## Quantity Limits

superior healthplan

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| ACE INHIBITORS | CAPTOPRIL TABS 25 MG, 50 MG, 100 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ACE INHIBITORS | MOEXIPRIL HCL TABS 7.5MG, 15MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ACE INHIBITORS | PERINDOPRIL ERBUMINE TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| ACE INHIBITORS | QUINAPRIL HCL TABS 5 MG, 10 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ACE INHIBITORS | TRANDOLAPRIL TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| ACNE PRODUCTS | ABSORICA CAPS 10 MG, 20 MG, 30 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ACNE PRODUCTS | ABSORICA CAPS 40 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| ACNE PRODUCTS | ISOTRETINOIN CAPS 10 MG, 20 MG, 30 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ACNE PRODUCTS | ISOTRETINOIN CAPS 40 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| ACNE PRODUCTS | SULFACETAMIDE SODIUM (ACNE) LOTN | TOPICAL DOSE LIMIT | 120 ML PER 10 DAYS |
| ALPHA-2 RECEPTOR ANTAGONISTS | MIRTAZAPINE TABS 15 MG, 7.5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ALPHA-2 RECEPTOR ANTAGONISTS | MIRTAZAPINE TABS 30 MG, 45 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ALPHA-2 RECEPTOR ANTAGONISTS | MIRTAZAPINE TABS ORAL DISINTEGRATING 15 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ALPHA-2 RECEPTOR ANTAGONISTS | MIRTAZAPINE TABS ORAL DISINTEGRATING 30 MG, 45 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ALPHA-BETA BLOCKERS | COREG (CARVEDILOL) CR 24 HOUR CAPSULES 10MG, 20MG, 40MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ALPHA-BETA BLOCKERS | COREG (CARVEDILOL) CR 24 HOUR CAPSULES 80 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ALPHA-BETA BLOCKERS | LABETALOL HCL TABS 300 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| ALPHA-GLUCOSIDASE INHIBITORS | GLYSET TABS (MIGLITOL) | DAILY DOSAGE | 3 TABLETS PER DAY |
| AMINOGLYCOSIDES | BETHKIS NEBU | INHALATION DOSE LIMIT | 4 DOSES PER DAY |
| AMINOGLYCOSIDES | KITABIS PAK NEBU | INHALATION DOSE LIMIT | 280 ML PER 56 DAYS |
| AMINOGLYCOSIDES | TOBI PODHALER CAPS | INHALATION DOSE LIMIT | 4 DOSES PER DAY |
| AMINOGLYCOSIDES | TOBRAMYCIN NEBU | INHALATION DOSE LIMIT | 280 ML PER 56 DAYS |
| AMPHETAMINES | ADDERALL (AMPHETAMINE-DEXTROAMPHETAMINE) TABS 10 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| AMPHETAMINES | ADDERALL (AMPHETAMINE-DEXTROAMPHETAMINE) TABS 12.5 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| AMPHETAMINES | ADDERALL (AMPHETAMINE-DEXTROAMPHETAMINE) TABS 15 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| AMPHETAMINES | ADDERALL (AMPHETAMINE-DEXTROAMPHETAMINE) TABS 20 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| AMPHETAMINES | ADDERALL (AMPHETAMINE-DEXTROAMPHETAMINE) TABS 30 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| AMPHETAMINES | ADDERALL (AMPHETAMINE-DEXTROAMPHETAMINE) TABS 5 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| AMPHETAMINES | ADDERALL (AMPHETAMINE-DEXTROAMPHETAMINE) TABS 7.5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |

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|---|---|---|---|
| AMPHETAMINES | ADDERALL XR (AMPHETAMINE-DEXTROAMPHETAMINE) 24 HOUR CAPS 15MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| AMPHETAMINES | ADDERALL XR (AMPHETAMINE-DEXTROAMPHETAMINE) 24 HOUR CAPS 20 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| AMPHETAMINES | ADDERALL XR (AMPHETAMINE-DEXTROAMPHETAMINE) 24 HOUR CAPS 25 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| AMPHETAMINES | ADDERALL XR (AMPHETAMINE-DEXTROAMPHETAMINE) 24 HOUR CAPS 30 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| AMPHETAMINES | ADDERALL XR (AMPHETAMINE-DEXTROAMPHETAMINE) 24 HOUR CAPS 5 MG, 10 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| AMPHETAMINES | DESOXYN (METHAMPHETAMINE HCL) TABS | DAILY DOSAGE | 5 TABLETS PER DAY |
| AMPHETAMINES | DEXEDRINE (DEXTROAMPHETAMINE SULFATE) CAPS 24 HOUR 5MG, 10MG, 15MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| AMPHETAMINES | DEXTROAMPHETAMINE SULFATE SOLN 5 MG/5ML | ORAL DOSE LIMIT | 60 ML PER DAY |
| AMPHETAMINES | DEXTROAMPHETAMINE SULFATE TABS 10 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| AMPHETAMINES | DEXTROAMPHETAMINE SULFATE TABS 5 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| AMPHETAMINES | VYVANSE CAPS 20 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| AMPHETAMINES | VYVANSE CAPS 30 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| AMPHETAMINES | VYVANSE CAPS 40 MG, 50 MG, 60 MG, 70 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| AMPHETAMINES | VYVANSE CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANALEPTICS | CAFFEINE CITRATE SOLN OR | QUANTITY LIMIT<br>FILL FREQUENCY | 2 FILLS PER 365 DAYS;<br>45ML PER 15 DAYS RETAIL |
| ANALGESIC COMBINATIONS | BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAPS 325MG-50MG-40MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ANALGESIC COMBINATIONS | BUTALBITAL-ASPIRIN-CAFFEINE CAPS | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ANALGESIC COMBINATIONS | FIORINAL CAPS (BUTALBITAL-ASPIRIN-CAFFEINE) | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ANAPHYLAXIS THERAPY AGENTS | EPINEPHRINE (ANAPHYLAXIS) SOLN AUTO INJECTOR 0.15 MG/0.3ML, 0.3 MG/0.3ML | FILL FREQUENCY | 2 DEVICES PER 30 DAYS |
| ANAPHYLAXIS THERAPY AGENTS | EPIPEN 2-PAK SOLN AUTO INJECTOR | FILL FREQUENCY | 2 DEVICES PER 30 DAYS |
| ANAPHYLAXIS THERAPY AGENTS | EPIPEN-JR 2-PAK SOLN AUTO INJECTOR | FILL FREQUENCY | 2 DEVICES PER 30 DAYS |
| ANDROGENS | ANDRODERM PATCH 24 HOUR, 2MG/24HR, 4MG/24HR | TOPICAL DOSE LIMIT | 1 PATCH PER DAY |
| ANESTHETICS TOPICAL ORAL | LIDOCAINE HCL (MOUTH-THROAT) SOLN | ORAL DOSE LIMIT | 100 ML PER 10 DAYS |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | ATACAND (CANDESARTAN CILEXETIL) TABS 32 MG | DAILY DOSAGE | 1 TABLET PER DAY |

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|---|---|---|---|
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | ATACAND (CANDESARTAN CILEXETIL) TABS 4 MG, 8 MG, 16 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | BENICAR (OLMESARTAN MEDOXOMIL) 40 MG TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | BENICAR (OLMESARTAN MEDOXOMIL) 5MG, 20MG TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | DIOVAN (VALSARTAN) TABS 40 MG, 80 MG, 160 MG, 320 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | EDARBI (AZILSARTAN MEDOXOMIL) TABS 40MG, 80MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | EPROSARTAN MESYLATE TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | MICARDIS (TELMISARTAN) TABS 40MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | MICARDIS (TELMISARTAN) TABS 80MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIADRENERGIC ANTIHYPERTENSIVES | CATAPRES-TTS-1 PTWK (CLONIDINE HCL) | TOPICAL DOSE LIMIT | 4 PATCHES PER 28 DAYS |
| ANTIADRENERGIC ANTIHYPERTENSIVES | CATAPRES-TTS-2 PTWK (CLONIDINE HCL) | TOPICAL DOSE LIMIT | 4 PATCHES PER 28 DAYS |
| ANTIADRENERGIC ANTIHYPERTENSIVES | CATAPRES-TTS-3 PTWK (CLONIDINE HCL) | TOPICAL DOSE LIMIT | 4 PATCHES PER 28 DAYS |
| ANTIADRENERGIC ANTIHYPERTENSIVES | CLONIDINE HCL PTWK TD 0.1 MG/24HR, 0.2 MG/24HR, 0.3 MG/24HR | TOPICAL DOSE LIMIT | 4 PATCHES PER 28 DAYS |
| ANTIANXIETY AGENTS - MISC. | BUSPIRONE HCL TABS 5 MG, 10 MG, 15 MG, 30 MG, 7.5 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTICONVULSANTS - BENZODIAZEPINES | CLONAZEPAM TABS 0.5 MG, 1 MG, 2 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTICONVULSANTS - BENZODIAZEPINES | CLONAZEPAM TBDP 0.125 MG, 0.25 MG, 0.5 MG, 1 MG, 2 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTICONVULSANTS - BENZODIAZEPINES | DIASTAT ACUDIAL GEL 10 MG | TOPICAL DOSE LIMIT | 4 DOSES PER 30 DAYS |
| ANTICONVULSANTS - BENZODIAZEPINES | DIASTAT ACUDIAL GEL 20 MG | QUANTITY LIMIT<br>FILL FREQUENCY | 8 DOSES PER 30 DAYS |
| ANTICONVULSANTS - BENZODIAZEPINES | DIASTAT PEDIATRIC GEL | FILL FREQUENCY | 1 KIT PER FILL |
| ANTICONVULSANTS - BENZODIAZEPINES | DIAZEPAM RECTAL GEL 10 MG | TOPICAL DOSE LIMIT | 4 DOSES PER 30 DAYS |
| ANTICONVULSANTS - BENZODIAZEPINES | DIAZEPAM RECTAL GEL 2.5 MG | FILL FREQUENCY | 1 KIT PER FILL |
| ANTICONVULSANTS - BENZODIAZEPINES | DIAZEPAM RECTAL GEL GEL 20 MG | QUANTITY LIMIT<br>FILL FREQUENCY | 8 DOSES PER 30 DAYS |
| ANTICONVULSANTS - BENZODIAZEPINES | KLONOPIN TABS 0.5 MG, 1 MG, 2 MG (CLONAZEPAM) | DAILY DOSAGE | 4 TABLETS PER DAY |

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|---|---|---|---|
| ANTICONVULSANTS - BENZODIAZEPINES | ONFI TABS 10 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTICONVULSANTS - BENZODIAZEPINES | ONFI TABS 20 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | BANZEL SUSP 40 MG/ML | ORAL DOSE LIMIT | 80 ML PER DAY |
| ANTICONVULSANTS - MISC. | BANZEL TABS 200 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | BANZEL TABS 400 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | CARBATROL (CARBAMAZEPINE) CP12 200 MG | DAILY DOSAGE | 6 CAPSULES PER DAY |
| ANTICONVULSANTS - MISC. | CARBATROL (CARBAMAZEPINE) CP12 300 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ANTICONVULSANTS - MISC. | KEPPRA (LEVETIRACETAM) SOLN OR 100 MG/ML | ORAL DOSE LIMIT | 30 ML PER DAY |
| ANTICONVULSANTS - MISC. | KEPPRA (LEVETIRACETAM) TABS OR 1000 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | KEPPRA (LEVETIRACETAM) TABS OR 750 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | KEPPRA (LEVETIRACETAM) XR TB24 | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LAMICTAL (LAMOTRIGINE) CHEWABLE DISPERSIBLE CHEW 25 MG | DAILY DOSAGE | 20 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LAMICTAL (LAMOTRIGINE) CHEWABLE DISPERSIBLE CHEW 5 MG | DAILY DOSAGE | 100 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LAMICTAL (LAMOTRIGINE) ORAL DISINTEGRATING TABLET KIT | DAILY DOSAGE | 20 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LAMICTAL (LAMOTRIGINE) ORAL DISINTEGRATING TBDP 100 MG | DAILY DOSAGE | 5 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LAMICTAL (LAMOTRIGINE) ORAL DISINTEGRATING TBDP 200 MG | DAILY DOSAGE | 2.5 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LAMICTAL (LAMOTRIGINE) ORAL DISINTEGRATING TBDP 25 MG | DAILY DOSAGE | 20 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LAMICTAL (LAMOTRIGINE) ORAL DISINTEGRATING TBDP 50 MG | DAILY DOSAGE | 10 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LAMICTAL (LAMOTRIGINE) TABS 100 MG | DAILY DOSAGE | 5 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LAMICTAL (LAMOTRIGINE) TABS 150 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LAMICTAL (LAMOTRIGINE) TABS 200 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LAMICTAL (LAMOTRIGINE) TABS 25 MG | DAILY DOSAGE | 20 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LAMICTAL (LAMOTRIGINE) XR TB24 100 MG | DAILY DOSAGE | 5 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LAMICTAL (LAMOTRIGINE) XR TB24 200 MG, 300 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LAMICTAL (LAMOTRIGINE) XR TB24 25 MG | DAILY DOSAGE | 20 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LAMICTAL (LAMOTRIGINE) XR TB24 50 MG | DAILY DOSAGE | 10 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (LAMOTRIGINE) | DAILY DOSAGE | 20 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (LAMOTRIGINE) | DAILY DOSAGE | 20 TABLETS PER DAY |

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|---|---|---|---|
| ANTICONVULSANTS - MISC. | LAMICTAL STARTER/TAKING VALPROATE KIT (LAMOTRIGINE) | DAILY DOSAGE | 20 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LYRICA CAPS 225 MG, 300 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTICONVULSANTS - MISC. | LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| ANTICONVULSANTS - MISC. | NEURONTIN (GABAPENTIN) SOLN 250 MG/5ML | ORAL DOSE LIMIT | 60 ML PER DAY |
| ANTICONVULSANTS - MISC. | NEURONTIN (GABAPENTIN) TABS 800 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | TEGRETOL XR (CARBAMAZEPINE) TB12 200 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | TEGRETOL XR (CARBAMAZEPINE) TB12 400 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | TOPAMAX (TOPIRAMATE) SPRINKLE CPSP 15 MG | DAILY DOSAGE | 6 CAPSULES PER DAY |
| ANTICONVULSANTS - MISC. | TOPAMAX (TOPIRAMATE) SPRINKLE CPSP 25 MG | DAILY DOSAGE | 8 CAPSULES PER DAY |
| ANTICONVULSANTS - MISC. | TOPAMAX (TOPIRAMATE) TABS 100 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | TOPAMAX (TOPIRAMATE) TABS 200 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | TRILEPTAL (OXCARBAZEPINE) SUSP 60 MG/ML, 300 MG/5ML | ORAL DOSE LIMIT | 40 ML PER DAY |
| ANTICONVULSANTS - MISC. | TRILEPTAL (OXCARBAZEPINE) TABS 600 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | VIMPAT SOLN 10 MG/ML | ORAL DOSE LIMIT | 40 ML PER DAY |
| ANTICONVULSANTS - MISC. | VIMPAT TABS 50 MG, 100 MG, 150 MG, 200 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | ZONISAMIDE CAPS 100 MG | DAILY DOSAGE | 6 CAPSULES PER DAY |
| ANTIDEMENTIA AGENTS | ARICEPT (DONEPEZIL HCL) ORAL DISINTEGRATING TABLET 5MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDEMENTIA AGENTS | EXELON (RIVASTIGMINE TARTRATE) CAPS 1.5MG, 3MG, 4.5MG, 6MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIDEMENTIA AGENTS | NAMENDA (MEMANTINE HCL) SOLN 10 MG/5ML | ORAL DOSE LIMIT | 10 ML PER DAY |
| ANTIDEMENTIA AGENTS | RAZADYNE (GALANTAMINE HYDROBROMIDE) ER CAPS 8MG, 24MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIDEMENTIA AGENTS | RAZADYNE (GALANTAMINE HYDROBROMIDE) ORAL SOLN 4MG/ML | ORAL DOSE LIMIT | 6 ML PER DAY |
| ANTIDEMENTIA AGENTS | RAZADYNE (GALANTAMINE HYDROBROMIDE) TABS 4MG, 8MG, 12MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDEMENTIA AGENTS | RIVASTIGMINE PT24 4.6 MG/24HR, 9.5 MG/24HR | DAILY DOSAGE | 1 PATCH PER DAY |
| ANTIDEPRESSANTS - MISC. | APLENZIN 522MG TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDEPRESSANTS - MISC. | BUPROPION HCL TABS 100 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTIDEPRESSANTS - MISC. | BUPROPION HCL TABS 75 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| ANTIDEPRESSANTS - MISC. | BUPROPION HCL TB12 100 MG, 150 MG, 200 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDEPRESSANTS - MISC. | BUPROPION HCL TB24 150 MG, 300 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC - AMYLIN ANALOGS | SYMLIN PEN | QUANTITY LIMIT FILL FREQUENCY | 2 BOXES PER 30 DAYS |
| ANTIDIABETIC COMBINATIONS | ACTOPLUS MET (PIOGLITAZONE-METFORMIN) TAB 15MG-500MG, 15MG-850MG | DAILY DOSAGE | 2 TABLETS PER DAY |

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|---|---|---|---|
| ANTIDIABETIC COMBINATIONS | ACTOPLUS MET XR TAB (PIOGLITAZONE-METFORMIN) | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC COMBINATIONS | DUETACT (PIOGLITAZONE HCL-GLIMIPIRIDE) TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC COMBINATIONS | GLIPIZIDE/METFORMIN HCL TABS 2.5MG-250MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDIABETIC COMBINATIONS | JANUMET TABS 50MG-500MG, 50MG-1000MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDIABETIC COMBINATIONS | JANUMET XR TB24 50MG-1000MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDIABETIC COMBINATIONS | JANUMET XR TB24 50MG-500MG, 100MG-1000MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC COMBINATIONS | JENTADUETO TABS 2.5MG-500MG, 2.5MG-850MG, 2.5MG-1000MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDIABETIC COMBINATIONS | KOMBIGLYZE XR TB24 2.5MG-1000MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDIABETIC COMBINATIONS | KOMBIGLYZE XR TB24 5MG-500MG, 5MG-1000MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC COMBINATIONS | REPAGLINIDE/METFORMIN HYDROCHLORIDE TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHISTAMINES-PHENOTHIAZINES | PROMETHAZINE HCL SUPP RECTAL 12.5MG, 25MG | QUANTITY LIMIT<br>FILL FREQUENCY | 12 UNITS PER 2 DAYS |
| ANTIHISTAMINES-PHENOTHIAZINES | PROMETHAZINE HCL SUPP RECTAL 50MG | QUANTITY LIMIT | 12 UNITS PER FILL |
| ANTIHYPERLIPIDEMICS-COMBINATIONS | VYTORIN (EZETIMIBE-SIMVASTATIN) TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERLIPIDEMICS-MISC | LOVAZA (OMEGA-3 ACID ETHYL ESTERS) | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | AMLODIPINE BESYLATE-BENAZEPRIL HCL CAPS 2.5MG-10MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | AMLODIPINE BESYLATE-VALSARTAN TABS 160MG-5MG, 320MG-5MG, 160MG-10MG, 320MG-10MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | AMLODIPINE-OLMESARTAN TABS 20MG-5MG, 40-5MG, 20MG-10MG, 40MG-10MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TABS 160MG-10MG-25MG, 320MG-10MG-25MG, 160MG-10MG-12.5MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | BENAZEPRIL-HYDROCHLOROTHIAZIDE TABS 20MG-25MG, 10MG-12.5MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TABS 16MG-12.5MG, 32MG-12.5MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | CAPTOPRIL/HYDROCHLOROTHIAZIDE TABS 25MG-25MG, 50MG-25MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | CAPTOPRIL/HYDROCHLOROTHIAZIDE TABS 50MG-15MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | CLONIDINE/CHLORTHALIDONE 0.1MG, 0.2MG, 0.3MG-15MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | EDARBYCLOR (AZILSARTAN-HYDROCHLOROTHIAZIDE) TABS | DAILY DOSAGE | 1 TABLET PER DAY |

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|---|---|---|---|
| ANTIHYPERTENSIVE COMBINATIONS | ENALAPRIL-HYDROCHLOROTHIAZIDE TABS 5-12.5MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | FOSINOPRIL/HYDROCHLOROTHIAZIDE TABS 10MG-12.5MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | FOSINOPRIL/HYDROCHLOROTHIAZIDE TABS 20MG-12.5MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | METHYLDOPA/HYDROCHLOROTHIAZIDE TABS 250MG-15MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | METHYLDOPA/HYDROCHLOROTHIAZIDE TABS 250MG-25MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | METOPROLOL-HYDROCHLOROTHIAZIDE TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | MOEXIPRIL-HYDROCHLOROTHIAZIDE TABS 15MG-12.5MG, 7.5MG-12.5MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | MOEXIPRIL-HYDROCHLOROTHIAZIDE TABS 15MG-25MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | NADOLOL-BENDROFLUMETHIAZIDE TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | OLMESARTAN HYDROCHLORTHIAZIDE TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | PROPRANOLOL-HYDROCHLOROTHIAZIDE TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | QUINAPRIL-HYDROCHLORTHIAZIDE TABS 20MG-25MG, 10-12.5MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | QUINAPRIL-HYDROCHLORTHIAZIDE TABS 20MG-12.5MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | TELMISARTAN-AMLODIPINE TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | TELMISARTAN-HYDROCHLOROTHIAZIDE TABS 80MG-12.5MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | TELMISARTAN-HYDROCHLOROTHIAZIDE TABS 80MG-25MG, 40MG-12.5MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | TRANDOLAPRIL-VERAPAMIL HCL TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | VALSARTAN-HYDROCHLOROTHIAZIDE TABS 160MG-25MG, 320MG-25MG, 80MG-12.5MG, 160MG-12.5MG, 320MG-12.5MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTI-INFECTIVE AGENTS - MISC. | VANCOMYCIN HCL SOLR IV 1000 MG | DAILY DOSAGE | 14 DOSES PER FILL |
| ANTI-INFECTIVE AGENTS - MISC. | VANCOMYCIN HCL SOLR IV 500 MG | DAILY DOSAGE | 14 DOSES PER 30 DAYS |
| ANTI-INFLAMMATORY AGENTS- TOPICAL | DICLOFENAC SODIUM (TOPICAL) GEL | QUANTITY LIMIT<br>FILL FREQUENCY | 1 TUBE (100 GRAMS) PER 30 DAYS |
| ANTIMALARIALS | CHLOROQUINE PHOSPHATE TABS 250 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIMALARIALS | CHLOROQUINE PHOSPHATE TABS 500 MG | QUANTITY LIMIT<br>FILL FREQUENCY | 8 TABLETS PER 56 DAYS |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | DEPO-PROVERA (MEDROXYPROGESTERONE) SUSP | INJECTABLE DOSE LIMIT | 1 DOSE (2.5ML )PER FILL |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | FLUOROURACIL CREAM (EFUDEX) TOPICAL | TOPICAL DOSE LIMIT | 1 TUBE (40 GRAMS) PER 28 DAYS |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | FLUOROURACIL SOLN EX 2 %, 5 % | TOPICAL DOSE LIMIT | 10 ML PER 14 DAYS |
| ANTI-OBESITY AGENTS | XENICAL CAPS | DAILY DOSAGE | 3 CAPSULES PER DAY |
| ANTIPSORIATICS | ACITRETIN CAPS 10 MG, 17.5 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIPSORIATICS | ACITRETIN CAPS 25 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIPSORIATICS | CALCIPOTRIENE CREAM | TOPICAL DOSE LIMIT | 2 GRAMS PER DAY |
| ANTIPSORIATICS | CALCIPOTRIENE SOLN | TOPICAL DOSE LIMIT | 60 ML PER FILL |
| ANTIPSORIATICS | METHOXSALEN RAPID CAPS | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ANTIPSORIATICS | OXSORALEN ULTRA CAPS (METHOXSALEN RAPID) | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ANTIPSORIATICS | SORIATANE CAPS 10 MG (ACITRETIN) | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIPSORIATICS | SORIATANE CAPS 25 MG (ACITRETIN) | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIPSYCHOTICS - MISC. | EQUETRO CP12 100 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIPSYCHOTICS - MISC. | EQUETRO CP12 200 MG | DAILY DOSAGE | 8 CAPSULES PER DAY |
| ANTIPSYCHOTICS - MISC. | EQUETRO CP12 300 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ANTIPSYCHOTICS - MISC. | LATUDA TABS 20 MG, 40 MG, 80 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIPSYCHOTICS - MISC. | ZIPRASIDONE HCL CAPS 20 MG, 40 MG, 60 MG, 80 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIRETROVIRALS | ABACAVIR SULFATE SOLN 20 MG/ML | ORAL DOSE LIMIT | 30 ML PER DAY |
| ANTIRETROVIRALS | ABACAVIR SULFATE TABS 300 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | ABACAVIR SULFATE-LAMIVUDINE TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | APTIVUS CAPS | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ANTIRETROVIRALS | ATAZANAVIR SULFATE CAPS 150 MG, 200 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIRETROVIRALS | ATAZANAVIR SULFATE CAPS 300 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIRETROVIRALS | ATRIPLA TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | COMBIVIR TABS (LAMIVUDINE-ZIDOVUDINE) | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | COMPLERA TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | CRIXIVAN CAPS 200 MG | DAILY DOSAGE | 9 CAPSULES PER DAY |
| ANTIRETROVIRALS | CRIXIVAN CAPS 400 MG | DAILY DOSAGE | 6 CAPSULES PER DAY |
| ANTIRETROVIRALS | DIDANOSINE CPDR 250 MG, 400 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIRETROVIRALS | EDURANT TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | EFAVIRENZ TABS 600 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | EMTRIVA CAPS | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIRETROVIRALS | EPIVIR SOLN 10 MG/ML (LAMIVUDINE) | ORAL DOSE LIMIT | 30 ML PER DAY |
| ANTIRETROVIRALS | EPIVIR TABS 150 MG (LAMIVUDINE) | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | EPIVIR TABS 300 MG (LAMIVUDINE) | DAILY DOSAGE | 1 TABLET PER DAY |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| ANTIRETROVIRALS | EPZICOM TABS (ABACAVIR SULFATE-LAMIVUDINE) | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | FOSAMPRENAVIR CALCIUM TABS | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTIRETROVIRALS | INTELENCE TABS 100 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTIRETROVIRALS | INTELENCE TABS 200 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | INTELENCE TABS 25 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| ANTIRETROVIRALS | INVIRASE TABS 500 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTIRETROVIRALS | ISENTRESS TABS 400 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | KALETRA SOLN 400MG/5ML-100MG/5ML (LOPINAVIR-RITONAVIR) | ORAL DOSE LIMIT | 12.5 ML PER DAY |
| ANTIRETROVIRALS | KALETRA TABS 100MG-25MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTIRETROVIRALS | KALETRA TABS 200MG-50MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| ANTIRETROVIRALS | LAMIVUDINE SOLN 10 MG/ML | ORAL DOSE LIMIT | 30 ML PER DAY |
| ANTIRETROVIRALS | LAMIVUDINE TABS 150 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | LAMIVUDINE TABS 300 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | LAMIVUDINE-ZIDOVUDINE TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | LEXIVA SUSP 50 MG/ML | ORAL DOSE LIMIT | 56 ML PER DAY |
| ANTIRETROVIRALS | LEXIVA TABS 700 MG (FOSAMPRENAVIR CALCIUM) | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTIRETROVIRALS | NEVIRAPINE TABS 200 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | NEVIRAPINE TB24 400 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | NORVIR SOLN 80 MG/ML | ORAL DOSE LIMIT | 15 ML PER DAY |
| ANTIRETROVIRALS | NORVIR TABS 100 MG (RITONAVIR) | DAILY DOSAGE | 12 TABLETS PER DAY |
| ANTIRETROVIRALS | PREZISTA TABS 75 MG, 150 MG, 600 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | PREZISTA TABS 800 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | RESCRIPTOR TABS 100 MG | DAILY DOSAGE | 12 TABLETS PER DAY |
| ANTIRETROVIRALS | RESCRIPTOR TABS 200 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| ANTIRETROVIRALS | RETROVIR CAPS 100 MG (ZIDOVUDINE) | DAILY DOSAGE | 6 CAPSULES PER DAY |
| ANTIRETROVIRALS | REYATAZ CAPS 150 MG, 200 MG (ATAZANAVIR SULFATE) | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIRETROVIRALS | REYATAZ CAPS 300 MG (ATAZANAVIR SULFATE) | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIRETROVIRALS | RITONAVIR TABS | DAILY DOSAGE | 12 TABLETS PER DAY |
| ANTIRETROVIRALS | SELZENTRY TABS 150 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | SELZENTRY TABS 300 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTIRETROVIRALS | STAVUDINE CAPS 15 MG, 20 MG, 30 MG, 40 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIRETROVIRALS | SUSTIVA CAPS 200 MG (EFAVIRENZ) | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIRETROVIRALS | SUSTIVA CAPS 50 MG (EFAVIRENZ) | DAILY DOSAGE | 3 CAPSULES PER DAY |
| ANTIRETROVIRALS | SUSTIVA TABS 600 MG (EFAVIRENZ) | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | TENOFOVIR DISOPROXIL FUMARATE TABS | DAILY DOSAGE | 1 TABLET PER DAY |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| ANTIRETROVIRALS | TRUVADA TABS 300MG-200MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | VIDEX EC CPDR 125 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIRETROVIRALS | VIDEX EC CPDR 200 MG (DIDANOSINE) | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIRETROVIRALS | VIDEX EC CPDR 250 MG, 400 MG (DIDANOSINE) | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIRETROVIRALS | VIDEXPEDIATRIC SOLR | ORAL DOSE LIMIT | 40 ML PER DAY |
| ANTIRETROVIRALS | VIRACEPT TABS 250 MG | DAILY DOSAGE | 10 TABLETS PER DAY |
| ANTIRETROVIRALS | VIRACEPT TABS 625 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTIRETROVIRALS | VIRAMUNE SUSP 50 MG/5ML | ORAL DOSE LIMIT | 40 ML PER DAY |
| ANTIRETROVIRALS | VIRAMUNE TABS 200 MG (NEVIRAPINE) | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | VIRAMUNE XR TB24 400 MG (NEVIRAPINE) | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | VIREAD POWD 40 MG/GM | ORAL DOSE LIMIT | 4 BOTTLES (240 GRAMS) PER 30 DAYS |
| ANTIRETROVIRALS | VIREAD TABS 150 MG, 200 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | VIREAD TABS 250 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | VIREAD TABS 300 MG (TENOFOVIR DISOPROXIL FUMARATE) | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | ZERIT CAPS 20 MG, 30 MG, 40 MG (STAVUDINE) | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIRETROVIRALS | ZERIT SOLR 1 MG/ML | ORAL DOSE LIMIT | 80 ML PER DAY |
| ANTIRETROVIRALS | ZIAGEN SOLN 20 MG/ML (ABACAVIR SULFATE) | ORAL DOSE LIMIT | 30 ML PER DAY |
| ANTIRETROVIRALS | ZIAGEN TABS 300 MG (ABACAVIR SULFATE) | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | ZIDOVUDINE CAPS 100 MG | DAILY DOSAGE | 6 CAPSULES PER DAY |
| ANTIRETROVIRALS | ZIDOVUDINE TABS 300 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTISPASMODICS | BELLADONNA ALKALOIDS & OPIUM SUPP | DAILY DOSAGE | 2 SUPPOSITORIES PER DAY |
| ANTISPASMODICS | GLYCOPYRROLATE SOLN IJ 4 MG/20ML | INJECTABLE DOSE LIMIT | 4 ML PER DAY |
| ANTISPASMODICS | GLYCOPYRROLATE TABS OR 2 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTITUSSIVES | BENZONATATE CAPS 100 MG, 150 MG, 200 MG | QUANTITY LIMIT<br>FILL FREQUENCY | 30 CAPSULES PER 10 DAYS |
| ANTITUSSIVES | DEXTROMETHORPHAN POLISTIREX SUER | ORAL DOSE LIMIT | 240 ML PER 6 DAYS |
| ANTIVIRALS - TOPICAL | ACYCLOVIR 5 % OINTMENT EXTERNAL | TOPICAL DOSE LIMIT | 30 GRAMS PER 30 DAYS |
| ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD) AGENTS | ATOMOXETINE HCL CAPS 10 MG, 18 MG, 40 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD) AGENTS | ATOMOXETINE HCL CAPS 25 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD) AGENTS | ATOMOXETINE HCL CAPS 60 MG, 80 MG, 100 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD) AGENTS | CLONIDINE HCL (ADHD) TB12 | DAILY DOSAGE | 4 TABLETS PER DAY |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD) AGENTS | GUANFACINE HCL (ADHD) TB24 1 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD) AGENTS | GUANFACINE HCL (ADHD) TB24 2 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD) AGENTS | GUANFACINE HCL (ADHD) TB24 3 MG, 4 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD) AGENTS | INTUNIV TB24 1 MG (GUANFACINE HCL (ADHD)) | DAILY DOSAGE | 4 TABLETS PER DAY |
| ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD) AGENTS | INTUNIV TB24 2 MG (GUANFACINE HCL (ADHD)) | DAILY DOSAGE | 3 TABLETS PER DAY |
| ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD) AGENTS | INTUNIV TB24 3 MG, 4 MG (GUANFACINE HCL (ADHD)) | DAILY DOSAGE | 2 TABLETS PER DAY |
| B-COMPLEX VITAMINS | B-COMPLEX VITAMINS CAPS 70MG-100MG-1MG-10MG-2MG-1.5MG-100MCG, 60MG-60MG-3MG-5MG-20MG-3MG-1MCG-0.5MG, 60MG-60MG-5MG-20MG-3MG-1MCG-3MG-0.5MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| B-COMPLEX VITAMINS | B-COMPLEX VITAMINS TABS 0.1MG-20MG-2MG-5MCG-3MG-1MG, 10MG-10MG-2MG-1.5MG-0.2MG, 15MG-2MG-5MG-2MCG-2MG-2MG, 3MG-10MG-20MG-3MG-6MCG-2MG, 83MG-3MG-20MG-2MG-5MCG-1MG, 3MG-3MG-20MG-20MG-3MG-3MG-10MG-10MG-6MCG-6MCG-2MG-2MG | DAILY DOSAGE | 1 TABLET PER DAY |
| B-COMPLEX VITAMINS | B-COMPLEX VITAMINS TABS 10MG-10MG-2MG-1.5MG-0.2MG, 3MG-20MG-3MG-10MG-6MCG-2MG | DAILY DOSAGE | 1 TABLET PER DAY |
| B-COMPLEX W/ C | B COMPLEX W/ C CAPS 10MG-50MG-10.2MG-15MG-5MG-300MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| B-COMPLEX W/ C | B COMPLEX W/ C CAPS 10MG-50MG-10MG-15MG-5MG-300MG, 10MG-50MG-10.2MG-15MG-5MG-300MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| B-COMPLEX W/ FOLIC ACID | B-COMPLEX W/ C & FOLIC ACID CAPS 1.5MG-5MG-20MG-1.7MG-6MCG-1MG-150MCG-10MG-100MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| B-COMPLEX W/ FOLIC ACID | B-COMPLEX W/ C & FOLIC ACID CAPS 1.5MG-5MG-20MG-1.7MG-6MCG-1MG-150MCG-10MG-100MG, 5MG-1.7MG-6MCG-20MG-1.5MG-1MG-150MCG-10MG-100MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| B-COMPLEX W/ FOLIC ACID | B-COMPLEX W/ C & FOLIC ACID TABS 1.5MG-10MG-20MG-1.7MG-6MCG-1MG-300MCG-10MG-60MG, 20MG-1.7MG-10MG-0.006MG-1.5MG-1MG-0.3MG-10MG-100MG | DAILY DOSAGE | 1 TABLET PER DAY |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| B-COMPLEX W/ FOLIC ACID | NEPHROCAPS CAPS (B-COMPLEX W/ C & FOLIC ACID) | DAILY DOSAGE | 1 TABLET PER DAY |
| BENZISOXAZOLES | FANAPT TABS 1 MG, 2 MG, 6 MG, 12 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BENZISOXAZOLES | FANAPT TITRATION PACK TABS | FILL FREQUENCY | 2 PACKS PER 365 DAYS |
| BENZISOXAZOLES | INVEGA (PALIPERIDONE) TABS 24 HOUR 1.5MG, 3MG, 9MG | DAILY DOSAGE | 1 TABLET PER DAY |
| BENZISOXAZOLES | INVEGA (PALIPERIDONE) TABS 24 HOUR 6MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BENZISOXAZOLES | INVEGA SUSTENNA SUSP 156 MG/ML, 78 MG/0.5ML, 39 MG/0.25ML, 117 MG/0.75ML | FILL FREQUENCY | 1 FILL PER 28 DAYS |
| BENZISOXAZOLES | INVEGA SUSTENNA SUSP 234 MG/1.5ML | FILL FREQUENCY | 1 FILL PER 28 DAYS |
| BENZISOXAZOLES | INVEGA TRINZA SUSP 273 MG/0.875ML | INJECTABLE DOSE LIMIT | 1 DOSE PER FILL |
| BENZISOXAZOLES | INVEGA TRINZA SUSP 410 MG/1.315ML | INJECTABLE DOSE LIMIT | 1 DOSE PER FILL |
| BENZISOXAZOLES | INVEGA TRINZA SUSP 546 MG/1.75ML | INJECTABLE DOSE LIMIT | 1 DOSE PER FILL |
| BENZISOXAZOLES | INVEGA TRINZA SUSP 819 MG/2.625ML | INJECTABLE DOSE LIMIT | 1 DOSE (2.625ML )PER FILL |
| BENZISOXAZOLES | RISPERIDONE SOLN 1 MG/ML | ORAL DOSE LIMIT | 8 ML PER DAY |
| BENZISOXAZOLES | RISPERIDONE M-TABS ORAL DISINTEGRATING | DAILY DOSAGE | 4 TABLETS PER DAY |
| BENZISOXAZOLES | RISPERIDONE ODT TABS 0.5MG | DAILY DOSAGE | 5 TABLETS PER DAY |
| BENZISOXAZOLES | RISPERIDONE ODT TABS 1MG, 2MG, 3MG, 4MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BENZISOXAZOLES | RISPERIDONE TABS 0.25 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| BENZISOXAZOLES | RISPERIDONE TABS 0.5 MG | DAILY DOSAGE | 5 TABLETS PER DAY |
| BENZISOXAZOLES | RISPERIDONE TABS 1 MG, 2 MG, 3 MG, 4 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BENZISOXAZOLES | RISPERDAL CONSTA SUSR 25 MG | FILL FREQUENCY | 2 FILLS PER 28 DAYS |
| BENZISOXAZOLES | RISPERDAL CONSTA SUSR 50 MG, 12.5 MG, 37.5 MG | FILL FREQUENCY | 1 FILL PER 14 DAYS |
| BENZODIAZEPINES | ALPRAZOLAM TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| BENZODIAZEPINES | CHLORDIAZEPOXIDE HCL CAPS 5 MG, 10 MG, 25 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| BENZODIAZEPINES | CLORAZEPATE DIPOTASSIUM TABS | DAILY DOSAGE | 3 TABLETS PER DAY |
| BENZODIAZEPINES | DIAZEPAM SOLN OR 1 MG/ML | QUANTITY LIMIT<br>FILL FREQUENCY | 40 ML DAILY<br>200 ML PER 30 DAYS |
| BENZODIAZEPINES | DIAZEPAM TABS OR 2 MG, 5 MG, 10 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| BENZODIAZEPINES | LORAZEPAM TABS OR 0.5 MG, 2 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| BENZODIAZEPINES | LORAZEPAM TABS OR 1 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| BENZODIAZEPINES | OXAZEPAM CAPS | DAILY DOSAGE | 4 CAPSULES PER DAY |
| BETA BLOCKERS CARDIO-SELECTIVE | METOPROLOL SUCCINATE TB24 200 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BETA BLOCKERS CARDIO-SELECTIVE | METOPROLOL SUCCINATE TB24 25 MG, 50 MG, 100 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| BETA BLOCKERS NON-SELECTIVE | INDERAL (PROPRANOLOL) LA CAPS 60MG, 80MG 120MG, 160MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| BETA BLOCKERS NON-SELECTIVE | NADOLOL TABS 20MG, 40MG, 80MG | DAILY DOSAGE | 2 TABLETS PER DAY |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| BETA BLOCKERS NON-SELECTIVE | SOTALOL HCL AFIB/AFL TABS 120MG, 160MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BIGUANIDES | FORTAMET (METFORMIN HCL) TB24 1000 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BIGUANIDES | FORTAMET (METFORMIN HCL) TB24 500 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| BIGUANIDES | GLUCOPHAGE (METFORMIN HCL) TABS 1000 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BIGUANIDES | GLUCOPHAGE (METFORMIN HCL) TABS 850 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| BIGUANIDES | GLUCOPHAGE (METFORMIN) 500MG TABS | DAILY DOSAGE | 5 TABLETS PER DAY |
| BIGUANIDES | GLUCOPHAGE XR (METFORMIN TB 24HR) 500MG, 750MG TABS | QUANTITY LIMIT<br>FILL FREQUENCY | 90 TABLETS PER 90 DAYS |
| BIGUANIDES | GLUMETZA (METFORMIN HCL) TB24 | DAILY DOSAGE | 2 TABLETS PER DAY |
| BIGUANIDES | RIOMET SOLN | ORAL DOSE LIMIT | 25 ML PER DAY |
| BILE ACID SEQUESTRANTS | COLESTID (COLESTIPOL HCL) GRANULES 5 GM | ORAL DOSE LIMIT | 6 PACKETS PER DAY |
| BILE ACID SEQUESTRANTS | COLESTID (COLESTIPOL) TABS 1 GM | DAILY DOSAGE | 16 TABLETS PER DAY |
| BILE ACID SEQUESTRANTS | COLESTIPOL HCL PACK 5 GM | ORAL DOSE LIMIT | 6 PACKETS PER DAY |
| BILE ACID SEQUESTRANTS | QUESTRAN (CHOLESTYRAMINE) LIGHT POWDER CAN 4 GM/DOSE | ORAL DOSE LIMIT | 6 GRAMS PER DAY |
| BILE ACID SEQUESTRANTS | QUESTRAN (CHOLESTYRAMINE) PACKET 4 GM | ORAL DOSE LIMIT | 6 PACKETS PER DAY |
| BILE ACID SEQUESTRANTS | QUESTRAN (CHOLESTYRAMINE) POWDER CAN 4 GM/DOSE | ORAL DOSE LIMIT | 6 GRAMS PER DAY |
| BILE ACID SEQUESTRANTS | QUESTRAN(CHOLESTYRAMINE) LIGHT PACKET 4 GM | ORAL DOSE LIMIT | 6 PACKETS PER DAY |
| BILE ACID SEQUESTRANTS | WELCHOL (COLESEVALAM HCL) PACKETS 3.75 GRAMS | ORAL DOSE LIMIT | 1 PACKET PER DAY |
| BILE ACID SEQUESTRANTS | WELCHOL (COLESEVALAM HCL) TABS 625MG | DAILY DOSAGE | 7 TABLETS PER DAY |
| BONE DENSITY REGULATORS | ACTONEL (RISEDRONATE SODIUM) TABS 5MG, 30MG | DAILY DOSAGE | 1 TABLET PER DAY |
| BONE DENSITY REGULATORS | ALENDRONATE SODIUM SOLN 70 MG/75ML | ORAL DOSE LIMIT | 10.8 ML PER DAY |
| BONE DENSITY REGULATORS | ALENDRONATE SODIUM TABS 40MG | DAILY DOSAGE | 1 TABLET PER DAY |
| BONE DENSITY REGULATORS | ATELVIA (RISEDRONATE SODIUM) TABS 35MG TABS | QUANTITY LIMIT<br>FILL FREQUENCY | 4 TABLETS PER 28 DAYS |
| BONE DENSITY REGULATORS | FORTICAL SOLN | TOPICAL DOSE LIMIT | 4 ML PER 30 DAYS |
| BRONCHODILATORS - ANTICHOLINERGICS | ATROVENT HFA AERS | INHALATION DOSE LIMIT | 2 INHALERS PER 30 DAYS |
| BRONCHODILATORS - ANTICHOLINERGICS | SPIRIVA HANDIHALER CAPS | DAILY DOSAGE | 1 NEBULIZED CAPSULE PER DAY |
| BUTYROPHENONES | HALOPERIDOL TABS 0.5 MG, 1 MG, 10 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| CALCIUM | CALCIUM CARBONATE-VITAMIN D TABS 200UNIT-600MG, 400UNIT-600MG, 600MG-200UNIT, 600MG-400UNIT | DAILY DOSAGE | 2 TABLETS PER DAY |
| CALCIUM | CALCIUM CARBONATE-VITAMIN D TABS 600MG-200UNIT, 600MG-400UNIT | DAILY DOSAGE | 2 TABLETS PER DAY |
| CALCIUM CHANNEL BLOCKERS | ADALAT CC (NIFEDIPINE) TB24 60 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| CALCIUM CHANNEL BLOCKERS | ADALAT CC (NIFEDIPINE) TB24 90 MG | DAILY DOSAGE | 1 TABLET PER DAY |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| CALCIUM CHANNEL BLOCKERS | CARDIZEM CD (DILTIAZEM HCL COATED BEADS) 24 HOUR CAPSULE 180MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| CALCIUM CHANNEL BLOCKERS | DILTIAZEM HCL CAPSULE 12 HOUR 60 MG, 90 MG, 120 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| CALCIUM CHANNEL BLOCKERS | NIFEDIPINE CAPS 20MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| CALCIUM CHANNEL BLOCKERS | TIAZAC (DILTIAZEM HCL) EXTENDED RELEASE BEADS CP24 420 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| CALCIUM CHANNEL BLOCKERS | VERAPAMIL HCL CP24 120 MG, 180MG, 240MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| CALCIUM CHANNEL BLOCKERS | VERELAN (VERAPAMIL HCL) 24 HOUR CAPSULE 360MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| CARBAMATES | FELBATOL (FELBAMATE) SUSPENSION 600 MG/5ML | ORAL DOSE LIMIT | 120 ML PER DAY |
| CARBAMATES | FELBATOL (FELBAMATE) TABS 400 MG | DAILY DOSAGE | 9 TABLETS PER DAY |
| CARBAMATES | FELBATOL (FELBAMATE) TABS 600 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| CENTRAL MUSCLE RELAXANTS | FLEXERIL (CYCLOBENZAPRINE HCL) TABS 5 MG, 10 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| CENTRAL MUSCLE RELAXANTS | ORPHENADRINE CITRATE 12 HOUR TABS 100MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| CEPHALOSPORINS - 3RD GENERATION | OMNICEF (CEFDINIR) 300MG CAPSULES | QUANTITY LIMIT | 20 CAPSULES PER FILL |
| CEPHALOSPORINS - 3RD GENERATION | OMNICEF (CEFDINIR) ORAL SUSPENSION 125MG/5ML, 250MG/5ML | QUANTITY LIMIT | 120 ML PER FILL |
| CLARITHROMYCIN | BIAXIN (CLARITHROMYCIN) TABS 250MG | QUANTITY LIMIT PER FILL | 28 TABLETS PER FILL |
| CLARITHROMYCIN | BIAXIN (CLARITHROMYCIN) TABS EXTENDED RELEASE 500MG | QUANTITY LIMIT PER FILL | 14 TABLETS PER FILL |
| CMV AGENTS | VALCYTE (VALGANCICLOVIR HCL ) SOLUTION 50 MG/ML | ORAL DOSE LIMIT | 18 ML PER DAY |
| CMV AGENTS | VALCYTE (VALGANCICLOVIR HCL) TABS 450 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| COMBINATION CONTRACEPTIVES - ORAL | LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY) TABS | QUANTITY LIMIT FILL FREQUENCY | 91 TABLETS PER 91 DAYS |
| COMBINATION CONTRACEPTIVES - ORAL | LOSEASONIQUE TABS (LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY)) | QUANTITY LIMIT FILL FREQUENCY | 91 TABLETS PER 91 DAYS |
| COMBINATION CONTRACEPTIVES - ORAL | OGESTREL TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| COMBINATION CONTRACEPTIVES - ORAL | QUARTETTE TABS (LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY)) | QUANTITY LIMIT FILL FREQUENCY | 91 TABLETS PER 91 DAYS |
| COMBINATION CONTRACEPTIVES - ORAL | SEASONIQUE TABS (LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY)) | QUANTITY LIMIT FILL FREQUENCY | 91 TABLETS PER 91 DAYS |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL | XULANE PTWK | QUANTITY LIMIT FILL FREQUENCY | 3 PATCHES PER 28 DAYS (RETAIL)<br>9 PATCHES PER 84 DAYS MAIL |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| COMBINATION CONTRACEPTIVES - VAGINAL | NUVARING RING | QUANTITY LIMIT | 1 DEVICE PER 4 WEEKS (RETAIL)<br>3 DEVICES PER 12 WEEKS (MAIL) |
| COMBINATION PSYCHOTHERAPEUTICS | CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS 12.5MG-5MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| COMBINATION PSYCHOTHERAPEUTICS | CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS 25MG-10MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| COMBINATION PSYCHOTHERAPEUTICS | PERPHENAZINE/AMITRIPTYLINE TABS | DAILY DOSAGE | 4 TABLETS PER DAY |
| COMBINATION PSYCHOTHERAPEUTICS | SYMBYAX (OLANZAPINE-FLUOXETINE HCL) CAPS | DAILY DOSAGE | 1 CAPSULE PER DAY |
| COPPER CONTRACEPTIVES - IUD | PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD | FILL FREQUENCY | 1 DEVICE PER 365 DAYS |
| CORTICOSTEROIDS - TOPICAL | BETAMETHASONE VALERATE LOTION 0.1% | TOPICAL DOSE LIMIT | 60 ML PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | FLUOCINOLONE ACETONIDE SOLN 0.01 % | TOPICAL DOSE LIMIT | 60 ML PER 10 DAYS |
| CORTICOSTEROIDS - TOPICAL | TRIAMCINOLONE ACETONIDE (TOPICAL) LOTN 0.025 % | TOPICAL DOSE LIMIT | 60 ML PER 14 DAYS |
| CORTICOSTEROIDS - TOPICAL | TRIAMCINOLONE ACETONIDE (TOPICAL) OINT 0.5 % | TOPICAL DOSE LIMIT | 15 GRAMS PER 7 DAYS |
| COUGH/COLD/ALLERGY COMBINATIONS | BROMPHENIRAMINE & PHENYLEPH ELIX 1MG/5ML-2.5MG/5ML | ORAL DOSE LIMIT | 120 ML PER 10 DAYS |
| COUGH/COLD/ALLERGY COMBINATIONS | BROTAPP DM (BROMPHENIRAMINE PSEUDOEPHEDRINE DEXTROMETHORPHAN) 15-1-5MG/5ML LIQUID | ORAL DOSE LIMIT | 240 ML PER 2 DAYS |
| COUGH/COLD/ALLERGY COMBINATIONS | DEXTROMETHORPHAN-GUAIFENESIN LIQD 5MG-100MG/5ML, 20MG-400MG/20ML | ORAL DOSE LIMIT | 240 ML PER 7 DAYS |
| COUGH/COLD/ALLERGY COMBINATIONS | ED BRON GP LIQD | ORAL DOSE LIMIT | 240 ML PER 4 DAYS |
| COUGH/COLD/ALLERGY COMBINATIONS | GUAIFENESIN-CODEINE LIQUID/SOLUTION/SYRUP 100MG/5ML-10MG/5ML | ORAL DOSE LIMIT | 240 ML PER 4 DAYS |
| COUGH/COLD/ALLERGY COMBINATIONS | LORATADINE & PSEUDOEPHEDRINE TB12 5MG-120MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| COUGH/COLD/ALLERGY COMBINATIONS | LORATADINE & PSEUDOEPHEDRINE TB24 10MG-240MG | DAILY DOSAGE | 1 TABLET PER DAY |
| COUGH/COLD/ALLERGY COMBINATIONS | MUCINEX D TB12 (PSEUDOEPHEDRINE-GUAIFENESIN) | QUANTITY LIMIT PER FILL | 36 TABLETS PER FILL |
| COUGH/COLD/ALLERGY COMBINATIONS | MUCINEX DM TB12 (DEXTROMETHORPHAN-GUAIFENESIN) | DAILY DOSAGE | 2 TABLETS PER DAY |
| COUGH/COLD/ALLERGY COMBINATIONS | PROMETHAZINE & CODEINE SOLUTION, SYRUP | ORAL DOSE LIMIT | 240 ML PER 8 DAYS |
| COUGH/COLD/ALLERGY COMBINATIONS | PROMETHAZINE & PHENYLEPHRINE SOLN, SYRUP | ORAL DOSE LIMIT | 240 ML PER 8 DAYS |
| COUGH/COLD/ALLERGY COMBINATIONS | PSEUDOEPHED-BROMPHEN-DM SYRP 2MG/5ML-30MG/5ML-10MG/5ML | ORAL DOSE LIMIT | 240 ML PER 4 DAYS |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| COUGH/COLD/ALLERGY COMBINATIONS | PSEUDOEPHEDRINE W/ CODEINE-GG SOLN | ORAL DOSE LIMIT | 240 ML PER 6 DAYS |
| COUGH/COLD/ALLERGY COMBINATIONS | PSEUDOEPHEDRINE-CHLORPHEN-DM LIQD | ORAL DOSE LIMIT | 240 ML PER FILL |
| COUGH/COLD/ALLERGY COMBINATIONS | PSEUDOEPHEDRINE-GUAIFENESIN TB12 60MG-600MG | QUANTITY LIMIT PER FILL | 36 TABLETS PER FILL |
| COUGH/COLD/ALLERGY COMBINATIONS | RESCON-GG LIQD (PHENYLEPHRINE-GUAIFENESIN) | ORAL DOSE LIMIT | 240 ML PER 4 DAYS |
| CYCLOPLEGIC MYDRIATICS | CYCLOGYL SOLN 0.5 % (CYCLOPENTOLATE HCL) | TOPICAL DOSE LIMIT | 15 ML PER 10 DAYS |
| CYCLOPLEGIC MYDRIATICS | TROPICAMIDE SOLN 0.5 % | TOPICAL DOSE LIMIT | 1 BOTTLE PER FILL |
| CYSTIC FIBROSIS AGENTS | PULMOZYME SOLN | INHALATION DOSE LIMIT | 150 ML PER 30 DAYS |
| DIABETIC OTHER | GLUCAGON EMERGENCY KIT KIT | FILL FREQUENCY | 1 KIT PER FILL |
| DIABETIC SUPPLIES- BLOOD GLUCOSE TEST STRIPS | BLOOD GLUCOSE TEST STRIPS | DAILY DOSAGE | 100 STRIPS PER 30 DAYS |
| DIABETIC SUPPLIES- LANCETS | MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING | QUANTITY LIMIT | 102 LANCETS PER 30 DAYS |
| DIABETIC SUPPLIES- LANCING DEVICE | MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING | FILL FREQUENCY | 1 DEVICE PER 180 DAYS |
| DIABETIC SUPPLIES, PARENTERAL THERAPY SUPPLIES- PEN NEEDLES, PEN TIPS | MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING | DAILY DOSAGE | 5 PEN NEEDLES PER DAY |
| DIABETIC SUPPLIES, PARENTERAL THERAPY SUPPLIES- SYRINGES | MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING | DAILY DOSAGE | 5 SYRINGES PER DAY |
| DIBENZAPINES | CLOZAPINE ODT, CLOZARIL, FAZACLO (CLOZAPINE) TABS 100MG | DAILY DOSAGE | 9 TABLETS PER DAY |
| DIBENZAPINES | CLOZAPINE ODT, CLOZARIL, FAZACLO (CLOZAPINE) TABS 12.5MG, 150MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| DIBENZAPINES | CLOZAPINE ODT, CLOZARIL, FAZACLO (CLOZAPINE) TABS 200MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| DIBENZAPINES | CLOZAPINE ODT, CLOZARIL, FAZACLO (CLOZAPINE) TABS 25 MG, 50 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| DIBENZAPINES | LOXAPINE SUCCINATE CAPS 5 MG, 10 MG, 25 MG, 50 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| DIBENZAPINES | SAPHRIS SUBL 5 MG, 10 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIBENZAPINES | SEROQUEL (QUETIAPINE FUMARATE) TABS 100 MG, 200 MG, 300 MG, 400 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIBENZAPINES | SEROQUEL (QUETIAPINE FUMARATE) TABS 25 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| DIBENZAPINES | SEROQUEL (QUETIAPINE FUMARATE) TABS 50 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| DIBENZAPINES | SEROQUEL XR (QUETIAPINE FUMARATE EXTENDED RELEASE) TABS 150 MG, 200MG | DAILY DOSAGE | 1 TABLET PER DAY |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| DIBENZAPINES | SEROQUEL XR (QUETIAPINE FUMARATE EXTENDED RELEASE)<br>TABS 300MG, 400MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIBENZAPINES | ZYPREXA (OLANZAPINE) ORAL DISINTEGRATING TABLETS 20MG | DAILY DOSAGE | 1 TABLET PER DAY |
| DIBENZAPINES | ZYPREXA (OLANZAPINE) ORAL DISINTEGRATING TABLETS 5 MG, 10 MG, 15 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIBENZAPINES | ZYPREXA (OLANZAPINE) SOLR IM 10 MG | INJECTABLE DOSE LIMIT | 6 DOSES PER 28 DAYS |
| DIBENZAPINES | ZYPREXA (OLANZAPINE) TABS ORAL 20 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| DIBENZAPINES | ZYPREXA (OLANZAPINE) TABS ORAL 5 MG, 10 MG, 15 MG, 2.5 MG, 7.5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | ONGLYZA TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | TRADJENTA TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| DIRECT RENIN INHIBITORS | TEKTURNA 150MG, TEKTURNA HCT 150MG/12.5MG, 150MG/25MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIRECT RENIN INHIBITORS | TEKTURNA 300MG, TEKTURNA HCT 300MG/12.5MG, 300MG/25MG | DAILY DOSAGE | 1 TABLET PER DAY |
| EMERGENCY CONTRACEPTIVES | ELLA TABS, ECONTRAC EZ, OPCICON ONE-STEP | QUANTITY LIMIT<br>FILL FREQUENCY | 1 DOSE PER 21 DAYS |
| ESTROGEN COMBINATIONS | COMBIPATCH PTTW 0.14MG/DAY-0.05MG/DAY, 0.25MG/DAY-0.05MG/DAY | TOPICAL DOSE LIMIT | 8 PATCHES PER 28 DAYS |
| ESTROGEN COMBINATIONS | ESTRADIOL & NORETHINDRONE ACETATE TABS 0.1MG-0.5MG, 0.5MG-1MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ESTROGEN COMBINATIONS | PREMPRO TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ESTROGENS | ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR | TOPICAL DOSE LIMIT | 8 PATCHES PER 28 DAYS |
| ESTROGENS | CLIMARA PTWK 0.025 MG/24HR, 0.075 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.1 MG/24HR, 37.5 MCG/24HR (ESTRADIOL) | TOPICAL DOSE LIMIT | 4 PATCHES PER 28 DAYS |
| ESTROGENS | ESTRADIOL PTTW TD 0.0375 MG/24HR, 0.025 MG/24HR, 0.075 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR | TOPICAL DOSE LIMIT | 8 PATCHES PER 28 DAYS |
| ESTROGENS | ESTRADIOL PTWK TD 0.025 MG/24HR, 0.075 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.1 MG/24HR, 37.5 MCG/24HR | TOPICAL DOSE LIMIT | 4 PATCHES PER 28 DAYS |
| ESTROGENS | PREMARIN TABS OR 0.625 MG, 0.45 MG, 0.3 MG, 0.9 MG, 1.25 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ESTROGENS | VIVELLE-DOT PTTW 0.0375 MG/24HR, 0.025 MG/24HR, 0.075 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR (ESTRADIOL) | TOPICAL DOSE LIMIT | 8 PATCHES PER 28 DAYS |
| EXPECTORANTS | GUAIFENESIN SYRUP/LIQUID 100 MG/5ML (200MG/10ML) | ORAL DOSE LIMIT | 240 ML PER 7 DAYS |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| EXPECTORANTS | GUAIFENESIN TB12 1200 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| EXPECTORANTS | MUCINEX (GUAIFENESIN) TABLET 12HOUR 600 MG | QUANTITY LIMIT | 40 TABLETS PER FILL |
| FIBRIC ACID DERIVATIVES | FENOGLIDE, LIPOFEN, TRICOR, TRILIPIX (FENOFIBRATE) | DAILY DOSAGE | 1 DOSE PER DAY |
| FIBROMYALGIA AGENTS | SAVELLA TABLETS | DAILY DOSAGE | 2 TABLETS PER DAY |
| FIBROMYALGIA AGENTS | SAVELLA TITRATION PACK | FILL FREQUENCY | 1 FILL PER 365 DAYS |
| FLUOROQUINOLONES | CIPROFLOXACIN HCL TABS 100 MG | QUANTITY LIMIT | 6 TABLETS PER FILL |
| GABA MODULATORS | SABRIL TABS | DAILY DOSAGE | 6 TABLETS PER DAY |
| GALLSTONE SOLUBILIZING AGENTS | ACTIGALL (URSODIOL) 300MG CAPS | DAILY DOSAGE | 3 CAPSULES PER DAY |
| GALLSTONE SOLUBILIZING AGENTS | URSO (URSODIOL) TABS 250 MG | DAILY DOSAGE | 7 TABLETS PER DAY |
| GLUCOCORTICOSTEROIDS | VERIPRED (PREDNISOLONE SODIUM PHOSPHATE) ORAL SOLUTION 20MG/5ML | QUANTITY LIMT PER FILL | 150 ML PER FILL |
| GOUT AGENTS | COLCRYS (COLCHICINE) TABS | QUANTITY LIMIT PER FILL | 6 TABLETS PER FILL |
| H-2 ANTAGONISTS | AXID (NIZATIDINE) SOLN 15 MG/ML | ORAL DOSE LIMIT | 20 ML PER DAY |
| H-2 ANTAGONISTS | PEPCID (FAMOTIDINE)SUSPENSION RECON 40 MG/5ML | ORAL DOSE LIMIT | 10 ML PER DAY |
| H-2 ANTAGONISTS | ZANTAC (RANITIDINE) 150MG CAPSULES, TABLETS | DAILY DOSAGE | 2 DOSES PER DAY |
| HEMOSTATICS - SYSTEMIC | AMICAR TABS 500 MG | DAILY DOSAGE | 24 TABLETS PER FILL |
| HEMOSTATICS - SYSTEMIC | LYSTEDA (TRANEXAMIC ACID) TABLETS | DAILY DOSAGE | 30 TABLETS PER 5 DAYS |
| HEPARINS AND HEPARINOID-LIKE AGENTS | LOVENOX (ENOXAPARIN SODIUM) SOLN IJ 300 MG/3ML | INJECTABLE DOSE LIMIT | 2 DOSES PER DAY |
| HEPARINS AND HEPARINOID-LIKE AGENTS | LOVENOX (ENOXAPARIN SODIUM) SOLN SC 100 MG/ML, 150 MG/ML | INJECTABLE DOSE LIMIT | 2 DOSES PER DAY |
| HEPARINS AND HEPARINOID-LIKE AGENTS | LOVENOX (ENOXAPARIN SODIUM) SOLN SC 30 MG/0.3ML | INJECTABLE DOSE LIMIT | 2 DOSES PER DAY |
| HEPARINS AND HEPARINOID-LIKE AGENTS | LOVENOX (ENOXAPARIN SODIUM) SOLN SC 40 MG/0.4ML | INJECTABLE DOSE LIMIT | 2 DOSES PER DAY |
| HEPARINS AND HEPARINOID-LIKE AGENTS | LOVENOX (ENOXAPARIN SODIUM) SOLN SC 60 MG/0.6ML | INJECTABLE DOSE LIMIT | 2 DOSES PER DAY |
| HEPARINS AND HEPARINOID-LIKE AGENTS | LOVENOX (ENOXAPARIN SODIUM) SOLN SC 80 MG/0.8ML, 120 MG/0.8ML | INJECTABLE DOSE LIMIT | 2 DOSES PER DAY |
| HEPATITIS AGENTS | ADEFOVIR DIPIVOXIL TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| HEPATITIS AGENTS | BARACLUDE (ENTECAVIR) TABS 0.5 MG, 1 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| HEPATITIS AGENTS | BARACLUDE SOLN 0.05 MG/ML | ORAL DOSE LIMIT | 20 ML PER DAY |
| HEPATITIS AGENTS | EPIVIR HBV SOLN 5 MG/ML | ORAL DOSE LIMIT | 60 ML PER DAY |
| HEPATITIS AGENTS | LAMIVUDINE (HBV) TABS | DAILY DOSAGE | 3 TABLETS PER DAY |
| HEPATITIS AGENTS | MODERIBA (RIBAVIRIN) DOSE PACK 800, 1200 | DAILY DOSAGE | 2 TABLETS PER DAY |
| HEPATITIS AGENTS | PEG-INTRON REDIPEN KIT | INJECTABLE DOSE LIMIT | 4 DOSES PER 28 DAYS |
| HEPATITIS AGENTS | PEG-INTRON REDIPEN PAK 4 KIT | INJECTABLE DOSE LIMIT | 4 DOSES PER 28 DAYS |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| HEPATITIS AGENTS | RIBASPHERE RIBAPAK TABS 400 MG, 600 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| HEPATITIS AGENTS | RIBAVIRIN (HEPATITIS C) CAPSULES, TABLETS | DAILY DOSAGE | 7 CAPSULES PER DAY |
| HERPES AGENTS | ACYCLOVIR SUSP 200 MG/5ML | ORAL DOSE LIMIT | 400 ML PER 30 DAYS |
| HMG COA REDUCTASE INHIBITORS | CRESTOR (ROSUVASTATIN CALCIUM) TABS 40MG | DAILY DOSAGE | 1 TABLET PER DAY |
| HMG COA REDUCTASE INHIBITORS | CRESTOR (ROSUVASTATIN CALCIUM) TABS 5MG, 10MG, 20MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| HMG COA REDUCTASE INHIBITORS | LESCOL (FLUVASTATIN SODIUM) CAPS 20 MG, 40 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| HMG COA REDUCTASE INHIBITORS | LESCOL XL (FLUVASTATIN SODIUM) 24 HOUR TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| HMG COA REDUCTASE INHIBITORS | LIVALO (PITAVASTATIN CALCIUM) 1MG, 2MG, 4MG TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| HORMONE RECEPTOR MODULATORS | RALOXIFENE HCL TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| IMIDZOLE-RELATED ANTIFUNGALS | FLUCONAZOLE SUSPENSION 10MG/ML, 40MG/ML | QUANTITY LIMIT<br>FILL FREQUENCY | 70 ML PER 7 DAYS |
| IMIDZOLE-RELATED ANTIFUNGALS | ITRACONAZOLE 100MG CAPS | DAILY DOSAGE | 1 CAPSULE PER DAY |
| IMMUNOMODULATING AGENTS - TOPICAL | ALDARA (IMIQUIMOD) CREAM | TOPICAL DOSE LIMIT | 48 DOSES PER 180 DAYS |
| IMMUNOMODULATING AGENTS - TOPICAL | ZYCLARA CREAM | TOPICAL DOSE LIMIT | 56 DOSES PER 180 DAYS |
| IMMUNOSUPPRESSIVE AGENTS- TOPICAL | ELIDEL (PIMECROLIMUS) CREAM 1% | TOPICAL DOSE LIMIT | 30 GRAMS PER 30 DAYS |
| IMMUNOSUPPRESSIVE AGENTS- TOPICAL | PROTOPIC (TACROLIMUS) OINTMENT | TOPICAL DOSE LIMIT | 30 GRAMS PER 30 DAYS |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | BYDUREON SRER | INJECTABLE DOSE LIMIT | 4 DOSES PER 28 DAYS |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | BYETTA PEN SOLN 5MCG/0.02ML, 10 MCG/0.04ML | INJECTABLE DOSE LIMIT | 1 DEVICE (60 DOSES) PER 30 DAYS |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | VICTOZA PEN SOLN | INJECTABLE DOSE LIMIT | 9 ML PER 30 DAYS |
| INFLAMMATORY BOWEL AGENTS | COLAZAL CAPS (BALSALAZIDE DISODIUM) | DAILY DOSAGE | 9 CAPSULES PER DAY |
| INFLAMMATORY BOWEL AGENTS | DELZICOL (MESALAMINE) DELAYED RELEASE CAPS | DAILY DOSAGE | 6 CAPSULES PER DAY |
| INFLAMMATORY BOWEL AGENTS | PENTASA (MESALAMINE) CAPS | DAILY DOSAGE | 8 CAPSULES PER DAY |
| INFLUENZA AGENTS | RELENZA DISKHALER AEPB | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS |
| INFLUENZA AGENTS | OSELTAMIVIR PHOSPHATE CAPS 30 MG | QUANTITY LIMIT<br>FILL FREQUENCY | 20 CAPSULES PER 30 DAYS |
| INFLUENZA AGENTS | OSELTAMIVIR PHOSPHATE CAPS 45 MG, 75 MG | QUANTITY LIMIT<br>FILL FREQUENCY | 10 CAPSULES PER 30 DAYS |
| INFLUENZA AGENTS | OSELTAMIVIR PHOSPHATE SUSPENSION 6 MG/ML | ORAL DOSE LIMIT | 25 ML PER DAY |
| INSULIN | ADMELOG (LISPRO) 100UNITS/ML SOLN VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | APIDRA SOLN VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| INSULIN | APIDRA SOLOSTAR PEN | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | BASAGLAR (GLARGINE) SOLOSTAR PEN | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | FIASP (ASPART) FLEXTOUCH PEN | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | HUMALOG (LISPRO) 100UNITS/ML SOLN VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | HUMALOG (LISPRO) KWIKPEN | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | HUMALOG CARTRIDGE | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | HUMALOG MIX KWIKPEN | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | HUMALOG MIX VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | HUMULIN 70/30 SUSP VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | HUMULIN N SUSP VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | HUMULIN R SOLN VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | HUMULIN R U-500 (CONCENTRATED) KWIKPEN | INJECTABLE DOSE LIMIT | 18 ML (3 BOXES) PER 30 DAYS |
| INSULIN | HUMULIN R U-500 (CONCENTRATED) SOLN VIAL | INJECTABLE DOSE LIMIT | 20 ML PER 30 DAYS |
| INSULIN | LANTUS (GLARGINE) SOLN VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | LANTUS (GLARGINE) SOLOSTAR PEN | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | LEVEMIR (DETEMIR) FLEXTOUCH PEN | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | LEVEMIR (DETEMIR) SOLN VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | NOVOLIN 70/30 SUSP VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | NOVOLOG FLEXPEN SOLN | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | NOVOLOG MIX 70/30 SUSP VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | NOVOLOG PENFILL SOLN CARTRIDGE | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | NOVOLOG SOLN VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | TOUJEO (GLARGINE U-300) SOLOSTAR PEN | INJECTABLE DOSE LIMIT | 9 ML PER 30 DAYS |
| INSULIN | TRESIBA FLEXTOUCH U-100 PEN | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | TRESIBA FLEXTOUCH U-200 PEN | INJECTABLE DOSE LIMIT | 27 ML (3 BOXES) PER 30 DAYS |
| INSULIN SENSITIZING AGENTS | ROSIGLITAZONE TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| INTERSTITIAL CYSTITIS AGENTS | ELMIRON CAPS | DAILY DOSAGE | 3 CAPSULES PER DAY |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS | EZETIMIBE TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| IRON | FER-IN-SOL SOLN (FERROUS SULFATE) | ORAL DOSE LIMIT | 3.4 ML PER DAY |
| IRON | FERRETTS TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| IRON | FERROUS FUMARATE TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| IRON | FERROUS SULFATE ELIX 220 MG/5ML | ORAL DOSE LIMIT | 16 ML PER DAY |
| IRON | FERROUS SULFATE SOLN 15 MG/ML | ORAL DOSE LIMIT | 3.4 ML PER DAY |
| IRON | POLYSACCHARIDE IRON COMPLEX CAPS | DAILY DOSAGE | 1 CAPSULE PER DAY |
| KERATOLYTIC/ANTIMITOTIC AGENTS | PODOFILOX SOLN | TOPICAL DOSE LIMIT | 4 ML PER 7 DAYS |
| LEUKOTRIENE MODULATORS | MONTELUKAST SODIUM PACKET 4 MG | DAILY DOSAGE | 1 PACKET PER DAY |
| LEUKOTRIENE MODULATORS | MONTELUKAST SODIUM TABLETS 10MG | DAILY DOSAGE | 1 TABLET PER DAY |
| LEUKOTRIENE MODULATORS | ZAFIRLUKAST TABS 10MG, 20MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| LEUKOTRIENE MODULATORS | ZILEUTON CR TABS | DAILY DOSAGE | 4 TABLETS PER DAY |
| LIQUID VEHICLES | SALINE, BACTERIOSTATIC SOLN | TOPICAL AND/OR INJECTABLE DOSE LIMIT | 10,000 ML PER FILL |
| LOCAL ANESTHETICS - TOPICAL | LIDOCAINE OINTMENT | TOPICAL DOSE LIMIT | 100 GRAMS PER 30 DAYS |
| LOCAL ANESTHETICS - TOPICAL | LIDOCAINE-PRILOCAINE CREAM | TOPICAL DOSE LIMIT | 30 GRAMS PER 14 DAYS |
| LOCAL ANESTHETICS - TOPICAL | LIDODERM 5% PATCH (LIDOCAINE) | TOPICAL DOSE LIMIT | 3 PATCHES PER DAY |
| MEGLITINIDE ANALOGUES | NATEGLINIDE TABS 60 MG, 120 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| MEGLITINIDE ANALOGUES | REPAGLINIDE TABS 1 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| MEGLITINIDE ANALOGUES | REPAGLINIDE TABS 2 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| METABOLIC MODIFIERS | CARNITOR (LEVOCARNITINE (METABOLIC MODIFIERS)) TABS ORAL 330 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| METABOLIC MODIFIERS | CARNITOR (LEVOCARNITINE (METABOLIC MODIFIERS)) ORAL SOLUTION 1 GM/10ML | ORAL DOSE LIMIT | 30 ML PER DAY |
| METABOLIC MODIFIERS | CARNITOR SF SOLN (LEVOCARNITINE (METABOLIC MODIFIERS)) | ORAL DOSE LIMIT | 30 ML PER DAY |
| MIGRAINE COMBINATION | TREXIMET (SUMATRIPTAN-NAPROXEN SODIUM) TABS | QUANTITY LIMIT<br>FILL FREQUENCY | 6 TABLETS PER 30 DAYS |
| MIGRAINE PRODUCTS | CAMBIA (DICLOFENAC) PACKET | QUANTITY LIMIT<br>FILL FREQUENCY | 9 DOSES PER 30 DAYS |
| MISC. ANTI-ULCER | CARAFATE SUSPENSION 1 GM/10ML | ORAL DOSE LIMIT | 40 ML PER DAY |
| MISC. TOPICAL INSECT REPELLENT PRODUCTS FOR ZIKA PREVENTION | MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING | TOPICAL DOSE LIMIT | 1 BOTTLE PER FILL<br>2 BOTTLES PER MONTH |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) | EMSAM ( SELEGILINE ) TRANSDERMAL PATCH | TOPICAL DOSE LIMIT | 1 PATCH PER DAY |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) | MARPLAN (TRANYLCYPROMINE SULFATE) TABS | DAILY DOSAGE | 6 TABLETS PER DAY |
| MULTIPLE SCLEROSIS AGENTS | COPAXONE (GLATIRAMER ACETATE) 40 MG/ML SYRINGE | INJECTABLE DOSE LIMIT | 12 DOSES PER 30 DAYS |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| MULTIPLE VITAMINS W/ IRON | MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING | DAILY DOSAGE | 1 TABLET PER DAY |
| MULTIPLE VITAMINS W/ MINERALS | MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING | DAILY DOSAGE | 1 TABLET PER DAY |
| MULTIVITAMINS | MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING | DAILY DOSAGE | 1 TABLET PER DAY |
| NASAL ANTICHOLINERGICS | IPRATROPIUM BROMIDE (NASAL) SOLN 0.03 % | TOPICAL DOSE LIMIT | 1 BOTTLE PER 25 DAYS |
| NASAL ANTICHOLINERGICS | IPRATROPIUM BROMIDE (NASAL) SOLN 0.06 % | TOPICAL DOSE LIMIT | 1 BOTTLE PER 30 DAYS |
| NASAL STEROIDS | BECONASE AQ (BECLOMETHASONE DIPROPIONATE) NASAL SUSP | TOPICAL DOSE LIMIT | 1 BOTTLE PER 30 DAYS |
| NASAL STEROIDS | FLUNISOLIDE NASAL SOLN 0.025% | TOPICAL DOSE LIMIT | 1 BOTTLE PER 30 DAYS |
| NASAL STEROIDS | NASONEX (MOMETASONE FUROATE) NASAL SUSP | TOPICAL DOSE LIMIT | 2 BOTTLES PER 30 DAYS |
| NASAL STEROIDS | OMNARIS (CICLESONIDE) NASAL SUSPENSION 50MCG/SPRAY | TOPICAL DOSE LIMIT | 1 BOTTLE PER 30 DAYS |
| NICOTINIC ACID DERIVATIVES | NIASPAN (NIACIN) CONTROLLED RELEASE TABS 500MG, 750MG, 1000MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| NON-BARBITURATE HYPNOTICS | AMBIEN (ZOLPIDEM TARTRATE) TABS ORAL 5 MG, 10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| NON-BARBITURATE HYPNOTICS | FLURAZEPAM HCL CAPS | DAILY DOSAGE | 1 CAPSULE PER DAY |
| NON-BARBITURATE HYPNOTICS | HALCION (TRIAZOLAM) TABS 0.125 MG, 0.25MG | DAILY DOSAGE | 1 TABLET PER DAY |
| NON-BARBITURATE HYPNOTICS | RESTORIL (TEMAZEPAM CAPS) 15 MG, 30 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| NON-BARBITURATE HYPNOTICS | SONATA (ZALEPLON) CAPS 5MG, 10MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | CELEBREX (CELECOXIB) CAPS 50 MG, 100 MG, 200 MG, 400 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | EC-NAPROSYN (NAPROXEN ENTERIC COATED) 375MG, 500MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | KETOROLAC TROMETHAMINE TABS OR 10 MG | QUANTITY LIMIT FILL FREQUENCY | 20 TABLETS PER 30 DAYS |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | NAPROXEN SODIUM TABS 220 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| OIL SOLUBLE VITAMINS | VITAMIN E CAPS 100 UNIT, 200 UNIT, 400 UNIT | DAILY DOSAGE | 2 CAPSULES PER DAY |
| OPHTHALMIC ANTI-INFECTIVES | CILOXAN (CIPROFLOXACIN) OPHTHALMIC OINTMENT | TOPICAL DOSE LIMIT | 1 TUBE PER 5 DAYS |
| OPHTHALMIC ANTI-INFECTIVES | NEO-POLYCIN (NEOMYCIN-BACITRACIN-POLYMIXIN) OPHTHALMIC OINTMENT | TOPICAL DOSE LIMIT | 1 TUBE PER 5 DAYS |
| OPHTHALMIC ANTI-INFECTIVES | NEOSPORIN (NEOMYCIN-POLYMYXIN-GRAMICIDIN) OPHTHALMIC SOLN | TOPICAL DOSE LIMIT | 1 BOTTLE PER 7 DAYS |
| OPHTHALMIC ANTI-INFECTIVES | POLYCIN (BACITRACIN POLYMYXIN B) OPHTHALMIC OINTMENT | TOPICAL DOSE LIMIT | 1 TUBE PER 30 DAYS |
| OPHTHALMIC ANTI-INFECTIVES | TOBREX OINT | TOPICAL DOSE LIMIT | 1 TUBE PER 5 DAYS |
| OPHTHALMIC ANTI-INFECTIVES | VIGAMOX SOLN (MOXIFLOXACIN HCL (OPHTH)) | TOPICAL DOSE LIMIT | 1 BOTTLE (3ML) PER 7 DAYS |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| OPHTHALMIC ANTI-INFECTIVES | VIROPTIC (TRIFLURIDINE) OPHTHALMIC SOLUTION | TOPICAL DOSE LIMIT | 1 BOTTLE (7.5ML) PER 14 DAYS |
| OPHTHALMIC STEROIDS | BLEPHAMIDE S.O.P. OINT | TOPICAL DOSE LIMIT | 1 TUBE PER 7 DAYS |
| OPHTHALMIC STEROIDS | DEXAMETHASONE SODIUM PHOSPHATE SOLN OP 0.1 % | TOPICAL DOSE LIMIT | 1 BOTTLE (5ML) PER 30 DAYS |
| OPHTHALMIC STEROIDS | FML (FLUOROMETHOLONE) OPHTHALMIC OINTMENT | TOPICAL DOSE LIMIT | 1 TUBE PER 30 DAYS |
| OPHTHALMIC STEROIDS | NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSP | TOPICAL DOSE LIMIT | 1 BOTTLE (7.5ML) PER 5 DAYS |
| OPHTHALMIC STEROIDS | PRED MILD (PREDNISOLONE ACETATE 0.12%) OPHTHALMIC SUSPENSION | TOPICAL DOSE LIMIT | 1 BOTTLE (10ML) PER 7 DAYS |
| OPHTHALMIC STEROIDS | TOBRADEX (TOBRAMYCIN DEXAMETHASONE) OPHTHALMIC OINT | TOPICAL DOSE LIMIT | 1 TUBE (3.5 GRAMS) PER 5 DAYS |
| OPHTHALMICS - MISC. | ALOCRIL OPHTHALMIC OLUTION | TOPICAL DOSE LIMIT | 5 ML PER 30 DAYS |
| OPHTHALMICS - MISC. | ALOMIDE OPHTHALMIC SOLUTION | TOPICAL DOSE LIMIT | 10 ML PER 30 DAYS |
| OPHTHALMICS - MISC. | NEVANAC SUSP | TOPICAL DOSE LIMIT | 3 ML PER 14 DAYS |
| OPIOID AGONISTS | ACTIQ (FENTANYL CITRATE) LOLLIPOP 1200MCG, 1600MCG | ORAL DOSE LIMIT | 2 UNITS PER DAY |
| OPIOID AGONISTS | ACTIQ (FENTANYL CITRATE) LOLLIPOP 200MCG, 400MCG, 600MCG, 800MCG | ORAL DOSE LIMIT | 4 UNITS PER DAY |
| OPIOID AGONISTS | AVINZA (MORPHINE SULFATE) ER CAPSULE 24 HOUR | DAILY DOSAGE | 1 CAPSULE PER DAY |
| OPIOID AGONISTS | CODEINE SULFATE TABS 30MG, 60MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID AGONISTS | CONZIP (TRAMADOL HCL) SR 24 HOUR CAPSULE | DAILY DOSAGE | 1 CAPSULE PER DAY |
| OPIOID AGONISTS | DEMEROL (MEPERIDINE HCL) SOLN 50MG/5ML | QUANTITY LIMIT<br>FILL FREQUENCY | 500 ML PER 5 DAYS |
| OPIOID AGONISTS | DEMEROL (MEPERIDINE HCL) TABS 50MG, 100MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID AGONISTS | DILAUDID (HYDROMORPHONE HCL) SUPPOSITORIES RECTAL 3MG | QUANTITY LIMIT<br>FILL FREQUENCY | 12 DOSES PER 3 DAYS |
| OPIOID AGONISTS | DILAUDID (HYDROMORPHONE HCL) TABS OR 2 MG, 4 MG, 8 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| OPIOID AGONISTS | DOLOPHINE (METHADONE HCL) TABS 10 MG | DAILY DOSAGE | 10 TABLETS PER DAY |
| OPIOID AGONISTS | DURAGESIC (FENTANYL) TRANSDERMAL PATCHES (72HOURS) 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR | QUANTITY LIMIT<br>FILL FREQUENCY | 10 PATCHES PER 30 DAYS |
| OPIOID AGONISTS | EMBEDA CAPSULE CONTROLLED RELEASE | DAILY DOSAGE | 2 CAPSULES PER DAY |
| OPIOID AGONISTS | EXALGO (HYDROMORPHONE HCL) 24 HOUR TABS 12MG, 16MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| OPIOID AGONISTS | EXALGO (HYDROMORPHONE HCL) 24 HOUR TABS 8MG | DAILY DOSAGE | 1 TABLET PER DAY |
| OPIOID AGONISTS | KADIAN (MORPHINE SULFATE) CAP CONTROLLED RELEASE 24 HOUR | DAILY DOSAGE | 2 CAPSULES PER DAY |
| OPIOID AGONISTS | METHADONE HCL SOLUTION 10MG/5ML | ORAL DOSE LIMIT | 50 ML PER DAY |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| OPIOID AGONISTS | METHADONE HCL SOLUTION 5MG/5ML | ORAL DOSE LIMIT | 100 ML PER DAY |
| OPIOID AGONISTS | METHADONE HCL TABS 40MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| OPIOID AGONISTS | METHADONE HCL TABS 5 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| OPIOID AGONISTS | METHADOSE (METHADONE HCL) CONCENTRATE SOLUTION 10 MG/ML | ORAL DOSE LIMIT | 10 ML PER DAY |
| OPIOID AGONISTS | MORPHINE SULFATE SOLN CONCENTRATE OR 100 MG/5ML | ORAL DOSE LIMIT | 10 ML PER DAY |
| OPIOID AGONISTS | MORPHINE SULFATE SOLN OR 10 MG/5ML | ORAL DOSE LIMIT | 100 ML PER DAY |
| OPIOID AGONISTS | MORPHINE SULFATE SOLN OR 20 MG/5ML | ORAL DOSE LIMIT | 50 ML PER DAY |
| OPIOID AGONISTS | MS CONTIN (MORPHINE SULFATE) TAB CONTROLLED RELEASE ORAL 15 MG, 30 MG, 60 MG, 100 MG, 200 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| OPIOID AGONISTS | MSIR (MORPHINE SULFATE) IMMEDIATE RELEASE TABS 15 MG, 30 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID AGONISTS | NUCYNTA (TAPENTADOL HCL) ER TABS 50MG, 100MG, 150MG, 200MG, 250MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| OPIOID AGONISTS | NUCYNTA (TAPENTADOL HCL) TABS 50MG, 75MG, 100MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID AGONISTS | OPANA (OXYMORPHONE HCL) TABS 10MG | DAILY DOSAGE | 12 TABLETS PER DAY |
| OPIOID AGONISTS | OPANA (OXYMORPHONE HCL) TABS 5MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID AGONISTS | OXYCODONE HCL CAPS 5 MG | DAILY DOSAGE | 6 CAPSULES PER DAY |
| OPIOID AGONISTS | OXYCODONE HCL CONCENTRATE SOLN 100 MG/5ML | ORAL DOSE LIMIT | 6 ML PER DAY |
| OPIOID AGONISTS | OXYCODONE HCL SOLN 5 MG/5ML | ORAL DOSE LIMIT | 30 ML PER DAY |
| OPIOID AGONISTS | OXYCODONE HCL TABS 5 MG, 10 MG, 15 MG, 20 MG, 30 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID AGONISTS | OXYCONTIN (OXYCODONE HCL) EXTENDED RELEASE TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| OPIOID AGONISTS | OXYMORPHONE HCL EXTENDED RELEASE TABS 5 MG, 10 MG, 15 MG, 20 MG, 30 MG, 7.5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| OPIOID AGONISTS | OXYMORPHONE HCL EXTENDED RELEASE TABS 40 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| OPIOID AGONISTS | ROXICODONE (OXYCODONE HCL) TABS 15MG, 30MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID AGONISTS | TRAMADOL HCL TB24 100 MG, 200 MG, 300 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| OPIOID AGONISTS | ULTRAM (TRAMADOL HCL) TABS 50 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| OPIOID ANTAGONISTS | NALOXONE 0.4MG/ML CARPUJECT, VIAL | QUANTITY LIMIT PER FILL | 2 ML PER FILL |
| OPIOID ANTAGONISTS | NARCAN 4MG NASAL SPRAY | QUANTITY LIMIT PER FILL | 1 PACKAGE (2 UNITS) PER FILL |
| OPIOID COMBINATIONS | ACETAMINOPHEN W/ CODEINE SOLN 120MG/5ML-12MG/5ML | ORAL DOSE LIMIT | 75 ML PER DAY |
| OPIOID COMBINATIONS | ACETAMINOPHEN W/ CODEINE TABS 300MG-15MG | DAILY DOSAGE | 13 TABLETS PER DAY |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| OPIOID COMBINATIONS | ACETAMINOPHEN W/ CODEINE TABS 300MG-30MG | DAILY DOSAGE | 12 TABLETS PER DAY |
| OPIOID COMBINATIONS | ACETAMINOPHEN W/ CODEINE TABS 300MG-60MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID COMBINATIONS | FIORICET W/ CODEINE (BUTALBITAL-ACETAMINOPHEN-CAFFEINE W/ CODEINE) CAPS 325MG-50MG-40MG-30MG | DAILY DOSAGE | 6 CAPSULES PER DAY |
| OPIOID COMBINATIONS | FIORINAL W/ CODEINE (BUTALBITAL-ASPIRIN-CAFFEINE W/COD) CAPS | DAILY DOSAGE | 6 CAPSULES PER DAY |
| OPIOID COMBINATIONS | HYDROCODONE-ACETAMINOPHEN SOLN 7.5MG/15ML-325MG/15ML | ORAL DOSE LIMIT | 180 ML PER DAY |
| OPIOID COMBINATIONS | HYDROCODONE-ACETAMINOPHEN TABS 10MG-300MG, 10MG-325MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID COMBINATIONS | HYDROCODONE-ACETAMINOPHEN TABS 5MG-300MG, 5MG-325MG | DAILY DOSAGE | 10 TABLETS PER DAY |
| OPIOID COMBINATIONS | HYDROCODONE-ACETAMINOPHEN TABS 7.5MG-300MG, 7.5MG-325MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| OPIOID COMBINATIONS | HYDROCODONE-IBUPROFEN TABS 200MG-5MG, 200MG-10MG, 200MG-7.5MG | DAILY DOSAGE | 5 TABLETS PER DAY |
| OPIOID COMBINATIONS | OXYCODONE W/ ACETAMINOPHEN TABS 5MG-325MG, 10MG-325MG, 2.5MG-325MG, 7.5MG-325MG | DAILY DOSAGE | 12 TABLETS PER DAY |
| OPIOID COMBINATIONS | OXYCODONE-IBUPROFEN TABS 5-400MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| OPIOID COMBINATIONS | PERCODAN (OXYCODONE-ASPIRIN) TABS | DAILY DOSAGE | 12 TABLETS PER DAY |
| OPIOID COMBINATIONS | ULTRACET (TRAMADOL-ACETAMINOPHEN) TABS | DAILY DOSAGE | 4 TABLETS PER DAY |
| OPIOID PARTIAL AGONISTS | BUTRANS (BUPRENORPHINE) PATCH WK 5 MCG/HR, 10 MCG/HR, 20 MCG/HR | TOPICAL DOSE LIMIT | 4 PATCHES PER 28 DAYS |
| OPIOID PARTIAL AGONISTS | NALBUPHINE HCL SOLN 10 MG/ML, 20 MG/ML | ORAL DOSE LIMIT | 8 ML PER DAY |
| OPIOID PARTIAL AGONISTS | PENTAZOCINE-NALOXONE TABS 50MG-0.5MG | DAILY DOSAGE | 12 TABLETS PER DAY |
| OPIOID PARTIAL AGONISTS | SUBOXONE (BUPRENORPHINE-NALOXONE) FILM SL 8MG-2MG, 2MG-0.5MG | ORAL DOSE LIMIT | 3 FILMS PER DAY |
| OPIOID PARTIAL AGONISTS | SUBOXONE (BUPRENORPHINE-NALOXONE) TABS SL 8MG-2MG, 2MG-0.5MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| OPIOID PARTIAL AGONISTS | SUBUTEX (BUPRENORPHINE HCL) SUBL SL 2 MG, 8 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| OTIC AGENTS- MISCELLANEOUS | VOSOL (ACETIC ACID) OTIC SOLUTION | TOPICAL DOSE LIMIT | 15 ML PER 30 DAYS |
| OTIC COMBINATIONS | CIPRODEX SUSP | TOPICAL DOSE LIMIT | 8 ML PER 7 DAYS |
| OTIC COMBINATIONS | NEOMYCIN-POLYMYXIN-HC (OTIC) SOLN | TOPICAL DOSE LIMIT | 10 ML PER 10 DAYS |
| OTIC COMBINATIONS | VOSOL HC (ACETIC ACID- HYDROCORTISONE) OTIC SOLUTION | TOPICAL DOSE LIMIT | 10 ML PER 7 DAYS |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| PED MULTI VITAMINS W/FL & FE | PED MULTIVITAMINS W/FL & IRON SOLN 10MG/ML-0.25MG/ML-5UNIT/ML-0.6MG/ML-8MG/ML-1500UNIT/ML-400UNIT/ML-0.5MG/ML-0.4MG/ML-35MG/ML, 10MG/ML-5UNIT/ML-0.25MG/ML-0.6MG/ML-8MG/ML-1500UNIT/ML-400UNIT/ML-0.5MG/ML-0.4MG/ML-35MG/ML, 10MG/ML-5UNIT/ML-0.25MG/ML-8MG/ML-0.6MG/ML-1500UNIT/ML-400UNIT/ML-0.5MG/ML-0.4MG/ML-35MG/ML, 5UNIT/ML-10MG/ML-0.25MG/ML-8MG/ML-0.6MG/ML-1500UNIT/ML-400UNIT/ML-0.5MG/ML-0.4MG/ML-35MG/ML | ORAL DOSE LIMIT | 50 ML PER 30 DAYS |
| PED MV W/ FLUORIDE | FLORIVA PLUS (PEDIATRIC MULTIVITAMINS W/FL) SOLN 0.25MG/ML-5UNIT/ML-0.6MG/ML-8MG/ML-1500UNIT/ML-2MCG/ML-400UNIT/ML-0.5MG/ML-0.4MG/ML-35MG/ML, 0.25MG/ML-5UNIT/ML-8MG/ML-0.6MG/ML-1500UNIT/ML-2MCG/ML-400UNIT/ML-0.5MG/ML-0.4MG/ML-35MG/ML, 0.5MG/ML-5UNIT/ML-0.6MG/ML-8MG/ML-1500UNIT/ML-2MCG/ML-400UNIT/ML-0.5MG/ML-0.4MG/ML-35MG/ML, 0.5MG/ML-5UNIT/ML-8MG/ML-0.6MG/ML-1500UNIT/ML-2MCG/ML-400UNIT/ML-0.5MG/ML-0.4MG/ML-35MG/ML, 5UNIT/ML-0.5MG/ML-0.6MG/ML-8MG/ML-1500UNIT/ML-2MCG/ML-400UNIT/ML-0.5MG/ML-0.4MG/ML-35MG/ML, 5UNIT/ML-0.5MG/ML-8MG/ML-0.6MG/ML-1500UNIT/ML-2MCG/ML-400UNIT/ML-0.5MG/ML-0.4MG/ML-35MG/ML, 5UNIT/ML-0.25MG/ML-0.6MG/ML-8MG/ML-1500UNIT/ML-2MCG/ML-400UNIT/ML-0.5MG/ML-0.4MG/ML-35MG/ML | ORAL DOSE LIMIT | 50 ML PER 30 DAYS |
| PED MV W/ FLUORIDE | MULTIVITAMIN/FLUORIDE CHEW 0.25MG-2500UNIT-13.5MG-1.2MG-4.5MCG-400UNIT-1.05MG-0.3MG-15UNIT-1.05MG-60MG, 0.5MG-2500UNIT-13.5MG-1.2MG-4.5MCG-400UNIT-1.05MG-0.3MG-15UNIT-1.05MG-60MG | DAILY DOSAGE | 30 TABLETS PER 30 DAYS |
| PED MV W/ FLUORIDE | MULTIVITAMIN/FLUORIDE CHEW 1MG-2500UNIT-13.5MG-1.2MG-4.5MCG-400UNIT-1.05MG-0.3MG-15UNIT-1.05MG-60MG | DAILY DOSAGE | 30 TABLETS PER 30 DAYS |
| PED MV W/ FLUORIDE | PEDIATRIC MULTIVITAMINS W/FL CHEW 0.5MG-2500UNIT-13.5MG-1.2MG-4.5MCG-400UNIT-1.05MG-0.3MG-15UNIT-1.05MG-60MG, 15UNIT-0.25MG-2500UNIT-13.5MG-1.2MG-4.5MCG-400UNIT-1.05MG-0.3MG-1.05MG-60MG | DAILY DOSAGE | 30 TABLETS PER 30 DAYS |
| PED MV W/ FLUORIDE | PEDIATRIC MULTIVITAMINS W/FL CHEW 15UNIT-1MG-2500UNIT-13.5MG-1.2MG-4.5MCG-400UNIT-1.05MG-0.3MG-1.05MG-60MG | DAILY DOSAGE | 30 TABLETS PER 30 DAYS |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| PED MV W/ FLUORIDE | PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.25MG/ML-1500UNIT/ML-400UNIT/ML-35MG/ML | QUANTITY LIMIT<br>FILL FREQUENCY | 500 ML PER 31 DAYS |
| PED MV W/ FLUORIDE | QUFLORA PEDIATRIC CHEW (MULTIVITAMIN/FLUORIDE CHEW) 108MCG-1MG-15UNIT-0.5MG-15MG-1200UNIT-5MG-1.3MG-4MCG-400UNIT-1.2MG-100MCG-1.5MG-60MG, 108MCG-1MG-15UNIT-0.25MG-15MG-1200UNIT-5MG-1.3MG-4MCG-400UNIT-1.2MG-100MCG-1.5MG-60MG | DAILY DOSAGE | 1 TABLET PER DAY |
| PED MV W/ FLUORIDE | QUFLORA PEDIATRIC CHEW (MULTIVITAMIN/FLUORIDE CHEW) 1MG-2500UNIT-13.5MG-1.2MG-4.5MCG-400UNIT-1.05MG-0.3MG-15UNIT-1.05MG-60MG | QUANTITY LIMIT<br>FILL FREQUENCY | 50 TABLETS PER 30 DAYS |
| PED MV W/ FLUORIDE | QUFLORA PEDIATRIC SOLN 150MCG/ML-1MG/ML-0.5MG/ML-12MG/ML-1100UNIT/ML-2MG/ML-1MG/ML-3MCG/ML-400UNIT/ML-1MG/ML-81MCG/ML-12UNIT/ML-1MG/ML-45MG/ML, 65MCG/ML-1MG/ML-0.25MG/ML-10MG/ML-1000UNIT/ML-0.8MG/ML-0.6MG/ML-2MCG/ML-400UNIT/ML-0.5MG/ML-35MCG/ML-5UNIT/ML-0.4MG/ML-35MG/ML | ORAL DOSE LIMIT | 50 ML PER 30 DAYS |
| PEDIATRIC MULTIPLE VITAMINS | PEDIATRIC MULTIPLE VITAMIN W/ C & FA CHEW 15UNIT-400UNIT-13.5MG-1.2MG-2500UNIT-4.5MCG-0.3MG-60MG, 15UNIT-0.75MG-2500UNIT-5MG-0.85MG-3MCG-200UNIT-200MCG-1MG-30MG, 15UNIT-5MG-1.05MG-10MG-1.2MG-4.5MCG-400UNIT-300MCG-1.05MG-60MG, 15UNIT-1.05MG-1998UNIT-10MG-1.2MG-4.5MCG-400UNIT-300MCG-1.05MG-60MG, 15UNIT-1.05MG-13.5MG-1.2MG-2500UNIT-4.5MCG-400UNIT-0.3MG-1.05MG-60MG, 15UNIT-1.05MG-60MG-2500UNIT-13.5MG-1.2MG-4.5MCG-400UNIT-0.3MG-1.05MG, 15UNIT-2500UNIT-13.5MG-1.2MG-4.5MCG-400UNIT-1.05MG-0.3MG-1.05MG-60MG, 15UNIT-1.05MG-2500UNIT-13.5MG-1.2MG-4.5MCG-300MCG-1.05MG-60MG-400UNIT, 15UNIT-2500UNIT-1.2MG-4.5MCG-400UNIT-1.05MG-13.5MG-300MCG-1.05MG-60MG, 10MG-400UNIT-1.05MG-60MG-1998UNIT-10MG-1.2MG-4.5MCG-300MCG-15UNIT-1.05MG | DAILY DOSAGE | 30 TABLETS PER 30 DAYS |
| PEDIATRIC MULTIPLE VITAMINS | PEDIATRIC MULTIPLE VITAMIN W/ C & FA CHEW 15UNIT-400UNIT-13.5MG-1.2MG-2500UNIT-4.5MCG-0.3MG-60MG, 15UNIT-1.05MG-60MG-2500UNIT-13.5MG-1.2MG-4.5MCG-400UNIT-0.3MG-1.05MG | DAILY DOSAGE | 30 TABLETS PER 30 DAYS |
| PENICILLIN COMBINATIONS | AUGMENTIN (AMOXICILLIN & POT CLAVULANATE) CHEW | QUANTITY LIMIT PER FILL | 20 TABLETS PER FILL |
| PENICILLIN COMBINATIONS | AUGMENTIN (AMOXICILLIN & POT CLAVULANATE) TABS 250MG-125MG | QUANTITY LIMIT PER FILL | 30 TABLETS PER FILL |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| PENICILLIN COMBINATIONS | AUGMENTIN XR (AMOXICILLIN & POT CLAVULANATE) TAB 12 HOUR | QUANTITY LIMIT<br>FILL FREQUENCY | 40 TABLETS PER 30 DAYS |
| PHENOTHIAZINES | CHLORPROMAZINE HCL TABS OR 10 MG | DAILY DOSAGE | 80 TABLETS PER DAY |
| PHENOTHIAZINES | CHLORPROMAZINE HCL TABS OR 100 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| PHENOTHIAZINES | CHLORPROMAZINE HCL TABS OR 200 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| PHENOTHIAZINES | CHLORPROMAZINE HCL TABS OR 25 MG | ORAL DOSE LIMIT | 32 TABLETS PER DAY |
| PHENOTHIAZINES | CHLORPROMAZINE HCL TABS OR 50 MG | DAILY DOSAGE | 16 TABLETS PER DAY |
| PHENOTHIAZINES | COMPAZINE (PROCHLORPERAZINE) SUPP | TOPICAL DOSE LIMIT | 2 DOSES PER DAY |
| PHENOTHIAZINES | PERPHENAZINE TABS 2 MG, 4 MG, 8 MG, 16 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| PHENOTHIAZINES | THIORIDAZINE HCL TABS 10 MG, 25 MG, 50 MG, 100 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| PHENOTHIAZINES | TRIFLUOPERAZINE HCL TABS 1 MG, 2 MG, 5 MG, 10 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| PHOSPHATE | K-PHOS NEUTRAL TABS (POT PHOSPHATE MONOBASIC W/ SOD PHOSPHATE DIBASIC & MONOBASIC) | DAILY DOSAGE | 8 TABLETS PER DAY |
| PHOSPHATE | POT PHOSPHATE MONOBASIC W/ SOD PHOSPHATE DIBASIC & MONOBASIC TABS | DAILY DOSAGE | 8 TABLETS PER DAY |
| PHOSPHATE BINDER AGENTS | RENAGEL TABS 800 MG | ORAL DOSE LIMIT | 480 TABLETS PER 30 DAYS |
| PLATELET AGGREGATION INHIBITORS | EFFIENT (PRASUGREL HCL) TABS 5 MG, 10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| POSTERIOR PITUITARY HORMONES | DDAVP (DESMOPRESSIN ACETATE SPRAY) SOLN NASAL 0.01% | TOPICAL DOSE LIMIT | 5 ML PER 25 DAYS |
| POSTERIOR PITUITARY HORMONES | DDAVP (DESMOPRESSIN ACETATE) TABS OR 0.1 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| POSTERIOR PITUITARY HORMONES | DDAVP (DESMOPRESSIN ACETATE) TABS OR 0.2 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| POSTERIOR PITUITARY HORMONES | DESMOPRESSIN ACETATE SPRAY REFRIGERATED SOLN | TOPICAL DOSE LIMIT | 5 ML PER 25 DAYS |
| POTASSIUM REMOVING AGENTS | SODIUM POLYSTYRENE SULFONATE POWD ORAL | QUANTITY LIMIT<br>FILL FREQUENCY | 1 BOTTLE (454 GRAMS)<br>PER 30 DAYS |
| PRENATAL VITAMINS | COMPLETENATE CHEW | DAILY DOSAGE | 1 TABLET PER DAY |
| PRENATAL VITAMINS | SE-NATAL 19 CHEW | DAILY DOSAGE | 1 TABLET PER DAY |
| PRENATAL VITAMINS | SE-NATAL 19 TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| PRENATAL VITAMINS | THRIVITE 19 TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| PRENATAL VITAMINS | THRIVITE RX TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| PRENATAL VITAMINS | TRIADVANCE TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| PRENATAL VITAMINS | TRICARE TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| PRENATAL VITAMINS | TRINATAL GT TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| PRENATAL VITAMINS | TRINATAL RX 1 TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| PRENATAL VITAMINS | VINATE ONE TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| PRENATAL VITAMINS | VITAFOL-OB TABS | DAILY DOSAGE | 1 TABLET PER DAY |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| PRENATAL VITAMINS | VOL-PLUS TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| PRENATAL VITAMINS | VOL-TAB RX TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| PROGESTIN CONTRACEPTIVES - IMPLANTS | NEXPLANON IMPL | FILL FREQUENCY | 1 DEVICE PER 365 DAYS |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | DEPO-PROVERA (MEDROXYPROGESTERONE ACETATE) SUSPENSION SYRINGE, VIAL (CONTRACEPTIVE) | INJECTABLE DOSE LIMIT | 1 DOSE PER FILL |
| PROGESTIN CONTRACEPTIVES - IUD | MIRENA IUD | FILL FREQUENCY | 1 DEVICE PER 365 DAYS |
| PROGESTIN CONTRACEPTIVES - IUD | SKYLA IUD | FILL FREQUENCY | 1 DEVICE PER 365 DAYS |
| PROGESTINS | MAKENA OIL | INJECTABLE DOSE LIMIT | 2 DOSES PER 14 DAYS |
| PROGESTINS | PROMETRIUM (PROGESTERONE MICRONIZED) CAPS 200 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| PROGESTINS | PROMETRIUM (PROGESTERONE MICRONIZED) CAPS 100 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| PROTON PUMP INHIBITORS | ACIPHEX (RABEPRAZOLE SODIUM) TABLET EC | DAILY DOSAGE | 1 TABLET PER DAY |
| PROTON PUMP INHIBITORS | DEXILANT (DEXLANSOPRAZOLE) CPDR 30 MG, 60 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| PROTON PUMP INHIBITORS | NEXIUM (ESOMEPRAZOLE MAGNESIUM) CPDR 20 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| PROTON PUMP INHIBITORS | NEXIUM (ESOMEPRAZOLE MAGNESIUM) CPDR 40 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| PROTON PUMP INHIBITORS | NEXIUM PACKET 10 MG, 20 MG, 40 MG | DAILY DOSAGE | 1 PACKET PER DAY |
| PROTON PUMP INHIBITORS | OMEPRAZOLE MAGNESIUM CPDR 20.6 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| PROTON PUMP INHIBITORS | PREVACID (LANSOPRAZOLE) CPDR 15 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| PROTON PUMP INHIBITORS | PREVACID (LANSOPRAZOLE) CPDR 30 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| PROTON PUMP INHIBITORS | PREVACID SOLUTAB TABLET DISPERSABLE 15 MG (LANSOPRAZOLE) | DAILY DOSAGE | 2 TABLETS PER DAY |
| PROTON PUMP INHIBITORS | PREVACID SOLUTAB TABLET DISPERSABLE 30 MG (LANSOPRAZOLE) | DAILY DOSAGE | 1 TABLET PER DAY |
| PROTON PUMP INHIBITORS | PRILOSEC (OMEPRAZOLE) CAPS DR 10 MG, 20MG, 40 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| PROTON PUMP INHIBITORS | PRILOSEC OTC (OMEPRAZOLE) TABLET ENTERIC COATED 20 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| PROTON PUMP INHIBITORS | PROTONIX (PANTOPRAZOLE SODIUM) TBEC OR 20 MG, 40 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | ORAP (PIMOZIDE) TABS 1MG | DAILY DOSAGE | 10 TABLETS PER DAY |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | ORAP (PIMOZIDE) TABS 2MG | DAILY DOSAGE | 5 TABLETS PER DAY |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS | REVATIO (SILDENAFIL CITRATE) (PULMONARY HYPERTENSION) TABS | DAILY DOSAGE | 3 TABLETS PER DAY |
| PYRIMIDINE SYNTHESIS INHIBITORS | ARAVA (LEFLUNOMIDE) TABLETS 10MG, 20MG | DAILY DOSAGE | 1 TABLET PER DAY |
| QUINOLINONE DERIVATIVES | ABILIFY (ARIPIPRAZOLE) ORAL SOLUTION 1MG/ML | ORAL DOSE LIMIT | 25 ML PER DAY |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| QUINOLINONE DERIVATIVES | ABILIFY (ARIPIPRAZOLE) TABS 2 MG, 5 MG, 10 MG, 15 MG, 20 MG, 30 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| QUINOLINONE DERIVATIVES | ABILIFY DISCMELT (ARIPIPRAZOLE) ORAL DISINTEGRATING TABLET | DAILY DOSAGE | 1 TABLET PER DAY |
| RESPIRATORY THERAPY SUPPLIES-SPACERS, MASKS, MOUTHPIECE DEVICES, VALVED HOLDING CHAMBERS | MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING | FILL FREQUENCY | 2 DEVICES PER 365 DAYS |
| ROSACEA AGENTS | METROCREAM (METRONIDAZOLE) TOPICAL CREAM 0.75 % | TOPICAL DOSE LIMIT | 1 TUBE (45GM) PER 30 DAYS |
| ROSACEA AGENTS | METROGEL (METRONIDAZOLE) TOPICAL GEL 0.75 % | TOPICAL DOSE LIMIT | 2 TUBE (45GM) PER 30 DAYS |
| SCABICIDES & PEDICULICIDES | EURAX CREAM | TOPICAL DOSE LIMIT | 60 GRAMS PER 30 DAYS |
| SCABICIDES & PEDICULICIDES | MALATHION LOTN | TOPICAL DOSE LIMIT | 59 ML PER 9 DAYS |
| SCABICIDES & PEDICULICIDES | NATROBA SUSPENSION | TOPICAL DOSE LIMIT | 120 ML PER 7 DAYS |
| SCABICIDES & PEDICULICIDES | PERMETHRIN CREA 5 % | TOPICAL DOSE LIMIT | 1 TUBE (60 GRAMS) PER 7 DAYS |
| SCABICIDES & PEDICULICIDES | SKLICE LOTION | TOPICAL DOSE LIMIT | 120 GRAMS PER 14 DAYS |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) | EPLERENONE TABS 25 MG, 50 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | DALIRESP TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | CELEXA (CITALOPRAM HYDROBROMIDE) SOLN 10 MG/5ML | ORAL DOSE LIMIT | 20 ML PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | CELEXA (CITALOPRAM HYDROBROMIDE) TABS 10 MG, 20 MG, 40 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | LEXAPRO (ESCITALOPRAM OXALATE) SOLN 5 MG/5ML | ORAL DOSE LIMIT | 20 ML PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | LEXAPRO (ESCITALOPRAM OXALATE) TABS 10 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | LEXAPRO (ESCITALOPRAM OXALATE) TABS 20 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | LEXAPRO (ESCITALOPRAM OXALATE) TABS 5 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | LUVOX (FLUVOXAMINE MALEATE) CP24 100 MG, 150 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | LUVOX (FLUVOXAMINE MALEATE) TABS 25 MG, 50 MG, 100 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | PAXIL (PAROXETINE ) SUSPENSION 10MG/5ML | ORAL DOSE LIMIT | 30 ML PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | PROZAC (FLUOXETINE HCL) DELAYED RELEASE CAPSULES 90MG | QUANTITY LIMIT<br>FILL FREQUENCY | 4 CAPSULES PER 28 DAYS |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | ZOLOFT (SERTRALINE HCL) CONC 20 MG/ML LIQUID | ORAL DOSE LIMIT | 10 ML PER DAY |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | ZOLOFT (SERTRALINE HCL) TABS 100 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | ZOLOFT (SERTRALINE HCL) TABS 25 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | ZOLOFT (SERTRALINE HCL) TABS 50 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| SEROTONIN AGONISTS | AMERGE (NARATRIPTAN HCL) TABS 1MG, 2.5MG | QUANTITY LIMIT FILL FREQUENCY | 9 TABLETS PER 30 DAYS |
| SEROTONIN AGONISTS | AXERT (ALMOTRIPTAN MALATE) TABS | QUANTITY LIMIT FILL FREQUENCY | 6 TABLETS PER 30 DAYS |
| SEROTONIN AGONISTS | FROVA (FROVASTRIPTAN SUCCINATE) TABS | QUANTITY LIMIT FILL FREQUENCY | 6 TABLETS PER 30 DAYS |
| SEROTONIN AGONISTS | IMITREX (SUMATRIPTAN SUCCINATE) NASAL SOLN 5 MG/ACT, 20 MG/ACT | QUANTITY LIMIT FILL FREQUENCY | 6 DOSES PER 30 DAYS |
| SEROTONIN AGONISTS | IMITREX (SUMATRIPTAN SUCCINATE) SOLUTION CARTRIDGE SC 4 MG/0.5ML, 6 MG/0.5ML | INJECTABLE DOSE LIMIT | 4 ML PER 30 DAYS |
| SEROTONIN AGONISTS | IMITREX (SUMATRIPTAN SUCCINATE) SOLUTION SYRINGE SC 6 MG/0.5ML | INJECTABLE DOSE LIMIT | 4 ML PER 30 DAYS |
| SEROTONIN AGONISTS | IMITREX (SUMATRIPTAN SUCCINATE) STATDOSE SOLUTION AUTO INJECTOR SC 4 MG/0.5ML, 6 MG/0.5ML | INJECTABLE DOSE LIMIT | 4 ML PER 30 DAYS |
| SEROTONIN AGONISTS | IMITREX (SUMATRIPTAN SUCCINATE) TABS OR 25 MG, 50 MG, 100 MG | QUANTITY LIMIT FILL FREQUENCY | 9 TABLETS PER 30 DAYS |
| SEROTONIN AGONISTS | MAXALT (RIZATRIPTAN BENZOATE) TABS, ORAL DISINTEGRATING TABS | QUANTITY LIMIT FILL FREQUENCY | 18 TABLETS PER 30 DAYS |
| SEROTONIN AGONISTS | ONZETRA XSAIL (SUMATRIPTAN SUCCINATE) EXHALER POWDER | QUANTITY LIMIT FILL FREQUENCY | 8 DOSES PER 30 DAYS |
| SEROTONIN AGONISTS | RELPAX TABS 20 MG, 40 MG (ELETRIPTAN HYDROBROMIDE) | QUANTITY LIMIT FILL FREQUENCY | 6 TABLETS PER 30 DAYS |
| SEROTONIN AGONISTS | SUMAVEL (SUMATRITAPN SUCCINATE) DOSEPRO JET INJECTOR 6 MG/0.5ML | INJECTABLE DOSE LIMIT | 4 ML PER 30 DAYS |
| SEROTONIN AGONISTS | ZEMBRACE SYMTOUCH (SUMATRIPTAN SUCCINATE) AUTO INJECTOR | INJECTABLE DOSE LIMIT | 4 ML PER 30 DAYS |
| SEROTONIN AGONISTS | ZOMIG (ZOLMITRIPTAN) NASAL SOLUTION 5 MG | QUANTITY LIMIT FILL FREQUENCY | 6 DOSES PER 30 DAYS |
| SEROTONIN AGONISTS | ZOMIG (ZOLMITRIPTAN) TABS 5 MG, 2.5 MG | QUANTITY LIMIT FILL FREQUENCY | 6 TABLETS PER 30 DAYS |
| SEROTONIN AGONISTS | ZOMIG ZMT (ZOLMITRIPTAN) TABLETS DISPERSABLE 5 MG, 2.5 MG | QUANTITY LIMIT FILL FREQUENCY | 6 TABLETS PER 30 DAYS |
| SEROTONIN MODULATORS | NEFAZODONE HCL TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| SEROTONIN MODULATORS | TRAZODONE HCL TABS 50 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SEROTONIN MODULATORS | VIIBRYD ( VILAZODONE) TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | CYMBALTA (DULOXETINE HCL) CAPSULE 20 MG, 30 MG, 60 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | EFFEXOR (VENLAFAXINE HCL) CAPS 24 HOUR 37.5 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | EFFEXOR (VENLAFAXINE HCL) CAPS 24 HOUR 75 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | EFFEXOR (VENLAFAXINE HCL) CAPS 24 HOUR 150 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | EFFEXOR (VENLAFAXINE HCL) TABS | DAILY DOSAGE | 3 TABLETS PER DAY |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | PRISTIQ (DESVENLAFAXINE SUCCINATE) TB24 100 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | PRISTIQ (DESVENLAFAXINE SUCCINATE) TB24 50 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | VENLAFAXINE HCL 24 HOUR TAB 37.5MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | VENLAFAXINE HCL 24 HOUR TAB 75MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | VENLAFAXINE HCL 24 HOUR TABS 150MG, 225MG | DAILY DOSAGE | 1 TABLET PER DAY |
| SMOKING DETERRENTS | BUPROPION HCL (SMOKING DETERRENT)TB12 | DAILY DOSAGE | 2 TABLETS PER DAY |
| SMOKING DETERRENTS | CHANTIX CONTINUING MONTHPAK TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| SMOKING DETERRENTS | CHANTIX STARTING MONTH PAK TABS | QUANTITY LIMIT<br>FILL FREQUENCY | 1 STARTING PAK EVERY 12 WEEKS |
| SMOKING DETERRENTS | CHANTIX TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| SMOKING DETERRENTS | NICORETTE GUM 2 MG, 4 MG (NICOTINE POLACRILEX) | DAILY DOSAGE<br>FILL LIMIT PER YEAR | 24 PIECES PER DAY<br>12 WEEKS PER YEAR |
| SMOKING DETERRENTS | NICORETTE LOZG 2 MG, 4 MG (NICOTINE POLACRILEX) | DAILY DOSAGE<br>FILL LIMIT PER YEAR | 20 PIECES PER DAY<br>12 WEEKS PER YEAR |
| SMOKING DETERRENTS | NICORETTE MINI LOZG 2 MG, 4 MG (NICOTINE POLACRILEX) | DAILY DOSAGE<br>FILL LIMIT PER YEAR | 20 PIECES PER DAY<br>12 WEEKS PER YEAR |
| SMOKING DETERRENTS | NICORETTE STARTER KIT GUM (NICOTINE POLACRILEX) | DAILY DOSAGE<br>FILL LIMIT PER YEAR | 24 PIECES PER DAY<br>12 WEEKS PER YEAR |
| SMOKING DETERRENTS | NICOTINE POLACRILEX GUM 2 MG, 4 MG | DAILY DOSAGE<br>FILL LIMIT PER YEAR | 24 PIECES PER DAY<br>12 WEEKS PER YEAR |
| SMOKING DETERRENTS | NICOTINE POLACRILEX GUM 2 MG, 4 MG | DAILY DOSAGE<br>FILL LIMIT PER YEAR | 24 PIECES PER DAY<br>12 WEEKS PER YEAR |
| SMOKING DETERRENTS | NICOTINE PT24 14 MG/24HR | TOPICAL DOSE LIMIT | 84 PATCHES PER 365 DAYS |
| SMOKING DETERRENTS | NICOTINE PT24 7 MG/24HR, 14 MG/24HR, 21 MG/24HR | TOPICAL DOSE LIMIT | 84 PATCHES PER 365 DAYS |
| SMOKING DETERRENTS | NICOTINE TRANSDERMAL SYSTEM KIT | TOPICAL DOSE LIMIT | 84 PATCHES PER 365 DAYS |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS | ENBREL SOLUTION SYRINGE 50 MG/ML | INJECTABLE DOSE LIMIT | 4 ML PER 28 DAYS |
| STEROID INHALANTS | ALVESCO (CICLESONIDE) METERED DOSE INHALER | FILL FREQUENCY | 1 INHALER PER 30 DAYS |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| STEROID INHALANTS | ASMANEX TWISTHALER 120 METERED DOSES AEPB | FILL FREQUENCY | 2 INHALER PER 30 DAYS |
| STEROID INHALANTS | ASMANEX TWISTHALER 30 METERED DOSES AEPB | FILL FREQUENCY | 3 INHALER PER 30 DAYS |
| STEROID INHALANTS | ASMANEX TWISTHALER 60 METERED DOSES AEPB | FILL FREQUENCY | 4 INHALER PER 30 DAYS |
| STEROID INHALANTS | FLOVENT DISKUS AEPB 50 MCG/BLIST, 100 MCG/BLIST, 250 MCG/BLIST | DAILY DOSAGE | 2 INHALATIONS PER DAY |
| STEROID INHALANTS | FLOVENT HFA AERO 44 MCG/ACT, 110 MCG/ACT, 220 MCG/ACT | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS |
| STEROID INHALANTS | PULMICORT (BUDESONIDE) (INHALATION) SUSP 0.25 MG/2ML, 0.5 MG/2ML | INHALATION DOSE LIMIT | 2 DOSES PER DAY |
| STEROID INHALANTS | PULMICORT FLEXHALER (BUDESONIDE) INHLAER | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS |
| STEROID INHALANTS | QVAR REDIHALER (40MCG, 80MCG/ DOSE) | INHALATION DOSE LIMIT | 2 INHALER PER 30 DAYS |
| STIMULANTS - MISC. | CONCERTA (METHYLPHENIDATE HCL) TABLET CONTROLLED RELEASE 18 MG, 27 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| STIMULANTS - MISC. | CONCERTA (METHYLPHENIDATE HCL) TABLET CONTROLLED RELEASE 36MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| STIMULANTS - MISC. | CONCERTA (METHYLPHENIDATE HCL) TABLET CONTROLLED RELEASE 54MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| STIMULANTS - MISC. | DAYTRANA PATCH | TOPICAL DOSE LIMIT | 30 PATCHES PER 30 DAYS |
| STIMULANTS - MISC. | FOCALIN (DEXMETHYLPHENIDATE HCL) TABS 5 MG, 10 MG, 2.5 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| STIMULANTS - MISC. | FOCALIN XR (DEXMETHYLPHENIDATE HCL) CAPSULE 24 HOUR 30 MG, 35 MG, 40 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| STIMULANTS - MISC. | FOCALIN XR (DEXMETHYLPHENIDATE HCL) CAPSULE 24 HOUR 10 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| STIMULANTS - MISC. | FOCALIN XR (DEXMETHYLPHENIDATE HCL) CAPSULE 24 HOUR 15 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| STIMULANTS - MISC. | FOCALIN XR (DEXMETHYLPHENIDATE HCL) CAPSULE 24 HOUR 5 MG, 20 MG, 25 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| STIMULANTS - MISC. | FOCALIN XR (DEXMETHYLPHENIDATE HCL) CAPSULE 24 HOUR 20MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| STIMULANTS - MISC. | METADATE (METHYLPHENIDATE HCL) CD CAP CONTROLLED RELEASE 10MG, 20MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| STIMULANTS - MISC. | METADATE (METHYLPHENIDATE HCL) CD CAP CONTROLLED RELEASE 30MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| STIMULANTS - MISC. | METADATE (METHYLPHENIDATE HCL) CD CAP CONTROLLED RELEASE 40MG, 50MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| STIMULANTS - MISC. | METADATE (METHYLPHENIDATE HCL) CD CAP CONTROLLED RELEASE 60 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| STIMULANTS - MISC. | METADATE ER (METHYLPHENIDATE HCL) TABS EXTENDED RELEASE 20MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| STIMULANTS - MISC. | METHYLIN ER (METHYLPHENIDATE HCL) TABS EXTENDED RELEASE 10MG | DAILY DOSAGE | 7 TABLETS PER DAY |
| STIMULANTS - MISC. | NUVIGIL (ARMODAFINIL) TABLETS 50MG, 150MG, 200 MG, 250MG | DAILY DOSAGE | 1 TABLET PER DAY |
| STIMULANTS - MISC. | PROVIGIL (MODAFINIL) TABS 100 MG, 200MG | DAILY DOSAGE | 1 TABLET PER DAY |
| STIMULANTS - MISC. | RITALIN (METHYLPHENIDATE HCL) TABS 10 MG | DAILY DOSAGE | 7 TABLETS PER DAY |
| STIMULANTS - MISC. | RITALIN (METHYLPHENIDATE HCL) TABS 20 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| STIMULANTS - MISC. | RITALIN (METHYLPHENIDATE HCL) TABS 5 MG | DAILY DOSAGE | 14 TABLETS PER DAY |
| STIMULANTS - MISC. | RITALIN LA (METHYLPHENIDATE HCL) CAPSULE 24 HOUR 10 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| STIMULANTS - MISC. | RITALIN LA (METHYLPHENIDATE HCL) CAPSULE 24 HOUR 20 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| STIMULANTS - MISC. | RITALIN LA (METHYLPHENIDATE HCL) CAPSULE 24 HOUR 30 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| STIMULANTS - MISC. | RITALIN LA (METHYLPHENIDATE HCL) CAPSULE 24 HOUR 40 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| SUCCINIMIDES | ZARONTIN (ETHOSUXIMIDE) CAPSULES 250 MG | DAILY DOSAGE | 6 CAPSULES PER DAY |
| SUCCINIMIDES | ZARONTIN (ETHOSUXIMIDE) SOLN 250 MG/5ML | ORAL DOSE LIMIT | 30 ML PER DAY |
| SULFONYLUREAS | TOLAZAMIDE TABS 250 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| SULFONYLUREAS | TOLAZAMIDE TABS 500 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SULFONYLUREAS | TOLBUTAMIDE TABS | DAILY DOSAGE | 6 TABLETS PER DAY |
| SYMPATHOMIMETIC DECONGESTANTS | PSEUDOEPHEDRINE HCL TB12 120 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SYMPATHOMIMETICS | ADVAIR DISKUS AEPB 50MCG/DOSE-100MCG/DOSE, 50MCG/DOSE-250MCG/DOSE, 50MCG/DOSE-500MCG/DOSE | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | ADVAIR HFA AERO | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | ALBUTEROL SULFATE NEBU IN 0.083 % | INHALATION DOSE LIMIT | 375 ML PER 30 DAYS |
| SYMPATHOMIMETICS | ALBUTEROL SULFATE NEBU IN 0.63 MG/3ML, 0.083 %, 1.25 MG/3ML | INHALATION DOSE LIMIT | 375 ML (125 DOSES) PER 30 DAYS |
| SYMPATHOMIMETICS | ALBUTEROL SULFATE NEBULIZER SOLUTION CONCENTRATE 0.5 % | INHALATION DOSE LIMIT | 2 ML PER DAY |
| SYMPATHOMIMETICS | ARCAPTA (INDACATEROL MALEATE) POWDER FOR INHALATION<br>75MCG CAPS | INHALATION DOSE LIMIT | 1 DOSE PER DAY |
| SYMPATHOMIMETICS | BROVANA (ARFORMOTEROL TARTRATE) SOLUTION FOR INHALATION , 15MCG/2ML | INHALATION DOSE LIMIT | 2 DOSES PER DAY |
| SYMPATHOMIMETICS | COMBIVENT RESPIMAT AERS | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | DULERA AERO 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| SYMPATHOMIMETICS | IPRATROPIUM-ALBUTEROL SOLN | INHALATION DOSE LIMIT | 18 ML (6 DOSES) PER DAY |
| SYMPATHOMIMETICS | METAPROTERENOL SULFATE ORAL SYRUP 10MG/5ML | ORAL DOSE LIMIT | 30 ML PER DAY |
| SYMPATHOMIMETICS | PERFOROMIST (FORMOTEROL FUMARATE) SOLUTION FOR NEBULIZER | INHALATION DOSE LIMIT | 2 DOSES PER DAY |
| SYMPATHOMIMETICS | PROAIR HFA AERS | INHALATION DOSE LIMIT | 2 INHALERS PER 30 DAYS |
| SYMPATHOMIMETICS | PROVENTIL HFA AERS | INHALATION DOSE LIMIT | 2 INHALERS PER 30 DAYS |
| SYMPATHOMIMETICS | SEREVENT (SALMETEROL XINAFOATE) DISKUS 50MCG/DOSE | INHALATION DOSE LIMIT | 2 DOSES PER DAY |
| SYMPATHOMIMETICS | SYMBICORT AERO 4.5MCG/ACT-80MCG/ACT, 4.5MCG/ACT-160MCG/ACT | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | VENTOLIN HFA AERS | INHALATION DOSE LIMIT | 2 INHALERS PER 30 DAYS |
| SYMPATHOMIMETICS | XOPENEX (LEVALBUTEROL HCL) SOLUTION FOR NEBULIZER | INHALATION DOSE LIMIT | 2 DOSES PER DAY |
| SYMPATHOMIMETICS | XOPENEX (LEVALBUTEROL TARTRATE) 45MCG/ DOSE INHALER | INHALATION DOSE LIMIT | 2 INHALERS PER 30 DAYS |
| THIOXANTHENES | THIOTHIXENE CAPS 1 MG, 2 MG, 5 MG, 10 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| THROAT PRODUCTS - MISC. | SALAGEN (PILOCARPINE HCL) TABS 5 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| TRICYCLIC AGENTS | NORPRAMIN (DESIPRAMINE HCL) TABS 25 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| TRICYCLIC AGENTS | NORTRIPTYLINE HCL SOLUTION 10MG/5ML | ORAL DOSE LIMIT | 20 ML PER DAY |
| ULCER THERAPY COMBINATIONS | ZEGERID (OMEPRAZOLE-SODIUM BICARBONATE) CAPS 20MG-1100MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ULCER THERAPY COMBINATIONS | ZEGERID (OMEPRAZOLE-SODIUM BICARBONATE) CAPS 40MG-1100MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| URINARY ANTI-INFECTIVES | FURADANTIN (NITROFURANTOIN) SUSPENSION | ORAL DOSE LIMIT | 40 ML PER DAY |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | DETROL (TOLTERODINE TARTRATE) 1MG, 2MG TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | DETROL (TOLTERODINE TARTRATE) LA CAP 24 HOUR 2 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | DETROL (TOLTERODINE TARTRATE) LA CAP 24 HOUR 4 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | DITROPAN (OXYBUTYNIN CHLORIDE) TABS 5 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | ENABLEX (DARIFENACIN HYDROBROMIDE) 24 HOUR TABS 7.5MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | OXYBUTYNIN CHLORIDE SYRUP 5MG/5ML | QUANTITY LIMIT FILL FREQUENCY | 480ML PER 30 DAYS |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | TROSPIUM CHLORIDE TABS 20MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | VESICARE (SOLIFENACIN SUCCINATE) TABS 5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| VAGINAL ANTI-INFECTIVES | CLINDAMYCIN PHOSPHATE VAGINAL CREA | TOPICAL DOSE LIMIT | 1 TUBE (40 GRAMS) PER 7 DAYS |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|---|---|
| VAGINAL ANTI-INFECTIVES | METRONIDAZOLE VAGINAL GEL | TOPICAL DOSE LIMIT | 70 GRAMS PER 7 DAYS |
| VAGINAL ANTI-INFECTIVES | TERCONAZOLE VAGINAL SUPP 80 MG | DAILY DOSAGE | 3 DOSES PER 3 DAYS |
| VAGINAL ANTI-INFECTIVES | TIOCONAZOLE VAGINAL OINT | TOPICAL DOSE LIMIT | 1 DOSE PER 7 DAYS |
| VAGINAL ESTROGENS | ESTRADIOL VAGINAL CREA 0.1 MG/GM | TOPICAL DOSE LIMIT | 1 TUBE PER 30 DAYS |
| VAGINAL ESTROGENS | ESTRING RING | FILL FREQUENCY | 1 DEVICE PER FILL (RETAIL/MAIL) |
| VAGINAL ESTROGENS | PREMARIN CREA VA 0.625 MG/GM | TOPICAL DOSE LIMIT | 1 TUBE PER 30 DAYS |
| VALPROIC ACID | DEPAKOTE ER TB24 250 MG (DIVALPROEX SODIUM) | DAILY DOSAGE | 2 TABLETS PER DAY |
| VALPROIC ACID | DIVALPROEX SODIUM TB24 250 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| VITAMINS W/ LIPOTROPICS | VITAMINS W/ LIPOTROPICS CAPS 10000UNIT-3MG-0.5MG-2MG-75MG-58MG-30MG-2UNIT-0.5MG-4MG-40MG-15MG-31.4MG-2.5MG-2MCG-5MG-1MG-75MG-400UNIT | DAILY DOSAGE | 1 CAPSULE PER DAY |
| WATER SOLUBLE VITAMINS | ASCORBIC ACID TABS OR 1000 MG | QUANTITY LIMIT<br>FILL FREQUENCY | 100 TABLETS PER 34 DAYS |
| WATER SOLUBLE VITAMINS | ASCORBIC ACID TABS OR 500MG,<br>250 MG, 500 MG, 1000 MG, 14MG-25MG-500MG | QUANTITY LIMIT<br>FILL FREQUENCY | 100 TABLETS PER 34 DAYS |
| WATER SOLUBLE VITAMINS | RIBOFLAVIN TABS 25 MG | QUANTITY LIMIT<br>FILL FREQUENCY | 100 TABLETS PER 34 DAYS |
| WATER SOLUBLE VITAMINS | THIAMINE HCL TABS 100 MG | QUANTITY LIMIT<br>FILL FREQUENCY | 100 TABLETS PER 34 DAYS |
| WATER SOLUBLE VITAMINS | THIAMINE MONONITRATE TABS OR | QUANTITY LIMIT<br>FILL FREQUENCY | 100 TABLETS PER 34 DAYS |
| XANTHINES | THEOPHYLLINE SOLN 80 MG/15ML | ORAL DOSE LIMIT | 475 ML PER FILL |