

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 04/01/2023. 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 **CareFirstchpmd.com**.

Formulary (Preferred Drug List)

04/01/2023

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. ©2023. 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 04/01/2023

Drug Name Requirements/Limits

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

AUGMENTIN SUS 125/5ML

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

Drug Name	Requirements/Limits
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<i>cefadroxil for susp 250 mg/5ml</i>	
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<i>cefadroxil for susp 500 mg/5ml</i>	
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<i>cephalexin cap 250 mg</i>	
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<i>cephalexin cap 500 mg</i>	
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<i>cephalexin cap 750 mg</i>	
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<i>cephalexin tab 250 mg</i>	
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<i>cephalexin tab 500 mg</i>	
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<i>cephalexin for susp 125 mg/5ml</i>	
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<i>cephalexin for susp 250 mg/5ml</i>	
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CEPHALOSPORINS - 2ND GENERATION

<i>cefprozil tab 250 mg</i>	
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<i>cefprozil tab 500 mg</i>	
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<i>cefprozil for susp 125 mg/5ml</i>	
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<i>cefprozil for susp 250 mg/5ml</i>	
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<i>cefuroxime axetil tab 250 mg</i>	
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<i>cefuroxime axetil tab 500 mg</i>	
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CEPHALOSPORINS - 3RD GENERATION

<i>cefdinir cap 300 mg</i>	
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<i>cefdinir for susp 125 mg/5ml</i>	
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<i>cefdinir for susp 250 mg/5ml</i>	
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<i>ceftriaxone sodium for inj 250 mg</i>	
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<i>ceftriaxone sodium for inj 500 mg</i>	
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<i>ceftriaxone sodium for inj 1 gm</i>	
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<i>ceftriaxone sodium for inj 2 gm</i>	
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CEPHALOSPORIN COMBINATIONS

ZERBAXA INJ 1.5GM	
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	PA
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MACROLIDES

ERYTHROMYCINS

<i>erythromycin tab 250 mg</i>	
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<i>erythromycin tab 500 mg</i>	
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<i>erythromycin w/ delayed release particles cap 250 mg</i>	
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<i>erythrocin tab 250mg</i>	
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<i>e.e.s. 400 tab 400mg</i>	
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<i>erythromycin ethylsuccinate tab 400 mg</i>	
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<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	
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AZITHROMYCIN

<i>azithromycin tab 250 mg</i>	
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<i>azithromycin tab 500 mg</i>	
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<i>azithromycin tab 600 mg</i>	
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<i>azithromycin for susp 100 mg/5ml</i>	
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<i>azithromycin for susp 200 mg/5ml</i>	
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<i>azithromycin powd pack for susp 1 gm</i>	
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Drug Name	Requirements/Limits
CLARITHROMYCIN	
<i>clarithromycin tab 250 mg</i>	
<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>	
FIDAXOMICIN	
DIFICID TAB 200MG	PA
DIFICID SUS	PA
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>	

Drug Name	Requirements/Limits
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>	
<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	
SELZENTRY TAB 25MG	QL (8 tabs every 1 day)
SELZENTRY TAB 75MG	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)
SELZENTRY SOL 20MG/ML	QL (1840 mL every 30 days)
TROGARZO INJ 150MG/ML	
TIVICAY TAB 10MG	QL (8 tabs every 1 day)
TIVICAY TAB 25MG	QL (2 tabs every 1 day)
TIVICAY TAB 50MG	QL (2 tabs every 1 day)
TIVICAY PD TAB 5MG	QL (12 tabs every 1 day)
ISENTRESS TAB 400MG	QL (4 tabs every 1 day)
ISENTRESS HD TAB 600MG	QL (2 tabs every 1 day)

Drug Name	Requirements/Limits
ISENTRESS CHW 25MG	QL (6 tabs every 1 day)
ISENTRESS CHW 100MG	QL (6 tabs every 1 day)
ISENTRESS POW 100MG	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)
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 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)

Drug Name	Requirements/Limits
<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)
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)

Drug Name	Requirements/Limits
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
<i>ribavirin tab 200 mg</i>	SP, PA
MAVYRET TAB 100-40MG	SP, PA, QL (3 tabs every 1 day)
SOFOS/VELPAT TAB 400-100	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 (20 caps every 180 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	QL (10 caps every 180 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	QL (10 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>	
EMVERM CHW 100MG	QL (12 tabs every year)
<i>cvs pinworm sus 50mg/ml</i>	OTC
<i>pin-away sus 144mg/ml</i>	OTC
<i>pinworm med sus 144mg/ml</i>	OTC

Drug Name	Requirements/Limits
<i>reeses med sus pinworm</i>	OTC
ANTI-INFECTIVE AGENTS - MISC.	
ANTI-INFECTIVE AGENTS - MISC.	
<i>metronidazole cap 375 mg</i>	
<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- 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	
BOOSTRIX INJ	

Drug Name	Requirements/Limits
BOOSTRIX INJ	
PASSIVE IMMUNIZING AND TREATMENT AGENTS	
MONOCLONAL ANTIBODIES	
SYNAGIS INJ 50/0.5ML	SP, PA
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>melphalan 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
<i>capecitabine tab 500 mg</i>	SP, PA
<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

Drug Name	Requirements/Limits
MVASI INJ 400MG	SP, PA
ZIRABEV INJ 100/4ML	SP, PA
ZIRABEV INJ 400/16ML	SP, PA
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>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>	

Drug Name	Requirements/Limits
<i>megestrol acetate susp 40 mg/ml</i>	
<i>leuprolide acetate inj kit 5 mg/ml</i>	SP, PA
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)
SPRYCEL TAB 20MG	SP, PA, QL (3 tabs every 1 day)
SPRYCEL TAB 50MG	SP, PA, QL (1 tab every 1 day)
SPRYCEL TAB 70MG	SP, PA, QL (1 tab every 1 day)
SPRYCEL TAB 80MG	SP, PA, QL (1 tab every 1 day)
SPRYCEL TAB 100MG	SP, PA, QL (1 tab every 1 day)

Drug Name	Requirements/Limits
SPRYCEL TAB 140MG	SP, PA, QL (1 tab 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)
<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)

Drug Name	Requirements/Limits
<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)
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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Drug Name	Requirements/Limits
ANTINEOPLASTICS MISC.	
<i>hydroxyurea cap 500 mg</i>	
MATULANE CAP 50MG	
<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>

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS

<i>budesonide delayed release particles cap 3 mg</i>
<i>budesonide tab er 24hr 9 mg</i>
<i>dexamethasone tab 0.5 mg</i>
<i>dexamethasone tab 0.75 mg</i>
<i>dexamethasone tab 1 mg</i>
<i>dexamethasone tab 1.5 mg</i>
<i>dexamethasone tab 2 mg</i>
<i>dexamethasone tab 4 mg</i>
<i>dexamethasone tab 6 mg</i>
<i>dexamethasone elixir 0.5 mg/5ml</i>
<i>dexamethasone soln 0.5 mg/5ml</i>
<i>hydrocortisone tab 5 mg</i>
<i>hydrocortisone tab 10 mg</i>
<i>hydrocortisone tab 20 mg</i>
MEDROL TAB 2MG
<i>methylprednisolone tab 4 mg</i>
<i>methylprednisolone tab 8 mg</i>
<i>methylprednisolone tab 16 mg</i>
<i>methylprednisolone tab 32 mg</i>
<i>methylprednisolone tab therapy pack 4 mg (21)</i>
<i>prednisolone soln 15 mg/5ml</i>
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>

Drug Name	Requirements/Limits
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<i>prednisone tab 1 mg</i>	
<i>prednisone tab 2.5 mg</i>	
<i>prednisone tab 5 mg</i>	
<i>prednisone tab 10 mg</i>	
<i>prednisone tab 20 mg</i>	
<i>prednisone tab 50 mg</i>	
<i>prednisone oral soln 5 mg/5ml</i>	
<i>prednisone tab therapy pack 5 mg (21)</i>	
<i>prednisone tab therapy pack 5 mg (48)</i>	
<i>prednisone tab therapy pack 10 mg (21)</i>	
<i>prednisone tab therapy pack 10 mg (48)</i>	

MINERALOCORTICIDS

<i>fludrocortisone acetate tab 0.1 mg</i>	
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ANDROGENS-ANABOLIC

ANDROGENS

<i>danazol cap 50 mg</i>	
<i>danazol cap 100 mg</i>	
<i>danazol cap 200 mg</i>	
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	PA
<i>testosterone td gel 10mg/act (2%)</i>	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	PA

ESTROGENS

ESTROGENS

<i>estradiol tab 0.5 mg</i>	
<i>estradiol tab 1 mg</i>	
<i>estradiol tab 2 mg</i>	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	

ESTROGEN COMBINATIONS

<i>amabelz tab 0.5-0.1</i>	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	
<i>amabelz tab 1-0.5mg</i>	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	
<i>mimvey tab 1-0.5mg</i>	
COMBIPATCH DIS	
COMBIPATCH DIS	
<i>fyavolv tab 0.5-2.5</i>	

Drug Name	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	
<i>fyavolv tab 1-5</i>	
<i>jinteli tab 1mg-5mcg</i>	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	

CONTRACEPTIVES

COPPER CONTRACEPTIVES - IUD

PARAGARD IUD T380A	QL (1 IUD in lifetime)
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PROGESTIN CONTRACEPTIVES - ORAL

<i>camila tab 0.35mg</i>	QL (1 tab every 1 day)
<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

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

PROGESTIN CONTRACEPTIVES - IMPLANTS

NEXPLANON IMP 68MG	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>her style tab 1.5mg</i>	QL (1 tab every 30 days), OTC

Drug Name	Requirements/Limits
<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
<i>take action tab 1.5mg</i>	QL (1 tab every 30 days), OTC
ELLA TAB 30MG	QL (2 tabs every year)

COMBINATION CONTRACEPTIVES - TRANSDERMAL

<i>xulane dis 150-35</i>	QL (39 patches every 364 days)
<i>zafemy dis 150/35</i>	QL (39 patches every 364 days)

COMBINATION CONTRACEPTIVES - VAGINAL

<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>haloette mis</i>	QL (13 rings every 364 days)

COMBINATION CONTRACEPTIVES - ORAL

<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)

Drug Name	Requirements/Limits
<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>aviane tab</i>	QL (1 tab every 1 day)
<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>lutera tab</i>	QL (1 tab every 1 day)
<i>sronyx tab</i>	QL (1 tab every 1 day)
<i>vienva 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>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)

Drug Name	Requirements/Limits
<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)
<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>estarylla 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-lynyah 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>vylibra 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 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)

Drug Name	Requirements/Limits
<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>velivet 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)
<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)

Drug Name	Requirements/Limits
PROGESTINS	
PROGESTINS	
<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	SP, PA, QL (21 vials every year)
<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	SP, PA, QL (5 vials every year)
MAKENA INJ 275MG	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>	
<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)

Drug Name	Requirements/Limits
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)
OZEMPIC INJ 2MG/3ML	ST, QL (1 pen every 21 days)
OZEMPIC INJ 4MG/3ML	ST, QL (3 pens every 63 days)
OZEMPIC INJ 8MG/3ML	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

Drug Name	Requirements/Limits
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 (2 syringes every 30 days)
GVOKE HYPO 2 INJ .5/.1ML	QL (2 syringes every 30 days)
GVOKE HYPO 1 INJ 1MG/.2ML	QL (2 syringes every 30 days)
GVOKE HYPO 2 INJ 1MG/.2ML	QL (2 syringes every 30 days)
GVOKE PFS INJ	QL (2 syringes every 30 days)
GVOKE PFS INJ	QL (2 syringes every 30 days)
<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	PA
JARDIANCE TAB 25MG	PA
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>	

Drug Name	Requirements/Limits
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>
<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>

Drug Name	Requirements/Limits
<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>	
<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)

Drug Name	Requirements/Limits
HORMONE RECEPTOR MODULATORS	
OSPHENA TAB 60MG <i>raloxifene hcl tab 60 mg</i>	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	
SYNAREL SOL 2MG/ML TRIPTODUR SUS 22.5MG	SP, PA
GROWTH HORMONES	
NORDITROPIN INJ 5/1.5ML	SP, PA
NORDITROPIN INJ 10/1.5ML	SP, PA
NORDITROPIN INJ 15/1.5ML	SP, PA
NORDITROPIN INJ 30/3ML	SP, PA
HUMATROPE INJ 6MG	SP, PA
HUMATROPE INJ 12MG	SP, PA
HUMATROPE INJ 24MG	SP, PA
SEROSTIM INJ 4MG	SP, PA
SEROSTIM INJ 5MG	SP, PA
SEROSTIM INJ 6MG	SP, PA
ZORBTIVE INJ 8.8MG	SP, PA
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

Drug Name	Requirements/Limits
<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>	
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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)

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>cinacalcet hcl tab 30 mg (base equiv)</i>	SP, PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	SP, PA, QL (2 tabs every 1 day)
<i>cinacalcet 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>digoxin tab 125 mcg (0.125 mg)</i>	
<i>digoxin tab 250 mcg (0.25 mg)</i>	

Drug Name	Requirements/Limits
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digoxin oral soln 0.05 mg/ml

ANTIANGINAL AGENTS

NITRATES

isosorbide dinitrate tab 5 mg

isosorbide dinitrate tab 10 mg

isosorbide dinitrate tab 20 mg

isosorbide dinitrate tab 30 mg

isosorbide dinitrate tab 40 mg

isosorbide mononitrate tab 10 mg

isosorbide mononitrate tab 20 mg

isosorbide mononitrate tab er 24hr 30 mg

isosorbide mononitrate tab er 24hr 60 mg

isosorbide mononitrate tab er 24hr 120 mg

nitro-time cap 2.5mg cr

nitro-time cap 6.5mg cr

nitro-time cap 9mg cr

nitroglycerin sl tab 0.3 mg

nitroglycerin sl tab 0.4 mg

nitroglycerin sl tab 0.6 mg

NITRO-BID OIN 2%

nitroglycerin td patch 24hr 0.1 mg/hr

nitroglycerin td patch 24hr 0.2 mg/hr

NITRO-DUR DIS 0.3MG/HR

nitroglycerin td patch 24hr 0.4 mg/hr

nitroglycerin td patch 24hr 0.6 mg/hr

NITRO-DUR DIS 0.8MG/HR

BETA BLOCKERS

BETA BLOCKERS NON-SELECTIVE

nadolol tab 20 mg

nadolol tab 40 mg

nadolol tab 80 mg

pindolol tab 5 mg

pindolol tab 10 mg

propranolol hcl tab 10 mg

propranolol hcl tab 20 mg

propranolol hcl tab 40 mg

propranolol hcl tab 60 mg

propranolol hcl tab 80 mg

propranolol hcl oral soln 20 mg/5ml

propranolol hcl oral soln 40 mg/5ml

propranolol hcl cap er 24hr 60 mg

propranolol hcl cap er 24hr 80 mg

propranolol hcl cap er 24hr 120 mg

propranolol hcl cap er 24hr 160 mg

Drug Name	Requirements/Limits
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<i>sorine tab 80mg</i>	
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<i>sotalol hcl tab 80 mg</i>	
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<i>sorine tab 120mg</i>	
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<i>sotalol hcl tab 120 mg</i>	
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<i>sorine tab 160mg</i>	
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<i>sotalol hcl tab 160 mg</i>	
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<i>sorine tab 240mg</i>	
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<i>sotalol hcl tab 240 mg</i>	
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<i>sotalol hcl (afib/afl) tab 80 mg</i>	
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<i>sotalol hcl (afib/afl) tab 120 mg</i>	
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<i>sotalol hcl (afib/afl) tab 160 mg</i>	
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<i>timolol maleate tab 5 mg</i>	
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<i>timolol maleate tab 10 mg</i>	
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<i>timolol maleate tab 20 mg</i>	
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BETA BLOCKERS CARDIO-SELECTIVE

<i>atenolol tab 25 mg</i>	
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<i>atenolol tab 50 mg</i>	
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<i>atenolol tab 100 mg</i>	
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<i>bisoprolol fumarate tab 5 mg</i>	
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<i>bisoprolol fumarate tab 10 mg</i>	
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<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	
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<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	
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<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	
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<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	
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<i>metoprolol tartrate tab 25 mg</i>	
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<i>metoprolol tartrate tab 50 mg</i>	
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<i>metoprolol tartrate tab 100 mg</i>	
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ALPHA-BETA BLOCKERS

<i>carvedilol tab 3.125 mg</i>	
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<i>carvedilol tab 6.25 mg</i>	
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<i>carvedilol tab 12.5 mg</i>	
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<i>carvedilol tab 25 mg</i>	
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<i>labetalol hcl tab 100 mg</i>	
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<i>labetalol hcl tab 200 mg</i>	
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<i>labetalol hcl tab 300 mg</i>	
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CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	
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<i>amlodipine besylate tab 5 mg (base equivalent)</i>	
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<i>amlodipine besylate tab 10 mg (base equivalent)</i>	
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<i>diltiazem hcl tab 30 mg</i>	
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Drug Name	Requirements/Limits
<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>	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	
<i>taztia xt cap 180mg/24</i>	
<i>tiadylt cap 180mg/24</i>	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	
<i>taztia xt cap 240mg/24</i>	
<i>tiadylt cap 240mg/24</i>	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	
<i>taztia xt cap 300mg er</i>	
<i>tiadylt cap 300mg/24</i>	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	
<i>taztia xt cap 360mg/24</i>	
<i>tiadylt cap 360mg/24</i>	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	
<i>tiadylt cap 420mg/24</i>	
<i>cartia xt cap 120/24hr</i>	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	
<i>cartia xt cap 180/24hr</i>	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	
<i>cartia xt cap 240/24hr</i>	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	
<i>cartia xt cap 300/24hr</i>	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	
<i>diltiazem hcl coated beads tab er 24hr 180 mg</i>	
<i>matzim la tab 180mg/24</i>	

Drug Name	Requirements/Limits
<i>diltiazem hcl coated beads tab er 24hr 240 mg</i>	
<i>matzim la tab 240mg/24</i>	
<i>diltiazem hcl coated beads tab er 24hr 300 mg</i>	
<i>matzim la tab 300mg/24</i>	
<i>diltiazem hcl coated beads tab er 24hr 360 mg</i>	
<i>matzim la tab 360mg/24</i>	
<i>diltiazem hcl coated beads tab er 24hr 420 mg</i>	
<i>matzim la tab 420mg/24</i>	
<i>felodipine tab er 24hr 2.5 mg</i>	
<i>felodipine tab er 24hr 5 mg</i>	
<i>felodipine tab er 24hr 10 mg</i>	
<i>nifedipine tab er 24hr 30 mg</i>	
<i>nifedipine tab er 24hr 60 mg</i>	
<i>nifedipine tab er 24hr 90 mg</i>	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	
<i>verapamil hcl tab er 120 mg</i>	
<i>verapamil hcl tab er 180 mg</i>	
<i>verapamil hcl tab er 240 mg</i>	
<i>verapamil hcl cap er 24hr 100 mg</i>	
<i>verapamil hcl cap er 24hr 200 mg</i>	
<i>verapamil hcl cap er 24hr 300 mg</i>	

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg</i>	
<i>disopyramide phosphate cap 150 mg</i>	
NORPACE CAP 100MG CR	
NORPACE CAP 150MG CR	

ANTIARRHYTHMICS TYPE I-C

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

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl tab 200 mg</i>	
<i>pacerone tab 200mg</i>	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	SP, PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	SP, PA

Drug Name	Requirements/Limits
<i>dofetilide cap 500 mcg (0.5 mg)</i>	SP, PA

ANTIHYPERTENSIVES

ACE INHIBITORS

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

Drug Name	Requirements/Limits
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valsartan tab 160 mg

valsartan tab 320 mg

ANTIADRENERGIC ANTIHYPERTENSIVES

clonidine td patch weekly 0.1 mg/24hr

clonidine td patch weekly 0.2 mg/24hr

clonidine td patch weekly 0.3 mg/24hr

clonidine hcl tab 0.1 mg

clonidine hcl tab 0.2 mg

clonidine hcl tab 0.3 mg

guanfacine hcl tab 1 mg

guanfacine hcl tab 2 mg

doxazosin mesylate tab 1 mg

doxazosin mesylate tab 2 mg

doxazosin mesylate tab 4 mg

doxazosin mesylate tab 8 mg

prazosin hcl cap 1 mg

prazosin hcl cap 2 mg

prazosin hcl cap 5 mg

terazosin hcl cap 1 mg (base equivalent)

terazosin hcl cap 2 mg (base equivalent)

terazosin hcl cap 5 mg (base equivalent)

terazosin hcl cap 10 mg (base equivalent)

SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)

eplerenone tab 25 mg

eplerenone tab 50 mg

VASODILATORS

hydralazine hcl tab 10 mg

hydralazine hcl tab 25 mg

hydralazine hcl tab 50 mg

hydralazine hcl tab 100 mg

ANTIHYPERTENSIVE COMBINATIONS

amlodipine besylate-benazepril hcl cap 2.5-10 mg

amlodipine besylate-benazepril hcl cap 5-10 mg

amlodipine besylate-benazepril hcl cap 5-20 mg

amlodipine besylate-benazepril hcl cap 5-40 mg

amlodipine besylate-benazepril hcl cap 10-20 mg

amlodipine besylate-benazepril hcl cap 10-40 mg

benazepril & hydrochlorothiazide tab 10-12.5 mg

benazepril & hydrochlorothiazide tab 20-12.5 mg

benazepril & hydrochlorothiazide tab 20-25 mg

enalapril maleate & hydrochlorothiazide tab 5-12.5

mg

enalapril maleate & hydrochlorothiazide tab 10-25

mg

Drug Name	Requirements/Limits
<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>	
ACCURETIC TAB 10-12.5	
<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>	
<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>ethacrynic acid tab 25 mg</i>
<i>furosemide tab 20 mg</i>
<i>furosemide tab 40 mg</i>

Drug Name	Requirements/Limits
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<i>furosemide tab 80 mg</i>	
<i>furosemide oral soln 8 mg/ml</i>	
<i>furosemide oral soln 10 mg/ml</i>	
<i>torseamide tab 5 mg</i>	
<i>torseamide tab 10 mg</i>	
<i>torseamide tab 20 mg</i>	
<i>torseamide 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>	
<i>hydrochlorothiazide tab 25 mg</i>	
<i>hydrochlorothiazide tab 50 mg</i>	
<i>indapamide tab 1.25 mg</i>	
<i>indapamide tab 2.5 mg</i>	
<i>metolazone tab 2.5 mg</i>	
<i>metolazone tab 5 mg</i>	
<i>metolazone tab 10 mg</i>	

DIURETIC COMBINATIONS

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	

VASOPRESSORS

VASOPRESSORS

<i>midodrine hcl tab 2.5 mg</i>	
<i>midodrine hcl tab 5 mg</i>	
<i>midodrine hcl tab 10 mg</i>	

ANAPHYLAXIS THERAPY AGENTS

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

Drug Name	Requirements/Limits
ANTIHYPERLIPIDEMICS	
BILE ACID SEQUESTRANTS	
<i>cholestyramine powder 4 gm/dose</i>	
<i>cholestyramine powder packets 4 gm</i>	
<i>cholestyramine light powder 4 gm/dose</i>	
<i>prevalite pow 4gm</i>	
<i>cholestyramine light powder packets 4 gm</i>	
<i>prevalite pow 4gm pk</i>	
<i>colestipol hcl tab 1 gm</i>	
<i>colestipol hcl granules 5 gm</i>	
<i>colestipol hcl granule packets 5 gm</i>	
FIBRIC ACID DERIVATIVES	
<i>fenofibrate tab 48 mg</i>	
<i>fenofibrate tab 54 mg</i>	
<i>fenofibrate tab 145 mg</i>	
<i>fenofibrate tab 160 mg</i>	
<i>fenofibrate micronized cap 67 mg</i>	
<i>fenofibrate micronized cap 134 mg</i>	
<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>	

Drug Name	Requirements/Limits
<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)
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)

Drug Name	Requirements/Limits
<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>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	SP, PA
REMODULIN INJ 2.5MG/ML	SP, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	SP, PA
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	

Drug Name	Requirements/Limits
CORLANOR SOL 5MG/5ML	
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS	
ENTRESTO TAB 24-26MG	
ENTRESTO TAB 49-51MG	
ENTRESTO TAB 97-103MG	
ANTIHIISTAMINES	
ANTIHIISTAMINES - ALKYLAMINES	
<i>aller-chlor tab 4mg</i>	OTC
<i>allergy relf tab 4mg</i>	OTC
<i>allergy tab 4mg</i>	OTC
<i>chlor-phenir tab 4mg</i>	OTC
<i>chlorhist tab 4mg</i>	OTC
<i>chlorpheniramine maleate tab 4 mg</i>	OTC
<i>eq chlortabs tab 4mg</i>	OTC
<i>eql allergy tab 4mg</i>	OTC
<i>gnp allergy tab 4mg</i>	OTC
<i>pharbechlor tab 4mg</i>	OTC
<i>qc allergy tab 4mg</i>	OTC
<i>ra allergy tab 4mg</i>	OTC
<i>ra chlorphen tab 4mg</i>	OTC
<i>sm allergy tab 4mg</i>	OTC
<i>wal-finate tab 4mg</i>	OTC
<i>allergy relf tab 12mg cr</i>	OTC
<i>chlorpheniramine maleate tab er 12 mg</i>	OTC
<i>diabet tuss syp allergy</i>	OTC
<i>ed chlorped syp jr</i>	OTC
ANTIHIISTAMINES - ETHANOLAMINES	
<i>dayhist alrg tab 12 hour</i>	OTC
<i>px dayhist tab 1.34mg</i>	OTC
<i>clemastine fumarate tab 2.68 mg</i>	
<i>aler-cap cap 25mg</i>	OTC
<i>allergy cap 25mg</i>	OTC
<i>allergy med cap 25mg</i>	OTC
<i>allergy rel cap 25mg</i>	OTC
<i>allergy relf cap 25mg</i>	OTC
<i>antihistamin cap 25mg</i>	OTC
<i>banophen cap 25mg</i>	OTC
<i>comp allergy cap 25mg</i>	OTC
<i>cvs allergy cap 25mg</i>	OTC
<i>diphenhydramine hcl cap 25 mg</i>	OTC
<i>eq allergy cap 25mg</i>	OTC
<i>gnp allergy cap 25mg</i>	OTC
<i>hm allergy cap 25mg</i>	OTC
<i>medi-phedryl cap 25mg</i>	OTC

Drug Name	Requirements/Limits
<i>pharbedryl cap 25mg</i>	OTC
<i>px allergy cap 25mg</i>	OTC
<i>qc allergy cap 25mg</i>	OTC
<i>wal-dryl cap 25mg</i>	OTC
<i>banophen cap 50mg</i>	OTC
<i>diphenhydramine hcl cap 50 mg</i>	OTC
<i>pharbedryl cap 50mg</i>	OTC
<i>a-s pls alrg tab 25mg</i>	OTC
<i>alertab tab 25mg</i>	OTC
<i>allergy relf tab 25mg</i>	OTC
<i>anti-hist tab 25mg</i>	OTC
<i>banophen tab 25mg</i>	OTC
<i>comp allergy tab 25mg</i>	OTC
<i>comp allergy tab 25mg med</i>	OTC
<i>comp allergy tab 25mg rlf</i>	OTC
<i>diphen tab 25mg</i>	OTC
<i>diphenhydramine hcl tab 25 mg</i>	OTC
<i>eql allergy tab 25mg</i>	OTC
<i>geri-dryl tab 25mg</i>	OTC
<i>gnp allergy tab 25mg</i>	OTC
<i>mm aller-ben tab 25mg</i>	OTC
<i>px allergy tab 25mg</i>	OTC
<i>qc allergy tab 25mg</i>	OTC
<i>ra allergy tab 25mg</i>	OTC
<i>sb allergy tab 25mg med</i>	OTC
<i>sm allergy tab 25mg</i>	OTC
<i>sm allergy tab 25mg rlf</i>	OTC
<i>sominex nigh tab 25mg</i>	OTC
<i>total allerg tab 25mg</i>	OTC
<i>wal-dryl tab 25mg</i>	OTC
BENADRYL ALG TAB EX STR	OTC
<i>allergy chil chw 12.5mg</i>	OTC
<i>gnp allergy chw 12.5mg</i>	OTC
<i>allergy chld liq 12.5/5ml</i>	OTC
<i>allergy liq 12.5/5ml</i>	OTC
<i>allergy med liq 12.5/5ml</i>	OTC
<i>allergy rel liq 12.5/5ml</i>	OTC
<i>allergy relf liq 12.5/5ml</i>	OTC
<i>allergy relf liq 25/10ml</i>	OTC
<i>allergy relf liq 50/20ml</i>	OTC
<i>allergy rlf liq 50/20ml</i>	OTC
<i>chld allergy liq 12.5/5ml</i>	OTC
<i>cvs allergy liq 25/10ml</i>	OTC
<i>diphedryl liq 12.5/5ml</i>	OTC
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	OTC

Drug Name	Requirements/Limits
<i>geri-dryl liq 12.5/5ml</i>	OTC
<i>liquid aller liq 12.5/5ml</i>	OTC
<i>m-dryl liq 12.5/5ml</i>	OTC
<i>naramin liq</i>	OTC
<i>pediacare al liq 12.5/5ml</i>	OTC
<i>siladryl alr liq 12.5/5ml</i>	OTC
<i>total allerg liq 12.5/5ml</i>	OTC
<i>wal-dryl liq 12.5/5ml</i>	OTC
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	
<i>allrgy relf tab 12.5mg</i>	OTC
<i>cvs allergy chw 12.5mg</i>	OTC
<i>cvs allergy tab chldrn</i>	OTC
<i>eql allergy tab chldrn</i>	OTC
<i>wal-dryl alr tab 12.5mg</i>	OTC

ANTI HISTAMINES - PHENOTHIAZINES

<i>promethazine hcl tab 12.5 mg</i>	
<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>	

ANTI HISTAMINES - PIPERIDINES

<i>cyproheptadine hcl tab 4 mg</i>	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	

ANTI HISTAMINES - 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 relf 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 relf 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

Drug Name	Requirements/Limits
<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
<i>aller-tec sol 1mg/ml</i>	OTC
<i>allergy chld sol 1mg/ml</i>	OTC
<i>allergy rel sol 1mg/ml</i>	OTC
<i>allergy relf sol 1mg/ml</i>	OTC
<i>allergy relf sol 5mg/5ml</i>	OTC
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	
<i>cetirizine sol 1mg/ml</i>	OTC
<i>cetirizine sol 5mg/5ml</i>	OTC
<i>child allrgy sol 1mg/ml</i>	OTC
<i>child allrgy sol 5mg/5ml</i>	OTC
<i>wal-zyr chld sol 1mg/ml</i>	OTC
<i>wal-zyr chld sol 5mg/5ml</i>	OTC
<i>wal-zyr sol 1mg/ml</i>	OTC
<i>wal-zyr sol 5mg/5ml</i>	OTC
ZYRTEC CHILD TAB 10MG	OTC
<i>allergy relf tab 60mg</i>	OTC
<i>fexofenadine hcl tab 60 mg</i>	OTC
<i>hm allergy tab 60mg</i>	OTC
<i>12hr allergy tab 60mg</i>	OTC
<i>sm allergy tab 60mg</i>	OTC
<i>wal-fex alrg tab 60mg 12h</i>	OTC
<i>aller-ease tab 180mg</i>	OTC
<i>aller-fex tab 180mg</i>	OTC
<i>allergy 24hr tab 180mg</i>	OTC
<i>allergy relf tab 180mg</i>	OTC
<i>allergy tab 180mg</i>	OTC
<i>cvs allergy tab 180mg</i>	OTC
<i>fexofenadine hcl tab 180 mg</i>	OTC

Drug Name	Requirements/Limits
<i>hm allergy tab 180mg</i>	OTC
<i>24hr allergy tab 180mg</i>	OTC
<i>mm fexofenad tab 180mg</i>	OTC
<i>wal-fex allr tab 180mg</i>	OTC
<i>wal-fex tab 180mg</i>	OTC
<i>allergy chld sus 30mg/5ml</i>	OTC
<i>allergy rlf sus 30/5ml</i>	OTC
ALLEGRA ALRG TAB 30MG	OTC
<i>allergy relf cap 10mg</i>	OTC
<i>loratadine cap 10 mg</i>	OTC
<i>qc allergy cap relief</i>	OTC
<i>allerclear tab 10mg</i>	OTC
<i>allergy relf tab 10mg</i>	OTC
<i>loradamed tab 10mg</i>	OTC
<i>loratadine tab 10 mg</i>	OTC
<i>qc allergy tab 10mg</i>	OTC
<i>qc loratadin tab 10mg</i>	OTC
<i>sm all day tab allr rel</i>	OTC
<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 syp 5mg/5ml</i>	OTC
<i>allergy relf sol 5mg/5ml</i>	OTC
<i>allergy relf syp 5mg/5ml</i>	OTC
<i>claritin sol 5mg/5ml</i>	OTC
<i>cvs allergy syp 5mg/5ml</i>	OTC
<i>eq allergy syp 5mg/5ml</i>	OTC
<i>loratadine sol 5mg/5ml</i>	OTC
<i>loratadine sol 10/10ml</i>	OTC
<i>loratadine syp 5mg/5ml</i>	OTC
<i>sm allergy syp 5mg/5ml</i>	OTC
<i>wal-itin chl sol 5mg/5ml</i>	OTC
<i>wal-itin syp 5mg/5ml</i>	OTC
CLARITIN RDT TAB 5MG	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

Drug Name	Requirements/Limits
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
SUDAFED CHLD LIQ 15MG/5ML	OTC
<i>decongestant tab 120mg er</i>	QL (60 tabs every 30 days), OTC
<i>12hr deconge tab 120mg cr</i>	QL (60 tabs every 30 days), OTC
<i>nasal decong tab 120mg er</i>	QL (60 tabs every 30 days), OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	QL (60 tabs every 30 days), OTC
<i>qc suphedrin tab 120mg sr</i>	QL (60 tabs every 30 days), OTC
<i>ra suphedrin tab 120mg cr</i>	QL (60 tabs every 30 days), OTC
<i>sinus 12 hr tab 120mg er</i>	QL (60 tabs every 30 days), OTC
<i>sinus 12-hr tab 120mg er</i>	QL (60 tabs every 30 days), OTC
<i>sinus/conges tab 120mg</i>	QL (60 tabs every 30 days), OTC
<i>sudafed 12hr tab 120mg cr</i>	QL (60 tabs every 30 days), OTC
<i>sudafed 12hr tab 120mg er</i>	QL (60 tabs every 30 days), OTC
<i>sudogest 12 tab 120mg er</i>	QL (60 tabs every 30 days), OTC
<i>suphedrine tab 120mg er</i>	QL (60 tabs every 30 days), OTC
<i>wal-phed d tab 120mg</i>	QL (60 tabs every 30 days), OTC

Drug Name	Requirements/Limits
<i>wal-phed tab 120mg er</i>	QL (60 tabs every 30 days), OTC
SUDAFED 24HR TAB 240MG	QL (30 tabs every 30 days), OTC

NASAL STEROIDS

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

Drug Name	Requirements/Limits
NASAL AGENTS - MISC.	
NOZIN NASAL KIT SANITIZE	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>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
AYR NASAL DRO 0.65%	OTC
CVS NASAL AER 0.9%	OTC
RA STERILE SOL NASAL	OTC
SIMPLY SALIN AER 0.9%	OTC

COUGH/COLD/ALLERGY

ANTITUSSIVES

<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	QL (6 tabs every 1 day)
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	QL (30 mL every 1 day)
<i>hydromet syp 5-1.5/5</i>	QL (30 mL every 1 day)
<i>benzonatate cap 100 mg</i>	
<i>benzonatate cap 200 mg</i>	

EXPECTORANTS

<i>coughtab tab 200mg</i>	OTC
<i>guaifenesin tab 200 mg</i>	OTC
<i>sb coughtab tab 200mg</i>	OTC
<i>chest conges tab 400mg</i>	OTC
<i>guaifenesin tab 400 mg</i>	OTC
<i>medifin 400 tab 400mg</i>	OTC
<i>mucosa tab 400mg</i>	OTC
<i>pharbinex tab 400mg</i>	OTC
<i>refenesen tab 400mg</i>	OTC
<i>tab tussin tab 400mg</i>	OTC
<i>xpect tab 400mg</i>	OTC
<i>altarussin liq 100/5ml</i>	OTC
<i>buckleys liq chest</i>	OTC
<i>chest conges liq 100/5ml</i>	OTC
<i>chest conges liq childrns</i>	OTC
<i>diabetic tus liq 100/5ml</i>	OTC
<i>diabtc tussn liq 100/5ml</i>	OTC
<i>geri-tussin liq 100/5</i>	OTC

Drug Name	Requirements/Limits
<i>guaifenesin liquid 100 mg/5ml</i>	OTC
<i>mucinex fast liq cst cong</i>	OTC
<i>mucus relief liq 100/5ml</i>	OTC
<i>mucus relief liq 400/20ml</i>	OTC
<i>mucus+chst liq 100/5ml</i>	OTC
<i>mucus+chst liq 200/10ml</i>	OTC
<i>px tussin liq 100/5ml</i>	OTC
<i>qc medifin liq mucus rl</i>	OTC
<i>qc tussin ex liq 100/5ml</i>	OTC
<i>ra tussin liq 100/5ml</i>	OTC
<i>robafen liq 200/10ml</i>	OTC
<i>sb cgh contr liq 100/5ml</i>	OTC
<i>scot-tussin liq expct sf</i>	OTC
<i>siltussin sa liq 100/5ml</i>	OTC
<i>tusnel-ex liq 100/5ml</i>	OTC
<i>tussin adult liq 100/5ml</i>	OTC
<i>tussin chest liq 100/5ml</i>	OTC
<i>tussin mucus liq 100/5ml</i>	OTC
<i>tussin mucus liq 200/10ml</i>	OTC
<i>wal-tussin liq 100/5ml</i>	OTC
EXPECT CHILD LIQ 200M/5ML	OTC
GILTUSS EX LIQ MAX STR	OTC
MUCINEX/KIDS GRA 100MG	OTC
<i>cvs mucus er tab 600mg</i>	OTC
<i>eq 12 hr muc tab 600mg</i>	OTC
<i>eq mucus er tab 600mg</i>	OTC
<i>gnp mucus er tab 600mg</i>	OTC
<i>guaifenesin tab er 12hr 600 mg</i>	OTC
<i>mucus er tab 600mg</i>	OTC
<i>mucus relief tab 600mg</i>	OTC
<i>mucus relief tab 600mg er</i>	OTC
<i>sm mucus rel tab 600mg er</i>	OTC
<i>cvs mucus tab 1200 er</i>	OTC
<i>eql mucus-er tab 1200mg</i>	OTC
<i>gnp mucus er tab 1200mg</i>	OTC
MUCINEX TAB 1200MG	OTC
<i>mucus er max tab 1200mg</i>	OTC
<i>mucus relief tab 1200 er</i>	OTC
<i>mucus relief tab 1200mg</i>	OTC
<i>qc mucus rel tab 1200 er</i>	OTC
<i>sm mucus rel tab 1200 er</i>	OTC
MISC. RESPIRATORY INHALANTS	
<i>sodium chloride soln nebu 0.9%</i>	
<i>nebusal neb 3%</i>	
<i>sodium chloride soln nebu 3%</i>	

Drug Name	Requirements/Limits
<i>pulmosal neb 7%</i>	
<i>sodium chloride soln nebu 7%</i>	
<i>sodium chloride soln nebu 10%</i>	
<i>simply salin aer baby</i>	OTC
<i>sodium chloride aero soln 0.9%</i>	OTC
COUGH/COLD/ALLERGY COMBINATIONS	
<i>cold/allergy elx children</i>	OTC
<i>rynex pse liq</i>	OTC
<i>wal-tap elx cld/alle</i>	OTC
<i>all day alrg tab 5-120mg</i>	OTC
<i>aller-tec d tab 5-120mg</i>	OTC
<i>allergy d tab 5-120mg</i>	OTC
<i>allergy relf tab 5-120mg</i>	OTC
<i>allergy-d tab 5-120mg</i>	OTC
<i>allergy/cong tab 5-120mg</i>	OTC
<i>allrgy relf tab 5-120mg</i>	OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	OTC
<i>cvs allergy tab 5-120mg</i>	OTC
<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 relf tab 5/120mg</i>	OTC
<i>allergy relf 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 relf tab 10-240mg</i>	OTC
<i>allergy relf tab /nsl dec</i>	OTC
<i>allergy relf tab d</i>	OTC
<i>allergy relf tab d-24</i>	OTC
<i>allergy relf 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

Drug Name	Requirements/Limits
<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 d24 tab 180-240</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
<i>wal-fex d tab 24 hour</i>	OTC
<i>prometh vc syp 6.25-5/5</i>	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	QL (30 mL every 1 day)
<i>prometh vc/ syp codeine</i>	QL (30 mL every 1 day)
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	QL (30 mL every 1 day)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	
<i>altarussin syp -pe</i>	OTC
<i>cvs mucus d tab 60-600mg</i>	OTC
<i>eq mucus d tab 60-600mg</i>	OTC
<i>MUCINEX D TAB 60-600MG</i>	OTC
<i>mucus relf d tab 60-600mg</i>	OTC
<i>mucus relief tab 60-600mg</i>	OTC
<i>mucus rlf d tab 60-600mg</i>	OTC
<i>mucus-d tab 60-600mg</i>	OTC
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	OTC
<i>MUCINEX D TAB 120-1200</i>	OTC
<i>mucus d max tab 120-1200</i>	OTC
<i>mucus d tab 120/1200</i>	OTC
<i>mucus rlf d tab 120-1200</i>	OTC
<i>pseudoephedrine-guaifenesin tab er 12hr 120-1200 mg</i>	OTC

Drug Name	Requirements/Limits
CODITUSSIN LIQ AC	QL (60 mL every 1 day), OTC
<i>g tussin ac liq 100-10/5</i>	QL (60 mL every 1 day), OTC
<i>guaiatuss ac syp 100-10/5</i>	QL (60 mL every 1 day), OTC
<i>guaifenesin syp 100-10/5</i>	QL (60 mL every 1 day), OTC
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	QL (60 mL every 1 day), OTC
<i>maxi-tuss ac sol</i>	QL (60 mL every 1 day), OTC
VCKS DAYQUIL LIQ MUCUS DM	OTC
<i>cgh cong dm liq 5-100/5</i>	OTC
<i>childrens liq 5-100mg</i>	OTC
<i>cong/cough liq 5-100/5</i>	OTC
<i>cough child liq 5-100/5</i>	OTC
<i>cough/chest liq 20-400</i>	OTC
<i>cvstussin dm liq 20-400mg</i>	OTC
<i>delsym cough liq congs dm</i>	OTC
<i>dm max adult liq 20-400</i>	OTC
<i>eq mucus rel liq dm</i>	OTC
<i>hm mucus rel liq cgh chld</i>	OTC
<i>mucinex cgh liq 5-100mg</i>	OTC
<i>mucinex dm liq 20-400</i>	OTC
<i>mucinex dm liq max str</i>	OTC
<i>mucinex liq freeform</i>	OTC
<i>mucus rel dm liq</i>	OTC
<i>mucus rel dm liq 5-100/5</i>	OTC
<i>mucus rel dm liq 20-400mg</i>	OTC
<i>mucus relief liq 5-100mg</i>	OTC
<i>mucus rlf dm liq 5-100/5</i>	OTC
<i>mucus rlf dm liq 20-400mg</i>	OTC
<i>mucus/cough liq 5-100mg</i>	OTC
<i>robitussin liq 20-400</i>	OTC
<i>robitussin liq 20-400mg</i>	OTC
<i>sm tussin dm liq 5-100/5</i>	OTC
<i>tussin dm liq 5-100mg</i>	OTC
<i>tussin dm liq 20-400mg</i>	OTC
<i>tussin dm liq 20-400ml</i>	OTC
<i>tussin dm mx liq</i>	OTC
<i>tussin dm mx liq 5-100/5</i>	OTC
<i>biocotron liq 100-10/5</i>	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	OTC
<i>diabetic tus liq cough dm</i>	OTC

Drug Name	Requirements/Limits
<i>diabetic tus liq dm</i>	OTC
<i>giltuss cgh liq & chest</i>	OTC
<i>giltuss diab liq cgh/cold</i>	OTC
<i>giltuss hon liq chg/chst</i>	OTC
<i>gnp tussin liq dm cough</i>	OTC
<i>guaiasorb dm liq 100-10/5</i>	OTC
<i>maxi-tuss g liq</i>	OTC
<i>px tussin dm liq 100-10/5</i>	OTC
<i>ra tussin dm liq 100-10/5</i>	OTC
<i>siltussin dm liq das</i>	OTC
<i>sm tussin liq dm</i>	OTC
<i>sorbugen nr liq</i>	OTC
<i>sorbutuss 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
INTENSE COUG LIQ RELIEVER	OTC
<i>intense coug liq reliever</i>	OTC
<i>medi-tuss dm liq dbl str</i>	OTC
<i>altarussn dm syp 100-10/5</i>	OTC
<i>chest conges syp rel dm</i>	OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	OTC
<i>eq tussin dm syp cgh/chst</i>	OTC
<i>eql tussin syp dm</i>	OTC
<i>geri-tussin syp dm</i>	OTC
<i>guaicon dms syp 100-10/5</i>	OTC
<i>medi-tussin syp dm</i>	OTC
<i>siltussin-dm syp alc free</i>	OTC
<i>sm tussin dm syp 100-10/5</i>	OTC
<i>sm tussin syp dm</i>	OTC
<i>tussin dm syp 100-10/5</i>	OTC
<i>wal-tussin syp dm</i>	OTC
MUCINEX CGH GRA 5-100MG	OTC
<i>cvs mucus dm tab 30-600mg</i>	OTC
<i>eql mucus-dm tab 30-600cr</i>	OTC
MUCINEX DM TAB 30-600ER	OTC
<i>mucus dm tab 30-600mg</i>	OTC

Drug Name	Requirements/Limits
<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
MUCINEX DM TAB 60-1200	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
<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

ANTI-ASTHMATIC 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

cromolyn sodium soln nebu 20 mg/2ml

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 (60 each 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</i>	QL (1620 mL every 75 days)

Drug Name	Requirements/Limits
COMBIVENT AER 20-100	QL (2 inhalers every 25 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	QL (3 inhalers every 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	QL (3 inhalers every 30 days)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	
<i>wixela inhub aer 100/50</i>	
<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

<i>elixophyllin elx 80/15ml</i>	
<i>theophylline elixir 80 mg/15ml</i>	
<i>theophylline soln 80 mg/15ml</i>	
<i>theophylline tab er 12hr 300 mg</i>	
<i>theophylline tab er 12hr 450 mg</i>	
<i>theophylline tab er 24hr 400 mg</i>	
<i>theophylline tab er 24hr 600 mg</i>	

STEROID INHALANTS

QVAR REDIHAL AER 40MCG	QL (1 inhaler every 25 days)
QVAR REDIHA AER 80MCG	QL (1 inhaler every 25 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	QL (120 mL every 25 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	QL (120 mL every 25 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	QL (120 mL every 25 days)
ALVESCO AER 80MCG	QL (1 inhaler every 25 days)
ALVESCO AER 160MCG	QL (1 inhaler every 25 days)
ARNUITY ELPT INH 100MCG	QL (1 inhaler every 25 days)
ARNUITY ELPT INH 200MCG	QL (1 inhaler every 25 days)
FLOVENT DISK AER 50MCG	QL (60 blisters every 25 days)

Drug Name	Requirements/Limits
FLOVENT DISK AER 100MCG	QL (60 blisters every 25 days)
FLOVENT DISK AER 250MCG	QL (60 blisters every 25 days)
FLOVENT HFA AER 44MCG	QL (1 inhaler every 25 days)
FLUTICAS HFA AER 44MCG	QL (1 inhaler every 25 days)
FLOVENT HFA AER 110MCG	QL (1 inhaler every 25 days)
FLUTICAS HFA AER 110MCG	QL (1 inhaler every 25 days)
FLOVENT HFA AER 220MCG	QL (1 inhaler every 25 days)
FLUTICAS HFA AER 220MCG	QL (1 inhaler every 25 days)

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)
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)

Drug Name	Requirements/Limits
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 75-94MG	PA, QL (2 packets 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

<i>alophen tab 5mg ec</i>	OTC
<i>bisacodyl tab 5mg ec</i>	OTC
<i>bisacodyl tab delayed release 5 mg</i>	OTC
<i>correctol tab 5mg ec</i>	OTC
<i>cvs c-lax tab 5mg</i>	OTC
<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

Drug Name	Requirements/Limits
<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
SENOKOT KIDS CHW GUMMIES	OTC
SENOKOT LAX CHW GUMMIES	OTC
SENNA SYP	OTC
CORRECTOL MIS HERBAL	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>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
<i>senna lax tab 8.6mg</i>	OTC
<i>senna laxati tab 8.6mg</i>	OTC
<i>senna tab 8.6mg</i>	OTC
<i>senna-lax tab 8.6mg</i>	OTC
<i>senna-tabs tab 8.6mg</i>	OTC
<i>senna-time tab 8.6mg</i>	OTC
SENOKOT TAB 8.6MG	OTC
<i>sm senna lax tab 8.6mg</i>	OTC
<i>laxative reg tab 15mg</i>	OTC
<i>medi-lax tab 15mg</i>	OTC
<i>perdiem tab 15mg</i>	OTC
<i>senna smooth tab 15mg</i>	OTC
<i>senna-extra tab 17.2mg</i>	OTC
<i>senokot extr tab 17.2mg</i>	OTC
<i>cvs laxative tab 25mg</i>	OTC
<i>eq laxative tab 25mg</i>	OTC
<i>eql laxative tab 25mg</i>	OTC
<i>ex-lax tab max st</i>	OTC

Drug Name	Requirements/Limits
<i>laxative max tab 25mg</i>	OTC
<i>laxative tab 25mg</i>	OTC
<i>choc laxativ chw 15mg</i>	OTC
<i>cvs laxative chw 15mg</i>	OTC
<i>eql laxative chw 15mg</i>	OTC
EX-LAX CHW 15MG	OTC
<i>laxative chw 15mg</i>	OTC
<i>ra laxative chw 15mg</i>	OTC
<i>onelax senna syp 8.8/5ml</i>	OTC
<i>sennazon syp 8.8mg/5</i>	OTC
<i>sennosides syrup 8.8 mg/5ml</i>	OTC

BULK LAXATIVES

<i>cvs fiber chw gummies</i>	OTC
<i>eq fiber chw supplmnt</i>	OTC
<i>fiber adult chw gummies</i>	OTC
<i>fiber gummy chw bears</i>	OTC
<i>fiber select chw gummies</i>	OTC
<i>hm trueplus chw fiber</i>	OTC
<i>metamucil chw gummies</i>	OTC
<i>pedialax fbr chw gummies</i>	OTC
<i>yogurt+fiber chw gummies</i>	OTC
METAMUCIL CAP 0.36GM	OTC
<i>daily fiber cap</i>	OTC
<i>eq daily cap fiber</i>	OTC
<i>hm fiber cap 400mg</i>	OTC
<i>cvs fiber cap 0.52gm</i>	OTC
<i>daily fiber cap 0.52gm</i>	OTC
<i>fiber laxtiv cap 0.52gm</i>	OTC
<i>fiber therap cap 0.52gm</i>	OTC
<i>gnp fiber cap 0.52gm</i>	OTC
<i>medi-mucil cap 0.52gm</i>	OTC
METAMUCIL CAP 0.52GM	OTC
<i>psyllium cap 0.52 gm</i>	OTC
<i>px fiber cap 0.52gm</i>	OTC
<i>reguloid cap 0.52gm</i>	OTC
<i>wal-mucil cap 0.52gm</i>	OTC
<i>daily psylli pow 25%</i>	OTC
<i>geri-mucil pow</i>	OTC
<i>hm fiber pow</i>	OTC
<i>onelax fiber pow 25%</i>	OTC
<i>qc fiber pow 25%</i>	OTC
<i>sm fiber pow</i>	OTC
SM FIBER POW	OTC
<i>eql fiber pow 28.3%</i>	OTC
<i>konsyl daily pow 28.3%</i>	OTC

Drug Name	Requirements/Limits
<i>metamucil pow 28.3%org</i>	OTC
<i>naturl fiber pow 28.3%</i>	OTC
<i>psyllium powder 28.3%</i>	OTC
<i>reguloid pow orange</i>	OTC
<i>sm fiber pow 28.3%</i>	OTC
<i>wal-mucil pow 28.3%</i>	OTC
<i>psyldex pow 30%</i>	OTC
<i>sb fib lax pow 30%</i>	OTC
NATURL FIBER POW 30.9%	OTC
<i>sb fib lax pow 33%</i>	OTC
<i>daily fiber pow</i>	OTC
<i>daily fiber pow 43%</i>	OTC
<i>hm fiber pow 43%</i>	OTC
METAMUCIL POW 43%	OTC
<i>reguloid pow 43%</i>	OTC
<i>wal-mucil pow 43%</i>	OTC
<i>daily fiber pow 48.57%</i>	OTC
<i>eql fiber pow therapy</i>	OTC
METAMUCIL POW 48.57%	OTC
<i>multihealth pow fiber</i>	OTC
<i>nat fiber pow 48.57%</i>	OTC
<i>nat veg fibr pow</i>	OTC
<i>reguloid pow 48.57%</i>	OTC
<i>sb fib lax pow 48.57%</i>	OTC
<i>sm fiber pow 48.57%</i>	OTC
<i>wal-mucil pow 48.57%</i>	OTC
<i>sb nat fiber pow 49%</i>	OTC
<i>daily fib pow 51.7%</i>	OTC
<i>eq daily fib pow 51.7%</i>	OTC
<i>eql smooth pow texture</i>	OTC
<i>geri-mucil pow</i>	OTC
<i>hm fiber pow 51.7%</i>	OTC
<i>psyllium fib pow 51.7%</i>	OTC
<i>qc fiber the pow 51.7%</i>	OTC
<i>reguloid pow 51.7%</i>	OTC
<i>sm fiber pow 51.7%</i>	OTC
<i>wal-mucil pow 51.7%</i>	OTC
<i>cvs natural pow fiber</i>	OTC
<i>metamucil pow 58.6%</i>	OTC
<i>metamucil pow 58.6% sf</i>	OTC
<i>metamucil pow 58.6%org</i>	OTC
<i>multihealth pow fiber</i>	OTC
<i>naturl fiber pow 58.6%</i>	OTC
<i>sm fiber pow 58.6%</i>	OTC
<i>wal-mucil pow 58.6%</i>	OTC

Drug Name	Requirements/Limits
KONSYL DAILY POW 60.3%	OTC
METAMUCIL POW 63%	OTC
REGULOID POW ORANGE	OTC
REGULOID POW ORIGINAL	OTC
ONELAX DAILY POW 83%	OTC
METAMUCIL POW PREMIUM	OTC
HYDROCIL POW 95%	OTC
<i>qc natural pow vegetabl</i>	OTC
EVAC POW	OTC
<i>psyllium pow 100%</i>	OTC
<i>psyllium see pow 100%</i>	OTC
<i>wal-mucil pow 100%</i>	OTC
METAMUCIL POW 28%ORG	OTC
DAILY FIBER POW 51.7%	OTC
METAMUCIL PAK 51.7%	OTC
METAMUCIL POW 58.12%	OTC
CVS DAILY POW FIBER	OTC
HYDROCIL INS POW 95%	OTC
KONSYL DAILY POW 100%	OTC
KONSYL ORIG POW 100%	OTC
METAMUCIL WAF	OTC

SURFACTANT LAXATIVES

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

Drug Name	Requirements/Limits
<i>dok tab 100mg</i>	OTC
<i>move along tab 100mg</i>	OTC
<i>stool softnr tab 100mg</i>	OTC
PEDIA-LAX LIQ 50MG	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
DOCUSATE SOD SYP 60/15ML	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
<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 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

Drug Name	Requirements/Limits
<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
ANTI-DIARRHE LIQ 1MG/5ML	OTC

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

<i>kaopectate tab 262mg</i>	OTC
<i>pink bismuth tab 262mg</i>	OTC
<i>sb bismuth 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

Drug Name	Requirements/Limits
<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>abatinec 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
<i>acidophilus cap probioti</i>	OTC
<i>azo complete cap fem blnc</i>	OTC
AZO DUAL CAP PROTECT	OTC
BIOGAIS PROT CAP MUM	OTC
BIOMEPRO CAP	OTC
<i>biotinex cap</i>	OTC
<i>cultrl 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

Drug Name	Requirements/Limits
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
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

Drug Name	Requirements/Limits
<i>culturelle cap hlth/wel</i>	OTC
CULTURELLE CAP IMMUNITY	OTC
CULTURELLE CAP PRO-WELL	OTC
<i>dual prenatal 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
<i>eql antacid chw pepprmnt</i>	OTC
<i>hm antacid chw 500mg</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
MAALOX CHW 600MG	OTC
<i>alka-seltzer chw 750mg</i>	OTC
<i>antacid chw 750mg</i>	OTC
<i>antacid extr chw 750mg</i>	OTC

Drug Name	Requirements/Limits
<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
ANTACID CHW 1177MG	OTC
ANTACID SOFT CHW 1177MG	OTC
CVS ANTACID CHW 1177MG	OTC
TUMS CHW DEL CHW 1177MG	OTC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	OTC

ANTACID COMBINATIONS

MAG-AL LIQ	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
<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 200-200-20 mg/5ml</i>	OTC

Drug Name	Requirements/Limits
<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>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
<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

Drug Name	Requirements/Limits
<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>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>	
<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>	

Drug Name	Requirements/Limits
<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>eq 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
PEPCID AC TAB 20MG	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
NEXIUM GRA 2.5MG DR	QL (90 packets every year), AGE
NEXIUM GRA 5MG DR	QL (90 packets every year), AGE
<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
PREVACID 24H CAP 15MG DR	OTC

Drug Name	Requirements/Limits
<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

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

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
<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)

Drug Name	Requirements/Limits
<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>ZENPEP CAP 3000UNIT</i>	
<i>ZENPEP CAP 5000UNIT</i>	
<i>ZENPEP CAP 15000UNT</i>	
<i>ZENPEP CAP 20000UNT</i>	
<i>ZENPEP CAP 25000UNT</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>	

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 relf chw 80mg</i>	OTC
<i>gas relief chw 80mg</i>	OTC
<i>gnp gas relf chw 80mg</i>	OTC
<i>hm gas relf chw 80mg</i>	OTC

Drug Name	Requirements/Limits
<i>qc gas relf chw 80mg</i>	OTC
<i>ra gas relf chw 80mg</i>	OTC
<i>simethicone chew tab 80 mg</i>	OTC
<i>sm gas relf chw 80mg</i>	OTC
<i>sm gas relie chw 80mg</i>	OTC
<i>cvs gas relf chw 125mg</i>	OTC
<i>eql gas gone chw 125mg</i>	OTC
<i>gas relief chw 125mg</i>	OTC
<i>gnp gas relf chw 125mg</i>	OTC
<i>phazyme chw 125mg</i>	OTC
<i>qc gas relf chw 125mg</i>	OTC
<i>ra gas relf chw 125mg</i>	OTC
<i>sb gas relf 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
<i>GAS-X EX-STR MIS 62.5MG</i>	OTC

GASTROINTESTINAL STIMULANTS

<i>metoclopramide hcl tab 5 mg (base equivalent)</i>
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>

INTESTINAL ACIDIFIERS

<i>enulose sol 10gm/15</i>
<i>generlac sol 10gm/15</i>
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>

GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

<i>lubiprostone cap 8 mcg</i>
<i>lubiprostone cap 24 mcg</i>

INFLAMMATORY BOWEL AGENTS

<i>balsalazide disodium cap 750 mg</i>
<i>mesalamine enema 4 gm</i>

Drug Name	Requirements/Limits
<i>mesalamine suppos 1000 mg</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>	
ENTYVIO INJ 300MG	SP, PA, QL (1 vial every 50 days)
SKYRIZI SOL 60MG/ML	SP, PA, QL (3 vials every 56 days)
SKYRIZI INJ 180/1.2	SP, PA, QL (1 cartridge every 56 days)
SKYRIZI INJ 360/2.4	SP, PA, QL (1 cartridge every 56 days)
AVSOLA INJ 100MG	SP, PA, QL (3 vials every 28 days)

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
<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>tropium 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

Drug Name	Requirements/Limits
<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
MONISTAT 7 KIT COMBO PK	OTC
<i>miconazole 3 kit combinat</i>	OTC
<i>miconazole 3 kit combo</i>	OTC
MONISTAT 7 KIT COMPLETE	OTC
MONISTAT 3 KIT COMBO PK	OTC
MICONAZOLE 1 KIT COMBO	OTC
<i>terconazole vaginal cream 0.4%</i>	
<i>terconazole vaginal cream 0.8%</i>	
<i>terconazole vaginal suppos 80 mg</i>	
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>	

Drug Name	Requirements/Limits
<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 HYPERTROPHY AGENTS	
<i>finasteride tab 5 mg</i>	
<i>alfuzosin hcl tab er 24hr 10 mg</i>	
<i>tamsulosin hcl cap 0.4 mg</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>	
<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

Drug Name	Requirements/Limits
<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>	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	PA
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	PA
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	PA
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	PA
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	PA
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	PA
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	PA
<i>memantine hcl tab 5 mg</i>	
<i>memantine hcl tab 10 mg</i>	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	
<i>memantine hcl oral solution 2 mg/ml</i>	

MULTIPLE SCLEROSIS AGENTS

<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	SP, PA, QL (30 injections every 30 days)
<i>glatopa inj 20mg/ml</i>	SP, PA, QL (30 injections every 30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	SP, PA, QL (12 injections every 28 days)
<i>glatopa inj 40mg/ml</i>	SP, PA, QL (12 injections every 28 days)
REBIF REBIDO INJ 22/0.5	SP, PA, QL (12 injections every 28 days)

Drug Name	Requirements/Limits
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)
<i>teriflunomide tab 7 mg</i>	SP, PA, QL (1 tab every 1 day)
<i>teriflunomide tab 14 mg</i>	SP, PA, QL (1 tab every 1 day)
OCREVUS INJ 300/10ML	SP, PA, QL (2 vials every 24 weeks)
<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	
SOD OXYBATE SOL 500MG/ML	PA, QL (18 mL every 1 day)
XYREM SOL 500MG/ML	PA, QL (18 mL every 1 day)
FIBROMYALGIA AGENTS	
SAVELLA TAB 12.5MG	PA

Drug Name	Requirements/Limits
SAVELLA TAB 25MG	PA
SAVELLA TAB 50MG	PA
SAVELLA TAB 100MG	PA
SAVELLA MIS TITR PAK	PA

PSEUDOBLBAR 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
<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>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

Drug Name	Requirements/Limits
<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>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
<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 relievr tab 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

Drug Name	Requirements/Limits
<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 relievr tab 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
<i>arthrts pain tab 650mg er</i>	OTC
<i>hm pain rlf tab 650mg</i>	OTC
<i>8 hour pain tab 650mg</i>	OTC
<i>8hr arthrits tab 650mg er</i>	OTC
<i>8 hr arthrts tab 650mg</i>	OTC
<i>8hr pain er tab 650mg</i>	OTC
<i>8hr pain rel tab 650mg</i>	OTC
<i>8 hr pain tab 650mg</i>	OTC
<i>8 hr pain tab 650mg er</i>	OTC
<i>midol tab 650mg</i>	OTC
<i>non-aspirin tab 650mg</i>	OTC
<i>pain relief tab 650mg</i>	OTC
<i>qc 8 hr pain tab 650mg er</i>	OTC
<i>qc apap 8 hr tab 650mg</i>	OTC
<i>sm arthrts p tab 650mg</i>	OTC
<i>childrens chw apap</i>	OTC
<i>chld meditab chw 80mg</i>	OTC
<i>chld non-asa chw 80mg grp</i>	OTC
<i>cvs childs chw 80mg</i>	OTC
<i>mapap child chw 80mg</i>	OTC
<i>non-aspirin chw 80mg</i>	OTC
<i>pain relievr chw 80mg</i>	OTC
<i>sb non-asa chw 80mg frt</i>	OTC
<i>sb non-asa chw 80mg grp</i>	OTC
<i>acetaminophen chew tab 160 mg</i>	OTC

Drug Name	Requirements/Limits
<i>asa free chw 160mg jr</i>	OTC
<i>mapap chw 160mg</i>	OTC
<i>medi-tabs jr chw 160mg</i>	OTC
<i>non-aspirin chw 160mg</i>	OTC
<i>non-aspirin chw 160mg jr</i>	OTC
<i>pain & fever chw 160mg</i>	OTC
<i>pain relief chw 160mg</i>	OTC
<i>sb non-asa chw 160mg</i>	OTC
<i>acetaminophe liq 160/5ml</i>	OTC
<i>acetaminophen liquid 160 mg/5ml</i>	OTC
<i>chld silapap liq 160/5ml</i>	OTC
<i>ed-apap liq 80mg/2.5</i>	OTC
<i>little remed liq 160/5ml</i>	OTC
<i>m-pap liq 160/5ml</i>	OTC
<i>pain relief liq 160/5ml</i>	OTC
<i>acetamin liq 500/15ml</i>	OTC
<i>mapap apap liq 500/15ml</i>	OTC
<i>pain relief liq 500/15ml</i>	OTC
<i>pain relievr liq 500/15ml</i>	OTC
<i>qc pain reli liq 500/15ml</i>	OTC
<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>gnp children sus pain&fev</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

Drug Name	Requirements/Limits
<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)
<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)

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

ANALGESICS - ANTI-INFLAMMATORY

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>diclofenac potassium tab 50 mg</i>	
<i>diclofenac sodium tab delayed release 25 mg</i>	
<i>diclofenac sodium tab delayed release 50 mg</i>	
<i>diclofenac sodium tab delayed release 75 mg</i>	
<i>diclofenac sodium tab er 24hr 100 mg</i>	
<i>etodolac cap 200 mg</i>	
<i>etodolac cap 300 mg</i>	
<i>etodolac tab 400 mg</i>	
<i>etodolac tab 500 mg</i>	
<i>etodolac tab er 24hr 400 mg</i>	
<i>etodolac tab er 24hr 500 mg</i>	
<i>etodolac tab er 24hr 600 mg</i>	
<i>flurbiprofen tab 50 mg</i>	
<i>flurbiprofen tab 100 mg</i>	
<i>advil minis cap 200mg</i>	OTC
<i>ibuprofen cap 200mg</i>	OTC
<i>medi-profen cap 200mg</i>	OTC

Drug Name	Requirements/Limits
<i>motrin ib cap 200mg</i>	OTC
<i>qc ibuprofen cap 200mg</i>	OTC
<i>ra ibuprofen cap 200mg</i>	OTC
<i>sm ibuprofen cap 200mg</i>	OTC
<i>wal-profen cap 200mg</i>	OTC
<i>advil jr st tab 100mg</i>	OTC
<i>sm ibuprofen tab 100mg jr</i>	OTC
<i>eq ibuprofen tab 200mg</i>	OTC
<i>hm ibuprofen tab 200mg</i>	OTC
<i>ibu-200 tab 200mg</i>	OTC
<i>ibuprofen tab 200 mg</i>	OTC
<i>kls ibuprofn tab 200mg</i>	OTC
<i>kls ibuprofn tab ib 200mg</i>	OTC
<i>medi-profen tab 200mg</i>	OTC
<i>mm ibuprofen tab 200mg</i>	OTC
<i>motrin ib tab 200mg</i>	OTC
<i>pain relief tab 200mg</i>	OTC
<i>px ibuprofen tab 200mg</i>	OTC
<i>qc ibuprofen tab 200mg</i>	OTC
<i>ra ibuprofen tab 200mg</i>	OTC
<i>sb ibuprofen tab 200mg</i>	OTC
<i>sm ibuprofen tab 200mg</i>	OTC
<i>wal-profen tab 200mg</i>	OTC
<i>ibu tab 400mg</i>	
<i>ibuprofen tab 400 mg</i>	
<i>ibu tab 600mg</i>	
<i>ibuprofen tab 600 mg</i>	
<i>ibu tab 800mg</i>	
<i>ibuprofen tab 800 mg</i>	
<i>advil jr str chw 100mg</i>	OTC
<i>ibuprofen chw 100mg</i>	OTC
<i>ibuprofen jr chw 100mg</i>	OTC
<i>ibuprofn 100 chw jr 100mg</i>	OTC
<i>sm ibuprofen chw 100mg</i>	OTC
<i>cvs ibuprof dro 50/1.25</i>	OTC
<i>ibuprofen dro 50/1.25</i>	OTC
<i>medi-profen sus 40mg/ml</i>	OTC
<i>px profen ib dro 50/1.25</i>	OTC
<i>cvs ibuprofe sus 100/5ml</i>	OTC
<i>eq ibuprofen sus 100/5ml</i>	OTC
<i>hyvee ibupro sus 100mg/5m</i>	OTC
<i>ibuprofen sus 100/5ml</i>	OTC
<i>ibuprofen sus 200/10ml</i>	OTC
<i>ibuprofen susp 100 mg/5ml</i>	
<i>medi-profen sus 100/5ml</i>	OTC

Drug Name	Requirements/Limits
<i>px profen ib sus 100/5ml</i>	OTC
<i>qc ibuprofen sus 100/5ml</i>	OTC
<i>ketorolac tromethamine tab 10 mg</i>	QL (20 tabs every 25 days)
<i>meloxicam tab 7.5 mg</i>	
<i>meloxicam tab 15 mg</i>	
<i>nabumetone tab 500 mg</i>	
<i>nabumetone tab 750 mg</i>	
<i>naproxen tab 250 mg</i>	
<i>naproxen tab 375 mg</i>	
<i>naproxen tab 500 mg</i>	
<i>ec-naproxen tab 375mg</i>	
<i>naproxen tab ec 375 mg</i>	
<i>ec-naproxen tab 500mg</i>	
<i>naproxen tab ec 500 mg</i>	
<i>gnp naproxen cap 220mg</i>	OTC
<i>naproxen sodium cap 220 mg</i>	OTC
<i>qc naproxen cap 220mg</i>	OTC
<i>all day pain tab 220mg</i>	OTC
<i>all day relf tab 220mg</i>	OTC
<i>cvs naproxen tab 220mg</i>	OTC
<i>mediproxen tab 220mg</i>	OTC
<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)

Drug Name	Requirements/Limits
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)

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 syringes every 28 days)
ENBREL INJ 50MG/ML	SP, PA, QL (4 pens every 28 days)

INTERLEUKIN-1BETA BLOCKERS

ILARIS INJ 150MG/ML	SP, PA
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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

RINVOQ TAB 15MG ER	SP, PA, QL (1 tab every 1 day)
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Drug Name	Requirements/Limits
RINVOQ TAB 30MG ER	SP, PA, QL (1 tab every 1 day)
RINVOQ TAB 45MG ER	SP, PA, QL (1 tab every 1 day)

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA TAB 30MG	ST, QL (2 tabs every 1 day)
OTEZLA TAB 10/20/30	ST, QL (1 pack (55 tabs) every 28 days)

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)
<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)

Drug Name	Requirements/Limits
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

probenecid tab 500 mg

ANTICONVULSANTS

ANTICONVULSANTS - MISC.

ZTALMY SUS 50MG/ML	SP, PA, QL (10 bottles every 30 days)
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ANTIPARKINSON AND RELATED THERAPY AGENTS

ANTIPARKINSON COMT INHIBITORS

entacapone tab 200 mg

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>	

Drug Name	Requirements/Limits
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<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>	
<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>	
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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

GEL-ONE INJ 30MG/3ML	PA
SYNVISC INJ 8MG/ML	PA
SYNVISC ONE INJ 8MG/ML	PA
VISCO-3 INJ 25/2.5ML	PA

Drug Name	Requirements/Limits
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
<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	
VITAMIN D CAP 2000UNIT	OTC
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	
VITAMIN D2 TAB 400UNIT	OTC
VITAMIN D2 TAB 2000UNIT	OTC
<i>calcidol 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 nutr 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

Drug Name	Requirements/Limits
<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>eqi vitamin cap d3</i>	OTC
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	OTC
<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

Drug Name	Requirements/Limits
<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
<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 NORWEGIA	OTC
COD LIVER OIL OIL	OTC
COD LIVER OIL USP/NF	OTC
RA COD LIVER OIL	OTC

Drug Name	Requirements/Limits
<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
<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
APETEX ELX	OTC
APETIGEN ELX	OTC
<i>biopetit elx</i>	OTC
<i>brewers yeast tab</i>	OTC
BREWERS YEAS POW	OTC
B-COMPLEX W/ C	
<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
RA B-COMPLEX TAB VIT C TR	OTC
PRONUTRIENTS TAB SUPER B	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

Drug Name	Requirements/Limits
<i>b-comp/vit c tab</i>	OTC
<i>b-complex tab /vit c</i>	OTC
B-COMPLEX W/ FOLIC ACID	
<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
BALANCE B-50 TAB TR	OTC
B ACTIV CAP	OTC
B-100 HIGH CAP POTENCY	OTC
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

Drug Name	Requirements/Limits
<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>eqi 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
<i>triphrocaps 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
SM B-COMPLEX TAB /VIT C	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
FULL SPECT TAB B/ VIT C	OTC
<i>nephro tab vitamins</i>	OTC
NEPHRO-VITE TAB	OTC
<i>rena-vite tab</i>	OTC
<i>renal vitamn tab</i>	OTC
<i>rena-vite rx tab</i>	OTC
B-COMPLEX/FA TAB /VIT C	OTC
DIALYVITE TAB 800/IRON	OTC
DIALYVIT 800 TAB ZINC 15	OTC
DIALYVITE TAB 800/ZINC	OTC
ACTRIVIT LIQ 800-15-1	OTC
B-COMPLEX TAB C/FA/BIO	OTC
B-COMPLEX W/ IRON	
<i>b-complex w/ iron tab</i>	OTC
<i>super b-comp tab iron/c</i>	OTC
APETIGEN-PLS SOL	OTC

Drug Name	Requirements/Limits
B-COMPLEX W/ MINERALS	
APETIGEN TAB PLUS	OTC
<i>eldertonic liq</i>	OTC
BIOFLAVONOID PRODUCTS	
ACTITROM CAP	OTC
ACTITROM-D CAP	OTC
BIO C 1:1 CAP	OTC
C 1000/BIOFL CAP /R HIPS	OTC
DAFLONEX-XL CAP	OTC
GRAPE SEED CAP 50MG	OTC
QUERCETIN CAP COMPLEX	OTC
TROMBONEX CAP	OTC
TROMBONEX-D CAP	OTC
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

Drug Name	Requirements/Limits
MULTIVITAMINS	
<i>antioxidant cap formula</i>	OTC
<i>chlorocaps cap</i>	OTC
DEKAS CAP ESSENTIA	OTC
<i>mv-one cap</i>	OTC
NUTRA-Z+ CAP	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
<i>daily vit tab</i>	OTC
<i>daily vite tab</i>	OTC
<i>daily-vitamn tab</i>	OTC
<i>daily-vite tab</i>	OTC
<i>essentl one tab daily</i>	OTC
ESTROFACTORS TAB	OTC
<i>healthy hair tab skn/nail</i>	OTC
HIGH POTENCY TAB MULTIVIT	OTC
<i>mult vitamin tab daily</i>	OTC
<i>mult vitamin tab essent</i>	OTC
MULTI VITAMI TAB	OTC
MULTI VITAMI TAB D-3	OTC
<i>multi-vitamn tab</i>	OTC
<i>multiple vitamin tab</i>	OTC
MULTIVITAMIN TAB	OTC
<i>multivitamin tab adult</i>	OTC
MULTIVITAMIN TAB ADULT	OTC
<i>multivitamin tab daily</i>	OTC
<i>multivitamin tab iron-fre</i>	OTC
NEOMULTIVITE TAB	OTC
OMNICAP TAB	OTC
<i>once daily tab</i>	OTC
<i>one daily tab</i>	OTC
<i>one daily tab essentl</i>	OTC
ONE DAILY TAB ESSENTL	OTC
<i>one daily tab multivit</i>	OTC
ONE-A-DAY TAB ESSENT	OTC
ONE-A-DAY TAB MENS	OTC
<i>one-daily tab mult vit</i>	OTC
<i>one-daily tab mult-vit</i>	OTC
<i>qc essential tab</i>	OTC

Drug Name	Requirements/Limits
QUINTABS TAB	OTC
<i>sm multiple tab vitamins</i>	OTC
<i>stress form tab</i>	OTC
<i>stress formu tab</i>	OTC
<i>stresstabs tab</i>	OTC
<i>stresstabs tab energy</i>	OTC
<i>tab-a-vite tab</i>	OTC
<i>tab-a-vite tab beta car</i>	OTC
THERA TAB	OTC
<i>thera-mill tab</i>	OTC
<i>thera-tabs tab</i>	OTC
THEREMS TAB MULTIVIT	OTC
<i>vitalee tab</i>	OTC
ONE-A-DAY CHW VITACRAV	OTC
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 vitam 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
ALIVE IMMUNE CAP HEALTH	OTC
<i>amoryn mood cap booster</i>	OTC

Drug Name	Requirements/Limits
<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
<i>daily vitamn cap plus</i>	OTC
DECUBI-VITE CAP	OTC
DEKAS PLUS CAP	OTC
DEKAS PLUS CAP OCEAN	OTC
<i>dry eye cap formula</i>	OTC
EYE HEALTH CAP	OTC
EYE HEALTH CAP ADLT 50+	OTC
EYE MULTIVIT CAP	OTC
EYE MULTIVIT CAP LUTEIN	OTC
<i>eye vitamins cap</i>	OTC
GENADEK CAP STEP 1	OTC
GENADEK CAP STEP 2	OTC
<i>glucoten cap</i>	OTC
<i>hair/skin cap nails</i>	OTC
HAIR/SKIN/ CAP NAILS	OTC
<i>healthy eyes cap</i>	OTC
<i>healthy eyes cap superv 2</i>	OTC
HEALTHY EYES CAP SUPERVIS	OTC
<i>icaps cap</i>	OTC
<i>icaps lutein cap /omega-3</i>	OTC
<i>macular hlth cap formula</i>	OTC
MENS 50+ CAP ADVANCED	OTC
<i>mens daily cap lycopene</i>	OTC
MOOD FOOD ES CAP	OTC
<i>multi 50+ cap for her</i>	OTC
<i>multi cap complete</i>	OTC
<i>multi cap for her</i>	OTC
<i>multi cap for him</i>	OTC
<i>multivitamin cap daily</i>	OTC
MVW COMPLETE CAP D3000	OTC

Drug Name	Requirements/Limits
MVW COMPLETE CAP D5000	OTC
MVW COMPLETE CAP FORMULAT	OTC
MVW COMPLETE CAP MINIS	OTC
OCUHEALTH CAP VISION 2	OTC
OCUVITE CAP ADULT	OTC
<i>ocuvite eye cap health</i>	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
PROTECT CAP PLUS SO	OTC
PROTEGRA CAP	OTC
SUPER ANTIOX CAP	OTC
<i>super antiox cap protect</i>	OTC
<i>systeme icap cap areds2</i>	OTC
THERAMILL 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

Drug Name	Requirements/Limits
<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 DIABET TAB MULTIVIT	OTC
ALIVE ENERGY TAB WOMENS	OTC
ANTIOXIDANT TAB FORMULA	OTC
<i>antioxidant tab protecti</i>	OTC
<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 wmns 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

Drug Name	Requirements/Limits
<i>cerovite tab senior</i>	OTC
<i>certa plus tab</i>	OTC
CERTAVITE TAB SENIOR	OTC
<i>certavite/ tab antioxiid</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
<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
FITNESS TABS TAB MEN	OTC
FITNESS TABS TAB WOMEN	OTC
FOSFREE TAB	OTC
FREEDAVITE TAB	OTC
GERI-FREEDA TAB SENIOR	OTC
<i>gerivite tab complete</i>	OTC

Drug Name	Requirements/Limits
<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
<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
MENS 50+ TAB MULTIVIT	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

Drug Name	Requirements/Limits
<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
<i>multi-vite tab 50&over</i>	OTC
<i>multiple vitamins w/ minerals tab</i>	OTC
<i>multiv women tab 50+</i>	OTC
MULTIVITAMIN TAB	OTC
<i>multivitamin tab adlt 50+</i>	OTC
MULTIVITAMIN TAB ADULT	OTC
<i>multivitamin tab adults</i>	OTC
MULTIVITAMIN TAB ADULTS	OTC
MULTIVITAMIN TAB MEN	OTC
<i>multivitamin tab men 50+</i>	OTC
<i>multivitamin tab women</i>	OTC
MULTIVITAMIN TAB WOMEN	OTC
<i>multivitamin tab womens</i>	OTC
MULTIVITAMIN TAB ZINC STR	OTC
<i>myamulti tab</i>	OTC
NAT-RUL THER TAB M	OTC
NATRUL-VITES TAB	OTC
<i>nutritional tab support</i>	OTC
OCULAR TAB VITAMINS	OTC
<i>ocutabs tab</i>	OTC
<i>ocutabs tab lutein</i>	OTC
<i>ocuvite eye tab + multi</i>	OTC
<i>ocuvite tab lutein</i>	OTC
<i>ocuvite xtra tab</i>	OTC
ONCOVITE TAB	OTC
ONE DAILY MN TAB W/O IRON	OTC
ONE DAILY MV TAB WOMENS	OTC
<i>one daily tab 50 plus</i>	OTC
<i>one daily tab 50+</i>	OTC
<i>one daily tab 50+ adv</i>	OTC

Drug Name	Requirements/Limits
<i>one daily tab /mineral</i>	OTC
<i>one daily tab complete</i>	OTC
<i>one daily tab essentl</i>	OTC
<i>one daily tab fe/ca</i>	OTC
<i>one daily tab healthy</i>	OTC
<i>one daily tab iron-fre</i>	OTC
<i>one daily tab maximum</i>	OTC
<i>one daily tab men</i>	OTC
<i>one daily tab men 50+</i>	OTC
<i>one daily tab mens</i>	OTC
ONE DAILY TAB MENS	OTC
<i>one daily tab mens 50+</i>	OTC
ONE DAILY TAB MENS 50+	OTC
<i>one daily tab multi-vi</i>	OTC
ONE DAILY TAB WMNS 50+	OTC
<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

Drug Name	Requirements/Limits
PRORENAL +D TAB	OTC
PRORENAL+D TAB	OTC
<i>prosght 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
<i>ra one daily tab mens 50+</i>	OTC
<i>ra one daily tab mens/d3</i>	OTC
RAYAVIT TAB	OTC
<i>renaplex tab</i>	OTC
RENAPLEX-D TAB	OTC
<i>senior tabs tab</i>	OTC
SENTRY SENIO TAB LUTEIN	OTC
<i>sentry tab</i>	OTC
SENTRY TAB	OTC
<i>sentry tab senior</i>	OTC
<i>sm complete tab</i>	OTC
<i>sm complete tab 50+</i>	OTC
<i>sm complete tab 50+ mens</i>	OTC
<i>sm complete tab 50+ wmn</i>	OTC
<i>sm complete tab adv form</i>	OTC
<i>sm complete tab senior</i>	OTC
<i>sm hair/skin tab /nails</i>	OTC
SM ONE DAILY TAB MENS	OTC
SM ONE DAILY TAB WOMENS	OTC
<i>sm opti-vita tab</i>	OTC
SOLO TAB	OTC
<i>spectr women tab hlth sen</i>	OTC
<i>spectra ultr tab hlth men</i>	OTC
SPECTRAVITE TAB	OTC
SPECTRAVITE TAB ADLT 50+	OTC
SPECTRAVITE TAB ADULTS	OTC
<i>spectravite tab advanced</i>	OTC
<i>spectravite tab men</i>	OTC
<i>spectravite tab men 50+</i>	OTC
SPECTRAVITE TAB MEN 50+	OTC

Drug Name	Requirements/Limits
<i>spectravite tab senior</i>	OTC
SPECTRAVITE TAB ULT MEN	OTC
SPECTRAVITE TAB ULT WMN	OTC
<i>spectravite tab women</i>	OTC
<i>spectravite tab women 50</i>	OTC
<i>stress b-com tab antio/zn</i>	OTC
<i>stress form/ tab zinc</i>	OTC
<i>stresstabs tab advanced</i>	OTC
<i>super antiox tab a/c/e/se</i>	OTC
<i>super multip tab</i>	OTC
<i>super thera tab vite m</i>	OTC
<i>supr aytinal tab</i>	OTC
<i>supr aytinal tab 50 plus</i>	OTC
<i>supr vitamin tab</i>	OTC
SYSTANE ICAP TAB AREDS2	OTC
T-VITES TAB	OTC
<i>thera form/ tab hematin</i>	OTC
THERA M PLUS TAB	OTC
<i>thera tab vital-m</i>	OTC
<i>thera vital tab m</i>	OTC
<i>thera-m tab</i>	OTC
THERA-M TAB	OTC
<i>thera-mill m tab</i>	OTC
THERA-TABS M TAB	OTC
<i>therabasic-m tab</i>	OTC
THERABETIC 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

Drug Name	Requirements/Limits
<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
VITRUM TAB SENIOR	OTC
WEIGHT SMART TAB ADVANCED	OTC
<i>womens 50+ tab advanced</i>	OTC
WOMENS 50+ TAB MULTIVIT	OTC
<i>womens daily tab fa/ca/fe</i>	OTC
<i>womens daily tab formula</i>	OTC
<i>womens mult tab</i>	OTC
WOMENS MULTI TAB VIT/MIN	OTC
<i>womns active tab daily</i>	OTC
YELETS TEEN TAB FORMULA	OTC
ENDUR-VM TAB	OTC
ENDUR-VM TAB IRON	OTC
<i>magnum-75 tab</i>	OTC
<i>mega-maratho tab 100 tr</i>	OTC
<i>natrul-100 tab super</i>	OTC
<i>superior 35 tab</i>	OTC
<i>totalday mul tab tr</i>	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
<i>ultra-mega tab cr</i>	OTC
<i>a thru z chw select</i>	OTC
ADEK CHW PLUS ZN	OTC
<i>adlt multivi chw gummies</i>	OTC
ADLT ONE DLY CHW GUMMIES	OTC
<i>advanced chw multi ea</i>	OTC
<i>airborne chw</i>	OTC
AIRBORNE CHW	OTC
<i>airborne chw gummies</i>	OTC
<i>airborne chw immune</i>	OTC

Drug Name	Requirements/Limits
<i>airborne chw kids</i>	OTC
AIRBORNE CHW KIDS	OTC
AIRBORNE+ CHW PROBIOTI	OTC
AIRBORNE+ CHW REST	OTC
<i>airshield chw</i>	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
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

Drug Name	Requirements/Limits
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
VITACHEW CHW ADULT	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
<i>womens daily chw gummies</i>	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
<i>bprotected liq multi-vi</i>	OTC
CENTRUM LIQ	OTC
CENTRUM LIQ ADULT	OTC
<i>comp multivi liq mineral</i>	OTC
<i>lysiplex liq plus</i>	OTC
MULTI-VITE LIQ	OTC
<i>multiple vitamins w/ minerals liquid</i>	OTC
<i>multivitamin liq</i>	OTC
<i>multivitamin liq mineral</i>	OTC
<i>tropical liq nutritio</i>	OTC
ACTIVNUT W/O POW COP/IRON	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

Drug Name	Requirements/Limits
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
MENS DAILY PAK PACK	OTC
MULTI FOR POW HER	OTC
MULTI FOR POW HIM	OTC
PROCEED PLUS PAK	OTC
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
WOMENS DAILY PAK PACK	OTC
ZINC LOZ	OTC
ACTIVESSENTI PAK ONCOPLEX	OTC
ACTIVESSENTI PAK WOMEN	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	
<i>essent one tab daily</i>	OTC

Drug Name	Requirements/Limits
<i>one daily tab womens</i>	OTC
ONE-A-DAY TAB WOMENS	OTC
<i>signacal tab</i>	OTC
SM ONE DAILY TAB ESSENTIA	OTC
PEDIATRIC VITAMINS	
HONEY BEARS CHW	OTC
MULTIVITAMIN CHW CHILD	OTC
PEDIATRIC MULTIPLE VITAMINS	
<i>animal chews chw</i>	OTC
<i>bite-a-mins chw</i>	OTC
<i>child chew chw vitamins</i>	OTC
<i>child chew/ chw extra c</i>	OTC
<i>children vit chw</i>	OTC
<i>childrens chw multivit</i>	OTC
<i>childrens chw vitamins</i>	OTC
<i>culturelle chw</i>	OTC
<i>culturelle chw kids</i>	OTC
<i>flintstones chw multivit</i>	OTC
<i>flintstones chw my first</i>	OTC
<i>flintstones chw omega-3</i>	OTC
<i>flintstones chw pls calc</i>	OTC
<i>fruity chews chw</i>	OTC
<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

Drug Name	Requirements/Limits
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 childrns</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
<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 bubblgum</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
<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

Drug Name	Requirements/Limits
<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 vitam 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>	
<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/fluo 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	
POLY-VI-FLOR SUS 0.25/ML	OTC
FLORIVA DRO PLUS	
<i>multivit/fl dro 0.25mg</i>	
<i>multivit/fl dro 0.25mg</i>	OTC

Drug Name	Requirements/Limits
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
CORTICARE B CAP	OTC
FEMQUIL CAP	OTC
GLYCOTROL CAP	OTC
GLYCOTROL CAP COMPLETE	OTC
HEART SAVIOR CAP	OTC
IMMUNERX CAP	OTC
IMMUNICARE CAP	OTC
INULOSE BLD CAP SUGAR	OTC
LIPOTRIAD CAP VIS PLUS	OTC
LIPOTRIAD CAP VISION	OTC
LIPOTRIAD CAP VISIONAR	OTC
MEDCAPS DPO CAP	OTC
MEDCAPS GI CAP	OTC
MEDCAPS IS 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

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

PRENATAL VITAMINS

<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
ACTIFLOVIT TAB EAR HEAL	OTC
<i>b-complex tab form 1</i>	OTC
<i>balance b100 tab</i>	OTC
<i>balance b-50 tab complex</i>	OTC

Drug Name	Requirements/Limits
<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
LIPOTRIAD TAB	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
B-100 COMP TAB TR	OTC
GERAVINE ELX	OTC

IRON W/ VITAMINS

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

MINERALS & ELECTROLYTES

CALCIUM

CALCIUM TAB 280MG	OTC
RA CALCIUM TAB 500MG	OTC
<i>cvs calcium tab 600mg</i>	OTC
<i>ra calcium tab high pot</i>	OTC
<i>calcium carbonate tab 600 mg</i>	OTC
<i>calcium carb tab 1250mg</i>	OTC
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	OTC
<i>calcium 600 tab</i>	OTC
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	OTC
<i>calcium tab 600mg</i>	OTC
<i>hm calcium tab 600mg</i>	OTC
<i>pure calcium tab carbonat</i>	OTC
<i>super calciu tab 600mg</i>	OTC
CALCIUM CARB CHW 500MG	OTC
<i>calcium citrate tab 950 mg (200 mg elemental ca)</i>	OTC
<i>oyster shell calcium tab 500 mg</i>	OTC
OYST SHELL/D TAB 500MG	OTC
<i>super cal/ tab mag</i>	OTC
<i>cal-mag tab 500-250</i>	OTC
<i>calcium w/ magnesium tab 500-250 mg</i>	OTC
CALCIUM/D3 TAB 500/200	OTC
PARVA-CAL TAB 500MG	OTC

Drug Name	Requirements/Limits
<i>calcium carbonate-vitamin d cap 600 mg-5 mcg (200 unit)</i>	OTC
<i>liq ca/vit d cap 600mg</i>	OTC
<i>calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)</i>	OTC
<i>oyst shell/d tab 250mg</i>	OTC
OYST SHELL/D TAB 500MG	OTC
CALCIUM/VT D TAB 600-125	OTC
<i>calcium 600 tab +d</i>	OTC
<i>calcium carbonate-vitamin d tab 600 mg-5 mcg (200 unit)</i>	OTC
CALCIUM 600 TAB +D	OTC
EQL CALCIUM CAP VIT D	OTC
<i>calc 600+d3 cap 600-500</i>	OTC
<i>calcium plus cap d3</i>	OTC
<i>calcium/d3 cap 600-500</i>	OTC
<i>calcium/vitd cap 600-500</i>	OTC
<i>kp calcium cap 600+d</i>	OTC
<i>calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)</i>	OTC
<i>oys shell+d tab 250-125</i>	OTC
<i>oyst shell/d tab 250-125</i>	OTC
<i>calcium 500 tab +d</i>	OTC
<i>calcium 500 tab /vit d</i>	OTC
<i>nat-rul cal tab /d 500mg</i>	OTC
<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

Drug Name	Requirements/Limits
<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
<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

Drug Name	Requirements/Limits
<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
CALCIUM/D3 WAF	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
CALC CIT+D3 TAB 250-200	OTC
CALC CITRATE TAB +D	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 cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca)</i>	OTC
<i>cal cit+d3 tab maximum</i>	OTC
<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 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
CAL CIT MAL/ TAB VITAMIND	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
RISACAL-D TAB	OTC
<i>calcium for chw women</i>	OTC

Drug Name	Requirements/Limits
<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
CALCIUM SOFT CHW CARAMEL	OTC
CALCIUM SOFT CHW CHOCOLAT	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 naf)</i>	OTC

PHOSPHATE

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

<i>effer-k tab 25meq ef</i>	
<i>k-prime tab 25meq ef</i>	
<i>klor-con/ef tab 25meq fr</i>	
<i>potassium chloride cap er 8 meq</i>	
<i>potassium chloride cap er 10 meq</i>	
<i>klor-con 8 tab 8meq er</i>	
<i>potassium chloride tab er 8 meq (600 mg)</i>	
<i>klor-con 10 tab 10meq er</i>	
<i>potassium chloride tab er 10 meq</i>	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	
<i>klor-con m10 tab 10meq er</i>	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	
<i>klor-con m20 tab 20meq er</i>	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	

ELECTROLYTE MIXTURES

<i>ceralyte 70 sol</i>	OTC
<i>cvs electrol sol</i>	OTC

Drug Name	Requirements/Limits
<i>oral electro sol cherry</i>	OTC
<i>oral electro sol freezer</i>	OTC
<i>oral electro sol h-e-b</i>	OTC
<i>oral electrolyte solution</i>	OTC
<i>oralyte sol bubl gum</i>	OTC
<i>oralyte sol fruit</i>	OTC
<i>oralyte sol grape</i>	OTC
<i>oralyte sol unflavor</i>	OTC
<i>ped elctrylt sol</i>	OTC
<i>ped elctrylt sol /zinc</i>	OTC
<i>ped elctrylt sol apple</i>	OTC
<i>ped elctrylt sol freeze</i>	OTC
<i>ped elctrylt sol freezer</i>	OTC
<i>ped elctrylt sol freezpop</i>	OTC
<i>ped elctrylt sol fruit</i>	OTC
<i>ped elctrylt sol grape</i>	OTC
<i>ped elctrylt sol pineappl</i>	OTC
<i>ped elctrylt sol strawbry</i>	OTC
<i>ped elctrylt sol unflavor</i>	OTC
<i>ped elctrylt sol unflavrd</i>	OTC
<i>pedia vance sol apple</i>	OTC
<i>pedia vance sol grape</i>	OTC
<i>ra pediatric sol electrol</i>	OTC
<i>rehydralyte sol</i>	OTC

NUTRIENTS

PROTEINS

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

MISC. NUTRITIONAL SUBSTANCES

<i>cvs fish oil cap 1/2 size</i>	OTC
<i>omega-3 fatty acids cap 500 mg</i>	OTC
<i>ovega-3 cap 500mg</i>	OTC
<i>sam-e.p.a. cap 500mg</i>	OTC
<i>super omega cap 500mg</i>	OTC
<i>sv fish oil cap 500mg</i>	OTC
<i>fish oil cap 300mg</i>	OTC
<i>fish oil con cap 300mg</i>	OTC
<i>omega-3 fatty acids cap 300 mg</i>	OTC

Drug Name	Requirements/Limits
<i>sm fish oil cap</i>	OTC
<i>fish oil cap 435mg</i>	OTC
<i>omega-3 fatty acids cap 435 mg</i>	OTC
FISH OIL CAP 1000MG	OTC
FISH OIL CAP 1400MG	OTC
OMEGA-3 CAP 1400MG	OTC
ULTRA OMEGA3 CAP 1400MG	OTC
<i>cvs fish oil cap 1000mg</i>	OTC
<i>eql fish oil cap 1000mg</i>	OTC
<i>fish oil con cap 1000mg</i>	OTC
<i>gnp fish oil cap 1000mg</i>	OTC
<i>hm fish oil cap 1000mg</i>	OTC
<i>maxepa cap 1000mg</i>	OTC
<i>maximum epa cap 1000mg</i>	OTC
<i>omega 3 cap 1000mg</i>	OTC
<i>omega iii cap epa+dha</i>	OTC
<i>omega-3 cf cap 1000mg</i>	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	OTC
<i>omega-3 fish cap 1000 mg</i>	OTC
<i>px fish oil cap 1000mg</i>	OTC
<i>qc fish oil cap 1000mg</i>	OTC
<i>ra fish oil cap 1000mg</i>	OTC
<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
FISH OIL CAP 1360MG	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

Drug Name	Requirements/Limits
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DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

DIETARY MANAGEMENT PRODUCTS

FOLBIC TAB	OTC
NIVA-FOL TAB	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
<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 65mg</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
SLOW RELEASE TAB 47.5MG	OTC
FERROUS SULF TAB 324MG EC	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 suppmnt elx 220/5ml</i>	OTC

Drug Name	Requirements/Limits
<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
IRON HP TAB 65MG	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
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	OTC
<i>ferrous gluc tab 324mg</i>	OTC
FERRETTTS TAB 325MG	OTC
<i>ferrocite tab 324mg</i>	OTC
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	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

Drug Name	Requirements/Limits
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

<i>foliac acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>
<i>folplex 2.2 tab</i>
<i>fabb tab 2.2-25-1</i>
<i>virt-gard 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>

Drug Name	Requirements/Limits
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<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	
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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

ELIQUIS TAB 2.5MG	
ELIQUIS TAB 5MG	
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

<i>dipyridamole tab 25 mg</i>	
<i>dipyridamole tab 50 mg</i>	
<i>dipyridamole tab 75 mg</i>	

Drug Name	Requirements/Limits
<i>cilostazol tab 50 mg</i>	
<i>cilostazol tab 100 mg</i>	
<i>anagrelide hcl cap 0.5 mg</i>	
<i>anagrelide hcl cap 1 mg</i>	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	
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

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

OPHTHALMIC ANTI-INFECTIVES

<i>bacitracin ophth oint 500 unit/gm</i>	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	
<i>erythromycin ophth oint 5 mg/gm</i>	
<i>gentamicin sulfate ophth soln 0.3%</i>	QL (20 mL every 25 days)
<i>gentak oin 0.3% op</i>	
<i>levofloxacin ophth soln 0.5%</i>	
<i>ofloxacin ophth soln 0.3%</i>	
<i>tobramycin ophth soln 0.3%</i>	
<i>sulfacetamide sodium ophth soln 10%</i>	
<i>trifluridine ophth soln 1%</i>	
NATACYN SUS 5% OP	
<i>ak-poly-bac oin op</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
<i>polycin oin op</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
<i>neo-polycin oin op</i>	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	

ARTIFICIAL TEARS AND LUBRICANTS

<i>eye drops dro 0.25%</i>	OTC
THERATEARS SOL 0.25% PF	OTC

Drug Name	Requirements/Limits
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	OTC
<i>cvs lubricnt dro 0.5% op</i>	OTC
<i>lubricnt eye dro 0.5% op</i>	OTC
<i>restore tear dro 0.5% op</i>	OTC
<i>ultra fresh dro 0.5% op</i>	OTC
<i>biolle tears dro 0.5% op</i>	OTC
<i>cvs lubrican dro 0.5%</i>	OTC
<i>lubricating dro 0.5%</i>	OTC
<i>lubricnt eye dro 0.5% op</i>	OTC
<i>restore plus dro 0.5% op</i>	OTC
<i>dry eye relf gel 1%</i>	OTC
<i>lubricnt gel dro 1%</i>	OTC
<i>biolle gel 1%</i>	OTC
<i>refresh cell gel 1% op</i>	OTC
<i>theratears gel 1% oph</i>	OTC
PURE & GENTL DRO 0.3%	OTC
GENTEAL GEL 0.3%	OTC
<i>artifi tears sol 1.4% op</i>	OTC
<i>polyvinyl alcohol ophth soln 1.4%</i>	OTC
<i>lubricant dro eye 0.6%</i>	OTC
<i>lubricnt eye dro 0.6%</i>	OTC
<i>genteal tear sol moderate</i>	OTC
<i>just tears sol eye drop</i>	OTC
<i>sm artificia 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>systeme dro contacts</i>	OTC
<i>eye drops dro 0.5-0.9%</i>	OTC
REFRESH DRO RELIEVA	OTC
REFRESH OPTI DRO 0.5-0.9%	OTC
REFRESH DRO RELIEVA	OTC
LUBRICNT GEL DRO 0.25-0.3	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

Drug Name	Requirements/Limits
<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
REFRESH DRO OP	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
<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 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
REFRESH SOL DIGITAL	OTC
REFRESH SOL OPTIVE	OTC
REFRESH OPT SOL MEGA-3	OTC
REFRESH SOL DIGITAL	OTC
REFRESH SOL OPTIVE	OTC
<i>artificial dro tears</i>	OTC

Drug Name	Requirements/Limits
<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>	
PREDNISOLONE SUS 1%	
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>	
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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)
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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

Drug Name	Requirements/Limits
<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
<i>ZADITOR DRO 0.025%OP</i>	OTC
<i>dorzolamide hcl ophth soln 2%</i>	
<i>DORZOLAMIDE SOL 2%</i>	
<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

ofloxacin otic soln 0.3%

OTIC AGENTS - MISCELLANEOUS

acetic acid otic soln 2%

clearcanal dro 6.5%

OTC

clinere liq earwax

OTC

DEBROX SOL 6.5% OT

OTC

ear drops dro 6.5%

OTC

ear drops sol 6.5% ot

OTC

ear wax kit sol 6.5% ot

OTC

ear wax rem dro kit 6.5%

OTC

ear wax remv dro 6.5% ot

OTC

ear wax remv sol 6.5% ot

OTC

earwax remov dro kit

OTC

earwax remov dro system

OTC

earwax remov sol 6.5%

OTC

earwax remv sol 6.5% ot

OTC

earwax remvl dro 6.5% ot

OTC

earwax sol removal

OTC

eq ear wax sol removal

OTC

eq earwax sol 6.5% ot

OTC

gnp earwax sol 6.5% ot

OTC

gnp earwax sol removal

OTC

hm earwax re dro kit

OTC

hm earwax sol 6.5%

OTC

murine ear dro 6.5% ot

OTC

murine ear sol 6.5% ot

OTC

ra ear dro 6.5% ot

OTC

sm ear dro 6.5% ot

OTC

OTIC COMBINATIONS

ciprofloxacin-dexamethasone otic susp 0.3-0.1%

neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%

Drug Name	Requirements/Limits
<i>neomycin-polymyxin-hc otic soln 1%</i>	
MOUTH/THROAT/DENTAL AGENTS	
ANTI-INFECTIVES - THROAT	
<i>nystatin susp 100000 unit/ml</i>	
<i>clotrimazole troche 10 mg</i>	QL (90 troches every 25 days)
ANTISEPTICS - MOUTH/THROAT	
<i>chlorhexidine gluconate soln 0.12%</i>	
<i>periogard sol 0.12%</i>	
STEROIDS - MOUTH/THROAT/DENTAL	
<i>oralone dent pst 0.1%</i>	
<i>triamcinolone acetonide dental paste 0.1%</i>	
ANESTHETICS TOPICAL ORAL	
<i>lidocaine hcl viscous soln 2%</i>	
DENTAL PRODUCTS	
<i>sodium fluoride rinse 0.2%</i>	
<i>denta 5000 cre plus</i>	
<i>denta 5000 cre plus 2pk</i>	
<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
AQUORAL SPR	PA
BIOTENE DRY SPR MOIST	PA, OTC
CAPHOSOL SOL	PA, OTC
CVS DRY SPR MOUTH	PA, OTC
DRY MOUTH SOL ORAL RIN	PA, OTC
MOI-STIR SOL	PA, OTC
MOUTH KOTE SOL	PA, OTC
MOUTH KOTE SOL REMINT	PA, OTC
NUMOISYN LIQ	PA

Drug Name	Requirements/Limits
ORAL RELIEF SPR DRY MOUT	PA, OTC
RA DRY MOUTH SPR	PA, OTC
ACT DRY MOUT GUM MOISTURI	PA, OTC
BIOTENE DRY GUM MOUTH	PA, OTC
BIOTENE PBF GUM DRY MTH	PA, OTC
MIGHTEAFLOW GUM	PA, OTC
BOCASAL POW	PA
MUCOSITISRX POW	PA
NEUTRASAL POW	PA
SALIVAMAX POW	PA
ORAL RELIEF GEL DRY MOUT	PA, OTC
ORALBALANCE GEL DRY MTH	PA, OTC
<i>act dry loz mouth</i>	PA, OTC
<i>biotene dry loz mouth</i>	PA, OTC
<i>dry mouth loz cherry</i>	PA, OTC
<i>dry mouth loz melon</i>	PA, OTC
<i>dry mouth loz mint</i>	PA, OTC
NUMOISYN LOZ	PA
<i>oral relief loz dry mout</i>	PA, OTC
<i>salese/ loz xylitol</i>	PA, OTC
<i>salivasure loz</i>	PA, OTC
<i>therabreath loz dry mout</i>	PA, OTC
ORAL RELIEF KIT DRY MOUT	PA, 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>acne foaming liq wash 10%</i>	OTC

Drug Name	Requirements/Limits
<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 tre 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>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>persa-gel gel 10%</i>	OTC
<i>accutane cap 10mg</i>	PA
<i>amneesteem 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>amneesteem 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>amneesteem cap 40mg</i>	PA
<i>claravis cap 40mg</i>	PA
<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

Drug Name	Requirements/Limits
<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)
ONEXTON GEL 1.2-3.75	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)
NORITATE CRE 1%	QL (60 gm every 25 days)
<i>metronidazole 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)
<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

Drug Name	Requirements/Limits
<i>eq triple oin antibiot</i>	OTC
<i>eq1 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
<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

Drug Name	Requirements/Limits
<i>cvs athletes cre foot 1%</i>	OTC
<i>fungi-guard cre 1%</i>	OTC
<i>qc antifunga cre 1%</i>	OTC
<i>sm antifun gl 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>baza antifun cre 2%</i>	OTC
<i>cavilon cre 2%</i>	OTC
<i>micaderm cre 2%</i>	OTC
<i>miconazole nitrate cream 2%</i>	OTC
<i>sm antifun gl cre 2%</i>	OTC
<i>tineacide cre</i>	OTC
<i>triple paste oin 2%</i>	OTC

Drug Name	Requirements/Limits
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>diclofenac gel 1%</i>	QL (500 gm every 25 days), OTC
<i>eq arthritis gel 1%</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)
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)
SKYRIZI PEN INJ 150MG/ML	SP, PA, QL (2 pens every 28 days)
SKYRIZI INJ 150MG/ML	SP, PA, QL (2 syringes every 28 days)
SKYRIZI INJ 150DOSE	SP, PA, QL (2 injections 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

Drug Name	Requirements/Limits
<i>dandruff sha 1%</i>	OTC
<i>selenium sulfide lotion 2.5%</i>	
ANTIVIRALS - TOPICAL	
<i>docosanol cream 10%</i>	OTC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL	
<i>fluorouracil cream 5%</i>	
BURN PRODUCTS	
<i>silver sulfadiazine cream 1%</i>	
<i>ssd cre 1%</i>	
CORTICOSTEROIDS - TOPICAL	
<i>alclometasone dipropionate cream 0.05%</i>	QL (120 gm every 25 days)
<i>alclometasone dipropionate oint 0.05%</i>	QL (120 gm every 25 days)
<i>betamethasone dipropionate cream 0.05%</i>	QL (120 gm every 25 days)
<i>betamethasone dipropionate lotion 0.05%</i>	QL (120 mL every 25 days)
<i>betamethasone dipropionate oint 0.05%</i>	QL (120 gm every 25 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	QL (120 gm every 25 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	QL (120 gm every 25 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	QL (120 mL every 25 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	QL (120 gm every 25 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	QL (120 gm every 25 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	QL (120 mL every 25 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	QL (120 gm every 25 days)
<i>clobetasol propionate emollient base cream 0.05%</i>	
<i>desonide cream 0.05%</i>	QL (120 gm every 25 days)
<i>desonide lotion 0.05%</i>	QL (120 mL every 25 days)
<i>desonide oint 0.05%</i>	QL (120 gm every 25 days)
<i>desoximetasone cream 0.05%</i>	QL (120 gm every 25 days)
<i>desoximetasone cream 0.25%</i>	QL (120 gm every 25 days)
<i>desoximetasone gel 0.05%</i>	QL (120 gm every 25 days)
<i>desoximetasone oint 0.25%</i>	QL (120 gm every 25 days)
<i>fluocinolone acetonide soln 0.01%</i>	QL (120 mL every 25 days)
<i>fluocinolone acetonide cream 0.025%</i>	QL (120 gm every 25 days)
<i>fluocinolone acetonide oint 0.025%</i>	QL (120 gm every 25 days)
<i>fluocinonide soln 0.05%</i>	QL (120 mL every 25 days)
<i>fluocinonide cream 0.05%</i>	QL (120 gm every 25 days)
<i>fluocinonide gel 0.05%</i>	QL (120 gm every 25 days)
<i>fluocinonide oint 0.05%</i>	QL (120 gm every 25 days)
<i>fluticasone propionate cream 0.05%</i>	QL (120 gm every 25 days)

Drug Name	Requirements/Limits
<i>fluticasone propionate oint 0.005%</i>	QL (120 gm every 25 days)
<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

Drug Name	Requirements/Limits
<i>mg217 gel 1%</i>	OTC
<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 psoriasi</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 oin 1%</i>	OTC
<i>aquaphor oin itch rlf</i>	OTC
<i>cortisone oin 1%</i>	OTC
<i>cortizone-10 oin 1%</i>	OTC
<i>hydrocortisone oint 1%</i>	
<i>hydrocortisone oint 1%</i>	OTC
<i>ra anti-itch oin 1%</i>	OTC
<i>sb hydrocort oin 1%</i>	OTC
<i>sm hydrocort oin 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)

Drug Name	Requirements/Limits
<i>triamcinolone acetonide oint 0.5%</i>	QL (120 gm every 25 days)
DIAPER RASH PRODUCTS	
A+D DIAPER CRE RASH	OTC
BENSONS CRE BOTTOM	OTC
CVS DIAPER CRE A/D ZINC	OTC
<i>aveeno baby oin multipur</i>	OTC
<i>balmex multi oin purpose</i>	OTC
<i>cerave baby oin healing</i>	OTC
<i>desitin oin</i>	OTC
<i>flanders oin buttocks</i>	OTC
<i>medi-paste oin</i>	OTC
<i>paladin oin</i>	OTC
<i>pinxav oin</i>	OTC
<i>skin protect oin all-purp</i>	OTC
EMOLLIENTS	
<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 trtment 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>vitamins a & d oint</i>	OTC
EMOLLIENT/KERATOLYTIC AGENTS	
<i>gordons urea cre 40%</i>	OTC
<i>urea cream 40%</i>	
<i>uremez-40 cre 40%</i>	
ENZYMES - TOPICAL	
SANTYL OIN 250/GM	PA
KERATOLYTIC/ANTIMITOTIC AGENTS	
<i>podofilox soln 0.5%</i>	
IMMUNOMODULATING AGENTS - TOPICAL	
<i>imiquimod cream 5%</i>	
LOCAL ANESTHETICS - TOPICAL	
CAPSAICIN LIQ 0.15%	QL (30 mL every 25 days), OTC
CAPZASIN LIQ 0.15%	QL (30 mL every 25 days), OTC

Drug Name	Requirements/Limits
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
<i>qc lidocaine pad rlf 4%</i>	QL (30 patches every 25 days), OTC

Drug Name	Requirements/Limits
<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
MINERAL OIL LIGHT	OTC

Drug Name	Requirements/Limits
CALAMINE LOT	OTC
CALAMINE LOT 8-8%	OTC
GNP CALAMINE LOT 8-8%	OTC
PX CALAMINE LOT	OTC
SM CALAMINE LOT	OTC

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>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
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DIAGNOSTIC PRODUCTS

DIAGNOSTIC TESTS

ONETOUCH TES ULTRA	QL (200 strips every 25 days), OTC
ONETOUCH TES VERIO	QL (200 strips every 25 days), OTC
DIASTIX TES STRIPS	QL (100 strips every 25 days), 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

<i>cvs quality cap sleep</i>	OTC
<i>melatonin cap 10mg</i>	OTC
MELATONIN TAB 300MCG	OTC
<i>melatonin tab 1 mg</i>	OTC
<i>kp melatonin tab 3mg</i>	OTC
<i>melatonin tab 3mg</i>	OTC
<i>ra melatonin tab 3mg</i>	OTC
<i>sm melatonin tab 3mg</i>	OTC
<i>hm melatonin tab 5mg</i>	OTC
<i>melatonin tab 5mg</i>	OTC
<i>qc melatonin tab 5mg</i>	OTC
<i>ra melatonin tab 5mg</i>	OTC
<i>sv melatonin tab 5mg</i>	OTC
<i>melatonin tab 10 mg</i>	OTC
<i>melatonin tab ex str</i>	OTC
<i>melatonin tab max str</i>	OTC
<i>ra melatonin tab 10mg</i>	OTC
MELADOX TAB 3MG CR	OTC
MELATONIN TAB 3MG CR	OTC
<i>hm melatonin tab 10mg</i>	OTC
<i>melatonin tab 10mg</i>	OTC
<i>melatonin tab 10mg cr</i>	OTC
<i>mm melatonin tab 10mg tr</i>	OTC
<i>melatonin chw 2.5mg</i>	OTC
<i>vitajoy gumm chw 2.5mg</i>	OTC

Drug Name	Requirements/Limits
RA MELATONIN SUB 1MG	OTC
<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

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
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

Drug Name	Requirements/Limits
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
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)

Drug Name	Requirements/Limits
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
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
ZEV RX 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

Drug Name	Requirements/Limits
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
INSUPEN MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
INSUPEN ULTR MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
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

Drug Name	Requirements/Limits
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
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

Drug Name	Requirements/Limits
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
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

Drug Name	Requirements/Limits
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
VERIFINE PEN 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
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

Drug Name	Requirements/Limits
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	
AIR TUBE MIS /PLUGS	
AIRS PEDIATR MIS MASK	
ALTERA NEB MIS HANDSET	
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

Drug Name	Requirements/Limits
EBASE CONTRO MIS KIT	
ERAPID NEB MIS HANDSET	
FILTER AIR MIS PP	
FLYP HYPERSO MIS CARTRIDG	OTC
FULL KIT NEB MIS SET	
LITETOUCH MIS MASK LG	
LITETOUCH MIS MASK MD	
LITETOUCH 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
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	
SOOTHENEB MIS MED CUP	OTC
SOOTHENEB MIS MESH CAP	OTC
SOOTHENEB MIS NBL 100	OTC
THRESHOLD MIS IMT	
TUBE CLEANIN MIS BRUSH	
WINDMILL MIS TRAINER	
WING TIP MIS TUBING	OTC

Drug Name	Requirements/Limits
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 FLOSIGNA	
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
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

Drug Name	Requirements/Limits
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
AERIVA MIS CON/NEB	QL (1 box every 730 days), OTC
AEROECLIPSE MIS II NEB	QL (1 box every 730 days)
AIRS DISPOSA MIS NEBULIZR	QL (1 box every 730 days), OTC
ALTERA MIS NEBULIZE	QL (1 box every 730 days)
AURA MIS PORTANEB	QL (1 box every 730 days)
BENTLEY THE MIS BEAR	QL (1 box every 730 days)
CAPTAIN MIS EAGLE	QL (1 box every 730 days)
CLEVER CHOIC MIS NEBULIZR	QL (1 box every 730 days)
COMP A-I-R MIS NEBULIZE	QL (1 box every 730 days)
COMP AIR MIS COMP/NEB	QL (1 box every 730 days)
COMPMIST MIS NEBULIZE	QL (1 box every 730 days), OTC
COMPRESSOR MIS NEBULIZE	QL (1 box every 730 days)
COMPRESSOR MIS NEBULIZR	QL (1 box every 730 days), OTC
EASY AIR COM MIS NEBULIZE	QL (1 box every 730 days), OTC
EASY NEB MIS	QL (1 box every 730 days), OTC
ELITE COMPRS MIS NEBULIZR	QL (1 box every 730 days), OTC
ERAPID MIS NEBULIZE	QL (1 box every 730 days)
FLYP NEBULZR MIS	QL (1 box every 730 days)

Drug Name	Requirements/Limits
FLYP NEBULZR MIS POCKET	QL (1 box every 730 days)
HOMENEB MIS SIDESTRE	QL (1 box every 730 days), OTC
INNOSPIRE EL MIS NEBULIZE	QL (1 box every 730 days)
INNOSPIRE ES MIS NEBULIZE	QL (1 box every 730 days)
INNOSPIRE MIS PORTABLE	QL (1 box every 730 days), OTC
LUMINEB II MIS NEBULIZR	QL (1 box every 730 days)
MABIS COMPXP MIS COMP/NEB	QL (1 box every 730 days), OTC
MABIS COSMO MIS NEBULIZR	QL (1 box every 730 days)
MARGO MOO MIS NEBULIZE	QL (1 box every 730 days), OTC
MEDNEB NEBUL MIS DISP NEB	QL (1 box every 730 days)
MEDNEB NEBUL MIS REUS/BAG	QL (1 box every 730 days), OTC
MEDNEB NEBUL MIS REUSE/DI	QL (1 box every 730 days), OTC
MICROAIR MIS VIB MESH	QL (1 box every 730 days)
MICRONEB MIS TABLETOP	QL (1 box every 730 days)
MINI COMPRES MIS NEBULIZR	QL (1 box every 730 days)
MINI-MIST MIS PORTABLE	QL (1 box every 730 days), OTC
MINIBREEZE MIS NEBULIZE	QL (1 box every 730 days), OTC
NEB-RITE4 MIS	QL (1 box every 730 days)
NEB-RITE4 MIS	QL (1 box every 730 days), OTC
NEBULIZER MIS PED FROG	QL (1 box every 730 days)
NEBULIZER MIS ULTRASON	QL (1 box every 730 days)
NEBULIZER SY KIT ALLINONE	QL (1 box every 730 days)
OPTIONHOME MIS NEBULIZR	
PARI BABY MIS SIZE 0	QL (1 box every 730 days)
PARI BABY MIS SIZE 1	QL (1 box every 730 days)
PARI BABY MIS SIZE 2	QL (1 box every 730 days)
PARI LC MIS SPRINT	QL (1 box every 730 days)
PARI LC PLUS MIS	QL (1 box every 730 days)
PARI LC PLUS MIS NEBULIZR	QL (1 box every 730 days)
PARI LC PLUS MIS VIOS PRO	QL (1 box every 730 days)
PARI LC STAR MIS	QL (1 box every 730 days)
PARI SINUS MIS AERO SYS	QL (1 box every 730 days)
PARI TREK S MIS	QL (1 box every 730 days)
PED COMPRESS MIS NEBULIZE	QL (1 box every 730 days)
PORT COMPRES MIS NEBULIZR	QL (1 box every 730 days), OTC

Drug Name	Requirements/Limits
PROCARE COMP MIS NEBULIZE	QL (1 box every 730 days), OTC
PRONEB MAX MIS LC PLUS	QL (1 box every 730 days)
PRONEB MAX MIS LC SPRNT	QL (1 box every 730 days)
PULMONEB LT MIS NEBULIZE	QL (1 box every 730 days)
PURE AIR MIN MIS NEBULIZE	QL (1 box every 730 days), OTC
SIDESTREAM MIS NEBULIZR	QL (1 box every 730 days)
SIDESTREAM MIS PLUS	QL (1 box every 730 days)
SMART NEB MIS COMP NEB	QL (1 box every 730 days), OTC
SOOTHE NEB MIS NEBULIZE	QL (1 box every 730 days)
SOOTHENEB MIS COMP NEB	QL (1 box every 730 days)
SPARKY THE MIS DOG	QL (1 box every 730 days)
ULTRASONIC MIS MINI NEB	QL (1 box every 730 days), OTC
VIOS LC MIS SPRINT	QL (1 box every 730 days)
VIOS LC PLUS MIS	QL (1 box every 730 days)
VIOS LC PLUS MIS DELUXE	QL (1 box every 730 days)
VIOS LC PLUS MIS PEDIATRC	QL (1 box every 730 days)
VIOS MIS SYSTEM	QL (1 box every 730 days)
VIOS PRO LC MIS SPRINT	QL (1 box every 730 days)
VIOS PRO LC+ MIS SYSTEM	QL (1 box every 730 days)
WHISPER AIRE MIS AER DELI	QL (1 box every 730 days)
WHISPER AIRE MIS PED AERO	QL (1 box every 730 days)
WHISPER AIRE MIS PED NEBU	QL (1 box every 730 days)
WILLIS THE MIS WHALE	QL (1 box every 730 days), OTC
BREATHE COMF MIS HUMIDIFI	QL (1 box every 730 days), OTC
BREATHE EASE MIS HUMIDIFI	QL (1 box every 730 days), OTC
CLEVER CHOIC MIS ULTRASON	QL (1 box every 730 days), OTC
COOL MIST MIS 0.8 GAL	QL (1 box every 730 days), OTC
COOL MIST MIS 1 GALLON	QL (1 box every 730 days), OTC
COOL MIST MIS 1.2 GAL	QL (1 box every 730 days), OTC
COOL MIST MIS 1.3 GAL	QL (1 box every 730 days), OTC
COOL MIST MIS 2 GALLON	QL (1 box every 730 days), OTC
EVAP HUMIDFR MIS 1.5 GAL	QL (1 box every 730 days), OTC

Drug Name	Requirements/Limits
EVAP HUMIDFR MIS 2 GALLON	QL (1 box every 730 days), OTC
HUMIDIFIER MIS 1.3 GAL	QL (1 box every 730 days), OTC
HUMIDIFIER MIS 1.5 GAL	QL (1 box every 730 days), OTC
HUMIDIFIER MIS 1.8 GAL	QL (1 box every 730 days), OTC
HUMIDIFIER MIS 1.25 GAL	QL (1 box every 730 days), OTC
HUMIDIFIER MIS 2 GALLON	QL (1 box every 730 days), OTC
HUMIDIFIER MIS COOL MIS	QL (1 humidifier every 2 years), OTC
HUMIDIFIER MIS COOL MST	QL (1 box every 730 days), OTC
HUMIDIFIER MIS FROG	QL (1 box every 730 days), OTC
HUMIDIFIER MIS GERMFREE	QL (1 box every 730 days), OTC
HUMIDIFIER MIS HOSPITAL	QL (1 box every 730 days), OTC
HUMIDIFIER MIS PROCARE	QL (1 box every 730 days), OTC
HUMIDIFIER MIS ULTRASON	QL (1 box every 730 days), OTC
HUMIDIFIER MIS WARM MST	QL (1 box every 730 days), OTC
KAZ HUMIDIFR MIS 1.2 GAL	QL (1 box every 730 days), OTC
KAZ HUMIDIFR MIS 3000	QL (1 box every 730 days), OTC
KAZ HUMIDIFR MIS 3300	QL (1 box every 730 days), OTC
KAZ HUMIDIFR MIS 3400	QL (1 box every 730 days), OTC
PURE COMFORT MIS HUMIDIFI	QL (1 box every 730 days), OTC
VICKS MINI MIS COOLMIST	QL (1 box every 730 days), OTC
VICKS PURE MIS MIST	QL (1 box every 730 days), OTC
VICKS WARM MIS MIST	QL (1 box every 730 days), OTC
BACTERIOSTAT LIQ TREATMNT	QL (1 spray every 730 days), OTC
GORDO-POOL CON	QL (1 mL every 730 days), OTC

Drug Name	Requirements/Limits
KAZ INHALANT LIQ	QL (1 mL every 730 days), OTC
KAZ WATER LIQ TREATMNT	QL (1 mL every 730 days), OTC
SM VAPORIZER LIQ INHALANT	QL (1 mL every 730 days), OTC
FLOWING VAPR PAD	QL (1 pad every 730 days), OTC
FLOWING VAPR PAD W/FAN	QL (1 pad every 730 days), OTC
VAPOPADS PAD REFILL	QL (1 pad every 730 days), OTC
VAPORIZER PAD SCENT	QL (1 pad every 730 days), OTC
CHARCOAL MIS FLTR#901	QL (1 box every 730 days), OTC
HEALTHCHECK MIS MONITOR	QL (1 box every 730 days), OTC
HUMIDIFIER MIS FILTER	QL (1 box every 730 days), OTC
KAX AROMATIC PAD INHALANT	QL (1 pad every 730 days), OTC
KAZ DEMINERA MIS CARTRIDG	QL (1 box every 730 days), OTC
KAZ DYNAFLTR MIS K14-3P	QL (1 box every 730 days), OTC
KAZ DYNAFLTR MIS K14-S	QL (1 box every 730 days), OTC
KAZ WICKING MIS FLTR WF1	QL (1 box every 730 days), OTC
ULTSONIC FLT MIS #415-1	QL (1 box every 730 days), OTC
WICKING FLTR MIS	QL (1 box every 730 days), OTC
WICKING FLTR MIS #502	QL (1 box every 730 days), OTC
SM VAPORIZER TAB CLEANING	QL (1 tab every 730 days), OTC
KAZ VAPORIZR MIS 1 GALLON	QL (1 box every 730 days), OTC
KAZ VAPORIZR MIS 1.5 GAL	QL (1 box every 730 days), OTC
KAZ VAPORIZR MIS 2.2 GAL	QL (1 box every 730 days), OTC
LIFESTYLECOM MIS VAPORIZE	QL (1 box every 730 days), OTC
VAPORIZER MIS 1 GALLON	QL (1 box every 730 days), OTC

Drug Name	Requirements/Limits
VAPORIZER MIS 1.2 GAL	QL (1 box every 730 days), OTC
VAPORIZER MIS 1.7 GAL	QL (1 box every 730 days), OTC
VAPORIZER MIS 1.9 GAL	QL (1 box every 730 days), OTC
VAPORIZER MIS 2 GALLON	QL (1 box every 730 days), OTC
VAPORIZER MIS 3 GALLON	QL (1 box every 730 days), OTC
VAPORIZER MIS WATERLES	QL (1 box every 730 days), OTC

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 5 G6 MIS PODS	PA
OMNIPOD DASH MIS PODS	PA
OMNIPOD MIS CLASSIC	PA

Drug Name	Requirements/Limits
OMNIPOD 5 G6 KIT INTRO	PA
OMNIPOD DASH KIT INTRO	PA
OMNIPOD DASH KIT PDM	PA
V-GO 20 KIT	PA
V-GO 30 KIT	PA
V-GO 40 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 IQ	OTC
ONETOUCH KIT VERIO RE	OTC
DEXCOM G6 MIS SENSOR	QL (3 sensors every 25 days)
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
ADVocate 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

Drug Name	Requirements/Limits
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
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

Drug Name	Requirements/Limits
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
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 28G	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

Drug Name	Requirements/Limits
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
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

Drug Name	Requirements/Limits
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
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
GENTEEL 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

Drug Name	Requirements/Limits
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
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

Drug Name	Requirements/Limits
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
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

Drug Name	Requirements/Limits
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
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

Drug Name	Requirements/Limits
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
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

Drug Name	Requirements/Limits
PRO COMFORT MIS 31G	QL (200 lancets every 25 days), OTC
PRO COMFORT MIS LANC 30G	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
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

Drug Name	Requirements/Limits
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
RIGHTTEST 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
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

Drug Name	Requirements/Limits
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
SMARTTEST 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
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

Drug Name	Requirements/Limits
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
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	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

Drug Name	Requirements/Limits
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
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

Drug Name	Requirements/Limits
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
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
VERIFINE MIS UNIV 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

Drug Name	Requirements/Limits
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
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

Drug Name	Requirements/Limits
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
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
CARPALOID MIS EMPLOYEE	OTC
CARPALOID MIS LARGE	OTC
CARPALOID MIS PRA LG	OTC
CARPALOID MIS PRAC SM	OTC
CARPALOID 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

Drug Name	Requirements/Limits
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
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

Drug Name	Requirements/Limits
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
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

Drug Name	Requirements/Limits
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
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

Drug Name	Requirements/Limits
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 SENA 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
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

Drug Name	Requirements/Limits
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
TRUSTEX/RIA MIS NON-LUB	QL (12 condoms every 1 day), OTC
DUREX MIS REALFEEL	QL (12 condoms every 1 day), OTC
FC2 FEMALE MIS CONDOM	QL (12 condoms every 25 days), OTC
OMNIFLEX DPR	QL (1 box every year)
CAYA DPR	QL (1 box every year)
WIDE-SEAL DPR KIT 60	QL (1 box every year)
WIDE-SEAL DPR KIT 65	QL (1 box every year)
WIDE-SEAL DPR KIT 70	QL (1 box every year)
WIDE-SEAL DPR KIT 75	QL (1 box every year)
WIDE-SEAL DPR KIT 80	QL (1 box every year)
WIDE-SEAL DPR KIT 85	QL (1 box every year)
WIDE-SEAL DPR KIT 90	QL (1 box every year)
WIDE-SEAL DPR KIT 95	QL (1 box every year)
MISC. DEVICES	
ALCOHOL PAD 70%	QL (400 pads every 25 days), OTC
ALCOHOL PAD PREP	QL (400 pads every 25 days), OTC
ALCOHOL PADS PAD 70%	QL (400 pads every 25 days), OTC
ALCOHOL PREP PAD	QL (400 pads every 25 days), OTC
ALCOHOL PREP PAD 70%	QL (400 pads every 25 days), OTC

Drug Name	Requirements/Limits
ALCOHOL PREP PAD MED 70%	QL (400 pads every 25 days), OTC
ALCOHOL PREP PAD PADS 70%	QL (400 pads every 25 days), OTC
ALCOHOL SWAB PAD	QL (400 pads every 25 days), OTC
ALCOHOL SWAB PAD 70%	QL (400 pads every 25 days), OTC
ALCOHOL SWAB PAD EX-THICK	QL (400 pads every 25 days), OTC
BD SWAB REG PAD SNGL USE	QL (400 pads every 25 days), OTC
CARETOUCH PAD ALCOHOL	QL (400 pads every 25 days), OTC
COMFRT TOUCH PAD ALC PREP	QL (400 pads every 25 days), OTC
CURITY PREP PAD ALCOHOL	QL (400 pads every 25 days), OTC
FIFTY50 PREP PAD PADS	QL (400 pads every 25 days), OTC
GNP ALCOHOL PAD SWABS	QL (400 pads every 25 days), OTC
HM STERILE PAD ALCHOL	QL (400 pads every 25 days), OTC
INCONTROL PAD ALCOHOL	QL (400 pads every 25 days), OTC
PREP PADS PAD	QL (400 pads every 25 days), OTC
PURE COMFORT PAD	QL (400 pads every 25 days), OTC
QC ALCOHOL PAD SWABS	QL (400 pads every 25 days), OTC
RA ALCOHOL PAD SWABS	QL (400 pads every 25 days), OTC
REALITY SWAB PAD	QL (400 pads every 25 days), OTC
SAPS HEALTH PAD ALCOHOL	QL (400 pads every 25 days), OTC
SB ALCOHOL PAD PREP	QL (400 pads every 25 days), OTC
SM ALCOHOL PAD PREP	QL (400 pads every 25 days), OTC
TRUE COMFORT PAD PRO	QL (400 pads every 25 days), OTC
ULTICARE PAD ALCOHOL	QL (400 pads every 25 days), OTC
ULTILET PAD ALCOHOL	QL (400 pads every 25 days), OTC

Drug Name	Requirements/Limits
WEBCOL PREP PAD LARGE	QL (400 pads every 25 days), OTC
WEBCOL PREP PAD MEDIUM	QL (400 pads every 25 days), OTC
ZEVRX STERIL PAD ALCHOL	QL (400 pads every 25 days), OTC

PHARMACEUTICAL ADJUVANTS

LIQUID VEHICLES

glycine diluent for injection

STERILE DILU SOL TREPROST

water for injection

BACTER WATER INJ BENZ ALC

bacteriostatic sodium chloride inj soln 0.9%

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)

Drug Name	Requirements/Limits
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
<i>engraf cap 25mg</i>	SP
<i>cyclosporine modified cap 50 mg</i>	SP
<i>cyclosporine modified cap 100 mg</i>	SP
<i>engraf cap 100mg</i>	SP
<i>cyclosporine modified oral soln 100 mg/ml</i>	SP
<i>engraf 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

sps sus 15gm/60

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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