MEMBERSHIP AGREEMENT
Effective Date: January 5, 2025

Elite Faith Health ("Elite Faith Health," "we," "our," or "us") is a brand of Elite Faith Mobile Medical Clinic, PLLC ("Practice"). This Membership Agreement ("Agreement") governs your enrollment in membership-based virtual primary care services offered by Elite Faith Health.

By enrolling as a member, you acknowledge that you have read, understood, and agree to be bound by the terms of this Agreement.

MEMBERSHIP MODEL
Elite Faith Health operates as a virtual Direct Primary Care (DPC) practice and is therefore membership-based. Membership fees cover only the services specifically described in this Agreement and Exhibit A. Membership provides access to virtual primary care services delivered by licensed clinicians employed or contracted by the Practice. Membership is subscription-based and does not constitute health insurance, an insurance plan, full prescription coverage, or a health plan, nor does it replace the need for insurance coverage.

The Member acknowledges and understands that:

- This Agreement is not health insurance.
- The membership fee does not satisfy any federal or state requirement to obtain health insurance coverage.
- The Member is encouraged to maintain health insurance coverage for services not included under this Agreement, including but not limited to:
    - Emergency care
    - Hospitalization
    - Specialist care
    - Imaging
    - Services provided outside of Elite Faith Health

Clinical services are rendered at the sole professional judgment of the treating clinician and are subject to medical appropriateness, licensure limitations, telehealth suitability, and availability.

This Agreement is intended to function as a Direct Primary Care medical retainer agreement and shall be interpreted in accordance with applicable state laws governing Direct Primary Care arrangements where such laws exist. Nothing in this Agreement is intended to create an insurance product or health plan.

ELIGIBILITY AND GOVERNMENT PROGRAM PARTICIPATION
Eligibility for Membership
Members must meet all eligibility requirements established by Elite Faith Health in order to enroll in and maintain membership in the Direct Primary Care program.

Membership is intended for individuals seeking care outside of traditional insurance billing models and who agree that services provided under this Agreement will not be billed to insurance except where permitted by law.

Medicare and Medicaid Participation
Due to regulatory requirements and payer participation rules, eligibility for membership may vary based on the Member's insurance status and state of residence.

1. Virginia Residents
   Individuals enrolled in Medicare or Virginia Medicaid are not eligible to participate in the Direct Primary Care membership program offered by Elite Faith Health. This restriction is necessary to ensure compliance with applicable federal and state regulations and payer participation requirements.
2. Residents of Other States
   Individuals enrolled in Medicare or Medicaid programs outside of Virginia may be eligible to enroll in the Direct Primary Care membership program, provided that:

- Elite Faith Health is not enrolled as a participating provider with the applicable Medicare or Medicaid program in that state, and
- Participation is permitted under applicable federal and state law.

Eligibility determinations will be made at the discretion of Elite Faith Health.

Member Responsibility to Disclose Coverage
Members agree to accurately disclose their insurance coverage status, including enrollment in Medicare or Medicaid programs, at the time of enrollment and during the course of membership.

Failure to disclose enrollment in Medicare or Medicaid programs that affect eligibility may result in suspension or termination of membership.

Right to Modify Eligibility
Elite Faith Health reserves the right to modify eligibility requirements for membership in order to comply with changes in federal or state law, payer participation rules, or regulatory guidance.

MEMBERSHIP TIERS
Membership benefits, service limits, and pricing are determined by the membership tier selected by the member. Tier-specific details are set forth in the Membership Tier Exhibit (Exhibit A), and any applicable promotional pricing are set forth in Promotional Pricing Exhibit (Exhibit C), which are incorporated herein by reference.

Elite Faith Health reserves the right to modify Exhibit A periodically. Updates will apply to new enrollments. Existing members will be notified of material changes, as applicable.

SCOPE AND LIMITATIONS OF SERVICES
Membership provides access to virtual primary care services delivered via secure telehealth platforms. All services are provided at the sole clinical discretion of licensed clinicians employed by or contracted with Elite Faith Health (the “Practice”) and are subject to applicable laws, regulations, and standards of care.

Services included in each membership tier are limited to those specifically listed in Exhibit A. Services not expressly listed, including but not limited to imaging studies, specialist services, hospital services, and medications not covered under the Prescription Cost-Savings Program, are not included and may result in additional charges.

Membership services are intended for reasonable and appropriate medical care needs. Elite Faith Health reserves the right to evaluate utilization to ensure services are used in a medically appropriate manner.

The availability and appropriateness of services may be limited or determined by factors including, but not limited to:

- The nature and complexity of the medical concern
- The clinical appropriateness of telehealth for the presenting issue
- Clinician availability and scheduling capacity

Certain medical conditions or circumstances may require in-person evaluation, diagnostic testing, procedures, specialty consultation, or referral to another healthcare provider. Elite Faith Health does not provide emergency care. Members experiencing a medical emergency should call 911 or seek immediate in-person medical attention.

Asynchronous Care. Elite Faith Health does not guarantee any health care concerns can be managed via asynchronous care. Asynchronous care is limited to clinically appropriate concerns as determined by the treating clinician. Response times for asynchronous care are not guaranteed and may vary based on clinician availability.

Pediatric Care. Elite Faith Health does not serve as a child's primary pediatric provider. While virtual sick visits may be provided for minor patients when clinically appropriate, Members are encouraged to maintain an established relationship with an in-person pediatrician for routine well-child examinations, immunizations, physicals, and other services requiring in-person care.

Diabetes Management. Elite Faith Health does not manage insulin therapy or injectable medications for the treatment of diabetes. Adult Members requiring such management will be referred to an in-person primary care provider or appropriate specialist.

Controlled Substances. Elite Faith Health does not prescribe, manage, or refill controlled substances, including but not limited to medications classified as controlled under federal or state law.

Membership is based on access to care and clinician availability and does not guarantee visit frequency, specific diagnoses, treatment outcomes, or results. The Practice reserves the right to determine the appropriate scope of services and to refer Members for in-person or specialty care when clinically indicated.

Telehealth Consent and Privacy Policy Requirements

Members must review and sign the Practice's Telehealth Consent and Privacy Policy prior to receiving virtual medical services. The Telehealth Consent describes the nature of telehealth services, potential risks, privacy considerations, and state licensure requirements. The Privacy Policy describes the handling of medical records and protected health information. By enrolling in membership, the Member agrees to comply with the terms of the Telehealth Consent and accepts the Privacy Policy, which are incorporated herein by reference.

Members are responsible for maintaining internet access and devices compatible with the telehealth platform.

Members may access their medical records in accordance with applicable law, as further described in the Privacy Policy.

SEPARATE LINES OF SERVICE
Elite Faith Health operates multiple lines of healthcare services, including insurance-based medical services and Direct Primary Care membership services. Enrollment in the Direct Primary Care program applies only to services provided under this Agreement and does not include services billed through insurance-based programs.

REGULATORY COMPLIANCE CLAUSE
Elite Faith Health may modify membership eligibility, services, or program structure as necessary to comply with applicable federal and state laws and regulations.

Telehealth services are available only when the Member is physically located in a state where the Practice is authorized to provide care.

BILLING AND MEMBERSHIP COMMITMENT
Minimum Commitment and Billing
Membership requires a minimum commitment of six (6) consecutive monthly billing cycles. Membership fees are billed automatically on a recurring monthly basis and are non-refundable, except as required by applicable law. The membership fee is a fee for medical services provided under a Direct Primary Care model and is not an insurance premium. Elite Faith Health does not bill insurance for services provided under this Direct Primary Care Membership Agreement unless otherwise required by law. Members agree that services covered under the membership fee will not be submitted to insurance for reimbursement.

An initial charge is due upon enrollment and may be prorated based on the member's enrollment date. Thereafter, standard recurring billing occurs on the fifth (5th) day of each month.

If a member enrolls after the twenty-fifth (25th) day of the month, the full first month's membership fee is due at enrollment, and the next recurring billing cycle will begin on the fifth (5th) day of the following month.

By enrolling, the member authorizes Elite Faith Health to charge the payment method on file for all applicable membership fees. Failure to maintain valid payment may result in suspension or termination of membership, including access to associated benefits and programs.

Membership fees are charged regardless of whether services are utilized during a billing cycle.

Month-to-Month Membership
Upon completion of the initial six (6) month commitment, membership will automatically continue on a month-to-month basis unless terminated in accordance with this Agreement. All terms, benefits, and obligations under this Agreement remain in effect during the month-to-month period.

Cancellation During Month-to-Month Membership
Members may cancel their month-to-month membership at any time by providing written notice to Elite Faith Health via email or other designated communication channels. Membership fees are non-refundable, and membership with associated benefits will remain active through the last day of the current billing month in which notice is received.

Upon the end of the membership period, access to all services and benefits, including the Prescription Cost-Savings Program, will terminate. Elite Faith Health reserves the right to require reasonable verification of cancellation requests and may confirm receipt of the notice.

TERMINATION
Elite Faith Health may suspend or terminate membership and associated benefits, including access to prescription and laboratory services, for non-payment, misuse of services, violation of this Agreement, or other conduct deemed inappropriate or unsafe.

Termination does not relieve the member of financial obligations incurred during the minimum commitment period, unless otherwise required by law.

PRESCRIPTION COST-SAVINGS PROGRAM TERMS
As part of the membership, Elite Faith Health automatically enrolls members in the Prescription Cost-Savings Program at no additional cost beyond the standard membership fee.
Coverage applies to the member and the member's household, defined as up to five (5) individuals total, including the member, one (1) additional adult, and up to three (3) minors. Any household members beyond this limit may be added for an additional fee of $6.00 per person per month, subject to availability and enrollment approval.

The Prescription Cost-Savings Program is administered through one or more third-party vendors selected by Elite Faith Health and is not health insurance, nor a substitute for health insurance.

Benefits include:
- Up to 1,000 free generic mail-order prescriptions, shipped to all 50 states (up to six (6) free shipments per individual per year; $7.99 per shipment thereafter)
- Up to seventy-five (75) free urgent care medications available at over 70,000 local retail pharmacies (up to $250 per person per year)
- A prescription discount card for medications not included on the formulary

Medications are limited to those listed on the program formulary, which is incorporated herein by reference as Exhibit B. Elite Faith Health and its third-party vendors may modify the formulary, benefits, or program limits at any time. Medication availability, eligibility, and coverage are subject to the terms of the program administrator. Updates to Exhibit B will apply to new enrollments, and existing members will be notified of material changes as required by law.
Participation is subject to enrollment by Elite Faith Health. Access to the Prescription Cost-Savings Program may be suspended or terminated for non-payment of membership fees or at the discretion of Elite Faith Health. Limitations and restrictions apply. Elite Faith Health does not guarantee the availability of specific medications, shipping times, or pharmacy participation.

LABORATORY SERVICES DISCLAIMER
Laboratory testing included or discounted under the membership is limited to tests ordered and approved by the clinician and may be subject to medical necessity and vendor availability. Additional laboratory testing may require separate payment.

Elite Faith Health does not guarantee coverage of all laboratory services.

GOVERNING LAW
This Agreement shall be governed by and construed in accordance with the laws of the state in which services are rendered, without regard to conflict-of-law principles.

CONTACT INFORMATION

Elite Faith Health
A brand of Elite Faith Mobile Medical Clinic, PLLC
95 Kyle Ct
Gordonsville, VA 22942

Email: support@elitefaithhealth.com
Phone (Business Inquiries Only): (434) 989-0484

Please do not submit medical or sensitive health information via email or phone.

EXHIBIT A

MEMBERSHIP TIER EXHIBIT

Effective Date: January 5, 2026
Incorporated into the Membership Agreement of Elite Faith Health

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Membership Tier Summary

Tier	Monthly Fee	Telehealth Visits	Messaging	Labs	Prescription Cost-Savings Program	Paperwork
Access Plan	$119	Unlimited scheduled visits	Not included	Discounted cash price	Included	Pay-per-request
Complete Care Plan	$179	Unlimited scheduled visits	2–3 business day response	Standard wellness labs included	Included	Included
Priority Care Plan	$249	Unlimited scheduled visits	1 business day response with limited evenings/ weekends	Wellness labs + additional labs upon request; 20% discount on non-covered labs	Included	Priority completion

Tier 1 – Access Plan (*Lowest Tier*)

Monthly Fee: $119

Included Benefits:

- Unlimited scheduled telehealth visits (20 minutes each)
- Virtual sick visits (cold, flu, UTI, rashes, minor injuries, etc.)
- Preventive care planning
- Non-complex chronic condition management
- Prescription refills
- **Prescription Cost-Savings Program** for up to five (5) household members (member, one additional adult, up to three minors). Cannot add additional household members.
- Referrals and care coordination for additional or specialized care

Optional Add-Ons:

- Laboratory services available at **discounted cash pricing**, with clinician review of results

- Paperwork completion (FMLA, disability, employer forms, etc.): $50 per request
- Additional household members for membership plan: $40 per adult per month; $25 per child per month

Limitations:

- Asynchronous messaging is not included.
- Laboratory services and paperwork are provided on a pay-as-you-go basis.

Tier 2 – Complete Care Plan *(MOST POPULAR!)*

Monthly Fee: $179

Included Benefits:

- All benefits from Tier 1
- Standard wellness laboratory tests as clinically appropriate and approved by the clinician, **no additional cost**
- Clinician review of all ordered laboratory tests.
- Discounted cash pricing (15% off) for **laboratory services not included** in the standard wellness panel**, as approved by clinician**
- **Asynchronous message-based visits** with response within two (2) to three (3) business days
- Completion of paperwork, including FMLA, disability, or employer forms, at no additional cost (priority over Tier 1)
- Referrals and care coordination when clinically appropriate (priority over Tier 1)
- **Prescription Cost-Savings Program** for up to five (5) household members (member, one additional adult, up to three minors); and with ability to add additional household members for additional fee.

Optional Add-Ons:

- Additional household members for membership plan: $40 per adult per month; $25 per child per month
- Additional household members for Prescription Cost-Savings Program: $6 per member per month

Limitations:

- Certain laboratory tests outside of standard wellness tests and diagnostic testing may incur fees

Tier 3 – Priority Care *(Top Tier)*

Monthly Fee: $249

Included Benefits:

- All benefits from Tier 2
- Standard wellness laboratory tests **plus 25% off cash price for additional laboratory tests not covered under membership-** upon request and clinician approval
- Detailed clinician review of all ordered labs
- **Asynchronous message-based visits** with response within **one (1) business day**, including evenings and weekends within designated service windows.
- Expedited and priority referrals and care coordination when clinically appropriate
- Priority completion of paperwork, including FMLA, disability, or employer forms.
- 25% off any additional current/future Elite Faith Health lines
- **Prescription Cost-Savings Program** for up to ten (10) household members (member, one additional adult, up to three minors); and with ability to add additional household members for additional fee.

Add-On Options Across All Tiers:

- Family member add-on for membership: $40/month per additional adult, $25/month per additional child
- Additional household members for Prescription Cost-Savings Program: $6 per person/month

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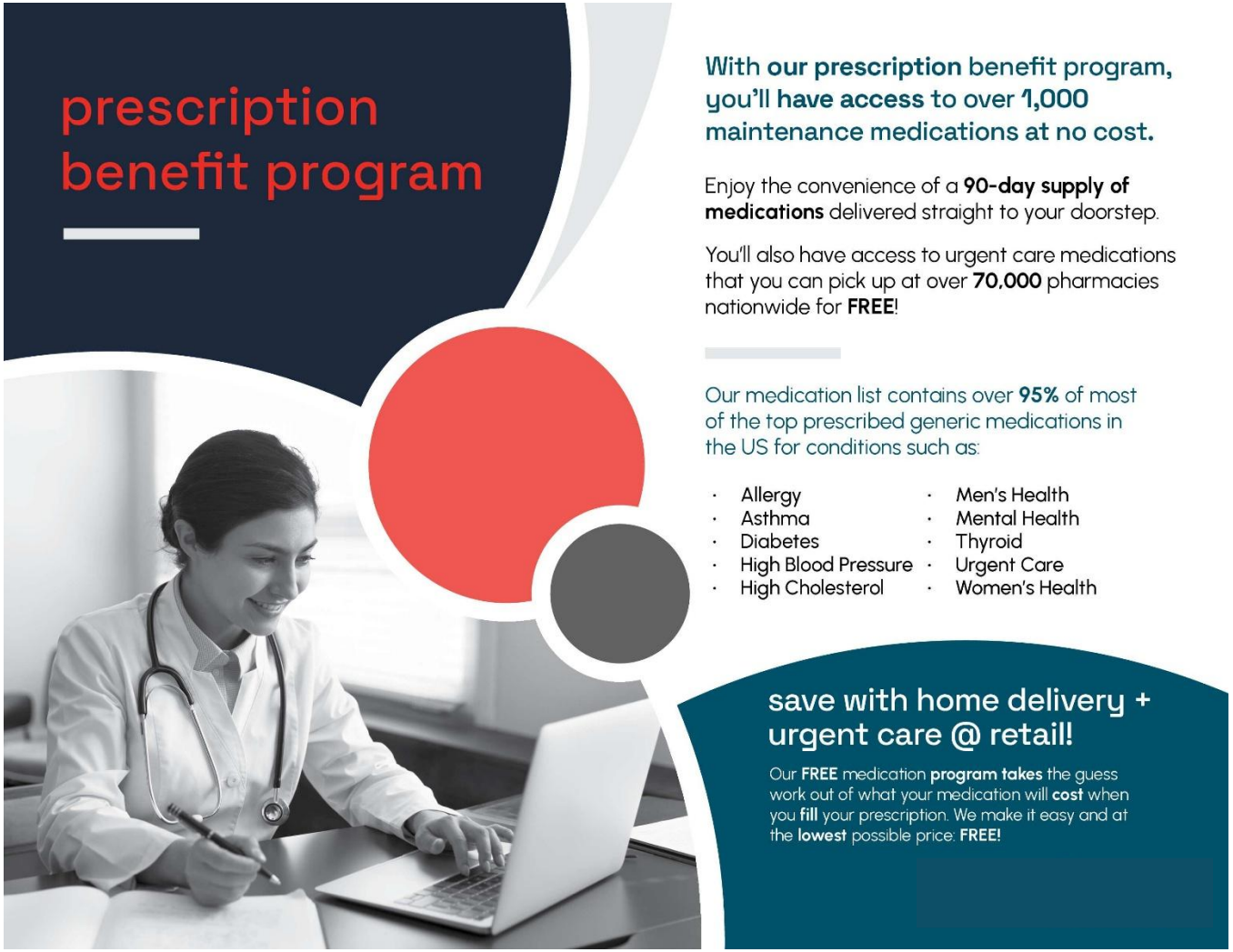
Notes:

- All memberships include access to the Prescription Cost-Savings Program, which is administered through third-party vendors and is not insurance. Limitations and restrictions apply (see Membership Agreement and Exhibit B – Formulary).
- Membership tiers may be **modified by Elite Faith Health** with advance notice to members, as permitted under the Membership Agreement.
- Monthly fees are **billed automatically**, non-refundable, and subject to the minimum six (6) month commitment (see Membership Agreement).
- Any qualified promotional pricing is set forth in Promotional Pricing Exhibit (see Exhibit C).

EXHIBIT B

PRESCRIPTION COST-SAVINGS PROGRAM FORMULARY
(Administered by third-party vendors; subject to updates as described above)



HOME DELIVERY

95% of the most commonly prescribed maintenance medications for the most common medical conditions

ADHD

GUANFACINE 1 MG ER TAB (24HR) Max Qty: 90 (Intuniv)
GUANFACINE 2 MG ER TAB (24HR) Max Qty: 90 (Intuniv)
GUANFACINE 3 MG ER TAB (24HR) Max Qty: 90 (Intuniv)
GUANFACINE 4 MG ER TAB (24HR) Max Qty: 90 (Intuniv)

ANTI-INFECTIVE

ACYCLOVIR 5% OINT Max Qty: 30 (Zovirax)
ACYCLOVIR 200 MG CAP Max Qty: 180 (Zovirax)
ACYCLOVIR 400 MG TAB Max Qty: 180 (Zovirax)
ACYCLOVIR 800 MG TAB Max Qty: 105 (Zovirax)
AMANTADINE 100 MG CAP Max Qty: 180 (Gocovri)
AMOXICILLIN 500 MG CAP Max Qty: 180 (Amoxil)
AMOXICILLIN 875 MG TAB Max Qty: 56 (Amoxil)
AMOXICILLIN 250 MG CAP Max Qty: 90 (Amoxil)
AMOXICILLIN 500 MG TAB Max Qty: 90 (Amoxil)
AMOXICILLIN/CLAVULANIC ACID 500-125 MG TAB Max Qty: 84 (Augmentin)
AMOXICILLIN/CLAVULANIC ACID 875-125 MG TAB Max Qty: 84 (Augmentin)
AMPICILLIN 250 MG CAP Max Qty: 180 (Omnipen)
AMPICILLIN 500 MG CAP Max Qty: 180 (Omnipen)
AZITHROMYCIN 250 MG TAB Max Qty: 6 (Zithromax)
AZITHROMYCIN 500 MG TAB Max Qty: 3 (Zithromax)
CEFADROXIL 500MG CAP Max Qty: 180 (Duricef)
CEFDINIR 300 MG CAP Max Qty: 28 (Omnicef)
CEFPROZIL 250 MG TAB Max Qty: 180 (Cefzil)
CEFUROXIME AXETIL 250 MG TAB Max Qty: 180 (Ceftin)
CEFUROXIME AXETIL 500 MG TAB Max Qty: 180 (Ceftin)
CEPHALEXIN 250 MG CAP Max Qty: 90 (Keflex)
CEPHALEXIN 500 MG CAP Max Qty: 90 (Keflex)
CHLORHEXIDINE 0.12% SOLN Max Qty: 473 (Peridex)
CIPROFLOXACIN 250 MG TAB Max Qty: 60 (Cipro)
CIPROFLOXACIN 500 MG TAB Max Qty: 60 (Cipro)
CIPROFLOXACIN 750 MG TAB Max Qty: 60 (Cipro)
CLARITHROMYCIN 250 MG TAB Max Qty: 60 (Biaxin)
CLARITHROMYCIN 500 MG TAB Max Qty: 60 (Biaxin)
CLINDAMYCIN HCL 150 MG CAP Max Qty: 90 (Cleocin)
CLINDAMYCIN HCL 300 MG CAP Max Qty: 90 (Cleocin)
DAPSONE 25 MG TAB Max Qty: 180 (Dapsone)
DICLOXACILLIN 250 MG CAP Max Qty: 180 (Diclocil)
EMTRICITABINE-TENOFOVIR 200-300 MG TAB Max Qty: 90 (Truvada)
ENTECAVIR 0.5 MG TAB Max Qty: 90 (Baraclude)
ENTECAVIR 1 MG TAB Max Qty: 90 (Baraclude)
FAMCICLOVIR 250 MG TAB Max Qty: 90 (Famvir)
FAMCICLOVIR 500 MG TABMax Qty: 90 (Famvir)
IMIQUIMOD 5% CREAM Max Qty: 24 (Aldara)
ISONIAZID 100 MG TAB Max Qty: 90 (Hydra)
ISONIAZID 300 MG TAB Max Qty: 90 (Hydra)
LAMIVUDINE 50 MG TAB Max Qty: 90 (Epivir)
LEVOFLOXACIN 250 MG TAB Max Qty: 30 (Levaquin)
LEVOFLOXACIN 500 MG TAB Max Qty: 30 (Levaquin)
LEVOFLOXACIN 750 MG TAB Max Qty: 15 (Levaquin)
METHENAMINE 1 G TAB Max Qty: 270 (Hiprex)
METRONIDAZOLE 250 MG TAB Max Qty: 90 (Flagyl)
METRONIDAZOLE 500 MG TAB Max Qty: 90 (Flagyl)
NEVIRAPINE 200 MG TAB Max Qty: 180 (Viramune)
NITROFURANTOIN 50 MG CAP Max Qty: 180 (Macrodantin)
NITROFURANTOIN 100 MG CAP Max Qty: 180 (Macrodantin)
PHENAZOPYRIDINE 100 MG TAB Max Qty: 36 (Pyridium)
PHENAZOPYRIDINE 200 MG TAB Max Qty: 18 (Pyridium)
SMZ/TMP DS 800/160 MG TAB Max Qty: 90 (Bactrim DS)
TENOFOVIR 300 MG TAB Max Qty: 90 (Viread)
TETRACYCLINE 250 MG CAP Max Qty: 360 (Sumycin)
TETRACYCLINE 500 MG CAP Max Qty: 360 (Sumycin)
VALACYCLOVIR 500 MG TAB Max Qty: 90 (Valtrex)
VALACYCLOVIR 1 GM TAB Max Qty: 30 (Valtrex)

CARDIOVASCULAR

ACEBUTOLOL 200 MG CAP Max Qty: 180 (Sectral)
ACEBUTOLOL 400 MG CAP Max Qty: 180 (Sectral)
AMILORIDE 5 MG TAB Max Qty: 90 (Midamor)
AMILORIDE/HCTZ 5/50 MG TAB Max Qty: 90 (Midamor/HCTZ)
AMIODARONE 200 MG TAB Max Qty: 90 (Cordarone)
AMLODIPINE 2.5 MG TAB Max Qty: 90 (Norvasc)
AMLODIPINE 5 MG TAB Max Qty: 90 (Norvasc)
AMLODIPINE 10 MG TAB Max Qty: 90 (Norvasc)
AMLODIPINE/BENAZEPRIL 2.5-10 MG CAP Max Qty: 90 (Lotrel)
AMLODIPINE/BENAZEPRIL 5-10 MG CAP Max Qty: 90 (Lotrel)
AMLODIPINE/BENAZEPRIL 5-20 MG CAP Max Qty: 90 (Lotrel)
AMLODIPINE/BENAZEPRIL 5-40 MG CAP Max Qty: 90 (Lotrel)
AMLODIPINE/BENAZEPRIL 10-20 MG CAP Max Qty: 90 (Lotrel)
AMLODIPINE/BENAZEPRIL 10-40 MG CAP Max Qty: 90 (Lotrel)
AMLODIPINE/OLMESARTAN 5-20 MG TAB Max Qty: 90 (Azor)
AMLODIPINE/OLMESARTAN 5-40 MG TAB Max Qty: 90 (Azor)
AMLODIPINE/OLMESARTAN 10-20 MG TAB Max Qty: 90 (Azor)
AMLODIPINE/OLMESARTAN 10-40 MG TAB Max Qty: 90 (Azor)
AMLODIPINE/VALSARTAN 5-160 MG TAB Max Qty: 90 (Exforge)
AMLODIPINE/VALSARTAN 5-320 MG TAB Max Qty: 90 (Exforge)
AMLODIPINE/VALSARTAN 10-160 MG TAB Max Qty: 90 (Exforge)
ATENOLOL 25 MG TAB Max Qty: 90 (Tenormin)
ATENOLOL 50 MG TAB Max Qty: 90 (Tenormin)
ATENOLOL 100 MG TAB Max Qty: 90 (Tenormin)
ATENOLOL/CHLORTHALIDONE 100-25MG TAB Max Qty: 90 (Tenoretic)
ATENOLOL/CHLORTHALIDONE 50-25MG TAB Max Qty: 90 (Tenoretic)
ATORVASTATIN 10 MG TAB Max Qty: 90 (Lipitor)
ATORVASTATIN 20 MG TAB Max Qty: 90 (Lipitor)
ATORVASTATIN 40 MG TAB Max Qty: 90 (Lipitor)
ATORVASTATIN 80 MG TAB Max Qty: 90 (Lipitor)
BENAZEPRIL 5 MG TAB Max Qty: 90 (Lotensin)
BENAZEPRIL 10 MG TAB Max Qty: 90 (Lotensin)
BENAZEPRIL20 MG TAB Max Qty: 90 (Lotensin)
BENAZEPRIL 40 MG TAB Max Qty: 90 (Lotensin)
BENAZEPRIL/HCTZ 10-12.5 MG TAB Max Qty: 90 (Lotensin HCT)
BENAZEPRIL/HCTZ 20-12.5 MG TAB Max Qty: 90 (Lotensin HCT)
BENAZEPRIL/HCTZ 20-25 MG TAB Max Qty: 90 (Lotensin HCT)
BETAXOLOL 10 MG TAB Max Qty: 90 (Kerlone)
BISOPROLOL FUMARATE 5 MG TAB Max Qty: 90 (Zebeta)
BISOPROLOL FUMARATE 10 MG TAB Max Qty: 90 (Zebeta)
BISOPROLOL/HCTZ 2.5-6.25 MG TAB Max Qty: 90 (Ziac)
BISOPROLOL/HCTZ 5-6.25 MG TAB Max Qty: 90 (Ziac)
BISOPROLOL/HCTZ 10-6.25 MG TAB Max Qty: 90 (Ziac)
BUMETANIDE 0.5 MG TAB Max Qty: 90 (Bumex)
BUMETANIDE 1 MG TAB Max Qty: 90 (Bumex)
BUMETANIDE 2 MG TAB Max Qty: 90 (Bumex)
CAPTOPRIL 12.5MG TAB Max Qty: 180 (Capoten)
CAPTOPRIL 25 MG TAB Max Qty: 180 (Capoten)

This is not insurance and not regulated as such. Limitations apply.
Mail-Order: 6 free shipments per year; $7.99 per additional shipment. Urgent Care: $250 max/person/year.

CARDIOVASCULAR

HOME DELIVERY

95% of the most commonly prescribed maintenance medications for the most common medical conditions

CAPTOPRIL 50 MG TAB Max Qty: 180 (Capoten)
CAPTOPRIL/HCTZ 25-15 MG TAB Max Qty: 180 (Capozide)
CAPTOPRIL/HCTZ 25-25 MG TAB Max Qty: 180 (Capozide)
CAPTOPRIL/HCTZ 50-25 MG TAB Max Qty: 180 (Capozide)
CARVEDILOL 3.125 MG TAB Max Qty: 180 (Coreg)
CARVEDILOL 6.25 MG TAB Max Qty: 180 (Coreg)
CARVEDILOL 12.5 MG TAB Max Qty: 180 (Coreg)
CARVEDILOL 25 MG TAB Max Qty: 180 (Coreg)
CHLOROTHIAZIDE 500 MG TAB Max Qty: 180 (Diuril)
CHLORTHALIDONE 25 MG TAB Max Qty: 90 (Hygroton)
CHLORTHALIDONE 50 MG TAB Max Qty: 90 (Hygroton)
CHOLINE FENOFIBRATE 45 MG CAP Max Qty: 90 (Trilipix)
CHOLINE FENOFIBRATE 135 MG CAP Max Qty: 90 (Trilipix)
CILOSTAZOL 50 MG TAB Max Qty: 180 (Pletal)
CILOSTAZOL 100 MG TAB Max Qty: 180 (Pletal)
CLONIDINE 0.1 MG TAB Max Qty: 90 (Catapres)
CLONIDINE 0.2 MG TAB Max Qty: 90 (Catapres)
CLONIDINE 0.3 MG TAB Max Qty: 90 (Catapres)
CLOPIDOGREL 75 MG TAB Max Qty: 90 (Plavix)
DIGOXIN 125 MCG TAB Max Qty: 90 (Lanoxin)
DIGOXIN 250 MCG TAB Max Qty: 90 (Lanoxin)
DILTIAZEM 30 MG TAB Max Qty: 180 (Cardizem)
DILTIAZEM 60 MG TAB Max Qty: 180 (Cardizem)
DILTIAZEM 90 MG TAB Max Qty: 90 (Cardizem)
DILTIAZEM 120 MG TAB Max Qty: 90 (Cardizem)
DILTIAZEM ER 120 MG ER CAP (24HR) Max Qty: 90 (Cardizem CD)
DILTIAZEM ER 180 MG ER CAP (24HR) Max Qty: 90 (Cardizem CD)
DILTIAZEM ER 240 MG ER CAP (24HR) Max Qty: 90 (Cardizem CD)
DILTIAZEM ER 300 MG ER CAP (24HR) Max Qty: 90 (Cardizem CD)
DILTIAZEM ER 360 MG ER CAP (24HR) Max Qty: 90 (Cardizem CD)
DIPYRIDAMOLE 25 MG TAB Max Qty: 90 (Persantin)
DIPYRIDAMOLE 50 MG TAB Max Qty: 90 (Persantin)
DIPYRIDAMOLE 75 MG TAB Max Qty: 90 (Persantin)
DOFETILIDE 125 MG CAP Max Qty: 180 (Tikosyn)
DOFETILIDE 250 MG CAP Max Qty: 180 (Tikosyn)
DOFETILIDE 500 MG CAP Max Qty: 180 (Tikosyn)
DOXAZOSIN 1 MG TAB Max Qty: 180 (Cardura)
DOXAZOSIN 2 MG TAB Max Qty: 180 (Cardura)
DOXAZOSIN 4 MG TAB Max Qty: 180 (Cardura)
DOXAZOSIN 8 MG TAB Max Qty: 180 (Cardura)
ENALAPRIL 2.5 MG TAB Max Qty: 90 (Vasotec)
ENALAPRIL 5 MG TAB Max Qty: 90 (Vasotec)
ENALAPRIL 10 MG TAB Max Qty: 90 (Vasotec)
ENALAPRIL 20 MG TAB Max Qty: 90 (Vasotec)
ENALAPRIL/HCTZ 5-12.5 MG TAB Max Qty: 90 (Vaseretic)
ENALAPRIL/HCTZ 10-25 MG TAB Max Qty: 90 (Vaseretic)
EPLERENONE 25 MG TAB Max Qty: 90 (Inspra)
EZETIMIBE 10 MG TAB Max Qty: 90 (Zetia)
EZETIMIBE/SIMVASTATIN 10-10 MG TAB Max Qty: 90 (Vytorin)
EZETIMIBE/SIMVASTATIN 10-20 MG TAB Max Qty: 90 (Vytorin)
EZETIMIBE/SIMVASTATIN 10-40 MG TAB Max Qty: 90 (Vytorin)
EZETIMIBE/SIMVASTATIN 10-80 MG TAB Max Qty: 90 (Vytorin)
FELODIPINE ER 2.5 MG ER TAB Max Qty: 90 (Plendil ER)
FELODIPINE ER 5 MG ER TAB Max Qty: 90 (Plendil ER)
FELODIPINE ER 10 MG ER TAB Max Qty: 90 (Plendil ER)
FENOFIBRATE 48 MG TAB Max Qty: 90 (Tricor)
FENOFIBRATE 54 MG TAB Max Qty: 90 (Tricor)
FENOFIBRATE 145 MG TAB Max Qty: 90 (Tricor)
FENOFIBRATE 160 MG TAB Max Qty: 90 (Tricor)
FENOFIBRATE (MICRONIZED) 43 MG CAP Max Qty: 90 (Antara)
FENOFIBRATE (MICRONIZED) 67 MG CAP Max Qty: 90 (Antara)
FENOFIBRATE (MICRONIZED) 134 MG CAP Max Qty: 90 (Antara)
FENOFIBRATE (MICRONIZED) 200 MG CAP Max Qty: 90 (Lofibra)
FLECAINIDE 50 MG TAB Max Qty: 180 (Tambocor)
FLECAINIDE 100 MG TAB Max Qty: 180 (Tambocor)
FLECAINIDE 150 MG TAB Max Qty: 180 (Tambocor)
FOSINOPRIL 10 MG TAB Max Qty: 90 (Monopril)
FOSINOPRIL 20 MG TAB Max Qty: 90 (Monopril)
FOSINOPRIL 40 MG TAB Max Qty: 90 (Monopril)
FUROSEMIDE 20 MG TAB Max Qty: 90 (Lasix)
FUROSEMIDE 40 MG TAB Max Qty: 90 (Lasix)
FUROSEMIDE 80 MG TAB Max Qty: 90 (Lasix)
GEMFIBROZIL 600 MG TAB Max Qty: 180 (Lopid)
HCTZ 12.5 MG CAP Max Qty: 90 (Microzide)
HCTZ 12.5 MG TAB Max Qty: 90 (HydroDiuril)
HCTZ 25 MG TAB Max Qty: 90 (HydroDiuril)
HCTZ 50 MG TAB Max Qty: 90 (HydroDiuril)
HYDRALAZINE 10 MG TAB Max Qty: 270 (Apresoline)
HYDRALAZINE 25 MG TAB Max Qty: 270 (Apresoline)
HYDRALAZINE 50 MG TAB Max Qty: 180 (Apresoline)
HYDRALAZINE 100 MG TAB Max Qty: 90 (Apresoline)
HYDRALAZINE/HCTZ 50-50 MG TAB Max Qty: 90 (Apresazide)
INDAPAMIDE 1.25 MG TAB Max Qty: 90 (Lozol)
INDAPAMIDE 2.5 MG TAB Max Qty: 90 (Lozol)
IRBESARTAN 75 MG TAB Max Qty: 90 (Avapro)
IRBESARTAN 150 MG TAB Max Qty: 90 (Avapro)
IRBESARTAN 300 MG TAB Max Qty: 90 (Avapro)
IRBESARTAN/HCTZ 150/12.5 MG TAB Max Qty: 90 (Avalide)
IRBESARTAN/HCTZ 300/12.5 MG TAB Max Qty: 90 (Avalide)
ISOSORBIDE MONONITRATE 30 MG ER TAB (24HR) Max Qty: 90 (Imdur)
ISOSORBIDE MONONITRATE 60 MG ER TAB (24HR) Max Qty: 90 (Imdur)
ISOSORBIDE MONONITRATE 120 MG ER TAB (24HR) Max Qty: 90 (Imdur)
JANTOVEN 1 MG TAB Max Qty: 90 (Coumadin)
JANTOVEN 2 MG TAB Max Qty: 90 (Coumadin)
JANTOVEN 2.5 MG TAB Max Qty: 90 (Coumadin)
JANTOVEN 3 MG TAB Max Qty: 90 (Coumadin)
JANTOVEN 4 MG TAB Max Qty: 30 (Coumadin)
JANTOVEN 5 MG TAB Max Qty: 90 (Coumadin)
JANTOVEN 6 MG TAB Max Qty: 90 (Coumadin)
JANTOVEN 7.5 MG TAB Max Qty: 90 (Coumadin)
JANTOVEN 10 MG TAB Max Qty: 90 (Coumadin)
LABETOLOL 100 MG TAB Max Qty: 180 (Trandate)
LABETOLOL 200 MG TAB Max Qty: 180 (Trandate)
LABETOLOL 300 MG TAB Max Qty: 180 (Trandate)
LISINOPRIL 2.5 MG TAB Max Qty: 180 (Zestril)
LISINOPRIL 5 MG TAB Max Qty: 180 (Zestril)
LISINOPRIL 10 MG TAB Max Qty: 180 (Zestril)
LISINOPRIL 20 MG TAB Max Qty: 180 (Zestril)
LISINOPRIL 30 MG TAB Max Qty: 180 (Zestril)
LISINOPRIL 40 MG TAB Max Qty: 180 (Zestril)
LISINOPRIL/HCTZ 10-12.5 MG TAB Max Qty: 180 (Zestoretic)
LISINOPRIL/HCTZ 20-12.5 MG TAB Max Qty: 180 (Zestoretic)
LISINOPRIL/HCTZ 20-25 MG TAB Max Qty: 180 (Zestoretic)
LOSARTAN 25 MG TAB Max Qty: 180 (Cozaar)
LOSARTAN 50 MG TAB Max Qty: 180 (Cozaar)
LOSARTAN 100 MG TAB Max Qty: 180 (Cozaar)
LOSARTAN/HCTZ 50-12.5 MG TAB Max Qty: 180 (Hyzaar)
LOSARTAN/HCTZ 100-12.5 MG TAB Max Qty: 180 (Hyzaar)
LOSARTAN/HCTZ 100-25 MG TAB Max Qty: 180 (Hyzaar)
LOVASTATIN 10 MG TAB Max Qty: 90 (Mevacor)
LOVASTATIN 20 MG TAB Max Qty: 90 (Mevacor)
LOVASTATIN 40 MG TAB Max Qty: 90 (Mevacor)
METHYLDOPA 250 MG TAB Max Qty: 270 (Aldomet)
METHYLDOPA 500 MG TAB Max Qty: 270 (Aldomet)
METOPROLOL SUCCINATE 25 MG ER TAB (24HR) Max Qty: 90 (Toprol XL)
METOPROLOL SUCCINATE 50 MG ER TAB (24HR) Max Qty: 90 (Toprol XL)
METOPROLOL SUCCINATE 100 MG ER TAB (24HR) Max Qty: 90 (Toprol XL)

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CARDIOVASCULAR

METOPROLOL SUCCINATE 200 MG ER TAB (24HR) Max Qty: 90 (Toprol XL)
METOPROLOL TARTRATE 25 MG TAB Max Qty: 180 (Lopressor)
METOPROLOL TARTRATE 50 MG TAB Max Qty: 180 (Lopressor)
METOPROLOL TARTRATE 100 MG TAB Max Qty: 180 (Lopressor)
MIDODRINE 2.5 MG TAB Max Qty: 270 (ProAmatine)
MIDODRINE 5 MG TAB Max Qty: 270 (ProAmatine)
MIDODRINE 10 MG TAB Max Qty: 270 (ProAmatine)
MINOXIDIL 2.5 MG TAB Max Qty: 90 (Loniten)
MINOXIDIL 10 MG TAB Max Qty: 90 (Loniten)
NADOLOL 20 MG TAB Max Qty: 90 (Corgard)
NADOLOL 80 MG TAB Max Qty: 90 (Corgard)
NADOLOL 40 MG TAB Max Qty: 90 (Corgard)
NEBIVOLOL 2.5 MG TAB Max Qty: 90 (Bystolic)
NEBIVOLOL 5 MG TAB Max Qty: 90 (Bystolic)
NEBIVOLOL 10 MG TAB Max Qty: 90 (Bystolic)
NEBIVOLOL 20 MG TAB Max Qty: 90 (Bystolic)
NIACIN ER 500 MG TAB Max Qty: 90 (Niaspan)
NIACIN ER 750 MG TAB Max Qty: 90 (Niaspan)
NIACIN ER 1000 MG TAB Max Qty: 90 (Niaspan)
NIFEDIPINE XL 30 MG ER OSM TAB (24HR) Max Qty: 90 (Procardia XL)
NIFEDIPINE XL 60 MG ER OSM TAB (24HR) Max Qty: 90 (Procardia XL)
NIFEDIPINE XL 90 MG ER OSM TAB (24HR) Max Qty: 90 (Procardia XL)
NIFEDIPINE ER 30 MG ER TAB (24HR) Max Qty: 90 (Adalat CC)
NIFEDIPINE ER 60 MG ER TAB (24HR) Max Qty: 90 (Adalat CC)
NIFEDIPINE ER 90 MG ER TAB (24HR) Max Qty: 90 (Adalat CC)
NITROGLYCERIN 0.1 MG/HR PATCH Max Qty: 90 (Nitro Dur)
NITROGLYCERIN 0.2 MG/HR PATCH Max Qty: 90 (Nitro Dur)
NITROGLYCERIN 0.4 MG/HR PATCH Max Qty: 90 (Nitro Dur)
NITROGLYCERIN 0.6 MG/HR PATCH Max Qty: 90 (Nitro Dur)
NITROGLYCERIN 0.3 MG SL TAB Max Qty: 300 (Nitrostat)
NITROGLYCERIN 0.4 MG SL TAB Max Qty: 300 (Nitrostat)
NITROGLYCERIN 0.6 MG SL TAB Max Qty: 300 (Nitrostat)
OLMESARTAN/HCTZ 20-12.5 MG TAB Max Qty: 90 (Benicar HCT)
OLMESARTAN/HCTZ 40-12.5 MG TAB Max Qty: 90 (Benicar HCT)
OLMESARTAN/HCTZ 40-25 MG TAB Max Qty: 90 (Benicar HCT)
OLMESARTAN 5 MG TAB Max Qty: 90 (Benicar)
OLMESARTAN 20 MG TAB Max Qty: 90 (Benicar)
OLMESARTAN 40 MG TAB Max Qty: 90 (Benicar)
PINDOLOL 5 MG TAB Max Qty: 180 (Visken)
PINDOLOL 10 MG TAB Max Qty: 180 (Visken)
POTASSIUM CHLORIDE 8 MEQ ER TAB Max Qty: 90 (Klor-Con)
POTASSIUM CHLORIDE 10 MEQ ER TAB Max Qty: 90 (Klor-Con)
POTASSIUM CHLORIDE 20 MEQ ER TAB Max Qty: 90 (Klor-Con)
POTASSIUM CHLORIDE 10 MEQ ER CAP Max Qty: 90 (Klor-Con)
PRASUGREL 5 MG TAB Max Qty: 90 (Effient)
PRASUGREL 10 MG TAB Max Qty: 90 (Effient)
PRAVASTATIN 10 MG TAB Max Qty: 90 (Pravachol)
PRAVASTATIN 20 MG TAB Max Qty: 90 (Pravachol)
PRAVASTATIN 40 MG TAB Max Qty: 90 (Pravachol)
PRAVASTATIN 80 MG TAB Max Qty: 90 (Pravachol)
PRAZOSIN 1 MG CAP Max Qty: 90 (Minipres)
PRAZOSIN 2 MG CAP Max Qty: 90 (Minipres)
PRAZOSIN 5 MG CAP Max Qty: 90 (Minipres)
PROCAINAMIDE 500 MG TAB Max Qty: 270 (Pronestyl)
PROCAINAMIDE SR 500 MG TAB Max Qty: 270 (Pronestyl SR)
PROPAFENONE 150 MG TAB Max Qty: 270 (Rythmol)
PROPAFENONE 225 MG TAB Max Qty: 270 (Rythmol)
PROPAFENONE 300 MG TAB Max Qty: 270 (Rythmol)
PROPRANOLOL 10 MG TAB Max Qty: 180 (Inderal)
PROPRANOLOL 20 MG TAB Max Qty: 180 (Inderal)
PROPRANOLOL 40 MG TAB Max Qty: 180 (Inderal)
PROPRANOLOL 60 MG TAB Max Qty: 90 (Inderal)
PROPRANOLOL 80 MG TAB Max Qty: 90 (Inderal)
PROPRANOLOL ER 60 MG ER CAP (24HR) Max Qty: 90 (Inderal LA)
PROPRANOLOL ER 80 MG ER CAP (24HR) Max Qty: 90 (Inderal LA)
PROPRANOLOL ER 120 MG ER CAP (24HR) Max Qty: 90 (Inderal LA)
PROPRANOLOL ER 160 MG ER CAP (24HR) Max Qty: 90 (Inderal LA)
PROPRANOLOL/HCTZ 40-25 MG TAB Max Qty: 180 (Inderide)
PROPRANOLOL/HCTZ 80-25 MG TAB Max Qty: 180 (Inderide)
QUINAPRIL 5 MG TAB Max Qty: 90 (Accupril)
QUINAPRIL 10 MG TAB Max Qty: 90 (Accupril)
QUINAPRIL 20 MG TAB Max Qty: 90 (Accupril)
QUINAPRIL 40 MG TAB Max Qty: 90 (Accupril)
QUINAPRIL/HCTZ 10-12.5 MG TAB Max Qty: 90 (Accuretic)
QUINAPRIL/HCTZ 20-12.5 MG TAB Max Qty: 90 (Accuretic)
QUINAPRIL/HCTZ 20-25 MG TAB Max Qty: 90 (Accuretic)
QUINIDINE SULFATE 200 MG TAB Max Qty: 270 (Cardioquin)
QUINIDINE SULFATE 300 MG TAB Max Qty: 270 (Cardioquin)
RAMIPRIL 1.25 MG CAP Max Qty: 90 (Altace)
RAMIPRIL 2.5 MG CAP Max Qty: 90 (Altace)
RAMIPRIL 5 MG CAP Max Qty: 90 (Altace)
RAMIPRIL 10 MG CAP Max Qty: 90 (Altace)
RANOLAZINE ER 500 MG TAB Max Qty: 180 (Ranexa)
RANOLAZINE ER 1000 MG TAB Max Qty: 180 (Ranexa)
ROSUVASTATIN 5 MG TAB Max Qty: 90 (Crestor)
ROSUVASTATIN 10 MG TAB Max Qty: 90 (Crestor)
ROSUVASTATIN 20 MG TAB Max Qty: 90 (Crestor)
ROSUVASTATIN 40 MG TAB Max Qty: 90 (Crestor)
SIMVASTATIN 5 MG TAB Max Qty: 90 (Zocor)
SIMVASTATIN 10 MG TAB Max Qty: 90 (Zocor)
SIMVASTATIN 20 MG TAB Max Qty: 90 (Zocor)
SIMVASTATIN 40 MG TAB Max Qty: 90 (Zocor)
SIMVASTATIN 80 MG TAB Max Qty: 90 (Zocor)
SOTALOL 80 MG TAB Max Qty: 180 (Betapace)
SOTALOL 120 MG TAB Max Qty: 180 (Betapace)
SOTALOL 160 MG TAB Max Qty: 180 (Betapace)
SOTALOL 240 MG TAB Max Qty: 180 (Betapace)
SOTALOL AF 120 MG TAB Max Qty: 180 (Betapace AF)
SOTALOL AF 160 MG TAB Max Qty: 180 (Betapace AF)
TELMISARTAN 20 MG TAB Max Qty: 90 (Micardis)
TELMISARTAN 40 MG TAB Max Qty: 90 (Micardis)
TELMISARTAN 80 MG TAB Max Qty: 90 (Micardis)
TERAZOSIN 1 MG CAP Max Qty: 90 (Hytrin)
TERAZOSIN 2 MG CAP Max Qty: 90 (Hytrin)
TERAZOSIN 5 MG CAP Max Qty: 90 (Hytrin)
TERAZOSIN 10 MG CAP Max Qty: 90 (Hytrin)
TICLOPIDINE 250 MG TAB Max Qty: 180 (Ticlid)
TORSEMIDE 5 MG TAB Max Qty: 90 (Demadex)
TORSEMIDE 10 MG TAB Max Qty: 90 (Demadex)
TORSEMIDE 20 MG TAB Max Qty: 90 (Demadex)
TORSEMIDE 100 MG TAB Max Qty: 90 (Demadex)
TRANDOLAPRIL 1 MG TAB Max Qty: 90 (Mavik)
TRANDOLAPRIL 2 MG TAB Max Qty: 90 (Mavik)
TRANDOLAPRIL 4 MG TAB Max Qty:90 (Mavik)
TRIAMTERENE/HCTZ 37.5-25 MG CAP Max Qty: 90 (Dyazide)
TRIAMTERENE/HCTZ 37.5-25 MG TAB Max Qty: 90 (Maxzide)
TRIAMTERENE/HCTZ 75-50 MG TAB Max Qty: 90 (Maxzide)
VALSARTAN 40 MG TAB Max Qty: 90 (Diovan)
VALSARTAN 80 MG TAB Max Qty: 90 (Diovan)
VALSARTAN 160 MG TAB Max Qty: 90 (Diovan)
VALSARTAN 320 MG TAB Max Qty: 90 (Diovan)
VALSARTAN/HCTZ 80/12.5 MG TAB Max Qty: 90 (Diovan HCT)
VALSARTAN/HCTZ 160/25 MG TAB Max Qty: 90 (Diovan HCT)
VALSARTAN/HCTZ 320/12.5 MG TAB Max Qty: 90 (Diovan HCT)

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VALSARTAN/HCTZ 320/25 MG TAB Max Qty: 90 (Diovan HCT)
VERAPAMIL 40 MG TAB Max Qty: 180 (Calan)
VERAPAMIL 80 MG TAB Max Qty: 180 (Calan)
VERAPAMIL 120 MG TAB Max Qty: 180 (Calan)
VERAPAMIL ER 120 MG ER TAB Max Qty: 90 (Calan SR)
VERAPAMIL ER 180 MG ER TAB Max Qty: 90 (Calan SR)
VERAPAMIL ER 240 MG ER TAB Max Qty: 90 (Calan SR)
WARFARIN 1 MG TAB Max Qty: 90 (Coumadin)
WARFARIN 2 MG TAB Max Qty: 90 (Coumadin)
WARFARIN 2.5 MG TAB Max Qty: 90 (Coumadin)
WARFARIN 3 MG TAB Max Qty: 90 (Coumadin)
WARFARIN 4 MG TAB Max Qty: 90 (Coumadin)
WARFARIN 5 MG TAB Max Qty: 90 (Coumadin)
WARFARIN 6 MG TAB Max Qty: 90 (Coumadin)
WARFARIN 7.5 MG TAB Max Qty: 90 (Coumadin)
WARFARIN 10 MG TAB Max Qty: 90 (Coumadin)

DERMATOLOGY

ADAPALENE 0.1% GEL Max Qty: 45 (Differin)
ADAPALENE 0.3% GELMax Qty: 45 (Differin)
ADAPALENE/BENZOYL PEROXIDE 0.1/2.5% GEL Max Qty: 45 (Epiduo)
AMINOBENZOATE 500 MG TAB Max Qty:90 (Potaba)
BENZOYL PEROXIDE WASH 5% WASH Max Qty: 474 (Benzac AC)
BENZOYL PEROXIDE WASH 10% WASH Max Qty: 474 (Benzac AC)
CICLOPIROX 8% SOLN Max Qty: 19.8 (Penlac)
CLINDAMYCIN PHOSPHATE 1% SOLN Max Qty: 180 (Cleocin-T)
CLINDAMYCIN PHOSPHATE 1% GEL Max Qty: 60 (Clindagel)
CLINDAMYCIN/BENZOYL PEROXIDE 1.2/5% GEL Max Qty: 135 (Duac)
CLINDAMYCIN/BENZOYL PEROXIDE 1/5% GEL Max Qty: 50 (Benzaclin)
CLOBETASOL 0.05% CREAM Max Qty: 60 (Temovate)
CLOBETASOL 0.05% GEL Max Qty: 60 (Temovate)
CLOBETASOL 0.05% OINT Max Qty: 60 (Temovate)
CLOBETASOL 0.05% SOLN Max Qty: 100(Temovate)
DESONIDE 0.05% CREAM Max Qty: 120 (DesOwen)
DESONIDE 0.05% LOTION Max Qty: 177 (DesOwen)
DESONIDE 0.05% OINT Max Qty: 120 (DesOwen)
DESOXIMETASONE 0.25% CREAM Max Qty: 45 (Topicort)
DOXYCYCLINE HYCLATE 50 MG CAP Max Qty: 180 (Vibramycin)
DOXYCYCLINE HYCLATE 100 MG CAP Max Qty: 180 (Vibramycin)
DOXYCYCLINE MONOHYDRATE 50 MG CAP Max Qty: 90 (Monodox)
DOXYCYCLINE MONOHYDRATE 100 MG CAP Max Qty: 90 (Monodox)
ECONAZOLE NITRATE 1% CREAM Max Qty: 60 (Spectazole)
FLUOCINONIDE 0.05% CREAM Max Qty: 180 (Vanos)
FLUOCINONIDE 0.10% CREAM Max Qty: 120 (Vanos)
FLUOCINONIDE 0.05% OINT Max Qty: 90 (Vanos)
HYDROCORTISONE 1.0% CREAM Max Qty: 84 (Cortaid)
HYDROCORTISONE 1.0% OINT Max Qty: 85 (Ala-Cort)
HYDROCORTISONE 2.5% CREAM Max Qty: 85 (Ala-cort)
HYDROCORTISONE 2.5% OINT Max Qty: 60 (Ala-Cort)
HYDROCORTISONE 2.5% CREAM Max Qty: 30 (Anusol HC)
HYDROQUINONE 4% CREAM Max Qty: 90 (Lustra)
HYDROXYZINE HCL 10 MG TAB Max Qty: 180 (Atarax)
HYDROXYZINE HCL 25 MG TAB Max Qty: 180 (Atarax)
HYDROXYZINE HCL 50 MG TAB Max Qty: 90 (Atarax)
KETOCONAZOLE 200 MG TAB Max Qty: 60 (Nizoral)
KETOCONAZOLE 2% CREAM Max Qty: 90 (Nizoral)
KETOCONAZOLE 2% SHAMPOO Max Qty: 360 (Nizoral)
LIDOCAINE 5% OINT Max Qty: 106 (Xylocaine)
LIDOCAINE/PRILOCAINE 2.5%/2.5% CREAM Max Qty: 90 (Emla)
METRONIDAZOLE 0.75% CREAM Max Qty: 135 (Rosadan)
METRONIDAZOLE 0.75% GEL Max Qty: 135 (Rosadan)
MINOCYCLINE 50 MG CAP Max Qty: 90 (Minocin)
MINOCYCLINE 75 MG CAP Max Qty: 90 (Minocin)
MINOCYCLINE 100 MG CAP Max Qty: 90 (Minocin)
MUPIROCIN 2% OINT Max Qty: 90 (Bactroban)
NYSTATIN 100 MU CREAM Max Qty: 90 (Mycostatin)
NYSTATIN 100 MU OINT Max Qty: 45 (Mycostatin)
NYSTATIN 100 MU POWDER Max Qty: 180 (Nystop)
NYSTATIN/TRIAMCINOLONE 100 MU CREAM Max Qty: 90 (Mycolog-II)
SILVER SULFADIAZINE 1% CREAM Max Qty: 150 (Silvadene)
SPIRONOLACTONE 25 MG TAB Max Qty: 90 (Aldactone)
SPIRONOLACTONE 50 MG TAB Max Qty: 90 (Aldactone)
SPIRONOLACTONE 100 MG TAB Max Qty: 90 (Aldactone)
SULFACETAMIDE/SULFUR 10%/5% CLEANSER Max Qty: 170.3 (Plexion)
TERBINAFINE 250 MG TAB Max Qty: 90 (Lamisil)
TERBINAFINE 1% CREAM Max Qty: 90 (Lamisil)
TRIAMCINOLONE 0.025% OINT Max Qty: 240 (Kenalog)
TRIAMCINOLONE 0.1% OINT Max Qty: 240 (Kenalog)
TRIAMCINOLONE 0.5% OINT Max Qty: 45 (Kenalog)
TRIAMCINOLONE 0.025% CREAM Max Qty: 240 (Kenalog)
TRIAMCINOLONE 0.1% CREAM Max Qty: 240 (Kenalog)
TRIAMCINOLONE 0.5% CREAM Max Qty: 45 (Kenalog)

DIABETES

ACARBOSE 25 MG TAB Max Qty: 270 (Precose
ACARBOSE 50 MG TAB Max Qty: 270 (Precose)
ACARBOSE 100 MG TAB Max Qty: 270 (Precose)
CHLORPROPAMIDE 250 MG CAP Max Qty: 180 (Diabinese)
GLIMEPIRIDE 1 MG TAB Max Qty: 90 (Amaryl)
GLIMEPIRIDE 2 MG TAB Max Qty: 180 (Amaryl)
GLIMEPIRIDE 4 MG TAB Max Qty: 180 (Amaryl)
GLIPIZIDE 5 MG TAB Max Qty: 180 (Glucotrol)
GLIPIZIDE 10 MG TAB Max Qty: 180 (Glucotrol)
GLIPIZIDE 2.5 MG ER TAB (24HR) Max Qty: 90 (Glucotrol XL)
GLIPIZIDE 5 MG ER TAB (24HR) Max Qty: 180 (Glucotrol XL)

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DIABETES

GLIPIZIDE/METFORMIN 2.5-250 MG TAB Max Qty: 180 (Metaglip)
GLIPIZIDE/METFORMIN 5-500 MG TAB Max Qty: 180 (Metaglip)
GLYBURIDE 1.25 MG TAB Max Qty: 90 (Glynase)
GLYBURIDE 2.5 MG TAB Max Qty: 90 (Glynase)
GLYBURIDE 5 MG TAB Max Qty: 180 (Glynase)
GLYBURIDE/METFORMIN 1.25-250 MG TAB Max Qty: 180 (Glucovance)
GLYBURIDE/METFORMIN 2.5-500 MG TAB Max Qty: 180 (Glucovance)
GLYBURIDE/METFORMIN 5-500 MG TAB Max Qty: 180 (Glucovance)
METFORMIN 500 MG TAB Max Qty: 360 (Glucophage)
METFORMIN 850 MG TAB Max Qty: 360 (Glucophage)
METFORMIN 1000 MG TAB Max Qty: 360 (Glucophage)
METFORMIN 500 MG ER TAB (24HR) Max Qty: 360 (Glucophage XR)
METFORMIN 750 MG ER TAB (24HR) Max Qty: 360 (Glucophage XR)
NATEGLINIDE 60 MG TAB Max Qty: 270 (Starlix)
NATEGLINIDE 120 MG TAB Max Qty: 270 (Starlix)
PIOGLITAZONE 15 MG TAB Max Qty: 90 (Actos)
PIOGLITAZONE 30 MG TAB Max Qty: 90 (Actos)
PIOGLITAZONE 45 MG TAB Max Qty: 90 (Actos)
PIOGLITAZONE/METFORMIN 15/500 MG TAB Max Qty: 180 (Actoplus Met)
PIOGLITAZONE/METFORMIN 15/850 MG TAB Max Qty: 180 (Actoplus Met)
PRODIGY DIABETIC TEST STRIPS STRIPS Max Qty: 150
PRODIGY GLUCOSE METER METER Max Qty: 1
PRODIGY DIABETIC LANCETS Max Qty: 200
REPAGLINIDE 0.5 MG TAB Max Qty: 270 (Prandin)
REPAGLINIDE 1 MG TAB Max Qty: 270 (Prandin)
REPAGLINIDE 2 MG TAB Max Qty: 270 (Prandin)

ENDOCRINOLOGY

CINACALCET 30 MG TAB Max Qty: 90 (Sensipar)
DESMOPRESSIN 0.1 MG TAB Max Qty: 90 (DDAVP)
DESMOPRESSIN 0.2 MG TAB Max Qty: 90 (DDAVP)
LEVOTHYROXINE 25 MCG TAB Max Qty: 90 (Synthroid)
LEVOTHYROXINE 50 MCG TAB Max Qty: 90 (Synthroid)
LEVOTHYROXINE 75 MCG TAB Max Qty: 90 (Synthroid)
LEVOTHYROXINE 88 MCG TAB Max Qty: 90 (Synthroid)
LEVOTHYROXINE 100 MCG TAB Max Qty: 90 (Synthroid)
LEVOTHYROXINE 112 MCG TAB Max Qty: 90 (Synthroid)
LEVOTHYROXINE 125 MCG TAB Max Qty: 90 (Synthroid)
LEVOTHYROXINE 137 MCG TAB Max Qty: 90 (Synthroid)
LEVOTHYROXINE 150 MCG TAB Max Qty: 90 (Synthroid)
LEVOTHYROXINE 175 MCG TAB Max Qty: 90 (Synthroid)
LEVOTHYROXINE 200 MCG TAB Max Qty: 90 (Synthroid)
LEVOTHYROXINE 300 MCG TAB Max Qty: 90 (Synthroid)
LIOTHYRONINE 5 MCG TAB Max Qty: 90 (Cytomel)
LIOTHYRONINE 25 MCG TAB Max Qty: 90 (Cytomel)
LIOTHYRONINE 50 MCG TAB Max Qty: 90 (Cytomel)
METHIMAZOLE 5 MG TAB Max Qty: 90 (Tapazole)
METHIMAZOLE 10 MG TAB Max Qty: 90 (Tapazole)

GASTROINTESTINAL

DICYCLOMINE 10 MG CAP Max Qty: 180 (Bentyl)
DICYCLOMINE 20 MG TAB Max Qty: 90 (Bentyl)
DOCUSATE SODIUM 100 MG CAP Max Qty: 90 (Colace)
ESOMEPRAZOLE 20 MG DR CAP Max Qty: 90 (Nexium)
ESOMEPRAZOLE 40 MG DR CAP Max Qty: 90 (Nexium)
FAMOTIDINE 20 MG TAB Max Qty: 180 Pepcid)
FAMOTIDINE 40 MG TAB Max Qty: 90 (Pepcid)
GLYCOPYRROLATE 1 MG TAB Max Qty: 90 (Robinul)
GLYCOPYRROLATE 2 MG TAB Max Qty: 90 (Robinul)
HYOSCYAMINE 0.125 MG TAB Max Qty: 360 (Levsin)
HYOSCYAMINE 0.125 MG ODT TAB Max Qty: 360 (Anaspaz)
HYOSCYAMINE SR 0.375 MG SR TAB (12HR) Max Qty: 90 (Levbid)
LANSOPRAZOLE 15 MG DR CAP Max Qty: 180 (Prevacid)
LANSOPRAZOLE 30 MG DR CAP Max Qty: 180 (Prevacid)
LIDOCAINE 2% SOLN Max Qty: 300 (Xylocaine)
LOPERAMIDE 2 MG CAP Max Qty: 90 (Imodium)
METOCLOPRAMIDE 5 MG TAB Max Qty: 180 (Reglan)
METOCLOPRAMIDE 10 MG TAB Max Qty: 180 (Reglan)
OMEPRAZOLE 10 MG DR CAP Max Qty: 180 (Prilosec)
OMEPRAZOLE 20 MG DR CAP Max Qty: 180 (Prilosec)
OMEPRAZOLE 40 MG DR CAP Max Qty: 180 (Prilosec)
ONDANSETRON 4 MG TAB Max Qty: 90 (Zofran)
ONDANSETRON 8 MG TAB Max Qty: 90 (Zofran)
ONDANSETRON 4 MG ODT TAB Max Qty: 90 (Zofran ODT)
ONDANSETRON 8 MG ODT TAB Max Qty: 90 (Zofran ODT)
PANTOPRAZOLE 20 MG DR TAB Max Qty: 180 (Protonix)
PANTOPRAZOLE 40 MG DR TAB Max Qty: 180 (Protonix)
POLYETHYLENE GLYCOL 17 GM POWDER Max Qty: 476 (Miralax)
PROMETHAZINE 12.5 MG TAB Max Qty: 90 (Phenergan)
PROMETHAZINE 50 MG TAB Max Qty: 90 (Phenergan)
RABEPRAZOLE 20 MG TAB Max Qty: 90 (Aciphex)
DICYCLOMINE 10 MG CAP Max Qty: 180 (Bentyl)
DICYCLOMINE 20 MG TAB Max Qty: 90 (Bentyl)
DOCUSATE SODIUM 100 MG CAP Max Qty: 90 (Colace)
ESOMEPRAZOLE 20 MG DR CAP Max Qty: 90 (Nexium)
ESOMEPRAZOLE 40 MG DR CAP Max Qty: 90 (Nexium)
FAMOTIDINE 20 MG TAB Max Qty: 180 Pepcid)
FAMOTIDINE 40 MG TAB Max Qty: 90 (Pepcid)
GLYCOPYRROLATE 1 MG TAB Max Qty: 90 (Robinul)
GLYCOPYRROLATE 2 MG TAB Max Qty: 90 (Robinul)
HYOSCYAMINE 0.125 MG TAB Max Qty: 360 (Levsin)
HYOSCYAMINE 0.125 MG ODT TAB Max Qty: 360 (Anaspaz)
HYOSCYAMINE SR 0.375 MG SR TAB (12HR) Max Qty: 90 (Levbid)
LANSOPRAZOLE 15 MG DR CAP Max Qty: 180 (Prevacid)
LANSOPRAZOLE 30 MG DR CAP Max Qty: 180 (Prevacid)
LIDOCAINE 2% SOLN Max Qty: 300 (Xylocaine)
LOPERAMIDE 2 MG CAP Max Qty: 90 (Imodium)
METOCLOPRAMIDE 5 MG TAB Max Qty: 180 (Reglan)
METOCLOPRAMIDE 10 MG TAB Max Qty: 180 (Reglan)
OMEPRAZOLE 10 MG DR CAP Max Qty: 180 (Prilosec)
OMEPRAZOLE 20 MG DR CAP Max Qty: 180 (Prilosec)
OMEPRAZOLE 40 MG DR CAP Max Qty: 180 (Prilosec)
ONDANSETRON 4 MG TAB Max Qty: 90 (Zofran)
ONDANSETRON 8 MG TAB Max Qty: 90 (Zofran)
ONDANSETRON 4 MG ODT TAB Max Qty: 90 (Zofran ODT)
ONDANSETRON 8 MG ODT TAB Max Qty: 90 (Zofran ODT)
PANTOPRAZOLE 20 MG DR TAB Max Qty: 180 (Protonix)
PANTOPRAZOLE 40 MG DR TAB Max Qty: 180 (Protonix)
POLYETHYLENE GLYCOL 17 GM POWDER Max Qty: 476 (Miralax)
PROMETHAZINE 12.5 MG TAB Max Qty: 90 (Phenergan)
PROMETHAZINE 50 MG TAB Max Qty: 90 (Phenergan)
RABEPRAZOLE 20 MG TAB Max Qty: 90 (Aciphex)

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MEN'S HEALTH

ALFUZOSIN 10 MG TAB Max Qty: 90 (Uroxatrol)
BETHANECHOL 5 MG TAB Max Qty: 180 (Urecholine)
BETHANECHOL 10 MG TAB Max Qty: 180 (Urecholine)
BETHANECHOL 25 MG TAB Max Qty: 180 (Urecholine)
BETHANECHOL 50 MG TAB Max Qty: 180 (Urecholine)
BICALUTAMIDE 50 MG CAP Max Qty: 90 (Casodex)
DUTASTERIDE 0.5 MG CAP Max Qty: 90 (Avodart)
FINASTERIDE 1 MG TAB Max Qty: 90 (Propecia)
FINASTERIDE 5 MG TAB Max Qty: 90 (Proscar)
OXYBUTYNIN 5 MG TAB Max Qty: 180 (Ditropan)
OXYBUTYNIN 5 MG ER TAB (24HR) Max Qty: 90 (Ditropan XL)
OXYBUTYNIN 10 MG ER TAB (24HR) Max Qty: 90 (Ditropan XL)
OXYBUTYNIN 15 MG ER TAB (24HR) Max Qty: 90 (Ditropan XL)
SILDENAFIL 20 MG TAB Max Qty: 90 (Revatio)
SILDENAFIL 25 MG TAB Max Qty: 45 (Viagra)
SILDENAFIL 50 MG TAB Max Qty: 60 (Viagra)
SILDENAFIL 100 MG TAB Max Qty: 30 (Viagra)
SILODOSIN 4 MG CAP Max Qty: 90 (Rapaflo)
SILODOSIN 8 MG CAP Max Qty: 90 (Rapaflo)
SOLIFENACIN 5 MG TAB Max Qty: 90 (Vesicare)
SOLIFENACIN 10 MG TAB Max Qty: 90 (Vesicare)
TADALAFIL 2.5 MG TAB Max Qty: 90 (Cialis)
TADALAFIL 5 MG TAB Max Qty: 90 (Cialis)
TADALAFIL 10 MG TAB Max Qty: 60 (Cialis)
TADALAFIL 20 MG TAB Max Qty: 30 (Cialis)
TAMSULOSIN 0.4 MG CAP Max Qty: 180 (Flomax)
TOLTERODINE ER 2 MG CAP Max Qty: 90 (Detrol LA)
TROSPIUM 20 MG TAB Max Qty: 90 (Sanctura)

MENTAL HEALTH

AMITRIPTYLINE 75 MG TAB Max Qty: 90 (Elavil)
AMITRIPTYLINE 100 MG TAB Max Qty: 90 (Elavil)
AMITRIPTYLINE 150 MG TAB Max Qty: 90 (Elavil)
ARIPIPRAZOLE 2 MG TAB Max Qty: 90 (Abilify)
ARIPIPRAZOLE 5 MG TAB Max Qty: 90 (Abilify)
ARIPIPRAZOLE 10 MG TAB Max Qty: 90 (Abilify)
ARIPIPRAZOLE 15 MG TAB Max Qty: 90 (Abilify)
ARIPIPRAZOLE 20 MG TAB Max Qty: 90 (Abilify)
ARIPIPRAZOLE 30 MG TAB Max Qty: 90 (Abilify)
BENZTROPINE 0.5 MG TAB Max Qty: 180 (Cogentin)
BENZTROPINE 1 MG TAB Max Qty: 180 (Cogentin)
BENZTROPINE 2 MG TAB Max Qty: 180 (Cogentin)
BUPROPION 75 MG TAB Max Qty: 270 (Wellbutrin)
BUPROPION 100 MG TAB Max Qty: 270 (Wellbutrin)
BUPROPION 100 MG SR TAB (12HR) Max Qty: 180 (Wellbutrin SR)
BUPROPION 150 MG SR TAB (12HR) Max Qty: 180 (Wellbutrin SR)
BUPROPION 200 MG SR TAB (12HR) Max Qty: 180 (Wellbutrin SR)
BUPROPION 150 MG XL TAB (24HR) Max Qty: 90 (Wellbutrin XL)
BUPROPION 300 MG XL TAB (24HR) Max Qty: 90 (Wellbutrin XL)
BUSPIRONE 5 MG TAB Max Qty: 270 (Buspar)
BUSPIRONE 7.5 MG TAB Max Qty: 270 (Buspar)
BUSPIRONE 10 MG TAB Max Qty: 270 (Buspar)
BUSPIRONE 15 MG TAB Max Qty: 270 (Buspar)
BUSPIRONE 30 MG TAB Max Qty: 180 (Buspar)
CARBAMAZEPINE 200 MG TAB Max Qty: 180 (Tegretol)
CARBIDOPA 25 MG TAB Max Qty: 360 (Lodosyn)
CARBIDOPA/LEVODOPA 10-100 MG TAB Max Qty: 270 (Sinemet)
CARBIDOPA/LEVODOPA 25-100 MG TAB Max Qty: 270 (Sinemet)
CARBIDOPA/LEVODOPA 25-250 MG TAB Max Qty: 270 (Sinemet)
CARBIDOPA/LEVODOPA 25-100 MG ER TAB Max Qty: 180 (Sinemet CR)
CARBIDOPA/LEVODOPA 50-200 MG ER TAB Max Qty: 180 (Sinemet CR)
CHLORPROMAZINE 25 MG CAP Max Qty: 180 (Thorazine)
CITALOPRAM 10 MG TAB Max Qty: 90 (Celexa)
CITALOPRAM 20 MG TAB Max Qty: 90 (Celexa)
CITALOPRAM 40 MG TAB Max Qty: 90 (Celexa)
CLOMIPRAMINE 25 MG CAP Max Qty: 90 (Anafranil)
CLOMIPRAMINE 50 MG CAP Max Qty: 90 (Anafranil)
CLOMIPRAMINE 75 MG CAP Max Qty: 90 (Anafranil)
DESIPRAMINE 10 MG TAB Max Qty: 90 (Norpramin)
DESIPRAMINE 25 MG TAB Max Qty: 90 (Norpramin)
DESVENLAFAXINE ER 25 MG ER TAB Max Qty: 90 (Pristiq)
DESVENLAFAXINE ER 50 MG ER TAB Max Qty: 90 (Pristiq)
DESVENLAFAXINE ER 100 MG ER TAB Max Qty: 90 (Pristiq)
DIVALPROEX 125 MG DR TAB Max Qty: 180 (Depakote)
DIVALPROEX 250 MG DR TAB Max Qty: 180 (Depakote)
DIVALPROEX 500 MG DR TAB Max Qty: 180 (Depakote)
DIVALPROEX 250 MG ER TAB (24HR) Max Qty: 90 (Depakote ER)
DIVALPROEX 500 MG ER TAB (24HR) Max Qty: 90 (Depakote ER)
DONEPEZIL 5 MG TAB Max Qty: 90 (Aricept)
DONEPEZIL 10 MG TAB Max Qty: 90 (Aricept)
DONEPEZIL 23 MG TAB Max Qty: 90 (Aricept)
DONEPEZIL 5 MG ODT TAB Max Qty: 90 (Aricept)
DONEPEZIL 10 MG ODT TAB Max Qty: 90 (Aricep)
DOXEPIN 25 MG CAP Max Qty: 90 (Silenor)
DOXEPIN 50 MG CAP Max Qty: 90 (Silenor)
DOXEPIN 75 MG CAP Max Qty: 90 (Silenor)
DOXEPIN 100 MG CAP Max Qty: 90 (Silenor)
DULOXETINE 20 MG DR CAP Max Qty: 90 (Cymbalta)
DULOXETINE 30 MG DR CAP Max Qty: 180 (Cymbalta)
DULOXETINE 60 MG DR CAP Max Qty: 180 (Cymbalta)
ESCITALOPRAM 5 MG TAB Max Qty: 90 (Lexapro)
ESCITALOPRAM 10 MG TAB Max Qty: 90 (Lexapro)
ESCITALOPRAM 20 MG TAB Max Qty: 90 (Lexapro)
ETHOSUXIMIDE 250 MG CAP Max Qty: 90 (Zarontin)
FLUOXETINE 10 MG CAP Max Qty: 90 (Prozac)
FLUOXETINE 20 MG CAP Max Qty: 90 (Prozac)
FLUOXETINE 40 MG CAP Max Qty: 90 (Prozac)
FLUOXETINE 10 MG TAB Max Qty: 90 (Prozac)
FLUOXETINE 20 MG TAB Max Qty: 90 (Prozac)
FLUOXETINE 60 MG TAB Max Qty: 90 (Prozac)
FLUPHENAZINE 2.5 MG TAB Max Qty: 270 (Modecate)
FLUPHENAZINE 5 MG TAB Max Qty: 270 (Modecate)
FLUVOXAMINE 25 MG TAB Max Qty: 90 (Luvox)
FLUVOXAMINE 50 MG TAB Max Qty: 90 (Luvox)
FLUVOXAMINE 100 MG TAB Max Qty: 90 (Luvox)
GALANTAMINE 4 MG TAB Max Qty: 180 (Razadyne)
GALANTAMINE 8 MG TAB Max Qty: 180 (Razadyne)
GALANTAMINE 12 MG TAB Max Qty: 180 (Razadyne)
HALOPERIDOL 0.5 MG TAB Max Qty: 270 (Haldol)
HALOPERIDOL 1 MG TAB Max Qty: 270 (Haldol)
HYDROXYZINE PAMOATE 25 MG CAP Max Qty: 90 (Vistaril)
HYDROXYZINE PAMOATE 50 MG CAP Max Qty: 90 (Vistaril)

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MENTAL HEALTH

IMIPRAMINE 10 MG TAB Max Qty: 180 (Tofranil)
IMIPRAMINE 25 MG TAB Max Qty: 180 (Tofranil)
IMIPRAMINE 50 MG TAB Max Qty: 180 (Tofranil)
LAMOTRIGINE 25 MG TAB Max Qty: 90 (Lamictal)
LAMOTRIGINE 100 MG TAB Max Qty: 90 (Lamictal)
LAMOTRIGINE 150 MG TAB Max Qty: 90 (Lamictal)
LAMOTRIGINE 200 MG TAB Max Qty: 90 (Lamictal)
LAMOTRIGINE ER 25 MG TAB Max Qty: 90 (Lamictal ER)
LAMOTRIGINE ER 50MG TAB Max Qty: 90 (Lamictal ER)
LAMOTRIGINE ER 100 MG TAB Max Qty: 90 (Lamictal ER)
LAMOTRIGINE ER 200 MG TAB Max Qty: 90 (Lamictal ER)
LEVETIRACETAM 250 MG TAB Max Qty: 180 (Keppra)
LEVETIRACETAM 500 MG TAB Max Qty: 180 (Keppra)
LEVETIRACETAM 750 MG TAB Max Qty: 180 (Keppra)
LEVETIRACETAM 1000 MG TAB Max Qty: 90 (Keppra)
LEVETIRACETAM XR 500 MG TAB Max Qty: 90 (Keppra XR)
LITHIUM 150 MG CAP Max Qty: 270 (Lithobid)
LITHIUM 300 MG CAP Max Qty: 270 (Lithobid)
LITHIUM 600 MG CAP Max Qty: 270 (Lithobid)
LITHIUM 300 MG ER TAB Max Qty: 180 (Lithobid)
LITHIUM 450 MG ER TAB Max Qty: 180 (Lithobid)
LOXAPINE 5 MG CAP Max Qty: 180 (Loxitane)
LOXAPINE 10 MG CAP Max Qty: 180 (Loxitane)
MEMANTINE 5 MG TAB Max Qty: 180 (Namenda)
MEMANTINE 10 MG TAB Max Qty: 180 (Namenda)
MIRTAZAPINE 15 MG TAB Max Qty: 90 (Remeron)
MIRTAZAPINE 30 MG TAB Max Qty: 90 (Remeron)
MIRTAZAPINE 45 MG TAB Max Qty: 90 (Remeron)
NEFAZODONE 50 MG TAB Max Qty: 180 (Serzone)
NEFAZODONE 100 MG TAB Max Qty: 180 (Serzone)
NEFAZODONE 150 MG TAB Max Qty: 180 (Serzone)
NEFAZODONE 200 MG TAB Max Qty: 180 (Serzone)
NEFAZODONE 250 MG TAB Max Qty: 180 (Serzone)
NORTRIPTYLINE 10 MG CAP Max Qty: 90 (Pamelor)
NORTRIPTYLINE 25 MG CAP Max Qty: 90 (Pamelor)
NORTRIPTYLINE 50 MG CAP Max Qty: 90 (Pamelor)
NORTRIPTYLINE 75 MG CAP Max Qty: 90 (Pamelor)
OLANZAPINE 5 MG ODT TAB Max Qty: 90 (Zyprexa Zydis)
OLANZAPINE 10 MG ODT TAB Max Qty: 90 (Zyprexa Zydis)
OLANZAPINE 15 MG ODT TAB Max Qty: 90 (Zyprexa Zydis)
OLANZAPINE 20 MG ODT TAB Max Qty: 90 (Zyprexa Zydis)
OLANZAPINE 2.5 MG TAB Max Qty: 90 (Zyprexa)
OLANZAPINE 5 MG TAB Max Qty: 90 (Zyprexa)
OLANZAPINE 7.5 MG TAB Max Qty: 90 (Zyprexa)
OLANZAPINE 10 MG TAB Max Qty: 90 (Zyprexa)
OLANZAPINE 15 MG TAB Max Qty: 90 (Zyprexa)
OLANZAPINE 20 MG TAB Max Qty: 90 (Zyprexa)
OXCARBAZEPINE 150 MG TAB Max Qty: 180 (Trileptal)
OXCARBAZEPINE 300 MG TAB Max Qty: 180 (Trileptal)
OXCARBAZEPINE 600 MG TAB Max Qty: 180 (Trileptal)
PAROXETINE 10 MG TAB Max Qty: 90 (Paxil)
PAROXETINE 20 MG TAB Max Qty: 90 (Paxil)
PAROXETINE 30 MG TAB Max Qty: 90 (Paxil)
PAROXETINE 40 MG TAB Max Qty: 90 (Paxil)
PAROXETINE CR 12.5 MG TAB Max Qty: 90 (Paxil CR)
PAROXETINE CR 25 MG TAB Max Qty: 90 (Paxil CR)
PAROXETINE CR 37.5 MG TAB Max Qty: 90 (Paxil CR)
PERPHANAZINE 2 MG TAB Max Qty: 270 (Trilafon)
PERPHENAZINE 4 MG TAB Max Qty: 270 (Trilafon)
PERPHENAZINE 8 MG TAB Max Qty: 270 (Trilafon)
PHENYTOIN ER 100 MG ER CAP Max Qty: 270 (Dilantin ER)
PRAMIPEXOLE 0.125 MG TAB Max Qty: 270 (Mirapex)
PRAMIPEXOLE 0.25 MG TAB Max Qty: 270 (Mirapex)
PRAMIPEXOLE 0.5 MG TAB Max Qty: 270 (Mirapex)
PRAMIPEXOLE 1 MG TAB Max Qty: 180 (Mirapex)
PRAMIPEXOLE 1.5 MG TAB Max Qty: 180 (Mirapex)
PRIMIDONE 50 MG TAB Max Qty: 90 (Mysoline)
PRIMIDONE 250 MG TAB Max Qty: 90 (Mysoline)
PROCHLORPERAZINE 5 MG TAB Max Qty: 180 (Compazine)
PYRIDOSTIGMINE 60 MG TAB Max Qty: 270 (Rifater)
QUETIAPINE 25 MG TAB Max Qty: 90 (Seroquel)
QUETIAPINE 50 MG TAB Max Qty: 90 (Seroquel)
QUETIAPINE 100 MG TAB Max Qty: 90 (Seroquel)
QUETIAPINE 200 MG TAB Max Qty: 90 (Seroquel)
QUETIAPINE 300 MG TAB Max Qty: 90 (Seroquel)
QUETIAPINE 400 MG TAB Max Qty: 90 (Seroquel)
QUETIAPINE 50 MG ER TAB (24HR) Max Qty: 90 (Seroquel XR)
QUETIAPINE 150 MG ER TAB (24HR) Max Qty: 90 (Seroquel XR)
QUETIAPINE 200 MG ER TAB (24HR) Max Qty: 90 (Seroquel XR)
QUETIAPINE 300 MG ER TAB (24HR) Max Qty: 90 (Seroquel XR)
QUETIAPINE 400 MG ER TAB (24HR) Max Qty: 90 (Seroquel XR)
RILUZOLE 50 MG TAB Max Qty: 180 (Rilutek)
RISPERIDONE 0.25 MG TAB Max Qty: 180 (Risperdal)
RISPERIDONE 0.5 MG TAB Max Qty: 180 (Risperdal)
RISPERIDONE 1 MG TAB Max Qty: 180 (Risperdal)
RISPERIDONE 2 MG TAB Max Qty: 180 (Risperdal)
RISPERIDONE 3 MG TAB Max Qty: 90 (Risperdal)
RISPERIDONE 4 MG TAB Max Qty: 90 (Risperdal)
RIVASTIGMINE 1.5 MG CAP Max Qty: 180 (Exelon)
RIVASTIGMINE 3 MG CAP Max Qty: 180 (Exelon)
RIVASTIGMINE 4.5 MG CAP Max Qty: 180 (Exelon)
RIVASTIGMINE 6 MG CAP Max Qty: 180 (Exelon)
SELEGILINE 5 MG TAB Max Qty: 90 (Eldepryl)
SERTRALINE 25 MG TAB Max Qty: 90 (Zoloft)
SERTRALINE 50 MG TAB Max Qty: 90 (Zoloft)
SERTRALINE 100 MG TAB Max Qty: 90 (Zoloft)
THIORIDAZINE 10 MG TAB Max Qty: 270 (Mellaril)
THIORIDAZINE 25 MG TAB Max Qty: 270 (Mellaril)
THIORIDAZINE 100 MG TAB Max Qty: 270 (Mellaril)
THIOTHIXENE 1 MG CAP Max Qty: 180 (Navane)
THIOTHIXENE 2 MG CAP Max Qty: 180 (Navane)
THIOTHIXENE 5 MG CAP Max Qty: 180 (Navane)
TOPIRAMATE 25 MG TAB Max Qty: 180 (Topamax)
TOPIRAMATE 50 MG TAB Max Qty: 180 (Topamax)
TOPIRAMATE 100 MG TAB Max Qty: 180 (Topamax)
TOPIRAMATE 200 MG TAB Max Qty: 90 (Topamax)
TRAZODONE 50 MG TAB Max Qty: 90 (Oleptro)
TRAZODONE 100 MG TAB Max Qty: 90 (Oleptro)
TRAZODONE 150 MG TAB Max Qty: 90 (Oleptro)
TRIHEXYPHENIDYL 2 MG TAB Max Qty: 180 (Artane)
TRIHEXYPHENIDYL 5 MG TAB Max Qty: 180 (Artane)
VALPROIC ACID 250 MG CAP Max Qty: 180 (Depakene)
VENLAFAXINE 25 MG TAB Max Qty: 180 (Effexor)
VENLAFAXINE 37.5 MG TAB Max Qty: 180 (Effexor)
VENLAFAXINE 50 MG TAB Max Qty: 180 (Effexor)
VENLAFAXINE 75 MG TAB Max Qty: 180 (Effexor)
VENLAFAXINE 100 MG TAB Max Qty: 180 (Effexor)
VENLAFAXINE XR 37.5 MG ER CAP (24HR) Max Qty: 90 (Effexor XR)
VENLAFAXINE XR 75 MG ER CAP (24HR) Max Qty: 90 (Effexor XR)
VENLAFAXINE XR 150 MG ER CAP (24HR) Max Qty: 90 (Effexor XR)
ZIPRASIDONE 20 MG CAP Max Qty: 180 (Geodon)
ZIPRASIDONE 40 MG CAP Max Qty: 180 (Geodon)
ZIPRASIDONE 60 MG CAP Max Qty: 180 (Geodon)
ZIPRASIDONE 80 MG CAP Max Qty: 180 (Geodon)
ZONISAMIDE 25 MG CAP Max Qty: 180 (Zonegran)
ZONISAMIDE 50 MG CAP Max Qty: 180 (Zonegran)
ZONISAMIDE 100 MG CAP Max Qty: 180 (Zonegran)

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95% of the most commonly prescribed maintenance medications for the most common medical conditions

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MIGRAINE

NARATRIPTAN 1 MG TAB Max Qty: 27 (Amerge)
NARATRIPTAN 2.5 MG TAB Max Qty: 27 (Amerge)
RIZATRIPTAN 5 MG TAB Max Qty: 18 (Maxalt)
RIZATRIPTAN 10 MG TAB Max Qty: 18 (Maxalt)
RIZATRIPTAN 5 MG ODT TAB Max Qty: 18 (Maxalt MLT)
RIZATRIPTAN 10 MG ODT TAB Max Qty: 18 (Maxalt MLT)
SUMATRIPTAN 25 MG TAB Max Qty: 27 (Imitrex)
SUMATRIPTAN 50 MG TAB Max Qty: 27 (Imitrex)
SUMATRIPTAN 100 MG TAB Max Qty: 27 (Imitrex)
ZOLMITRIPTAN ODT 2.5 MG TAB Max Qty: 18 (Zomig ODT)
ZOLMITRIPTAN ODT 5 MG TAB Max Qty: 18 (Zomig ODT)
ZOLMITRIPTAN 2.5 MG TAB Max Qty: 18 (Zomig)
ZOLMITRIPTAN 5 MG TAB Max Qty: 9 (Zomig)

ONCOLOGY

CAPECITABINE 150 MG TAB Max Qty: 180 (Xeloda)
HYDROXYUREA 500 MG CAP Max Qty: 180 (Hydrea)
PILOCARPINE 5 MG TAB Max Qty: 270 (Salagen)

OPTHALMIC

ACETAZOLAMIDE 125 MG TAB Max Qty: 270 (Diamox)
ACETAZOLAMIDE 250 MG TAB Max Qty: 270 (Diamox)
BRIMONIDINE TARTRATE 0.2% OPTH SOLN Max Qty: 15 (Alphagan)
CIPROFLOXACIN 0.3% OPTH SOLN Max Qty: 5 (Ciloxan)
DICLOFENAC 0.1% OPTH SOLN Max Qty: 15 (Voltaren)
DORZOLAMIDE 2% OPTH SOLN Max Qty: 20 (Trusopt)
DORZOLAMIDE/TIMOLOL 2%/0.5% OPTH SOLN Max Qty: 20 (Cosopt)
ERYTHROMYCIN 0.5% OPTH OINT Max Qty: 3.5 (Illotycin)
GENTAMICIN 0.3% OPTH SOLN Max Qty: 5 (Garamycin)
LATANOPROST 0.005% OPTH SOLN Max Qty: 7.5 (Xalatan)
METHAZOLAMIDE 25 MG TAB Max Qty: 270 (Neptazane)
METHAZOLAMIDE 50 MG TAB Max Qty: 270 (Neptazane)
MOXIFLOXACIN 0.5% OPTH SOLN Max Qty: 6 (Vigamox)
NEOMYCIN/POLY/DEX OPTH SUSP Max Qty: 15 (Maxitrol)
NEOMYCIN/POLY/DEX OPTH OINT Max Qty: 10.5 (Maxitrol)
OFLOXACIN 0.3% OPTH SOLN Max Qty: 5 (Ocuflox)
OLOPATADINE 0.1% OPTH SOLN Max Qty: 10 (Pataday)
SULFACETAMIDE/PREDNISOLONE 10%/0.23% OPTH SOLN Max Qty: 1 (Blephamide)
TIMOLOL 0.25% OPTH SOLN Max Qty: 15 (Timoptic)
TIMOLOL 0.50% OPTH SOLN Max Qty: 15 (Timoptic)
TOBRAMYCIN 0.3% OPTH SOLN Max Qty: 15 (Tobrex)

PAIN MANAGEMENT

BACLOFEN 5 MG TAB Max Qty: 200 (Lioresal)
BACLOFEN 10 MG TAB Max Qty: 200 (Lioresal)
BACLOFEN 20 MG TAB Max Qty: 200 (Lioresal)
CELECOXIB 50 MG CAP Max Qty: 180 (Celebrex)
CELECOXIB 100 MG CAP Max Qty: 180 (Celebrex)
CELECOXIB 200 MG CAP Max Qty: 90 (Celebrex)
CELECOXIB 400 MG CAP Max Qty: 90 (Celebrex)
CHLORZOXAZONE 500 MG TAB Max Qty: 180 (Lorzone)
CHOLINE MAG TRISALICYLATE 500 MG TAB Max Qty: 180 (Trilisate)
CHOLINE MAG TRISALICYLATE 750 MG TAB Max Qty: 180 (Trilisate)
CHOLINE MAG TRISALICYLATE 1000 MG TAB Max Qty: 180 (Trilisate)
CYCLOBENZAPRINE 5 MG TAB Max Qty: 90 (Flexeril)
CYCLOBENZAPRINE 10 MG TAB Max Qty: 90 (Flexeril)
DANTROLENE SODIUM 25 MG CAP Max Qty: 90 (Dantrium)
DICLOFENAC 50 MG DR TAB Max Qty: 180 (Voltaren)
DICLOFENAC 75 MG DR TAB Max Qty: 180 (Voltaren)
ETODOLAC 200 MG CAP Max Qty: 180 (Lodine)
ETODOLAC 300 MG CAP Max Qty: 180 (Lodine)
ETODOLAC 400 MG TAB Max Qty: 180 (Lodine)
ETODOLAC 500 MG TAB Max Qty: 180 (Lodine)
FENOPROFEN 600 MG TAB Max Qty: 270 (Nalfon)
FLURBIPROFEN 50 MG TAB Max Qty: 270 (Ansaid)
FLURBIPROFEN 100 MG TAB Max Qty: 270 (Ansaid)
IBUPROFEN 400 MG TAB Max Qty: 180 (Motrin)
IBUPROFEN 600 MG TAB Max Qty: 180 (Motrin)
IBUPROFEN 800 MG TAB Max Qty: 180 (Motrin)
INDOMETHACIN 25 MG CAP Max Qty: 90 (Indocin)
INDOMETHACIN 50 MG CAP Max Qty: 90 (Indocin)
KETOROLAC 10 MG TAB Max Qty: 180 (Toradol)
MELOXICAM 7.5 MG TAB Max Qty: 90 (Mobic)
MELOXICAM 15 MG TAB Max Qty: 90 (Mobic)
METHOCARBAMOL 500 MG TAB Max Qty: 180 (Robaxin)
METHOCARBAMOL 750 MG TAB Max Qty: 180 (Robaxin)
NABUMETONE 500 MG TAB Max Qty: 180 (Relafen)
NABUMETONE 750 MG TAB Max Qty: 180 (Relafen)

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PAIN MANAGEMENT

NAPROXEN 250 MG TAB Max Qty: 180 (Naprosyn)
NAPROXEN 375 MG TAB Max Qty: 180 (Naprosyn)
NAPROXEN 500 MG TAB Max Qty: 180 (Naprosyn)
NAPROXEN 550 MG TAB Max Qty: 180 (Anaprox-DS)
ORPHENADRINE ER 100 MG ER TAB Max Qty: 180 (Norflex)
OXAPROZIN 600 MG TAB Max Qty: 180 (Daypro)
PIROXICAM 10 MG CAP Max Qty: 90 (Feldene)
PIROXICAM 20 MG CAP Max Qty: 90 (Feldene)
ROPINIROLE 0.25 MG TAB Max Qty: 90 (Requip)
ROPINIROLE 0.5 MG TAB Max Qty: 90 (Requip)
ROPINIROLE 1 MG TAB Max Qty: 90 (Requip)
ROPINIROLE 2 MG TAB Max Qty: 90 (Requip)
ROPINIROLE 3 MG TAB Max Qty: 90 (Requip)
ROPINIROLE 4 MG TAB Max Qty: 90 (Requip)
ROPINIROLE 5 MG TAB Max Qty: 90 (Requip)
SALSALATE 500 MG TAB Max Qty: 180 (Disalcid)
SALSALATE 750 MG TAB Max Qty: 180 (Disalcid)
SULFASALAZINE 500 MG TAB Max Qty: 180 (Azulfidine)
SULINDAC 150 MG TAB Max Qty: 180 (Clinoril)
SULINDAC 200 MG TAB Max Qty: 180 (Clinoral)
TIZANIDINE 2 MG TAB Max Qty: 180 (Zanaflex)
TIZANIDINE 4 MG TAB Max Qty: 180 (Zanaflex)
TIZANIDINE 2 MG CAP Max Qty: 180 (Zanaflex)
TIZANIDINE 4 MG CAP Max Qty: 90 (Zanaflex)
TIZANIDINE 6 MG CAP Max Qty: 90 (Zanaflex)

RESPIRATORY/ ALLERGY

ALBUTEROL HFA 90 MCG INHALER Max Qty: 1/Yr (Proventil HFA)
ALBUTEROL INH SOLN 2.5 MG/3 ML Max Qty: 3 (Proventil)
AMINOPHYLLINE 100 MG TAB Max Qty: 180 (Norphyl)
AMINOPHYLLINE 200 MG TAB Max Qty: 180 (Norphyl)
AZELASTINE 137 MCG NASAL SPRAY Max Qty: 6/Yr (Astepro)
BENZONATATE 100 MG CAP Max Qty: 90 (Tessalon Perles)
BENZONATATE 200 MG CAP Max Qty: 90 (Tessalon Perles)
BUDESONIDE 32 MCG NASAL SPRAY Max Qty: 3 (Rhinocort)
CARBINOXAMINE 4 MG TAB Max Qty: 180 (Palgic)
CETIRIZINE 5 MG TAB Max Qty: 90 (Zyrtec)
CETIRIZINE 10 MG TAB Max Qty: 90 (Zyrtec)
CHLORPHENIRAMINE 4 MG TAB Max Qty: 180 (ChlorTabs)
CLEMASTINE FUMARATE 2.68 MG TAB Max Qty: 180 (Tavist)
CYPROHEPTADINE 4 MG TAB Max Qty: 180 (Periactin)
DESLORATIDINE 5 MG TAB Max Qty: 90 (Clarinex)
DEXAMETHASONE 0.5 MG TAB Max Qty: 90 (Decadron)
DEXAMETHASONE 0.75 MG TAB Max Qty: 90 (Decadron)
DEXAMETHASONE 1 MG TAB Max Qty: 90 (Decadron)
DEXAMETHASONE 4 MG TAB Max Qty: 30 (Decadron)
DEXCHLORPHENIRAMINE 4 MG CAP Max Qty: 90 (DexPhen)
DEXCHLORPHENIRAMINE 6 MG CAP Max Qty: 90 (DexPhen)
DIMENHYDRINATE 50 MG TAB Max Qty: 180 (Dramamine)
DIPHENHYDRAMINE 25 MG TAB Max Qty: 270 (Benadryl)
DIPHENHYDRAMINE 50 MG TAB Max Qty: 270 (Benadryl)
FEXOFENADINE 60 MG TAB Max Qty: 90 (Allegra)
FEXOFENADINE 180 MG TAB Max Qty: 90 (Allegra)
FLUTICASONE 50 MCG/ACT NASAL SPRAY Max Qty: 6/Yr (Flonase)
IPRATROPIUM 0.02% (0.5MG/3ML) NEBULES Max Qty: 180 (Atrovent)
IPRATROPIUM 0.03% NASAL SPRAY Max Qty: 3 (Atrovent)
IPRATROPIUM 0.06% NASAL SPRAY Max Qty: 3 (Atrovent)
IPRATROPIUM/ALBUTEROL INH SOLN 0.5-3 MG/3ML Max. Qty: 3 (Duoneb)
LEVALBUTEROL INH SOLN 0.31 MG/3 ML NEBULES Max Qty: 144 (Xopenex)
LEVALBUTEROL INH SOLN 0.63 MG/3 ML NEBULES Max Qty: 150 (Xopenex)
LEVALBUTEROL INH SOLN 1.25 MG/3 ML NEBULES Max Qty: 180 (Xopenex)
LEVOCETIRIZINE 5 MG TAB Max Qty: 90 (Xyzal)
LORATIDINE 10 MG TAB Max Qty: 90 (Claritin)
MECLIZINE 12.5 MG TAB Max Qty: 90 (Antivert)
MECLIZINE 25 MG TAB Max Qty: 90 (Antivert)
METHYLPREDNISOLONE 4 MG DOSE PACK Max Qty: 63 (Medrol DosePack)
MONTELUKAST 4 MG CHEWABLE TAB Max Qty: 90 (Singulair)
MONTELUKAST 5 MG CHEWABLE TAB Max Qty: 90 (Singulair)
MONTELUKAST 10 MG TAB Max Qty: 90 (Singulair)
PREDNISONE 1 MG TAB Max Qty: 90 (Deltasone)
PREDNISONE 2.5 MG TAB Max Qty: 90 (Deltasone)
PREDNISONE 5 MG TAB Max Qty: 90 (Deltasone)
PREDNISONE 10 MG TAB Max Qty: 90 (Deltasone)
THEOPHYLLINE ER 100 MG ER TAB Max Qty: 180 (Uniphyl)
THEOPHYLLINE ER 200 MG ER TAB Max Qty: 180 (Uniphyl)
THEOPHYLLINE ER 300 MG ER TAB Max Qty: 180 (Uniphyl)
TRIAMCINOLONE 55 MCG NASAL SPRAY Max Qty: 3 (Nasacort)
THEOPHYLLINE ER 300 MG ER TAB Max Qty: 180 (Uniphyl)
TRIAMCINOLONE 55 MCG NASAL SPRAY Max Qty: 3 (Nasacort)

RHEUMATOLOGY

ALLOPURINOL 100 MG TAB Max Qty: 180 (Zyloprim)
ALLOPURINOL 300 MG TAB Max Qty: 90 (Zyloprim)
AZATHIOPRINE 50 MG TAB Max Qty: 90 (Imuran)
CALCITRIOL 0.25 MCG CAP Max Qty: 180 (Rocaltrol)
CALCITRIOL 0.5 MCG CAP Max Qty: 180 (Rocaltrol)
COLCHICINE 0.6 MG TAB Max Qty: 90 (Colcrys)
FEBUXOSTAT 40 MG TAB Max Qty: 90 (Uloric)
FEBUXOSTAT 80 MG TAB Max Qty: 90 (Uloric)
HYDROXYCHLOROQUINE 200 MG TAB Max Qty: 90 (Plaquenil)
LEFLUNOMIDE 10 MG TAB Max Qty: 90 (Arava)
LEFLUNOMIDE 20 MG TAB Max Qty: 90 (Arava)
METHOTREXATE 2.5 MG TAB Max Qty: 120 (Trexall)

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Mail-Order: 6 free shipments per year; $7.99 per additional shipment. Urgent Care: $250 max/person/year.

HOME DELIVERY

95% of the most commonly prescribed maintenance medications for the most common medical conditions

VITAMIN

ASPIRIN 81 MG CHEWABLE TAB Max Qty: 90
ASPIRIN 81 MG EC TAB Max Qty: 90
ASPIRIN 325 MG EC TAB Max Qty: 90
CHOLECALCIFEROL (Vit D3) 1000 IU TAB Max Qty: 180
CHOLECALCIFEROL (Vit D3) 50,000 IU CAP Max Qty: 26
CYANOCOBALAMIN 1000 MCG/ML SOLN Max Qty: 3
ERGOCALCIFEROL (VIT D2) 1.25 MG CAP Max Qty: 13
FERROUS SULFATE 325 MG TAB Max Qty: 90
FOLBIC 2-2.5-25 MG TAB Max Qty: 90
FOLIC ACID 1 MG TAB Max Qty: 90
FOLIVANE-F 125-1-40-3 MG CAP Max Qty: 90
FOLIVANE-PLUS 125MG-1 MG CAP Max Qty: 90
HEMATINIC F 106-1 MG TAB Max Qty: 90
MAGNESIUM 400 MG TAB Max Qty: 180
NIVA-FOL 2.5-25 MG TAB Max Qty: 90
PRENATAL VITAMIN PLUS IRON 1/27 MG TAB Max Qty: 90
ZINC SULFATE 50 MG CAP Max Qty: 90

WOMEN'S HEALTH

ALENDRONATE 10 MG TAB Max Qty: 90 (Fosamax)
ALENDRONATE 35 MG TAB Max Qty: 12 (Fosamax)
ALENDRONATE 70 MG TAB Max Qty: 12 (Fosamax)
ANASTROZOLE 1 MG TAB Max Qty: 90 (Arimidex)
DESOGESTREL-ETH ESTRADIOL 0.15 MG/0.03 MG (BCP) TAB Max Qty: 84 (Desogen, Apri, Isibloom)
DESOGESTREL-ETH ESTRADIOL 0.15 MG/0.02 MG - 0.15 MG/0.01 MG (BCP) TAB Max Qty: 84 (Mircette, Kariva)
DROSPIRENONE-ETH ESTRADIOL 3 MG/0.02 MG (BCP) TAB Max Qty: 84 (Yaz, Gianvi)
DROSPIRENONE-ETH ESTRADIOL 3 MG/0.03 MG (BCP) TAB Max Qty: 84 (Yasmin, Ocella)
ESTRADIOL 0.5 MG TAB Max Qty: 90 (Estrace)
ESTRADIOL 1 MG TAB Max Qty: 90 (Estrace)
ESTRADIOL 2 MG TAB Max Qty: 90 (Estrace)
ESTRADIOL VAGINAL 0.01% CREAM Max Qty: 1 (Estrace)
FLUCONAZOLE 50 MG TAB Max Qty: 60 (Diflucan)
FLUCONAZOLE 100 MG TAB Max Qty: 21 (Diflucan)
FLUCONAZOLE 150 MG TAB Max Qty: 3 (Diflucan)
FLUCONAZOLE 200 MG TAB Max Qty: 18 (Diflucan)
IBANDRONATE 150 MG TAB Max Qty: 3 (Boniva)
LETROZOLE 2.5 MG TAB Max Qty: 90 (Femara)
LEVONORGESTREL-ETH ESTRADIOL 0.15 MG/30 MCG (BCP) TAB Max Qty: 84 (Levora, Portia, Aviane, Jolessa)
MEDROXYPROGESTERONE 2.5 MG TAB Max Qty: 90 (Provera)
MEDROXYPROGESTERONE 5 MG TAB Max Qty: 90 (Provera)
MEDROXYPROGESTERONE 10 MG TAB Max Qty: 90 (Provera)
MEDROXYPROGESTERONE DEPOT 150 MG INJ Max Qty: 1 (Depo-Provera)
NORETHINDRONE 5 MG TAB Max Qty: 90 (Aygestin)
NORETHINDRONE 0.35 MG (BCP) TAB Max Qty: 84 (Ortho-Micronor, Camila, Heather)
NORETHINDRONE-ETH ESTRADIOL 1 MG/35 MCG (BCP) TAB Max Qty: 63 (Nortrel)
NORETHINDRONE-ETH ESTRADIOL 1 MG/20 MCG (BCP) TAB Max Qty: 63 (Loestrin 21, Microgestin)
NORGESTIMATE-ETH ESTRADIOL 0.25 MG/35 MCG (BCP) TAB Max Qty: 84 (OrthoCyclen, Sprintec)
NORGESTIMATE-ETH ESTRADIOL 0.18 MG/35 MCG - 0.215 MG/35 MCG - 0.25 MG/35 MCG (BCP) TAB Max Qty: 84 (OrthoTriCyclen, Tri-Sprintec)
NORGESTIMATE-ETH ESTRADIOL 0.18 MG/25 MCG - 0.215 MG/25 MCG - 0.25 MG/25 MCG (BCP) TAB Max Qty: 84 (OrthoTriCyclen-Lo, Tri-Lo Sprintec)
PROGESTERONE 100 MG CAP Max Qty: 90 (Prometrium)
PROGESTERONE 200 MG CAP Max Qty: 30 (Prometrium)
RALOXIFENE 60 MG TAB Max Qty: 90 (Evista)
RISEDRONATE 150 MG TAB Max Qty: 3 (Actonel)
TAMOXIFEN 10 MG TAB Max Qty: 90 (Nolvadex)
TAMOXIFEN 20 MG TAB Max Qty: 90 (Nolvadex)

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URGENT CARE

70+ acute care meds available across 70,000 pharmacies nationwide

ANTIBIOTIC

AMOXICILLIN 250 MGCAP Max Qty: 60 (Amoxil)
AMOXICILLIN 500 MGCAP Max Qty: 30 (Amoxil)
AMOXICILLIN 875 MGTAB Max Qty: 28 (Amoxil)
AMOXICILLIN 250 MG/5ML SUSP Max Qty: 200 (Amoxil)
AMOXICILLIN 400 MG/5ML SUSP Max Qty: 300 (Amoxil)
AMOXICILLIN/CLAVULANIC ACID 500-125 MG TAB Max Qty: 28 (Augmentin)
AMOXICILLIN/CLAVULANIC ACID 875-125 MG TAB Max Qty: 28 (Augmentin)
AMOXICILLIN/CLAVULANIC ACID 400-57 MG/5ML SUSP Max Qty: 200 (Augmentin)
AMOXICILLIN/CLAVULANIC ACID 600-42.9 MG/5ML SUSP Max Qty: 200 (Augmentin)
AZITHROMYCIN 250 MG TAB Max Qty: 6 (Zithromax)
AZITHROMYCIN 500 MG TAB Max Qty: 3 (Zithromax)
AZITHROMYCIN 100 MG/5ML SUSP Max Qty: 15 (Zithromax)
AZITHROMYCIN 200 MG/5ML SUSP Max Qty: 30 (Zithromax)
CEFDINIR 300 MG CAP Max Qty: 14(Omnicef)
CEPHALEXIN 250 MG CAP Max Qty: 56 (Keflex)
CEPHALEXIN 500 MG CAP Max Qty: 40 (Keflex)
CEPHALEXIN 250 MG/5ML SUSP Max Qty: 200 (Keflex)
CIPROFLOXACIN 250 MG TAB Max Qty: 28 (Cipro)
CIPROFLOXACIN 500 MG TAB Max Qty: 28 (Cipro)
CLINDAMYCIN 150 MG CAP Max Qty: 28 (Cleocin)
CLINDAMYCIN 300 MG CAP Max Qty: 28 (Cleocin)
DOXYCYCLINE HYCLATE 100 MG TAB Max Qty: 28 (Vibramycin)
LEVOFLOXACIN 250 MG TAB Max Qty: 21 (Levaquin)
LEVOFLOXACIN 500 MG TAB Max Qty: 21 (Levaquin)
METRONIDAZOLE 500 MG TAB Max Qty: 28 (Flagyl)
NITROFURANTOIN 100 MG CAP Max Qty: 28 (Macrobid)
PENICILLIN VK 500MG TAB Max Qty: 28 (Veetids)
PENICILLIN VK 250 MG/5ML SUSP Max Qty: 200 (Veetids)
SMZ/TMP DS 800-160 MG TAB Max Qty: 28 (Bactrim)
SMZ/TMP 200-40 MG/5ML SUSP Max Qty: 120 (Bactrim)

ANTIBIOTIC TOPICAL

ERYTHROMYCIN 0.5% OPTH OINT Max Qty: 3.5 (Illotycin)
MUPIROCIN 2% OINT Max Qty: 22 (Bactroban)
NEO/POLY/HC OTIC SOLN Max Qty: 10 (Cortisporin)
POLYMYXIN B/TRIMETH OPTH SOLN Max Qty: 10 (Polytrim)
SILVER SULFADIAZINE 1% CREAM Max Qty: 50 (Silvadene)
TOBRAMYCIN 0.3% OPTH SUSP Max Qty: 5 (Tobrex)

ANTIFUNGAL

FLUCONAZOLE 150 MG TAB Max Qty: 2 (Diflucan)
NYSTATIN CREAM Max Qty: 30 (Mycostatin)
NYSTATIN OINT Max Qty: 30 (Mycostatin)

ANTIHISTAMINE

HYDROXYZINE 25 MG TAB Max Qty: 30 (Atarax)
CETIRIZINE 10 MG TAB Max Qty: 30 (Zyrtec)

CARDIOVASCULAR

NITROGLYCERIN 0.4 MG SL TAB Max Qty: 25 (Nitrostat)
PROPRANOLOL 10 MG TAB Max Qty: 15 (Inderal)

CORTICOSTEROID

METHYLPREDNISOLONE 4 MG PACK Max Qty: 21 (Medrol Dosepak)
PREDNISONE 10 MG TAB Max Qty: 20 (Deltasone)
PREDNISONE 20 MG TAB Max Qty: 20 (Deltasone)
PREDNISOLONE 15 MG/5ML SOLN Max Qty: 120 (Orapred)

CORTICOSTEROID TOPICAL

HYDROCORTISONE 2.5% CREAM Max Qty: 30 (Hytone)
PREDNISOLONE 1% OPTH SOLN Max Qty: 5 (Pred Forte)
TRIAMCINOLONE 0.1% CREAM Max Qty: 30 (Kenalog)
TRIAMCINOLONE 0.1% OINT Max Qty: 30 (Kenalog)

COUGH & COLD

BENZONATATE 100 MG CAP Max Qty: 30 (Tessalon Perles)
BENZONATATE 200 MG CAP Max Qty: 30 (Tessalon Perles)
BROMPH/PSE/DM SYR 30 MG SOLN Max Qty: 120 (Bromfed DM)

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URGENT CARE

70+ acute care meds available across 70,000 pharmacies nationwide

DIABETES

INSULIN LISPRO 100U/ML INJ Max Qty: 2 Vials / 90 Days (Humalog)*
*$5/vial

GASTROINTESTINAL

DICYCLOMINE 20 MG TAB Max Qty: 60 (Bentyl)
DIPHENOX-ATROPINE 2.5-0.025 MG TAB Max Qty: 30 (Lomotil)
ONDANSETRON ODT 4 MG TAB Max Qty: 6 (Zofran ODT)
ONDANSETRON ODT 8 MG TAB Max Qty: 6 (Zofran ODT)
PANTOPROZOLE 40 MG TAB Max Qty: 21 (Protonix)
PROMETHAZINE 25 MG TAB Max Qty: 30 (Phenergan)

GOUT

ALLOPURINOL 100 MG TAB Max Qty: 21 (Zyloprim)
ALLOPURINOL 300 MG TAB Max Qty: 21 (Zyloprim)

MIGRAINE

SUMATRIPTAN 50 MG TAB Max Qty: 9 (Imitrex)
SUMATRIPTAN 100 MG TAB Max Qty: 9 (Imitrex)

MUSCLE RELAXANT

CYCLOBENZAPRINE 10 MG TAB Max Qty: 30 (Flexeril)

PAIN MANAGEMENT

IBUPROFEN 800 MG TAB Max Qty: 60 (Motrin)
NAPROXEN 500 MG TAB Max Qty: 30 (Naprosyn)
PHENAZOPYRIDINE 200 MG TAB Max. Qty: 10 (Pyridium)
TRAMADOL 50 MG TAB Max Qty: 30 (Ultram)

RESPIRATORY

ALBUTEROL INH MDI 90 MCG Max Qty: 1 (6.7g) / 1 Year (Proventil HFA)

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Mail-Order: 6 free shipments per year; $7.99 per additional shipment. Urgent Care: $250 max/person/year.

EXHIBIT C

PROMOTIONAL PRICING EXHIBIT

Effective Date: May 7, 2026
Incorporated into the Membership Agreement of Elite Faith Health

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Family and Friends Member Pricing Program

Elite Faith Health may offer a limited-time **Family and Friends Member Pricing Program**. The purpose of this program is to provide reduced membership rates for enrollees who may be family or friends of the practice.

1. Eligibility

Founding Member pricing is available only to individuals who:

- Mention the Family and Friends Membership Pricing Program, or
- Who are offered the promotion, as determined by Elite Faith Health.

Elite Faith Health reserves the right to modify or discontinue the Family and Friends Member Pricing Program at any time prior to enrollment.

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2. Family and Friends Member Rates

Eligible Members enrolled under the Family and Friends Membership Pricing Program will receive the following promotional monthly rates:

Membership Tier	Standard Monthly Fee	Founding Member Monthly Fee
Access Plan	$119	$79
Complete Care Plan	$179	$127
Priority Care Plan	$249	$175

These promotional rates apply only to Members who enroll under the Family and Friends Membership Pricing Program and are separate from the standard pricing described in **Exhibit A**.

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3. Rate Protection

Members who enroll under the Family and Friends Membership Pricing Program will retain their

Family and Friends monthly rate for as long as:

- Their membership remains active,
- Payments remain current, and
- The Member does not voluntarily terminate membership.

If membership is canceled or lapses for any reason, reinstatement may be subject to the standard pricing in effect at the time of re-enrollment.

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4. Program Limitations

The Family and Friends Membership Pricing Program:

- Is limited in availability,
- Does not alter the scope of services included in each membership tier as described in **Exhibit A**, and
- Does not guarantee future promotional pricing.

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5. Relationship to Exhibit A

All services, benefits, and membership terms remain governed by this Agreement and **Exhibit A (Membership Tier Exhibit)**. The Family and Friends Membership Pricing Program modifies only the monthly membership fee for eligible Members.