

South Dakota Max Units List				
Drug Name	Strength	Limit/Day	Max Supply	Max Days
ABILIFY	9.75MG/1.3	0.09	2.6	28
ABILIFY	2 MG	1.00	34	34
ABILIFY	5 MG	1.00	34	34
ABILIFY	10 MG	1.00	34	34
ABILIFY	15 MG	1.00	34	34
ABILIFY	20 MG	1.00	34	34
ABILIFY	30 MG	1.00	34	34
ABILIFY	1 MG/ML	10.00	300	30
ABILIFY DISCMELT	10 MG	1.00	34	34
ABILIFY DISCMELT	15 MG	1.00	34	34
ABSTRAL	100 MCG	2.00	68	34
ABSTRAL	200 MCG	2.00	68	34
ABSTRAL	300 MCG	2.00	68	34
ABSTRAL	400 MCG	2.00	68	34
ABSTRAL	600 MCG	2.00	68	34
ABSTRAL	800 MCG	2.00	68	34
ACCU-CHEK ACTIVE		10.00	300	30
ACCU-CHEK ADVANTAGE		10.00	300	30
ACCU-CHEK AVIVA		10.00	300	30
ACCU-CHEK COMFORT CURVE		10.00	300	30
ACCU-CHEK INSTANT		10.00	300	30
ACCU-CHEK INSTANT PLUS		10.00	300	30
ACCU-TREND GLUCOSE		10.00	300	30
ACEON	2 MG	1.00	34	34
ACEON	4 MG	1.00	34	34
ACEON	8 MG	2.00	68	34
ACETAMINOPHEN-TRAMADOL	37.5-325MG	10.00	340	34
ACIPHEX	20 MG	2.00	68	34
ACTIQ	200 MCG	1.00	30	30
ACTIQ	400 MCG	1.00	30	30
ACTIQ	600 MCG	1.00	30	30
ACTIQ	800 MCG	1.00	30	30
ACTIQ	1200MCG	1.00	30	30
ACTIQ	1600MCG	1.00	30	30
ACTONEL	150 MG	0.04	1	28
ACTONEL	35 MG	0.14	4	28
ACTOS	15 MG	1.00	34	34
ACTOS	30 MG	1.00	34	34
ACTOS	45 MG	1.00	34	34
ACURA TEST STRIPS		10.00	300	30
ADALAT CC	30 MG	1.00	34	34
ADALAT CC	90 MG	1.00	34	34
ADALAT CC	60 MG	2.00	68	34
ADDERALL XR	5 MG	1.00	34	34
ADDERALL XR	10 MG	1.00	34	34

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Drug Name	Strength	Limit/Day	Max Supply	Max Days
ADDERALL XR	15 MG	1.00	34	34
ADDERALL XR	25 MG	1.00	34	34
ADDERALL XR	20 MG	2.00	68	34
ADDERALL XR	30 MG	2.00	68	34
ADVAIR DISKUS	100-50MCG	2.00	60	30
ADVAIR DISKUS	250-50MCG	2.00	60	30
ADVAIR DISKUS	500-50MCG	2.00	60	30
ADVAIR HFA	45-21MCG	0.40	12	30
ADVAIR HFA	115-21MCG	0.40	12	30
ADVAIR HFA	230-21MCG	0.40	12	30
ADVANCE TEST STRIPS		10.00	300	30
ADVICOR	500MG-20MG	1.00	34	34
ADVICOR	1000-20MG	2.00	68	34
ADVICOR	1000-40 MG	2.00	68	34
ADVICOR	750MG-20MG	2.00	68	34
ADVOCATE REDI-CODE		10.00	300	30
ADVOCATE TEST STRIP		10.00	300	30
AEROBID	250 MCG	0.41	14	34
AFEDITAB CR	30 MG	1.00	34	34
AFEDITAB CR	60 MG	2.00	68	34
ALAVERT	10 MG	1.00	34	34
ALAVERT	5 MG-120MG	2.00	68	34
ALENDRONATE SODIUM	70 MG	0.14	4	28
ALENDRONATE SODIUM	35 MG	0.14	4	28
ALENDRONATE SODIUM	5 MG	1.00	34	34
ALENDRONATE SODIUM	10 MG	1.00	34	34
ALENDRONATE SODIUM	40 MG	1.00	34	34
ALL DAY ALLERGY	10 MG	1.00	34	34
ALL DAY ALLERGY-D	5 MG-120MG	2.00	68	34
ALLEGRA	180 MG	1.00	34	34
ALLEGRA	60 MG	2.00	68	34
ALLEGRA	30 MG/5 ML	10.00	340	34
ALLEGRA ODT	30 MG	2.00	68	34
ALLEGRA-D 12 HOUR	60MG-120MG	2.00	68	34
ALLERGY RELIEF D-24	10MG-240MG	1.00	34	34
ALPRAZOLAM ER	0.5 MG	1.00	34	34
ALPRAZOLAM ER	1 MG	1.00	34	34
ALPRAZOLAM ER	2 MG	1.00	34	34
ALPRAZOLAM ER	3 MG	1.00	34	34
ALTABAX	1%	0.33	5	15
ALTACE	1.25 MG	1.00	34	34
ALTACE	2.5 MG	1.00	34	34
ALTACE	5 MG	1.00	34	34
ALTACE	10 MG	2.00	68	34
ALVESCO	80MCG	0.18	6.1	34

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Drug Name	Strength	Limit/Day	Max Supply	Max Days
ALVESCO	160MCG	0.20	6.1	30
AMARYL	1 MG	1.50	51	34
AMARYL	2 MG	1.50	51	34
AMARYL	4 MG	2.00	68	34
AMBIEN	5 MG	1.50	51	34
AMBIEN	10 MG	2.00	68	34
AMBIEN CR	6.25 MG	1.00	34	34
AMBIEN CR	12.5 MG	1.00	34	34
AMERGE	1 MG	0.60	18	30
AMERGE	2.5 MG	0.60	18	30
AMEVIVE	15 MG	0.14	4	28
AMITIZA	24MCG	2.00	68	34
AMLODIPINE BESYLATE	2.5 MG	1.00	34	34
AMLODIPINE BESYLATE	5 MG	1.50	51	34
AMOX TR-POTASSIUM CLAVULANATE	200-28.5/5	30.00	900	30
AMOX TR-POTASSIUM CLAVULANATE	400-57MG/5	30.00	900	30
AMOX TR-POTASSIUM CLAVULANATE	600-42.9/5	30.00	900	30
AMOX TR-POTASSIUM CLAVULANATE	250-62.5/5	30.00	900	30
AMOXICILLIN	125 MG/5ML	30.00	900	30
AMOXICILLIN	250 MG/5ML	30.00	900	30
AMOXICILLIN	200 MG/5ML	30.00	900	30
AMOXICILLIN	400 MG/5ML	30.00	900	30
AMRIX	15 MG	1.00	34	34
AMRIX	30 MG	1.00	34	34
AMTURNIDE	150-5-12.5	1.00	34	34
AMTURNIDE	300-5-12.5	1.00	34	34
AMTURNIDE	300-5-25	1.00	34	34
AMTURNIDE	300-10-12.5	1.00	34	34
AMTURNIDE	300-10-25	1.00	34	34
ANA-LEX HC	2 %-2 %	0.01	0.5	34
ANGELIQ	1-0.5MG	1.00	28	28
ANTIVERT	25 MG	4.00	136	34
APLENZIN	174MG	1.00	34	34
APLENZIN	348MG	1.00	34	34
APLENZIN	522MG	1.00	34	34
ARAVA	10 MG	1.00	34	34
ARAVA	20 MG	1.00	34	34
ARICEPT	10 MG	1.00	34	34
ARICEPT	5 MG	1.50	51	34
ARICEPT ODT	5 MG	1.00	34	34
ARICEPT ODT	10 MG	1.00	34	34
ASCENSIA ELITE		10.00	300	30
ASSURE 3		10.00	300	30
ASSURE 4		10.00	300	30
ASSURE PLATINUM		10.00	300	30

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Drug Name	Strength	Limit/Day	Max Supply	Max Days
ASSURE PRO		10.00	300	30
ASTELIN	137 MCG	1.00	30	30
ASTEPRO	137 MCG	1.00	30	30
ATACAND	32 MG	1.00	34	34
ATACAND	4 MG	1.50	51	34
ATACAND	8 MG	1.50	51	34
ATACAND	16 MG	1.50	51	34
ATACAND HCT	32-12.5MG	1.00	34	34
ATACAND HCT	16-12.5MG	1.50	51	34
ATROVENT	42MCG	0.50	15	30
ATROVENT	21 MCG	1.00	30	30
AUGMENTIN	125-31.25/	30.00	900	30
AUGMENTIN	250-62.5/5	30.00	900	30
AVALIDE	150-12.5MG	1.00	34	34
AVALIDE	300-12.5MG	1.00	34	34
AVALIDE	150-12.5MG	1.00	34	34
AVANDAMET	2MG-500MG	2.00	68	34
AVANDAMET	4-500MG	2.00	68	34
AVANDIA	2 MG	2.00	68	34
AVANDIA	4 MG	2.00	68	34
AVANDIA	8 MG	2.00	68	34
AVAPRO	150 MG	1.00	34	34
AVAPRO	300 MG	1.00	34	34
AVAPRO	75 MG	1.50	51	34
AVINZA	30 MG	1.00	34	34
AVINZA	60 MG	1.00	34	34
AVINZA	90 MG	1.00	34	34
AVINZA	120 MG	1.00	34	34
AVONEX	30MCG/.5ML	0.14	4	28
AVONEX ADMINISTRATION PACK	30 MCG	0.14	4	28
AXERT	6.25 MG	0.40	12	30
AXERT	12.5 MG	0.40	12	30
AXID	150 MG	2.00	68	34
AZELASTINE HCL	137 MCG	1.00	30	30
AZILECT	0.5 MG	1.00	34	34
AZILECT	1 MG	1.00	34	34
BALACET 325	100-325MG	1.00	34	34
BECONASE AQ	42MCG	0.83	25	30
BENAZEPRIL HCL	5 MG	2.00	68	34
BENAZEPRIL HCL	10 MG	2.00	68	34
BENAZEPRIL HCL	20 MG	2.00	68	34
BENAZEPRIL HCL	40 MG	2.00	68	34
BENAZEPRIL-HYDROCHLOROTHIAZIDE	5-6.25MG	2.00	68	34
BENAZEPRIL-HYDROCHLOROTHIAZIDE	10-12.5MG	2.00	68	34
BENAZEPRIL-HYDROCHLOROTHIAZIDE	20-12.5 MG	2.00	68	34

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Drug Name	Strength	Limit/Day	Max Supply	Max Days
BENZAEPRILOL-HYDROCHLOROTHIAZIDE	20-25MG	2.00	68	34
BENZAMYCIN	3-5%	1.55	46.6	30
BENZOYL PEROXIDE	4%	0.03	1	30
BETASERON	0.3 MG	0.50	15	30
BLOOD GLUCOSE TEST		10.00	300	30
BP-50% UREA	50%	9.45	283.5	30
BROVANA	15MCG/2ML	4.00	120	30
BUDEPRION XL	150 MG	1.00	34	34
BUDEPRION XL	300 MG	1.00	34	34
BUPRENORPHINE HCL	2 MG	3.00	102	34
BUPRENORPHINE HCL	8 MG	3.00	102	34
BUPROPION XL	150 MG	1.00	34	34
BUPROPION XL	300 MG	1.00	34	34
BUTORPHANOL TARTRATE	10 MG/ML	0.17	5	30
BUTRANS	5 MCG/HR	0.14	4	28
BUTRANS	10 MCG/HR	0.14	4	28
BUTRANS	20 MCG/HR	0.14	4	28
BYETTA	5MCG/0.02	0.04	1.2	30
BYETTA	10MCG/0.04	0.08	2.4	30
CABERGOLINE	0.5 MG	0.29	8	28
CADUET	5 MG-10 MG	1.00	34	34
CADUET	10MG-10MG	1.00	34	34
CADUET	5MG-20MG	1.00	34	34
CADUET	10MG-20MG	1.00	34	34
CADUET	5MG-40MG	1.00	34	34
CADUET	10MG-40MG	1.00	34	34
CADUET	5MG-80MG	1.00	34	34
CADUET	10MG-80MG	1.00	34	34
CADUET	2.5MG-10MG	1.00	34	34
CADUET	2.5MG-20MG	1.00	34	34
CADUET	2.5MG-40MG	1.00	34	34
CALAN SR	240 MG	2.00	68	34
CALAN SR	120 MG	2.00	68	34
CALAN SR	180 MG	2.00	68	34
CARDIZEM CD	120 MG	1.00	34	34
CARDIZEM CD	240 MG	1.00	34	34
CARDIZEM CD	300 MG	1.00	34	34
CARDIZEM CD	360 MG	1.00	34	34
CARDIZEM CD	180 MG	2.00	68	34
CARDIZEM LA	120 MG	1.00	34	34
CARDIZEM LA	180 MG	1.00	34	34
CARDIZEM LA	240 MG	1.00	34	34
CARDIZEM LA	300 MG	1.00	34	34
CARDIZEM LA	360 MG	1.00	34	34
CARDIZEM LA	420MG	1.00	34	34

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Drug Name	Strength	Limit/Day	Max Supply	Max Days
CARDURA	1 MG	1.50	51	34
CARDURA	2 MG	1.50	51	34
CARDURA	4 MG	1.50	51	34
CARDURA	8 MG	2.00	68	34
CARDURA XL	4 MG	0.50	17	34
CARDURA XL	8 MG	0.50	17	34
CARESENS N		10.00	300	30
CARISOPRODOL	250 MG	3.00	102	34
CARTIA XT	120 MG	1.00	34	34
CARTIA XT	240 MG	1.00	34	34
CARTIA XT	300 MG	1.00	34	34
CARTIA XT	180 MG	2.00	68	34
CATAPRES-TTS 1	0.1MG/24HR	0.14	4	28
CATAPRES-TTS 2	0.2MG/24HR	0.14	4	28
CATAPRES-TTS 3	0.3MG/24HR	0.14	4	28
CEFTRIAXONE	10 G	0.41	14	34
CEFTRIAXONE	2 G	2.00	68	34
CEFTRIAXONE	1 G	4.00	136	34
CEFTRIAXONE	250 MG	8.00	272	34
CEFTRIAXONE	500 MG	8.00	272	34
CELEBREX	100 MG	2.00	68	34
CELEBREX	200 MG	2.00	68	34
CELEBREX	400 MG	2.00	68	34
CELEXA	10 MG	1.00	34	34
CELEXA	20 MG	2.00	68	34
CELEXA	40 MG	2.00	68	34
CEPHALEXIN	125 MG/5ML	20.00	600	30
CEPHALEXIN	250 MG/5ML	20.00	600	30
CESAMET	1 MG	6.00	204	34
CETIRIZINE HCL	5 MG	1.00	34	34
CETIRIZINE HCL	10 MG	1.00	34	34
CETIRIZINE-PSEUDOEPHEDRINE	5 MG-120MG	2.00	68	34
CHILDREN'S CLEAR-ATADINE	10 MG	1.00	34	34
CHOICEDM CLARUS TEST STRIPS		10.00	300	30
CICLODAN	8%	0.24	6.6	28
CICLOPIROX	8%	0.24	6.6	28
CIMETIDINE	300 MG	2.00	68	34
CIMETIDINE	400 MG	2.00	68	34
CIMETIDINE	800 MG	2.00	68	34
CIMZIA	400 MG	0.04	1	28
CIMZIA	400MG/2ML	0.04	1	28
CITALOPRAM HBR	10 MG	1.00	34	34
CITALOPRAM HBR	20 MG	2.00	68	34
CITALOPRAM HBR	40 MG	2.00	68	34
CLARINEX	5 MG	1.00	34	34

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Drug Name	Strength	Limit/Day	Max Supply	Max Days
CLARITIN	10 MG	1.00	34	34
CLARITIN-D 12 HOUR	5 MG-120MG	2.00	68	34
CLARITIN-D 24 HOUR	10MG-240MG	1.00	34	34
CLEAR-ATADINE	10 MG	1.00	34	34
CLEVER CHEK TEST STRIPS		10.00	300	30
CLEVER CHOICE MICRO TEST STRIP		10.00	300	30
CLEVER CHOICE PRO		10.00	300	30
CLONIDINE	0.1MG/24HR	0.14	4	28
CLONIDINE	0.2MG/24HR	0.14	4	28
CLONIDINE	0.3MG/24HR	0.14	4	28
COMBIVENT	18-103MCG	0.98	29.4	30
CONCERTA	18 MG	1.00	34	34
CONCERTA	54 MG	1.00	34	34
CONCERTA	27 MG	1.00	34	34
CONCERTA	36 MG	2.00	68	34
CONTOUR		10.00	300	30
CONTROL		10.00	300	30
CONTROL G3		10.00	300	30
COPAXONE	20 MG	0.03	1	30
COREG CR	10 MG	1.00	34	34
COREG CR	20 MG	1.00	34	34
COREG CR	40 MG	1.00	34	34
COREG CR	80 MG	1.00	34	34
COVERA-HS	180 MG	1.00	34	34
COVERA-HS	240 MG	1.00	34	34
COZAAR	100 MG	1.00	34	34
COZAAR	25 MG	1.50	51	34
COZAAR	50 MG	1.50	51	34
CRESTOR	10 MG	0.50	17	34
CRESTOR	20 MG	0.50	17	34
CRESTOR	5 MG	0.50	17	34
CRESTOR	40 MG	1.00	34	34
CUBICIN	500 MG	2.00	68	34
CYCLOBENZAPRINE HCL	15 MG	1.00	34	34
CYCLOBENZAPRINE HCL	30 MG	1.00	34	34
CYCLOBENZAPRINE HCL	5 MG	2.00	68	34
CYMBALTA	60 MG	1.00	34	34
CYMBALTA	20 MG	2.00	68	34
CYMBALTA	30 MG	2.00	68	34
DAYPRO	600 MG	2.00	68	34
DAYTRANA	10MG/9HR	1.00	34	34
DAYTRANA	15MG/9HR	1.00	34	34
DAYTRANA	20 MG/9 HR	1.00	34	34
DAYTRANA	30MG/9HR	1.00	34	34
DDAVP	10/SPRAY	0.33	10	30

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DENAVIR	1%	0.05	1.5	30
DESMOPRESSIN ACETATE	10/SPRAY	0.33	10	30
DETROL	1 MG	2.00	68	34
DETROL	2 MG	2.00	68	34
DETROL LA	2 MG	1.00	34	34
DETROL LA	4 MG	1.00	34	34
DEXTROAMPHETAMINE-AMPHETAMINE	5 MG	1.00	34	34
DEXTROAMPHETAMINE-AMPHETAMINE	10 MG	1.00	34	34
DEXTROAMPHETAMINE-AMPHETAMINE	15 MG	1.00	34	34
DEXTROAMPHETAMINE-AMPHETAMINE	25 MG	1.00	34	34
DEXTROAMPHETAMINE-AMPHETAMINE	30 MG	2.00	68	34
DEXTROAMPHETAMINE-AMPHETAMINE	20 MG	2.00	68	34
DIASTAT	2.5 MG	0.04	1	28
DIAZEPAM	2.5 MG	0.04	1	28
DICLOFENAC SODIUM	0.10%	0.08	2.5	30
DILACOR XR	240 MG	1.00	34	34
DILT-CD	120 MG	1.00	34	34
DILT-CD	240 MG	1.00	34	34
DILT-CD	300 MG	1.00	34	34
DILT-CD	180 MG	2.00	68	34
DILTIA XT	120 MG	1.00	34	34
DILTIA XT	240 MG	1.00	34	34
DILTIA XT	180 MG	2.00	68	34
DILTIAZEM 24HR ER	120 MG	1.00	34	34
DILTIAZEM 24HR ER	240 MG	1.00	34	34
DILTIAZEM 24HR ER	300 MG	1.00	34	34
DILTIAZEM 24HR ER	180 MG	1.00	34	34
DILTIAZEM 24HR ER	360 MG	1.00	34	34
DILTIAZEM 24HR ER	420MG	1.00	34	34
DILTIAZEM ER	120 MG	1.00	34	34
DILTIAZEM ER	180 MG	1.00	34	34
DILTIAZEM ER	240 MG	1.00	34	34
DILTIAZEM ER	300 MG	1.00	34	34
DILTIAZEM ER	360 MG	1.00	34	34
DILTIAZEM ER	420MG	1.00	34	34
DILT-XR	120 MG	1.00	34	34
DILT-XR	240 MG	1.00	34	34
DILT-XR	180 MG	2.00	68	34
DILTZAC ER	120 MG	1.00	34	34
DILTZAC ER	180 MG	1.00	34	34
DILTZAC ER	240 MG	1.00	34	34
DILTZAC ER	300 MG	1.00	34	34
DILTZAC ER	360 MG	1.00	34	34
DIOVAN	80 MG	1.00	34	34
DIOVAN	160 MG	1.00	34	34

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Drug Name	Strength	Limit/Day	Max Supply	Max Days
DIOVAN	40 MG	1.00	34	34
DIOVAN HCT	80-12.5MG	1.00	34	34
DIOVAN HCT	160-12.5MG	2.00	68	34
DITROPAN XL	5 MG	1.00	34	34
DITROPAN XL	10 MG	2.00	68	34
DITROPAN XL	15 MG	2.00	68	34
DONEPEZIL HCL	10 MG	1.00	34	34
DONEPEZIL HCL	5 MG	1.00	34	34
DOXAZOSIN MESYLATE	1 MG	1.50	51	34
DOXAZOSIN MESYLATE	2 MG	1.50	51	34
DOXAZOSIN MESYLATE	4 MG	1.50	51	34
DOXAZOSIN MESYLATE	8 MG	2.00	68	34
DUETACT	30 MG-4 MG	1.00	34	34
DURAGESIC	12MCG/HR	0.33	10	30
DURAGESIC	25MCG/HR	0.33	10	30
DURAGESIC	50MCG/HR	0.33	10	30
DURAGESIC	75MCG/HR	0.33	10	30
DURAGESIC	100MCG/HR	0.33	10	30
EASY CHECK TEST STRIP		10.00	300	30
EASY GLUCO G2		10.00	300	30
EASY PRO PLUS		10.00	300	30
EASY TALK		10.00	300	30
EASYGLUCO		10.00	300	30
EASYMAX		10.00	300	30
ECLIPSE		10.00	300	30
EFFEXOR XR	75 MG	1.00	34	34
EFFEXOR XR	37.5 MG	1.00	34	34
EFFEXOR XR	150 MG	2.00	68	34
ELEMENT TEST STRIPS		10.00	300	30
ELMIRON	100 MG	3.00	102	34
EMBEDA	20MG-0.8MG	2.00	68	34
EMBEDA	30MG-1.2MG	2.00	68	34
EMBEDA	50 MG-2 MG	2.00	68	34
EMBEDA	60MG-2.4MG	2.00	68	34
EMBEDA	80MG-3.2MG	2.00	68	34
EMBEDA	100MG-4MG	2.00	68	34
EMBRACE		10.00	300	30
EMEND	125 MG	1.00	1	1
EMEND	80 MG	1.00	2	2
EMEND	125MG-80MG	1.00	3	3
EMSAM	6MG/24HR	1.00	34	34
EMSAM	9 MG/24 HR	1.00	34	34
EMSAM	12MG/24HR	1.00	34	34
ENBREL	25MG/0.5ML	0.07	2.04	28
ENBREL	50 MG/ML	0.14	3.92	28

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Drug Name	Strength	Limit/Day	Max Supply	Max Days
ENBREL	25 MG	0.29	8	28
ENBREL	50 MG/ML	0.29	8	28
ENDOCET	10MG-325MG	12.00	408	34
ENJUVIA	0.3 MG	1.00	34	34
ENJUVIA	0.45MG	1.00	34	34
ENJUVIA	0.625 MG	1.00	34	34
ENJUVIA	1.25 MG	1.00	34	34
ENOXAPARIN SODIUM	30MG/0.3ML	1.00	34	34
ENOXAPARIN SODIUM	40MG/0.4ML	1.00	34	34
ENOXAPARIN SODIUM	60MG/0.6ML	1.00	34	34
ENOXAPARIN SODIUM	80MG/0.8ML	1.00	34	34
ENOXAPARIN SODIUM	100 MG/ML	1.00	34	34
ENOXAPARIN SODIUM	120MG/.8ML	1.00	34	34
ENOXAPARIN SODIUM	150 MG/ML	1.00	34	34
ENVISION		10.00	300	30
EPOPROSTENOL SODIUM	0.5 MG	2.00	56	28
EPOPROSTENOL SODIUM	1.5 MG	2.00	56	28
ESTRING	7.5MCG/24H	0.03	1	30
EVENCARE		10.00	300	30
EVOLUTION TEST STRIPS		10.00	300	30
EXALGO	8 MG	1.00	34	34
EXALGO	12 MG	1.00	34	34
EXALGO	16 MG	1.00	34	34
EXFORGE	5MG-160MG	1.00	34	34
EXFORGE	10MG-160MG	1.00	34	34
EXFORGE	5MG-320MG	1.00	34	34
EXFORGE	10MG-320MG	1.00	34	34
EXTAVIA	0.3 MG	0.50	15	30
EZ SMART		10.00	300	30
EZ SMART PLUS		10.00	300	30
FAMOTIDINE	20 MG	2.00	68	34
FAMOTIDINE	40 MG	2.00	68	34
FANAPT	1-2-4-6MG	0.24	8	34
FANAPT	1 MG	2.00	68	34
FANAPT	2 MG	2.00	68	34
FANAPT	4 MG	2.00	68	34
FANAPT	6 MG	2.00	68	34
FANAPT	8 MG	2.00	68	34
FANAPT	10 MG	2.00	68	34
FANAPT	12 MG	2.00	68	34
FAST TAKE		10.00	300	30
FAZACLO	12.5 MG	2.00	68	34
FAZACLO	25 MG	3.00	102	34
FAZACLO	100 MG	3.00	102	34
FAZACLO	150 MG	3.00	102	34

South Dakota Max Units List				
Drug Name	Strength	Limit/Day	Max Supply	Max Days
FAZACLO	200 MG	3.00	102	34
FELODIPINE ER	2.5 MG	2.00	68	34
FELODIPINE ER	5 MG	2.00	68	34
FELODIPINE ER	10 MG	2.00	68	34
FENTANYL	25MCG/HR	0.33	10	30
FENTANYL	50MCG/HR	0.33	10	30
FENTANYL	75MCG/HR	0.33	10	30
FENTANYL	100MCG/HR	0.33	10	30
FENTANYL	12MCG/HR	0.33	10	30
FENTANYL CITRATE	200 MCG	1.00	30	30
FENTANYL CITRATE	400 MCG	1.00	30	30
FENTANYL CITRATE	600 MCG	1.00	30	30
FENTANYL CITRATE	800 MCG	1.00	30	30
FENTANYL CITRATE	1200MCG	1.00	30	30
FENTANYL CITRATE	1600MCG	1.00	30	30
FENTORA	100 MCG	1.00	30	30
FENTORA	200 MCG	1.00	30	30
FENTORA	400 MCG	1.00	30	30
FENTORA	600 MCG	1.00	30	30
FENTORA	800 MCG	1.00	30	30
FEXOFENADINE HCL	180 MG	1.00	34	34
FEXOFENADINE HCL	30 MG	2.00	68	34
FEXOFENADINE HCL	60 MG	2.00	68	34
FEXOFENADINE-PSE ER	60MG-120MG	2.00	68	34
FIFTY50 TEST STRIP		10.00	300	30
FLECTOR	1.30%	2.00	68	34
FLOLAN	0.5 MG	2.00	56	28
FLOLAN	1.5 MG	2.00	56	28
FLONASE	50 MCG	1.07	32	30
FLOVENT DISKUS	50 MCG	4.00	120	30
FLOVENT DISKUS	250 MCG	4.00	120	30
FLOVENT DISKUS	100 MCG	4.00	120	30
FLOVENT HFA	44MCG	0.87	26	30
FLOVENT HFA	110MCG	0.87	26	30
FLOVENT HFA	220MCG	0.87	26	30
FLUNISOLIDE	25 MCG	0.83	25	30
FLUOXETINE DR	90 MG	0.14	4	28
FLUOXETINE HCL	10 MG	1.00	34	34
FLUOXETINE HCL	40 MG	1.00	34	34
FLUOXETINE HCL	20 MG	8.00	272	34
FLUTICASONE PROPIONATE	50 MCG	1.07	32	30
FLUVOXAMINE MALEATE	50 MG	2.00	68	34
FLUVOXAMINE MALEATE	100 MG	3.00	102	34
FOCALIN XR	5 MG	1.00	34	34
FOCALIN XR	10 MG	1.00	34	34

South Dakota Max Units List				
Drug Name	Strength	Limit/Day	Max Supply	Max Days
FOCALIN XR	20 MG	1.00	34	34
FOCALIN XR	15 MG	1.00	34	34
FORA D10		10.00	300	30
FORA D15C		10.00	300	30
FORA D15G		10.00	300	30
FORA D15Z		10.00	300	30
FORA D20		10.00	300	30
FORA G20		10.00	300	30
FORA G30A		10.00	300	30
FORA G71A		10.00	300	30
FORA G90		10.00	300	30
FORA V10		10.00	300	30
FORA V12		10.00	300	30
FORA V20		10.00	300	30
FORA V22		10.00	300	30
FORA V30A		10.00	300	30
FORADIL	12 MCG	2.00	60	30
FOSAMAX	70 MG	0.14	4	28
FOSAMAX	35 MG	0.14	4	28
FOSAMAX	40 MG	1.00	34	34
FOSAMAX	5 MG	1.00	34	34
FOSAMAX	10 MG	1.00	34	34
FOSAMAX PLUS D	70 MG-5600	0.14	4	28
FOSAMAX PLUS D	70 MG-2800	0.14	4	28
FOSINOPRIL SODIUM	10 MG	2.00	68	34
FOSINOPRIL SODIUM	20 MG	2.00	68	34
FOSINOPRIL SODIUM	40 MG	2.00	68	34
FREESTYLE LITE STRIPS		10.00	300	30
FREESTYLE TEST STRIPS		10.00	300	30
FROVA	2.5 MG	0.60	18	30
FUZEON	90 MG	0.04	1	28
G-4		10.00	300	30
G-4		10.00	300	30
GALANTAMINE HBR	4 MG	2.00	68	34
GALANTAMINE HBR	8 MG	2.00	68	34
GALANTAMINE HBR	12 MG	2.00	68	34
GALANTAMINE HYDROBROMIDE	4 MG/ML	6.00	180	30
GEODON	20 MG	0.07	2	30
GEODON	40 MG	2.00	68	34
GEODON	60 MG	2.00	68	34
GEODON	80 MG	2.00	68	34
GLIMEPIRIDE	1 MG	1.50	51	34
GLIMEPIRIDE	2 MG	1.50	51	34
GLIMEPIRIDE	4 MG	2.00	68	34
GLUCOCARD 01 SENSOR		10.00	300	30

South Dakota Max Units List				
Drug Name	Strength	Limit/Day	Max Supply	Max Days
GLUCOCARD VITAL SENSOR		10.00	300	30
GLUCOCARD X-SENSOR		10.00	300	30
GLUCOCOM GLUCOSE		10.00	300	30
GLUCOLAB		10.00	300	30
GLUCOSE TEST STRIP		10.00	300	30
GLUCOSTIX		10.00	300	30
GLUMETZA	500 MG	4.00	136	34
GYNAZOLE-1	2%	0.18	5	28
HUMALOG	100/ML	1.50	45	30
HUMALOG MIX 50-50	50-50/ML	2.35	80	34
HUMALOG MIX 75-25	75-25/ML	2.35	80	34
HUMIRA	40MG/0.8ML	0.07	2	28
HUMIRA	20MG/0.4ML	0.07	2	28
HUMULIN 70-30	70-30/ML	1.50	45	30
HUMULIN N	100/ML (3)	1.50	45	30
HUMULIN N	100/ML	1.67	50	30
HUMULIN R	500/ML	0.67	20	30
HUMULIN R	100/ML	2.35	80	34
HYDROCODONE-ACETAMINOPHEN	7.5-750MG	5.00	170	34
HYDROCODONE-ACETAMINOPHEN	10-660MG	6.00	204	34
HYDROCODONE-ACETAMINOPHEN	7.5-500MG	8.00	272	34
HYDROCODONE-CHLORPHENIRAMINE	10-8MG/5ML	10.00	300	30
HYZAAR	50-12.5MG	1.00	34	34
HYZAAR	100MG-25MG	1.00	34	34
IBUDONE	5MG-200MG	5.00	170	34
IBUDONE	10MG-200MG	5.00	170	34
IMDUR	30 MG	1.50	51	34
IMDUR	60 MG	1.50	51	34
IMDUR	120 MG	3.00	102	34
IMITREX	6 MG/0.5ML	0.10	3	30
IMITREX	20 MG	0.40	12	30
IMITREX	5 MG	0.40	12	30
IMITREX	25 MG	0.60	18	30
IMITREX	50 MG	0.60	18	30
IMITREX	100 MG	0.60	18	30
INFINITY TEST STRIPS		10.00	300	30
INVEGA	3 MG	1.00	34	34
INVEGA	6 MG	1.00	34	34
INVEGA	9 MG	1.00	34	34
INVEGA	1.5 MG	1.00	34	34
INVEGA SUSTENNA	39MG/0.25	0.01	0.25	28
INVEGA SUSTENNA	78MG/0.5ML	0.02	0.5	28
INVEGA SUSTENNA	117MG/0.75	0.03	0.75	28
INVEGA SUSTENNA	156 MG/ML	0.04	1	28
INVEGA SUSTENNA	234MG/1.5	0.05	1.5	28

South Dakota Max Units List				
Drug Name	Strength	Limit/Day	Max Supply	Max Days
IPRATROPIUM BROMIDE	42MCG	1.07	15	14
IPRATROPIUM BROMIDE	21 MCG	1.00	30	30
ISOPTIN SR	120 MG	2.00	68	34
ISOPTIN SR	180 MG	2.00	68	34
ISOPTIN SR	240 MG	2.00	68	34
ISOSORBIDE MONONITRATE	30 MG	1.50	51	34
ISOSORBIDE MONONITRATE	60 MG	1.50	51	34
ISOSORBIDE MONONITRATE	120 MG	3.00	102	34
JANUMET	50MG-500MG	2.00	68	34
JANUMET	50-1000MG	2.00	68	34
JANUVIA	50 MG	1.00	34	34
JANUVIA	25 MG	1.00	34	34
JANUVIA	100 MG	1.00	34	34
KADIAN	10 MG	1.00	34	34
KADIAN	20 MG	2.00	68	34
KADIAN	50 MG	2.00	68	34
KADIAN	100 MG	2.00	68	34
KADIAN	30 MG	2.00	68	34
KADIAN	60 MG	2.00	68	34
KADIAN	200 MG	2.00	68	34
KADIAN	80 MG	2.00	68	34
KAON-CL 10	10 MEQ	4.00	136	34
KEFLEX	750 MG	0.50	17	34
KEPIVANCE	6.25 MG	1.00	6	6
KEPPRA XR	500 MG	6.00	204	34
KEROL	42%	1.00	30	30
KEROL	50%	9.45	283.5	30
KEROL ZX	50%	0.35	12	34
KETOROLAC TROMETHAMINE	10 MG	4.00	20	5
KEYNOTE		10.00	300	30
KINERET	100MG/0.67	0.67	18.8	28
KLARON	10%	3.93	118	30
KLOR-CON 10	10 MEQ	4.00	136	34
K-TAB	10 MEQ	4.00	136	34
LANSOPRAZOLE	15 MG	2.00	68	34
LANSOPRAZOLE	30 MG	2.00	68	34
LANTUS	100/ML	1.67	50	30
LANTUS	100/ML	2.35	80	34
LATANOPROST	0.01%	0.09	2.5	28
LATRIX	50%	8.35	284	34
LAVOCLEN-4	4%	0.03	1	30
LEFLUNOMIDE	10 MG	1.00	34	34
LEFLUNOMIDE	20 MG	1.00	34	34
LESCOL	20 MG	1.00	34	34
LESCOL	40 MG	2.00	68	34

South Dakota Max Units List				
Drug Name	Strength	Limit/Day	Max Supply	Max Days
LESCOL XL	80 MG	2.00	68	34
LETAIRIS	5 MG	1.00	34	34
LETAIRIS	10 MG	1.00	34	34
LEVAQUIN	250 MG	1.00	34	34
LEVAQUIN	750 MG	1.00	34	34
LEVAQUIN	500 MG	1.50	51	34
LEVOCETIRIZINE DIHYDROCHLORIDE	5 MG	1.00	34	34
LEXAPRO	5 MG	1.00	34	34
LEXAPRO	10 MG	1.50	51	34
LEXAPRO	20 MG	1.50	51	34
LEXAPRO	5 MG/5 ML	20.00	680	34
LIALDA	1.2 G	4.00	136	34
LIBERTY TEST STRIPS		10.00	300	30
LIDOCAINE-HYDROCORTISONE	2 %-2 %	0.01	0.5	34
LIPITOR	10 MG	0.50	17	34
LIPITOR	20 MG	0.50	17	34
LIPITOR	40 MG	0.50	17	34
LIPITOR	80 MG	1.00	34	34
LISINOPRIL	2.5 MG	2.00	68	34
LISINOPRIL	5 MG	2.00	68	34
LISINOPRIL	10 MG	2.00	68	34
LISINOPRIL	20 MG	2.00	68	34
LISINOPRIL	40 MG	2.00	68	34
LISINOPRIL-HYDROCHLOROTHIAZIDE	10-12.5MG	1.00	34	34
LORATADINE	10 MG	1.00	34	34
LORATADINE-D	10MG-240MG	1.00	34	34
LORTAB	7.5-500MG	8.00	272	34
LOSARTAN POTASSIUM	100 MG	1.00	34	34
LOSARTAN POTASSIUM	25 MG	1.50	51	34
LOSARTAN POTASSIUM	50 MG	1.50	51	34
LOSARTAN-HYDROCHLOROTHIAZIDE	50-12.5MG	1.00	34	34
LOSARTAN-HYDROCHLOROTHIAZIDE	100MG-25MG	1.00	34	34
LOTENSIN	10 MG	2.00	68	34
LOTENSIN	20 MG	2.00	68	34
LOTENSIN	40 MG	2.00	68	34
LOTENSIN HCT	5-6.25MG	2.00	68	34
LOTENSIN HCT	10-12.5MG	2.00	68	34
LOTENSIN HCT	20-12.5 MG	2.00	68	34
LOTENSIN HCT	20-25MG	2.00	68	34
LOTRONEX	1 MG	2.00	68	34
LOVASTATIN	20 MG	1.00	34	34
LOVASTATIN	10 MG	1.00	34	34
LOVASTATIN	40 MG	2.00	68	34
LOVENOX	40MG/0.4ML	1.00	34	34
LOVENOX	60MG/0.6ML	1.00	34	34

South Dakota Max Units List				
Drug Name	Strength	Limit/Day	Max Supply	Max Days
LOVENOX	80MG/0.8ML	1.00	34	34
LOVENOX	100 MG/ML	1.00	34	34
LOVENOX	30MG/0.3ML	1.00	34	34
LOVENOX	300MG/3ML	1.00	34	34
LOVENOX	120MG/.8ML	1.00	34	34
LOVENOX	150 MG/ML	1.00	34	34
LUNESTA	1 MG	1.00	34	34
LUNESTA	2 MG	1.00	34	34
LUNESTA	3 MG	1.00	34	34
LUVOX CR	100 MG	1.00	34	34
LUVOX CR	150 MG	1.00	34	34
LYRICA	300 MG	2.00	68	34
LYRICA	225 MG	2.00	68	34
LYRICA	25 MG	3.00	102	34
LYRICA	50 MG	3.00	102	34
LYRICA	75 MG	3.00	102	34
LYRICA	100 MG	3.00	102	34
LYRICA	150 MG	3.00	102	34
LYRICA	200 MG	3.00	102	34
MAGNACET	2.5-400MG	10.00	340	34
MAGNACET	5MG-400MG	10.00	340	34
MAGNACET	7.5-400MG	10.00	340	34
MAGNACET	10MG-400MG	10.00	340	34
MATZIM LA	180 MG	1.00	34	34
MATZIM LA	240 MG	1.00	34	34
MATZIM LA	300 MG	1.00	34	34
MATZIM LA	360 MG	1.00	34	34
MATZIM LA	420MG	1.00	34	34
MAVIK	1 MG	1.00	34	34
MAVIK	2 MG	1.00	34	34
MAVIK	4 MG	2.00	68	34
MAXAIR AUTOHALER	200 MCG	0.93	28	30
MAXALT	5 MG	0.40	12	30
MAXALT	10 MG	0.40	12	30
MAXALT MLT	5 MG	0.20	6	30
MAXALT MLT	10 MG	0.20	6	30
MAXIMA		10.00	300	30
MECLIZINE HCL	25 MG	4.00	136	34
MELOXICAM	7.5 MG	1.00	34	34
MELOXICAM	15 MG	2.00	68	34
METADATE CD	10 MG	1.00	34	34
METADATE CD	20 MG	1.00	34	34
METADATE CD	30 MG	1.00	34	34
METADATE CD	40 MG	1.00	34	34
METADATE CD	50 MG	1.00	34	34

South Dakota Max Units List				
Drug Name	Strength	Limit/Day	Max Supply	Max Days
METADATE CD	60 MG	1.00	34	34
METADATE ER	10 MG	2.00	68	34
METADATE ER	20 MG	3.00	102	34
METHOCARBAMOL	500 MG	4.00	136	34
METHOCARBAMOL	750 MG	4.00	136	34
METHYLIN ER	10 MG	2.00	68	34
METHYLIN ER	20 MG	3.00	102	34
METHYLPHENIDATE HCL	18 MG	1.00	34	34
METHYLPHENIDATE HCL	27 MG	1.00	34	34
METHYLPHENIDATE HCL	54 MG	1.00	34	34
METHYLPHENIDATE HCL	36 MG	2.00	68	34
METHYLPHENIDATE SR	20 MG	3.00	102	34
METOPROLOL SUCCINATE	25 MG	1.50	51	34
METOPROLOL SUCCINATE	100 MG	1.50	51	34
METOPROLOL SUCCINATE	50 MG	1.50	51	34
METOZOLV ODT	5 MG	4.00	136	34
METOZOLV ODT	10 MG	4.00	136	34
MEVACOR	20 MG	1.00	34	34
MEVACOR	40 MG	2.00	68	34
MIACALCIN	200/DOSE	0.12	3.7	30
MICARDIS	20 MG	1.00	34	34
MICARDIS	80 MG	1.00	34	34
MICARDIS	40 MG	1.50	51	34
MICARDIS HCT	80-12.5MG	1.00	34	34
MICARDIS HCT	40-12.5MG	1.50	51	34
MICRO		10.00	300	30
MICRODOT		10.00	300	30
MINOCYCLINE HCL	45 MG	0.50	15	30
MINOCYCLINE HCL	90 MG	0.50	15	30
MINOCYCLINE HCL	135 MG	0.50	15	30
MIRTAZAPINE	15 MG	1.00	34	34
MIRTAZAPINE	30 MG	1.00	34	34
MIRTAZAPINE	45 MG	1.00	34	34
MOBIC	7.5 MG	1.00	34	34
MOBIC	15 MG	2.00	68	34
MOEXIPRIL HCL	7.5 MG	1.50	51	34
MYGLUCOHEALTH		10.00	300	30
NAMENDA	5 MG	2.00	60	30
NAMENDA	10 MG	2.00	60	30
NARATRIPTAN HCL	1 MG	0.60	18	30
NARATRIPTAN HCL	2.5 MG	0.60	18	30
NASACORT AQ	55MCG	0.55	16.5	30
NASONEX	50 MCG	0.57	17	30
NEOMYCIN-POLYMYXIN B	40-200K/ML	0.33	10	30
NEOSPORIN G.U. IRRIGANT	40-200K/ML	0.33	10	30

South Dakota Max Units List				
Drug Name	Strength	Limit/Day	Max Supply	Max Days
NEULASTA	6MG/0.6ML	0.09	2.4	28
NEUPOGEN	480MCG/0.8	0.80	27.2	34
NEXAVAR	200 MG	4.00	136	34
NEXIUM	10 MG	1.00	30	30
NEXIUM	20 MG	1.00	30	30
NEXIUM	40 MG	1.00	30	30
NIFEDIAC CC	90 MG	1.00	34	34
NIFEDIAC CC	30 MG	1.00	34	34
NIFEDIAC CC	60 MG	2.00	68	34
NIFEDICAL XL	30 MG	1.00	34	34
NIFEDICAL XL	60 MG	2.00	68	34
NIFEDIPINE ER	90 MG	1.00	34	34
NIFEDIPINE ER	30 MG	1.00	34	34
NIFEDIPINE ER	60 MG	2.00	68	34
NISOLDIPINE	20 MG	1.00	34	34
NISOLDIPINE	40 MG	1.00	34	34
NISOLDIPINE	30 MG	2.00	68	34
NIZATIDINE	150 MG	2.00	68	34
NIZATIDINE	300 MG	2.00	68	34
NON-DROWSY ALLERGY	10 MG	1.00	34	34
NORVASC	2.5 MG	1.00	34	34
NORVASC	5 MG	1.50	51	34
NOVA MAX GLUCOSE TEST STRIPS		10.00	300	30
NOVOLIN 70-30	70-30/ML	1.67	50	30
NOVOLIN 70-30 INNOLET	70-30/ML	1.50	45	30
NOVOLIN N	100/ML	1.50	45	30
NOVOLIN N	100/ML	1.67	50	30
NOVOLIN N INNOLET	100/ML (3)	1.50	45	30
NOVOLIN R	100/ML	2.35	80	34
NOVOLOG	100/ML	1.50	45	30
NOVOLOG	100/ML	1.67	50	30
NOVOLOG	100/ML	2.35	80	34
NOVOLOG MIX 70-30	70-30/ML	1.50	45	30
NOVOLOG MIX 70-30	70-30/ML	1.67	50	30
NOXAFIL	200 MG/5ML	2.68	37.5	14
NPLATE	250 MCG	0.29	8	28
NPLATE	500 MCG	0.29	8	28
OLEPTRO ER	150 MG	1.00	34	34
OLEPTRO ER	300 MG	1.00	34	34
OLUX-E	0.05%	5.88	200	34
OLUX-E	0.05%	5.88	200	34
OMEPRAZOLE	10 MG	2.00	68	34
OMEPRAZOLE	40 MG	2.00	68	34
OMEPRAZOLE	20 MG	4.00	136	34
OMNARIS	50 MCG	0.42	12.5	30

South Dakota Max Units List				
Drug Name	Strength	Limit/Day	Max Supply	Max Days
ONE TOUCH TEST STRIPS		10.00	300	30
ONE TOUCH ULTRA TEST STRIPS		10.00	300	30
ONSOLIS	1200MCG	2.00	68	34
ONSOLIS	200 MCG	2.00	68	34
ONSOLIS	400 MCG	2.00	68	34
ONSOLIS	600 MCG	2.00	68	34
ONSOLIS	800 MCG	2.00	68	34
OPANA	5 MG	6.00	204	34
OPANA	10 MG	6.00	204	34
OPANA ER	7.5 MG	2.00	68	34
OPANA ER	15 MG	2.00	68	34
OPANA ER	30 MG	2.00	68	34
OPANA ER	20 MG	2.00	68	34
OPANA ER	40 MG	2.00	68	34
OPANA ER	5 MG	2.00	68	34
OPTIUM		10.00	300	30
OPTIUM EZ		10.00	300	30
ORACEA	40 MG	1.00	30	30
ORAVIG	50 MG	2.00	68	34
ORENCIA	250 MG	0.11	3	28
OXAPROZIN	600 MG	2.00	68	34
OXAPROZIN	600 MG	2.00	68	34
OXYBUTYNIN CHLORIDE ER	5 MG	1.00	34	34
OXYBUTYNIN CHLORIDE ER	10 MG	2.00	68	34
OXYBUTYNIN CHLORIDE ER	15 MG	2.00	68	34
OXYCODONE HCL	10 MG	6.00	204	34
OXYCODONE HCL	20 MG	6.00	204	34
OXYCODONE HCL	40 MG	6.00	204	34
OXYCODONE HCL	80 MG	6.00	204	34
OXYCODONE HCL-ACETAMINOPHEN	10MG-325MG	12.00	408	34
OXYCODONE HCL-IBUPROFEN	400MG-5MG	0.82	28	34
OXYCONTIN	15 MG	2.00	68	34
OXYCONTIN	30 MG	2.00	68	34
OXYCONTIN	60 MG	2.00	68	34
OXYCONTIN	10 MG	6.00	204	34
OXYCONTIN	20 MG	6.00	204	34
OXYCONTIN	40 MG	6.00	204	34
OXYCONTIN	80 MG	6.00	204	34
OXYMORPHONE HCL	5 MG	6.00	204	34
OXYMORPHONE HCL	10 MG	6.00	204	34
OXYTROL	3.9MG/24HR	0.29	8	28
PANTOPRAZOLE SODIUM	20 MG	1.00	34	34
PANTOPRAZOLE SODIUM	40 MG	2.00	68	34
PAROXETINE HCL	10 MG	1.00	34	34
PAROXETINE HCL	20 MG	1.00	34	34

South Dakota Max Units List				
Drug Name	Strength	Limit/Day	Max Supply	Max Days
PAROXETINE HCL	30 MG	1.00	34	34
PAROXETINE HCL	12.5 MG	1.00	34	34
PAROXETINE HCL	37.5 MG	1.00	34	34
PAROXETINE HCL	10 MG	1.00	34	34
PAROXETINE HCL	25 MG	2.00	68	34
PAROXETINE HCL	40 MG	2.00	68	34
PAROXETINE HCL	10 MG/5 ML	40.00	1,200.00	30
PATADAY	0.20%	0.08	2.5	30
PATANASE	0.60%	1.02	30.5	30
PAXIL	10 MG	1.00	34	34
PAXIL	20 MG	1.00	34	34
PAXIL	30 MG	1.00	34	34
PAXIL	40 MG	2.00	68	34
PAXIL	10 MG/5 ML	40.00	1,200.00	30
PAXIL CR	12.5 MG	1.00	34	34
PAXIL CR	37.5 MG	1.00	34	34
PAXIL CR	25 MG	2.00	68	34
PEGASYS	180MCG/0.5	0.04	1	28
PEGASYS	180MCG/ML	0.14	4	28
PENLAC	8%	0.24	6.6	28
PEPCID	20 MG	2.00	68	34
PEPCID	40 MG	2.00	68	34
PERANEX HC	2 %-2 %	0.01	0.5	34
PERCOCET	10MG-325MG	12.00	408	34
PERINDOPRIL ERBUMINE	2 MG	1.00	34	34
PERINDOPRIL ERBUMINE	4 MG	1.00	34	34
PERINDOPRIL ERBUMINE	8 MG	2.00	68	34
PEXEVA	10 MG	1.00	34	34
PEXEVA	20 MG	1.00	34	34
PEXEVA	30 MG	1.00	34	34
PEXEVA	40 MG	1.00	34	34
PHARMACIST CHOICE		10.00	300	30
PLENDIL	2.5 MG	2.00	68	34
PLENDIL	5 MG	2.00	68	34
PLENDIL	10 MG	2.00	68	34
POCKETCHEM EZ		10.00	300	30
POLYETHYLENE GLYCOL 3350	17G/DOSE	34.13	1,024.00	30
POTASSIUM CHLORIDE	10 MEQ	4.00	136	34
PRAVACHOL	10 MG	1.00	34	34
PRAVACHOL	20 MG	1.00	34	34
PRAVACHOL	40 MG	1.00	34	34
PRAVACHOL	80 MG	1.00	34	34
PRAVASTATIN SODIUM	10 MG	1.00	34	34
PRAVASTATIN SODIUM	20 MG	1.00	34	34
PRAVASTATIN SODIUM	40 MG	1.00	34	34

South Dakota Max Units List				
Drug Name	Strength	Limit/Day	Max Supply	Max Days
PRAVASTATIN SODIUM	80 MG	1.00	34	34
PRECISION PCX		10.00	300	30
PRECISION PCX PLUS		10.00	300	30
PRECISION POINT OF CARE		10.00	300	30
PRECISION Q-I-D		10.00	300	30
PRECISION SOF-TACT		10.00	300	30
PRECISION XTRA		10.00	300	30
PREMARIN	0.625MG/G	1.42	42.5	30
PRESTIGE SMART SYSTEM		10.00	300	30
PRESTIGE TEST STRIPS		10.00	300	30
PREVACID	15 MG	2.00	68	34
PREVACID	30 MG	2.00	68	34
PREVPAC	30-500-500	1.00	14	14
PRILOSEC	10 MG	2.00	68	34
PRILOSEC	40 MG	2.00	68	34
PRILOSEC	20 MG	4.00	136	34
PRIMALEV	2.5-300MG	13.00	442	34
PRIMLEV	5MG-300MG	13.00	442	34
PRIMLEV	7.5-300MG	13.00	442	34
PRIMLEV	10MG-300MG	13.00	442	34
PRINIVIL	5 MG	2.00	68	34
PRINIVIL	10 MG	2.00	68	34
PRINIVIL	20 MG	2.00	68	34
PRINZIDE	10-12.5MG	1.00	34	34
PRISTIQ	50 MG	1.00	34	34
PRISTIQ	100 MG	1.00	34	34
PROAIR HFA	90 MCG	0.50	17	34
PROCARDIA XL	30 MG	1.00	34	34
PROCARDIA XL	90 MG	1.00	34	34
PROCARDIA XL	60 MG	2.00	68	34
PRODIGY		10.00	300	30
PRODIGY AUTOCODE		10.00	300	30
PRODIGY EJECT		10.00	300	30
PRODIGY NO CODING		10.00	300	30
PRODIGY VOICE		10.00	300	30
PROPOXYPHENE NAP-ACETAMINOPHEN	100-325MG	1.00	34	34
PROQUIN XR	500 MG	1.00	3	3
PROTONIX	20 MG	1.00	34	34
PROTONIX	40 MG	2.00	68	34
PROVENTIL HFA	90 MCG	0.39	13.4	34
PROVIGIL	100 MG	1.00	34	34
PROVIGIL	200 MG	1.00	34	34
PROZAC	10 MG	1.00	34	34
PROZAC	40 MG	1.00	34	34
PROZAC	20 MG	8.00	272	34

South Dakota Max Units List				
Drug Name	Strength	Limit/Day	Max Supply	Max Days
PROZAC WEEKLY	90 MG	0.14	4	28
PULMICORT FLEXHALER	180MCG	0.03	1	30
PULMICORT FLEXHALER	90 MCG	0.03	1	30
QUALAQUIN	324 MG	1.00	34	34
QUICKTEK		10.00	300	30
RAMIPRIL	1.25 MG	1.00	34	34
RAMIPRIL	2.5 MG	1.00	34	34
RAMIPRIL	5 MG	1.00	34	34
RAMIPRIL	10 MG	2.00	68	34
RANEXA	500 MG	4.00	136	34
RANITIDINE HCL	150 MG	2.00	68	34
RANITIDINE HCL	300 MG	2.00	68	34
RAZADYNE	4 MG	2.00	68	34
RAZADYNE	8 MG	2.00	68	34
RAZADYNE	12 MG	2.00	68	34
RAZADYNE	4 MG/ML	6.00	180	30
REBIF	22MCG/.5ML	0.21	6	28
REBIF	44MCG/.5ML	0.21	6	28
REFUAH PLUS		10.00	300	30
REGRANEX	0.01%	1.07	30	28
RELION CONFIRM-MICRO		10.00	300	30
RELPAK	20 MG	0.40	12	30
RELPAK	40 MG	0.40	12	30
REMERON	15 MG	1.00	34	34
REMERON	30 MG	1.00	34	34
REMERON	45 MG	1.00	34	34
REMICADE	100 MG	0.18	5	28
REMODULIN	1 MG/ML	0.67	20	30
REMODULIN	2.5 MG/ML	0.67	20	30
REMODULIN	5 MG/ML	0.67	20	30
REMODULIN	10 MG/ML	0.67	20	30
REPREXAIN	5MG-200MG	5.00	170	34
REPREXAIN	10MG-200MG	5.00	170	34
REQUIP XL	12 MG	1.00	34	34
REQUIP XL	4 MG	1.00	34	34
REQUIP XL	2 MG	2.00	68	34
REQUIP XL	8 MG	2.00	68	34
RESTASIS	0.05%	2.00	64	32
RHINOCORT AQUA	32MCG	0.51	17.2	34
RIGHTEST GS100 TEST STRIPS		10.00	300	30
RIGHTEST GS300 TEST STRIPS		10.00	300	30
RIGHTEST GS550 TEST STRIPS		10.00	300	30
RISPERDAL	1 MG/ML	2.00	60	30
RISPERDAL	1 MG	2.00	68	34
RISPERDAL	0.25 MG	2.00	68	34

South Dakota Max Units List				
Drug Name	Strength	Limit/Day	Max Supply	Max Days
RISPERDAL	0.5 MG	2.00	68	34
RISPERDAL	2 MG	2.00	68	34
RISPERDAL	3 MG	2.00	68	34
RISPERDAL	4 MG	2.00	68	34
RISPERDAL CONSTA	25 MG/2 ML	0.07	2	28
RISPERDAL CONSTA	37.5MG/2ML	0.07	2	28
RISPERDAL CONSTA	50 MG/2 ML	0.07	2	28
RISPERDAL CONSTA	12.5MG/2ML	0.07	2	28
RISPERDAL M-TAB	1 MG	2.00	68	34
RISPERDAL M-TAB	2 MG	2.00	68	34
RISPERDAL M-TAB	3 MG	2.00	68	34
RISPERDAL M-TAB	4 MG	2.00	68	34
RISPERDAL M-TAB	0.5 MG	2.00	68	34
RISPERIDONE	1 MG/ML	2.00	60	30
RISPERIDONE	0.25 MG	2.00	68	34
RISPERIDONE	0.5 MG	2.00	68	34
RISPERIDONE	1 MG	2.00	68	34
RISPERIDONE	2 MG	2.00	68	34
RISPERIDONE	3 MG	2.00	68	34
RISPERIDONE	4 MG	2.00	68	34
RISPERIDONE M-TAB	0.5 MG	2.00	68	34
RISPERIDONE M-TAB	1 MG	2.00	68	34
RISPERIDONE M-TAB	2 MG	2.00	68	34
RISPERIDONE M-TAB	3 MG	2.00	68	34
RISPERIDONE M-TAB	4 MG	2.00	68	34
RISPERIDONE ODT	0.5 MG	2.00	68	34
RISPERIDONE ODT	1 MG	2.00	68	34
RISPERIDONE ODT	2 MG	2.00	68	34
RISPERIDONE ODT	3 MG	2.00	68	34
RISPERIDONE ODT	4 MG	2.00	68	34
RITALIN LA	20 MG	1.00	34	34
RITALIN LA	30 MG	1.00	34	34
RITALIN LA	40 MG	1.00	34	34
RITALIN-SR	20 MG	3.00	102	34
ROBAXIN	500 MG	4.00	136	34
ROBAXIN-750	750 MG	4.00	136	34
ROCEPHIN	1 G	4.00	136	34
ROCEPHIN	500 MG	8.00	272	34
SA 6%	6%	13.80	414	30
SALICYLIC ACID	6%	13.33	400	30
SALITOP	6%	13.33	400	30
SANCTURA	20 MG	2.00	68	34
SANCTURA XR	60 MG	1.00	34	34
SANCUSO	3.1MG/24HR	0.12	4	34
SAPHRIS	5 MG	2.00	68	34

South Dakota Max Units List				
Drug Name	Strength	Limit/Day	Max Supply	Max Days
SAPHRIS	10 MG	2.00	68	34
SARAFEM	15 MG	1.00	28	28
SARAFEM	10 MG	2.00	68	34
SARAFEM	20 MG	8.00	272	34
SELFEMRA	10 MG	1.00	34	34
SEREVENT DISKUS	50 MCG	4.00	120	30
SEROQUEL	100 MG	3.00	102	34
SEROQUEL	25 MG	3.00	102	34
SEROQUEL	50 MG	3.00	102	34
SEROQUEL	400 MG	3.00	102	34
SEROQUEL	200 MG	4.00	136	34
SEROQUEL	300 MG	5.00	170	34
SEROQUEL XR	200 MG	1.00	34	34
SEROQUEL XR	300 MG	2.00	68	34
SEROQUEL XR	400 MG	2.00	68	34
SERTRALINE HCL	25 MG	1.00	34	34
SERTRALINE HCL	50 MG	1.50	51	34
SIMCOR	500MG-20MG	2.00	68	34
SIMCOR	750MG-20MG	2.00	68	34
SIMCOR	1000-20MG	2.00	68	34
SIMPONI	50MG/0.5ML	0.02	0.5	28
SIMVASTATIN	5 MG	1.00	34	34
SIMVASTATIN	10 MG	1.00	34	34
SIMVASTATIN	20 MG	1.00	34	34
SIMVASTATIN	40 MG	1.00	34	34
SIMVASTATIN	80 MG	1.00	34	34
SINGULAIR	4 MG	1.00	30	30
SINGULAIR	10 MG	1.00	34	34
SINGULAIR	5 MG	1.00	34	34
SMART CARESENS N		10.00	300	30
SMARTDIABETES XPRES		10.00	300	30
SMARTTEST TEST		10.00	300	30
SOF-TACT		10.00	300	30
SOLO V2 TEST STRIPS		10.00	300	30
SOLODYN	45 MG	0.50	15	30
SOLODYN	90 MG	0.50	15	30
SOLODYN	135 MG	0.50	15	30
SOLODYN	55 MG	1.00	34	34
SOLODYN	80 MG	1.00	34	34
SOLODYN	105 MG	1.00	34	34
SOMA	250 MG	3.00	102	34
SONATA	5 MG	1.00	34	34
SONATA	10 MG	2.00	68	34
STELARA	45MG/0.5ML	0.01	0.5	90
STELARA	90 MG/ML	0.01	1	90

South Dakota Max Units List				
Drug Name	Strength	Limit/Day	Max Supply	Max Days
STRATTERA	60 MG	1.00	34	34
STRATTERA	80 MG	1.00	34	34
STRATTERA	100 MG	1.00	34	34
STRATTERA	10 MG	2.00	68	34
STRATTERA	25 MG	2.00	68	34
STRATTERA	40 MG	2.00	68	34
STRATTERA	18 MG	2.00	68	34
SUBOXONE	2 MG-0.5MG	2.00	68	34
SUBOXONE	8 MG-2 MG	2.00	68	34
SUBUTEX	2 MG	3.00	102	34
SUBUTEX	8 MG	3.00	102	34
SULAR	40 MG	1.00	34	34
SULAR	30 MG	2.00	68	34
SUMATRIPTAN	20 MG	0.40	12	30
SUMATRIPTAN	5 MG	0.40	12	30
SUMATRIPTAN SUCCINATE	6 MG/0.5ML	0.10	3	30
SUMATRIPTAN SUCCINATE	25 MG	0.60	18	30
SUMATRIPTAN SUCCINATE	50 MG	0.60	18	30
SUMATRIPTAN SUCCINATE	100 MG	0.60	18	30
SURE EDGE TEST STRIPS		10.00	300	30
SURECHEK TEST STRIPS		10.00	300	30
SURESTEP		10.00	300	30
SURESTEP PRO		10.00	300	30
SURE-TEST EASYPLUS MINI		10.00	300	30
SYMBICORT	160-4.5MCG	0.34	10.2	30
SYMBICORT	80-4.5MCG	0.34	10.2	30
SYMBYAX	6MG-25MG	1.00	34	34
SYMBYAX	12MG-25MG	1.00	34	34
SYMBYAX	6MG-50MG	1.00	34	34
SYMBYAX	12MG-50MG	1.00	34	34
TACLONEX	0.005-.064	1.76	60	34
TAMIFLU	75 MG	1.43	10	7
TAMIFLU	45 MG	2.00	10	5
TAMIFLU	30 MG	2.00	10	5
TAVIST ND	10 MG	1.00	34	34
TAZTIA XT	120 MG	1.00	34	34
TAZTIA XT	180 MG	1.00	34	34
TAZTIA XT	240 MG	1.00	34	34
TAZTIA XT	300 MG	1.00	34	34
TAZTIA XT	360 MG	1.00	34	34
TEKTRNA	150 MG	1.00	34	34
TEKTRNA	300 MG	1.00	34	34
TEKTRNA HCT	150-12.5MG	1.00	34	34
TEKTRNA HCT	150MG-25MG	1.00	34	34
TEKTRNA HCT	300-12.5MG	1.00	34	34

South Dakota Max Units List				
Drug Name	Strength	Limit/Day	Max Supply	Max Days
TEKTURN HCT	300MG-25MG	1.00	34	34
TERAZOSIN HCL	1 MG	1.00	34	34
TERAZOSIN HCL	5 MG	1.00	34	34
TERAZOSIN HCL	2 MG	2.00	68	34
TERAZOSIN HCL	10 MG	2.00	68	34
TEST STRIPS		10.00	300	30
TIAZAC	120 MG	1.00	34	34
TIAZAC	180 MG	1.00	34	34
TIAZAC	240 MG	1.00	34	34
TIAZAC	300 MG	1.00	34	34
TIAZAC	360 MG	1.00	34	34
TIAZAC	420MG	1.00	34	34
TIZANIDINE HCL	2 MG	2.50	85	34
TOPROL XL	25 MG	1.50	51	34
TOPROL XL	50 MG	1.50	51	34
TOPROL XL	100 MG	1.50	51	34
TRAMADOL HCL	50 MG	8.00	272	34
TRAMADOL HCL-ACETAMINOPHEN	37.5-325MG	10.00	340	34
TRANDOLAPRIL	1 MG	1.00	34	34
TRANDOLAPRIL	2 MG	1.00	34	34
TRANDOLAPRIL	4 MG	2.00	68	34
TRIAMCINOLONE ACETONIDE	55MCG	0.55	16.5	30
TRIBENZOR	20-5-12.5	1.00	34	34
TRIBENZOR	40-5-12.5	1.00	34	34
TRIBENZOR	40-5-25 MG	1.00	34	34
TRIBENZOR	40-10-12.5	1.00	34	34
TRIBENZOR	40-10-25MG	1.00	34	34
TROSPIUM CHLORIDE	20 MG	2.00	68	34
TRUETEST TEST STRIPS		10.00	300	30
TRUETRACK SMART SYSTEM		10.00	300	30
TUSSIONEX	10-8MG/5ML	10.00	300	30
TWYNSTA	40 MG-5 MG	1.00	34	34
TWYNSTA	40MG-10MG	1.00	34	34
TWYNSTA	80 MG-5 MG	1.00	34	34
TWYNSTA	80 MG-10MG	1.00	34	34
TYSABRI	300MG/15ML	15.00	15	1
TYZEKA	600 MG	1.00	34	34
ULTIMA		10.00	300	30
ULTRACET	37.5-325MG	10.00	340	34
ULTRAM	50 MG	8.00	272	34
ULTRATRAK		10.00	300	30
ULTRATRAK PRO		10.00	300	30
ULTRATRAK ULTIMATE		10.00	300	30
UNIVASC	7.5 MG	1.50	51	34
UREA	50%	0.35	12	34

South Dakota Max Units List				
Drug Name	Strength	Limit/Day	Max Supply	Max Days
UREA	42%	1.00	30	30
UROXATRAL	10 MG	1.00	34	34
VALTURNA	150-160MG	1.00	34	34
VALTURNA	300-320MG	1.00	34	34
VALUSTRIP TEST STRIPS		10.00	300	30
VELETRI	1.5 MG	2.00	56	28
VENLAFAXINE HCL	100 MG	2.00	68	34
VENLAFAXINE HCL	25 MG	3.00	102	34
VENLAFAXINE HCL	37.5 MG	3.00	102	34
VENLAFAXINE HCL	50 MG	3.00	102	34
VENLAFAXINE HCL	75 MG	3.00	102	34
VENLAFAXINE HCL ER	37.5 MG	1.00	34	34
VENLAFAXINE HCL ER	75 MG	1.00	34	34
VENLAFAXINE HCL ER	150 MG	2.00	68	34
VENTAVIS	10 MCG/ML	6.00	204	34
VENTOLIN HFA	90 MCG	0.47	16	34
VENTOLIN HFA	90 MCG	0.80	24	30
VENTOLIN HFA	90 MCG	1.06	36	34
VERAMYST	27.5MCG	0.33	10	30
VERAPAMIL ER	240 MG	2.00	68	34
VERAPAMIL ER	120 MG	2.00	68	34
VERAPAMIL ER	180 MG	2.00	68	34
VERAPAMIL ER PM	100 MG	2.00	68	34
VERAPAMIL ER PM	200 MG	2.00	68	34
VERAPAMIL ER PM	300 MG	2.00	68	34
VERAPAMIL HCL	240 MG	2.00	68	34
VERAPAMIL HCL	120 MG	2.00	68	34
VERAPAMIL HCL	180 MG	2.00	68	34
VERAPAMIL HCL	360 MG	2.00	68	34
VERDESO	0.05%	1.47	50	34
VERDESO	0.05%	2.94	100	34
VERELAN	180 MG	2.00	68	34
VERELAN	120 MG	2.00	68	34
VERELAN	240 MG	2.00	68	34
VERELAN	360 MG	2.00	68	34
VERELAN PM	100 MG	2.00	68	34
VERELAN PM	200 MG	2.00	68	34
VERELAN PM	300 MG	2.00	68	34
VICODIN ES	7.5-750MG	5.00	170	34
VICODIN HP	10-660MG	6.00	204	34
VICTORY		10.00	300	30
VIGAMOX	0.50%	0.43	3	7
VIMOVO	375MG-20MG	2.00	68	34
VIMOVO	500MG-20MG	2.00	68	34
VOCAL POINT		10.00	300	30

South Dakota Max Units List				
Drug Name	Strength	Limit/Day	Max Supply	Max Days
VOLTAREN	0.10%	0.08	2.5	30
VUSION	0.25 %-15%	1.00	50	50
VYTORIN	10MG-10MG	1.00	34	34
VYTORIN	10MG-20MG	1.00	34	34
VYTORIN	10MG-40MG	1.00	34	34
VYTORIN	10MG-80MG	1.00	34	34
VYVANSE	20 MG	1.00	34	34
VYVANSE	30 MG	1.00	34	34
VYVANSE	40 MG	1.00	34	34
VYVANSE	50 MG	1.00	34	34
VYVANSE	60 MG	1.00	34	34
VYVANSE	70 MG	1.00	34	34
WAVESENSE AMP		10.00	300	30
WAVESENSE JAZZ		10.00	300	30
WAVESENSE PRESTO		10.00	300	30
WELLBUTRIN XL	150 MG	1.00	34	34
WELLBUTRIN XL	300 MG	1.00	34	34
XALATAN	0.01%	0.09	2.5	28
XANAX XR	0.5 MG	1.00	34	34
XANAX XR	1 MG	1.00	34	34
XANAX XR	2 MG	1.00	34	34
XANAX XR	3 MG	1.00	34	34
XOLAIR	150 MG	0.07	2	28
XOLEGEL	2%	0.50	15	30
XOPENEX HFA	45MCG	1.50	45	30
XYREM	500MG/ML	18.00	540	30
XYZAL	5 MG	1.00	34	34
XYZAL	2.5 MG/5ML	5.00	170	34
ZALEPLON	5 MG	1.00	34	34
ZALEPLON	10 MG	2.00	68	34
ZANAFLEX	2 MG	2.50	85	34
ZANTAC	150 MG	2.00	68	34
ZANTAC	300 MG	2.00	68	34
ZAVESCA	100 MG	3.00	102	34
ZELAPAR	1.25 MG	2.00	68	34
ZESTORETIC	10-12.5MG	1.00	34	34
ZESTRIL	5 MG	2.00	68	34
ZESTRIL	10 MG	2.00	68	34
ZESTRIL	20 MG	2.00	68	34
ZESTRIL	40 MG	2.00	68	34
ZESTRIL	2.5 MG	2.00	68	34
ZETIA	10 MG	1.00	34	34
ZOCOR	80 MG	1.00	34	34
ZOCOR	5 MG	1.00	34	34
ZOCOR	10 MG	1.00	34	34

South Dakota Max Units List				
Drug Name	Strength	Limit/Day	Max Supply	Max Days
ZOCOR	20 MG	1.00	34	34
ZOCOR	40 MG	1.00	34	34
ZOCOR	40 MG	1.00	34	34
ZOLINZA	100 MG	1.00	34	34
ZOLOFT	25 MG	1.00	34	34
ZOLOFT	50 MG	1.50	51	34
ZOLPIDEM TARTRATE	6.25 MG	1.00	34	34
ZOLPIDEM TARTRATE	12.5 MG	1.00	34	34
ZOLPIDEM TARTRATE	5 MG	1.50	51	34
ZOLPIDEM TARTRATE	10 MG	2.00	68	34
ZOMIG	2.5 MG	0.40	12	30
ZOMIG	5 MG	0.40	12	30
ZOMIG ZMT	5 MG	0.20	6	30
ZOMIG ZMT	2.5 MG	0.40	12	30
ZYFLO	600 MG	4.00	136	34
ZYFLO CR	600 MG	4.00	136	34
ZYMAR	0.30%	0.71	5	7
ZYPREXA	10 MG	0.07	2	30
ZYPREXA	2.5 MG	2.00	68	34
ZYPREXA	5 MG	2.00	68	34
ZYPREXA	7.5 MG	2.00	68	34
ZYPREXA	10 MG	2.00	68	34
ZYPREXA	15 MG	2.00	68	34
ZYPREXA	20 MG	2.00	68	34
ZYPREXA RELPREVV	210 MG	0.07	2	28
ZYPREXA RELPREVV	300 MG	0.07	2	28
ZYPREXA RELPREVV	405 MG	0.07	2	28
ZYPREXA ZYDIS	5 MG	2.00	68	34
ZYPREXA ZYDIS	10 MG	2.00	68	34
ZYPREXA ZYDIS	15 MG	2.00	68	34
ZYPREXA ZYDIS	20 MG	2.00	68	34
ZYVOX	600 MG	2.00	28	14