KIMONO PS MIS LUBRICAT	QL (12 condoms every 1 day), OTC
KIMONO PS MIS PLUS	QL (12 condoms every 1 day), OTC
KIMONO SENSA MIS PLUS	QL (12 condoms every 1 day), OTC
KIMONO SPEC MIS	QL (12 condoms every 1 day), OTC
MAXX MIS LUBRICAT	QL (12 condoms every 1 day), OTC
MAXX PLUS MIS SPERMICI	QL (12 condoms every 1 day), OTC
NATURAL COND MIS + LUBE	QL (12 condoms every 1 day), OTC
REALITY MIS LUBRICAT	QL (12 condoms every 1 day), OTC
REALITY ULTR MIS TEXTURED	QL (12 condoms every 1 day), OTC

Drug Name	Requirements/Limits
REALITY ULTR MIS THIN	QL (12 condoms every 1 day), OTC
TRUSTEX LUBR MIS ASSORTED	QL (12 condoms every 1 day), OTC
TRUSTEX LUBR MIS BANANA	QL (12 condoms every 1 day), OTC
TRUSTEX LUBR MIS CHOC	QL (12 condoms every 1 day), OTC
TRUSTEX LUBR MIS COLA	QL (12 condoms every 1 day), OTC
TRUSTEX LUBR MIS COLORS	QL (12 condoms every 1 day), OTC
TRUSTEX LUBR MIS EX LARGE	QL (12 condoms every 1 day), OTC
TRUSTEX LUBR MIS EX STR	QL (12 condoms every 1 day), OTC
TRUSTEX LUBR MIS GRAPE	QL (12 condoms every 1 day), OTC
TRUSTEX LUBR MIS MINT	QL (12 condoms every 1 day), OTC
TRUSTEX LUBR MIS RIB/STUD	QL (12 condoms every 1 day), OTC
TRUSTEX LUBR MIS SPERMICI	QL (12 condoms every 1 day), OTC
TRUSTEX LUBR MIS STRWBRY	QL (12 condoms every 1 day), OTC
TRUSTEX LUBR MIS VANILLA	QL (12 condoms every 1 day), OTC
TRUSTEX/RIA MIS LUBRICAT	QL (12 condoms every 1 day), OTC
TRUSTEX/RIA MIS SPERMICI	QL (12 condoms every 1 day), OTC
TRUSTX NON-9 MIS RIB/STUD	QL (12 condoms every 1 day), OTC
KIMONO MICRO MIS THIN	QL (12 condoms every 1 day), OTC
TRUSTEX MIS BANANA	QL (12 condoms every 1 day), OTC
TRUSTEX MIS CHOCOLAT	QL (12 condoms every 1 day), OTC
TRUSTEX MIS FLAVORS	QL (12 condoms every 1 day), OTC
TRUSTEX MIS MINT	QL (12 condoms every 1 day), OTC
TRUSTEX MIS STRWBRY	QL (12 condoms every 1 day), OTC
TRUSTEX MIS VANILLA	QL (12 condoms every 1 day), OTC

Drug Name	Requirements/Limits
TRUSTEX/RIA MIS NON-LUB	QL (12 condoms every 1 day), OTC
DUREX MIS REALFEEL	QL (12 condoms every 30 day), OTC
FC2 FEMALE MIS CONDOM	QL (12 condoms every 30 day), OTC
OMNIFLEX DPR	QL (1 box every year)

MISC. DEVICES

ALCOHOL PAD 70%	OTC
ALCOHOL PAD PREP	OTC
ALCOHOL PADS PAD 70%	OTC
ALCOHOL PREP PAD	OTC
ALCOHOL PREP PAD 70%	OTC
ALCOHOL PREP PAD MED 70%	OTC
ALCOHOL PREP PAD PADS 70%	OTC
ALCOHOL SWAB PAD	OTC
ALCOHOL SWAB PAD 70%	OTC
ALCOHOL SWAB PAD EX-THICK	OTC
BD SWAB REG PAD SNGL USE	OTC
CARETOUCH PAD ALCOHOL	OTC
COMFRRT TOUCH PAD ALC PREP	OTC
CURITY PREP PAD ALCOHOL	OTC
FIFTY50 PREP PAD PADS	OTC
GNP ALCOHOL PAD SWABS	OTC
HM STERILE PAD ALCHOL	OTC
INCONTROL PAD ALCOHOL	OTC
PREP PADS PAD	OTC
PURE COMFORT PAD	OTC
QC ALCOHOL PAD SWABS	OTC
RA ALCOHOL PAD SWABS	OTC
REALITY SWAB PAD	OTC
SAPS HEALTH PAD ALCOHOL	OTC
SB ALCOHOL PAD PREP	OTC
SM ALCOHOL PAD PREP	OTC
TRUE COMFORT PAD PRO	OTC
ULTICARE PAD ALCOHOL	OTC
ULTILET PAD ALCOHOL	OTC
WEBCOL PREP PAD LARGE	OTC
WEBCOL PREP PAD MEDIUM	OTC
ZEVRX STERIL PAD ALCHOL	OTC

PHARMACEUTICAL ADJUVANTS

ANTIMICROBIAL AGENTS

BENZYL ALC LIQ	
BENZYL ALC LIQ	OTC

Drug Name	Requirements/Limits
LIQUID VEHICLES	
<i>glycine diluent for injection</i>	
STERILE DILU SOL TREPROST	
<i>water for injection</i>	
BACTER WATER INJ BENZ ALC	
<i>bacteriostatic sodium chloride inj soln 0.9%</i>	
SALINE/PHENO SOL	
MISCELLANEOUS THERAPEUTIC CLASSES	
IMMUNOMODULATORS	
THALomid CAP 50MG	SP, PA, QL (1 cap every 1 day)
THALomid CAP 100MG	SP, PA, QL (1 cap every 1 day)
THALomid CAP 150MG	SP, PA, QL (2 caps every 1 day)
THALomid CAP 200MG	SP, PA, QL (2 caps every 1 day)
<i>lenalidomide caps 2.5 mg</i>	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 2.5MG	SP, PA, QL (28 caps every 28 days)
<i>lenalidomide cap 5 mg</i>	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 5MG	SP, PA, QL (28 caps every 28 days)
<i>lenalidomide cap 10 mg</i>	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 10MG	SP, PA, QL (28 caps every 28 days)
<i>lenalidomide cap 15 mg</i>	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 15MG	SP, PA, QL (28 caps every 28 days)
<i>lenalidomide cap 20 mg</i>	SP, PA, QL (42 caps every 28 days)
REVLIMID CAP 20MG	SP, PA, QL (42 caps every 28 days)
<i>lenalidomide cap 25 mg</i>	SP, PA, QL (42 caps every 28 days)
REVLIMID CAP 25MG	SP, PA, QL (42 caps every 28 days)
IMMUNOSUPPRESSIVE AGENTS	
<i>cyclosporine cap 25 mg</i>	SP
<i>cyclosporine cap 100 mg</i>	SP
SANDIMMUNE SOL 100MG/ML	SP
<i>cyclosporine modified cap 25 mg</i>	SP

Drug Name	Requirements/Limits
<i>gengraf cap 25mg</i>	SP
<i>cyclosporine modified cap 50 mg</i>	SP
<i>cyclosporine modified cap 100 mg</i>	SP
<i>gengraf cap 100mg</i>	SP
<i>cyclosporine modified oral soln 100 mg/ml</i>	SP
<i>gengraf sol 100mg/ml</i>	SP
<i>mycophenolate mofetil cap 250 mg</i>	SP
<i>mycophenolate mofetil tab 500 mg</i>	SP
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	SP
<i>sirolimus tab 0.5 mg</i>	SP
<i>sirolimus tab 1 mg</i>	SP
<i>sirolimus tab 2 mg</i>	SP
<i>sirolimus oral soln 1 mg/ml</i>	SP
<i>tacrolimus cap 0.5 mg</i>	SP
<i>tacrolimus cap 1 mg</i>	SP
<i>tacrolimus cap 5 mg</i>	SP
UPLIZNA SOL 100MG	SP, PA
ENSPRYNG INJ	SP, PA, QL (1 syringe every 28 days)
<i>azathioprine tab 50 mg</i>	
<i>azasan tab 75 mg</i>	
<i>azathioprine tab 75 mg</i>	
<i>azasan tab 100mg</i>	
<i>azathioprine tab 100 mg</i>	
POTASSIUM REMOVING AGENTS	
<i>sps sus 15gm/60</i>	
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS	
VIJOICE TAB 50MG	SP, PA, QL (1 tab every 1 day)
VIJOICE TAB 125MG	SP, PA, QL (1 tab every 1 day)
VIJOICE TAB 250MG	SP, PA, QL (2 tabs every 1 day)

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<i>fluconazole tab 200 mg</i>	10
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<i>furosemide oral soln 10 mg/ml</i>	40
<i>furosemide oral soln 8 mg/ml</i>	40
<i>furosemide tab 20 mg</i>	40
<i>furosemide tab 40 mg</i>	40
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<i>gengraf cap 100mg</i>	185
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<i>gengraf sol 100mg/ml</i>	185	<i>glatopa inj 20mg/ml</i>	79
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<i>gentamicin sulfate cream 0.1%</i>	138	<i>GLEOSTINE CAP 100MG</i>	15
<i>gentamicin sulfate oint 0.1%</i>	138	<i>GLEOSTINE CAP 10MG</i>	15
<i>gentamicin sulfate ophth soln 0.3%</i>	131	<i>GLEOSTINE CAP 40MG</i>	15
<i>GENTEAL GEL 0.3%</i>	131	<i>g-levocarnit sol 1gm/10ml</i>	125
<i>genteal tear oin nt-time</i>	133	<i>glimepiride tab 1 mg</i>	28
<i>genteal tear sol moderate</i>	131	<i>glimepiride tab 2 mg</i>	28
<i>GENTEEEL MIS LANCETS</i>	166	<i>glimepiride tab 4 mg</i>	28
<i>gentle laxat sup 10mg</i>	61	<i>glipizide tab 10 mg</i>	28
<i>gentle laxat tab 5mg ec</i>	61	<i>glipizide tab 5 mg</i>	28
<i>gentrelax pow</i>	63	<i>glipizide tab er 24hr 10 mg</i>	28
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<i>genuine aspr tab 325mg</i>	80	<i>glipizide xl tab 5mg</i>	28
<i>GENVOYA TAB</i>	12	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	29
<i>GERAVINE ELX</i>	119	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	29
<i>gerber grow chw mighty</i>	115	<i>glipizide-metformin hcl tab 5-500 mg</i>	29
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<i>geri-lanta sus supreme</i>	69	<i>glycolax pow 3350 nf</i>	63
<i>geri-mox sus</i>	69	<i>glycopyrrolate oral soln 1 mg/5ml</i>	70
<i>GERITOL LIQ TONIC</i>	119	<i>glycopyrrolate tab 1 mg</i>	70
<i>geritol tab complete</i>	119	<i>glycopyrrolate tab 2 mg</i>	70
<i>geri-tussin liq 100/5</i>	52	<i>GLYCOTROL CAP</i>	117
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<i>GILOTRIF TAB 40MG</i>	16	<i>gnp allergy chw 12.5mg</i>	46
<i>giltuss cgh liq & chest</i>	56	<i>gnp allergy liq children</i>	46
<i>giltuss diab liq cgh/cold</i>	56	<i>gnp allergy tab 25mg</i>	46
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<i>gnp antacid sus coolmint</i>	69	<i>gnp mucus er tab 600mg</i>	53
<i>gnp antacid sus original</i>	70	<i>gnp mucus liq rlf dm</i>	56
<i>gnp antacid sus reg st</i>	69	<i>gnp naproxen cap 220mg</i>	87
<i>gnp anti-gas cap 180mg</i>	74	<i>gnp omeprazo cap 20mg</i>	72
<i>gnp aspirin chw 81mg</i>	81	<i>gnp pain rel tab 500mg</i>	82
<i>gnp aspirin tab 325mg</i>	80	<i>gnp senna lx tab 8.6mg</i>	61
<i>gnp aspirin tab 325mg ec</i>	81	<i>gnp triple oin antibiot</i>	139
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<i>gnp clearlax pow</i>	63	GOOD START POW GROW KID	67
<i>gnp d cap 1000unit</i>	93	<i>goodsense gel art pain</i>	141
<i>gnp d chw 2000unit</i>	94	<i>goodsense liq lice rin</i>	147
<i>gnp deconge tab 30mg</i>	49	GOODSENSE MIS LANC 26G	166
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<i>gnp earwax sol removal</i>	135	GOODSENSE MIS LANC 33G	166
<i>gnp electrol sol</i>	124	<i>goodsense sus ant/gas</i>	70
<i>gnp eye drop dro 0.4-0.3%</i>	132	<i>goodsense sus antacid</i>	69
<i>gnp fish oil cap 1000mg</i>	125	<i>goodsense tab 81mg ec</i>	81
<i>gnp gas relf chw 125mg</i>	74	<i>gordons urea cre 40%</i>	145
<i>gnp gas relf chw 80mg</i>	74	<i>granisetron hcl tab 1 mg</i>	73
<i>gnp gntl lax tab 5mg ec</i>	61	GRAPE SEED CAP 50MG	98
<i>gnp healthy tab eyes</i>	105	<i>griseofulvin microsize susp 125 mg/5ml</i>	10
<i>gnp hydrocor cre 1% plus</i>	143	<i>griseofulvin ultramicrosize tab 125 mg</i>	10
GNP IMMUNE PAK	113	<i>griseofulvin ultramicrosize tab 250 mg</i>	10
GNP IMMUNE PAK SUPPORT	113	<i>guaiasorb dm liq 100-10/5</i>	56
<i>gnp iron tab 45mg</i>	127	<i>guaiatuss ac sys 100-10/5</i>	55
<i>gnp iron tab 65mg</i>	127	<i>guaicon dms sys 100-10/5</i>	57
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GNP LANCETS MIS 28G	166	<i>guaifenesin sys 100-10/5</i>	55
GNP LANCETS MIS 30G	166	<i>guaifenesin tab 200 mg</i>	52
GNP LANCETS MIS 33G	166	<i>guaifenesin tab 400 mg</i>	52
GNP LANCETS MIS THIN 26G	166	<i>guaifenesin tab er 12hr 600 mg</i>	53
<i>gnp laxative tab 5mg ec</i>	61		
<i>gnp lidocain pad 4%</i>	146		
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<i>guanfacine hcl tab 2 mg</i>	38
<i>gummi bear chw multivit</i>	115
<i>gummies chw</i>	115
<i>gummy dinos chw</i>	115
<i>gummy dinos chw chldrn</i>	115
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<i>GVOKE HYPO 1 INJ .5/.1ML</i>	28
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