

Quantity Limits



Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	12 HOUR DECONGESTANT	Pseudoephedrine HCl Tab SR 12HR 120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	1ST TIER UNIFINE PENTIPS/MINI/31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	1ST TIER UNIFINE PENTIPS29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	1ST TIER UNIFINE PENTIPS31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	1ST TIER UNIFINE PENTIPS31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	1ST TIER UNIFINE PENTIPS32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	1ST TIER UNIFINE PENTIPSPLUS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	8-MOP	Methoxsalen Cap 10 MG	Maximum Daily Dosage = 4 units
Daily Dosage	A THRU Z ADVANCED	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	A THRU Z ADVANCED ADULT FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	A THRU Z HIGH POTENCY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	A THRU Z SELECT	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	A THRU Z SELECT 50+ ADVANCED FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	A THRU Z SELECT 50+ MENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	A THRU Z SELECT ADVANCED	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	A THRU Z SELECT ULTIMATEWOMENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	A THRU Z ULTIMATE MENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ABACAVIR	Abacavir Sulfate Tab 300 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	ABACAVIR	Abacavir Sulfate Soln 20 MG/ML (Base Equiv)	Maximum Daily Dosage = 30 units
Daily Dosage	ABACAVIR/LAMIVUDINE	Abacavir Sulfate-Lamivudine Tab 600-300 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ABC PLUS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ABC PLUS SENIOR	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ABC PLUS SENIOR ADULTS 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ABILIFY	Aripiprazole Tab 2 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ABILIFY	Aripiprazole Tab 5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ABILIFY	Aripiprazole Tab 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ABILIFY	Aripiprazole Tab 15 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ABILIFY	Aripiprazole Tab 20 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ABILIFY	Aripiprazole Tab 30 MG	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

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Daily Dosage	ABILIFY	Aripiprazole Oral Solution 1 MG/ML	Maximum Daily Dosage = 25 units
Daily Dosage	ABILIFY DISCMELT	Aripiprazole Orally Disintegrating Tab 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ABILIFY DISCMELT	Aripiprazole Orally Disintegrating Tab 15 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ABSORICA	Isotretinoin Cap 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ABSORICA	Isotretinoin Cap 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ABSORICA	Isotretinoin Cap 30 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ABSORICA	Isotretinoin Cap 40 MG	Maximum Daily Dosage = 3 units
Daily Dosage	ACARBOSE	Acarbose Tab 25 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ACARBOSE	Acarbose Tab 50 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ACARBOSE	Acarbose Tab 100 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ACCOLATE	Zafirlukast Tab 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ACCOLATE	Zafirlukast Tab 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ACCU-CHEK ACTIVE STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ACCU-CHEK AVIVA	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ACCU-CHEK AVIVA PLUS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ACCU-CHEK COMFORT CURVE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ACCU-CHEK COMPACT PLUS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ACCU-CHEK COMPACT TEST DRUM	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ACCU-CHEK GUIDE	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ACCU-CHEK SMARTVIEW STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ACCUPRIL	Quinapril HCl Tab 5 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ACCUPRIL	Quinapril HCl Tab 10 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ACCURETIC	Quinapril-Hydrochlorothiazide Tab 10-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ACCURETIC	Quinapril-Hydrochlorothiazide Tab 20-25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ACCURETIC	Quinapril-Hydrochlorothiazide Tab 20-12.5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ACCUTREND GLUCOSE	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ACEON	Perindopril Erbumine Tab 8 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	ACETAMINOPHEN/CODEINE	Acetaminophen w/ Codeine Tab 300-30 MG	Maximum Daily Dosage = 12 units
Daily Dosage	ACETAMINOPHEN/CODEINE	Acetaminophen w/ Codeine Tab 300-15 MG	Maximum Daily Dosage = 13 units
Daily Dosage	ACETAMINOPHEN/CODEINE	Acetaminophen w/ Codeine Tab 300-60 MG	Maximum Daily Dosage = 6 units
Daily Dosage	ACETAMINOPHEN/CODEINE	Acetaminophen w/ Codeine Soln 120-12 MG/5ML	Maximum Daily Dosage = 75 units
Daily Dosage	ACETAMINOPHEN/CODEINE PHOSPHATE	Acetaminophen w/ Codeine Tab 300-30 MG	Maximum Daily Dosage = 12 units
Daily Dosage	ACIPHEX	Rabeprazole Sodium EC Tab 20 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ACITRETIN	Acitretin Cap 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ACITRETIN	Acitretin Cap 17.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ACITRETIN	Acitretin Cap 25 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ACTIGALL	Ursodiol Cap 300 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ACTIVELLA	Estradiol & Norethindrone Acetate Tab 0.5-0.1 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ACTIVELLA	Estradiol & Norethindrone Acetate Tab 1-0.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ACTONEL	Risedronate Sodium Tab 5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ACTONEL	Risedronate Sodium Tab 30 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ACTOPLUS MET	Pioglitazone HCl-Metformin HCl Tab 15-500 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ACTOPLUS MET	Pioglitazone HCl-Metformin HCl Tab 15-850 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ACTOPLUS MET XR	Pioglitazone HCl-Metformin HCl Tab SR 24HR 15-1000 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ACTOPLUS MET XR	Pioglitazone HCl-Metformin HCl Tab SR 24HR 30-1000 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ACTOS	Pioglitazone HCl Tab 15 MG (Base Equiv)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ACTOS	Pioglitazone HCl Tab 30 MG (Base Equiv)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ACTOS	Pioglitazone HCl Tab 45 MG (Base Equiv)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ACURA BLOOD GLUCOSE TESTSTRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ACYCLOVIR	Acyclovir Oint 5%	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	ACYCLOVIR	Acyclovir Tab 400 MG	Maximum Daily Dosage = 5 units
Daily Dosage	ADALAT CC	Nifedipine Tab SR 24HR 90 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ADALAT CC	Nifedipine Tab SR 24HR 30 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ADALAT CC	Nifedipine Tab SR 24HR 60 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ADDERALL	Amphetamine-Dextroamphetamine Tab 7.5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ADDERALL	Amphetamine-Dextroamphetamine Tab 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ADDERALL	Amphetamine-Dextroamphetamine Tab 12.5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ADDERALL	Amphetamine-Dextroamphetamine Tab 15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ADDERALL	Amphetamine-Dextroamphetamine Tab 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ADDERALL	Amphetamine-Dextroamphetamine Tab 30 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ADDERALL	Amphetamine-Dextroamphetamine Tab 20 MG	Maximum Daily Dosage = 3 units
Daily Dosage	ADDERALL	Amphetamine-Dextroamphetamine Tab 10 MG	Maximum Daily Dosage = 4 units
Daily Dosage	ADDERALL	Amphetamine-Dextroamphetamine Tab 12.5 MG	Maximum Daily Dosage = 4 units
Daily Dosage	ADDERALL	Amphetamine-Dextroamphetamine Tab 15 MG	Maximum Daily Dosage = 4 units
Daily Dosage	ADDERALL	Amphetamine-Dextroamphetamine Tab 5 MG	Maximum Daily Dosage = 8 units
Daily Dosage	ADDERALL XR	Amphetamine-Dextroamphetamine Cap SR 24HR 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ADDERALL XR	Amphetamine-Dextroamphetamine Cap SR 24HR 30 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ADDERALL XR	Amphetamine-Dextroamphetamine Cap SR 24HR 5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ADDERALL XR	Amphetamine-Dextroamphetamine Cap SR 24HR 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ADDERALL XR	Amphetamine-Dextroamphetamine Cap SR 24HR 15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ADDERALL XR	Amphetamine-Dextroamphetamine Cap SR 24HR 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ADVANCE INTUITION TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ADVANCE MICRO-DRAW TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ADVANCED DIABETIC MULTIVITAMIN FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	ADVICOR	Niacin-Lovastatin Tab SR 24HR 500-20 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ADVICOR	Niacin-Lovastatin Tab SR 24HR 750-20 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ADVICOR	Niacin-Lovastatin Tab SR 24HR 1000-20 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ADVOCATE INSULIN PEN NEEDLES	Insulin Pen Needle 33 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM	Insulin Pen Needle 29 G X 12.7 MM	Maximum Daily Dosage = 5 units
Daily Dosage	ADVOCATE INSULIN PEN NEEDLES 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	ADVOCATE INSULIN PEN NEEDLES 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/29GX1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/30GX5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/31GX5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/29GX1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/30GX5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/31GX5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ADVOCATE INSULIN SYRINGE/U- 100/1ML/29GX1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ADVOCATE INSULIN SYRINGE/U- 100/1ML/30GX5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ADVOCATE INSULIN SYRINGE/U- 100/1ML/31GX5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ADVOCATE REDI-CODE	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ADVOCATE REDI-CODE+ TESTSTRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ADVOCATE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	AFEDITAB CR	Nifedipine Tab SR 24HR 60 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	AGAMATRIX AMP NO CODE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	AGAMATRIX JAZZ TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	AGAMATRIX KEYNOTE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	AGAMATRIX PRESTO TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ALAVERT ALLERGY/SINUS	Loratadine & Pseudoephedrine Tab SR 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ALBUTEROL SULFATE	Albuterol Sulfate Soln Nebu 0.083% (2.5 MG/3ML)	Maximum Daily Dosage = 12.5 units
Daily Dosage	ALBUTEROL SULFATE	Albuterol Sulfate Soln Nebu 0.5% (5 MG/ML)	Maximum Daily Dosage = 2 units
Daily Dosage	ALENDRONATE SODIUM	Alendronate Sodium Tab 35 MG	Maximum Daily Dosage = 0.15 units
Daily Dosage	ALENDRONATE SODIUM	Alendronate Sodium Tab 70 MG	Maximum Daily Dosage = 0.15 units
Daily Dosage	ALENDRONATE SODIUM	Alendronate Sodium Oral Soln 70 MG/75ML	Maximum Daily Dosage = 10.8 units
Daily Dosage	ALERTAB	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	ALEVE	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ALEVE ARTHRITIS	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ALIVE ENERGY 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ALIVE MENS ENERGY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ALIVE ONCE DAILY WOMENS 50+ ULTRA POTENCY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ALIVE ONCE DAILY WOMENS ULTRA POTENCY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ALIVE WOMENS 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ALIVE WOMENS ENERGY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ALKA-SELTZER PLUS ALLERGY FAST RELIEF FORMULA	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	ALL DAY ALLERGY	Cetirizine HCl Tab 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ALL DAY ALLERGY CHILDRENS	Cetirizine HCl Chew Tab 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ALL DAY ALLERGY D	Cetirizine-Pseudoephedrine Tab ER 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ALL DAY ALLERGY D-12	Cetirizine-Pseudoephedrine Tab ER 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ALL DAY ALLERGY-D	Cetirizine-Pseudoephedrine Tab ER 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ALL DAY PAIN RELIEF	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ALL DAY RELIEF	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ALLER-CHLOR	Chlorpheniramine Maleate Syrup 2 MG/5ML	Maximum Daily Dosage = 60 units
Daily Dosage	ALLERGY	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units

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Daily Dosage	ALLERGY & CONGESTION RELIEF	Loratadine & Pseudoephedrine Tab SR 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ALLERGY D-12	Cetirizine-Pseudoephedrine Tab ER 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ALLERGY MEDICATION	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	ALLERGY RELIEF	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	ALLERGY RELIEF CHILDRENS	Cetirizine HCl Chew Tab 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ALLERGY RELIEF D	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ALLERGY RELIEF D-24	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ALLERGY RELIEF NIGHTTIME	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	ALLERGY RELIEF/NASAL DECONGESTANT	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ALLERGY RELIEF-D	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ALLERGY RELIEF-D	Loratadine & Pseudoephedrine Tab SR 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ALLERGY/CONGESTION RELIEF	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ALLERGY-RELIEF-D	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ALLERHIST	Clemastine Fumarate Tab 1.34 MG (1 MG Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	ALLERHIST-1	Clemastine Fumarate Tab 1.34 MG (1 MG Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	ALPH-E	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	ALPH-E-MIXED	Vitamin E Cap 200 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	ALPH-E-MIXED	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	ALPRAZOLAM	Alprazolam Tab 0.25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	ALPRAZOLAM	Alprazolam Tab 0.5 MG	Maximum Daily Dosage = 4 units
Daily Dosage	ALPRAZOLAM	Alprazolam Tab 1 MG	Maximum Daily Dosage = 4 units
Daily Dosage	ALPRAZOLAM	Alprazolam Tab 2 MG	Maximum Daily Dosage = 4 units
Daily Dosage	ALTAVERA	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ALTOPREV	Lovastatin Tab SR 24HR 40 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ALTOPREV	Lovastatin Tab SR 24HR 60 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days

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Daily Dosage	ALTOPREV	Lovastatin Tab SR 24HR 20 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	AMABELZ	Estradiol & Norethindrone Acetate Tab 0.5-0.1 MG	Maximum Daily Dosage = 1 units
Daily Dosage	AMABELZ	Estradiol & Norethindrone Acetate Tab 1-0.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	AMBIEN	Zolpidem Tartrate Tab 5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	AMBIEN	Zolpidem Tartrate Tab 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	AMLODIPINE BESYLATE	Amlodipine Besylate Tab 10 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	AMLODIPINE BESYLATE	Amlodipine Besylate Tab 2.5 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	AMLODIPINE BESYLATE	Amlodipine Besylate Tab 5 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	Amlodipine Besylate-Benazepril HCl Cap 2.5-10 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	Amlodipine Besylate-Benazepril HCl Cap 5-10 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	Amlodipine Besylate-Benazepril HCl Cap 5-20 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	Amlodipine Besylate-Benazepril HCl Cap 10-20 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	AMLODIPINE BESYLATE/VALSARTAN	Amlodipine Besylate-Valsartan Tab 5-160 MG	Maximum Daily Dosage = 1 units
Daily Dosage	AMLODIPINE BESYLATE/VALSARTAN	Amlodipine Besylate-Valsartan Tab 5-320 MG	Maximum Daily Dosage = 1 units
Daily Dosage	AMLODIPINE BESYLATE/VALSARTAN	Amlodipine Besylate-Valsartan Tab 10-160 MG	Maximum Daily Dosage = 1 units
Daily Dosage	AMLODIPINE BESYLATE/VALSARTAN	Amlodipine Besylate-Valsartan Tab 10-320 MG	Maximum Daily Dosage = 1 units
Daily Dosage	AMLODIPINE/OLMESARTAN MEDOXOMIL	Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 MG	Maximum Daily Dosage = 1 units
Daily Dosage	AMLODIPINE/OLMESARTAN MEDOXOMIL	Amlodipine Besylate-Olmesartan Medoxomil Tab 5-40 MG	Maximum Daily Dosage = 1 units
Daily Dosage	AMLODIPINE/OLMESARTAN MEDOXOMIL	Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	AMLODIPINE/OLMESARTAN MEDOXOMIL	Amlodipine Besylate-Olmesartan Medoxomil Tab 10-40 MG	Maximum Daily Dosage = 1 units
Daily Dosage	AMLODIPINE/VALSARTAN/HCTZ	Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	AMLODIPINE/VALSARTAN/HCTZ	Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	AMLODIPINE/VALSARTAN/HCTZ	Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	AMLODIPINE/VALSARTAN/HCTZ	Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	AMLODIPINE/VALSARTAN/HCTZ	Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-320-25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	AMNESTEEM	Isotretinoin Cap 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	AMNESTEEM	Isotretinoin Cap 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	AMNESTEEM	Isotretinoin Cap 40 MG	Maximum Daily Dosage = 3 units
Daily Dosage	AMPHETAMINE/DEXTROAMPHETAMINE	Amphetamine-Dextroamphetamine Cap SR 24HR 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	AMPHETAMINE/DEXTROAMPHETAMINE	Amphetamine-Dextroamphetamine Cap SR 24HR 30 MG	Maximum Daily Dosage = 1 units
Daily Dosage	AMPHETAMINE/DEXTROAMPHETAMINE	Amphetamine-Dextroamphetamine Tab 5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	AMPHETAMINE/DEXTROAMPHETAMINE	Amphetamine-Dextroamphetamine Tab 7.5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	AMPHETAMINE/DEXTROAMPHETAMINE	Amphetamine-Dextroamphetamine Tab 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	AMPHETAMINE/DEXTROAMPHETAMINE	Amphetamine-Dextroamphetamine Tab 12.5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	AMPHETAMINE/DEXTROAMPHETAMINE	Amphetamine-Dextroamphetamine Tab 15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	AMPHETAMINE/DEXTROAMPHETAMINE	Amphetamine-Dextroamphetamine Tab 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	AMPHETAMINE/DEXTROAMPHETAMINE	Amphetamine-Dextroamphetamine Tab 30 MG	Maximum Daily Dosage = 2 units
Daily Dosage	AMPHETAMINE/DEXTROAMPHETAMINE	Amphetamine-Dextroamphetamine Cap SR 24HR 5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	AMPHETAMINE/DEXTROAMPHETAMINE	Amphetamine-Dextroamphetamine Cap SR 24HR 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	AMPHETAMINE/DEXTROAMPHETAMINE	Amphetamine-Dextroamphetamine Cap SR 24HR 15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	AMPHETAMINE/DEXTROAMPHETAMINE	Amphetamine-Dextroamphetamine Cap SR 24HR 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	AMPHETAMINE/DEXTROAMPHETAMINE	Amphetamine-Dextroamphetamine Tab 20 MG	Maximum Daily Dosage = 3 units
Daily Dosage	AMPHETAMINE/DEXTROAMPHETAMINE	Amphetamine-Dextroamphetamine Tab 10 MG	Maximum Daily Dosage = 4 units
Daily Dosage	AMPHETAMINE/DEXTROAMPHETAMINE	Amphetamine-Dextroamphetamine Tab 12.5 MG	Maximum Daily Dosage = 4 units
Daily Dosage	AMPHETAMINE/DEXTROAMPHETAMINE	Amphetamine-Dextroamphetamine Tab 15 MG	Maximum Daily Dosage = 4 units
Daily Dosage	AMPHETAMINE/DEXTROAMPHETAMINE	Amphetamine-Dextroamphetamine Tab 5 MG	Maximum Daily Dosage = 8 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	ANDRODERM	Testosterone TD Patch 24HR 2 MG/24HR	Maximum Daily Dosage = 1 units
Daily Dosage	ANDRODERM	Testosterone TD Patch 24HR 4 MG/24HR	Maximum Daily Dosage = 1 units
Daily Dosage	ANIMAL CHEWS	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ANIMAL SHAPES	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ANTACID FAST RELIEF	Alum & Mag Hydroxide-Simethicone Susp 200-200-20 MG/5ML	Maximum Daily Dosage = 16.54 units
Daily Dosage	ANTACID W/SIMETHICONE	Alum & Mag Hydroxide-Simethicone Susp 200-200-20 MG/5ML	Maximum Daily Dosage = 16.54 units
Daily Dosage	ANTI-DIARRHEAL	Loperamide HCl Tab 2 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ANTI-HIST ALLERGY	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	ANTI-OXIDANT	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ANTIOXIDANT FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ANTIOXIDANT FORTE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ANTIOXIDANT PROTECTION FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ANTIOXIDANT VITAMINS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ANTI-STICK INSULIN SYRINGE/U-100/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	APIDRA SOLOSTAR	Insulin Glulisine Soln Pen-Injector Inj 100 Unit/ML	Maximum Daily Dosage = 1 units
Daily Dosage	APLENZIN	Bupropion HBr Tab SR 24HR 174 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	APLENZIN	Bupropion HBr Tab SR 24HR 348 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	APLENZIN	Bupropion HBr Tab SR 24HR 522 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	APTIVUS	Tipranavir Cap 250 MG	Maximum Daily Dosage = 4 units
Daily Dosage	AP-ZEL	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ARAVA	Leflunomide Tab 10 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ARAVA	Leflunomide Tab 20 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	ARCAPTA NEOHALER	Indacaterol Maleate Inhal Powder Cap 75 MCG (Base Equiv)	Maximum Daily Dosage = 1 units
Daily Dosage	ARICEPT	Donepezil Hydrochloride Tab 5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ARIPIRAZOLE	Aripiprazole Tab 2 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ARIPIRAZOLE	Aripiprazole Tab 5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ARIPIRAZOLE	Aripiprazole Tab 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ARIPIRAZOLE	Aripiprazole Tab 15 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ARIPIRAZOLE	Aripiprazole Tab 20 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ARIPIRAZOLE	Aripiprazole Tab 30 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ARMODAFINIL	Armodafinil Tab 50 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ARMODAFINIL	Armodafinil Tab 150 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ARMODAFINIL	Armodafinil Tab 250 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ASCOMP/CODEINE	Butalbital-Aspirin-Caff w/ Codeine Cap 50-325-40-30 MG	Maximum Daily Dosage = 6 units
Daily Dosage	ASMANEX TWISTHALER 30 METERED DOSES	Mometasone Furoate Inhal Powd 220 MCG/INH (Breath Activated)	Maximum Daily Dosage = 0.04 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ASSURE 3 TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ASSURE 4 TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ASSURE ID INSULIN SAFETYSYRINGE/U-100/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ASSURE ID INSULIN SAFETYSYRINGE/U-100/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ASSURE II	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ASSURE II CHECK STRIP	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ASSURE II TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ASSURE PLATINUM TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ASSURE PRISM MULTI TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ASSURE PRO TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	AT LAST TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ATACAND	Candesartan Cilexetil Tab 32 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ATACAND	Candesartan Cilexetil Tab 4 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ATACAND	Candesartan Cilexetil Tab 8 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	ATACAND	Candesartan Cilexetil Tab 16 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ATACAND HCT	Candesartan Cilexetil-Hydrochlorothiazide Tab 16-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ATACAND HCT	Candesartan Cilexetil-Hydrochlorothiazide Tab 32-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ATIVAN	Lorazepam Tab 0.5 MG	Maximum Daily Dosage = 3 units
Daily Dosage	ATIVAN	Lorazepam Tab 2 MG	Maximum Daily Dosage = 3 units
Daily Dosage	ATIVAN	Lorazepam Tab 1 MG	Maximum Daily Dosage = 4 units
Daily Dosage	ATOMOXETINE	Atomoxetine HCl Cap 10 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	ATOMOXETINE	Atomoxetine HCl Cap 18 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	ATOMOXETINE	Atomoxetine HCl Cap 25 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	ATOMOXETINE	Atomoxetine HCl Cap 40 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	ATOMOXETINE	Atomoxetine HCl Cap 60 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	ATOMOXETINE	Atomoxetine HCl Cap 80 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	ATOMOXETINE	Atomoxetine HCl Cap 100 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	ATRIPLA	Efavirenz-Emtricitabine-Tenofovir DF Tab 600-200-300 MG	Maximum Daily Dosage = 1 units
Daily Dosage	AURORA PEN NEEDLES 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	AURORA PEN NEEDLES 31G X6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	AURORA PEN NEEDLES 31G X8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	AURORA UNIFINE PENTIPS/32GX5/32"	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	AURORA UNIFINE PENTIPS/MINI/31GX3/16"	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	AVANDIA	Rosiglitazone Maleate Tab 2 MG (Base Equiv)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	AVANDIA	Rosiglitazone Maleate Tab 4 MG (Base Equiv)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	AVANDIA	Rosiglitazone Maleate Tab 8 MG (Base Equiv)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	AVAPRO	Irbesartan Tab 75 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	AV-PHOS 250 NEUTRAL	Pot Phos Monobasic w/Sod Phos Di & Monobas Tab 155-852-130MG	Maximum Daily Dosage = 8 units
Daily Dosage	AXID	Nizatidine Oral Soln 15 MG/ML	Maximum Daily Dosage = 20 units
Daily Dosage	AZITHROMYCIN	Azithromycin Tab 500 MG	Maximum Daily Dosage = 4 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	AZOR	Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 MG	Maximum Daily Dosage = 1 units
Daily Dosage	AZOR	Amlodipine Besylate-Olmesartan Medoxomil Tab 5-40 MG	Maximum Daily Dosage = 1 units
Daily Dosage	AZOR	Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG	Maximum Daily Dosage = 1 units
Daily Dosage	AZOR	Amlodipine Besylate-Olmesartan Medoxomil Tab 10-40 MG	Maximum Daily Dosage = 1 units
Daily Dosage	B COMPLEX	*B-Complex Vitamin Cap**	Maximum Daily Dosage = 1 units
Daily Dosage	B COMPLEX/VITAMIN C	*B-Complex w/ C Cap**	Maximum Daily Dosage = 1 units
Daily Dosage	BACMIN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	BALANCED B-50 COMPLEX	*Vitamins w/ Lipotropics Cap**	Maximum Daily Dosage = 1 units
Daily Dosage	BALSALAZIDE DISODIUM	Balsalazide Disodium Cap 750 MG	Maximum Daily Dosage = 9 units
Daily Dosage	BANOPHEN	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	BANZEL	Rufinamide Tab 200 MG	Maximum Daily Dosage = 2 units
Daily Dosage	BANZEL	Rufinamide Tab 400 MG	Maximum Daily Dosage = 8 units
Daily Dosage	BANZEL	Rufinamide Susp 40 MG/ML	Maximum Daily Dosage = 80 units
Daily Dosage	BARACLUDE	Entecavir Tab 0.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	BARACLUDE	Entecavir Tab 1 MG	Maximum Daily Dosage = 1 units
Daily Dosage	BARACLUDE	Entecavir Oral Soln 0.05 MG/ML	Maximum Daily Dosage = 20 units
Daily Dosage	BASIC AM	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	BASIC PM	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	BAYER CONTOUR BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	BAYER CONTOUR NEXT BLOODGLUCOSE TEST	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	B-COMPLEX	*B-Complex Vitamin Cap**	Maximum Daily Dosage = 1 units
Daily Dosage	B-COMPLEX	*B-Complex Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	B-COMPLEX 50	*B-Complex Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	B-COMPLEX W/C	*B-Complex w/ C Cap**	Maximum Daily Dosage = 1 units
Daily Dosage	B-COMPLEX WITH B-12	*B-Complex Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	B-COMPLEX/B-12	*B-Complex Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	BD AUTOSHIELD 29G X 5/16"	Insulin Pen Needle 29 G X 8 MM (5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE LUER-LOK/U-100/1ML	Insulin Syringe (Disp) U-100 1 ML	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	Insulin Syringe/Needle U-100 1 ML 27 x 5/8"	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE MICROFINE/U-100/0.3ML/28G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	Insulin Syringe/Needle U-100 1 ML 27 x 5/8"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE SAFETYGLIDE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE SAFETYGLIDE/U-100/0.3ML/31G X 15/64"	Insulin Syringe/Needle U-100 0.3 ML 31 x 15/64"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE SAFETYGLIDE/U-100/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE SLIP TIP/U-100/1ML	Insulin Syringe (Disp) U-100 1 ML	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE ULTRAFINE II/SHORT/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE ULTRAFINE II/SHORT/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/30G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 15/64"	Insulin Syringe/Needle U-100 0.3 ML 31 x 15/64"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/30G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 15/64"	Insulin Syringe/Needle U-100 1/2 ML 31 x 15/64"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2"	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64"	Insulin Syringe/Needle U-100 1 ML 31 x 15/64"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1"	Insulin Syringe/Needle U-100 1 ML 25 x 1"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8"	Insulin Syringe/Needle U-100 1 ML 25 x 5/8"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2"	Insulin Syringe/Needle U-100 1 ML 26 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	Insulin Syringe/Needle U-100 1 ML 27 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE/U-100/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8"	Insulin Syringe/Needle U-100 2 ML 27.5 x 5/8"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE/U-100/2ML/29G X 1/2"	Insulin Syringe/Needle U-100 2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INSULIN SYRINGE/U-500/0.5ML/31G X 15/64"	Insulin Syringe/Needle U-500 0.5 ML 31G x 6MM (15/64")	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	BD INTEGRA INSULIN SYRINGE/U-100/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	BD INTEGRA SYRINGE/RETRACTING NEEDLE/1ML/25G X 1"	Insulin Syringe/Needle U-100 1 ML 25 x 1"	Maximum Daily Dosage = 5 units
Daily Dosage	BD PEN NEEDLE/MINI/ULTRAFINE/31G X 3/16"	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 5/16"	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	Insulin Pen Needle 29 G X 12.7 MM	Maximum Daily Dosage = 5 units
Daily Dosage	BD PEN NEEDLE/ULTRAFINE/29GX1/2" 12.7MM	Insulin Pen Needle 29 G X 12.7 MM	Maximum Daily Dosage = 5 units
Daily Dosage	BD PEN NEEDLES SHORT/ULTRAFINE/31G X 5/16"	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	BELLADONNA & OPIUM	Belladonna Alkaloids & Opium Suppos 16.2-30 MG	Maximum Daily Dosage = 2 units
Daily Dosage	BELLADONNA ALKALOIDS & OPIUM	Belladonna Alkaloids & Opium Suppos 16.2-60 MG	Maximum Daily Dosage = 2 units
Daily Dosage	BENADRYL ALLERGY	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	BENAZEPRIL HCL	Benazepril HCl Tab 5 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	BENAZEPRIL HCL	Benazepril HCl Tab 10 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	BENAZEPRIL HCL	Benazepril HCl Tab 20 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	BENAZEPRIL HCL	Benazepril HCl Tab 40 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	Benazepril & Hydrochlorothiazide Tab 10-12.5 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	Benazepril & Hydrochlorothiazide Tab 20-25 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	BENICAR	Olmesartan Medoxomil Tab 40 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	BENICAR	Olmesartan Medoxomil Tab 5 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	BENICAR	Olmesartan Medoxomil Tab 20 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	BENICAR HCT	Olmesartan Medoxomil-Hydrochlorothiazide Tab 20-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	BENICAR HCT	Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	BENICAR HCT	Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	BETAPACE AF	Sotalol HCl (AFIB/AFL) Tab 120 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	BETAPACE AF	Sotalol HCl (AFIB/AFL) Tab 160 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	BG STAR BLOOD GLUCOSE TEST	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	BICALUTAMIDE	Bicalutamide Tab 50 MG	Maximum Daily Dosage = 1 units
Daily Dosage	BIOCEL	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	BIOSCANNER GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	BIOTIN PLUS/CALCIUM/VIT D3	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	BISACODYL	Bisacodyl Suppos 10 MG	Maximum Daily Dosage = 0.4 units
Daily Dosage	BISACODYL EC	Bisacodyl Tab Delayed Release 5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	BITE-A-MINS	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	BLOOD GLUCOSE TEST STRIPS PREMIUM	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	BOUNTY BEARS/C	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	B-PLEX PLUS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	BPROTECTED PEDIA IRON	Ferrous Sulfate Soln 75 MG/ML (15 MG/ML Elemental Fe)	Maximum Daily Dosage = 3.4 units
Daily Dosage	B-REDI/RED HEARTS/RED ROOSTERS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	B-STRESS	*Vitamins w/ Lipotropics Cap**	Maximum Daily Dosage = 1 units
Daily Dosage	BUDEPRION SR	Bupropion HCl Tab SR 12HR 150 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	BUDESONIDE	Budesonide Inhalation Susp 0.25 MG/2ML	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	BUDESONIDE	Budesonide Inhalation Susp 0.5 MG/2ML	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	BUDESONIDE	Budesonide Inhalation Susp 1 MG/2ML	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	BUDESONIDE NASAL SPRAY	Budesonide Nasal Susp 32 MCG/ACT	Maximum Daily Dosage = 0.6 units
Daily Dosage	BUPRENORPHINE HCL	Buprenorphine HCl SL Tab 2 MG (Base Equiv)	Maximum Daily Dosage = 3 units
Daily Dosage	BUPRENORPHINE HCL	Buprenorphine HCl SL Tab 8 MG (Base Equiv)	Maximum Daily Dosage = 3 units
Daily Dosage	BUPRENORPHINE HCL/NALOXONE HCL	Buprenorphine HCl-Naloxone HCl SL Tab 2-0.5 MG (Base Equiv)	Maximum Daily Dosage = 3 units
Daily Dosage	BUPRENORPHINE HCL/NALOXONE HCL	Buprenorphine HCl-Naloxone HCl SL Tab 8-2 MG (Base Equiv)	Maximum Daily Dosage = 3 units
Daily Dosage	BUPROPION HCL	Bupropion HCl Tab 75 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	BUPROPION HCL	Bupropion HCl Tab 100 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	BUPROPION HCL	Bupropion HCl Tab 100 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	BUPROPION HCL	Bupropion HCl Tab 75 MG	Maximum Daily Dosage = 6 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	BUPROPION HCL ER	Bupropion HCl Tab SR 12HR 100 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	BUPROPION HCL ER	Bupropion HCl Tab SR 12HR 150 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	BUPROPION HCL ER	Bupropion HCl Tab SR 12HR 200 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	BUPROPION HCL SR	Bupropion HCl Tab SR 12HR 100 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	BUPROPION HCL SR	Bupropion HCl Tab SR 12HR 150 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	BUPROPION HCL SR	Bupropion HCl Tab SR 12HR 200 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	BUPROPION HCL XL	Bupropion HCl Tab SR 24HR 150 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	BUPROPION HCL XL	Bupropion HCl Tab SR 24HR 300 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	BUSPIRONE HCL	Buspirone HCl Tab 5 MG	Maximum Daily Dosage = 3 units
Daily Dosage	BUSPIRONE HCL	Buspirone HCl Tab 7.5 MG	Maximum Daily Dosage = 3 units
Daily Dosage	BUSPIRONE HCL	Buspirone HCl Tab 10 MG	Maximum Daily Dosage = 3 units
Daily Dosage	BUSPIRONE HCL	Buspirone HCl Tab 15 MG	Maximum Daily Dosage = 3 units
Daily Dosage	BUSPIRONE HCL	Buspirone HCl Tab 30 MG	Maximum Daily Dosage = 3 units
Daily Dosage	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG	Maximum Daily Dosage = 4 units
Daily Dosage	BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE	Butalbital-Acetaminophen-Caff w/ COD Cap 50-325-40-30 MG	Maximum Daily Dosage = 6 units
Daily Dosage	BUTALBITAL/ASPIRIN/CAFFEINE	Butalbital-Aspirin-Caffeine Cap 50-325-40 MG	Maximum Daily Dosage = 4 units
Daily Dosage	BUTALBITAL/ASPIRIN/CAFFEINE/CODEINE	Butalbital-Aspirin-Caff w/ Codeine Cap 50-325-40-30 MG	Maximum Daily Dosage = 6 units
Daily Dosage	CAFCIT	Caffeine Citrate Oral Soln 60 MG/3ML (10 MG/ML Base Equiv)	Maximum Daily Dosage = 1.5 units
Daily Dosage	CAFFEINE CITRATE	Caffeine Citrate Oral Soln 60 MG/3ML (10 MG/ML Base Equiv)	Maximum Daily Dosage = 1.5 units
Daily Dosage	CALCET PLUS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CALCIUM + D3	Calcium Carbonate-Vitamin D Tab 600 MG-200 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	CALCIUM 600 + D	Calcium Carbonate-Vitamin D Tab 600 MG-400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	CALCIUM 600/VITAMIN D	Calcium Carbonate-Vitamin D Tab 600 MG-200 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	CALCIUM 600+D	Calcium Carbonate-Vitamin D Tab 600 MG-200 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	CALCIUM 600+D	Calcium Carbonate-Vitamin D Tab 600 MG-400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	CALCIUM 600+D HIGH POTENCY	Calcium Carbonate-Vitamin D Tab 600 MG-400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	CALCIUM 600+D3	Calcium Carbonate-Vitamin D Tab 600 MG-400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	CALCIUM CARBONATE/VITAMIN D	Calcium Carbonate-Vitamin D Tab 600 MG-400 Unit	Maximum Daily Dosage = 2 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	CALCIUM HIGH POTENCY + VITAMIN D	Calcium Carbonate-Vitamin D Tab 600 MG-200 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	CALCIUM/D	Calcium Carbonate-Vitamin D Tab 600 MG-400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	CALCIUM/VITAMIN D	Calcium Carbonate-Vitamin D Tab 600 MG-200 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	CALCIUM/VITAMIN D	Calcium Carbonate-Vitamin D Tab 600 MG-400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	CAL-DAY 1000	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CANDESARTAN CILEXETIL	Candesartan Cilexetil Tab 32 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CANDESARTAN CILEXETIL	Candesartan Cilexetil Tab 4 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CANDESARTAN CILEXETIL	Candesartan Cilexetil Tab 8 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CANDESARTAN CILEXETIL	Candesartan Cilexetil Tab 16 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	Candesartan Cilexetil-Hydrochlorothiazide Tab 16-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	Candesartan Cilexetil-Hydrochlorothiazide Tab 32-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	CAPACET	Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG	Maximum Daily Dosage = 4 units
Daily Dosage	CAPITAL/CODEINE	Acetaminophen w/ Codeine Susp 120-12 MG/5ML	Maximum Daily Dosage = 75 units
Daily Dosage	CAPTOPRIL	Captopril Tab 12.5 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CAPTOPRIL	Captopril Tab 25 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CAPTOPRIL	Captopril Tab 50 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CAPTOPRIL	Captopril Tab 100 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CAPTOPRIL/HYDROCHLOROTHIAZIDE	Captopril & Hydrochlorothiazide Tab 25-25 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	CAPTOPRIL/HYDROCHLOROTHIAZIDE	Captopril & Hydrochlorothiazide Tab 50-25 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CAPTOPRIL/HYDROCHLOROTHIAZIDE	Captopril & Hydrochlorothiazide Tab 50-15 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CARAFATE	Sucralfate Susp 1 GM/10ML	Maximum Daily Dosage = 40 units
Daily Dosage	CARBAMAZEPINE ER	Carbamazepine Tab SR 12HR 400 MG	Maximum Daily Dosage = 4 units
Daily Dosage	CARBAMAZEPINE ER	Carbamazepine Tab SR 12HR 200 MG	Maximum Daily Dosage = 6 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CARBATROL	Carbamazepine Cap SR 12HR 300 MG	Maximum Daily Dosage = 4 units
Daily Dosage	CARBATROL	Carbamazepine Cap SR 12HR 200 MG	Maximum Daily Dosage = 6 units
Daily Dosage	CARDENZ	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CARDIZEM	Diltiazem HCl Tab 30 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CARDIZEM	Diltiazem HCl Tab 60 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CARDIZEM CD	Diltiazem HCl Coated Beads Cap SR 24HR 120 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CARDIZEM CD	Diltiazem HCl Coated Beads Cap SR 24HR 180 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CARDIZEM CD	Diltiazem HCl Coated Beads Cap SR 24HR 240 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CAREFINE PEN NEEDLE 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	CAREFINE PEN NEEDLES 29GX1/2"	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	CAREFINE PEN NEEDLES 30GX5/16"	Insulin Pen Needle 30 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	CAREFINE PEN NEEDLES 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	CAREFINE PEN NEEDLES 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	CAREFINE PEN NEEDLES 32GX5MM	Insulin Pen Needle 32 G X 5 MM (1/5" or 3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	CAREFINE PEN NEEDLES 32GX6MM	Insulin Pen Needle 32 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	CAREONE BLOOD GLUCOSE TEST STRIPS/PREMIUM	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	CAREONE BLOOD GLUCOSE TEST STRIPS/VALUE	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	CAREONE INSULIN SYRINGES/1ML/31GX5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	CAREONE UNIFINE PENTIPS 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	CAREONE UNIFINE PENTIPS 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	CAREONE UNIFINE PENTIPS 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	CAREONE UNIFINE PENTIPS 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	CARESENS N BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	CARETOUCH PEN NEEDLES 31G X 6 MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	CARETOUCH PEN NEEDLES 31GX 5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	CARETOUCH PEN NEEDLES 31GX 8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	CARETOUCH PEN NEEDLES 32GX 4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	CARETOUCH PEN NEEDLES 32GX 5MM	Insulin Pen Needle 32 G X 5 MM (1/5" or 3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	CARISOPRODOL	Carisoprodol Tab 350 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	CARNITOR	Levocarnitine Tab 330 MG	Maximum Daily Dosage = 3 units
Daily Dosage	CARNITOR	Levocarnitine Oral Soln 1 GM/10ML (10%)	Maximum Daily Dosage = 30 units
Daily Dosage	CARNITOR SF	Levocarnitine Oral Soln 1 GM/10ML (10%)	Maximum Daily Dosage = 30 units
Daily Dosage	CARRAVITE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CARVEDILOL	Carvedilol Tab 3.125 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CARVEDILOL	Carvedilol Tab 6.25 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CARVEDILOL	Carvedilol Tab 12.5 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CARVEDILOL	Carvedilol Tab 25 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CARVEDILOL PHOSPHATE	Carvedilol Phosphate Cap ER 24HR 80 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CARVEDILOL PHOSPHATE	Carvedilol Phosphate Cap ER 24HR 10 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CARVEDILOL PHOSPHATE	Carvedilol Phosphate Cap ER 24HR 20 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CARVEDILOL PHOSPHATE	Carvedilol Phosphate Cap ER 24HR 40 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CEFTRIAXONE SODIUM	Ceftriaxone Sodium For Inj 250 MG	Maximum Daily Dosage = 3.34 units
Daily Dosage	CELEBREX	Celecoxib Cap 50 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CELEBREX	Celecoxib Cap 100 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CELEBREX	Celecoxib Cap 200 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CELEBREX	Celecoxib Cap 400 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CELECOXIB	Celecoxib Cap 50 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CELECOXIB	Celecoxib Cap 100 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CELECOXIB	Celecoxib Cap 200 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CELECOXIB	Celecoxib Cap 400 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CELEXA	Citalopram Hydrobromide Tab 10 MG (Base Equiv)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	CELEXA	Citalopram Hydrobromide Tab 20 MG (Base Equiv)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CELEXA	Citalopram Hydrobromide Tab 40 MG (Base Equiv)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CENTAVITE A-Z COMPLETE MULTIVITAMIN/MINERALS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CENTRAVITES	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CENTRAVITES 50 PLUS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CENTRAVITES ADULTS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CENTRUM	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CENTRUM ADULTS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CENTRUM CARDIO	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CENTRUM MEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CENTRUM SILVER	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CENTRUM SILVER 50+MEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CENTRUM SILVER 50+WOMEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CENTRUM SILVER ADULT 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CENTRUM SILVER ULTRA MENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CENTRUM SILVER ULTRA WOMENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CENTRUM SPECIALIST HEART	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CENTRUM SPECIALIST IMMUNE SUPPORT	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CENTRUM SPECIALIST VISION	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CENTRUM ULTRA MENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CENTRUM ULTRA WOMENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CENTRUM WOMEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CENTURY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CENTURY MATURE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CEROVITE ADVANCED FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CEROVITE SENIOR	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CERTA PLUS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CERTAGEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CERTAVITE/ANTIOXIDANTS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CESIA	Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025MG-MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	CETIRIZINE HCL	Cetirizine HCl Tab 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	CETIRIZINE HCL	Cetirizine HCl Chew Tab 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	CETIRIZINE HCL/PSEUDOEPHEDRINE HCL ER	Cetirizine-Pseudoephedrine Tab ER 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CHANTIX	Varenicline Tartrate Tab 0.5 MG (Base Equiv)	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 365 days
Daily Dosage	CHANTIX	Varenicline Tartrate Tab 1 MG (Base Equiv)	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 365 days
Daily Dosage	CHANTIX CONTINUING MONTHPAK	Varenicline Tartrate Tab 1 MG (Base Equiv)	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 365 days
Daily Dosage	CHATEAL	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CHEWABLE VITE CHILDRENS	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CHILDRENS CHEWABLE MULTIVITAMIN	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CHILDRENS CHEWABLE VITAMIN	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CHILDRENS CHEWABLE VITAMINS	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CHILDRENS MULTIVITAMIN	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CHLORDIAZEPOXIDE HCL	Chlordiazepoxide HCl Cap 5 MG	Maximum Daily Dosage = 4 units
Daily Dosage	CHLORDIAZEPOXIDE HCL	Chlordiazepoxide HCl Cap 10 MG	Maximum Daily Dosage = 4 units
Daily Dosage	CHLORDIAZEPOXIDE HCL	Chlordiazepoxide HCl Cap 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	CHLORDIAZEPOXIDE/AMITRIPTYLINE	Chlordiazepoxide-Amitriptyline Tab 5-12.5 MG	Maximum Daily Dosage = 4 units
Daily Dosage	CHLORDIAZEPOXIDE/AMITRIPTYLINE	Chlordiazepoxide-Amitriptyline Tab 10-25 MG	Maximum Daily Dosage = 6 units
Daily Dosage	CHLOROQUINE PHOSPHATE	Chloroquine Phosphate Tab 250 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CHLORPROMAZINE HCL	Chlorpromazine HCl Tab 50 MG	Maximum Daily Dosage = 16 units
Daily Dosage	CHLORPROMAZINE HCL	Chlorpromazine HCl Tab 25 MG	Maximum Daily Dosage = 32 units
Daily Dosage	CHLORPROMAZINE HCL	Chlorpromazine HCl Tab 200 MG	Maximum Daily Dosage = 4 units
Daily Dosage	CHLORPROMAZINE HCL	Chlorpromazine HCl Tab 100 MG	Maximum Daily Dosage = 8 units
Daily Dosage	CHLORPROMAZINE HCL	Chlorpromazine HCl Tab 10 MG	Maximum Daily Dosage = 80 units
Daily Dosage	CHOICE DM FORA G20 TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	CHOICE-TABS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	CHOLESTYRAMINE	Cholestyramine Powder Packets 4 GM	Maximum Daily Dosage = 6 units
Daily Dosage	CHOLESTYRAMINE LIGHT	Cholestyramine Light Powder Packets 4 GM	Maximum Daily Dosage = 6 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CILOSTAZOL	Cilostazol Tab 100 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CILOSTAZOL	Cilostazol Tab 50 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CIMETIDINE	Cimetidine Tab 800 MG	Maximum Daily Dosage = 1 units
Daily Dosage	CIMETIDINE	Cimetidine Tab 400 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CIMETIDINE	Cimetidine Tab 300 MG	Maximum Daily Dosage = 4 units
Daily Dosage	CIMETIDINE	Cimetidine Tab 200 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CIMETIDINE HCL	Cimetidine HCl Soln 300 MG/5ML	Maximum Daily Dosage = 20 units
Daily Dosage	CITALOPRAM HYDROBROMIDE	Citalopram Hydrobromide Tab 10 MG (Base Equiv)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CITALOPRAM HYDROBROMIDE	Citalopram Hydrobromide Tab 20 MG (Base Equiv)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CITALOPRAM HYDROBROMIDE	Citalopram Hydrobromide Tab 40 MG (Base Equiv)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CITALOPRAM HYDROBROMIDE	Citalopram Hydrobromide Oral Soln 10 MG/5ML	Maximum Daily Dosage = 20 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CLARAVIS	Isotretinoin Cap 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CLARAVIS	Isotretinoin Cap 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CLARAVIS	Isotretinoin Cap 30 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CLARAVIS	Isotretinoin Cap 40 MG	Maximum Daily Dosage = 3 units
Daily Dosage	CLARITIN-D 12 HOUR	Loratadine & Pseudoephedrine Tab SR 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CLARITIN-D 24 HOUR	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	CLEMASTINE FUMARATE	Clemastine Fumarate Tab 1.34 MG (1 MG Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	CLEVER CHEK AUTO-CODE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	CLEVER CHEK AUTO-CODE VOICE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	CLEVER CHEK TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	CLEVER CHOICE AUTO-CODE PRO TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM	Insulin Pen Needle 33 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM	Insulin Pen Needle 32 G X 5 MM (1/5" or 3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM	Insulin Pen Needle 32 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM	Insulin Pen Needle 33 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	CLEVER CHOICE MICRO TESTSTRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	CLICKFINE PEN NEEDLE 32GX5/32"	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4"	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	CLICKFINE PEN NEEDLES/31GX1/4"	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	CLICKFINE PEN NEEDLES/31GX5/16"	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	CLINICAL NUTRIENTS 45-PLUS WOMEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CLINICAL NUTRIENTS 50-PLUS MEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CLINICAL NUTRIENTS FOR FEMALE TEENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CLINICAL NUTRIENTS FOR MALE TEENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CLINICAL NUTRIENTS FOR MEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CLINICAL NUTRIENTS FOR WOMEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CLONAZEPAM	Clonazepam Tab 0.5 MG	Maximum Daily Dosage = 4 units
Daily Dosage	CLONAZEPAM	Clonazepam Tab 1 MG	Maximum Daily Dosage = 4 units
Daily Dosage	CLONAZEPAM	Clonazepam Tab 2 MG	Maximum Daily Dosage = 4 units
Daily Dosage	CLONAZEPAM ODT	Clonazepam Orally Disintegrating Tab 0.125 MG	Maximum Daily Dosage = 4 units
Daily Dosage	CLONAZEPAM ODT	Clonazepam Orally Disintegrating Tab 0.25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	CLONAZEPAM ODT	Clonazepam Orally Disintegrating Tab 0.5 MG	Maximum Daily Dosage = 4 units
Daily Dosage	CLONAZEPAM ODT	Clonazepam Orally Disintegrating Tab 1 MG	Maximum Daily Dosage = 4 units
Daily Dosage	CLONAZEPAM ODT	Clonazepam Orally Disintegrating Tab 2 MG	Maximum Daily Dosage = 4 units
Daily Dosage	CLONIDINE HCL ER	Clonidine HCl Tab SR 12HR 0.1 MG	Maximum Daily Dosage = 4 units
Daily Dosage	CLOPIDOGREL	Clopidogrel Bisulfate Tab 75 MG (Base Equiv)	Maximum Daily Dosage = 1 units
Daily Dosage	CLORAZEPATE DIPOTASSIUM	Clorazepate Dipotassium Tab 3.75 MG	Maximum Daily Dosage = 3 units
Daily Dosage	CLORPRES	Clonidine & Chlorthalidone Tab 0.1-15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CLORPRES	Clonidine & Chlorthalidone Tab 0.2-15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CLORPRES	Clonidine & Chlorthalidone Tab 0.3-15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CLOZAPINE	Clozapine Tab 25 MG	Maximum Daily Dosage = 3 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	CLOZAPINE	Clozapine Tab 50 MG	Maximum Daily Dosage = 3 units
Daily Dosage	CLOZAPINE	Clozapine Tab 200 MG	Maximum Daily Dosage = 4 units
Daily Dosage	CLOZAPINE	Clozapine Tab 100 MG	Maximum Daily Dosage = 9 units
Daily Dosage	CLOZAPINE ODT	Clozapine Orally Disintegrating Tab 25 MG	Maximum Daily Dosage = 3 units
Daily Dosage	CLOZAPINE ODT	Clozapine Orally Disintegrating Tab 100 MG	Maximum Daily Dosage = 9 units
Daily Dosage	CLOZARIL	Clozapine Tab 25 MG	Maximum Daily Dosage = 3 units
Daily Dosage	CLOZARIL	Clozapine Tab 100 MG	Maximum Daily Dosage = 9 units
Daily Dosage	CODEINE SULFATE	Codeine Sulfate Tab 30 MG	Maximum Daily Dosage = 6 units
Daily Dosage	CODEINE SULFATE	Codeine Sulfate Tab 60 MG	Maximum Daily Dosage = 6 units
Daily Dosage	COLAZAL	Balsalazide Disodium Cap 750 MG	Maximum Daily Dosage = 9 units
Daily Dosage	COLESTID	Colestipol HCl Tab 1 GM	Maximum Daily Dosage = 16 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	COLESTID	Colestipol HCl Granules 5 GM	Maximum Daily Dosage = 6 units
Daily Dosage	COLESTID	Colestipol HCl Granule Packets 5 GM	Maximum Daily Dosage = 6 units
Daily Dosage	COLESTID FLAVORED	Colestipol HCl Granules 5 GM	Maximum Daily Dosage = 6 units
Daily Dosage	COLESTID FLAVORED	Colestipol HCl Granule Packets 5 GM	Maximum Daily Dosage = 6 units
Daily Dosage	COLESTIPOL HCL	Colestipol HCl Tab 1 GM	Maximum Daily Dosage = 16 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	COLESTIPOL HCL	Colestipol HCl Granules 5 GM	Maximum Daily Dosage = 6 units
Daily Dosage	COLESTIPOL HCL	Colestipol HCl Granule Packets 5 GM	Maximum Daily Dosage = 6 units
Daily Dosage	COMBIPATCH	Estradiol-Norethindrone Ace TD PTTW 0.05-0.14 MG/DAY	Maximum Daily Dosage = 0.6 units
Daily Dosage	COMBIVENT RESPIMAT	Ipratropium-Albuterol Inhal Aerosol Soln 20-100 MCG/ACT	Maximum Daily Dosage = 6 units
Daily Dosage	COMBIVIR	Lamivudine-Zidovudine Tab 150-300 MG	Maximum Daily Dosage = 2 units
Daily Dosage	COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	COMPANION	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	COMPETE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	COMPLERA	Emtricitabine-Rilpivirine-Tenofovir DF Tab 200-25-300 MG	Maximum Daily Dosage = 1 units
Daily Dosage	COMPLERE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	COMPLETE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	COMPLETE ALLERGY	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	COMPLETE ALLERGY MEDICATION	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	COMPLETE ALLERGY MEDICINE	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	COMPLETE ALLERGY RELIEF	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	COMPLETE DAILY WITH LUTEIN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	COMPLETE ENERGY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	COMPLETE SENIOR	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	COMPLETE WOMENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	COMPLETENATE	*Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	COMPRO	Prochlorperazine Suppos 25 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CONCERTA	Methylphenidate HCl Tab SA OSM 54 MG	Maximum Daily Dosage = 1 units
Daily Dosage	CONCERTA	Methylphenidate HCl Tab SA OSM 18 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CONCERTA	Methylphenidate HCl Tab SA OSM 27 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CONCERTA	Methylphenidate HCl Tab SA OSM 36 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CONTROL AST	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	CONTROL TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	CONZIP	Tramadol HCl Cap SR 24HR Biphasic Release 100 MG	Maximum Daily Dosage = 1 units
Daily Dosage	CONZIP	Tramadol HCl Cap SR 24HR Biphasic Release 200 MG	Maximum Daily Dosage = 1 units
Daily Dosage	CONZIP	Tramadol HCl Cap SR 24HR Biphasic Release 300 MG	Maximum Daily Dosage = 1 units
Daily Dosage	COOL BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	COPEGUS	Ribavirin Tab 200 MG	Maximum Daily Dosage = 7 units
Daily Dosage	COREG CR	Carvedilol Phosphate Cap ER 24HR 80 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	COREG CR	Carvedilol Phosphate Cap ER 24HR 10 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	COREG CR	Carvedilol Phosphate Cap ER 24HR 20 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	COREG CR	Carvedilol Phosphate Cap ER 24HR 40 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CORGARD	Nadolol Tab 20 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CORGARD	Nadolol Tab 40 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CORVITE FREE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CORZIDE	Nadolol & Bendroflumethiazide Tab 40-5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	CORZIDE	Nadolol & Bendroflumethiazide Tab 80-5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	COZAAR	Losartan Potassium Tab 100 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	COZAAR	Losartan Potassium Tab 25 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	COZAAR	Losartan Potassium Tab 50 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CRESTOR	Rosuvastatin Calcium Tab 40 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CRESTOR	Rosuvastatin Calcium Tab 5 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CRESTOR	Rosuvastatin Calcium Tab 10 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CRESTOR	Rosuvastatin Calcium Tab 20 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CRIXIVAN	Indinavir Sulfate Cap 400 MG	Maximum Daily Dosage = 6 units
Daily Dosage	CRIXIVAN	Indinavir Sulfate Cap 200 MG	Maximum Daily Dosage = 9 units
Daily Dosage	CVS 12 HOUR COLD RELIEF	Pseudoephedrine HCl Tab SR 12HR 120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CVS 12 HOUR NASAL DECONGESTANT	Pseudoephedrine HCl Tab SR 12HR 120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CVS ACID REDUCER MAXIMUMSTRENGTH	Ranitidine HCl Tab 150 MG	Maximum Daily Dosage = 2 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	CVS ADVANCED GLUCOSE METER TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	CVS ALL DAY PAIN RELIEF	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CVS ALLERGY	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	CVS ALLERGY RELIEF NIGHTTIME	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	CVS ALLERGY RELIEF-D	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	CVS ALLERGY RELIEF-D	Cetirizine-Pseudoephedrine Tab ER 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CVS ALLERGY RELIEF-D12	Loratadine & Pseudoephedrine Tab SR 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CVS DAILY ENERGY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CVS DAILY MULTIPLE	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CVS DAILY MULTIPLE FOR MEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CVS DAILY MULTIPLE FOR MEN 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CVS DAILY MULTIPLE FOR WOMEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CVS DAILY MULTIPLE FOR WOMEN 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CVS DAILY MULTIPLE PLUS IRON	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CVS DAILY MULTIPLE PLUS IRON/CALCIUM/ZINC	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CVS DAILY TEEN MULTI-VITAMIN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CVS DYE-FREE ALLERGY	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	CVS E	Vitamin E Cap 200 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	CVS FIBER LAXATIVE	Calcium Polycarbophil Tab 625 MG	Maximum Daily Dosage = 10 units
Daily Dosage	CVS GENTLE LAXATIVE	Bisacodyl Suppos 10 MG	Maximum Daily Dosage = 0.4 units
Daily Dosage	CVS GUMMY SWIRLS	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CVS INDOOR/OUTDOOR ALLERGY RELIEF	Cetirizine HCl Tab 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	CVS INDOOR/OUTDOOR ALLERGY RELIEF CHILDRENS	Cetirizine HCl Chew Tab 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	CVS INSULIN SYRINGE/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	CVS INSULIN SYRINGE/0.3ML/30G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	CVS INSULIN SYRINGE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	CVS INSULIN SYRINGE/0.5ML/30G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	CVS INSULIN SYRINGE/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	CVS LANSOPRAZOLE	Lansoprazole Cap Delayed Release 15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CVS LORATADINE-D 24 HOUR	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	CVS MUCUS EXTENDED RELEASE	Guaifenesin Tab SR 12HR 1200 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CVS NAPROXEN SODIUM	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CVS OMEPRAZOLE	Omeprazole Delayed Release Tab 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CVS OMEPRAZOLE MAGNESIUM	Omeprazole Magnesium Cap DR 20.6 MG (20 MG Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	CVS ONE DAILY MENS 50+ ADVANCED	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CVS RANITIDINE	Ranitidine HCl Tab 75 MG	Maximum Daily Dosage = 2 units
Daily Dosage	CVS SENNA PLUS	Sennosides-Docusate Sodium Tab 8.6-50 MG	Maximum Daily Dosage = 4 units
Daily Dosage	CVS SLEEP AID	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	CVS SLEEP AID NIGHTTIME	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	CVS SLEEP-AID NIGHTTIME	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	CVS SPECTRAVITE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CVS SPECTRAVITE ADULT 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CVS SPECTRAVITE ADVANCEDFORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CVS SPECTRAVITE CARDIO HEALTH	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CVS SPECTRAVITE ENERGY METABOLISM	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CVS SPECTRAVITE PERFORMANCE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CVS SPECTRAVITE SENIOR	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CVS SPECTRAVITE ULTRA HEALTH MENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CVS SPECTRAVITE ULTRA MEN50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CVS SPECTRAVITE ULTRA MENS HEALTH	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CVS SPECTRAVITE ULTRA MENS HEALTH SENIOR	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CVS SPECTRAVITE ULTRA WOMEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CVS SPECTRAVITE ULTRA WOMENS HEALTH	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CVS SPECTRAVITE ULTRA WOMENS HEALTH SENIOR	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CVS STOOL SOFTENER	Docusate Sodium Cap 100 MG	Maximum Daily Dosage = 3 units
Daily Dosage	CVS VISION FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CVS VITAMIN E	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	CVS WOMENS ACTIVE DAILY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	CYCLESSA	Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025MG-MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CYCLOBENZAPRINE HCL	Cyclobenzaprine HCl Tab 10 MG	Maximum Daily Dosage = 3 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	CYCLOBENZAPRINE HCL	Cyclobenzaprine HCl Tab 5 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CYMBALTA	Duloxetine HCl Enteric Coated Pellets Cap 20 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CYMBALTA	Duloxetine HCl Enteric Coated Pellets Cap 30 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	CYMBALTA	Duloxetine HCl Enteric Coated Pellets Cap 60 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DAILY BETIC	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DAILY COMBO MULTI VITAMIN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DAILY MENS HEALTH FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DAILY MULTI	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DAILY MULTI 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DAILY MULTIPLE VITAMIN	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DAILY MULTIPLE VITAMIN PLUS IRON	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DAILY MULTIPLE VITAMIN/IRON	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DAILY MULTIPLE VITAMINS	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DAILY MULTIPLE VITAMINS W/IRON	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DAILY MULTIPLE VITAMINS/IRON	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DAILY MULTIPLE VITAMINS/MINERALS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DAILY MULTIPLE WEIGHT LOSS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DAILY VALUE MULTIVITAMIN	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DAILY VITAMIN	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DAILY VITAMIN FORMULA+IRON	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DAILY VITAMIN FORMULA+MINERALS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DAILY VITAMINS	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DAILY VITE	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DAILY VITE MULTIVITAMIN/IRON	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DAILY VITEWITH IRON	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DAILY WOMENS HEALTH FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DAILY-VITAMIN	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DAILY-VITAMIN MAXIMUM FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DAILY-VITAMIN/IRON	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DAILY-VITE	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DAILY-VITE/IRON/BETA-CAROTENE	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	DALIRESP	Roflumilast Tab 500 MCG	Maximum Daily Dosage = 1 units
Daily Dosage	DARIFENACIN HYDROBROMIDEER	Darifenacin Hydrobromide Tab SR 24HR 7.5 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	DAYHIST ALLERGY 12 HOUR RELIEF	Clemastine Fumarate Tab 1.34 MG (1 MG Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	D-CARE BLOOD GLUCOSE	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	DDAVP	Desmopressin Acetate Inj 4 MCG/ML	Maximum Daily Dosage = 1 units
Daily Dosage	DDAVP	Desmopressin Acetate Tab 0.2 MG	Maximum Daily Dosage = 6 units
Daily Dosage	DDAVP	Desmopressin Acetate Tab 0.1 MG	Maximum Daily Dosage = 8 units
Daily Dosage	DECONGESTANT 12HOUR MAXIMUM STRENGTH	Pseudoephedrine HCl Tab SR 12HR 120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	DELZICOL	Mesalamine Cap DR 400 MG	Maximum Daily Dosage = 6 units
Daily Dosage	DEMADEX	Torsemide Tab 5 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DEMADEX	Torsemide Tab 10 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DEMADEX	Torsemide Tab 100 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DEMEROL	Meperidine HCl Tab 50 MG	Maximum Daily Dosage = 6 units
Daily Dosage	DEMEROL	Meperidine HCl Tab 100 MG	Maximum Daily Dosage = 6 units
Daily Dosage	DEPAKOTE ER	Divalproex Sodium Tab SR 24 HR 250 MG	Maximum Daily Dosage = 2 units
Daily Dosage	DERMAVITE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DESIPRAMINE HCL	Desipramine HCl Tab 25 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DESMOPRESSIN ACETATE	Desmopressin Acetate Inj 4 MCG/ML	Maximum Daily Dosage = 1 units
Daily Dosage	DESMOPRESSIN ACETATE	Desmopressin Acetate Tab 0.2 MG	Maximum Daily Dosage = 6 units
Daily Dosage	DESMOPRESSIN ACETATE	Desmopressin Acetate Tab 0.1 MG	Maximum Daily Dosage = 8 units
Daily Dosage	DESOGEN	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DESOXYN	Methamphetamine HCl Tab 5 MG	Maximum Daily Dosage = 5 units
Daily Dosage	DESVENLAFAXINE ER	Desvenlafaxine Succinate Tab SR 24HR 50 MG (Base Equiv)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DESVENLAFAXINE ER	Desvenlafaxine Succinate Tab SR 24HR 100 MG (Base Equiv)	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	DETROL	Tolterodine Tartrate Tab 1 MG	Maximum Daily Dosage = 2 units
Daily Dosage	DETROL	Tolterodine Tartrate Tab 2 MG	Maximum Daily Dosage = 2 units
Daily Dosage	DETROL LA	Tolterodine Tartrate Cap SR 24HR 4 MG	Maximum Daily Dosage = 1 units
Daily Dosage	DETROL LA	Tolterodine Tartrate Cap SR 24HR 2 MG	Maximum Daily Dosage = 2 units
Daily Dosage	DEXEDRINE	Dextroamphetamine Sulfate Cap SR 24HR 5 MG	Maximum Daily Dosage = 4 units
Daily Dosage	DEXEDRINE	Dextroamphetamine Sulfate Cap SR 24HR 10 MG	Maximum Daily Dosage = 4 units
Daily Dosage	DEXEDRINE	Dextroamphetamine Sulfate Cap SR 24HR 15 MG	Maximum Daily Dosage = 4 units
Daily Dosage	DEXEDRINE	Dextroamphetamine Sulfate Tab 10 MG	Maximum Daily Dosage = 6 units
Daily Dosage	DEXEDRINE	Dextroamphetamine Sulfate Tab 5 MG	Maximum Daily Dosage = 8 units
Daily Dosage	DEXILANT	Dexlansoprazole Cap Delayed Release 30 MG	Maximum Daily Dosage = 1 units
Daily Dosage	DEXILANT	Dexlansoprazole Cap Delayed Release 60 MG	Maximum Daily Dosage = 1 units
Daily Dosage	DEXMETHYLPHENIDATE HCL	Dexmethylphenidate HCI Tab 2.5 MG	Maximum Daily Dosage = 4 units
Daily Dosage	DEXMETHYLPHENIDATE HCL	Dexmethylphenidate HCI Tab 5 MG	Maximum Daily Dosage = 4 units
Daily Dosage	DEXMETHYLPHENIDATE HCL	Dexmethylphenidate HCI Tab 10 MG	Maximum Daily Dosage = 4 units
Daily Dosage	DEXMETHYLPHENIDATE HCL ER	Dexmethylphenidate HCI Cap SR 24 HR 15 MG	Maximum Daily Dosage = 1 units
Daily Dosage	DEXMETHYLPHENIDATE HCL ER	Dexmethylphenidate HCI Cap SR 24 HR 20 MG	Maximum Daily Dosage = 1 units
Daily Dosage	DEXMETHYLPHENIDATE HCL ER	Dexmethylphenidate HCI Cap SR 24 HR 30 MG	Maximum Daily Dosage = 1 units
Daily Dosage	DEXMETHYLPHENIDATE HCL ER	Dexmethylphenidate HCI Cap SR 24 HR 35 MG	Maximum Daily Dosage = 1 units
Daily Dosage	DEXMETHYLPHENIDATE HCL ER	Dexmethylphenidate HCI Cap SR 24 HR 40 MG	Maximum Daily Dosage = 1 units
Daily Dosage	DEXMETHYLPHENIDATE HCL ER	Dexmethylphenidate HCI Cap SR 24 HR 5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	DEXMETHYLPHENIDATE HCL ER	Dexmethylphenidate HCI Cap SR 24 HR 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	DEXMETHYLPHENIDATE HCL ER	Dexmethylphenidate HCI Cap SR 24 HR 25 MG	Maximum Daily Dosage = 2 units
Daily Dosage	DEXMETHYLPHENIDATE HYDROCHLORIDE	Dexmethylphenidate HCI Tab 5 MG	Maximum Daily Dosage = 10 units
Daily Dosage	DEXMETHYLPHENIDATE HYDROCHLORIDE	Dexmethylphenidate HCI Tab 2.5 MG	Maximum Daily Dosage = 20 units
Daily Dosage	DEXMETHYLPHENIDATE HYDROCHLORIDE	Dexmethylphenidate HCI Tab 10 MG	Maximum Daily Dosage = 5 units
Daily Dosage	DEXTROAMPHETAMINE SULFATE	Dextroamphetamine Sulfate Tab 10 MG	Maximum Daily Dosage = 6 units
Daily Dosage	DEXTROAMPHETAMINE SULFATE	Dextroamphetamine Sulfate Tab 5 MG	Maximum Daily Dosage = 8 units
Daily Dosage	DEXTROAMPHETAMINE SULFATE ER	Dextroamphetamine Sulfate Cap SR 24HR 5 MG	Maximum Daily Dosage = 4 units
Daily Dosage	DEXTROAMPHETAMINE SULFATE ER	Dextroamphetamine Sulfate Cap SR 24HR 10 MG	Maximum Daily Dosage = 4 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	DEXTROAMPHETAMINE SULFATE ER	Dextroamphetamine Sulfate Cap SR 24HR 15 MG	Maximum Daily Dosage = 4 units
Daily Dosage	DIABETES HEALTH FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DIALYVITE	*B-Complex w/ C & Folic Acid Tab 1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	DIALYVITE 800/ULTRA D	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DIATRUE PLUS BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	DIAZEPAM	Diazepam Tab 2 MG	Maximum Daily Dosage = 4 units
Daily Dosage	DIAZEPAM	Diazepam Tab 5 MG	Maximum Daily Dosage = 4 units
Daily Dosage	DIAZEPAM	Diazepam Tab 10 MG	Maximum Daily Dosage = 4 units
Daily Dosage	DIAZEPAM	Diazepam Soln 1 MG/ML	Maximum Daily Dosage = 40 units
Daily Dosage	DIDANOSINE	Didanosine Delayed Release Capsule 250 MG	Maximum Daily Dosage = 1 units
Daily Dosage	DIDANOSINE	Didanosine Delayed Release Capsule 400 MG	Maximum Daily Dosage = 1 units
Daily Dosage	DIDANOSINE	Didanosine Delayed Release Capsule 125 MG	Maximum Daily Dosage = 2 units
Daily Dosage	DIDANOSINE	Didanosine Delayed Release Capsule 200 MG	Maximum Daily Dosage = 2 units
Daily Dosage	DIDANOSINE	Didanosine Delayed Release Capsule 250 MG	Maximum Daily Dosage = 2 units
Daily Dosage	DILACOR XR	Diltiazem HCl Cap ER 24HR 240 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DILAUDID	Hydromorphone HCl Tab 2 MG	Maximum Daily Dosage = 8 units
Daily Dosage	DILAUDID	Hydromorphone HCl Tab 4 MG	Maximum Daily Dosage = 8 units
Daily Dosage	DILAUDID	Hydromorphone HCl Tab 8 MG	Maximum Daily Dosage = 8 units
Daily Dosage	DILT-CD	Diltiazem HCl Coated Beads Cap SR 24HR 120 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DILT-CD	Diltiazem HCl Coated Beads Cap SR 24HR 180 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DILT-CD	Diltiazem HCl Coated Beads Cap SR 24HR 300 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DILT-CD	Diltiazem HCl Coated Beads Cap SR 24HR 240 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DILTIAZEM CD	Diltiazem HCl Coated Beads Cap SR 24HR 120 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DILTIAZEM CD	Diltiazem HCl Coated Beads Cap SR 24HR 180 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	DILTIAZEM CD	Diltiazem HCl Coated Beads Cap SR 24HR 300 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DILTIAZEM CD	Diltiazem HCl Coated Beads Cap SR 24HR 240 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DILTIAZEM HCL ER	Diltiazem HCl Extended Release Beads Cap SR 24HR 120 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DILTIAZEM HCL ER	Diltiazem HCl Extended Release Beads Cap SR 24HR 180 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DILTIAZEM HCL ER	Diltiazem HCl Extended Release Beads Cap SR 24HR 240 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DILTIAZEM HCL ER	Diltiazem HCl Extended Release Beads Cap SR 24HR 300 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DILTIAZEM HCL ER	Diltiazem HCl Extended Release Beads Cap SR 24HR 360 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DILTIAZEM HCL ER	Diltiazem HCl Extended Release Beads Cap SR 24HR 420 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DILTIAZEM HCL ER	Diltiazem HCl Coated Beads Cap SR 24HR 300 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DILTIAZEM HCL ER	Diltiazem HCl Cap SR 12HR 60 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DILTIAZEM HCL ER	Diltiazem HCl Cap SR 12HR 90 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DILTIAZEM HCL ER	Diltiazem HCl Cap SR 12HR 120 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DILTIAZEM HCL ER	Diltiazem HCl Cap ER 24HR 240 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DILTZAC	Diltiazem HCl Extended Release Beads Cap SR 24HR 120 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	DILTZAC	Diltiazem HCl Extended Release Beads Cap SR 24HR 180 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DILTZAC	Diltiazem HCl Extended Release Beads Cap SR 24HR 240 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DILTZAC	Diltiazem HCl Extended Release Beads Cap SR 24HR 300 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DILTZAC	Diltiazem HCl Extended Release Beads Cap SR 24HR 360 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DINO-LIFE	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DIOVAN	Valsartan Tab 40 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DIOVAN	Valsartan Tab 80 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DIOVAN	Valsartan Tab 160 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DIOVAN	Valsartan Tab 320 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DIOVAN HCT	Valsartan-Hydrochlorothiazide Tab 80-12.5 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DIOVAN HCT	Valsartan-Hydrochlorothiazide Tab 160-12.5 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DIOVAN HCT	Valsartan-Hydrochlorothiazide Tab 160-25 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DIOVAN HCT	Valsartan-Hydrochlorothiazide Tab 320-12.5 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DIOVAN HCT	Valsartan-Hydrochlorothiazide Tab 320-25 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DIPHEN	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	DIPHENHIST	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	DIPHENHYDRAMINE HCL	Diphenhydramine HCl Cap 50 MG	Maximum Daily Dosage = 4 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	DIPHENHYDRAMINE HCL	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	DIVALPROEX SODIUM DR	Divalproex Sodium Tab Delayed Release 250 MG	Maximum Daily Dosage = 6 units
Daily Dosage	DIVALPROEX SODIUM ER	Divalproex Sodium Tab SR 24 HR 250 MG	Maximum Daily Dosage = 2 units
Daily Dosage	DOCTORS CHOICE MULTIVITAMINS MEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	DOCUSATE SODIUM	Docusate Sodium Cap 100 MG	Maximum Daily Dosage = 3 units
Daily Dosage	DOK	Docusate Sodium Cap 100 MG	Maximum Daily Dosage = 3 units
Daily Dosage	DOLOPHINE	Methadone HCl Tab 10 MG	Maximum Daily Dosage = 10 units
Daily Dosage	DOLOPHINE	Methadone HCl Tab 5 MG	Maximum Daily Dosage = 4 units
Daily Dosage	DONEPEZIL HCL	Donepezil Hydrochloride Tab 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	DONEPEZIL HCL	Donepezil Hydrochloride Tab 5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	DONEPEZIL HYDROCHLORIDE	Donepezil Hydrochloride Tab 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	DONEPEZIL HYDROCHLORIDE	Donepezil Hydrochloride Tab 5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	DOXAZOSIN MESYLATE	Doxazosin Mesylate Tab 1 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DOXAZOSIN MESYLATE	Doxazosin Mesylate Tab 2 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DOXAZOSIN MESYLATE	Doxazosin Mesylate Tab 4 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DOXAZOSIN MESYLATE	Doxazosin Mesylate Tab 8 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DROPLET PEN NEEDLES 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	DROPLET PEN NEEDLES 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	DROPLET PEN NEEDLES 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	DROPLET PEN NEEDLES 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	DROPLET PEN NEEDLES 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	DROPLET PEN NEEDLES 32GX5MM	Insulin Pen Needle 32 G X 5 MM (1/5" or 3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	DROPLET PEN NEEDLES 32GX6MM	Insulin Pen Needle 32 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	DRUG MART ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	DRUG MART ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	DRUG MART ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	DRUG MART ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	DRUG MART ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	DRUG MART ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	DRUG MART UNIFINE PENTIPS 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	DRUG MART UNIFINE PENTIPS29G X 12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	DRUG MART UNIFINE PENTIPS31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	DRUG MART UNIFINE PENTIPS31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	DRUG MART UNIFINE PENTIPS32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	DUANE READE UNIFINE PENTIPS 29G X 12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	DUANE READE UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	DUANE READE UNIFINE PENTIPS 31G X 8MM SHORT	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	DUETACT	Pioglitazone HCl-Glimepiride Tab 30-2 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DUETACT	Pioglitazone HCl-Glimepiride Tab 30-4 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DULOXETINE HCL	Duloxetine HCl Enteric Coated Pellets Cap 20 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DULOXETINE HCL	Duloxetine HCl Enteric Coated Pellets Cap 30 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DULOXETINE HCL	Duloxetine HCl Enteric Coated Pellets Cap 60 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	DUO-CARE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	DUTOPROL	Metoprolol & Hydrochlorothiazide Tab SR 24HR 25-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	DUTOPROL	Metoprolol & Hydrochlorothiazide Tab SR 24HR 50-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	DUTOPROL	Metoprolol & Hydrochlorothiazide Tab SR 24HR 100-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	E200	Vitamin E Cap 200 Unit	Maximum Daily Dosage = 2 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	E-200	Vitamin E Cap 200 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	E400	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	E-400	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	E400 MIXED	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	E-400-CLEAR	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	E-400-MIXED	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	EASY COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY COMFORT PEN NEEDLES31GX1/4"	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	EASY COMFORT PEN NEEDLES31GX3/16"	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	EASY COMFORT PEN NEEDLES31GX5/16"	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	EASY COMFORT PEN NEEDLES32GX5/32"	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	EASY PLUS BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EASY PLUS II BLOOD GLUCOSE TEST	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EASY STEP TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TALK BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH 32GX5MM	Insulin Pen Needle 32 G X 5 MM (1/5" or 3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH 32GX6MM	Insulin Pen Needle 32 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 27 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	Insulin Syringe/Needle U-100 1 ML 27 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH PEN NEEDLES 29GX1/2"	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH PEN NEEDLES 31GX1/4"	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH PEN NEEDLES 31GX5/16"	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	EASY TOUCH PEN NEEDLES 32GX1/4"	Insulin Pen Needle 32 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH PEN NEEDLES 32GX3/16"	Insulin Pen Needle 32 G X 5 MM (1/5" or 3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH PEN NEEDLES 32GX5/32"	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH PEN NEEDLES/31G X 3/16"	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EASY TRAK BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EASYGLUCO	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EASYGLUCO PLUS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EASYMAX 15 TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EASYMAX TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EASYPLUS BLOOD GLUCOSE TEST STRIP	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EASYPRO BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EASYPRO PLUS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EC-NAPROSYN	Naproxen Tab EC 375 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	EC-NAPROSYN	Naproxen Tab EC 500 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ECOLOVIT	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EDARBI	Azilsartan Medoxomil Tab 40 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	EDARBI	Azilsartan Medoxomil Tab 80 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	EDARBYCLOR	Azilsartan Medoxomil-Chlorthalidone Tab 40-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	EDARBYCLOR	Azilsartan Medoxomil-Chlorthalidone Tab 40-25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	EDURANT	Rilpivirine HCl Tab 25 MG (Base Equivalent)	Maximum Daily Dosage = 1 units
Daily Dosage	EFFEXOR XR	Venlafaxine HCl Cap SR 24HR 150 MG (Base Equivalent)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	EFFEXOR XR	Venlafaxine HCl Cap SR 24HR 37.5 MG (Base Equivalent)	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	EFFEXOR XR	Venlafaxine HCl Cap SR 24HR 75 MG (Base Equivalent)	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	EFFIENT	Prasugrel HCl Tab 5 MG (Base Equiv)	Maximum Daily Dosage = 1 units
Daily Dosage	EFFIENT	Prasugrel HCl Tab 10 MG (Base Equiv)	Maximum Daily Dosage = 1 units
Daily Dosage	ELEMENT COMPACT TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ELEMENT TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ELITE-THIN INSULIN SYRINGE/1ML/29G X 5/16"	Insulin Syringe/Needle U-100 1 ML 29 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 28 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/29G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 29 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 5/16"	Insulin Syringe/Needle U-100 1 ML 28 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ELMIRON	Pentosan Polysulfate Sodium Caps 100 MG	Maximum Daily Dosage = 3 units
Daily Dosage	EMBEDA	Morphine-Naltrexone Cap CR 20-0.8 MG	Maximum Daily Dosage = 2 units
Daily Dosage	EMBEDA	Morphine-Naltrexone Cap CR 30-1.2 MG	Maximum Daily Dosage = 2 units
Daily Dosage	EMBEDA	Morphine-Naltrexone Cap CR 50-2 MG	Maximum Daily Dosage = 2 units
Daily Dosage	EMBEDA	Morphine-Naltrexone Cap CR 60-2.4 MG	Maximum Daily Dosage = 2 units
Daily Dosage	EMBEDA	Morphine-Naltrexone Cap CR 80-3.2 MG	Maximum Daily Dosage = 2 units
Daily Dosage	EMBEDA	Morphine-Naltrexone Cap CR 100-4 MG	Maximum Daily Dosage = 2 units
Daily Dosage	EMBRACE BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	EMBRACE EVO BLOOD GLUCOSETEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EMBRACE PRO BLOOD GLUCOSETEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EMSAM	Selegiline TD Patch 24HR 6 MG/24HR	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	EMSAM	Selegiline TD Patch 24HR 12 MG/24HR	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	EMTRIVA	Emtricitabine Caps 200 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ENABLEX	Darifenacin Hydrobromide Tab SR 24HR 7.5 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	ENALAPRIL MALEATE	Enalapril Maleate Tab 2.5 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ENALAPRIL MALEATE	Enalapril Maleate Tab 5 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ENALAPRIL MALEATE	Enalapril Maleate Tab 10 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ENALAPRIL MALEATE	Enalapril Maleate Tab 20 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ENDOCET	Oxycodone w/ Acetaminophen Tab 2.5-325 MG	Maximum Daily Dosage = 12 units
Daily Dosage	ENDOCET	Oxycodone w/ Acetaminophen Tab 5-325 MG	Maximum Daily Dosage = 12 units
Daily Dosage	ENDOCET	Oxycodone w/ Acetaminophen Tab 7.5-325 MG	Maximum Daily Dosage = 12 units
Daily Dosage	ENDOCET	Oxycodone w/ Acetaminophen Tab 10-325 MG	Maximum Daily Dosage = 12 units
Daily Dosage	ENTECAVIR	Entecavir Tab 0.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ENTECAVIR	Entecavir Tab 1 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ENVIRO-STRESS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EPIVIR	Lamivudine Tab 300 MG	Maximum Daily Dosage = 1 units
Daily Dosage	EPIVIR	Lamivudine Tab 150 MG	Maximum Daily Dosage = 2 units
Daily Dosage	EPIVIR	Lamivudine Oral Soln 10 MG/ML	Maximum Daily Dosage = 30 units
Daily Dosage	EPIVIR HBV	Lamivudine Tab 100 MG (HBV)	Maximum Daily Dosage = 3 units
Daily Dosage	EPIVIR HBV	Lamivudine Oral Soln 5 MG/ML (HBV)	Maximum Daily Dosage = 60 units
Daily Dosage	EPLERENONE	Eplerenone Tab 25 MG	Maximum Daily Dosage = 2 units
Daily Dosage	EPLERENONE	Eplerenone Tab 50 MG	Maximum Daily Dosage = 2 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	EPROSARTAN MESYLATE	Eprosartan Mesylate Tab 600 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	EPZICOM	Abacavir Sulfate-Lamivudine Tab 600-300 MG	Maximum Daily Dosage = 1 units
Daily Dosage	EQ ALLERGY & CONGESTION RELIEF	Loratadine & Pseudoephedrine Tab SR 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	EQ ALLERGY RELIEF	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	EQ ALLERGY RELIEF D 24 HOUR	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	EQ BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EQ COMPLETE MULTIVITAMINADULTS 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQ COMPLETE MULTIVITAMINADULTS UNDER 50	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQ DAYHIST ALLERGY	Clemastine Fumarate Tab 1.34 MG (1 MG Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	EQ LANSOPRAZOLE	Lansoprazole Cap Delayed Release 15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	EQ NAPROXEN SODIUM	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	EQ NIGHTTIME SLEEP AID	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	EQ OMEPRAZOLE	Omeprazole Delayed Release Tab 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	EQ OMEPRAZOLE MAGNESIUM	Omeprazole Magnesium Cap DR 20.6 MG (20 MG Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	EQ ONE DAILY MENS 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQ ONE DAILY MENS HEALTH	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQ ONE DAILY WOMENS 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQ ONE DAILY WOMENS HEALTH	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQ ONE DAILY WOMENS PRO-ACTIVE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQ SUPHEDRINE	Pseudoephedrine HCl Tab SR 12HR 120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	EQL 12 HOUR COLD	Pseudoephedrine HCl Tab SR 12HR 120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	EQL 12 HOUR DECONGESTANT	Pseudoephedrine HCl Tab SR 12HR 120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	EQL ALL DAY ALLERGY-D	Cetirizine-Pseudoephedrine Tab ER 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	EQL ALL DAY PAIN RELIEF	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	EQL ALL DAY RELIEF	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	EQL ALLERGY	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	EQL ALLERGY RELIEF	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	EQL ALLERGY/CONGESTION RELIEF	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	EQL CENTRAL-VITE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQL CENTRAL-VITE PERFORMANCE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQL CENTRAL-VITE SELECT	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQL CENTURY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQL CENTURY CARDIO HEALTHFORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQL CENTURY MATURE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQL CENTURY MATURE ADULTS50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQL CENTURY MATURE MEN 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQL CENTURY MATURE WOMEN50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQL CENTURY MENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQL CENTURY WOMENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQL DAYHIST ALLERGY	Clemastine Fumarate Tab 1.34 MG (1 MG Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	EQL INSULIN SYRINGE/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EQL INSULIN SYRINGE/1ML/30G X 5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	EQL INSULIN SYRINGE/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	EQL INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EQL INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EQL INSULIN SYRINGE/U-100/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EQL MEGA SELECT MENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQL MEGA SELECT WOMENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQL MUCUS-DM	Dextromethorphan-Guaifenesin Tab ER 12HR 30-600 MG	Maximum Daily Dosage = 2 units
Daily Dosage	EQL MUCUS-ER MAXIMUM STRENGTH	Guaifenesin Tab SR 12HR 1200 MG	Maximum Daily Dosage = 2 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	EQL NAPROXEN SODIUM	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	EQL NIGHTTIME SLEEP AID	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	EQL OMEPRAZOLE	Omeprazole Delayed Release Tab 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	EQL ONE DAILY 50 PLUS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQL ONE DAILY DIET SUPPORT	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQL ONE DAILY DIETERS SUPPORT FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQL ONE DAILY ESSENTIAL	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQL ONE DAILY MAXIMUM	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQL ONE DAILY MENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQL ONE DAILY MENS 50+ ADVANCED	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQL ONE DAILY MENS HEALTH FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQL ONE DAILY WOMENS 50+ADVANCED	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQL SHORT PEN NEEDLES 31G X 8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	EQL STOOL SOFTENER	Docusate Sodium Cap 100 MG	Maximum Daily Dosage = 3 units
Daily Dosage	EQL TRUETEST BLOOD GLUCOSE TEST	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EQL TRUETRACK TEST	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EQL ULTIMATE MENS CENTURY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQL ULTIMATE WOMENS CENTURY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQL ULTRA COMFORT INSULINSYRINGE/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	EQL ULTRA SHORT PEN NEEDLES 31G X 6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	EQL VISION FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EQL VITAMIN E	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	EQUETRO	Carbamazepine (Antipsychotic) Cap SR 12HR 100 MG	Maximum Daily Dosage = 2 units
Daily Dosage	EQUETRO	Carbamazepine (Antipsychotic) Cap SR 12HR 300 MG	Maximum Daily Dosage = 4 units
Daily Dosage	EQUETRO	Carbamazepine (Antipsychotic) Cap SR 12HR 200 MG	Maximum Daily Dosage = 8 units
Daily Dosage	ESCITALOPRAM OXALATE	Escitalopram Oxalate Tab 20 MG (Base Equiv)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ESCITALOPRAM OXALATE	Escitalopram Oxalate Tab 10 MG (Base Equiv)	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	ESCITALOPRAM OXALATE	Escitalopram Oxalate Soln 5 MG/5ML (Base Equiv)	Maximum Daily Dosage = 20 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ESCITALOPRAM OXALATE	Escitalopram Oxalate Tab 5 MG (Base Equiv)	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ESGIC	Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG	Maximum Daily Dosage = 4 units
Daily Dosage	ESGIC	Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG	Maximum Daily Dosage = 4 units
Daily Dosage	ESOMEPRAZOLE MAGNESIUM	Esomeprazole Magnesium Cap Delayed Release 40 MG (Base Eq)	Maximum Daily Dosage = 1 units
Daily Dosage	ESOMEPRAZOLE MAGNESIUM	Esomeprazole Magnesium Cap Delayed Release 20 MG (Base Eq)	Maximum Daily Dosage = 2 units
Daily Dosage	ESOMEPRAZOLE MAGNESIUM	Esomeprazole Magnesium Cap Delayed Release 40 MG (Base Eq)	Maximum Daily Dosage = 2 units
Daily Dosage	ESSENTIA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ESSENTIAL BALANCE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ESTER-E	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	ESTRADIOL	Estradiol TD Patch Biweekly 0.075 MG/24HR	Maximum Daily Dosage = 0.6 units
Daily Dosage	ESTRADIOL/NORETHINDRONE ACETATE	Estradiol & Norethindrone Acetate Tab 0.5-0.1 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ESTRADIOL/NORETHINDRONE ACETATE	Estradiol & Norethindrone Acetate Tab 1-0.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ESTROPIPATE	Estropipate Tab 1.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ESTROPIPATE	Estropipate Tab 0.75 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ESTROPIPATE	Estropipate Tab 3 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ETHOSUXIMIDE	Ethosuximide Soln 250 MG/5ML	Maximum Daily Dosage = 30 units
Daily Dosage	ETHOSUXIMIDE	Ethosuximide Cap 250 MG	Maximum Daily Dosage = 6 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	EVENCARE + BLOOD GLUCOSE TEST STRIP	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EVENCARE BLOOD GLUCOSE TEST STRIP	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EVENCARE G2 TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EVENCARE G3 TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EVENCARE MINI BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EVISTA	Raloxifene HCl Tab 60 MG	Maximum Daily Dosage = 1 units
Daily Dosage	EVOLUTION AUTOCODE	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	EXACTECH R-S-G TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EXACTECH TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EXALGO	Hydromorphone HCl Tab ER 24HR Deter 8 MG	Maximum Daily Dosage = 1 units
Daily Dosage	EXALGO	Hydromorphone HCl Tab ER 24HR Deter 12 MG	Maximum Daily Dosage = 2 units
Daily Dosage	EXALGO	Hydromorphone HCl Tab ER 24HR Deter 16 MG	Maximum Daily Dosage = 2 units
Daily Dosage	EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM	Insulin Pen Needle 31 G X 4 MM (1/6")	Maximum Daily Dosage = 5 units
Daily Dosage	EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	EXELON	Rivastigmine TD Patch 24HR 4.6 MG/24HR	Maximum Daily Dosage = 1 units
Daily Dosage	EXELON	Rivastigmine TD Patch 24HR 9.5 MG/24HR	Maximum Daily Dosage = 1 units
Daily Dosage	EXELON	Rivastigmine Tartrate Cap 1.5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	EXELON	Rivastigmine Tartrate Cap 3 MG	Maximum Daily Dosage = 2 units
Daily Dosage	EXELON	Rivastigmine Tartrate Cap 4.5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	EXELON	Rivastigmine Tartrate Cap 6 MG	Maximum Daily Dosage = 2 units
Daily Dosage	EXFORGE	Amlodipine Besylate-Valsartan Tab 5-160 MG	Maximum Daily Dosage = 1 units
Daily Dosage	EXFORGE	Amlodipine Besylate-Valsartan Tab 5-320 MG	Maximum Daily Dosage = 1 units
Daily Dosage	EXFORGE	Amlodipine Besylate-Valsartan Tab 10-160 MG	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	EXFORGE	Amlodipine Besylate-Valsartan Tab 10-320 MG	Maximum Daily Dosage = 1 units
Daily Dosage	EXFORGE HCT	Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	EXFORGE HCT	Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	EXFORGE HCT	Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	EXFORGE HCT	Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	EXFORGE HCT	Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-320-25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	EYE SUPPORT	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EYE VITAMINS & MINERALS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EYEPROTECT	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EYE-VITE EXTRA PLUS LUTEIN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EYE-VITES	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	EZ SMART BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EZ SMART PLUS BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	EZETIMIBE	Ezetimibe Tab 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	EZETIMIBE/SIMVASTATIN	Ezetimibe-Simvastatin Tab 10-10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	EZETIMIBE/SIMVASTATIN	Ezetimibe-Simvastatin Tab 10-20 MG	Maximum Daily Dosage = 1 units
Daily Dosage	EZETIMIBE/SIMVASTATIN	Ezetimibe-Simvastatin Tab 10-40 MG	Maximum Daily Dosage = 1 units
Daily Dosage	EZETIMIBE/SIMVASTATIN	Ezetimibe-Simvastatin Tab 10-80 MG	Maximum Daily Dosage = 1 units
Daily Dosage	FAMOTIDINE	Famotidine For Susp 40 MG/5ML	Maximum Daily Dosage = 10 units
Daily Dosage	FAMOTIDINE	Famotidine Tab 40 MG	Maximum Daily Dosage = 2 units
Daily Dosage	FAMOTIDINE	Famotidine Tab 20 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	FANAPT	Iloperidone Tab 1 MG	Maximum Daily Dosage = 2 units
Daily Dosage	FANAPT	Iloperidone Tab 2 MG	Maximum Daily Dosage = 2 units
Daily Dosage	FANAPT	Iloperidone Tab 4 MG	Maximum Daily Dosage = 2 units
Daily Dosage	FANAPT	Iloperidone Tab 6 MG	Maximum Daily Dosage = 2 units
Daily Dosage	FANAPT	Iloperidone Tab 8 MG	Maximum Daily Dosage = 2 units
Daily Dosage	FANAPT	Iloperidone Tab 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	FANAPT	Iloperidone Tab 12 MG	Maximum Daily Dosage = 2 units
Daily Dosage	FASTTAKE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FAZACLO	Clozapine Orally Disintegrating Tab 25 MG	Maximum Daily Dosage = 3 units
Daily Dosage	FAZACLO	Clozapine Orally Disintegrating Tab 200 MG	Maximum Daily Dosage = 4 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	FAZACLO	Clozapine Orally Disintegrating Tab 12.5 MG	Maximum Daily Dosage = 6 units
Daily Dosage	FAZACLO	Clozapine Orally Disintegrating Tab 150 MG	Maximum Daily Dosage = 6 units
Daily Dosage	FAZACLO	Clozapine Orally Disintegrating Tab 100 MG	Maximum Daily Dosage = 9 units
Daily Dosage	FELBAMATE	Felbamate Susp 600 MG/5ML	Maximum Daily Dosage = 120 units
Daily Dosage	FELBAMATE	Felbamate Tab 600 MG	Maximum Daily Dosage = 6 units
Daily Dosage	FELBAMATE	Felbamate Tab 400 MG	Maximum Daily Dosage = 9 units
Daily Dosage	FELBATOL	Felbamate Susp 600 MG/5ML	Maximum Daily Dosage = 120 units
Daily Dosage	FELBATOL	Felbamate Tab 600 MG	Maximum Daily Dosage = 6 units
Daily Dosage	FELBATOL	Felbamate Tab 400 MG	Maximum Daily Dosage = 9 units
Daily Dosage	FELODIPINE ER	Felodipine Tab ER 24HR 10 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	FENOFIBRATE	Fenofibrate Cap 50 MG	Maximum Daily Dosage = 1 units
Daily Dosage	FENOFIBRATE	Fenofibrate Cap 150 MG	Maximum Daily Dosage = 1 units
Daily Dosage	FENOFIBRATE	Fenofibrate Tab 40 MG	Maximum Daily Dosage = 1 units
Daily Dosage	FENOFIBRATE	Fenofibrate Tab 48 MG	Maximum Daily Dosage = 1 units
Daily Dosage	FENOFIBRATE	Fenofibrate Tab 145 MG	Maximum Daily Dosage = 1 units
Daily Dosage	FENOFIBRATE	Fenofibrate Micronized Cap 43 MG	Maximum Daily Dosage = 1 units
Daily Dosage	FENOFIBRATE	Fenofibrate Micronized Cap 130 MG	Maximum Daily Dosage = 1 units
Daily Dosage	FENOFIBRATE MICRONIZED	Fenofibrate Micronized Cap 134 MG	Maximum Daily Dosage = 1 units
Daily Dosage	FENOFIBRATE MICRONIZED	Fenofibrate Micronized Cap 200 MG	Maximum Daily Dosage = 1 units
Daily Dosage	FENOFIBRIC ACID	Fenofibric Acid Tab 35 MG	Maximum Daily Dosage = 1 units
Daily Dosage	FENOFIBRIC ACID	Fenofibric Acid Tab 105 MG	Maximum Daily Dosage = 1 units
Daily Dosage	FENOFIBRIC ACID DR	Choline Fenofibrate Cap DR 135 MG (Fenofibric Acid Equiv)	Maximum Daily Dosage = 1 units
Daily Dosage	FENOGLIDE	Fenofibrate Tab 40 MG	Maximum Daily Dosage = 1 units
Daily Dosage	FENTANYL	Fentanyl TD Patch 72HR 25 MCG/HR	Maximum Daily Dosage = 0.34 units
Daily Dosage	FENTANYL	Fentanyl TD Patch 72HR 50 MCG/HR	Maximum Daily Dosage = 0.34 units
Daily Dosage	FENTANYL	Fentanyl TD Patch 72HR 75 MCG/HR	Maximum Daily Dosage = 0.34 units
Daily Dosage	FENTANYL	Fentanyl TD Patch 72HR 100 MCG/HR	Maximum Daily Dosage = 0.34 units
Daily Dosage	FER-IN-SOL	Ferrous Sulfate Soln 75 MG/ML (15 MG/ML Elemental Fe)	Maximum Daily Dosage = 3.4 units
Daily Dosage	FER-IRON	Ferrous Sulfate Soln 75 MG/ML (15 MG/ML Elemental Fe)	Maximum Daily Dosage = 3.4 units
Daily Dosage	FEROSUL	Ferrous Sulfate Elixir 220 MG/5ML (44 MG/5ML Elemental Fe)	Maximum Daily Dosage = 16 units
Daily Dosage	FERRETTS	Ferrous Fumarate Tab 325 MG (106 MG Elemental Fe)	Maximum Daily Dosage = 2 units
Daily Dosage	FERROUS DROPS	Ferrous Sulfate Soln 75 MG/ML (15 MG/ML Elemental Fe)	Maximum Daily Dosage = 3.4 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	FERROUS SULFATE	Ferrous Sulfate Elixir 220 MG/5ML (44 MG/5ML Elemental Fe)	Maximum Daily Dosage = 16 units
Daily Dosage	FERROUS SULFATE	Ferrous Sulfate Soln 75 MG/ML (15 MG/ML Elemental Fe)	Maximum Daily Dosage = 3.4 units
Daily Dosage	FEVERALL	Acetaminophen Suppos 120 MG	Maximum Daily Dosage = 0.4 units
Daily Dosage	FEVERALL	Acetaminophen Suppos 325 MG	Maximum Daily Dosage = 0.4 units
Daily Dosage	FEVERALL	Acetaminophen Suppos 650 MG	Maximum Daily Dosage = 0.4 units
Daily Dosage	FIASP FLEXTOUCH	Insulin Aspart Soln Pen-injector 100 Unit/ML	Maximum Daily Dosage = 1 units
Daily Dosage	FIBRICOR	Fenofibric Acid Tab 35 MG	Maximum Daily Dosage = 1 units
Daily Dosage	FIBRICOR	Fenofibric Acid Tab 105 MG	Maximum Daily Dosage = 1 units
Daily Dosage	FIFTY50 GLUCOSE TEST STRIP 2	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FIFTY50 PEN NEEDLES 31G X3/16" (5MM)	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	FIFTY50 PEN NEEDLES 31G X5/16" (8MM)	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	FIFTY50 PEN NEEDLES 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	FIFTY50 PEN NEEDLES/31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	FIFTY50 PEN NEEDLES/32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	FIFTY50 PEN NEEDLES/32GX6MM	Insulin Pen Needle 32 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	FINASTERIDE	Finasteride Tab 5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	FIORINAL	Butalbital-Aspirin-Caffeine Cap 50-325-40 MG	Maximum Daily Dosage = 4 units
Daily Dosage	FIORINAL/CODEINE #3	Butalbital-Aspirin-Caff w/ Codeine Cap 50-325-40-30 MG	Maximum Daily Dosage = 6 units
Daily Dosage	FITNESS TABS FOR MEN AM/PM/LYCOPENE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	FITNESS TABS FOR WOMEN AM/PM/LYCOPENE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	FLANAX PAIN RELIEF	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	FLINTSTONES GUMMIES PLUSOMEGA-3 DHA	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	FLINTSTONES PLUS CALCIUM	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	FLINTSTONES/MY FIRST	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	FLONASE	Fluticasone Propionate Nasal Susp 50 MCG/ACT	Maximum Daily Dosage = 0.54 units
Daily Dosage	FLOVENT DISKUS	Fluticasone Propionate Aer Pow BA 50 MCG/BLISTER	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	FLOVENT DISKUS	Fluticasone Propionate Aer Pow BA 100 MCG/BLISTER	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	FLOVENT DISKUS	Fluticasone Propionate Aer Pow BA 250 MCG/BLISTER	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	FLURAZEPAM HCL	Flurazepam HCl Cap 15 MG	Maximum Daily Dosage = 1 units
Daily Dosage	FLURAZEPAM HCL	Flurazepam HCl Cap 30 MG	Maximum Daily Dosage = 1 units
Daily Dosage	FLUVASTATIN	Fluvastatin Sodium Cap 20 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	FLUVASTATIN	Fluvastatin Sodium Cap 40 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	FLUVOXAMINE MALEATE	Fluvoxamine Maleate Tab 25 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	FLUVOXAMINE MALEATE	Fluvoxamine Maleate Tab 50 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	FLUVOXAMINE MALEATE	Fluvoxamine Maleate Tab 100 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	FOCALIN	Dexmethylphenidate HCl Tab 2.5 MG	Maximum Daily Dosage = 4 units
Daily Dosage	FOCALIN	Dexmethylphenidate HCl Tab 5 MG	Maximum Daily Dosage = 4 units
Daily Dosage	FOCALIN	Dexmethylphenidate HCl Tab 10 MG	Maximum Daily Dosage = 4 units
Daily Dosage	FOCALIN XR	Dexmethylphenidate HCl Cap SR 24 HR 15 MG	Maximum Daily Dosage = 1 units
Daily Dosage	FOCALIN XR	Dexmethylphenidate HCl Cap SR 24 HR 20 MG	Maximum Daily Dosage = 1 units
Daily Dosage	FOCALIN XR	Dexmethylphenidate HCl Cap SR 24 HR 30 MG	Maximum Daily Dosage = 1 units
Daily Dosage	FOCALIN XR	Dexmethylphenidate HCl Cap SR 24 HR 35 MG	Maximum Daily Dosage = 1 units
Daily Dosage	FOCALIN XR	Dexmethylphenidate HCl Cap SR 24 HR 40 MG	Maximum Daily Dosage = 1 units
Daily Dosage	FOCALIN XR	Dexmethylphenidate HCl Cap SR 24 HR 5 MG	Maximum Daily Dosage = 2 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	FOCALIN XR	Dexmethylphenidate HCl Cap SR 24 HR 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	FOCALIN XR	Dexmethylphenidate HCl Cap SR 24 HR 25 MG	Maximum Daily Dosage = 2 units
Daily Dosage	FORA BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FORA D15C BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FORA D15G BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FORA D15Z BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FORA D20 BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FORA D40/G31 BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FORA G20 BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FORA G30A BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FORA G71A BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FORA G90 BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FORA GD20 TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FORA GD50 BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FORA TEST N' GO BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FORA TN'G/TN'G VOICE BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FORA V10 BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FORA V12 BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FORA V20 BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FORA V22 BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FORA V30A BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FORACARE GD40	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FORACARE PREMIUM V10 TESTSTRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FORACARE TEST N GO TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FORADIL AEROLIZER	Formoterol Fumarate Inhal Cap 12 MCG	Maximum Daily Dosage = 2 units
Daily Dosage	FORMULA E 400	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	FORTAMET	Metformin HCl Tab SR 24HR Osmotic 1000 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	FORTAMET	Metformin HCl Tab SR 24HR Osmotic 500 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	FORTISCARE BLOOD GLUCOSETEST STRIP	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FOSAMPRENAVIR CALCIUM	Fosamprenavir Calcium Tab 700 MG (Base Equiv)	Maximum Daily Dosage = 4 units
Daily Dosage	FOSFREE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	FOSINOPRIL SODIUM	Fosinopril Sodium Tab 10 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	FOSINOPRIL SODIUM	Fosinopril Sodium Tab 20 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	FOSINOPRIL SODIUM	Fosinopril Sodium Tab 40 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	Fosinopril Sodium & Hydrochlorothiazide Tab 10-12.5 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	Fosinopril Sodium & Hydrochlorothiazide Tab 20-12.5 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	FREEDAVITE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	FREESTYLE INSULINX BLOODGLUCOSE TEST	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FREESTYLE LITE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FREESTYLE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	FRUITY CHEWS	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	FURADANTIN	Nitrofurantoin Susp 25 MG/5ML	Maximum Daily Dosage = 40 units
Daily Dosage	GABAPENTIN	Gabapentin Cap 300 MG	Maximum Daily Dosage = 4 units
Daily Dosage	GABAPENTIN	Gabapentin Cap 400 MG	Maximum Daily Dosage = 4 units
Daily Dosage	GABAPENTIN	Gabapentin Tab 600 MG	Maximum Daily Dosage = 4 units
Daily Dosage	GABAPENTIN	Gabapentin Tab 800 MG	Maximum Daily Dosage = 4 units
Daily Dosage	GABAPENTIN	Gabapentin Cap 100 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	GABAPENTIN	Gabapentin Oral Soln 250 MG/5ML	Maximum Daily Dosage = 60 units
Daily Dosage	GALANTAMINE HYDROBROMIDE	Galantamine Hydrobromide Tab 4 MG	Maximum Daily Dosage = 2 units
Daily Dosage	GALANTAMINE HYDROBROMIDE	Galantamine Hydrobromide Tab 8 MG	Maximum Daily Dosage = 2 units
Daily Dosage	GALANTAMINE HYDROBROMIDE	Galantamine Hydrobromide Tab 12 MG	Maximum Daily Dosage = 2 units
Daily Dosage	GALANTAMINE HYDROBROMIDE	Galantamine Hydrobromide Oral Soln 4 MG/ML	Maximum Daily Dosage = 6 units
Daily Dosage	GE100 BLOOD GLUCOSE TESTSTRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	GEMFIBROZIL	Gemfibrozil Tab 600 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	GENSTRIP 50	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	GENTLE LAXATIVE	Bisacodyl Tab Delayed Release 5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	GENULTIMATE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	GEODON	Ziprasidone HCl Cap 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	GEODON	Ziprasidone HCl Cap 40 MG	Maximum Daily Dosage = 2 units
Daily Dosage	GEODON	Ziprasidone HCl Cap 60 MG	Maximum Daily Dosage = 2 units
Daily Dosage	GEODON	Ziprasidone HCl Cap 80 MG	Maximum Daily Dosage = 2 units
Daily Dosage	GERI-DRYL	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	GERI-DRYL ALLERGY RELIEF	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	GERI-FREEDA SENIOR FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GERIVITE COMPLETE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GHT TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	GLATIRAMER ACETATE	Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML	Maximum Daily Dosage = 0.43 units
Daily Dosage	GLIMEPIRIDE	Glimepiride Tab 1 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	GLIMEPIRIDE	Glimepiride Tab 2 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	GLIMEPIRIDE	Glimepiride Tab 4 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	GLIPIZIDE	Glipizide Tab 5 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	GLIPIZIDE	Glipizide Tab 10 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	GLIPIZIDE ER	Glipizide Tab SR 24HR 10 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	GLIPIZIDE/METFORMIN HCL	Glipizide-Metformin HCl Tab 2.5-250 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	GLIPIZIDE/METFORMIN HCL	Glipizide-Metformin HCl Tab 2.5-500 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	GLIPIZIDE/METFORMIN HCL	Glipizide-Metformin HCl Tab 5-500 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	GLOBAL EASE INJECT PEN NEEEDLES 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	GLOBAL EASY GLIDE INSULINSYRINGE/U- 100/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	GLUCO PERFECT 3 TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	GLUCOCARD 01 SENSOR PLUS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	GLUCOCARD 01 SENSOR PLUSTEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	GLUCOCARD SHINE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	GLUCOCARD VITAL TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	GLUCOCARD X-SENSOR	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	GLUCOCOM TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	GLUCONAVII BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	GLUCOSE METER TEST STRIPS ADVANCED	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	GLUCOVANCE	Glyburide-Metformin Tab 1.25-250 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	GLUMETZA	Metformin HCl Tab SR 24HR Modified Release 500 MG	Maximum Daily Dosage = 2 units
Daily Dosage	GLUMETZA	Metformin HCl Tab SR 24HR Modified Release 1000 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	GLYBURIDE	Glyburide Tab 1.25 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	GLYBURIDE	Glyburide Tab 2.5 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	GLYBURIDE	Glyburide Tab 5 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	GLYCOPYRROLATE	Glycopyrrolate Tab 2 MG	Maximum Daily Dosage = 4 units
Daily Dosage	GLYCOPYRROLATE	Glycopyrrolate Inj 4 MG/20ML (0.2 MG/ML)	Maximum Daily Dosage = 4 units
Daily Dosage	GLYCOPYRROLATE	Glycopyrrolate Tab 1 MG	Maximum Daily Dosage = 8 units
Daily Dosage	GLYSET	Miglitol Tab 25 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	GLYSET	Miglitol Tab 50 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	GLYSET	Miglitol Tab 100 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	GMATE BLOOD GLUCOSE TESTSTRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	GNP ALL DAY ALLERGY-D	Cetirizine-Pseudoephedrine Tab ER 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	GNP ALL DAY PAIN RELIEF	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	GNP ALLERGY	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	GNP ALLERGY & CONGESTIONRELIEF	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	GNP ANIMAL SHAPES	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP CALCIUM 600/D	Calcium Carbonate-Vitamin D Tab 600 MG-400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	GNP CENTURY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP CENTURY ACTIVE PERFORMANCE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP CENTURY ADULT FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP CENTURY ADULTS 50+ SENIOR	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP CENTURY CARDIO HEALTHFORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP CENTURY MATURE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP CENTURY ULTIMATE MENS COMPLETE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP CENTURY ULTIMATE MENS SENIOR FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP CENTURY ULTIMATE WOMENS COMPLETE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP CENTURY ULTIMATE WOMENS SENIOR FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP CLICKFINE PEN NEEDLEUNIVERSAL/31GX5/16"	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	GNP DAYHIST ALLERGY	Clemastine Fumarate Tab 1.34 MG (1 MG Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	GNP DIABETIC SUPPORT FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP EASY TOUCH GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	GNP ESSENTIAL ONE DAILY	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP HAIR/SKIN/NAILS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP HEALTHY EYES	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	GNP INSULIN SYRINGE/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	GNP INSULIN SYRINGE/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	GNP INSULIN SYRINGE/1ML/30G X 5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	GNP INSULIN SYRINGE/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	GNP LANSOPRAZOLE	Lansoprazole Cap Delayed Release 15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	GNP LITTLE ONES CHILDRENS	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP LORATADINE-D 12HR	Loratadine & Pseudoephedrine Tab SR 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	GNP LORATADINE-D 24 HOUR	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	GNP MAXIMUM ONE DAILY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP MEGA MULTI FOR MEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP MEGA MULTI FOR WOMEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP MUCUS ER	Guaifenesin Tab SR 12HR 1200 MG	Maximum Daily Dosage = 2 units
Daily Dosage	GNP NAPROXEN SODIUM	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	GNP NIGHTTIME SLEEP AID	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	GNP OMEPRAZOLE	Omeprazole Delayed Release Tab 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	GNP ONE DAILY MAXIMUM	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP ONE DAILY MENS 50+ ADVANCED	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP ONE DAILY MENS HEALTH 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP ONE DAILY MENS HEALTH/LYCOPENE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP ONE DAILY PLUS IRON	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP ONE DAILY WOMENS 50+ADVANCED	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP ONE DAILY WOMENS HEALTH 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP ONE DAILY WOMENS METABOLISM SUPPORT	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP OPTI-VITAMINS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP PSEUDOEPHEDRINE HCL ER	Pseudoephedrine HCl Tab SR 12HR 120 MG	Maximum Daily Dosage = 2 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	GNP PSEUDOEPHEDRINE HCL12 HOUR	Pseudoephedrine HCl Tab SR 12HR 120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	GNP SENNA PLUS	Sennosides-Docusate Sodium Tab 8.6-50 MG	Maximum Daily Dosage = 4 units
Daily Dosage	GNP THERAPEUTIC-M	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	GNP VITAMIN E	Vitamin E Cap 200 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	GNP VITAMIN E	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	GNP VITAMIN E WATER DISPERSIBLE	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	GNP WOMENS ONE DAILY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	GOODSENSE LANSOPRAZOLE	Lansoprazole Cap Delayed Release 15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	GOODSENSE NAPROXEN SODIUM	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	GUAIFENESIN ER	Guaifenesin Tab SR 12HR 1200 MG	Maximum Daily Dosage = 2 units
Daily Dosage	GUANFACINE ER	Guanfacine HCl Tab SR 24HR 1 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	GUANFACINE ER	Guanfacine HCl Tab SR 24HR 2 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	GUANFACINE ER	Guanfacine HCl Tab SR 24HR 3 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	GUANFACINE ER	Guanfacine HCl Tab SR 24HR 4 MG (Base Equiv)	Maximum Daily Dosage = 2 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	HAIR FORMULA EXTRA STRENGTH	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	HAIR SKIN AND NAILS FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	HAIR VITAMINS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	HAIR/SKIN/NAI LS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	HAIR/SKIN/NAI LS/BIOTIN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	HAIR-VITES	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	HALCION	Triazolam Tab 0.25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	HALOPERIDOL	Haloperidol Tab 0.5 MG	Maximum Daily Dosage = 3 units
Daily Dosage	HALOPERIDOL	Haloperidol Tab 1 MG	Maximum Daily Dosage = 3 units
Daily Dosage	HALOPERIDOL	Haloperidol Tab 10 MG	Maximum Daily Dosage = 3 units
Daily Dosage	HEALTHWISE MINI PEN NEEDLES 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	HEALTHWISE PEN NEEDLES 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	HEALTHWISE SHORT PEN NEEDLES 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	HEALTHY EYES	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	HEALTHY EYES/LUTEIN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	HEALTHY HAIR SKIN & NAILS	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	HEARTBURN TREATMENT 24 HOUR	Esomeprazole Magnesium Cap Delayed Release 20 MG (Base Eq)	Maximum Daily Dosage = 2 units
Daily Dosage	HEARTBURN TREATMENT 24 HOUR	Lansoprazole Cap Delayed Release 15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	H-E-B IN CONTROL PEN NEEDLES 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	H-E-B IN CONTROL PEN NEEDLES 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	H-E-B IN CONTROL PEN NEEDLES 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	H-E-B INCONTROL PEN NEEDLES 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	HEMATINIC PLUS VITAMINS/MINERALS	*Ferrous Fumarate-FA-B Complex-C-Zn-Mg-Mn-Cu Tab 106-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	HEMOCYTE	Ferrous Fumarate Tab 324 MG (106 MG Elemental Fe)	Maximum Daily Dosage = 2 units
Daily Dosage	HEPSERA	Adefovir Dipivoxil Tab 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	HI-KOVITE 2-PART FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	HI-POTENCY MULTI-VITAMIN/MINERAL SUPPLEMENT	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	HM ALL DAY ALLERGY	Cetirizine HCl Tab 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	HM ALLERGY	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	HM ALLERGY & CONGESTION	Loratadine & Pseudoephedrine Tab SR 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	HM ALLERGY COMPLETE-D	Cetirizine-Pseudoephedrine Tab ER 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	HM ALLERGY RELIEF & NASALDECONGESTANT	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	HM ANTIOXIDANT VITAMINS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	HM CETIRIZINE HYDROCHLORIDE	Cetirizine HCl Tab 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	HM CLEARLAX	Polyethylene Glycol 3350 Oral Powder	Maximum Daily Dosage = 34 units
Daily Dosage	HM COMPLETE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	HM COMPLETE 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	HM COMPLETE 50+ MENS ULTIMATE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	HM COMPLETE 50+ WOMENS ULTIMATE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	HM COMPLETE WOMEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	HM ESOMEPRAZOLE MAGNESIUM DELAYED RELEASE	Esomeprazole Magnesium Cap Delayed Release 20 MG (Base Eq)	Maximum Daily Dosage = 2 units
Daily Dosage	HM HAIR/SKIN/NAILS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	HM LANSOPRAZOLE	Lansoprazole Cap Delayed Release 15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	HM MENS 50+ ADVANCED ONEDAILY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	HM MUCUS ER	Guaifenesin Tab SR 12HR 1200 MG	Maximum Daily Dosage = 2 units
Daily Dosage	HM NAPROXEN SODIUM	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	HM NASAL DECONGESTANT 12HOUR	Pseudoephedrine HCl Tab SR 12HR 120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	HM NIGHTTIME SLEEP AID	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	HM OMEPRAZOLE	Omeprazole Delayed Release Tab 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	HM ONE DAILY MENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	HM ONE DAILY WOMENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	HM ONE DAILY/IRON	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	HM VITAMIN E	Vitamin E Cap 200 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	HM VITAMIN E	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	HM WOMENS 50+ ADVANCED ONE DAILY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	HUMALOG KWIKPEN	Insulin Lispro (Human) Soln Pen-injector 100 Unit/ML	Maximum Daily Dosage = 1 units
Daily Dosage	HUMALOG MIX 50/50 KWIKPEN	Insulin Lispro Prot & Lispro Sus Pen-inj 100 Unit/ML (50-50)	Maximum Daily Dosage = 1 units
Daily Dosage	HUMALOG MIX 75/25 KWIKPEN	Insulin Lispro Prot & Lispro Sus Pen-inj 100 Unit/ML (75-25)	Maximum Daily Dosage = 1 units
Daily Dosage	HYALEX	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	HYCET	Hydrocodone-Acetaminophen Soln 7.5-325 MG/15ML	Maximum Daily Dosage = 180 units
Daily Dosage	HYDRALAZINE HCL	Hydralazine HCl Tab 10 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	HYDRALAZINE HCL	Hydralazine HCl Tab 25 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	HYDRALAZINE HCL	Hydralazine HCl Tab 50 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	HYDRALAZINE HCL	Hydralazine HCl Tab 100 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	HYDROCODONE BITARTRATE/ACETAMINOPHEN	Hydrocodone-Acetaminophen Tab 5-300 MG	Maximum Daily Dosage = 12 units
Daily Dosage	HYDROCODONE BITARTRATE/ACETAMINOPHEN	Hydrocodone-Acetaminophen Soln 7.5-325 MG/15ML	Maximum Daily Dosage = 180 units
Daily Dosage	HYDROCODONE BITARTRATE/ACETAMINOPHEN	Hydrocodone-Acetaminophen Tab 10-300 MG	Maximum Daily Dosage = 6 units
Daily Dosage	HYDROCODONE BITARTRATE/ACETAMINOPHEN	Hydrocodone-Acetaminophen Tab 7.5-300 MG	Maximum Daily Dosage = 8 units
Daily Dosage	HYDROCODONE/ACETAMINOPHEN	Hydrocodone-Acetaminophen Tab 5-325 MG	Maximum Daily Dosage = 12 units
Daily Dosage	HYDROCODONE/ACETAMINOPHEN	Hydrocodone-Acetaminophen Tab 10-325 MG	Maximum Daily Dosage = 6 units
Daily Dosage	HYDROCODONE/ACETAMINOPHEN	Hydrocodone-Acetaminophen Tab 7.5-325 MG	Maximum Daily Dosage = 8 units
Daily Dosage	HYDROCODONE/IBUPROFEN	Hydrocodone-Ibuprofen Tab 5-200 MG	Maximum Daily Dosage = 5 units
Daily Dosage	HYDROCODONE/IBUPROFEN	Hydrocodone-Ibuprofen Tab 7.5-200 MG	Maximum Daily Dosage = 5 units
Daily Dosage	HYDROCODONE/IBUPROFEN	Hydrocodone-Ibuprofen Tab 10-200 MG	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	HYDROMORPHONE HCL	Hydromorphone HCl Tab 2 MG	Maximum Daily Dosage = 8 units
Daily Dosage	HYDROMORPHONE HCL	Hydromorphone HCl Tab 4 MG	Maximum Daily Dosage = 8 units
Daily Dosage	HYDROMORPHONE HCL	Hydromorphone HCl Tab 8 MG	Maximum Daily Dosage = 8 units
Daily Dosage	HY-VEE ALL DAY RELIEF	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	HYZAAR	Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	IBUDONE	Hydrocodone-Ibuprofen Tab 5-200 MG	Maximum Daily Dosage = 5 units
Daily Dosage	IBUDONE	Hydrocodone-Ibuprofen Tab 10-200 MG	Maximum Daily Dosage = 5 units
Daily Dosage	ICAPS AREDS FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ICAPS MV	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ICAPS PLUS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	IFEREX 150	Polysaccharide Iron Complex Cap 150 MG	Maximum Daily Dosage = 1 units
Daily Dosage	IGLUOSE BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	IMDUR	Isosorbide Mononitrate Tab ER 24HR 30 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	IMDUR	Isosorbide Mononitrate Tab ER 24HR 60 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	IMDUR	Isosorbide Mononitrate Tab ER 24HR 120 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	IMIQUIMOD	Imiquimod Cream 5%	Maximum Daily Dosage = 0.32 units
Daily Dosage	IMODIUM A-D	Loperamide HCl Tab 2 MG	Maximum Daily Dosage = 2 units
Daily Dosage	IN TOUCH BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	INATAL ADVANCE	*Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	INATAL GT	*Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	INATAL ULTRA	*Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	INDERAL LA	Propranolol HCl Cap SR 24HR 60 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	INDERAL LA	Propranolol HCl Cap SR 24HR 80 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	INDERAL LA	Propranolol HCl Cap SR 24HR 120 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	INDERAL LA	Propranolol HCl Cap SR 24HR 160 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	INFINITY BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	INSPIRA	Eplerenone Tab 25 MG	Maximum Daily Dosage = 2 units
Daily Dosage	INSPIRA	Eplerenone Tab 50 MG	Maximum Daily Dosage = 2 units
Daily Dosage	INSULIN SYRINGE/0.3ML/29G X 1"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGE/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGE/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGE/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGE/0.5ML/27G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 27 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGE/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGE/0.5ML/30G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGE/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGE/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGE/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGE/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGE/1ML/30G X 5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGE/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGE/U-100/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGE/U-100/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGE/U-100/1ML/30G X 5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGE/U-100/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGES/0.5ML/27GX1/2"	Insulin Syringe/Needle U-100 1/2 ML 27 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGES/0.5ML/28GX1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGES/0.5ML/29GX1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGES/0.5ML/30GX5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	INSULIN SYRINGES/0.5ML/31GX 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGES/0.5ML/31GX5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGES/1ML/27GX1/2"	Insulin Syringe/Needle U-100 1 ML 27 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGES/1ML/27GX1/2"	Insulin Syringe/Needle U-100 1 ML 27 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGES/1ML/28GX1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGES/1ML/29GX1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGES/1ML/30GX1/2"	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	INSULIN SYRINGES/1ML/31GX5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	INSUPEN 32G X 4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	INSUPEN 33GX4MM	Insulin Pen Needle 33 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	INSUPEN PEN NEEDLES 32G X4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	INSUPEN SENSITIVE 32GX6MM	Insulin Pen Needle 32 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	INSUPEN SENSITIVE 32GX8MM	Insulin Pen Needle 32 G X 8 MM	Maximum Daily Dosage = 5 units
Daily Dosage	INSUPEN ULTRAFIN 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	INSUPEN ULTRAFIN 30GX8MM	Insulin Pen Needle 30 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	INSUPEN ULTRAFIN 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	INSUPEN ULTRAFIN 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	INTELENCE	Etravirine Tab 200 MG	Maximum Daily Dosage = 2 units
Daily Dosage	INTELENCE	Etravirine Tab 100 MG	Maximum Daily Dosage = 4 units
Daily Dosage	INTELENCE	Etravirine Tab 25 MG	Maximum Daily Dosage = 8 units
Daily Dosage	INTUNIV	Guanfacine HCl Tab SR 24HR 1 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	INTUNIV	Guanfacine HCl Tab SR 24HR 2 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	INTUNIV	Guanfacine HCl Tab SR 24HR 3 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	INTUNIV	Guanfacine HCl Tab SR 24HR 4 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	INVEGA	Paliperidone Tab SR 24HR 1.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	INVEGA	Paliperidone Tab SR 24HR 3 MG	Maximum Daily Dosage = 1 units
Daily Dosage	INVEGA	Paliperidone Tab SR 24HR 9 MG	Maximum Daily Dosage = 1 units
Daily Dosage	INVEGA	Paliperidone Tab SR 24HR 6 MG	Maximum Daily Dosage = 2 units
Daily Dosage	INVIRASE	Saquinavir Mesylate Cap 200 MG	Maximum Daily Dosage = 10 units
Daily Dosage	INVIRASE	Saquinavir Mesylate Tab 500 MG	Maximum Daily Dosage = 4 units
Daily Dosage	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	Ipratropium-Albuterol Nebu Soln 0.5-2.5(3) MG/3ML	Maximum Daily Dosage = 18 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	IRON SUPPLEMENT CHILDRENS	Ferrous Sulfate Soln 75 MG/ML (15 MG/ML Elemental Fe)	Maximum Daily Dosage = 3.4 units
Daily Dosage	ISENTRESS	Raltegravir Potassium Tab 400 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	ISOSORBIDE MONONITRATE ER	Isosorbide Mononitrate Tab ER 24HR 60 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ITRACONAZOLE	Itraconazole Cap 100 MG	Maximum Daily Dosage = 1 units
Daily Dosage	I-VITE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	I-VITE PROTECT	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	JANUMET	Sitagliptin-Metformin HCl Tab 50-500 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	JANUMET	Sitagliptin-Metformin HCl Tab 50-1000 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	JANUMET XR	Sitagliptin-Metformin HCl Tab SR 24HR 50-500 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	JANUMET XR	Sitagliptin-Metformin HCl Tab SR 24HR 100-1000 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	JANUMET XR	Sitagliptin-Metformin HCl Tab SR 24HR 50-1000 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	JENTADUETO	Linagliptin-Metformin HCl Tab 2.5-500 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	JENTADUETO	Linagliptin-Metformin HCl Tab 2.5-850 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	JENTADUETO	Linagliptin-Metformin HCl Tab 2.5-1000 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	KADIAN	Morphine Sulfate Cap SR 24HR 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	KADIAN	Morphine Sulfate Cap SR 24HR 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	KADIAN	Morphine Sulfate Cap SR 24HR 30 MG	Maximum Daily Dosage = 2 units
Daily Dosage	KADIAN	Morphine Sulfate Cap SR 24HR 50 MG	Maximum Daily Dosage = 2 units
Daily Dosage	KADIAN	Morphine Sulfate Cap SR 24HR 60 MG	Maximum Daily Dosage = 2 units
Daily Dosage	KADIAN	Morphine Sulfate Cap SR 24HR 80 MG	Maximum Daily Dosage = 2 units
Daily Dosage	KADIAN	Morphine Sulfate Cap SR 24HR 100 MG	Maximum Daily Dosage = 2 units
Daily Dosage	KADIAN	Morphine Sulfate Cap SR 24HR 200 MG	Maximum Daily Dosage = 2 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	KALETRA	Lopinavir-Ritonavir Soln 400-100 MG/5ML (80-20 MG/ML)	Maximum Daily Dosage = 12.5 units
Daily Dosage	KALETRA	Lopinavir-Ritonavir Tab 100-25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	KALETRA	Lopinavir-Ritonavir Tab 200-50 MG	Maximum Daily Dosage = 6 units
Daily Dosage	KAPVAY	Clonidine HCl Tab SR 12HR 0.1 MG	Maximum Daily Dosage = 4 units
Daily Dosage	KAYEXALATE	Sodium Polystyrene Sulfonate Powder	Maximum Daily Dosage = 15.14 units
Daily Dosage	KEPPRA	Levetiracetam Tab 1000 MG	Maximum Daily Dosage = 3 units
Daily Dosage	KEPPRA	Levetiracetam Oral Soln 100 MG/ML	Maximum Daily Dosage = 30 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	KEPPRA	Levetiracetam Tab 750 MG	Maximum Daily Dosage = 4 units
Daily Dosage	KEPPRA XR	Levetiracetam Tab SR 24HR 500 MG	Maximum Daily Dosage = 4 units
Daily Dosage	KEPPRA XR	Levetiracetam Tab SR 24HR 750 MG	Maximum Daily Dosage = 4 units
Daily Dosage	KETOCONAZOLE	Ketoconazole Tab 200 MG	Maximum Daily Dosage = 2 units
Daily Dosage	KIDS VITAMINS	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	KLONOPIN	Clonazepam Tab 0.5 MG	Maximum Daily Dosage = 4 units
Daily Dosage	KLONOPIN	Clonazepam Tab 1 MG	Maximum Daily Dosage = 4 units
Daily Dosage	KLONOPIN	Clonazepam Tab 2 MG	Maximum Daily Dosage = 4 units
Daily Dosage	KLS ALLERCLEAR D-12HR	Loratadine & Pseudoephedrine Tab SR 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	KLS ALLERCLEAR D-24HR	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	KLS ALLERCLEAR-D 24HR	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	KLS ALLERGY MEDICINE	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	KLS ALLER-TEC D	Cetirizine-Pseudoephedrine Tab ER 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	KLS LANSOPRAZOLE	Lansoprazole Cap Delayed Release 15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	KLS NAPROXEN SODIUM	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	KLS OMEPRAZOLE	Omeprazole Delayed Release Tab 20 MG	Maximum Daily Dosage = 2 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G	Insulin Syringe (Disp) U-100 0.3 ML	Maximum Daily Dosage = 5 units
Daily Dosage	KMART VALU PLUS INSULIN SYRINGE/1ML/29G	Insulin Syringe (Disp) U-100 1 ML	Maximum Daily Dosage = 5 units
Daily Dosage	KMART VALU PLUS INSULIN SYRINGE/1ML/30G	Insulin Syringe (Disp) U-100 1 ML	Maximum Daily Dosage = 5 units
Daily Dosage	KOMBIGLYZE XR	Saxagliptin-Metformin HCl Tab SR 24HR 5-500 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	KOMBIGLYZE XR	Saxagliptin-Metformin HCl Tab SR 24HR 5-1000 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	KOMBIGLYZE XR	Saxagliptin-Metformin HCl Tab SR 24HR 2.5-1000 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	KP ADULTS 50+ DAILY FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	KP ADULTS DAILY FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	KP MENS 50+ DAILY FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	KP MENS DAILY FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	KP OMEPRAZOLE MAGNESIUM	Omeprazole Magnesium Cap DR 20.6 MG (20 MG Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	KP VISION FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	KP VISION FORMULA W/LUTEIN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	KP VITAMIN E	Vitamin E Cap 100 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	KP WOMENS 50+ DAILY FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	KP WOMENS DAILY FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	K-PHOS NEUTRAL	Pot Phos Monobasic w/Sod Phos Di & Monobas Tab 155-852-130MG	Maximum Daily Dosage = 8 units
Daily Dosage	KROGER BLOOD GLUCOSE TESTSTRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	KROGER INSULIN SYRINGE/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	KROGER INSULIN SYRINGE/1ML/30G X 5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	KROGER INSULIN SYRINGE/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	KROGER PEN NEEDLES 29G X12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	KROGER PEN NEEDLES 31G X8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	KROGER PEN NEEDLES 31GX1/4"	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	KROGER PREMIUM BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	KROGER TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	LABETALOL HCL	Labetalol HCl Tab 300 MG	Maximum Daily Dosage = 8 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LABETALOL HYDROCHLORIDE	Labetalol HCl Tab 100 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LABETALOL HYDROCHLORIDE	Labetalol HCl Tab 200 MG	Maximum Daily Dosage = 6 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LABETALOL HYDROCHLORIDE	Labetalol HCl Tab 300 MG	Maximum Daily Dosage = 8 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LAMICTAL	Lamotrigine Tab 25 MG	Maximum Daily Dosage = 20 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LAMICTAL	Lamotrigine Tab 200 MG	Maximum Daily Dosage = 3 units
Daily Dosage	LAMICTAL	Lamotrigine Tab 150 MG	Maximum Daily Dosage = 4 units
Daily Dosage	LAMICTAL	Lamotrigine Tab 100 MG	Maximum Daily Dosage = 5 units
Daily Dosage	LAMICTAL CHEWABLE DISPERSIBLE	Lamotrigine Tab Chewable Dispersible 5 MG	Maximum Daily Dosage = 100 units
Daily Dosage	LAMICTAL CHEWABLE DISPERSIBLE	Lamotrigine Tab Chewable Dispersible 25 MG	Maximum Daily Dosage = 20 units
Daily Dosage	LAMICTAL ODT	Lamotrigine Tab Disp 50 MG (42) & 100 MG (14) Titration Kit	Maximum Daily Dosage = 10 units
Daily Dosage	LAMICTAL ODT	Lamotrigine Orally Disintegrating Tab 50 MG	Maximum Daily Dosage = 10 units
Daily Dosage	LAMICTAL ODT	Lamotrigine Orally Disintegrating Tab 200 MG	Maximum Daily Dosage = 2.5 units
Daily Dosage	LAMICTAL ODT	Lamotrigine Tab Disp 25 MG (21) & 50 MG (7) Titration Kit	Maximum Daily Dosage = 20 units
Daily Dosage	LAMICTAL ODT	Lamotrigine Tab Disp 25 (14) & 50 MG (14) & 100 MG (7) Kit	Maximum Daily Dosage = 20 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	LAMICTAL ODT	Lamotrigine Orally Disintegrating Tab 25 MG	Maximum Daily Dosage = 20 units
Daily Dosage	LAMICTAL ODT	Lamotrigine Orally Disintegrating Tab 100 MG	Maximum Daily Dosage = 5 units
Daily Dosage	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	Lamotrigine Tab 25 MG (42) & 100 MG (7) Starter Kit	Maximum Daily Dosage = 20 units
Daily Dosage	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	Lamotrigine Tab 25 MG (84) & 100 MG (14) Starter Kit	Maximum Daily Dosage = 20 units
Daily Dosage	LAMICTAL STARTER/TAKING VALPROATE	Lamotrigine Tab 25 MG (35) Starter Kit	Maximum Daily Dosage = 20 units
Daily Dosage	LAMICTAL XR	Lamotrigine Tab SR 24HR 50 (14) & 100 MG(14) & 200 MG(7) Kit	Maximum Daily Dosage = 10 units
Daily Dosage	LAMICTAL XR	Lamotrigine Tab SR 24HR 50 MG	Maximum Daily Dosage = 10 units
Daily Dosage	LAMICTAL XR	Lamotrigine Tab SR 24HR 200 MG	Maximum Daily Dosage = 2 units
Daily Dosage	LAMICTAL XR	Lamotrigine Tab SR 24HR 250 MG	Maximum Daily Dosage = 2 units
Daily Dosage	LAMICTAL XR	Lamotrigine Tab SR 24HR 300 MG	Maximum Daily Dosage = 2 units
Daily Dosage	LAMICTAL XR	Lamotrigine Tab SR 24HR 25 MG (21) & 50 MG (7) Titration Kit	Maximum Daily Dosage = 20 units
Daily Dosage	LAMICTAL XR	Lamotrigine Tab SR 24HR 25 (14) & 50 MG (14) & 100 MG(7) Kit	Maximum Daily Dosage = 20 units
Daily Dosage	LAMICTAL XR	Lamotrigine Tab SR 24HR 25 MG	Maximum Daily Dosage = 20 units
Daily Dosage	LAMICTAL XR	Lamotrigine Tab SR 24HR 100 MG	Maximum Daily Dosage = 5 units
Daily Dosage	LAMIVUDINE	Lamivudine Tab 300 MG	Maximum Daily Dosage = 1 units
Daily Dosage	LAMIVUDINE	Lamivudine Tab 150 MG	Maximum Daily Dosage = 2 units
Daily Dosage	LAMIVUDINE	Lamivudine Oral Soln 10 MG/ML	Maximum Daily Dosage = 30 units
Daily Dosage	LAMIVUDINE/ZIDOVUDINE	Lamivudine-Zidovudine Tab 150-300 MG	Maximum Daily Dosage = 2 units
Daily Dosage	LAMOTRIGINE	Lamotrigine Tab Chewable Dispersible 5 MG	Maximum Daily Dosage = 100 units
Daily Dosage	LAMOTRIGINE	Lamotrigine Tab Chewable Dispersible 25 MG	Maximum Daily Dosage = 20 units
Daily Dosage	LAMOTRIGINE	Lamotrigine Tab 25 MG	Maximum Daily Dosage = 20 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LAMOTRIGINE	Lamotrigine Tab 200 MG	Maximum Daily Dosage = 3 units
Daily Dosage	LAMOTRIGINE	Lamotrigine Tab 150 MG	Maximum Daily Dosage = 4 units
Daily Dosage	LAMOTRIGINE	Lamotrigine Tab 100 MG	Maximum Daily Dosage = 5 units
Daily Dosage	LAMOTRIGINE ER	Lamotrigine Tab SR 24HR 50 MG	Maximum Daily Dosage = 10 units
Daily Dosage	LAMOTRIGINE ER	Lamotrigine Tab SR 24HR 200 MG	Maximum Daily Dosage = 2 units
Daily Dosage	LAMOTRIGINE ER	Lamotrigine Tab SR 24HR 300 MG	Maximum Daily Dosage = 2 units
Daily Dosage	LAMOTRIGINE ER	Lamotrigine Tab SR 24HR 200 MG	Maximum Daily Dosage = 2.5 units
Daily Dosage	LAMOTRIGINE ER	Lamotrigine Tab SR 24HR 25 MG	Maximum Daily Dosage = 20 units
Daily Dosage	LAMOTRIGINE ER	Lamotrigine Tab SR 24HR 100 MG	Maximum Daily Dosage = 5 units
Daily Dosage	LAMOTRIGINE ODT	Lamotrigine Orally Disintegrating Tab 50 MG	Maximum Daily Dosage = 10 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	LAMOTRIGINE ODT	Lamotrigine Orally Disintegrating Tab 200 MG	Maximum Daily Dosage = 2.5 units
Daily Dosage	LAMOTRIGINE ODT	Lamotrigine Orally Disintegrating Tab 25 MG	Maximum Daily Dosage = 20 units
Daily Dosage	LAMOTRIGINE ODT	Lamotrigine Orally Disintegrating Tab 100 MG	Maximum Daily Dosage = 5 units
Daily Dosage	LAMOTRIGINE STARTER KIT/BLUE	Lamotrigine Tab 25 MG (35) Starter Kit	Maximum Daily Dosage = 20 units
Daily Dosage	LAMOTRIGINE STARTER KIT/GREEN	Lamotrigine Tab 25 MG (84) & 100 MG (14) Starter Kit	Maximum Daily Dosage = 20 units
Daily Dosage	LAMOTRIGINE STARTER KIT/ORANGE	Lamotrigine Tab 25 MG (42) & 100 MG (7) Starter Kit	Maximum Daily Dosage = 20 units
Daily Dosage	LAMOTRIGINE TITRATION	Lamotrigine Tab Disp 25 MG (21) & 50 MG (7) Titration Kit	Maximum Daily Dosage = 20 units
Daily Dosage	LANSOPRAZOLE	Lansoprazole Cap Delayed Release 30 MG	Maximum Daily Dosage = 1 units
Daily Dosage	LANSOPRAZOLE	Lansoprazole Cap Delayed Release 15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	LATANOPROST	Latanoprost Ophth Soln 0.005%	Maximum Daily Dosage = 0.1 units
Daily Dosage	LATUDA	Lurasidone HCl Tab 20 MG	Maximum Daily Dosage = 1 units
Daily Dosage	LATUDA	Lurasidone HCl Tab 40 MG	Maximum Daily Dosage = 1 units
Daily Dosage	LATUDA	Lurasidone HCl Tab 80 MG	Maximum Daily Dosage = 1 units
Daily Dosage	LAXATIVE	Bisacodyl Tab Delayed Release 5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	LEADER INSULIN SYRINGE/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	LEADER INSULIN SYRINGE/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	LEADER INSULIN SYRINGE/1ML/30G X 5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	LEADER INSULIN SYRINGE/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	LEADER UNIFINE PENTIPS/MINI/31GX3/16"	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	LEADER UNIFINE PENTIPS/NANO/32GX5/32"	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	LEADER UNIFINE PENTIPS/PLUS/32GX5/32"	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	LEFLUNOMIDE	Leflunomide Tab 10 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LEFLUNOMIDE	Leflunomide Tab 20 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LESCOL	Fluvastatin Sodium Cap 20 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LESCOL	Fluvastatin Sodium Cap 40 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LESCOL XL	Fluvastatin Sodium Tab SR 24 HR 80 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LEVEMIR	Insulin Detemir Inj 100 Unit/ML	Maximum Daily Dosage = 1 units
Daily Dosage	LEVETIRACETAM	Levetiracetam Tab 1000 MG	Maximum Daily Dosage = 3 units
Daily Dosage	LEVETIRACETAM	Levetiracetam Oral Soln 100 MG/ML	Maximum Daily Dosage = 30 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LEVETIRACETAM	Levetiracetam Tab 500 MG	Maximum Daily Dosage = 4 units
Daily Dosage	LEVETIRACETAM	Levetiracetam Tab 750 MG	Maximum Daily Dosage = 4 units
Daily Dosage	LEVETIRACETAM	Levetiracetam Tab 250 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LEVETIRACETAM ER	Levetiracetam Tab SR 24HR 500 MG	Maximum Daily Dosage = 4 units
Daily Dosage	LEVETIRACETAM ER	Levetiracetam Tab SR 24HR 750 MG	Maximum Daily Dosage = 4 units
Daily Dosage	LEVOCARNITINE	Levocarnitine Tab 330 MG	Maximum Daily Dosage = 3 units
Daily Dosage	LEVOCARNITINE	Levocarnitine Oral Soln 1 GM/10ML (10%)	Maximum Daily Dosage = 30 units
Daily Dosage	LEXAPRO	Escitalopram Oxalate Tab 20 MG (Base Equiv)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LEXAPRO	Escitalopram Oxalate Tab 10 MG (Base Equiv)	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LEXAPRO	Escitalopram Oxalate Soln 5 MG/5ML (Base Equiv)	Maximum Daily Dosage = 20 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	LEXAPRO	Escitalopram Oxalate Tab 5 MG (Base Equiv)	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LEXIVA	Fosamprenavir Calcium Tab 700 MG (Base Equiv)	Maximum Daily Dosage = 4 units
Daily Dosage	LEXIVA	Fosamprenavir Calcium Susp 50 MG/ML (Base Equiv)	Maximum Daily Dosage = 56 units
Daily Dosage	LIBERTY NEXT GENERATION BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	LIBERTY TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	LIPOFEN	Fenofibrate Cap 50 MG	Maximum Daily Dosage = 1 units
Daily Dosage	LIPOFEN	Fenofibrate Cap 150 MG	Maximum Daily Dosage = 1 units
Daily Dosage	LIPOGEN SG	*Vitamins w/ Lipotropics Cap**	Maximum Daily Dosage = 1 units
Daily Dosage	LISINOPRIL	Lisinopril Tab 5 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LISINOPRIL	Lisinopril Tab 10 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LISINOPRIL	Lisinopril Tab 20 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LISINOPRIL	Lisinopril Tab 30 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LISINOPRIL	Lisinopril Tab 40 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LISINOPRIL/HYDROCHLOROTHIAZIDE	Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LISINOPRIL/HYDROCHLOROTHIAZIDE	Lisinopril & Hydrochlorothiazide Tab 20-25 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LISINOPRIL/HYDROCHLOROTHIAZIDE	Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LITE TOUCH PEN NEEDLES/31G X 3/16"	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	LITETOUCH PEN NEEDLES 29GX12.7MM	Insulin Pen Needle 29 G X 12.7 MM	Maximum Daily Dosage = 5 units
Daily Dosage	LITETOUCH PEN NEEDLES 31G X 6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	LITETOUCH PEN NEEDLES 31GX8MM SHORT	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	LITTLE ANIMALS	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	LIVALO	Pitavastatin Calcium Tab 1 MG (Base Equiv)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LIVALO	Pitavastatin Calcium Tab 2 MG (Base Equiv)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LIVALO	Pitavastatin Calcium Tab 4 MG (Base Equiv)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LIVE BETTER PEN NEEDLES 29G X 12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	LIVE BETTER PEN NEEDLES 31G X 12MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	LIVE BETTER PEN NEEDLES 31G X 6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	LOESTRIN 1.5/30-21	Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LOFIBRA	Fenofibrate Micronized Cap 200 MG	Maximum Daily Dosage = 1 units
Daily Dosage	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	LOPINAVIR/RITONAVIR	Lopinavir-Ritonavir Soln 400-100 MG/5ML (80-20 MG/ML)	Maximum Daily Dosage = 12.5 units
Daily Dosage	LOPREEZA	Estradiol & Norethindrone Acetate Tab 0.5-0.1 MG	Maximum Daily Dosage = 1 units
Daily Dosage	LOPREEZA	Estradiol & Norethindrone Acetate Tab 1-0.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	LOPRESSOR HCT	Metoprolol & Hydrochlorothiazide Tab 50-25 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LORATADINE-D 12HR	Loratadine & Pseudoephedrine Tab SR 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	LORATADINE-D 24HR	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	LORAZEPAM	Lorazepam Tab 0.5 MG	Maximum Daily Dosage = 3 units
Daily Dosage	LORAZEPAM	Lorazepam Tab 2 MG	Maximum Daily Dosage = 3 units
Daily Dosage	LORAZEPAM	Lorazepam Tab 1 MG	Maximum Daily Dosage = 4 units
Daily Dosage	LORCET	Hydrocodone-Acetaminophen Tab 5-325 MG	Maximum Daily Dosage = 12 units
Daily Dosage	LORCET HD	Hydrocodone-Acetaminophen Tab 10-325 MG	Maximum Daily Dosage = 6 units
Daily Dosage	LORCET PLUS	Hydrocodone-Acetaminophen Tab 7.5-325 MG	Maximum Daily Dosage = 8 units
Daily Dosage	LORTAB	Hydrocodone-Acetaminophen Tab 5-325 MG	Maximum Daily Dosage = 12 units
Daily Dosage	LORTAB	Hydrocodone-Acetaminophen Soln 10-300 MG/15ML	Maximum Daily Dosage = 200 units
Daily Dosage	LORTAB	Hydrocodone-Acetaminophen Tab 10-325 MG	Maximum Daily Dosage = 6 units
Daily Dosage	LORTAB	Hydrocodone-Acetaminophen Tab 7.5-325 MG	Maximum Daily Dosage = 8 units
Daily Dosage	LOSARTAN POTASSIUM	Losartan Potassium Tab 100 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LOSARTAN POTASSIUM	Losartan Potassium Tab 25 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LOSARTAN POTASSIUM	Losartan Potassium Tab 50 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LOTENSIN	Benazepril HCl Tab 10 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	LOTENSIN HCT	Benazepril & Hydrochlorothiazide Tab 20-25 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LOTENSIN HCT	Benazepril & Hydrochlorothiazide Tab 10-12.5 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LOTREL	Amlodipine Besylate-Benazepril HCl Cap 2.5-10 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LOVASTATIN	Lovastatin Tab 10 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LOVASTATIN	Lovastatin Tab 20 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LOVASTATIN	Lovastatin Tab 40 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LOVAZA	Omega-3-acid Ethyl Esters Cap 1 GM	Maximum Daily Dosage = 4 units
Daily Dosage	LOXAPINE	Loxapine Succinate Cap 5 MG	Maximum Daily Dosage = 4 units
Daily Dosage	LOXAPINE	Loxapine Succinate Cap 10 MG	Maximum Daily Dosage = 4 units
Daily Dosage	LOXAPINE	Loxapine Succinate Cap 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	LOXAPINE	Loxapine Succinate Cap 50 MG	Maximum Daily Dosage = 4 units
Daily Dosage	LOXAPINE SUCCINATE	Loxapine Succinate Cap 5 MG	Maximum Daily Dosage = 4 units
Daily Dosage	LOXAPINE SUCCINATE	Loxapine Succinate Cap 10 MG	Maximum Daily Dosage = 4 units
Daily Dosage	LOXAPINE SUCCINATE	Loxapine Succinate Cap 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	LOXAPINE SUCCINATE	Loxapine Succinate Cap 50 MG	Maximum Daily Dosage = 4 units
Daily Dosage	LUVOX CR	Fluvoxamine Maleate Cap ER 24HR 100 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LUVOX CR	Fluvoxamine Maleate Cap ER 24HR 150 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	LYRICA	Pregabalin Cap 225 MG	Maximum Daily Dosage = 2 units
Daily Dosage	LYRICA	Pregabalin Cap 300 MG	Maximum Daily Dosage = 2 units
Daily Dosage	LYRICA	Pregabalin Cap 25 MG	Maximum Daily Dosage = 3 units
Daily Dosage	LYRICA	Pregabalin Cap 50 MG	Maximum Daily Dosage = 3 units
Daily Dosage	LYRICA	Pregabalin Cap 75 MG	Maximum Daily Dosage = 3 units
Daily Dosage	LYRICA	Pregabalin Cap 100 MG	Maximum Daily Dosage = 3 units
Daily Dosage	LYRICA	Pregabalin Cap 150 MG	Maximum Daily Dosage = 3 units
Daily Dosage	LYRICA	Pregabalin Cap 200 MG	Maximum Daily Dosage = 3 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	LYSIPLEX PLUS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MACULAR VITAMIN BENEFIT	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MACUVITE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MACUVITE EYE CARE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MACUVITE/LUTEIN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MARGESIC	Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG	Maximum Daily Dosage = 4 units
Daily Dosage	MARPLAN	Isocarboxazid Tab 10 MG	Maximum Daily Dosage = 6 units and Maximum Period Limit Retail/Mail = days
Daily Dosage	MAVIK	Trandolapril Tab 1 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	MAVIK	Trandolapril Tab 2 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	MAVIK	Trandolapril Tab 4 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MAXIMA BLOOD GLUCOSE TESTSTRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	MAXIMUM DAILY GREEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MAXIMUM BLUE LABEL	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MAXIMUM GREEN LABEL	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MAXIMUM RED LABEL	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MCCARNITINE	Levocarnitine Tab 330 MG	Maximum Daily Dosage = 3 units
Daily Dosage	MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	MEDICINE SHOPPE PEN NEEDLES 31G X 6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	MEDIPLEX PLUS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MEDIPROXEN	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	MEGA MULTIVITAMIN FOR MEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MEGA MULTIVITAMIN FOR WOMEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MEGA VM-80	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MEGA-CHOL	*Vitamins w/ Lipotropics Cap**	Maximum Daily Dosage = 1 units
Daily Dosage	MEGAVITE FRUITS & VEGGIES	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MEGAVITE GOLDEN YEARS 55+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MEIJER ADVANCED FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MEIJER ADVANCED FORMULA FOR ADULTS 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MEIJER ALLERGY RELIEF-D	Loratadine & Pseudoephedrine Tab SR 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	MEIJER ALLERGY/CONGESTION RELIEF	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	MEIJER BLOOD GLUCOSE TESTSTRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	MEIJER ESSENTIAL BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	MEIJER PEN NEEDLES 29G X12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	MEIJER PEN NEEDLES 31G X6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	MEIJER PEN NEEDLES 31G X8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	MEIJER PREMIUM BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	MEIJER TRUETEST BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	MEIJER TRUETRACK BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	MEMANTINE HCL	Memantine HCl Tab 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	MEMANTINE HYDROCHLORIDE	Memantine HCl Oral Solution 2 MG/ML	Maximum Daily Dosage = 10 units
Daily Dosage	MEMORY VITE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	MENS 50+ MULTI VITAMIN & MINERAL FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MENS HAIR FORMULA ULTRA MAN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MENS LIFE PACK	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MENS MULTI VITAMIN & MINERAL FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MENS MULTIPLE VITAMINS PLUS LYCOPENE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MENS MULTIVITAMIN PLUS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MEPERIDINE HCL	Meperidine HCl Tab 50 MG	Maximum Daily Dosage = 6 units
Daily Dosage	MEPERIDINE HCL	Meperidine HCl Tab 100 MG	Maximum Daily Dosage = 6 units
Daily Dosage	METADATE CD	Methylphenidate HCl Cap CR 40 MG	Maximum Daily Dosage = 1 units
Daily Dosage	METADATE CD	Methylphenidate HCl Cap CR 50 MG	Maximum Daily Dosage = 1 units
Daily Dosage	METADATE CD	Methylphenidate HCl Cap CR 60 MG	Maximum Daily Dosage = 1 units
Daily Dosage	METADATE CD	Methylphenidate HCl Cap CR 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	METADATE CD	Methylphenidate HCl Cap CR 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	METADATE CD	Methylphenidate HCl Cap CR 30 MG	Maximum Daily Dosage = 2 units
Daily Dosage	METADATE ER	Methylphenidate HCl Tab CR 20 MG	Maximum Daily Dosage = 3 units
Daily Dosage	METAPROTERENOL SULFATE	Metaproterenol Sulfate Syrup 10 MG/5ML	Maximum Daily Dosage = 30 units
Daily Dosage	METFORMIN HCL	Metformin HCl Tab 1000 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	METFORMIN HCL	Metformin HCl Tab 850 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	METFORMIN HCL	Metformin HCl Tab 500 MG	Maximum Daily Dosage = 5 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	METFORMIN HCL ER	Metformin HCl Tab SR 24HR Modified Release 500 MG	Maximum Daily Dosage = 2 units
Daily Dosage	METFORMIN HCL ER	Metformin HCl Tab SR 24HR Osmotic 1000 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	METFORMIN HCL ER	Metformin HCl Tab SR 24HR Modified Release 1000 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	METFORMIN HCL ER	Metformin HCl Tab SR 24HR 750 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	METFORMIN HCL ER	Metformin HCl Tab SR 24HR 500 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	METFORMIN HCL ER	Metformin HCl Tab SR 24HR Osmotic 500 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	METHACHOLINE/LIVER	*Vitamins w/ Lipotropics Cap**	Maximum Daily Dosage = 1 units
Daily Dosage	METHADONE HCL	Methadone HCl Tab 10 MG	Maximum Daily Dosage = 10 units
Daily Dosage	METHADONE HCL	Methadone HCl Conc 10 MG/ML	Maximum Daily Dosage = 10 units
Daily Dosage	METHADONE HCL	Methadone HCl Soln 5 MG/5ML	Maximum Daily Dosage = 100 units
Daily Dosage	METHADONE HCL	Methadone HCl Tab For Oral Susp 40 MG	Maximum Daily Dosage = 2 units
Daily Dosage	METHADONE HCL	Methadone HCl Tab 5 MG	Maximum Daily Dosage = 4 units
Daily Dosage	METHADONE HCL	Methadone HCl Soln 10 MG/5ML	Maximum Daily Dosage = 50 units
Daily Dosage	METHADONE HCL INTENSOL	Methadone HCl Conc 10 MG/ML	Maximum Daily Dosage = 10 units
Daily Dosage	METHADOSE	Methadone HCl Conc 10 MG/ML	Maximum Daily Dosage = 10 units
Daily Dosage	METHADOSE	Methadone HCl Tab For Oral Susp 40 MG	Maximum Daily Dosage = 2 units
Daily Dosage	METHADOSE SUGAR-FREE	Methadone HCl Conc 10 MG/ML	Maximum Daily Dosage = 10 units
Daily Dosage	METHAMPHETAMINE HCL	Methamphetamine HCl Tab 5 MG	Maximum Daily Dosage = 5 units
Daily Dosage	METHOXSALEN	Methoxsalen Rapid Cap 10 MG	Maximum Daily Dosage = 4 units
Daily Dosage	METHYLDOPA/HYDROCHLOROTHIAZIDE	Methyldopa & Hydrochlorothiazide Tab 250-25 MG	Maximum Daily Dosage = 2 units
Daily Dosage	METHYLDOPA/HYDROCHLOROTHIAZIDE	Methyldopa & Hydrochlorothiazide Tab 250-15 MG	Maximum Daily Dosage = 3 units
Daily Dosage	METHYLPHENIDATE HCL	Methylphenidate HCl Tab 5 MG	Maximum Daily Dosage = 14 units
Daily Dosage	METHYLPHENIDATE HCL	Methylphenidate HCl Tab 20 MG	Maximum Daily Dosage = 3 units
Daily Dosage	METHYLPHENIDATE HCL	Methylphenidate HCl Tab 10 MG	Maximum Daily Dosage = 7 units
Daily Dosage	METHYLPHENIDATE HCL CD	Methylphenidate HCl Cap CR 40 MG	Maximum Daily Dosage = 1 units
Daily Dosage	METHYLPHENIDATE HCL CD	Methylphenidate HCl Cap CR 50 MG	Maximum Daily Dosage = 1 units
Daily Dosage	METHYLPHENIDATE HCL CD	Methylphenidate HCl Cap CR 60 MG	Maximum Daily Dosage = 1 units
Daily Dosage	METHYLPHENIDATE HCL CD	Methylphenidate HCl Cap CR 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	METHYLPHENIDATE HCL CD	Methylphenidate HCl Cap CR 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	METHYLPHENIDATE HCL CD	Methylphenidate HCl Cap CR 30 MG	Maximum Daily Dosage = 2 units
Daily Dosage	METHYLPHENIDATE HCL ER	Methylphenidate HCl Cap CR 40 MG	Maximum Daily Dosage = 1 units
Daily Dosage	METHYLPHENIDATE HCL ER	Methylphenidate HCl Cap CR 50 MG	Maximum Daily Dosage = 1 units
Daily Dosage	METHYLPHENIDATE HCL ER	Methylphenidate HCl Cap CR 60 MG	Maximum Daily Dosage = 1 units
Daily Dosage	METHYLPHENIDATE HCL ER	Methylphenidate HCl Tab SA OSM 54 MG	Maximum Daily Dosage = 1 units
Daily Dosage	METHYLPHENIDATE HCL ER	Methylphenidate HCl Tab SR 24HR 54 MG	Maximum Daily Dosage = 1 units
Daily Dosage	METHYLPHENIDATE HCL ER	Methylphenidate HCl Cap CR 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	METHYLPHENIDATE HCL ER	Methylphenidate HCl Cap CR 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	METHYLPHENIDATE HCL ER	Methylphenidate HCl Cap CR 30 MG	Maximum Daily Dosage = 2 units
Daily Dosage	METHYLPHENIDATE HCL ER	Methylphenidate HCl Tab SA OSM 18 MG	Maximum Daily Dosage = 2 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	METHYLPHENIDATE HCL ER	Methylphenidate HCl Tab SA OSM 27 MG	Maximum Daily Dosage = 2 units
Daily Dosage	METHYLPHENIDATE HCL ER	Methylphenidate HCl Tab SA OSM 36 MG	Maximum Daily Dosage = 2 units
Daily Dosage	METHYLPHENIDATE HCL ER	Methylphenidate HCl Tab SR 24HR 18 MG	Maximum Daily Dosage = 2 units
Daily Dosage	METHYLPHENIDATE HCL ER	Methylphenidate HCl Tab SR 24HR 27 MG	Maximum Daily Dosage = 2 units
Daily Dosage	METHYLPHENIDATE HCL ER	Methylphenidate HCl Tab SR 24HR 36 MG	Maximum Daily Dosage = 2 units
Daily Dosage	METHYLPHENIDATE HCL ER	Methylphenidate HCl Tab CR 20 MG	Maximum Daily Dosage = 3 units
Daily Dosage	METHYLPHENIDATE HCL ER	Methylphenidate HCl Tab CR 10 MG	Maximum Daily Dosage = 7 units
Daily Dosage	METHYLPHENIDATE HCL SR	Methylphenidate HCl Tab CR 20 MG	Maximum Daily Dosage = 3 units
Daily Dosage	METHYLPHENIDATE HYDROCHLORIDE ER	Methylphenidate HCl Tab CR 20 MG	Maximum Daily Dosage = 3 units
Daily Dosage	METHYLPHENIDATE HYDROCHLORIDE ER	Methylphenidate HCl Tab CR 10 MG	Maximum Daily Dosage = 7 units
Daily Dosage	METOPROLOL SUCCINATE ER	Metoprolol Succinate Tab SR 24HR 25 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	METOPROLOL SUCCINATE ER	Metoprolol Succinate Tab SR 24HR 50 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	METOPROLOL SUCCINATE ER	Metoprolol Succinate Tab SR 24HR 100 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE	Metoprolol & Hydrochlorothiazide Tab SR 24HR 25-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE	Metoprolol & Hydrochlorothiazide Tab SR 24HR 50-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE	Metoprolol & Hydrochlorothiazide Tab SR 24HR 100-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	METOPROLOL TARTRATE	Metoprolol Tartrate Tab 25 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	METOPROLOL TARTRATE	Metoprolol Tartrate Tab 100 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	METOPROLOL TARTRATE	Metoprolol Tartrate Tab 50 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	METOPROLOL/HYDROCHLOROTHIAZIDE	Metoprolol & Hydrochlorothiazide Tab 50-25 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	METOPROLOL/HYDROCHLOROTHIAZIDE	Metoprolol & Hydrochlorothiazide Tab 100-25 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	METOPROLOL/HYDROCHLOROTHIAZIDE	Metoprolol & Hydrochlorothiazide Tab 100-50 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	METRONIDAZOLE	Metronidazole Gel 0.75%	Maximum Daily Dosage = 1.5 units
Daily Dosage	MIACALCIN	Calcitonin (Salmon) Inj 200 Unit/ML	Maximum Daily Dosage = 0.14 units
Daily Dosage	MICARDIS	Telmisartan Tab 80 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	MICARDIS	Telmisartan Tab 40 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	MICARDIS HCT	Telmisartan-Hydrochlorothiazide Tab 40-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	MICARDIS HCT	Telmisartan-Hydrochlorothiazide Tab 80-25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	MICARDIS HCT	Telmisartan-Hydrochlorothiazide Tab 80-12.5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	MICRODOT TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	MICROGESTIN 1.5/30	Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	MICROGESTIN 1/20	Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	MICROGESTIN FE	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	MICROGESTIN FE 1.5/30	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	MIDOL EXTENDED RELIEF	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	MIGLITOL	Miglitol Tab 25 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	MIGLITOL	Miglitol Tab 50 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	MIGLITOL	Miglitol Tab 100 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	MILK OF MAGNESIA	Magnesium Hydroxide Susp 400 MG/5ML	Maximum Daily Dosage = 36.34 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	MILLTRIUM ADVANCED FORMULA WITH BETA CAROTENE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MILLTRIUM CARDIO	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MILLTRIUM SENIOR	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MIMVEY	Estradiol & Norethindrone Acetate Tab 1-0.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	MIMVEY LO	Estradiol & Norethindrone Acetate Tab 0.5-0.1 MG	Maximum Daily Dosage = 1 units
Daily Dosage	MIRCETTE	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	MIRTAZAPINE	Mirtazapine Tab 30 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	MIRTAZAPINE	Mirtazapine Tab 45 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	MIRTAZAPINE	Mirtazapine Tab 7.5 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	MIRTAZAPINE	Mirtazapine Tab 15 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	MIRTAZAPINE ODT	Mirtazapine Orally Disintegrating Tab 30 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	MIRTAZAPINE ODT	Mirtazapine Orally Disintegrating Tab 45 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	MIRTAZAPINE ODT	Mirtazapine Orally Disintegrating Tab 15 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	MM LORATADINE-D 24 HOUR	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	MM PEN NEEDLES 31G X 1/4"	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	MM PEN NEEDLES 31G X 3/16"	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	MM PEN NEEDLES 31G X 5/16"	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	MODAFINIL	Modafinil Tab 100 MG	Maximum Daily Dosage = 1 units
Daily Dosage	MODAFINIL	Modafinil Tab 200 MG	Maximum Daily Dosage = 2 units
Daily Dosage	MODERIBA	Ribavirin Tab 200 MG	Maximum Daily Dosage = 7 units
Daily Dosage	MODERIBA 1200 DOSE PACK	Ribavirin Tab 600 MG	Maximum Daily Dosage = 2 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	MODERIBA 800 DOSE PACK	Ribavirin Tab 400 MG	Maximum Daily Dosage = 2 units
Daily Dosage	MOEXIPRIL/HYDROCHLOROTHIAZIDE	Moexipril-Hydrochlorothiazide Tab 7.5-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	MOEXIPRIL/HYDROCHLOROTHIAZIDE	Moexipril-Hydrochlorothiazide Tab 15-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	MOEXIPRIL/HYDROCHLOROTHIAZIDE	Moexipril-Hydrochlorothiazide Tab 15-25 MG	Maximum Daily Dosage = 2 units
Daily Dosage	MOLINDONE HYDROCHLORIDE	Molindone HCl Tab 5 MG	Maximum Daily Dosage = 4 units
Daily Dosage	MOLINDONE HYDROCHLORIDE	Molindone HCl Tab 10 MG	Maximum Daily Dosage = 4 units
Daily Dosage	MOLINDONE HYDROCHLORIDE	Molindone HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	MOMETASONE FUROATE	Mometasone Furoate Nasal Susp 50 MCG/ACT	Maximum Daily Dosage = 1.14 units
Daily Dosage	MONOJECT INSULIN SYRINGE/1ML	Insulin Syringe (Disp) U-100 1 ML	Maximum Daily Dosage = 5 units
Daily Dosage	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	Insulin Syringe/Needle U-100 1 ML 27 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	Insulin Syringe/Needle U-100 1 ML 27 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML	Insulin Syringe (Disp) U-100 1 ML	Maximum Daily Dosage = 5 units
Daily Dosage	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MONTELUKAST SODIUM	Montelukast Sodium Tab 10 MG (Base Equiv)	Maximum Daily Dosage = 1 units
Daily Dosage	MONTELUKAST SODIUM	Montelukast Sodium Chew Tab 4 MG (Base Equiv)	Maximum Daily Dosage = 1 units
Daily Dosage	MONTELUKAST SODIUM	Montelukast Sodium Chew Tab 5 MG (Base Equiv)	Maximum Daily Dosage = 1 units
Daily Dosage	MONTELUKAST SODIUM	Montelukast Sodium Oral Granules Packet 4 MG (Base Equiv)	Maximum Daily Dosage = 1 units
Daily Dosage	MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MORPHINE SULFATE	Morphine Sulfate (Concentrate) Oral Soln 20 MG/ML	Maximum Daily Dosage = 10 units
Daily Dosage	MORPHINE SULFATE	Morphine Sulfate Oral Soln 10 MG/5ML	Maximum Daily Dosage = 100 units
Daily Dosage	MORPHINE SULFATE	Morphine Sulfate Oral Soln 20 MG/5ML	Maximum Daily Dosage = 50 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	MORPHINE SULFATE	Morphine Sulfate Tab 15 MG	Maximum Daily Dosage = 6 units
Daily Dosage	MORPHINE SULFATE	Morphine Sulfate Tab 30 MG	Maximum Daily Dosage = 6 units
Daily Dosage	MORPHINE SULFATE ER	Morphine Sulfate Beads Cap ER 24HR 30 MG	Maximum Daily Dosage = 1 units
Daily Dosage	MORPHINE SULFATE ER	Morphine Sulfate Beads Cap ER 24HR 45 MG	Maximum Daily Dosage = 1 units
Daily Dosage	MORPHINE SULFATE ER	Morphine Sulfate Beads Cap ER 24HR 60 MG	Maximum Daily Dosage = 1 units
Daily Dosage	MORPHINE SULFATE ER	Morphine Sulfate Beads Cap ER 24HR 75 MG	Maximum Daily Dosage = 1 units
Daily Dosage	MORPHINE SULFATE ER	Morphine Sulfate Beads Cap ER 24HR 90 MG	Maximum Daily Dosage = 1 units
Daily Dosage	MORPHINE SULFATE ER	Morphine Sulfate Beads Cap ER 24HR 120 MG	Maximum Daily Dosage = 1 units
Daily Dosage	MORPHINE SULFATE ER	Morphine Sulfate Cap SR 24HR 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	MORPHINE SULFATE ER	Morphine Sulfate Cap SR 24HR 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	MORPHINE SULFATE ER	Morphine Sulfate Cap SR 24HR 30 MG	Maximum Daily Dosage = 2 units
Daily Dosage	MORPHINE SULFATE ER	Morphine Sulfate Cap SR 24HR 50 MG	Maximum Daily Dosage = 2 units
Daily Dosage	MORPHINE SULFATE ER	Morphine Sulfate Cap SR 24HR 60 MG	Maximum Daily Dosage = 2 units
Daily Dosage	MORPHINE SULFATE ER	Morphine Sulfate Cap SR 24HR 80 MG	Maximum Daily Dosage = 2 units
Daily Dosage	MORPHINE SULFATE ER	Morphine Sulfate Cap SR 24HR 100 MG	Maximum Daily Dosage = 2 units
Daily Dosage	MORPHINE SULFATE ER	Morphine Sulfate Tab CR 15 MG	Maximum Daily Dosage = 3 units
Daily Dosage	MORPHINE SULFATE ER	Morphine Sulfate Tab CR 30 MG	Maximum Daily Dosage = 3 units
Daily Dosage	MORPHINE SULFATE ER	Morphine Sulfate Tab CR 60 MG	Maximum Daily Dosage = 3 units
Daily Dosage	MORPHINE SULFATE ER	Morphine Sulfate Tab CR 100 MG	Maximum Daily Dosage = 3 units
Daily Dosage	MORPHINE SULFATE ER	Morphine Sulfate Tab CR 200 MG	Maximum Daily Dosage = 3 units
Daily Dosage	MS CONTIN	Morphine Sulfate Tab CR 15 MG	Maximum Daily Dosage = 3 units
Daily Dosage	MS CONTIN	Morphine Sulfate Tab CR 30 MG	Maximum Daily Dosage = 3 units
Daily Dosage	MS CONTIN	Morphine Sulfate Tab CR 60 MG	Maximum Daily Dosage = 3 units
Daily Dosage	MS CONTIN	Morphine Sulfate Tab CR 100 MG	Maximum Daily Dosage = 3 units
Daily Dosage	MS CONTIN	Morphine Sulfate Tab CR 200 MG	Maximum Daily Dosage = 3 units
Daily Dosage	MS INSULIN SYRINGE/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MS INSULIN SYRINGE/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	MS INSULIN SYRINGE/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	MS INSULIN SYRINGE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MS INSULIN SYRINGE/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	MS INSULIN SYRINGE/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	MS INSULIN SYRINGE/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	MS INSULIN SYRINGE/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	MUCINEX DM	Dextromethorphan-Guaifenesin Tab ER 12HR 30-600 MG	Maximum Daily Dosage = 2 units
Daily Dosage	MUCINEX MAXIMUM STRENGTH	Guaifenesin Tab SR 12HR 1200 MG	Maximum Daily Dosage = 2 units
Daily Dosage	MUCUS RELIEF ER 12 HOUR MAXIMUM STRENGTH	Guaifenesin Tab SR 12HR 1200 MG	Maximum Daily Dosage = 2 units
Daily Dosage	MUCUS-DM	Dextromethorphan-Guaifenesin Tab ER 12HR 30-600 MG	Maximum Daily Dosage = 2 units
Daily Dosage	MULTI COMPLETE/IRON	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTI FOR HER	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTI FOR HER 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTI FOR HIM	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTI FOR HIM 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTI VITAMIN	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTI VITAMIN AND MINERALS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTI VITAMIN DAILY	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTI VITAMIN MENS	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTI VITAMIN WITH IRON	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTI VITAMIN/FLUORIDE	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	MULTI VITAMIN/MINERALS FULL SPECTRUM	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTI-BETIC	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTI-BETIC DIABETES	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTI-DAY	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTI-DAY WEIGHT TRIM	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTI-DAYPLUS IRON	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTI-DAYPLUS MINERALS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTI-LEAN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTILEX	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTILEX-T&M	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIMINERAL PLUS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIPLE VITAMIN/FOLIC ACID	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIPLE VITAMIN/MINERALS/NO IRON	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIPLE VITAMINS	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIPLE VITAMINS ESSENTIAL	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIPLE VITAMINS/IRON	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIPLE VITAMINS/WOMENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIVITAL	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIVITAL PERFORMANCE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	MULTIVITAL PLATINUM	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIVITAL-M	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTI-VITAMIN	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIVITAMIN ADULTS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIVITAMIN ADULTS 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIVITAMIN CHILDRENS	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTI-VITAMIN DAILY	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTI-VITAMIN HP/MINERALS	*Vitamins w/ Lipotropics Cap**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIVITAMIN IRON-FREE	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIVITAMIN MEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIVITAMIN MEN 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIVITAMIN MENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTI-VITAMIN MONOCAPS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIVITAMIN WITH FLUORIDE	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIVITAMIN WITH FLUORIDE	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIVITAMIN WOMEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIVITAMIN WOMEN 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIVITAMIN WOMENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIVITAMIN/FLUORIDE	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIVITAMIN/FLUORIDE	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIVITAMIN/FLUORIDE	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIVITAMIN/FLUORIDE	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML***	Maximum Daily Dosage = 1.67 units
Daily Dosage	MULTIVITAMIN/FLUORIDE	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 MG/ML***	Maximum Daily Dosage = 1.67 units
Daily Dosage	MULTI-VITAMIN/FLUORIDE	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML***	Maximum Daily Dosage = 1.67 units
Daily Dosage	MULTI-VITAMIN/FLUORIDE	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 MG/ML***	Maximum Daily Dosage = 1.67 units
Daily Dosage	MULTIVITAMIN/FLUORIDE/IRON	*Pediatric Multiple Vitamins w/ FI-Fe Drops 0.25-10 MG/ML**	Maximum Daily Dosage = 1.67 units
Daily Dosage	MULTI-VITAMIN/FLUORIDE/IRON	*Pediatric Multiple Vitamins w/ FI-Fe Drops 0.25-10 MG/ML**	Maximum Daily Dosage = 1.67 units
Daily Dosage	MULTI-VITAMIN/MENOPAUSALFORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTI-VITAMIN/MINERALS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	MULTI-VITAMINS	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIVITAMINS/FLUORIDE	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	MULTIVITAMINS/FLUORIDE	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	MULTI-VITAMINS/IRON	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MULT-VITAMIN/FLUORIDE	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	MVC-FLUORIDE	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	MVC-FLUORIDE	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	M-VIT	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	MYAMULTI	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	MYGLUCOHEALTH BLOOD GLUCOSE TEST	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	MYLANTA	Alum & Mag Hydroxide-Simethicone Susp 200-200-20 MG/5ML	Maximum Daily Dosage = 16.54 units
Daily Dosage	MYNATAL ADVANCE	*Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	MYNATAL PLUS	*Prenatal Vit w/ Fe Fumarate-FA Tab 65-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	MYNATAL ULTRACAPLET	*Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	MYNATAL-Z	*Prenatal Vit w/ Fe Fumarate-FA Tab 65-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	MYNEPHROCAPS	*B-Complex w/ C & Folic Acid Cap 1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	MYNEPHRON	*B-Complex w/ C & Folic Acid Cap 1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	MYORISAN	Isotretinoin Cap 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	MYORISAN	Isotretinoin Cap 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	MYORISAN	Isotretinoin Cap 30 MG	Maximum Daily Dosage = 2 units
Daily Dosage	MYORISAN	Isotretinoin Cap 40 MG	Maximum Daily Dosage = 3 units
Daily Dosage	NADOLOL	Nadolol Tab 20 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	NADOLOL	Nadolol Tab 40 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	NALBUPHINE HCL	Nalbuphine HCl Inj 10 MG/ML	Maximum Daily Dosage = 8 units
Daily Dosage	NALBUPHINE HCL	Nalbuphine HCl Inj 20 MG/ML	Maximum Daily Dosage = 8 units
Daily Dosage	NAMENDA	Memantine HCl Oral Solution 2 MG/ML	Maximum Daily Dosage = 10 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	NAPROXEN DR	Naproxen Tab EC 375 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	NAPROXEN DR	Naproxen Tab EC 500 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	NAPROXEN SODIUM	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	NASALCROM	Cromolyn Sodium Nasal Aerosol Soln 5.2 MG/ACT (4%)	Maximum Daily Dosage = 0.87 units
Daily Dosage	NATEGLINIDE	Nateglinide Tab 60 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	NATEGLINIDE	Nateglinide Tab 120 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	NAT-RUL THERAVITE-M/HIGHPOTENCY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	NATRUL-MEGA-75	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	NATRUL-VITES	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	NATURAL BLEND E-400	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	NATURAL VITAMIN E	Vitamin E Cap 100 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	NATURAL VITAMIN E	Vitamin E Cap 200 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	NATURAL VITAMIN E	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	NECON 10/11-28	Norethindrone-Eth Estradiol Tab 0.5-35/1-35 MG-MCG (10/11)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	NECON 7/7/7	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	NEFAZODONE HCL	Nefazodone HCl Tab 50 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	NEFAZODONE HCL	Nefazodone HCl Tab 100 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	NEFAZODONE HCL	Nefazodone HCl Tab 150 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	NEFAZODONE HCL	Nefazodone HCl Tab 200 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	NEFAZODONE HCL	Nefazodone HCl Tab 250 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	NEPHROCAPS	*B-Complex w/ C & Folic Acid Cap 1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	NEPHRONEX	*B-Complex w/ C & Folic Acid Tab 1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	NEPHRO-VITE RX	*B-Complex w/ C & Folic Acid Tab 1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	NEURONTIN	Gabapentin Oral Soln 250 MG/5ML	Maximum Daily Dosage = 60 units
Daily Dosage	NEUTEK 2TEK TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	NEVIRAPINE	Nevirapine Tab 200 MG	Maximum Daily Dosage = 2 units
Daily Dosage	NEVIRAPINE	Nevirapine Susp 50 MG/5ML	Maximum Daily Dosage = 40 units
Daily Dosage	NEVIRAPINE ER	Nevirapine Tab SR 24HR 400 MG	Maximum Daily Dosage = 1 units
Daily Dosage	NEXGEN TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	NEXIUM	Esomeprazole Magnesium For Delayed Release Susp Packet 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	NEXIUM	Esomeprazole Magnesium For Delayed Release Susp Packet 20 MG	Maximum Daily Dosage = 1 units
Daily Dosage	NEXIUM	Esomeprazole Magnesium For Delayed Release Susp Packet 40 MG	Maximum Daily Dosage = 1 units
Daily Dosage	NEXIUM	Esomeprazole Magnesium Cap Delayed Release 40 MG (Base Eq)	Maximum Daily Dosage = 1 units
Daily Dosage	NEXIUM	Esomeprazole Magnesium Cap Delayed Release 20 MG (Base Eq)	Maximum Daily Dosage = 2 units
Daily Dosage	NEXIUM	Esomeprazole Magnesium Cap Delayed Release 40 MG (Base Eq)	Maximum Daily Dosage = 2 units
Daily Dosage	NEXIUM 24HR	Esomeprazole Magnesium Cap Delayed Release 20 MG (Base Eq)	Maximum Daily Dosage = 2 units
Daily Dosage	NEXIUM 24HR CLEAR MINIS	Esomeprazole Magnesium Cap Delayed Release 20 MG (Base Eq)	Maximum Daily Dosage = 2 units
Daily Dosage	NIACIN ER	Niacin Tab CR 500 MG (Antihyperlipidemic)	Maximum Daily Dosage = 2 units
Daily Dosage	NIACIN ER	Niacin Tab CR 750 MG (Antihyperlipidemic)	Maximum Daily Dosage = 2 units
Daily Dosage	NIACIN ER	Niacin Tab CR 1000 MG (Antihyperlipidemic)	Maximum Daily Dosage = 2 units
Daily Dosage	NIACINAMIDE/AZELAIC AC/ TURMER/FA/B6/ZINC OX/COPPER	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	NIASPAN	Niacin Tab CR 500 MG (Antihyperlipidemic)	Maximum Daily Dosage = 2 units
Daily Dosage	NIASPAN	Niacin Tab CR 750 MG (Antihyperlipidemic)	Maximum Daily Dosage = 2 units
Daily Dosage	NIASPAN	Niacin Tab CR 1000 MG (Antihyperlipidemic)	Maximum Daily Dosage = 2 units
Daily Dosage	NICADAN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	NICADAN ZX	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	NICAZEL	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	NICAZEL FORTE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	NIFEDIAC CC	Nifedipine Tab SR 24HR 30 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	NIFEDIAC CC	Nifedipine Tab SR 24HR 60 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	NIFEDIPINE	Nifedipine Cap 20 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	NIFEDIPINE ER	Nifedipine Tab SR 24HR 90 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	NIFEDIPINE ER	Nifedipine Tab SR 24HR 60 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	NIGHT TIME SLEEP AID	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	NIGHTTIME SLEEP	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	NIGHTTIME SLEEP AID	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	NITROFURANTOIN	Nitrofurantoin Susp 25 MG/5ML	Maximum Daily Dosage = 40 units
Daily Dosage	NIVA-PLUS	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	NIZATIDINE	Nizatidine Cap 150 MG	Maximum Daily Dosage = 2 units
Daily Dosage	NIZATIDINE	Nizatidine Oral Soln 15 MG/ML	Maximum Daily Dosage = 20 units
Daily Dosage	NO IRON MULTIPLE VITAMIN/MINERALS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	NORCO	Hydrocodone-Acetaminophen Tab 5-325 MG	Maximum Daily Dosage = 12 units
Daily Dosage	NORCO	Hydrocodone-Acetaminophen Tab 10-325 MG	Maximum Daily Dosage = 6 units
Daily Dosage	NORCO	Hydrocodone-Acetaminophen Tab 7.5-325 MG	Maximum Daily Dosage = 8 units
Daily Dosage	NORETHINDRONE	Norethindrone Tab 0.35 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	NORPRAMIN	Desipramine HCl Tab 25 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	NORTREL 0.5/35 (28)	Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	NORTREL 1/35	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	NORTRIPTYLINE HCL	Nortriptyline HCl Soln 10 MG/5ML	Maximum Daily Dosage = 20 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	NORVIR	Ritonavir Cap 100 MG	Maximum Daily Dosage = 12 units
Daily Dosage	NORVIR	Ritonavir Tab 100 MG	Maximum Daily Dosage = 12 units
Daily Dosage	NORVIR	Ritonavir Oral Soln 80 MG/ML	Maximum Daily Dosage = 15 units
Daily Dosage	NOVA MAX GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	NOVOFINE 30GX8MM	Insulin Pen Needle 30 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	NOVOFINE 32GX6MM	Insulin Pen Needle 32 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	NOVOFINE AUTOCOVER 30GX8MM	Insulin Pen Needle 30 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	NOVOFINE PLUS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	NOVOLOG FLEXPEN	Insulin Aspart Soln Pen-injector 100 Unit/ML	Maximum Daily Dosage = 1 units
Daily Dosage	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	Insulin Aspart Prot & Aspart Sus Pen-inj 100 Unit/ML (70-30)	Maximum Daily Dosage = 1 units
Daily Dosage	NOVOLOG PENFILL	Insulin Aspart Soln Cartridge 100 Unit/ML	Maximum Daily Dosage = 1 units
Daily Dosage	NOVOTWIST 30GX8MM	Insulin Pen Needle 30 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	NOVOTWIST 32GX5MM	Insulin Pen Needle 32 G X 5 MM (1/5" or 3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	NUCYNTA	Tapentadol HCl Tab 50 MG	Maximum Daily Dosage = 6 units
Daily Dosage	NUCYNTA	Tapentadol HCl Tab 75 MG	Maximum Daily Dosage = 6 units
Daily Dosage	NUCYNTA	Tapentadol HCl Tab 100 MG	Maximum Daily Dosage = 6 units
Daily Dosage	NUCYNTA ER	Tapentadol HCl Tab SR 12HR 50 MG	Maximum Daily Dosage = 2 units
Daily Dosage	NUCYNTA ER	Tapentadol HCl Tab SR 12HR 100 MG	Maximum Daily Dosage = 2 units
Daily Dosage	NUCYNTA ER	Tapentadol HCl Tab SR 12HR 150 MG	Maximum Daily Dosage = 2 units
Daily Dosage	NUCYNTA ER	Tapentadol HCl Tab SR 12HR 200 MG	Maximum Daily Dosage = 2 units
Daily Dosage	NUCYNTA ER	Tapentadol HCl Tab SR 12HR 250 MG	Maximum Daily Dosage = 2 units
Daily Dosage	NUTRICAP	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	NUTRIFAC ZX	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	NUVIGIL	Armodafinil Tab 50 MG	Maximum Daily Dosage = 1 units
Daily Dosage	NUVIGIL	Armodafinil Tab 150 MG	Maximum Daily Dosage = 1 units
Daily Dosage	NUVIGIL	Armodafinil Tab 250 MG	Maximum Daily Dosage = 1 units
Daily Dosage	NYTOL	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	NYT-TIME SLEEP CAPS	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	O-CAL FA	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	OCUSOFT VMS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	OCUTABS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	OCUTABS VISION FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	OCUTABS/LUTEIN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	OCUVITE EXTRA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	OCUVITE EYE + MULTI	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	OCUVITE/LUTEIN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	OGESTREL	Norgestrel & Ethinyl Estradiol Tab 0.5 MG-50 MCG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	OLANZAPINE	Olanzapine Tab 20 MG	Maximum Daily Dosage = 1 units
Daily Dosage	OLANZAPINE	Olanzapine Tab 2.5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OLANZAPINE	Olanzapine Tab 5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OLANZAPINE	Olanzapine Tab 7.5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OLANZAPINE	Olanzapine Tab 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OLANZAPINE	Olanzapine Tab 15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OLANZAPINE ODT	Olanzapine Orally Disintegrating Tab 20 MG	Maximum Daily Dosage = 1 units
Daily Dosage	OLANZAPINE ODT	Olanzapine Orally Disintegrating Tab 5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OLANZAPINE ODT	Olanzapine Orally Disintegrating Tab 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OLANZAPINE ODT	Olanzapine Orally Disintegrating Tab 15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OLANZAPINE/FLUOXETINE	Olanzapine-Fluoxetine HCl Cap 3-25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	OLANZAPINE/FLUOXETINE	Olanzapine-Fluoxetine HCl Cap 6-25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	OLANZAPINE/FLUOXETINE	Olanzapine-Fluoxetine HCl Cap 6-50 MG	Maximum Daily Dosage = 1 units
Daily Dosage	OLANZAPINE/FLUOXETINE	Olanzapine-Fluoxetine HCl Cap 12-25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	OLANZAPINE/FLUOXETINE	Olanzapine-Fluoxetine HCl Cap 12-50 MG	Maximum Daily Dosage = 1 units
Daily Dosage	OLEPTRO	Trazodone HCl Tab SR 24HR 150 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	OLEPTRO	Trazodone HCl Tab SR 24HR 300 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	OLMESARTAN MEDOXOMIL	Olmesartan Medoxomil Tab 40 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	OLMESARTAN MEDOXOMIL	Olmesartan Medoxomil Tab 5 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	OLMESARTAN MEDOXOMIL	Olmesartan Medoxomil Tab 20 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	OLMESARTAN MEDOXOMIL/AMLODIPINE/HYDROCHLOROTHIAZIDE	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 20-5-12.5 MG	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	OLMESARTAN MEDOXOMIL/AMLODIPINE/HYDROCHLOROTHIAZIDE	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	OLMESARTAN MEDOXOMIL/AMLODIPINE/HYDROCHLOROTHIAZIDE	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	Olmesartan Medoxomil-Hydrochlorothiazide Tab 20-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	OMEGA-3-ACID ETHYL ESTERS	Omega-3-acid Ethyl Esters Cap 1 GM	Maximum Daily Dosage = 4 units
Daily Dosage	OMEPRAZOLE	Omeprazole Delayed Release Tab 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OMEPRAZOLE	Omeprazole Cap Delayed Release 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OMEPRAZOLE	Omeprazole Cap Delayed Release 40 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OMEPRAZOLE	Omeprazole Cap Delayed Release 20 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	OMEPRAZOLE MAGNESIUM	Omeprazole Magnesium Cap DR 20.6 MG (20 MG Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	OMEPRAZOLE/SODIUM BICARBONATE	Omeprazole-Sodium Bicarbonate Cap 20-1100 MG	Maximum Daily Dosage = 1 units
Daily Dosage	OMEPRAZOLE/SODIUM BICARBONATE	Omeprazole-Sodium Bicarbonate Cap 40-1100 MG	Maximum Daily Dosage = 1 units
Daily Dosage	OMNICAP	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ON CALL EXPRESS BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ON CALL PLUS BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ON CALL VIVID BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ON CALL VIVID BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ONCE DAILY	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONCE DAILY/IRON	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONCOVITE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY 50 PLUS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY ADULTS 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY COMPLETE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY COMPLETE FOR MEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY ESSENTIAL	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	ONE DAILY FOR MEN 50+ ADVANCED	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY FOR MEN/LYCOPENE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY FOR WOMEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY FOR WOMEN 50+ADVANCED	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY HEALTHY WEIGHT	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY HEALTHY WEIGHTADVANCED	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY MAXIMUM	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY MENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY MENS 50+ MULTIVITAMIN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY MENS FORMULA W/O IRON	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY MENS HEALTH/LYCOPENE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY MULTIVITAMIN ADULT	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY MULTIVITAMIN ADULT	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY MULTIVITAMIN MEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY MULTIVITAMIN MENS 50+/LYCOPENE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY MULTIVITAMIN WOMEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY MULTIVITAMIN/IRON	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY MULTIVITAMIN/IRON ADULT	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY MULTIVITAMIN/IRON-FREE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY PLUS IRON	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY PLUS MINERALS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY WOMENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY WOMENS 50 PLUS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY WOMENS 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY/IRON/CALCIUM	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE DAILY/MINERALS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE-A-DAY ENERGY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE-A-DAY ESSENTIAL	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE-A-DAY MENOPAUSE FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE-A-DAY MENS	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE-A-DAY MENS 50+ ADVANTAGE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE-A-DAY MENS HEALTH FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE-A-DAY MENS PRO EDGE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE-A-DAY TEEN ADVANTAGEFOR HER	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE-A-DAY TEEN ADVANTAGEFOR HIM	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE-A-DAY VITACRAVES GUMMIES+OMEGA-3 DHA	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	ONE-A-DAY WEIGHT SMART ADVANCED	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE-A-DAY WOMENS 50+ ADVANTAGE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE-A-DAY WOMENS ACTIVE MIND & BODY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE-A-DAY WOMENS PETITES	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE-DAILY MULTI VITAMINS	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONE-DAILY/IRON	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ONETOUCH BASIC/PROFILE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ONETOUCH ULTRA BLUE	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ONETOUCH VERIO TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ONFI	Clobazam Tab 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ONFI	Clobazam Tab 10 MG	Maximum Daily Dosage = 3 units
Daily Dosage	ONGLYZA	Saxagliptin HCl Tab 2.5 MG (Base Equiv)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ONGLYZA	Saxagliptin HCl Tab 5 MG (Base Equiv)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	OPANA	Oxymorphone HCl Tab 10 MG	Maximum Daily Dosage = 12 units
Daily Dosage	OPANA	Oxymorphone HCl Tab 5 MG	Maximum Daily Dosage = 6 units
Daily Dosage	OPANA ER (CRUSH RESISTANT)	Oxymorphone HCl Tab ER 12HR Deter 5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OPANA ER (CRUSH RESISTANT)	Oxymorphone HCl Tab ER 12HR Deter 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OPANA ER (CRUSH RESISTANT)	Oxymorphone HCl Tab ER 12HR Deter 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OPANA ER (CRUSH RESISTANT)	Oxymorphone HCl Tab ER 12HR Deter 30 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OPANA ER (CRUSH RESISTANT)	Oxymorphone HCl Tab ER 12HR Deter 40 MG	Maximum Daily Dosage = 4 units
Daily Dosage	OPTIC-VITES	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	OPTIC-VITES WITH LUTEIN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	OPTIMUM PMS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	OPTIUM TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	OPTIUMEZ TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	OPTIVAR	Azelastine HCl Ophth Soln 0.05%	Maximum Daily Dosage = 0.2 units
Daily Dosage	OPTIVITE P.M.T.	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	OPTI-WOMAN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	OPTUMRX BLOOD GLUCOSE TEST	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	OPURITY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ORAP	Pimozide Tab 1 MG	Maximum Daily Dosage = 10 units
Daily Dosage	ORAP	Pimozide Tab 2 MG	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	ORPHENADRINE CITRATE ER	Orphenadrine Citrate Tab SR 12HR 100 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ORTHO-CEPT	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ORTHO-EST	Estropipate Tab 1.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ORTHO-EST	Estropipate Tab 0.75 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ORTHOVITE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	OSELTAMIVIR PHOSPHATE	Oseltamivir Phosphate For Susp 6 MG/ML (Base Equiv)	Maximum Daily Dosage = 25 units
Daily Dosage	OSTEOPRIME ULTRA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	OXAZEPAM	Oxazepam Cap 10 MG	Maximum Daily Dosage = 4 units
Daily Dosage	OXAZEPAM	Oxazepam Cap 15 MG	Maximum Daily Dosage = 4 units
Daily Dosage	OXAZEPAM	Oxazepam Cap 30 MG	Maximum Daily Dosage = 4 units
Daily Dosage	OXCARBAZEPINE	Oxcarbazepine Tab 300 MG	Maximum Daily Dosage = 3 units
Daily Dosage	OXCARBAZEPINE	Oxcarbazepine Tab 150 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	OXCARBAZEPINE	Oxcarbazepine Tab 600 MG	Maximum Daily Dosage = 4 units
Daily Dosage	OXCARBAZEPINE	Oxcarbazepine Susp 300 MG/5ML (60 MG/ML)	Maximum Daily Dosage = 40 units
Daily Dosage	OXSORALEN ULTRA	Methoxsalen Rapid Cap 10 MG	Maximum Daily Dosage = 4 units
Daily Dosage	OXYBUTYNIN CHLORIDE	Oxybutynin Chloride Tab 5 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	OXYCODONE HCL	Oxycodone HCl Soln 5 MG/5ML	Maximum Daily Dosage = 30 units
Daily Dosage	OXYCODONE HCL	Oxycodone HCl Cap 5 MG	Maximum Daily Dosage = 6 units
Daily Dosage	OXYCODONE HCL	Oxycodone HCl Tab 5 MG	Maximum Daily Dosage = 6 units
Daily Dosage	OXYCODONE HCL	Oxycodone HCl Tab 10 MG	Maximum Daily Dosage = 6 units
Daily Dosage	OXYCODONE HCL	Oxycodone HCl Tab 15 MG	Maximum Daily Dosage = 6 units
Daily Dosage	OXYCODONE HCL	Oxycodone HCl Tab 20 MG	Maximum Daily Dosage = 6 units
Daily Dosage	OXYCODONE HCL	Oxycodone HCl Tab 30 MG	Maximum Daily Dosage = 6 units
Daily Dosage	OXYCODONE HCL	Oxycodone HCl Conc 100 MG/5ML (20 MG/ML)	Maximum Daily Dosage = 6 units
Daily Dosage	OXYCODONE HCL ER	Oxycodone HCl Tab ER 12HR Deter 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OXYCODONE HCL ER	Oxycodone HCl Tab ER 12HR Deter 15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OXYCODONE HCL ER	Oxycodone HCl Tab ER 12HR Deter 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OXYCODONE HCL ER	Oxycodone HCl Tab ER 12HR Deter 30 MG	Maximum Daily Dosage = 2 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	OXYCODONE HCL ER	Oxycodone HCl Tab ER 12HR Deter 40 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OXYCODONE HCL ER	Oxycodone HCl Tab ER 12HR Deter 60 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OXYCODONE HCL ER	Oxycodone HCl Tab ER 12HR Deter 80 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OXYCODONE/ACETAMINOPHEN	Oxycodone w/ Acetaminophen Tab 2.5-325 MG	Maximum Daily Dosage = 12 units
Daily Dosage	OXYCODONE/ACETAMINOPHEN	Oxycodone w/ Acetaminophen Tab 5-325 MG	Maximum Daily Dosage = 12 units
Daily Dosage	OXYCODONE/ACETAMINOPHEN	Oxycodone w/ Acetaminophen Tab 7.5-325 MG	Maximum Daily Dosage = 12 units
Daily Dosage	OXYCODONE/ACETAMINOPHEN	Oxycodone w/ Acetaminophen Tab 10-325 MG	Maximum Daily Dosage = 12 units
Daily Dosage	OXYCODONE/ASPIRIN	Oxycodone-Aspirin Tab 4.8355-325 MG	Maximum Daily Dosage = 12 units
Daily Dosage	OXYCODONE/IBUPROFEN	Oxycodone-Ibuprofen Tab 5-400 MG	Maximum Daily Dosage = 4 units
Daily Dosage	OXYCONTIN	Oxycodone HCl Tab ER 12HR Deter 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OXYCONTIN	Oxycodone HCl Tab ER 12HR Deter 15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OXYCONTIN	Oxycodone HCl Tab ER 12HR Deter 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OXYCONTIN	Oxycodone HCl Tab ER 12HR Deter 30 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OXYCONTIN	Oxycodone HCl Tab ER 12HR Deter 40 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OXYCONTIN	Oxycodone HCl Tab ER 12HR Deter 60 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OXYCONTIN	Oxycodone HCl Tab ER 12HR Deter 80 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OXYMORPHONE HYDROCHLORIDE	Oxymorphone HCl Tab 10 MG	Maximum Daily Dosage = 12 units
Daily Dosage	OXYMORPHONE HYDROCHLORIDE	Oxymorphone HCl Tab 5 MG	Maximum Daily Dosage = 6 units
Daily Dosage	OXYMORPHONE HYDROCHLORIDE ER	Oxymorphone HCl Tab SR 12HR 5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OXYMORPHONE HYDROCHLORIDE ER	Oxymorphone HCl Tab SR 12HR 7.5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OXYMORPHONE HYDROCHLORIDE ER	Oxymorphone HCl Tab SR 12HR 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OXYMORPHONE HYDROCHLORIDE ER	Oxymorphone HCl Tab SR 12HR 15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OXYMORPHONE HYDROCHLORIDE ER	Oxymorphone HCl Tab SR 12HR 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OXYMORPHONE HYDROCHLORIDE ER	Oxymorphone HCl Tab SR 12HR 30 MG	Maximum Daily Dosage = 2 units
Daily Dosage	OXYMORPHONE HYDROCHLORIDE ER	Oxymorphone HCl Tab SR 12HR 40 MG	Maximum Daily Dosage = 4 units
Daily Dosage	PA B-COMPLEX WITH B-12	*B-Complex Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	PA VITAMIN E	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	PALIPERIDONE ER	Paliperidone Tab SR 24HR 1.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	PALIPERIDONE ER	Paliperidone Tab SR 24HR 3 MG	Maximum Daily Dosage = 1 units
Daily Dosage	PALIPERIDONE ER	Paliperidone Tab SR 24HR 9 MG	Maximum Daily Dosage = 1 units
Daily Dosage	PALIPERIDONE ER	Paliperidone Tab SR 24HR 6 MG	Maximum Daily Dosage = 2 units
Daily Dosage	PAMPRIN ALL DAY MAXIMUM STRENGTH	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PANTOPRAZOLE SODIUM	Pantoprazole Sodium EC Tab 20 MG (Base Equiv)	Maximum Daily Dosage = 2 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	PANTOPRAZOLE SODIUM	Pantoprazole Sodium EC Tab 40 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	PARNATE	Tranlycypromine Sulfate Tab 10 MG	Maximum Daily Dosage = 6 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PARVLEX	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	PAXIL	Paroxetine HCl Oral Susp 10 MG/5ML (Base Equiv)	Maximum Daily Dosage = 30 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PC UNIFINE PENTIPS 29G X1/2"	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	PC UNIFINE PENTIPS 31G X5MM MINI	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	PC UNIFINE PENTIPS 31G X8MM SHORT	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	PEG 3350	Polyethylene Glycol 3350 Oral Powder	Maximum Daily Dosage = 34 units
Daily Dosage	PEN NEEDLES 29G X 12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	PEN NEEDLES 29GX1/2"	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	PEN NEEDLES 30GX5/16"	Insulin Pen Needle 30 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	PEN NEEDLES 30GX8MM	Insulin Pen Needle 30 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	PEN NEEDLES 31G X 1/4" SHORT	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	PEN NEEDLES 31G X 3/16"	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	PEN NEEDLES 31G X 5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	PEN NEEDLES 31G X 6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	PEN NEEDLES 31GX5/16"	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	PEN NEEDLES 31GX6MM (1/4")	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	PEN NEEDLES 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	PEN NEEDLES 31GX8MM (5/16")	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	PEN NEEDLES 32G X 4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	PEN NEEDLES 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	PENTASA	Mesalamine Cap CR 250 MG	Maximum Daily Dosage = 8 units
Daily Dosage	PENTASA	Mesalamine Cap CR 500 MG	Maximum Daily Dosage = 8 units
Daily Dosage	PENTAZOCINE/NALOXONE HCL	Pentazocine w/ Naloxone Tab 50-0.5 MG	Maximum Daily Dosage = 12 units
Daily Dosage	PENTIPS 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	PENTIPS 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	PENTIPS 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	PENTIPS 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	PENTIPS 32G X 4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	PENTIPS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	PEPCID	Famotidine For Susp 40 MG/5ML	Maximum Daily Dosage = 10 units
Daily Dosage	PEPCID	Famotidine Tab 40 MG	Maximum Daily Dosage = 2 units
Daily Dosage	PEPCID	Famotidine Tab 20 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PEPCID AC	Famotidine Tab 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	PEPCID AC MAXIMUM STRENGTH	Famotidine Tab 20 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PERCOCET	Oxycodone w/ Acetaminophen Tab 2.5-325 MG	Maximum Daily Dosage = 12 units
Daily Dosage	PERCOCET	Oxycodone w/ Acetaminophen Tab 5-325 MG	Maximum Daily Dosage = 12 units
Daily Dosage	PERCOCET	Oxycodone w/ Acetaminophen Tab 7.5-325 MG	Maximum Daily Dosage = 12 units
Daily Dosage	PERCOCET	Oxycodone w/ Acetaminophen Tab 10-325 MG	Maximum Daily Dosage = 12 units
Daily Dosage	PERFOROMIST	Formoterol Fumarate Soln Nebu 20 MCG/2ML	Maximum Daily Dosage = 4 units
Daily Dosage	PERINDOPRIL ERBUMINE	Perindopril Erbumine Tab 2 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PERINDOPRIL ERBUMINE	Perindopril Erbumine Tab 8 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PERPHENAZINE	Perphenazine Tab 2 MG	Maximum Daily Dosage = 4 units
Daily Dosage	PERPHENAZINE	Perphenazine Tab 4 MG	Maximum Daily Dosage = 4 units
Daily Dosage	PERPHENAZINE	Perphenazine Tab 8 MG	Maximum Daily Dosage = 4 units
Daily Dosage	PERPHENAZINE	Perphenazine Tab 16 MG	Maximum Daily Dosage = 4 units
Daily Dosage	PERPHENAZINE/AMITRIPTYLINE	Perphenazine-Amitriptyline Tab 2-10 MG	Maximum Daily Dosage = 4 units
Daily Dosage	PERPHENAZINE/AMITRIPTYLINE	Perphenazine-Amitriptyline Tab 2-25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	PERPHENAZINE/AMITRIPTYLINE	Perphenazine-Amitriptyline Tab 4-10 MG	Maximum Daily Dosage = 4 units
Daily Dosage	PERPHENAZINE/AMITRIPTYLINE	Perphenazine-Amitriptyline Tab 4-25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	PERPHENAZINE/AMITRIPTYLINE	Perphenazine-Amitriptyline Tab 4-50 MG	Maximum Daily Dosage = 4 units
Daily Dosage	PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	PHARMACIST CHOICE NO CODING BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	PHOSPHA 250 NEUTRAL	Pot Phos Monobasic w/Sod Phos Di & Monobas Tab 155-852-130MG	Maximum Daily Dosage = 8 units
Daily Dosage	PHOSPHO-TRIN 250 NEUTRAL	Pot Phos Monobasic w/Sod Phos Di & Monobas Tab 155-852-130MG	Maximum Daily Dosage = 8 units
Daily Dosage	PHYTOMULTI	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	PILOCARPINE HYDROCHLORIDE	Pilocarpine HCl Tab 5 MG	Maximum Daily Dosage = 6 units
Daily Dosage	PIOGLITAZONE HCL	Pioglitazone HCl Tab 15 MG (Base Equiv)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PIOGLITAZONE HCL	Pioglitazone HCl Tab 30 MG (Base Equiv)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PIOGLITAZONE HCL	Pioglitazone HCl Tab 45 MG (Base Equiv)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PIOGLITAZONE HCL/METFORMIN HCL	Pioglitazone HCl-Metformin HCl Tab 15-500 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PIOGLITAZONE HCL/METFORMIN HCL	Pioglitazone HCl-Metformin HCl Tab 15-850 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PIOGLITAZONE HCL-GLIMEPIRIDE	Pioglitazone HCl-Glimepiride Tab 30-2 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PIOGLITAZONE HCL-GLIMEPIRIDE	Pioglitazone HCl-Glimepiride Tab 30-4 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID	*Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	PNV FOLIC ACID + IRON MULTIVITAMIN	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	PNV PRENATAL PLUS MULTIVITAMIN	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	PNV TABS 29-1	*Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	POCKETCHEM EZ BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	POLY VITAMIN	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	POLYETHYLENE GLYCOL 3350	Polyethylene Glycol 3350 Oral Powder	Maximum Daily Dosage = 34 units
Daily Dosage	POTIGA	Ezogabine Tab 50 MG	Maximum Daily Dosage = 3 units
Daily Dosage	POTIGA	Ezogabine Tab 200 MG	Maximum Daily Dosage = 3 units
Daily Dosage	POTIGA	Ezogabine Tab 300 MG	Maximum Daily Dosage = 3 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	POTIGA	Ezogabine Tab 400 MG	Maximum Daily Dosage = 3 units
Daily Dosage	PRANDIMET	Repaglinide-Metformin HCl Tab 1-500 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PRANDIMET	Repaglinide-Metformin HCl Tab 2-500 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PRANDIN	Repaglinide Tab 1 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PRANDIN	Repaglinide Tab 2 MG	Maximum Daily Dosage = 8 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PRASUGREL	Prasugrel HCl Tab 5 MG (Base Equiv)	Maximum Daily Dosage = 1 units
Daily Dosage	PRASUGREL	Prasugrel HCl Tab 10 MG (Base Equiv)	Maximum Daily Dosage = 1 units
Daily Dosage	PRAVASTATIN SODIUM	Pravastatin Sodium Tab 40 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PRECISION PCX	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	PRECISION PCX PLUS TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	PRECISION POINT OF CARE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	PRECISION QID TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	PRECISION SOF-TACT TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	PRECISION XTRA BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	PREFERRED PLUS INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	PREFERRED PLUS INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	PREFERRED PLUS INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	PREFERRED PLUS UNIFINE PENTIPS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	PREMARIN	Estrogens, Conjugated Tab 0.3 MG	Maximum Daily Dosage = 1 units
Daily Dosage	PREMARIN	Estrogens, Conjugated Tab 0.45 MG	Maximum Daily Dosage = 1 units
Daily Dosage	PREMARIN	Estrogens, Conjugated Tab 0.625 MG	Maximum Daily Dosage = 1 units
Daily Dosage	PREMARIN	Estrogens, Conjugated Tab 0.9 MG	Maximum Daily Dosage = 1 units
Daily Dosage	PREMARIN	Estrogens, Conjugated Tab 1.25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	PREMIUM BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	PREMPRO	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.3-1.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	PREMPRO	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.45-1.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	PREMPRO	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.625-2.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	PREMPRO	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.625-5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	PRENAPLUS	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	PRENATABS RX	*Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	PRENATAL	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	PRENATAL 19	*Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG***	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	PRENATAL 19	*Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	PRENATAL LOW IRON	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	PRENATAL PLUS	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	PRENATAL PLUS IRON	*Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	PRENATAL VITAMINS PLUS LOW IRON	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	PREPLUS	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	PRESERVISION AREDS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	PREVACID	Lansoprazole Cap Delayed Release 30 MG	Maximum Daily Dosage = 1 units
Daily Dosage	PREVACID	Lansoprazole Cap Delayed Release 15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	PREVACID 24HR	Lansoprazole Cap Delayed Release 15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	PREVACID SOLUTAB	Lansoprazole Tab Delayed Release Orally Disintegrating 30 MG	Maximum Daily Dosage = 1 units
Daily Dosage	PREVACID SOLUTAB	Lansoprazole Tab Delayed Release Orally Disintegrating 15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	PREVALITE	Cholestyramine Light Powder Packets 4 GM	Maximum Daily Dosage = 6 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PREZISTA	Darunavir Ethanolate Tab 800 MG (Base Equiv)	Maximum Daily Dosage = 1 units
Daily Dosage	PREZISTA	Darunavir Ethanolate Tab 75 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	PREZISTA	Darunavir Ethanolate Tab 150 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	PREZISTA	Darunavir Ethanolate Tab 600 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	PRILOSEC	Omeprazole Cap Delayed Release 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	PRILOSEC	Omeprazole Cap Delayed Release 40 MG	Maximum Daily Dosage = 2 units
Daily Dosage	PRILOSEC	Omeprazole Cap Delayed Release 20 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PRILOSEC OTC	Omeprazole Magnesium Delayed Release Tab 20 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	PRISTIQ	Desvenlafaxine Succinate Tab SR 24HR 50 MG (Base Equiv)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PRISTIQ	Desvenlafaxine Succinate Tab SR 24HR 100 MG (Base Equiv)	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	PRO COMFORT PEN NEEDLES/31G X 8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	PRO COMFORT PEN NEEDLES/32G X 4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	PRO COMFORT PEN NEEDLES/32G X 5MM	Insulin Pen Needle 32 G X 5 MM (1/5" or 3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	PRO COMFORT PEN NEEDLES/32G X 6MM	Insulin Pen Needle 32 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	PRO-CAL	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	PROCENTRA	Dextroamphetamine Sulfate Oral Solution 5 MG/5ML	Maximum Daily Dosage = 60 units
Daily Dosage	PROCERV HP	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	PROCHLORPERAZINE	Prochlorperazine Suppos 25 MG	Maximum Daily Dosage = 2 units
Daily Dosage	PRODIGY INSULIN MINI PENNEEDLES/31G X 3/16"	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	PRODIGY INSULIN SHORT PENNEEDLES/31G X 5/16"	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	PROGESTERONE	Progesterone Micronized Cap 200 MG	Maximum Daily Dosage = 0.67 units
Daily Dosage	PROGESTERONE	Progesterone Micronized Cap 100 MG	Maximum Daily Dosage = 1 units
Daily Dosage	PROPRANOLOL HCL ER	Propranolol HCl Cap SR 24HR 60 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PROPRANOLOL HCL ER	Propranolol HCl Cap SR 24HR 80 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PROPRANOLOL HCL ER	Propranolol HCl Cap SR 24HR 120 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PROPRANOLOL HCL ER	Propranolol HCl Cap SR 24HR 160 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PROPRANOLOL/HYDROCHLOROTHIAZIDE	Propranolol & Hydrochlorothiazide Tab 40-25 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PROPRANOLOL/HYDROCHLOROTHIAZIDE	Propranolol & Hydrochlorothiazide Tab 80-25 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	PRORENAL+D	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	PROSIGHT	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	PROTONIX	Pantoprazole Sodium EC Tab 20 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	PROTONIX	Pantoprazole Sodium EC Tab 40 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	PROVIGIL	Modafinil Tab 100 MG	Maximum Daily Dosage = 1 units
Daily Dosage	PROVIGIL	Modafinil Tab 200 MG	Maximum Daily Dosage = 2 units
Daily Dosage	PSEUDOEPHEDRINE HCL ER	Pseudoephedrine HCl Tab SR 12HR 120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	PTS PANELS GLUCOSE TEST	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	PULMICORT	Budesonide Inhalation Susp 0.25 MG/2ML	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PULMICORT	Budesonide Inhalation Susp 0.5 MG/2ML	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PULMICORT	Budesonide Inhalation Susp 1 MG/2ML	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PX ADVANCED FORMULA MULTIVITAMINS/LYCOPENE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	PX ALL DAY RELIEF	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	PX ALLERGY	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	PX ALLERGY RELIEF D	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	PX ALLERGY RELIEF D	Cetirizine-Pseudoephedrine Tab ER 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	PX ALLERGY RELIEF D	Loratadine & Pseudoephedrine Tab SR 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	PX CALCIUM&D	Calcium Carbonate-Vitamin D Tab 600 MG-400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	PX COMPLETE SENIOR MULTIVITAMINS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	PX DAYHIST ALLERGY	Clemastine Fumarate Tab 1.34 MG (1 MG Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	PX EXTRA SHORT PEN NEEDLES 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	PX INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	PX INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	PX INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	PX INSULIN SYRINGE/U-100/1ML/30G X 1/2"	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	PX INSULIN SYRINGE/U-100/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	PX MENS MULTIVITAMINS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	PX MINI PEN NEEDLES 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	PX NASAL DECONGESTANT	Pseudoephedrine HCl Tab SR 12HR 120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	PX OMEPRAZOLE	Omeprazole Delayed Release Tab 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	PX PEN NEEDLE 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	PX PEN NEEDLE 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	PX SHORTLENGTH PEN NEEDLES/31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	PX VITAMIN E	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	QC COMPLETE ALLERGY MEDICINE	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	QC DAILY MULTIVITAMINS/IRON	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	QC ESSENTIALS	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	QC INSULIN SYRINGE/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	QC INSULIN SYRINGE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	QC INSULIN SYRINGE/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	QC INSULIN SYRINGE/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	QC INSULIN SYRINGE/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	QC LORATADINE-D	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	QC MAXIMUM DAILY MULTIVITAMIN/MULTIMINERAL	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	QC MENS DAILY MULTIVITAMIN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	QC MULTI-VITE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	QC MULTI-VITE 50 & OVER	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	QC MULTI-VITE PLUS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	QC NAPROXEN SODIUM	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	QC OMEPRAZOLE MAGNESIUM	Omeprazole Magnesium Cap DR 20.6 MG (20 MG Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	QC PEN NEEDLES 29G X 12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	QC PEN NEEDLES 31G X 6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	QC PEN NEEDLES 31G X 8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	QC REST SIMPLY	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	QC STOOL SOFTENER	Docusate Sodium Cap 100 MG	Maximum Daily Dosage = 3 units
Daily Dosage	QC SUPHEDRINE MAXIMUM STRENGTH	Pseudoephedrine HCl Tab SR 12HR 120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	QC THERIN-M	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	QC UNIFINE PENTIPS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	QC WOMENS DAILY MULTIVITAMIN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	QLEARQUIL NIGHTTIME ALLEGY RELIEF	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	QUENCH	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	QUESTRAN	Cholestyramine Powder Packets 4 GM	Maximum Daily Dosage = 6 units
Daily Dosage	QUESTRAN	Cholestyramine Powder 4 GM/DOSE	Maximum Daily Dosage = 6 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	QUESTRAN LIGHT	Cholestyramine Light Powder 4 GM/DOSE	Maximum Daily Dosage = 6 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	QUETIAPINE FUMARATE	Quetiapine Fumarate Tab 25 MG	Maximum Daily Dosage = 2 units
Daily Dosage	QUETIAPINE FUMARATE	Quetiapine Fumarate Tab 50 MG	Maximum Daily Dosage = 2 units
Daily Dosage	QUETIAPINE FUMARATE	Quetiapine Fumarate Tab 100 MG	Maximum Daily Dosage = 2 units
Daily Dosage	QUETIAPINE FUMARATE	Quetiapine Fumarate Tab 200 MG	Maximum Daily Dosage = 2 units
Daily Dosage	QUETIAPINE FUMARATE	Quetiapine Fumarate Tab 300 MG	Maximum Daily Dosage = 2 units
Daily Dosage	QUETIAPINE FUMARATE	Quetiapine Fumarate Tab 400 MG	Maximum Daily Dosage = 2 units
Daily Dosage	QUETIAPINE FUMARATE	Quetiapine Fumarate Tab 25 MG	Maximum Daily Dosage = 6 units
Daily Dosage	QUETIAPINE FUMARATE	Quetiapine Fumarate Tab 50 MG	Maximum Daily Dosage = 8 units
Daily Dosage	QUETIAPINE FUMARATE ER	Quetiapine Fumarate Tab SR 24HR 150 MG	Maximum Daily Dosage = 1 units
Daily Dosage	QUETIAPINE FUMARATE ER	Quetiapine Fumarate Tab SR 24HR 200 MG	Maximum Daily Dosage = 1 units
Daily Dosage	QUETIAPINE FUMARATE ER	Quetiapine Fumarate Tab SR 24HR 300 MG	Maximum Daily Dosage = 2 units
Daily Dosage	QUETIAPINE FUMARATE ER	Quetiapine Fumarate Tab SR 24HR 400 MG	Maximum Daily Dosage = 2 units
Daily Dosage	QUFLORA PEDIATRIC	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	QUFLORA PEDIATRIC	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	QUICKTEK TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	QUIN B STRONG	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	QUINAPRIL HCL	Quinapril HCl Tab 5 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	QUINAPRIL HCL	Quinapril HCl Tab 10 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	QUINAPRIL/HYDROCHLOROTHIAZIDE	Quinapril-Hydrochlorothiazide Tab 10-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	QUINAPRIL/HYDROCHLOROTHIAZIDE	Quinapril-Hydrochlorothiazide Tab 20-25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	QUINAPRIL/HYDROCHLOROTHIAZIDE	Quinapril-Hydrochlorothiazide Tab 20-12.5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	QUINTABS	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	QUINTABS-M	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	QUINTET AC BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	QUINTET BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	RA ALLERGY	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	RA ALLERGY MEDICATION	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	RA ALLERGY RELIEF	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	RA ALLERGY/CONGESTION RELIEF	Loratadine & Pseudoephedrine Tab SR 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RA B-COMPLEX	*B-Complex Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA B-COMPLEX WITH B-12	*B-Complex Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA CALCIUM PLUS VITAMIN D	Calcium Carbonate-Vitamin D Tab 600 MG-200 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	RA CALCIUM PLUS VITAMIN D	Calcium Carbonate-Vitamin D Tab 600 MG-400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	RA CENTRAL-VITE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA CENTRAL-VITE ENERGY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA CENTRAL-VITE MENS MATURE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA CENTRAL-VITE SELECT	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA CENTRAL-VITE SELECT MATURE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA CENTRAL-VITE SENIOR	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA CENTRAL-VITE UNDER 50MENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA CENTRAL-VITE UNDER 50WOMENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA CENTRAL-VITE WOMENS MATURE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA CENTRAL-VITE/ANTIOXIDANTS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA CETIRI-D	Cetirizine-Pseudoephedrine Tab ER 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RA CETIRIZINE CHILDRENS	Cetirizine HCl Chew Tab 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	RA COMPLETE ALLERGY	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	RA HAIR/SKIN/NAILS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA INSULIN SYRINGE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	RA INSULIN SYRINGE/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	RA LANSOPRAZOLE	Lansoprazole Cap Delayed Release 15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RA LORATA-D	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	RA MATURE WOMENS DIETARYSUPPLEMENT	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA NAPROXEN SODIUM	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	RA NATURAL VITAMIN E	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	RA NIGHTTIME SLEEP AID	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	RA OMEPRAZOLE	Omeprazole Delayed Release Tab 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RA OMEPRAZOLE/SODIUM BICARBONATE	Omeprazole-Sodium Bicarbonate Cap 20-1100 MG	Maximum Daily Dosage = 1 units
Daily Dosage	RA ONE DAILY ENERGY FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA ONE DAILY ESSENTIAL	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA ONE DAILY MAXIMUM	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA ONE DAILY MENS 50+ WITH VITAMIN D-3	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA ONE DAILY MENS MULTI	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA ONE DAILY MENS/VITAMIND-3	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA ONE DAILY MULTI-VITAMIN	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA ONE DAILY MULTI-VITAMIN PLUS IRON	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA ONE DAILY WOMENS/VITAMIN D-3	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA PEN NEEDLES 31G X 5MM3/16"	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	RA PEN NEEDLES 31G X 8MM5/16"	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	RA SLEEP AID	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	RA STRESS FORMULA ADVANCED	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA STRESS FORMULA ENERGY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA SUPHEDRINE	Pseudoephedrine HCl Tab SR 12HR 120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RA THERAPEUTIC M PLUS BETA CAROTENE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA TRUETEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	RA VISION VITE PLUS ZINC	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA VITAMIN E	Vitamin E Cap 200 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	RA VITAMIN E	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	RA VITAMIN E BLEND	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	RA WHOLE SOURCE COMPLETEFORMULA FOR MEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA WHOLE SOURCE DIETARY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA WHOLE SOURCE DIETARY FOR MEN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA WHOLE SOURCE DIETARY MATURE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RA WHOLE SOURCE WOMENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RABEPRAZOLE SODIUM	Rabeprazole Sodium EC Tab 20 MG	Maximum Daily Dosage = 1 units
Daily Dosage	RAGUS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RALOXIFENE HYDROCHLORIDE	Raloxifene HCl Tab 60 MG	Maximum Daily Dosage = 1 units
Daily Dosage	RAMIPRIL	Ramipril Cap 2.5 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	RAMIPRIL	Ramipril Cap 5 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	RAMIPRIL	Ramipril Cap 10 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	RANITIDINE 75	Ranitidine HCl Tab 75 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RANITIDINE HCL	Ranitidine HCl Tab 150 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RANITIDINE HCL	Ranitidine HCl Tab 300 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RANITIDINE HCL	Ranitidine HCl Syrup 15 MG/ML (75 MG/5ML)	Maximum Daily Dosage = 20 units
Daily Dosage	RAZADYNE	Galantamine Hydrobromide Tab 4 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RAZADYNE	Galantamine Hydrobromide Tab 8 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RAZADYNE	Galantamine Hydrobromide Tab 12 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RAZADYNE ER	Galantamine Hydrobromide Cap SR 24HR 8 MG	Maximum Daily Dosage = 1 units
Daily Dosage	RAZADYNE ER	Galantamine Hydrobromide Cap SR 24HR 16 MG	Maximum Daily Dosage = 1 units
Daily Dosage	RAZADYNE ER	Galantamine Hydrobromide Cap SR 24HR 24 MG	Maximum Daily Dosage = 1 units
Daily Dosage	REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	REBETOL	Ribavirin Soln 40 MG/ML	Maximum Daily Dosage = 35 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	REBETOL	Ribavirin Cap 200 MG	Maximum Daily Dosage = 7 units
Daily Dosage	REFUAH PLUS BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	RELION BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	RELION CONFIRM/MICRO TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	Insulin Syringe/Needle U-100 1/2 ML 31 x 15/64"	Maximum Daily Dosage = 5 units
Daily Dosage	RELION INSULIN SYRINGE 1ML/31GX15/64"	Insulin Syringe/Needle U-100 1 ML 31 x 15/64"	Maximum Daily Dosage = 5 units
Daily Dosage	RELION INSULIN SYRINGE/U-00/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	RELION INSULIN SYRINGE/U-100/0.3ML/29G	Insulin Syringe/Needle U-100 0.3 ML 29 G	Maximum Daily Dosage = 5 units
Daily Dosage	RELION INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	RELION INSULIN SYRINGE/U-100/0.3ML/30G	Insulin Syringe/Needle U-100 0.3 ML 30 G	Maximum Daily Dosage = 5 units
Daily Dosage	RELION INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	Insulin Syringe/Needle U-100 0.3 ML 31 x 15/64"	Maximum Daily Dosage = 5 units
Daily Dosage	RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	RELION INSULIN SYRINGE/U-100/0.5ML/29G	Insulin Syringe/Needle U-100 1/2 ML 29 G	Maximum Daily Dosage = 5 units
Daily Dosage	RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	RELION INSULIN SYRINGE/U-100/0.5ML/30G	Insulin Syringe/Needle U-100 1/2 ML 30 G	Maximum Daily Dosage = 5 units
Daily Dosage	RELION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	RELION INSULIN SYRINGE/U-100/1ML/30G	Insulin Syringe/Needle U-100 1 ML 30 G	Maximum Daily Dosage = 5 units
Daily Dosage	RELION INSULIN SYRINGE/U-100/1ML/30G X 5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	Insulin Syringe/Needle U-100 1 ML 31 x 15/64"	Maximum Daily Dosage = 5 units
Daily Dosage	RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	RELION MINI PEN NEEDLES 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	RELION PEN NEEDLES 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	RELION PEN NEEDLES 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	RELION PEN NEEDLES 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	RELION PEN NEEDLES 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	RELION PRIME BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	RELION SHORT PEN NEEDLES31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	RELION ULTIMA BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	RELION ULTIMA TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	REMERON	Mirtazapine Tab 30 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	REMERON	Mirtazapine Tab 45 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	REMERON	Mirtazapine Tab 15 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	REMERON SOLTAB	Mirtazapine Orally Disintegrating Tab 30 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	REMERON SOLTAB	Mirtazapine Orally Disintegrating Tab 45 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	REMERON SOLTAB	Mirtazapine Orally Disintegrating Tab 15 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	RENAL	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RENAL CAPS	*B-Complex w/ C & Folic Acid Cap 1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	RENAL MULTIVITAMIN FORMULA/ZINC	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RENALPREN	*B-Complex w/ C & Folic Acid Cap 1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	RENAPLEX	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RENAPLEX-D	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RENA-VITE RX	*B-Complex w/ C & Folic Acid Tab 1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	RENO CAPS	*B-Complex w/ C & Folic Acid Cap 1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	REPAGLINIDE	Repaglinide Tab 1 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	REPAGLINIDE	Repaglinide Tab 2 MG	Maximum Daily Dosage = 8 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	REPAGLINIDE/METFORMIN HYDROCHLORIDE	Repaglinide-Metformin HCl Tab 1-500 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	REPAGLINIDE/METFORMIN HYDROCHLORIDE	Repaglinide-Metformin HCl Tab 2-500 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	REPREXAIN	Hydrocodone-Ibuprofen Tab 2.5-200 MG	Maximum Daily Dosage = 5 units
Daily Dosage	REPREXAIN	Hydrocodone-Ibuprofen Tab 5-200 MG	Maximum Daily Dosage = 5 units
Daily Dosage	REPREXAIN	Hydrocodone-Ibuprofen Tab 10-200 MG	Maximum Daily Dosage = 5 units
Daily Dosage	REQ 49+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	RESCRIPTOR	Delavirdine Mesylate Tab 100 MG	Maximum Daily Dosage = 12 units
Daily Dosage	RESCRIPTOR	Delavirdine Mesylate Tab 200 MG	Maximum Daily Dosage = 6 units
Daily Dosage	RESERPINE	Reserpine Tab 0.1 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	RESERPINE	Reserpine Tab 0.25 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	REST SIMPLY	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	RESTFULLY SLEEP	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	RESTORIL	Temazepam Cap 15 MG	Maximum Daily Dosage = 1 units
Daily Dosage	RESTORIL	Temazepam Cap 30 MG	Maximum Daily Dosage = 1 units
Daily Dosage	RETROVIR	Zidovudine Cap 100 MG	Maximum Daily Dosage = 6 units
Daily Dosage	REVEAL BLOOD GLUCOSE TEST	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	REXALL BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	REYATAZ	Atazanavir Sulfate Cap 300 MG (Base Equiv)	Maximum Daily Dosage = 1 units
Daily Dosage	REYATAZ	Atazanavir Sulfate Cap 150 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	REYATAZ	Atazanavir Sulfate Cap 200 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	RIBASPHERE	Ribavirin Tab 400 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RIBASPHERE	Ribavirin Tab 600 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RIBASPHERE	Ribavirin Cap 200 MG	Maximum Daily Dosage = 7 units
Daily Dosage	RIBASPHERE	Ribavirin Tab 200 MG	Maximum Daily Dosage = 7 units
Daily Dosage	RIBASPHERE RIBAPAK	Ribavirin Tab 400 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RIBASPHERE RIBAPAK	Ribavirin Tab 600 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RIBATAB	Ribavirin Tab 400 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RIBATAB	Ribavirin Tab 600 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RIBAVIRIN	Ribavirin Cap 200 MG	Maximum Daily Dosage = 7 units
Daily Dosage	RIBAVIRIN	Ribavirin Tab 200 MG	Maximum Daily Dosage = 7 units
Daily Dosage	RIGHTEST GS100 BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	RIGHTEST GS300 BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	RIGHTEST GS550 BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	RIMANTADINE HCL	Rimantadine Hydrochloride Tab 100 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RIOMET	Metformin HCl Oral Soln 500 MG/5ML	Maximum Daily Dosage = 25 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	RISEDRONATE SODIUM	Risedronate Sodium Tab 5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	RISEDRONATE SODIUM	Risedronate Sodium Tab 30 MG	Maximum Daily Dosage = 1 units
Daily Dosage	RISPERDAL	Risperidone Tab 1 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RISPERDAL	Risperidone Tab 2 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RISPERDAL	Risperidone Tab 3 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RISPERDAL	Risperidone Tab 4 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RISPERDAL	Risperidone Tab 0.25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	RISPERDAL	Risperidone Tab 0.5 MG	Maximum Daily Dosage = 5 units
Daily Dosage	RISPERDAL	Risperidone Soln 1 MG/ML	Maximum Daily Dosage = 8 units
Daily Dosage	RISPERDAL M-TAB	Risperidone Orally Disintegrating Tab 1 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RISPERDAL M-TAB	Risperidone Orally Disintegrating Tab 2 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RISPERDAL M-TAB	Risperidone Orally Disintegrating Tab 3 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RISPERDAL M-TAB	Risperidone Orally Disintegrating Tab 4 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RISPERDAL M-TAB	Risperidone Orally Disintegrating Tab 0.5 MG	Maximum Daily Dosage = 5 units
Daily Dosage	RISPERIDONE	Risperidone Tab 0.5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RISPERIDONE	Risperidone Tab 1 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RISPERIDONE	Risperidone Tab 2 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RISPERIDONE	Risperidone Tab 3 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RISPERIDONE	Risperidone Tab 4 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RISPERIDONE	Risperidone Tab 0.25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	RISPERIDONE	Risperidone Tab 0.5 MG	Maximum Daily Dosage = 5 units
Daily Dosage	RISPERIDONE	Risperidone Soln 1 MG/ML	Maximum Daily Dosage = 8 units
Daily Dosage	RISPERIDONE M-TAB	Risperidone Orally Disintegrating Tab 1 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RISPERIDONE M-TAB	Risperidone Orally Disintegrating Tab 2 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RISPERIDONE M-TAB	Risperidone Orally Disintegrating Tab 3 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RISPERIDONE M-TAB	Risperidone Orally Disintegrating Tab 4 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RISPERIDONE M-TAB	Risperidone Orally Disintegrating Tab 0.5 MG	Maximum Daily Dosage = 5 units
Daily Dosage	RISPERIDONE ODT	Risperidone Orally Disintegrating Tab 1 MG	Maximum Daily Dosage = 1 units
Daily Dosage	RISPERIDONE ODT	Risperidone Orally Disintegrating Tab 1 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RISPERIDONE ODT	Risperidone Orally Disintegrating Tab 2 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RISPERIDONE ODT	Risperidone Orally Disintegrating Tab 3 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RISPERIDONE ODT	Risperidone Orally Disintegrating Tab 4 MG	Maximum Daily Dosage = 2 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	RISPERIDONE ODT	Risperidone Orally Disintegrating Tab 0.25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	RISPERIDONE ODT	Risperidone Orally Disintegrating Tab 0.5 MG	Maximum Daily Dosage = 5 units
Daily Dosage	RITALIN	Methylphenidate HCl Tab 5 MG	Maximum Daily Dosage = 14 units
Daily Dosage	RITALIN	Methylphenidate HCl Tab 20 MG	Maximum Daily Dosage = 3 units
Daily Dosage	RITALIN	Methylphenidate HCl Tab 10 MG	Maximum Daily Dosage = 7 units
Daily Dosage	RITALIN SR	Methylphenidate HCl Tab CR 20 MG	Maximum Daily Dosage = 3 units
Daily Dosage	RIVASTIGMINE TARTRATE	Rivastigmine Tartrate Cap 1.5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RIVASTIGMINE TARTRATE	Rivastigmine Tartrate Cap 3 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RIVASTIGMINE TARTRATE	Rivastigmine Tartrate Cap 4.5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RIVASTIGMINE TARTRATE	Rivastigmine Tartrate Cap 6 MG	Maximum Daily Dosage = 2 units
Daily Dosage	RIVASTIGMINE TRANSDERMALSYSTEM	Rivastigmine TD Patch 24HR 4.6 MG/24HR	Maximum Daily Dosage = 1 units
Daily Dosage	RIVASTIGMINE TRANSDERMALSYSTEM	Rivastigmine TD Patch 24HR 9.5 MG/24HR	Maximum Daily Dosage = 1 units
Daily Dosage	ROBINUL	Glycopyrrolate Inj 4 MG/20ML (0.2 MG/ML)	Maximum Daily Dosage = 4 units
Daily Dosage	ROBINUL FORTE	Glycopyrrolate Tab 2 MG	Maximum Daily Dosage = 4 units
Daily Dosage	ROPINIROLE HCL	Ropinirole Hydrochloride Tab 0.5 MG	Maximum Daily Dosage = 3 units
Daily Dosage	ROPINIROLE HCL	Ropinirole Hydrochloride Tab 1 MG	Maximum Daily Dosage = 3 units
Daily Dosage	ROPINIROLE HCL	Ropinirole Hydrochloride Tab 2 MG	Maximum Daily Dosage = 3 units
Daily Dosage	ROPINIROLE HCL	Ropinirole Hydrochloride Tab 5 MG	Maximum Daily Dosage = 3 units
Daily Dosage	ROPINIROLE HCL	Ropinirole Hydrochloride Tab 0.25 MG	Maximum Daily Dosage = 6 units
Daily Dosage	ROPINIROLE HCL	Ropinirole Hydrochloride Tab 3 MG	Maximum Daily Dosage = 6 units
Daily Dosage	ROPINIROLE HCL	Ropinirole Hydrochloride Tab 4 MG	Maximum Daily Dosage = 6 units
Daily Dosage	ROSUVASTATIN CALCIUM	Rosuvastatin Calcium Tab 40 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ROSUVASTATIN CALCIUM	Rosuvastatin Calcium Tab 5 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ROSUVASTATIN CALCIUM	Rosuvastatin Calcium Tab 10 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ROSUVASTATIN CALCIUM	Rosuvastatin Calcium Tab 20 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ROWEEPR	Levetiracetam Tab 1000 MG	Maximum Daily Dosage = 3 units
Daily Dosage	ROWEEPR	Levetiracetam Tab 750 MG	Maximum Daily Dosage = 4 units
Daily Dosage	ROXICET	Oxycodone w/ Acetaminophen Tab 5-325 MG	Maximum Daily Dosage = 12 units
Daily Dosage	ROXICODONE	Oxycodone HCl Tab 5 MG	Maximum Daily Dosage = 6 units
Daily Dosage	ROXICODONE	Oxycodone HCl Tab 15 MG	Maximum Daily Dosage = 6 units
Daily Dosage	ROXICODONE	Oxycodone HCl Tab 30 MG	Maximum Daily Dosage = 6 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	SABRIL	Vigabatrin Tab 500 MG	Maximum Daily Dosage = 6 units
Daily Dosage	SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	SAFETY INSULIN SYRINGES 1ML/27GX1/2"	Insulin Syringe/Needle U-100 1 ML 27 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SAFETY INSULIN SYRINGES 1ML/29GX1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SAFETY INSULIN SYRINGES 1ML/30GX1/2"	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SAFETY-GLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SALAGEN	Pilocarpine HCl Tab 5 MG	Maximum Daily Dosage = 6 units
Daily Dosage	SAPHRIS	Asenapine Maleate SL Tab 5 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	SAPHRIS	Asenapine Maleate SL Tab 10 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	SAVELLA	Milnacipran HCl Tab 12.5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SAVELLA	Milnacipran HCl Tab 25 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SAVELLA	Milnacipran HCl Tab 50 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SAVELLA	Milnacipran HCl Tab 100 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SAVISION	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SB ALLERGY MEDICINE	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	SB ALLERGY RELIEF/NASAL DECONGESTANT	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	SB CALCIUM + D	Calcium Carbonate-Vitamin D Tab 600 MG-200 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	SB NAPROXEN SODIUM	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	SB OMEPRAZOLE	Omeprazole Delayed Release Tab 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SB SLEEP	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	SCHNUCKS INSULIN SYRINGEULTI-FINE/U-100/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SCHNUCKS INSULIN SYRINGEULTI-FINE/U-100/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	SCLEREX	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SELZENTRY	Maraviroc Tab 150 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SELZENTRY	Maraviroc Tab 300 MG	Maximum Daily Dosage = 4 units
Daily Dosage	SE-NATAL 19	*Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	SE-NATAL 19	*Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	SENIOR MULTIVITAMIN PLUS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SENIOR TABS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SENNA/DOCUSATE SODIUM	Sennosides-Docusate Sodium Tab 8.6-50 MG	Maximum Daily Dosage = 4 units
Daily Dosage	SENOKOT S	Sennosides-Docusate Sodium Tab 8.6-50 MG	Maximum Daily Dosage = 4 units
Daily Dosage	SENTRY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SENTRY ADULTS UNDER 50	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SENTRY SENIOR	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SENTRY SENIOR/LUTEIN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SEREVENT DISKUS	Salmeterol Xinafoate Aer Pow BA 50 MCG/DOSE (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	SEROQUEL	Quetiapine Fumarate Tab 25 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SEROQUEL	Quetiapine Fumarate Tab 50 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SEROQUEL	Quetiapine Fumarate Tab 100 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SEROQUEL	Quetiapine Fumarate Tab 200 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SEROQUEL	Quetiapine Fumarate Tab 300 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SEROQUEL	Quetiapine Fumarate Tab 400 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SEROQUEL	Quetiapine Fumarate Tab 25 MG	Maximum Daily Dosage = 6 units
Daily Dosage	SEROQUEL	Quetiapine Fumarate Tab 50 MG	Maximum Daily Dosage = 8 units
Daily Dosage	SEROQUEL XR	Quetiapine Fumarate Tab SR 24HR 150 MG	Maximum Daily Dosage = 1 units
Daily Dosage	SEROQUEL XR	Quetiapine Fumarate Tab SR 24HR 200 MG	Maximum Daily Dosage = 1 units
Daily Dosage	SEROQUEL XR	Quetiapine Fumarate Tab SR 24HR 300 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SEROQUEL XR	Quetiapine Fumarate Tab SR 24HR 400 MG	Maximum Daily Dosage = 2 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	SERTRALINE HCL	Sertraline HCl Oral Conc 20 MG/ML	Maximum Daily Dosage = 10 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	SERTRALINE HCL	Sertraline HCl Tab 100 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	SERTRALINE HCL	Sertraline HCl Tab 50 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	SERTRALINE HCL	Sertraline HCl Tab 25 MG	Maximum Daily Dosage = 8 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	SHOPKO ALLERGY RELIEF-D	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	SHOPKO ALLERGY RELIEF-D	Cetirizine-Pseudoephedrine Tab ER 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SHOPKO ALLERGY RELIEF-D	Loratadine & Pseudoephedrine Tab SR 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SHOPKO NASAL DECONGESTANT	Pseudoephedrine HCl Tab SR 12HR 120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	SIDEROL	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SIGTAB	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SILDENAFIL	Sildenafil Citrate Tab 20 MG	Maximum Daily Dosage = 3 units
Daily Dosage	SILDENAFIL CITRATE	Sildenafil Citrate Tab 20 MG	Maximum Daily Dosage = 3 units
Daily Dosage	SIMPLY SLEEP	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	SIMVASTATIN	Simvastatin Tab 80 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	SIMVASTATIN	Simvastatin Tab 5 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	SIMVASTATIN	Simvastatin Tab 10 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	SIMVASTATIN	Simvastatin Tab 20 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	SIMVASTATIN	Simvastatin Tab 40 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	SINGULAIR	Montelukast Sodium Tab 10 MG (Base Equiv)	Maximum Daily Dosage = 1 units
Daily Dosage	SINGULAIR	Montelukast Sodium Chew Tab 4 MG (Base Equiv)	Maximum Daily Dosage = 1 units
Daily Dosage	SINGULAIR	Montelukast Sodium Chew Tab 5 MG (Base Equiv)	Maximum Daily Dosage = 1 units
Daily Dosage	SINGULAIR	Montelukast Sodium Oral Granules Packet 4 MG (Base Equiv)	Maximum Daily Dosage = 1 units
Daily Dosage	SINUS & ALLERGY 12 HOUR	Pseudoephedrine HCl Tab SR 12HR 120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SLEEP AID	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	SLEEP II	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	SLEEP TABS	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	SLEEP-TABS	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	SM 12 HOUR SINUS DECONGESTANT	Pseudoephedrine HCl Tab SR 12HR 120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SM ALL DAY ALLERGY	Cetirizine HCl Tab 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	SM ALL DAY ALLERGY-D	Cetirizine-Pseudoephedrine Tab ER 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SM ALL DAY PAIN RELIEF	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	SM ALLERGY RELIEF	Clemastine Fumarate Tab 1.34 MG (1 MG Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	SM ALLERGY RELIEF	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	SM ANIMAL SHAPES KIDS FIRST	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SM ANTIOXIDANT VITAMINS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SM CALCIUM 600/VITAMIN D	Calcium Carbonate-Vitamin D Tab 600 MG-400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	SM COMPLETE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SM COMPLETE 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SM COMPLETE 50+ ULTIMATEMENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	SM COMPLETE 50+ ULTIMATEWOMENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SM COMPLETE ADVANCED FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SM COMPLETE SENIOR FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SM DAILY DIET SUPPORT	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SM HAIR/SKIN/NAILS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SM INSULIN SYRINGE/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	SM INSULIN SYRINGE/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	SM INSULIN SYRINGE/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	SM INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	SM INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SM INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SM INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	SM INSULIN SYRINGE/U-100/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SM INSULIN SYRINGE/U-100/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SM LANSOPRAZOLE	Lansoprazole Cap Delayed Release 15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SM LAXATIVE	Bisacodyl Suppos 10 MG	Maximum Daily Dosage = 0.4 units
Daily Dosage	SM LAXATIVE	Bisacodyl Tab Delayed Release 5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	SM LORATA-DINE D	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	SM LORATADINE D 12HR	Loratadine & Pseudoephedrine Tab SR 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SM MILK OF MAGNESIA	Magnesium Hydroxide Susp 400 MG/5ML	Maximum Daily Dosage = 36.34 units
Daily Dosage	SM MULTIPLE VITAMINS ESSENTIAL	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SM MULTIPLE VITAMINS/IRON	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SM NAPROXEN SODIUM	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	SM NIGHTTIME SLEEP AID	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	SM OMEPRAZOLE	Omeprazole Delayed Release Tab 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SM ONE DAILY MENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SM ONE DAILY WOMENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SM OPTI-VITAMINS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SM SLEEP AID NIGHT TIME	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	SM VITAMIN E	Vitamin E Cap 200 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	SM VITAMIN E	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	SM VITAMIN E BLENDED	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	SMART DIABETES VANTAGE UNIVERSAL LANCETS 30G	*Lancets***	Maximum Daily Dosage = 6.67 units
Daily Dosage	SMART DIABETES XPRES BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	SMART SENSE PREMIUM BLOODGLUCOSE STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	SMART SENSE VALUE BLOOD GLUCOSE STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	SMARTEST BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	SMOOTH LAX	Polyethylene Glycol 3350 Oral Powder	Maximum Daily Dosage = 34 units
Daily Dosage	SODIUM BICARBONATE	Sodium Bicarbonate Tab 325 MG	Maximum Daily Dosage = 16.54 units
Daily Dosage	SODIUM CHLORIDE BACTERIOSTATIC	Saline Injection Bacteriostatic	Maximum Daily Dosage = 334 units
Daily Dosage	SOLIA	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	SOLO	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SOLUS V2 AUDIBLE TEST	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	SOMINEX	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	SONATA	Zaleplon Cap 5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	SONATA	Zaleplon Cap 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	SORIATANE	Acitretin Cap 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	SORIATANE	Acitretin Cap 17.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	SORIATANE	Acitretin Cap 25 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SOTALOL HCL	Sotalol HCl Tab 80 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	SOTALOL HCL	Sotalol HCl Tab 120 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	SOTALOL HCL	Sotalol HCl Tab 160 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	SOTALOL HCL (AF)	Sotalol HCl (AFIB/AFL) Tab 120 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	SOTALOL HCL (AF)	Sotalol HCl (AFIB/AFL) Tab 160 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	SOTALOL HYDROCHLORIDE (AF)	Sotalol HCl (AFIB/AFL) Tab 80 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	SOTALOL HYDROCHLORIDE (AF)	Sotalol HCl (AFIB/AFL) Tab 120 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	SOTALOL HYDROCHLORIDE (AF)	Sotalol HCl (AFIB/AFL) Tab 160 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	SPIRIVA HANDIHALER	Tiotropium Bromide Monohydrate Inhal Cap 18 MCG (Base Equiv)	Maximum Daily Dosage = 1 units
Daily Dosage	SPORANOX	Itraconazole Cap 100 MG	Maximum Daily Dosage = 1 units
Daily Dosage	SPORANOX PULSEPAK	Itraconazole Cap 100 MG	Maximum Daily Dosage = 1 units
Daily Dosage	STARLIX	Nateglinide Tab 60 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	STARLIX	Nateglinide Tab 120 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	STAVUDINE	Stavudine Cap 15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	STAVUDINE	Stavudine Cap 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	STAVUDINE	Stavudine Cap 30 MG	Maximum Daily Dosage = 2 units
Daily Dosage	STAVUDINE	Stavudine Cap 40 MG	Maximum Daily Dosage = 2 units
Daily Dosage	STAVUDINE	Stavudine For Oral Soln 1 MG/ML	Maximum Daily Dosage = 80 units
Daily Dosage	STOOL SOFTENER	Docusate Sodium Cap 100 MG	Maximum Daily Dosage = 3 units
Daily Dosage	STRATTERA	Atomoxetine HCl Cap 10 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	STRATTERA	Atomoxetine HCl Cap 18 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	STRATTERA	Atomoxetine HCl Cap 25 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	STRATTERA	Atomoxetine HCl Cap 40 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	STRATTERA	Atomoxetine HCl Cap 60 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	STRATTERA	Atomoxetine HCl Cap 80 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	STRATTERA	Atomoxetine HCl Cap 100 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	STRESS 500 B-COMPLEX/ZINC	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	STRESS B COMPLEX/IRON	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	STRESS B-COMPLEX/C/ZINC	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	STRESS FORMULA	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	STRESS FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	STRESS FORMULA W/IRON	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	STRESS FORMULA/IRON	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	STRESS FORMULA/IRON	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	STRESS FORMULA/ZINC	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	STRESSTABS ADVANCED	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	STRESSTABS ENERGY	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	STROVITE FORTE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	STROVITE ONE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	STROVITE PLUS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SUBOXONE	Buprenorphine HCl-Naloxone HCl SL Film 2-0.5 MG (Base Equiv)	Maximum Daily Dosage = 3 units
Daily Dosage	SUBOXONE	Buprenorphine HCl-Naloxone HCl SL Film 8-2 MG (Base Equiv)	Maximum Daily Dosage = 3 units
Daily Dosage	SUCRALFATE	Sucralfate Tab 1 GM	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	SUDAFED 12 HOUR	Pseudoephedrine HCl Tab SR 12HR 120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SUDOGEST 12 HOUR	Pseudoephedrine HCl Tab SR 12HR 120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SUNVITE ACTIVE ADULT 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SUNVITE ADVANCED	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SUPER 28 FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SUPER ANTIOXIDANT	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SUPER ANTIOXIDANT/A/C/E/SELENIUM	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SUPER AYTINAL 50 PLUS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SUPER AYTINAL FOR ACTIVEADULTS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SUPER B WITH C	*B-Complex w/ C Cap**	Maximum Daily Dosage = 1 units
Daily Dosage	SUPER CALCIUM 600 + D3	Calcium Carbonate-Vitamin D Tab 600 MG-400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	SUPER CALCIUM 600+D 400	Calcium Carbonate-Vitamin D Tab 600 MG-400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	SUPER CALCIUM 600+D3 400	Calcium Carbonate-Vitamin D Tab 600 MG-400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	SUPER MULTIPLE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SUPER NU-THERA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SUPER THERA VITE M	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SUPER VIKAPS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SUPER VITA-MINS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SUPERB NAILS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SUPREME TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31GX1/4"	Insulin Syringe/Needle U-100 0.3 ML 31 x 1/4" (6 MM)	Maximum Daily Dosage = 5 units
Daily Dosage	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	SURE COMFORT INSULIN SYRINGES/0.5ML/31G X 6MM	Insulin Syringe/Needle U-100 0.5 ML 31 x 1/4" (6 MM)	Maximum Daily Dosage = 5 units
Daily Dosage	SURE COMFORT INSULIN SYRINGES/U-100/1ML/31GX6MM	Insulin Syringe/Needle U-100 1 ML 31 x 1/4" (6 MM)	Maximum Daily Dosage = 5 units
Daily Dosage	SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM	Insulin Pen Needle 29 G X 12.7 MM	Maximum Daily Dosage = 5 units
Daily Dosage	SURE COMFORT PEN NEEDLES30GX5/16" SHORT	Insulin Pen Needle 30 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	SURE COMFORT PEN NEEDLES32GX5/32"	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	SURE COMFORT PEN NEEDLES32GX6MM	Insulin Pen Needle 32 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	SURE EDGE BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	SURE GUARD ANTI-OXIDANT PLUS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SURE GUARD MULTI VITAMIN/MINERAL	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	SURECHEK BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM	Insulin Pen Needle 29 G X 12.7 MM	Maximum Daily Dosage = 5 units
Daily Dosage	SURE-FINE PEN NEEDLES 31GX3/16" 5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	SURE-FINE PEN NEEDLES 31GX5/16" 8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	SURESTEP PRO TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	SURESTEP TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	SURE-TEST EASYPLUS MINI BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	SUSTIVA	Efavirenz Tab 600 MG	Maximum Daily Dosage = 1 units
Daily Dosage	SUSTIVA	Efavirenz Cap 200 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SUSTIVA	Efavirenz Cap 50 MG	Maximum Daily Dosage = 3 units
Daily Dosage	SW ALLERGY RELIEF-D	Cetirizine-Pseudoephedrine Tab ER 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SW OMEPRAZOLE	Omeprazole Delayed Release Tab 20 MG	Maximum Daily Dosage = 2 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	SW SUPHEDRINE 12 HOUR NASAL DECONGESTANT	Pseudoephedrine HCl Tab SR 12HR 120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	SYMBYAX	Olanzapine-Fluoxetine HCl Cap 3-25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	SYMBYAX	Olanzapine-Fluoxetine HCl Cap 6-25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	SYMBYAX	Olanzapine-Fluoxetine HCl Cap 6-50 MG	Maximum Daily Dosage = 1 units
Daily Dosage	SYMBYAX	Olanzapine-Fluoxetine HCl Cap 12-25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	SYMBYAX	Olanzapine-Fluoxetine HCl Cap 12-50 MG	Maximum Daily Dosage = 1 units
Daily Dosage	SYMLINPEN 120	Pramlintide Acetate Pen-inj 2700 MCG/2.7ML (1000 MCG/ML)	Maximum Daily Dosage = 0.36 units
Daily Dosage	TAB-A-VITE	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	TAB-A-VITE MAXIMUM	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	TAB-A-VITE W/BETA CAROTENE	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	TAB-A-VITE/IRON	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	TAGAMET HB	Cimetidine Tab 200 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	TAMIFLU	Oseltamivir Phosphate For Susp 6 MG/ML (Base Equiv)	Maximum Daily Dosage = 25 units
Daily Dosage	TAMSULOSIN HCL	Tamsulosin HCl Cap 0.4 MG	Maximum Daily Dosage = 2 units
Daily Dosage	TARKA	Trandolapril-Verapamil HCl Tab CR 1-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TARKA	Trandolapril-Verapamil HCl Tab CR 2-180 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TARKA	Trandolapril-Verapamil HCl Tab CR 2-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TARKA	Trandolapril-Verapamil HCl Tab CR 4-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TAVIST ALLERGY	Clemastine Fumarate Tab 1.34 MG (1 MG Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	TECHLITE PEN NEEDLES 29GX 12 MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	TECHLITE PEN NEEDLES 31GX 5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	TECHLITE PEN NEEDLES/31GX 5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	TECHLITE PEN NEEDLES/31GX 6 MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	TECHLITE PEN NEEDLES/31GX 8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	TECHLITE PEN NEEDLES/32GX 4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	TECHLITE PEN NEEDLES/32GX 6MM	Insulin Pen Needle 32 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	TEGRETOL-XR	Carbamazepine Tab SR 12HR 400 MG	Maximum Daily Dosage = 4 units
Daily Dosage	TEGRETOL-XR	Carbamazepine Tab SR 12HR 200 MG	Maximum Daily Dosage = 6 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	TEKTURNA	Aliskiren Fumarate Tab 300 MG (Base Equivalent)	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	TEKTURNA	Aliskiren Fumarate Tab 150 MG (Base Equivalent)	Maximum Daily Dosage = 2 units
Daily Dosage	TEKTURNA HCT	Aliskiren-Hydrochlorothiazide Tab 300-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TEKTURNA HCT	Aliskiren-Hydrochlorothiazide Tab 300-25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TEKTURNA HCT	Aliskiren-Hydrochlorothiazide Tab 150-12.5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	TEKTURNA HCT	Aliskiren-Hydrochlorothiazide Tab 150-25 MG	Maximum Daily Dosage = 2 units
Daily Dosage	TELCARE BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	TELMISARTAN	Telmisartan Tab 80 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	TELMISARTAN	Telmisartan Tab 40 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	TELMISARTAN/AMLODIPINE	Telmisartan-Amlodipine Tab 40-5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TELMISARTAN/AMLODIPINE	Telmisartan-Amlodipine Tab 40-10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TELMISARTAN/AMLODIPINE	Telmisartan-Amlodipine Tab 80-5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TELMISARTAN/AMLODIPINE	Telmisartan-Amlodipine Tab 80-10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TELMISARTAN/HYDROCHLOROTHIAZIDE	Telmisartan-Hydrochlorothiazide Tab 40-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TELMISARTAN/HYDROCHLOROTHIAZIDE	Telmisartan-Hydrochlorothiazide Tab 80-25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TELMISARTAN/HYDROCHLOROTHIAZIDE	Telmisartan-Hydrochlorothiazide Tab 80-12.5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	TEMAZEPAM	Temazepam Cap 15 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TEMAZEPAM	Temazepam Cap 30 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TERBINAFINE HCL	Terbinafine HCl Tab 250 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 120 days
Daily Dosage	TERUMO INSULIN SYRINGE/0.3ML/30G X 3/8"	Insulin Syringe/Needle U-100 0.3 ML 30 x 3/8"	Maximum Daily Dosage = 5 units
Daily Dosage	TERUMO INSULIN SYRINGE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	TERUMO INSULIN SYRINGE/0.5ML/30G X 3/8"	Insulin Syringe/Needle U-100 1/2 ML 30 x 3/8"	Maximum Daily Dosage = 5 units
Daily Dosage	TERUMO INSULIN SYRINGE/1ML/27G X 1/2"	Insulin Syringe/Needle U-100 1 ML 27 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	TERUMO INSULIN SYRINGE/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	TERUMO INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	TERUMO INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 27 x 1/2"	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	TERUMO INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	TERUMO INSULIN SYRINGE/U-100/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	TERUMO SURGUARD INSULIN SYRINGE/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	TERUMO SURGUARD INSULIN SYRINGE/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	TERUMO SURGUARD INSULIN SYRINGE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	TERUMO SURGUARD INSULIN SYRINGE/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	TERUMO SURGUARD INSULIN SYRINGE/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	TGT 12 HOUR NASAL DECONGESTANT	Pseudoephedrine HCl Tab SR 12HR 120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	TGT ACID REDUCER	Famotidine Tab 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	TGT ALL DAY ALLERGY-D	Cetirizine-Pseudoephedrine Tab ER 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	TGT ALLERGY & CONGESTIONRELIEF	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TGT ALLERGY RELIEF	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	TGT ALLERGY/CONGESTION RELIEF	Loratadine & Pseudoephedrine Tab SR 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	TGT ALLERGY+ CONGESTION RELIEF-D	Cetirizine-Pseudoephedrine Tab ER 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	TGT BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	TGT BLOOD GLUCOSE TEST STRIPS PREMIUM	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	TGT MULTIVITAMIN/MULTIMINERAL ADULTS/LYCOPENE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	TGT MULTIVITAMIN/MULTIMINERAL/ADULT	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	TGT NAPROXEN SODIUM	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	TGT NIGHTTIME SLEEP AID	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TGT OMEPRAZOLE	Omeprazole Delayed Release Tab 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	TGT SINUS 12 HOUR	Pseudoephedrine HCl Tab SR 12HR 120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	TH 12 HOUR DECONGESTANT	Pseudoephedrine HCl Tab SR 12HR 120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	TH ALLERGY RELIEF	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	TH ANTI-DIARRHEAL	Loperamide HCl Tab 2 MG	Maximum Daily Dosage = 2 units
Daily Dosage	TH B COMPLEX/IRON/VITAMIN C/VITAMIN E	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	TH CALCIUM 600/VITAMIN D	Calcium Carbonate-Vitamin D Tab 600 MG-400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	TH CETIRIZINE HCL	Cetirizine HCl Tab 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TH CHILDRENS CHEWABLE MULTI VITAMINS	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	TH COMPLETE MULTI	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	TH COMPLETE MULTI 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	TH DAILY MULTIPLE VITAMINS	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	TH DAILY MULTIPLE VITAMINS/IRON	*Multiple Vitamins w/ Iron Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	TH FAMOTIDINE 10	Famotidine Tab 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	TH GENTLE LAXATIVE	Bisacodyl Tab Delayed Release 5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TH LORATADINE-D	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TH NAPROXEN	Naproxen Sodium Tab 220 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	TH PREMIUM DAILY MULTIPLE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	TH REST SIMPLY	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TH SLEEP AID	Diphenhydramine HCl (Sleep) Tab 25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TH STOOL SOFTENER	Docusate Sodium Cap 100 MG	Maximum Daily Dosage = 3 units
Daily Dosage	TH STOOL SOFTENER PLUS LAXATIVE	Sennosides-Docusate Sodium Tab 8.6-50 MG	Maximum Daily Dosage = 4 units
Daily Dosage	TH THERADEX-M	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	TH VISION VITAMINS/LUTEIN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	TH VITAMIN E	Vitamin E Cap 200 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	TH VITAMIN E	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	TH VITAMIN E/D-ALPHA	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	TH WOMANS LAXATIVE	Bisacodyl Tab Delayed Release 5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TH WOMENS DAILY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THE MAGIC BULLET	Bisacodyl Suppos 10 MG	Maximum Daily Dosage = 0.4 units
Daily Dosage	THERA	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THERA M PLUS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THERA VITAL M	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THERA VITAL-M	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THERABASIC-M	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THERABETIC MULTI-VITAMIN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THERADEX "M"	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THERADEX "M"/BETA CAROTENE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THERAGRAN-M	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THERAGRAN-M ADVANCED	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	THERAGRAN-M ADVANCED 50 PLUS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THERAGRAN-M PREMIER	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THERAGRAN-M PREMIER 50 PLUS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THERA-M	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THERA-MILL	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THERA-MILL M	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THERANATAL CORE NUTRITION	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	THERAPEUTIC	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THERAPEUTIC FORMULA/HEMATINICS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THERAPEUTIC M	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THERAPEUTIC-M	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THERAPEUTIC-M/LUTEIN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THERA-TABS	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THERA-TABS M	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THERATRUM COMPLETE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THERATRUM COMPLETE 50 PLUS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THERAVIM-M	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THEREMS	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THEREMS-H	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THEREMS-M	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	THINPRO INSULIN SYRINGE/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	THINPRO INSULIN SYRINGE/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	THINPRO INSULIN SYRINGE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	THINPRO INSULIN SYRINGE/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	THINPRO INSULIN SYRINGE/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	THIORIDAZINE HCL	Thioridazine HCl Tab 10 MG	Maximum Daily Dosage = 3 units
Daily Dosage	THIORIDAZINE HCL	Thioridazine HCl Tab 25 MG	Maximum Daily Dosage = 3 units
Daily Dosage	THIORIDAZINE HCL	Thioridazine HCl Tab 50 MG	Maximum Daily Dosage = 3 units
Daily Dosage	THIORIDAZINE HCL	Thioridazine HCl Tab 100 MG	Maximum Daily Dosage = 3 units
Daily Dosage	THIOTHIXENE	Thiothixene Cap 1 MG	Maximum Daily Dosage = 3 units
Daily Dosage	THIOTHIXENE	Thiothixene Cap 2 MG	Maximum Daily Dosage = 3 units
Daily Dosage	THIOTHIXENE	Thiothixene Cap 5 MG	Maximum Daily Dosage = 3 units
Daily Dosage	THIOTHIXENE	Thiothixene Cap 10 MG	Maximum Daily Dosage = 3 units
Daily Dosage	THRIVE FOR LIFE WOMENS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	THRIVITE 19	*Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	THRIVITE RX	*Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	TIAZAC	Diltiazem HCl Extended Release Beads Cap SR 24HR 120 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	TIAZAC	Diltiazem HCl Extended Release Beads Cap SR 24HR 180 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	TIAZAC	Diltiazem HCl Extended Release Beads Cap SR 24HR 240 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	TIAZAC	Diltiazem HCl Extended Release Beads Cap SR 24HR 300 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	TIAZAC	Diltiazem HCl Extended Release Beads Cap SR 24HR 360 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	TIAZAC	Diltiazem HCl Extended Release Beads Cap SR 24HR 420 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	TOLAZAMIDE	Tolazamide Tab 250 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	TOLAZAMIDE	Tolazamide Tab 500 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	TOLBUTAMIDE	Tolbutamide Tab 500 MG	Maximum Daily Dosage = 6 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	TOLTERODINE TARTRATE	Tolterodine Tartrate Tab 1 MG	Maximum Daily Dosage = 2 units
Daily Dosage	TOLTERODINE TARTRATE	Tolterodine Tartrate Tab 2 MG	Maximum Daily Dosage = 2 units
Daily Dosage	TOLTERODINE TARTRATE ER	Tolterodine Tartrate Cap SR 24HR 4 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TOLTERODINE TARTRATE ER	Tolterodine Tartrate Cap SR 24HR 2 MG	Maximum Daily Dosage = 2 units
Daily Dosage	TOPAMAX	Topiramate Tab 100 MG	Maximum Daily Dosage = 3 units
Daily Dosage	TOPAMAX	Topiramate Tab 200 MG	Maximum Daily Dosage = 8 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	TOPAMAX SPRINKLE	Topiramate Sprinkle Cap 15 MG	Maximum Daily Dosage = 6 units
Daily Dosage	TOPAMAX SPRINKLE	Topiramate Sprinkle Cap 25 MG	Maximum Daily Dosage = 8 units
Daily Dosage	TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	TOPCO INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	TOPCO INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	TOPCO INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	TOPCO INSULIN SYRINGE/U-100/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	TOPCO INSULIN SYRINGE/U-100/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	TOPIRAMATE	Topiramate Tab 100 MG	Maximum Daily Dosage = 3 units
Daily Dosage	TOPIRAMATE	Topiramate Sprinkle Cap 15 MG	Maximum Daily Dosage = 6 units
Daily Dosage	TOPIRAMATE	Topiramate Tab 200 MG	Maximum Daily Dosage = 8 units
Daily Dosage	TOPIRAMATE	Topiramate Sprinkle Cap 25 MG	Maximum Daily Dosage = 8 units
Daily Dosage	TOPROL XL	Metoprolol Succinate Tab SR 24HR 200 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	TORSEMIDE	Torsemide Tab 20 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	TOTAL ALLERGY	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	TOTAL FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	TOTAL FORMULA 2	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	TOTAL FORMULA 3	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	TRADJENTA	Linagliptin Tab 5 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	TRAMADOL HCL	Tramadol HCl Tab 50 MG	Maximum Daily Dosage = 8 units
Daily Dosage	TRAMADOL HCL ER	Tramadol HCl Tab SR 24HR 100 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TRAMADOL HCL ER	Tramadol HCl Tab SR 24HR 200 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TRAMADOL HCL ER	Tramadol HCl Tab SR 24HR 300 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TRAMADOL HCL ER	Tramadol HCl Tab ER 24HR Biphasic Release 100 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TRAMADOL HCL ER	Tramadol HCl Tab ER 24HR Biphasic Release 200 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TRAMADOL HCL ER	Tramadol HCl Tab ER 24HR Biphasic Release 300 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	Tramadol-Acetaminophen Tab 37.5-325 MG	Maximum Daily Dosage = 4 units
Daily Dosage	TRANDATE	Labetalol HCl Tab 100 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	TRANDATE	Labetalol HCl Tab 200 MG	Maximum Daily Dosage = 6 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	TRANDATE	Labetalol HCl Tab 300 MG	Maximum Daily Dosage = 8 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	TRANDOLAPRIL	Trandolapril Tab 1 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	TRANDOLAPRIL	Trandolapril Tab 2 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	TRANDOLAPRIL	Trandolapril Tab 4 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	TRANDOLAPRIL/VERAPAMIL HCL ER	Trandolapril-Verapamil HCl Tab CR 1-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TRANDOLAPRIL/VERAPAMIL HCL ER	Trandolapril-Verapamil HCl Tab CR 2-180 MG	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	TRANDOLAPRIL/VERAPAMIL HCL ER	Trandolapril-Verapamil HCl Tab CR 2-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TRANDOLAPRIL/VERAPAMIL HCL ER	Trandolapril-Verapamil HCl Tab CR 4-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TRANXENE T	Clorazepate Dipotassium Tab 3.75 MG	Maximum Daily Dosage = 3 units
Daily Dosage	TRANXENE T	Clorazepate Dipotassium Tab 7.5 MG	Maximum Daily Dosage = 3 units
Daily Dosage	TRANXENE T	Clorazepate Dipotassium Tab 15 MG	Maximum Daily Dosage = 3 units
Daily Dosage	TRANLYCYPROMINE SULFATE	Tranlycypromine Sulfate Tab 10 MG	Maximum Daily Dosage = 6 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	TRAZODONE HCL	Trazodone HCl Tab 50 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	TRIADVANCE	*Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	TRIAMTERENE/HYDROCHLOROTHIAZIDE	Triamterene & Hydrochlorothiazide Cap 50-25 MG	
Daily Dosage	TRIAZOLAM	Triazolam Tab 0.125 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TRIAZOLAM	Triazolam Tab 0.25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TRIBENZOR	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 20-5-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TRIBENZOR	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TRIBENZOR	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TRIBENZOR	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-12.5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TRIBENZOR	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-25 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TRICARE	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	TRIFLUOPERAZINE HCL	Trifluoperazine HCl Tab 1 MG	Maximum Daily Dosage = 3 units
Daily Dosage	TRIFLUOPERAZINE HCL	Trifluoperazine HCl Tab 2 MG	Maximum Daily Dosage = 3 units
Daily Dosage	TRIFLUOPERAZINE HCL	Trifluoperazine HCl Tab 5 MG	Maximum Daily Dosage = 3 units
Daily Dosage	TRIFLUOPERAZINE HCL	Trifluoperazine HCl Tab 10 MG	Maximum Daily Dosage = 3 units
Daily Dosage	TRILEPTAL	Oxcarbazepine Tab 600 MG	Maximum Daily Dosage = 4 units
Daily Dosage	TRILEPTAL	Oxcarbazepine Susp 300 MG/5ML (60 MG/ML)	Maximum Daily Dosage = 40 units
Daily Dosage	TRILIPIX	Choline Fenofibrate Cap DR 135 MG (Fenofibric Acid Equiv)	Maximum Daily Dosage = 1 units
Daily Dosage	TRINATAL GT	*Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	TRIPHROCAPS	*B-Complex w/ C & Folic Acid Cap 1 MG***	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	TRIPLE-VITAMIN/FLUORIDE	*Pediatric Vitamins ACD w/ Fluoride Soln 0.25 MG/ML***	Maximum Daily Dosage = 1.67 units
Daily Dosage	TRI-ZEL	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	TRIZIVIR	Abacavir Sulfate-Lamivudine-Zidovudine Tab 300-150-300 MG	Maximum Daily Dosage = 2 units
Daily Dosage	TROSPIUM CHLORIDE	Trospium Chloride Tab 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	TRUE METRIX BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	TRUEPLUS DIABETIC MULTIVITAMIN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	TRUEPLUS PEN NEEDLES 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	TRUEPLUS PEN NEEDLES 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	TRUEPLUS PEN NEEDLES 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	TRUEPLUS PEN NEEDLES 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	TRUEPLUS PEN NEEDLES 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	TRUETEST BLOOD GLUCOSE TEST	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	TRUETEST BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	TRUETEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	TRUETRACK BLOOD GLUCOSE TEST	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	TRUETRACK TEST	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	TRUVADA	Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG	Maximum Daily Dosage = 1 units
Daily Dosage	T-VITES	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	TWYNSTA	Telmisartan-Amlodipine Tab 40-5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TWYNSTA	Telmisartan-Amlodipine Tab 40-10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TWYNSTA	Telmisartan-Amlodipine Tab 80-5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TWYNSTA	Telmisartan-Amlodipine Tab 80-10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	TYLENOL/CODEINE #3	Acetaminophen w/ Codeine Tab 300-30 MG	Maximum Daily Dosage = 12 units
Daily Dosage	TYLENOL/CODEINE #4	Acetaminophen w/ Codeine Tab 300-60 MG	Maximum Daily Dosage = 6 units
Daily Dosage	TYZEKA	Telbivudine Tab 600 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE MICRO PEN NEEDLES 31G X 8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE MICRO PEN NEEDLES 32G X 4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE MICRO PEN NEEDLES/32G X 4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE MINI PEN NEEDLES 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE MINI PEN NEEDLES ULTI-FINE IV	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	ULTICARE MINI PEN NEEDLES/31G X 6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE MINI PEN NEEDLES/31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE PEN NEEDLES/29GX 12.7MM	Insulin Pen Needle 29 G X 12.7 MM	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE SHORT PEN NEEDLES 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE SHORT PEN NEEDLES/31G X 8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	Insulin Syringe/Needle U-100 0.3 ML 31 x 1/4" (6 MM)	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	Insulin Syringe/Needle U-100 0.3 ML 31 x 1/4" (6 MM)	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE U-100 INSULIN SYRINGES/0.5ML/31G X 1/4"	Insulin Syringe/Needle U-100 0.5 ML 31 x 1/4" (6 MM)	Maximum Daily Dosage = 5 units
Daily Dosage	ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4"	Insulin Syringe/Needle U-100 1 ML 31 x 1/4" (6 MM)	Maximum Daily Dosage = 5 units
Daily Dosage	ULTILET INSULIN SYRINGE 31X6MM	Insulin Syringe/Needle U-100 0.3 ML 31 x 15/64"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTILET INSULIN SYRINGE 31X6MM	Insulin Syringe/Needle U-100 0.3 ML 31 x 1/4" (6 MM)	Maximum Daily Dosage = 5 units
Daily Dosage	ULTILET INSULIN SYRINGE/0.3ML/29G X 7/16"	Insulin Syringe/Needle U-100 0.3 ML 29 x 7/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTILET INSULIN SYRINGE/0.5ML/29G X 7/16"	Insulin Syringe/Needle U-100 1/2 ML 29 x 7/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTILET INSULIN SYRINGE/1ML/29G X 7/16"	Insulin Syringe/Needle U-100 1 ML 29 x 7/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTILET INSULIN SYRINGE/1ML/31G X 8MM	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM	Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTILET INSULIN SYRINGE/U-100/0.5ML/31GX6MM	Insulin Syringe/Needle U-100 1/2 ML 31 x 15/64"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTILET PEN NEEDLE 29GX12.7MM	Insulin Pen Needle 29 G X 12.7 MM	Maximum Daily Dosage = 5 units
Daily Dosage	ULTILET PEN NEEDLE 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	ULTILET PEN NEEDLE 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	ULTILET PEN NEEDLE 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	ULTILET PEN NEEDLE 32GX4MM/SHORT	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	ULTILET SHORT PEN NEEDLES 31GX5/16"	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	ULTILET SHORT PEN NEEDLES 31GX3/16"	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	ULTILET U-100 INSULIN SYRINGES/1ML/31G X 6MM	Insulin Syringe/Needle U-100 1 ML 31 x 1/4" (6 MM)	Maximum Daily Dosage = 5 units
Daily Dosage	ULTIMA TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ULTRA ANTIOXIDANT FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTRA FREEDA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ULTRA FREEDA/IRON	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ULTRA VITA-TIME	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ULTRACET	Tramadol-Acetaminophen Tab 37.5-325 MG	Maximum Daily Dosage = 4 units
Daily Dosage	ULTRACHOICE ADVANCED FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ULTRACHOICE ADVANCED FORMULA MATURE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTRAM	Tramadol HCl Tab 50 MG	Maximum Daily Dosage = 8 units
Daily Dosage	ULTRAM ER	Tramadol HCl Tab SR 24HR 100 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ULTRAM ER	Tramadol HCl Tab SR 24HR 200 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ULTRAM ER	Tramadol HCl Tab SR 24HR 300 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTRA-THIN II INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	ULTRA-THIN II MINI PEN NEEEDLES/31GX3/16"	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	ULTRA-THIN II PEN NEEDLES 29GX1/2"	Insulin Pen Needle 29 G X 12.7 MM	Maximum Daily Dosage = 5 units
Daily Dosage	ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16"	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	ULTRATRAK PRO TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	ULTRATRAK ULTIMATE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	UNICOMPLEX-M	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	UNIFINE PENTIPS 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	UNIFINE PENTIPS 31G X 3/16"	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	UNIFINE PENTIPS 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	UNIFINE PENTIPS 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	UNIFINE PENTIPS 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	UNIFINE PENTIPS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	UNIFINE PENTIPS PLUS 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	UNIFINE PENTIPS PLUS 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	UNIFINE PENTIPS PLUS 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	UNIFINE PENTIPS PLUS 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	UNIFINE PENTIPS PLUS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	UNISTrip1 GENERIC	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	UNIVASC	Moexipril HCl Tab 7.5 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	UNIVASC	Moexipril HCl Tab 15 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	URSO 250	Ursodiol Tab 250 MG	Maximum Daily Dosage = 7 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	URSODIOL	Ursodiol Cap 300 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	URSODIOL	Ursodiol Tab 250 MG	Maximum Daily Dosage = 7 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VALACYCLOVIR HCL	Valacyclovir HCl Tab 500 MG	Maximum Daily Dosage = 2 units
Daily Dosage	VALACYCLOVIR HCL	Valacyclovir HCl Tab 1000 MG	Maximum Daily Dosage = 4 units
Daily Dosage	VALCYTE	Valganciclovir HCl For Soln 50 MG/ML (Base Equiv)	Maximum Daily Dosage = 18 units
Daily Dosage	VALCYTE	Valganciclovir HCl Tab 450 MG	Maximum Daily Dosage = 4 units
Daily Dosage	VALGANCICLOVIR	Valganciclovir HCl Tab 450 MG	Maximum Daily Dosage = 4 units
Daily Dosage	VALIUM	Diazepam Tab 2 MG	Maximum Daily Dosage = 4 units
Daily Dosage	VALIUM	Diazepam Tab 5 MG	Maximum Daily Dosage = 4 units
Daily Dosage	VALIUM	Diazepam Tab 10 MG	Maximum Daily Dosage = 4 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	VALSARTAN	Valsartan Tab 40 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VALSARTAN	Valsartan Tab 80 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VALSARTAN	Valsartan Tab 160 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VALSARTAN	Valsartan Tab 320 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VALSARTAN/HYDROCHLOROTHIAZIDE	Valsartan-Hydrochlorothiazide Tab 320-12.5 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VALSARTAN/HYDROCHLOROTHIAZIDE	Valsartan-Hydrochlorothiazide Tab 80-12.5 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VALSARTAN/HYDROCHLOROTHIAZIDE	Valsartan-Hydrochlorothiazide Tab 160-12.5 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VALSARTAN/HYDROCHLOROTHIAZIDE	Valsartan-Hydrochlorothiazide Tab 160-25 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VALSARTAN/HYDROCHLOROTHIAZIDE	Valsartan-Hydrochlorothiazide Tab 320-25 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	VALUMARK PEN NEEDLES 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	VALUMARK PEN NEEDLES 31GX 6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	VALUMARK PEN NEEDLES 31GX 8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	VARIDIN	*B-Complex Vitamin Cap**	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	VELIVET	Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025MG-MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VENLAFAXINE HCL	Venlafaxine HCl Tab 25 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VENLAFAXINE HCL	Venlafaxine HCl Tab 37.5 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VENLAFAXINE HCL	Venlafaxine HCl Tab 50 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VENLAFAXINE HCL	Venlafaxine HCl Tab 75 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VENLAFAXINE HCL	Venlafaxine HCl Tab 100 MG	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VENLAFAXINE HCL ER	Venlafaxine HCl Cap SR 24HR 150 MG (Base Equivalent)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VENLAFAXINE HCL ER	Venlafaxine HCl Tab SR 24HR 150 MG (Base Equivalent)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VENLAFAXINE HCL ER	Venlafaxine HCl Tab SR 24HR 225 MG (Base Equivalent)	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VENLAFAXINE HCL ER	Venlafaxine HCl Cap SR 24HR 37.5 MG (Base Equivalent)	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VENLAFAXINE HCL ER	Venlafaxine HCl Tab SR 24HR 37.5 MG (Base Equivalent)	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VENLAFAXINE HCL ER	Venlafaxine HCl Cap SR 24HR 75 MG (Base Equivalent)	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VENLAFAXINE HCL ER	Venlafaxine HCl Tab SR 24HR 75 MG (Base Equivalent)	Maximum Daily Dosage = 3 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VERAPAMIL HCL ER	Verapamil HCl Tab CR 120 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	VERAPAMIL HCL ER	Verapamil HCl Tab CR 180 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VERAPAMIL HCL ER	Verapamil HCl Tab CR 240 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VERAPAMIL HCL ER	Verapamil HCl Cap SR 24HR 120 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VERAPAMIL HCL SR	Verapamil HCl Cap SR 24HR 120 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VERASENS BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	VERELAN	Verapamil HCl Cap SR 24HR 360 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VERELAN	Verapamil HCl Cap SR 24HR 120 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VERELAN	Verapamil HCl Cap SR 24HR 180 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VERELAN	Verapamil HCl Cap SR 24HR 240 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VESICARE	Solifenacin Succinate Tab 5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	VICODIN	Hydrocodone-Acetaminophen Tab 5-300 MG	Maximum Daily Dosage = 12 units
Daily Dosage	VICODIN ES	Hydrocodone-Acetaminophen Tab 7.5-300 MG	Maximum Daily Dosage = 8 units
Daily Dosage	VICODIN HP	Hydrocodone-Acetaminophen Tab 10-300 MG	Maximum Daily Dosage = 6 units
Daily Dosage	VICOPROFEN	Hydrocodone-Ibuprofen Tab 7.5-200 MG	Maximum Daily Dosage = 5 units
Daily Dosage	VICTORY AGM-4000 TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	VICTRELIS	Boceprevir Cap 200 MG	Maximum Daily Dosage = 12 units
Daily Dosage	VIDA MIA UNIFINE PENTIPS32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	VIDA MIA UNIFINE PENTIPSMINI 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	Maximum Daily Dosage = 5 units
Daily Dosage	VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	VIDEX EC	Didanosine Delayed Release Capsule 250 MG	Maximum Daily Dosage = 1 units
Daily Dosage	VIDEX EC	Didanosine Delayed Release Capsule 400 MG	Maximum Daily Dosage = 1 units
Daily Dosage	VIDEX EC	Didanosine Delayed Release Capsule 125 MG	Maximum Daily Dosage = 2 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	VIDEX EC	Didanosine Delayed Release Capsule 200 MG	Maximum Daily Dosage = 2 units
Daily Dosage	VIDEXPEDIATRIC	Didanosine For Soln 2 GM	Maximum Daily Dosage = 40 units
Daily Dosage	VIDEXPEDIATRIC	Didanosine For Soln 4 GM	Maximum Daily Dosage = 40 units
Daily Dosage	VIIBRYD	Vilazodone HCl Tab 10 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VIIBRYD	Vilazodone HCl Tab 20 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VIIBRYD	Vilazodone HCl Tab 40 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	VIMPAT	Lacosamide Tab 50 MG	Maximum Daily Dosage = 2 units
Daily Dosage	VIMPAT	Lacosamide Tab 100 MG	Maximum Daily Dosage = 2 units
Daily Dosage	VIMPAT	Lacosamide Tab 150 MG	Maximum Daily Dosage = 2 units
Daily Dosage	VIMPAT	Lacosamide Tab 200 MG	Maximum Daily Dosage = 2 units
Daily Dosage	VIMPAT	Lacosamide Oral Solution 10 MG/ML	Maximum Daily Dosage = 40 units
Daily Dosage	VINATE ONE	*Prenatal Vit w/ Fe Fumarate-FA Tab 60-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	VIRACEPT	Nelfinavir Mesylate Tab 250 MG	Maximum Daily Dosage = 10 units
Daily Dosage	VIRACEPT	Nelfinavir Mesylate Tab 625 MG	Maximum Daily Dosage = 4 units
Daily Dosage	VIRAMUNE	Nevirapine Tab 200 MG	Maximum Daily Dosage = 2 units
Daily Dosage	VIRAMUNE	Nevirapine Susp 50 MG/5ML	Maximum Daily Dosage = 40 units
Daily Dosage	VIRAMUNE XR	Nevirapine Tab SR 24HR 400 MG	Maximum Daily Dosage = 1 units
Daily Dosage	VIREAD	Tenofovir Disoproxil Fumarate Tab 150 MG	Maximum Daily Dosage = 1 units
Daily Dosage	VIREAD	Tenofovir Disoproxil Fumarate Tab 200 MG	Maximum Daily Dosage = 1 units
Daily Dosage	VIREAD	Tenofovir Disoproxil Fumarate Tab 250 MG	Maximum Daily Dosage = 1 units
Daily Dosage	VIREAD	Tenofovir Disoproxil Fumarate Tab 300 MG	Maximum Daily Dosage = 1 units
Daily Dosage	VIRT-ADVANCE	*Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	VIRT-CAPS	*B-Complex w/ C & Folic Acid Cap 1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	VIRT-PHOS 250 NEUTRAL	Pot Phos Monobasic w/Sod Phos Di & Monobas Tab 155-852-130MG	Maximum Daily Dosage = 8 units
Daily Dosage	VIRT-VITE GT	*Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	VISION FORMULA 2	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	VISION FORMULA/LUTEIN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	VISION VITAMINS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	VISIVITES	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	VISIVITES/LUTEIN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	VITA HAIR	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	VITA S FORTE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	VITABASIC COMPLETE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	VITABASIC SENIOR	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	VITACEL	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	VITAFOL-OB	*Prenatal Vit w/ Fe Fumarate-FA Tab 65-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	VITALEE	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	VITALINE TOTAL FORMULA 2	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	VITALINE TOTAL FORMULA 3	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	VITAMIN B COMPLEX	*B-Complex Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	VITAMIN B COMPLEX-C	*B-Complex w/ C Cap**	Maximum Daily Dosage = 1 units
Daily Dosage	VITAMIN B-COMPLEX	*B-Complex Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	VITAMIN D3 COMPLETE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	VITAMIN E	Vitamin E Cap 100 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	VITAMIN E	Vitamin E Cap 200 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	VITAMIN E	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	VITAMIN E BLEND	Vitamin E Cap 200 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	VITAMIN E BLEND	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	VITAMIN E COMPLEX	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	VITAMIN E COMPLEX NATURAL	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	VITAMIN E WATER DISPERSIBLE	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	VITAMIN E WATER SOLUBILIZED	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	VITAMIN E WATER SOLUBLE	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	VITAMIN E/D-ALPHA	Vitamin E Cap 200 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	VITAMIN E/D-ALPHA	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	VITAMIN E/D-ALPHA NATURAL	Vitamin E Cap 200 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	VITAMIN E/D-ALPHA NATURAL	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	VITAMIN E/DL-ALPHA	Vitamin E Cap 100 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	VITAMIN E/DL-ALPHA	Vitamin E Cap 200 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	VITAMIN E/DL-ALPHA	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	VITAMIN E/VITAMIN C/BETACAROTENE	*Multiple Vitamin Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	VITAMIN E-200	Vitamin E Cap 200 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	VITAMIN E-400	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	VITAMINS & MINERALS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	VITAMINS A-D-E/SELENIUM	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	VITA-PLUS E	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units
Daily Dosage	VITA-PLUS G	*Vitamins w/ Lipotropics Cap**	Maximum Daily Dosage = 1 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	VITAROCA PLUS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	VITASANA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	VITATRUM	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	VITATRUM COMPLETE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	VITEYES MULTIVITAMIN AREDS COMPANION WITH LYCOPENE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	VITRUM 50+ SENIOR MULTI	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	VITRUM SENIOR	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	VOCAL POINT BLOOD GLUCOSE TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	VOL-CARE RX	*B-Complex w/ C & Folic Acid Tab 1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	VOL-PLUS	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	VOL-TAB RX	*Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	VP-VITE RX	*B-Complex w/ C & Folic Acid Tab 1 MG***	Maximum Daily Dosage = 1 units
Daily Dosage	VP-ZEL	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	V-R MONOJECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	V-R MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	V-R MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	VYTORIN	Ezetimibe-Simvastatin Tab 10-10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	VYTORIN	Ezetimibe-Simvastatin Tab 10-20 MG	Maximum Daily Dosage = 1 units
Daily Dosage	VYTORIN	Ezetimibe-Simvastatin Tab 10-40 MG	Maximum Daily Dosage = 1 units
Daily Dosage	VYTORIN	Ezetimibe-Simvastatin Tab 10-80 MG	Maximum Daily Dosage = 1 units
Daily Dosage	VYVANSE	Lisdexamfetamine Dimesylate Cap 20 MG	Maximum Daily Dosage = 1 units
Daily Dosage	VYVANSE	Lisdexamfetamine Dimesylate Cap 30 MG	Maximum Daily Dosage = 1 units
Daily Dosage	VYVANSE	Lisdexamfetamine Dimesylate Cap 40 MG	Maximum Daily Dosage = 1 units
Daily Dosage	VYVANSE	Lisdexamfetamine Dimesylate Cap 50 MG	Maximum Daily Dosage = 1 units
Daily Dosage	VYVANSE	Lisdexamfetamine Dimesylate Cap 60 MG	Maximum Daily Dosage = 1 units
Daily Dosage	VYVANSE	Lisdexamfetamine Dimesylate Cap 70 MG	Maximum Daily Dosage = 1 units
Daily Dosage	WAL-DRYL ALLERGY	Diphenhydramine HCl Tab 25 MG	Maximum Daily Dosage = 4 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	WAL-HIST	Clemastine Fumarate Tab 1.34 MG (1 MG Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	WAL-ITIN D	Loratadine & Pseudoephedrine Tab SR 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	WAL-ITIN D 24 HOUR	Loratadine & Pseudoephedrine Tab SR 24HR 10-240 MG	Maximum Daily Dosage = 1 units
Daily Dosage	WAL-PHED 12 HOUR	Pseudoephedrine HCl Tab SR 12HR 120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	WAL-PHED D	Pseudoephedrine HCl Tab SR 12HR 120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	WAL-ZYR CHILDRENS	Cetirizine HCl Chew Tab 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	WAL-ZYR D	Cetirizine-Pseudoephedrine Tab ER 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Daily Dosage	WAVESENSE PRESTO TEST STRIPS	Glucose Blood Test Strip	Maximum Daily Dosage = 5 units
Daily Dosage	WD MEDIC INSULIN SYRINGE/0.3ML/29G X 1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	WD MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	WD MEDIC INSULIN SYRINGE/0.5ML/29G X 1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	WD MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Maximum Daily Dosage = 5 units
Daily Dosage	WD MEDIC INSULIN SYRINGE/1ML/29G X 1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	Maximum Daily Dosage = 5 units
Daily Dosage	WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	Maximum Daily Dosage = 5 units
Daily Dosage	WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	Maximum Daily Dosage = 5 units
Daily Dosage	WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Maximum Daily Dosage = 5 units
Daily Dosage	WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	Maximum Daily Dosage = 5 units
Daily Dosage	WELCHOL	Colesevelam HCl Packet For Susp 3.75 GM	Maximum Daily Dosage = 1 units
Daily Dosage	WELCHOL	Colesevelam HCl Tab 625 MG	Maximum Daily Dosage = 7 units
Daily Dosage	WELLBUTRIN	Bupropion HCl Tab 100 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	WELLBUTRIN	Bupropion HCl Tab 75 MG	Maximum Daily Dosage = 6 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	WELLBUTRIN SR	Bupropion HCl Tab SR 12HR 100 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	WELLBUTRIN SR	Bupropion HCl Tab SR 12HR 150 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	WELLBUTRIN SR	Bupropion HCl Tab SR 12HR 200 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	WELLBUTRIN XL	Bupropion HCl Tab SR 24HR 150 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	WELLBUTRIN XL	Bupropion HCl Tab SR 24HR 300 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	WHOLE FOOD MULTIVITAMIN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	WOMENS BIOMULTIPLE	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	WOMENS DAILY FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	WOMENS DAILY FORMULA/FOLIC ACID/CALCIUM/IRON	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	WOMENS LIFE PACK	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	WOMENS MULTI VITAMIN & MINERAL FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	WOMENS MULTIVITAMIN	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	WOMENS MULTIVITAMIN PLUS	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	WOMENS ONE DAILY	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	XANAX	Alprazolam Tab 0.25 MG	Maximum Daily Dosage = 4 units
Daily Dosage	XANAX	Alprazolam Tab 0.5 MG	Maximum Daily Dosage = 4 units
Daily Dosage	XANAX	Alprazolam Tab 1 MG	Maximum Daily Dosage = 4 units
Daily Dosage	XANAX	Alprazolam Tab 2 MG	Maximum Daily Dosage = 4 units
Daily Dosage	XARELTO	Rivaroxaban Tab 10 MG	Maximum Daily Dosage = 1 units and Maximum Period Limit Retail/Mail = 180 days
Daily Dosage	XENICAL	Orlistat Cap 120 MG	Maximum Daily Dosage = 3 units
Daily Dosage	XODOL	Hydrocodone-Acetaminophen Tab 5-300 MG	Maximum Daily Dosage = 12 units
Daily Dosage	XODOL	Hydrocodone-Acetaminophen Tab 10-300 MG	Maximum Daily Dosage = 6 units
Daily Dosage	XODOL	Hydrocodone-Acetaminophen Tab 7.5-300 MG	Maximum Daily Dosage = 8 units
Daily Dosage	XOPENEX CONCENTRATE	Levalbuterol HCl Soln Nebu Conc 1.25 MG/0.5ML (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	XYLON	Hydrocodone-Ibuprofen Tab 10-200 MG	Maximum Daily Dosage = 5 units
Daily Dosage	YELETS TEENAGE FORMULA	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	YL VITAMIN E	Vitamin E Cap 400 Unit	Maximum Daily Dosage = 2 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	YOUR LIFE MULTI MENS 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	YOUR LIFE MULTI WOMENS 50+	*Multiple Vitamins w/ Minerals Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ZAFIRLUKAST	Zafirlukast Tab 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ZAFIRLUKAST	Zafirlukast Tab 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ZALEPLON	Zaleplon Cap 5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ZALEPLON	Zaleplon Cap 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ZAMICET	Hydrocodone-Acetaminophen Soln 10-325 MG/15ML	Maximum Daily Dosage = 180 units
Daily Dosage	ZANTAC	Ranitidine HCl Inj 50 MG/2ML (25 MG/ML)	Maximum Daily Dosage = 2 units
Daily Dosage	ZANTAC 150 MAXIMUM STRENGTH	Ranitidine HCl Tab 150 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ZARONTIN	Ethosuximide Soln 250 MG/5ML	Maximum Daily Dosage = 30 units
Daily Dosage	ZARONTIN	Ethosuximide Cap 250 MG	Maximum Daily Dosage = 6 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ZEBUTAL	Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG	Maximum Daily Dosage = 4 units
Daily Dosage	ZEGERID	Omeprazole-Sodium Bicarbonate Cap 20-1100 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ZEGERID	Omeprazole-Sodium Bicarbonate Cap 40-1100 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ZEGERID OTC	Omeprazole-Sodium Bicarbonate Cap 20-1100 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ZENATANE	Isotretinoin Cap 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ZENATANE	Isotretinoin Cap 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ZENATANE	Isotretinoin Cap 30 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ZENATANE	Isotretinoin Cap 40 MG	Maximum Daily Dosage = 3 units
Daily Dosage	ZENZEDI	Dextroamphetamine Sulfate Tab 10 MG	Maximum Daily Dosage = 6 units
Daily Dosage	ZENZEDI	Dextroamphetamine Sulfate Tab 5 MG	Maximum Daily Dosage = 8 units
Daily Dosage	ZERIT	Stavudine Cap 15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ZERIT	Stavudine Cap 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ZERIT	Stavudine Cap 30 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ZERIT	Stavudine Cap 40 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ZERIT	Stavudine For Oral Soln 1 MG/ML	Maximum Daily Dosage = 80 units
Daily Dosage	ZETIA	Ezetimibe Tab 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ZIAGEN	Abacavir Sulfate Tab 300 MG (Base Equiv)	Maximum Daily Dosage = 2 units
Daily Dosage	ZIAGEN	Abacavir Sulfate Soln 20 MG/ML (Base Equiv)	Maximum Daily Dosage = 30 units
Daily Dosage	ZIDOVUDINE	Zidovudine Tab 300 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ZIDOVUDINE	Zidovudine Cap 100 MG	Maximum Daily Dosage = 6 units
Daily Dosage	ZILEUTON ER	Zileuton Tab SR 12HR 600 MG	Maximum Daily Dosage = 4 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	ZIPRASIDONE HCL	Ziprasidone HCl Cap 20 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ZIPRASIDONE HCL	Ziprasidone HCl Cap 40 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ZIPRASIDONE HCL	Ziprasidone HCl Cap 60 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ZIPRASIDONE HCL	Ziprasidone HCl Cap 80 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ZOFRAN	Ondansetron HCl Tab 4 MG	Maximum Daily Dosage = 3 units
Daily Dosage	ZOLOFT	Sertraline HCl Oral Conc 20 MG/ML	Maximum Daily Dosage = 10 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ZOLOFT	Sertraline HCl Tab 100 MG	Maximum Daily Dosage = 2 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ZOLOFT	Sertraline HCl Tab 50 MG	Maximum Daily Dosage = 4 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ZOLOFT	Sertraline HCl Tab 25 MG	Maximum Daily Dosage = 8 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ZOLPIDEM TARTRATE	Zolpidem Tartrate Tab 5 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ZOLPIDEM TARTRATE	Zolpidem Tartrate Tab 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ZONEGRAN	Zonisamide Cap 100 MG	Maximum Daily Dosage = 6 units
Daily Dosage	ZONISAMIDE	Zonisamide Cap 50 MG	Maximum Daily Dosage = 6 units
Daily Dosage	ZONISAMIDE	Zonisamide Cap 100 MG	Maximum Daily Dosage = 6 units
Daily Dosage	ZONISAMIDE	Zonisamide Cap 25 MG	Maximum Daily Dosage = 6 units and Maximum Period Limit Retail/Mail = 90 days
Daily Dosage	ZOO FRIENDS GUMMIES	*Pediatric Multiple Vitamin w/ C & FA Chew Tab**	Maximum Daily Dosage = 1 units
Daily Dosage	ZOVIRAX	Acyclovir Susp 200 MG/5ML	Maximum Daily Dosage = 13.34 units
Daily Dosage	ZOVIRAX	Acyclovir Tab 400 MG	Maximum Daily Dosage = 5 units
Daily Dosage	ZYBAN	Bupropion HCl (Smoking Deterrent) Tab SR 12HR 150 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ZYFLO CR	Zileuton Tab SR 12HR 600 MG	Maximum Daily Dosage = 4 units
Daily Dosage	ZYPREXA	Olanzapine Tab 20 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ZYPREXA	Olanzapine Tab 2.5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ZYPREXA	Olanzapine Tab 5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ZYPREXA	Olanzapine Tab 7.5 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ZYPREXA	Olanzapine Tab 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ZYPREXA	Olanzapine Tab 15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ZYPREXA ZYDIS	Olanzapine Orally Disintegrating Tab 20 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ZYPREXA ZYDIS	Olanzapine Orally Disintegrating Tab 5 MG	Maximum Daily Dosage = 2 units

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Daily Dosage	ZYPREXA ZYDIS	Olanzapine Orally Disintegrating Tab 10 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ZYPREXA ZYDIS	Olanzapine Orally Disintegrating Tab 15 MG	Maximum Daily Dosage = 2 units
Daily Dosage	ZYRTEC ALLERGY	Cetirizine HCl Tab 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ZYRTEC HIVES RELIEF	Cetirizine HCl Tab 10 MG	Maximum Daily Dosage = 1 units
Daily Dosage	ZYRTEC-D ALLERGY/CONGESTION	Cetirizine-Pseudoephedrine Tab ER 12HR 5-120 MG	Maximum Daily Dosage = 2 units
Maximum Quantity Per Fill Retail and/or Mail	AMETHIA	Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7)	Maximum Quantity = 91 units per 30 days
Maximum Quantity Per Fill Retail and/or Mail	AMETHIA LO	Levonorg-Eth Est Tab 0.1-0.02MG(84) & Eth Est Tab 0.01MG(7)	Maximum Quantity = 91 units per 30 days
Maximum Quantity Per Fill Retail and/or Mail	ASHLYNA	Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7)	Maximum Quantity = 91 units per 30 days
Maximum Quantity Per Fill Retail and/or Mail	CAMRESE	Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7)	Maximum Quantity = 91 units per 30 days
Maximum Quantity Per Fill Retail and/or Mail	CAMRESE LO	Levonorg-Eth Est Tab 0.1-0.02MG(84) & Eth Est Tab 0.01MG(7)	Maximum Quantity = 91 units per 30 days
Maximum Quantity Per Fill Retail and/or Mail	DAYSEE	Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7)	Maximum Quantity = 91 units per 30 days
Maximum Quantity Per Fill Retail and/or Mail	ESTRING	Estradiol Vaginal Ring 2 MG (7.5 MCG/24HRS)	Maximum Quantity = 1 units per 30 days
Maximum Quantity Per Fill Retail and/or Mail	FAYOSIM	Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 MG & Eth Est 0.01 MG	Maximum Quantity = 91 units per 30 days
Maximum Quantity Per Fill Retail and/or Mail	INTROVALE	Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG	Maximum Quantity = 91 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Maximum Quantity Per Fill Retail and/or Mail	INVEGA TRINZA	Paliperidone Palmitate IM Extend-Release Susp 273 MG/0.875ML	Maximum Quantity = .875 units per 30 days
Maximum Quantity Per Fill Retail and/or Mail	INVEGA TRINZA	Paliperidone Palmitate IM Extend-Release Susp 410 MG/1.315ML	Maximum Quantity = 1.32 units per 30 days
Maximum Quantity Per Fill Retail and/or Mail	INVEGA TRINZA	Paliperidone Palmitate IM Extend-Release Susp 546 MG/1.75ML	Maximum Quantity = 1.75 units per 30 days
Maximum Quantity Per Fill Retail and/or Mail	INVEGA TRINZA	Paliperidone Palmitate IM Extend-Release Susp 819 MG/2.625ML	Maximum Quantity = 2.625 units per 30 days
Maximum Quantity Per Fill Retail and/or Mail	JOLESSA	Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG	Maximum Quantity = 91 units per 30 days
Maximum Quantity Per Fill Retail and/or Mail	LEVONORGESTREL AND ETHINYL ESTRADIOL	Levonorg-Eth Est Tab 0.1-0.02MG(84) & Eth Est Tab 0.01MG(7)	Maximum Quantity = 91 units per 30 days
Maximum Quantity Per Fill Retail and/or Mail	LEVONORGESTREL/ETHINYL ESTRADIOL	Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG	Maximum Quantity = 91 units per 30 days
Maximum Quantity Per Fill Retail and/or Mail	LEVONORGESTREL/ETHINYL ESTRADIOL	Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7)	Maximum Quantity = 91 units per 30 days
Maximum Quantity Per Fill Retail and/or Mail	LOSEASONIQUE	Levonorg-Eth Est Tab 0.1-0.02MG(84) & Eth Est Tab 0.01MG(7)	Maximum Quantity = 91 units per 30 days
Maximum Quantity Per Fill Retail and/or Mail	QUARTETTE	Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 MG & Eth Est 0.01 MG	Maximum Quantity = 91 units per 30 days
Maximum Quantity Per Fill Retail and/or Mail	QUASENSE	Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG	Maximum Quantity = 91 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Maximum Quantity Per Fill Retail and/or Mail	RIVELSA	Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 MG &Eth Est 0.01 MG	Maximum Quantity = 91 units per 30 days
Maximum Quantity Per Fill Retail and/or Mail	SEASONIQUE	Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7)	Maximum Quantity = 91 units per 30 days
Maximum Quantity Per Fill Retail and/or Mail	SETLAKIN	Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG	Maximum Quantity = 91 units per 30 days
Maximum Quantity Per Fill Retail	ADRENACLICK	Epinephrine Solution Auto-injector 0.15 MG/0.15ML (1:1000)	Maximum Quantity = 2 units per 30 days
Maximum Quantity Per Fill Retail	ADRENACLICK	Epinephrine Solution Auto-injector 0.3 MG/0.3ML (1:1000)	Maximum Quantity = 2 units per 30 days
Maximum Quantity Per Fill Retail	ADULT AEROSOL MASK	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 30 days
Maximum Quantity Per Fill Retail	ALLER-CHLOR	Chlorpheniramine Maleate Tab 4 MG	Maximum Quantity = 120 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	ALLERGY	Chlorpheniramine Maleate Tab 4 MG	Maximum Quantity = 120 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	ALLERGY TABLETS	Chlorpheniramine Maleate Tab 4 MG	Maximum Quantity = 120 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	AMICAR	Aminocaproic Acid Tab 500 MG	Maximum Quantity = 24 units per 30 days
Maximum Quantity Per Fill Retail	AMICAR	Aminocaproic Acid Syrup 25%	Maximum Quantity = 60 units per 30 days
Maximum Quantity Per Fill Retail	AMINOCAPROIC ACID	Aminocaproic Acid Tab 500 MG	Maximum Quantity = 24 units per 30 days
Maximum Quantity Per Fill Retail	AMOXICILLIN/CLAVULANATE POTASSIUM	Amoxicillin & K Clavulanate Tab 500-125 MG	Maximum Quantity = 20 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Maximum Quantity Per Fill Retail	AMOXICILLIN/CLAVULANATE POTASSIUM	Amoxicillin & K Clavulanate Tab 875-125 MG	Maximum Quantity = 20 units per 30 days
Maximum Quantity Per Fill Retail	AMOXICILLIN/CLAVULANATE POTASSIUM	Amoxicillin & K Clavulanate Chew Tab 200-28.5 MG	Maximum Quantity = 20 units per 30 days
Maximum Quantity Per Fill Retail	AMOXICILLIN/CLAVULANATE POTASSIUM	Amoxicillin & K Clavulanate Chew Tab 400-57 MG	Maximum Quantity = 20 units per 30 days
Maximum Quantity Per Fill Retail	AMOXICILLIN/CLAVULANATE POTASSIUM	Amoxicillin & K Clavulanate Tab 250-125 MG	Maximum Quantity = 30 units per 30 days
Maximum Quantity Per Fill Retail	AMOXICILLIN/CLAVULANATE POTASSIUM ER	Amoxicillin & K Clavulanate Tab SR 12HR 1000-62.5 MG	Maximum Quantity = 40 units per 30 days
Maximum Quantity Per Fill Retail	ARTIFICIAL TEARS	*Artificial Tear Ophth Ointment***	Maximum Quantity = 4 units per 30 days
Maximum Quantity Per Fill Retail	AUGMENTIN XR	Amoxicillin & K Clavulanate Tab SR 12HR 1000-62.5 MG	Maximum Quantity = 40 units per 30 days
Maximum Quantity Per Fill Retail	AUVI-Q	Epinephrine Solution Auto-injector 0.15 MG/0.15ML (1:1000)	Maximum Quantity = 2 units per 30 days
Maximum Quantity Per Fill Retail	AUVI-Q	Epinephrine Solution Auto-injector 0.3 MG/0.3ML (1:1000)	Maximum Quantity = 2 units per 30 days
Maximum Quantity Per Fill Retail	AZITHROMYCIN	Azithromycin Tab 250 MG	Maximum Quantity = 6 units per 30 days
Maximum Quantity Per Fill Retail	AZITHROMYCIN	Azithromycin For Susp 200 MG/5ML	Maximum Quantity = 60 units per 30 days
Maximum Quantity Per Fill Retail	BIAXIN	Clarithromycin Tab 250 MG	Maximum Quantity = 28 units per 30 days
Maximum Quantity Per Fill Retail	CALCIPOTRIENE	Calcipotriene Soln 0.005% (50 MCG/ML)	Maximum Quantity = 60 units per 30 days
Maximum Quantity Per Fill Retail	CEFUROXIME AXETIL	Cefuroxime Axetil Tab 250 MG	Maximum Quantity = 20 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Maximum Quantity Per Fill Retail	CEFUROXIME AXETIL	Cefuroxime Axetil Tab 500 MG	Maximum Quantity = 20 units per 30 days
Maximum Quantity Per Fill Retail	CHLORPHEN	Chlorpheniramine Maleate Tab 4 MG	Maximum Quantity = 120 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	CIPROFLOXACIN HCL	Ciprofloxacin HCl Tab 100 MG (Base Equiv)	Maximum Quantity = 6 units per 30 days
Maximum Quantity Per Fill Retail	CLARITHROMYCIN	Clarithromycin Tab 250 MG	Maximum Quantity = 28 units per 30 days
Maximum Quantity Per Fill Retail	CLARITHROMYCIN ER	Clarithromycin Tab ER 24HR 500 MG	Maximum Quantity = 14 units per 30 days
Maximum Quantity Per Fill Retail	COLCHICINE	Colchicine Tab 0.6 MG	Maximum Quantity = 6 units per 30 days
Maximum Quantity Per Fill Retail	COLCRYS	Colchicine Tab 0.6 MG	Maximum Quantity = 6 units per 30 days
Maximum Quantity Per Fill Retail	CVS MUCUS D EXTENDED RELEASE	Pseudoephedrine-Guaifenesin Tab ER 12HR 60-600 MG	Maximum Quantity = 36 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	CVS MUCUS EXTENDED RELEASE	Guaifenesin Tab ER 12HR 600 MG	Maximum Quantity = 40 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	DEPO-PROVERA	Medroxyprogesterone Acetate IM Susp 400 MG/ML	Maximum Quantity = 2.5 units per 30 days
Maximum Quantity Per Fill Retail	DEPO-PROVERA CONTRACEPTIVE	Medroxyprogesterone Acetate IM Susp 150 MG/ML	Maximum Quantity = 1 units per 30 days
Maximum Quantity Per Fill Retail	DEPO-PROVERA CONTRACEPTIVE	Medroxyprogesterone Acetate IM Susp Prefilled Syr 150 MG/ML	Maximum Quantity = 1 units per 30 days
Maximum Quantity Per Fill Retail	DIASTAT PEDIATRIC	Diazepam Rectal Gel Delivery System 2.5 MG	Maximum Quantity = 1 units per 30 days
Maximum Quantity Per Fill Retail	DIAZEPAM	Diazepam Rectal Gel Delivery System 2.5 MG	Maximum Quantity = 1 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Maximum Quantity Per Fill Retail	DIAZEPAM RECTAL GEL	Diazepam Rectal Gel Delivery System 2.5 MG	Maximum Quantity = 1 units per 30 days
Maximum Quantity Per Fill Retail	EPINEPHRINE	Epinephrine Solution Auto-injector 0.15 MG/0.3ML (1:2000)	Maximum Quantity = 2 units per 30 days
Maximum Quantity Per Fill Retail	EPINEPHRINE	Epinephrine Solution Auto-injector 0.15 MG/0.15ML (1:1000)	Maximum Quantity = 2 units per 30 days
Maximum Quantity Per Fill Retail	EPINEPHRINE	Epinephrine Solution Auto-injector 0.3 MG/0.3ML (1:1000)	Maximum Quantity = 2 units per 30 days
Maximum Quantity Per Fill Retail	EPIPEN 2-PAK	Epinephrine Solution Auto-injector 0.3 MG/0.3ML (1:1000)	Maximum Quantity = 2 units per 30 days
Maximum Quantity Per Fill Retail	EPIPEN-JR 2-PAK	Epinephrine Solution Auto-injector 0.15 MG/0.3ML (1:2000)	Maximum Quantity = 2 units per 30 days
Maximum Quantity Per Fill Retail	EQ MUCUS ER	Guaifenesin Tab ER 12HR 600 MG	Maximum Quantity = 40 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	EQL MUCUS-ER 12 HOUR	Guaifenesin Tab ER 12HR 600 MG	Maximum Quantity = 40 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	EQL TRIACTING COLD/COUGH	Pseudoephed-Chlorphen-DM Liq 15-1-5 MG/5ML	Maximum Quantity = 240 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	EURAX	Crotamiton Cream 10%	Maximum Quantity = 60 units per 30 days
Maximum Quantity Per Fill Retail	GLUCAGON EMERGENCY KIT	Glucagon (rdNA) For Inj Kit 1 MG	Maximum Quantity = 1 units per 30 days
Maximum Quantity Per Fill Retail	GNP MUCUS D 12 HR	Pseudoephedrine-Guaifenesin Tab ER 12HR 60-600 MG	Maximum Quantity = 36 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	GNP MUCUS-ER	Guaifenesin Tab ER 12HR 600 MG	Maximum Quantity = 40 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	GUAIFENESIN ER	Guaifenesin Tab ER 12HR 600 MG	Maximum Quantity = 40 units per 30 days. Excluded for <2 years of age.

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Maximum Quantity Per Fill Retail	GUAIFENESIN/PSEUDOEPHEDRINE HYDROCHLORIDE	Pseudoephedrine-Guaifenesin Tab ER 12HR 60-600 MG	Maximum Quantity = 36 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	HM ALLERGY RELIEF	Chlorpheniramine Maleate Tab 4 MG	Maximum Quantity = 120 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	HM MUCUS ER	Guaifenesin Tab ER 12HR 600 MG	Maximum Quantity = 40 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	HM MUCUS RELIEF D	Pseudoephedrine-Guaifenesin Tab ER 12HR 60-600 MG	Maximum Quantity = 36 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	INHALER COMPANIONS	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 30 days
Maximum Quantity Per Fill Retail	KIDKARE COUGH/COLD	Pseudoephed-Chlorphen-DM Liq 15-1-5 MG/5ML	Maximum Quantity = 240 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	LEVOFLOXACIN	Levofloxacin Tab 250 MG	Maximum Quantity = 14 units per 30 days
Maximum Quantity Per Fill Retail	LEVOFLOXACIN	Levofloxacin Tab 500 MG	Maximum Quantity = 14 units per 30 days
Maximum Quantity Per Fill Retail	LEVOFLOXACIN	Levofloxacin Tab 750 MG	Maximum Quantity = 14 units per 30 days
Maximum Quantity Per Fill Retail	MEDROXYPROGESTERONE ACETATE	Medroxyprogesterone Acetate IM Susp 150 MG/ML	Maximum Quantity = 1 units per 30 days
Maximum Quantity Per Fill Retail	METRONIDAZOLE	Metronidazole Cream 0.75%	Maximum Quantity = 45 units per 30 days
Maximum Quantity Per Fill Retail	MUCINEX	Guaifenesin Tab ER 12HR 600 MG	Maximum Quantity = 40 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	MUCINEX D	Pseudoephedrine-Guaifenesin Tab ER 12HR 60-600 MG	Maximum Quantity = 36 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	MUCUS D	Pseudoephedrine-Guaifenesin Tab ER 12HR 60-600 MG	Maximum Quantity = 36 units per 30 days. Excluded for <2 years of age.

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Maximum Quantity Per Fill Retail	MUCUS RELIEF D	Pseudoephedrine-Guaifenesin Tab ER 12HR 60-600 MG	Maximum Quantity = 36 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	MUCUS RELIEF ER	Guaifenesin Tab ER 12HR 600 MG	Maximum Quantity = 40 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	MUCUS-ER	Guaifenesin Tab ER 12HR 600 MG	Maximum Quantity = 40 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	MYDRAL	Tropicamide Ophth Soln 0.5%	Maximum Quantity = 15 units per 30 days
Maximum Quantity Per Fill Retail	NUVARING	Etonogestrel-Ethinyl Estradiol VA Ring 0.120-0.015 MG/24HR	Maximum Quantity = 1 units per 30 days
Maximum Quantity Per Fill Retail	OFLOXACIN	Ofloxacin Tab 300 MG	Maximum Quantity = 56 units per 30 days
Maximum Quantity Per Fill Retail	OFLOXACIN	Ofloxacin Tab 400 MG	Maximum Quantity = 56 units per 30 days
Maximum Quantity Per Fill Retail	ONDANSETRON ODT	Ondansetron Orally Disintegrating Tab 8 MG	Maximum Daily Dosage = 3 units
Maximum Quantity Per Fill Retail	PA MUCUS RELIEF	Guaifenesin Tab ER 12HR 600 MG	Maximum Quantity = 40 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	PEDIA RELIEF COUGH/COLD	Pseudoephed-Chlorphen-DM Liq 15-1-5 MG/5ML	Maximum Quantity = 240 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	PEDIATRIC COUGH/COLD	Pseudoephed-Chlorphen-DM Liq 15-1-5 MG/5ML	Maximum Quantity = 240 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	PHENERGAN	Promethazine HCl Suppos 50 MG	Maximum Quantity = 12 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	PREDNISOLONE SODIUM PHOSPHATE	Prednisolone Sod Phosphate Oral Soln 20 MG/5ML (Base Equiv)	Maximum Quantity = 150 units per 30 days
Maximum Quantity Per Fill Retail	PROMETHAZINE HCL	Promethazine HCl Suppos 50 MG	Maximum Quantity = 12 units per 30 days. Excluded for <2 years of age.

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Maximum Quantity Per Fill Retail	PROMETHAZINE VC/CODEINE	Phenylephrine-Promethazine w/ Codeine Syrup 5-6.25-10 MG/5ML	Maximum Quantity = 240 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	PROMETHAZINE/PHENYLEPHRINE/CODEINE	Phenylephrine-Promethazine w/ Codeine Syrup 5-6.25-10 MG/5ML	Maximum Quantity = 240 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	PROMETHEGAN	Promethazine HCl Suppos 50 MG	Maximum Quantity = 12 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	RA MUCUS RELIEF	Guaifenesin Tab ER 12HR 600 MG	Maximum Quantity = 40 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	RA MUCUS RELIEF D	Pseudoephedrine-Guaifenesin Tab ER 12HR 60-600 MG	Maximum Quantity = 36 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	SM MUCUS ER	Guaifenesin Tab ER 12HR 600 MG	Maximum Quantity = 40 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	SM MUCUS RELIEF D	Pseudoephedrine-Guaifenesin Tab ER 12HR 60-600 MG	Maximum Quantity = 36 units per 30 days. Excluded for <2 years of age.
Maximum Quantity Per Fill Retail	SODIUM CHLORIDE BACTERIOSTATIC	Saline Injection Bacteriostatic	Maximum Quantity = 10000 units per 30 days
Maximum Quantity Per Fill Retail	SUDAFED PE MAXIMUM STRENGTH	Phenylephrine HCl Tab 10 MG	Maximum Quantity = 24 units per 30 days
Maximum Quantity Per Fill Retail	TH NASAL DECONGESTANT PE	Phenylephrine HCl Tab 10 MG	Maximum Quantity = 24 units per 30 days
Maximum Quantity Per Fill Retail	THEOPHYLLINE	Theophylline Soln 80 MG/15ML	Maximum Quantity = 475 units per 30 days
Maximum Quantity Per Fill Retail	TROPICAMIDE	Tropicamide Ophth Soln 0.5%	Maximum Quantity = 15 units per 30 days
Maximum Quantity Per Fill Retail	VANCOMYCIN HCL	Vancomycin HCl For Inj 1000 MG	Maximum Quantity = 14 units per 30 days
Maximum Quantity Per Fill Retail	VERIPRED 20	Prednisolone Sod Phosphate Oral Soln 20 MG/5ML (Base Equiv)	Maximum Quantity = 150 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Maximum Quantity Per Fill Retail	ZITHROMAX	Azithromycin For Susp 200 MG/5ML	Maximum Quantity = 60 units per 30 days
Period Limit	ACARBOSE	Acarbose Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ACARBOSE	Acarbose Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ACARBOSE	Acarbose Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ACCUPRIL	Quinapril HCl Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ACCUPRIL	Quinapril HCl Tab 40 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ACEBUTOLOL HCL	Acebutolol HCl Cap 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ACEBUTOLOL HCL	Acebutolol HCl Cap 400 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ACEBUTOLOL HYDROCHLORIDE	Acebutolol HCl Cap 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ACEBUTOLOL HYDROCHLORIDE	Acebutolol HCl Cap 400 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ACEON	Perindopril Erbumine Tab 4 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ACEON	Perindopril Erbumine Tab 8 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ACETAZOLAMIDE	Acetazolamide Tab 125 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ACETAZOLAMIDE	Acetazolamide Tab 250 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ACETAZOLAMIDE ER	Acetazolamide Cap SR 12HR 500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ACID CONTROL MAXIMUM STRENGTH	Famotidine Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ACID CONTROLLER MAXIMUM STRENGTH	Famotidine Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ACID REDUCER MAXIMUM STRENGTH	Famotidine Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ACID RELIEF	Cimetidine Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ACTOS	Pioglitazone HCl Tab 15 MG (Base Equiv)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ACTOS	Pioglitazone HCl Tab 30 MG (Base Equiv)	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	ACTOS	Pioglitazone HCl Tab 45 MG (Base Equiv)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ADALAT CC	Nifedipine Tab SR 24HR 30 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ADDAPRIN	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ADVIL	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AEROSPAN	Flunisolide HFA Inhal Aerosol 80 MCG/ACT	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AFEDITAB CR	Nifedipine Tab SR 24HR 30 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ALDACTAZIDE	Spironolactone & Hydrochlorothiazide Tab 25-25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ALDACTONE	Spironolactone Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ALDACTONE	Spironolactone Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ALDACTONE	Spironolactone Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ALLOPURINOL	Allopurinol Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ALOGLIPTIN/PIOGLITAZONE	Alogliptin-Pioglitazone Tab 12.5-30 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ALTACE	Ramipril Cap 1.25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ALTACE	Ramipril Cap 2.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ALTACE	Ramipril Cap 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ALTACE	Ramipril Cap 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ALTAVERA	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ALYACEN 1/35	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ALYACEN 7/7/7	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AMANTADINE HCL	Amantadine HCl Cap 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AMARYL	Glimepiride Tab 1 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AMARYL	Glimepiride Tab 2 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	AMARYL	Glimepiride Tab 4 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AMIODARONE HCL	Amiodarone HCl Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AMITRIPTYLINE HCL	Amitriptyline HCl Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AMITRIPTYLINE HCL	Amitriptyline HCl Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AMITRIPTYLINE HCL	Amitriptyline HCl Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AMITRIPTYLINE HCL	Amitriptyline HCl Tab 75 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AMITRIPTYLINE HCL	Amitriptyline HCl Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AMITRIPTYLINE HCL	Amitriptyline HCl Tab 150 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AMLODIPINE BESYLATE	Amlodipine Besylate Tab 2.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AMLODIPINE BESYLATE	Amlodipine Besylate Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AMLODIPINE BESYLATE	Amlodipine Besylate Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	Amlodipine Besylate-Benazepril HCl Cap 2.5-10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	Amlodipine Besylate-Benazepril HCl Cap 5-10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	Amlodipine Besylate-Benazepril HCl Cap 5-20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	Amlodipine Besylate-Benazepril HCl Cap 10-20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AMOXAPINE	Amoxapine Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AMOXAPINE	Amoxapine Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AMOXAPINE	Amoxapine Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AMOXAPINE	Amoxapine Tab 150 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ANAFRANIL	Clomipramine HCl Cap 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ANAFRANIL	Clomipramine HCl Cap 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ANAFRANIL	Clomipramine HCl Cap 75 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	ANAPROX	Naproxen Sodium Tab 275 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ANAPROX DS	Naproxen Sodium Tab 550 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	APRI	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ARANELLE	Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 MG-MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ARMOUR THYROID	Thyroid Tab 15 MG (1/4 Grain)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ARMOUR THYROID	Thyroid Tab 30 MG (1/2 Grain)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ARMOUR THYROID	Thyroid Tab 60 MG (1 Grain)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ARMOUR THYROID	Thyroid Tab 90 MG (1 1/2 Grain)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ARMOUR THYROID	Thyroid Tab 120 MG (2 Grain)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ARMOUR THYROID	Thyroid Tab 180 MG (3 Grain)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ARMOUR THYROID	Thyroid Tab 240 MG (4 Grain)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ARMOUR THYROID	Thyroid Tab 300 MG (5 Grain)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ARNUITY ELLIPTA	Fluticasone Furoate Aerosol Powder Breath Activ 100 MCG/ACT	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ARNUITY ELLIPTA	Fluticasone Furoate Aerosol Powder Breath Activ 200 MCG/ACT	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ATENOLOL	Atenolol Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ATENOLOL	Atenolol Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ATENOLOL	Atenolol Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ATORVASTATIN CALCIUM	Atorvastatin Calcium Tab 10 MG (Base Equivalent)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ATORVASTATIN CALCIUM	Atorvastatin Calcium Tab 20 MG (Base Equivalent)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ATORVASTATIN CALCIUM	Atorvastatin Calcium Tab 40 MG (Base Equivalent)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ATORVASTATIN CALCIUM	Atorvastatin Calcium Tab 80 MG (Base Equivalent)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AUBRA	Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	AVANDAMET	Rosiglitazone Maleate-Metformin HCl Tab 2-1000 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AVANDAMET	Rosiglitazone Maleate-Metformin HCl Tab 4-500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AVANDARYL	Rosiglitazone Maleate-Glimepiride Tab 4-1 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AVANDARYL	Rosiglitazone Maleate-Glimepiride Tab 4-2 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AVANDARYL	Rosiglitazone Maleate-Glimepiride Tab 8-4 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AVAPRO	Irbesartan Tab 75 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AVAPRO	Irbesartan Tab 150 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AVAPRO	Irbesartan Tab 300 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AVIANE	Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AYGESTIN	Norethindrone Acetate Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AZATHIOPRINE	Azathioprine Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AZULFIDINE	Sulfasalazine Tab 500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AZULFIDINE EN-TABS	Sulfasalazine Tab Delayed Release 500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	AZURETTE	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BACLOFEN	Baclofen Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BALZIVA	Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BEKYREE	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BENAZEPRIL HCL	Benazepril HCl Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BENAZEPRIL HCL	Benazepril HCl Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BENAZEPRIL HCL	Benazepril HCl Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BENAZEPRIL HCL	Benazepril HCl Tab 40 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	Benazepril & Hydrochlorothiazide Tab 5-6.25 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	Benazepril & Hydrochlorothiazide Tab 10-12.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	Benazepril & Hydrochlorothiazide Tab 20-12.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BENZTROPINE MESYLATE	Benztrapine Mesylate Tab 0.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BETAPACE	Sotalol HCl Tab 80 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BETAPACE	Sotalol HCl Tab 120 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BETAPACE	Sotalol HCl Tab 160 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BETAPACE AF	Sotalol HCl (AFIB/AFL) Tab 80 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BETHANECHOL CHLORIDE	Bethanechol Chloride Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BLISOVI FE 1.5/30	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BLISOVI FE 1/20	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BREO ELLIPTA	Fluticasone Furoate-Vilanterol Aero Powd BA 100-25 MCG/INH	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BREO ELLIPTA	Fluticasone Furoate-Vilanterol Aero Powd BA 200-25 MCG/INH	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BREVICON-28	Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BRIELLYN	Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BRINTELLIX	Vortioxetine HBr Tab 5 MG (Base Equiv)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BRINTELLIX	Vortioxetine HBr Tab 10 MG (Base Equiv)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BRINTELLIX	Vortioxetine HBr Tab 20 MG (Base Equiv)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BUDESONIDE	Budesonide Inhalation Susp 0.25 MG/2ML	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BUDESONIDE	Budesonide Inhalation Susp 0.5 MG/2ML	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BUDESONIDE	Budesonide Inhalation Susp 1 MG/2ML	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BUMETANIDE	Bumetanide Tab 0.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BUMETANIDE	Bumetanide Tab 1 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	BUMETANIDE	Bumetanide Tab 2 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BUMEX	Bumetanide Tab 0.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BUMEX	Bumetanide Tab 1 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	BUMEX	Bumetanide Tab 2 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CALAN	Verapamil HCl Tab 80 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CALAN	Verapamil HCl Tab 120 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CALAN SR	Verapamil HCl Tab CR 120 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CALAN SR	Verapamil HCl Tab CR 180 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CALAN SR	Verapamil HCl Tab CR 240 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CALCIUM ACETATE	Calcium Acetate (Phosphate Binder) Cap 667 MG (169 MG Ca)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CAMILA	Norethindrone Tab 0.35 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CANDESARTAN CILEXETIL	Candesartan Cilexetil Tab 32 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CAPTOPRIL	Captopril Tab 12.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CAPTOPRIL	Captopril Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CAPTOPRIL	Captopril Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CAPTOPRIL/HYDROCHLOROTHIAZIDE	Captopril & Hydrochlorothiazide Tab 25-15 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARAFATE	Sucralfate Tab 1 GM	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARBAMAZEPINE	Carbamazepine Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARBAMAZEPINE ER	Carbamazepine Tab SR 12HR 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARBIDOPA/LEVODOPA	Carbidopa & Levodopa Tab 10-100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARBIDOPA/LEVODOPA	Carbidopa & Levodopa Tab 25-250 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARBIDOPA/LEVODOPA ER	Carbidopa & Levodopa Tab CR 25-100 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	CARBIDOPA/LEVODOPA ER	Carbidopa & Levodopa Tab CR 50-200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARDIZEM	Diltiazem HCl Tab 30 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARDIZEM	Diltiazem HCl Tab 60 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARDIZEM	Diltiazem HCl Tab 120 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARDIZEM CD	Diltiazem HCl Coated Beads Cap SR 24HR 120 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARDIZEM CD	Diltiazem HCl Coated Beads Cap SR 24HR 180 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARDIZEM CD	Diltiazem HCl Coated Beads Cap SR 24HR 240 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARDIZEM CD	Diltiazem HCl Coated Beads Cap SR 24HR 300 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARDIZEM CD	Diltiazem HCl Coated Beads Cap SR 24HR 360 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARDIZEM LA	Diltiazem HCl Coated Beads Tab SR 24HR 120 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARDIZEM LA	Diltiazem HCl Coated Beads Tab SR 24HR 180 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARDIZEM LA	Diltiazem HCl Coated Beads Tab SR 24HR 240 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARDIZEM LA	Diltiazem HCl Coated Beads Tab SR 24HR 300 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARDIZEM LA	Diltiazem HCl Coated Beads Tab SR 24HR 360 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARDIZEM LA	Diltiazem HCl Coated Beads Tab SR 24HR 420 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARDURA	Doxazosin Mesylate Tab 1 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARDURA	Doxazosin Mesylate Tab 2 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARDURA	Doxazosin Mesylate Tab 4 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARDURA	Doxazosin Mesylate Tab 8 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARISOPRODOL	Carisoprodol Tab 350 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARTIA XT	Diltiazem HCl Coated Beads Cap SR 24HR 120 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARTIA XT	Diltiazem HCl Coated Beads Cap SR 24HR 180 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	CARTIA XT	Diltiazem HCl Coated Beads Cap SR 24HR 240 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARTIA XT	Diltiazem HCl Coated Beads Cap SR 24HR 300 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARVEDILOL	Carvedilol Tab 3.125 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARVEDILOL	Carvedilol Tab 6.25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARVEDILOL	Carvedilol Tab 12.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CARVEDILOL	Carvedilol Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CATAFLAM	Diclofenac Potassium Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CATAPRES	Clonidine HCl Tab 0.1 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CATAPRES	Clonidine HCl Tab 0.2 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CATAPRES	Clonidine HCl Tab 0.3 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CAZANT	Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025MG-MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CHATEAL	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CHLORPROPAMIDE	Chlorpropamide Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CHLORPROPAMIDE	Chlorpropamide Tab 250 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CHLORTHALIDONE	Chlorthalidone Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CHLORTHALIDONE	Chlorthalidone Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CILOSTAZOL	Cilostazol Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CIMETIDINE	Cimetidine Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CIMETIDINE 200	Cimetidine Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CIMETIDINE ACID REDUCER	Cimetidine Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CLOMIPRAMINE HCL	Clomipramine HCl Cap 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CLOMIPRAMINE HCL	Clomipramine HCl Cap 50 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	CLOMIPRAMINE HCL	Clomipramine HCl Cap 75 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CLONIDINE HCL	Clonidine HCl Tab 0.1 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CLONIDINE HCL	Clonidine HCl Tab 0.2 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CLONIDINE HCL	Clonidine HCl Tab 0.3 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CORDARONE	Amiodarone HCl Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	COREG	Carvedilol Tab 3.125 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	COREG	Carvedilol Tab 6.25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	COREG	Carvedilol Tab 12.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	COREG	Carvedilol Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CORGARD	Nadolol Tab 80 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	COUMADIN	Warfarin Sodium Tab 1 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	COZAAR	Losartan Potassium Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	COZAAR	Losartan Potassium Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	COZAAR	Losartan Potassium Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CRYSSELLE-28	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CVS ACID CONTROLLER MAXIMUM STRENGTH	Famotidine Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CVS HEARTBURN RELIEF	Cimetidine Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CVS IBUPROFEN	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CVS IBUPROFEN IB	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CYCLAFEM 1/35	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CYCLAFEM 7/7/7	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CYCLESSA	Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025MG-MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	CYCLOSET	Bromocriptine Mesylate Tab 0.8 MG (Base Equivalent)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CYRED	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CYTOMEL	Liothyronine Sodium Tab 5 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CYTOMEL	Liothyronine Sodium Tab 25 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	CYTOMEL	Liothyronine Sodium Tab 50 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DASETTA 1/35	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DASETTA 7/7/7	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DAYPRO	Oxaprozin Tab 600 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DEBLITANE	Norethindrone Tab 0.35 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DELYLA	Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DEMADEX	Torsemide Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DEMADEX	Torsemide Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DEMADEX	Torsemide Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DEPAKENE	Valproic Acid Cap 250 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DEPAKOTE	Divalproex Sodium Tab Delayed Release 125 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DEPAKOTE SPRINKLES	Divalproex Sodium Cap Delayed Release Sprinkle 125 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DESIPRAMINE HCL	Desipramine HCl Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DESIPRAMINE HCL	Desipramine HCl Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DESIPRAMINE HCL	Desipramine HCl Tab 75 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DESIPRAMINE HCL	Desipramine HCl Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DESIPRAMINE HCL	Desipramine HCl Tab 150 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DESOGEN	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	DESOGESTREL/ETHINYL ESTRADIOL	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DESOGESTREL/ETHINYL ESTRADIOL	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DESVENLAFAXINE ER	Desvenlafaxine Tab SR 24HR 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DESVENLAFAXINE ER	Desvenlafaxine Tab SR 24HR 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DESVENLAFAXINE ER	Desvenlafaxine Succinate Tab SR 24HR 25 MG (Base Equiv)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DIABETA	Glyburide Tab 1.25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DIABETA	Glyburide Tab 2.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DIABETA	Glyburide Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DIAMOX	Acetazolamide Cap SR 12HR 500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DICLOFENAC SODIUM DR	Diclofenac Sodium Tab Delayed Release 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DICLOFENAC SODIUM DR	Diclofenac Sodium Tab Delayed Release 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DICLOFENAC SODIUM DR	Diclofenac Sodium Tab Delayed Release 75 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DICLOFENAC SODIUM ER	Diclofenac Sodium Tab ER 24HR 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DIFLUNISAL	Diflunisal Tab 500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DIGITEK	Digoxin Tab 0.125 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DIGITEK	Digoxin Tab 0.25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DIGOX	Digoxin Tab 0.125 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DIGOX	Digoxin Tab 0.25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DIGOXIN	Digoxin Tab 0.125 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DIGOXIN	Digoxin Tab 0.25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DIGOXIN	Digoxin Oral Soln 0.05 MG/ML	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILANTIN INFATABS	Phenytoin Chew Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	DILANTIN-125	Phenytoin Susp 125 MG/5ML	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILTIAZEM CD	Diltiazem HCl Coated Beads Cap SR 24HR 120 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILTIAZEM CD	Diltiazem HCl Coated Beads Cap SR 24HR 180 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILTIAZEM CD	Diltiazem HCl Coated Beads Cap SR 24HR 240 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILTIAZEM CD	Diltiazem HCl Coated Beads Cap SR 24HR 300 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILTIAZEM HCL	Diltiazem HCl Tab 30 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILTIAZEM HCL	Diltiazem HCl Tab 60 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILTIAZEM HCL	Diltiazem HCl Tab 90 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILTIAZEM HCL	Diltiazem HCl Tab 120 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILTIAZEM HCL CD	Diltiazem HCl Coated Beads Cap SR 24HR 360 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILTIAZEM HCL ER	Diltiazem HCl Cap ER 24HR 120 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILTIAZEM HCL ER	Diltiazem HCl Cap ER 24HR 180 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILTIAZEM HCL ER	Diltiazem HCl Cap ER 24HR 240 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILTIAZEM HCL ER	Diltiazem HCl Extended Release Beads Cap SR 24HR 120 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILTIAZEM HCL ER	Diltiazem HCl Extended Release Beads Cap SR 24HR 180 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILTIAZEM HCL ER	Diltiazem HCl Extended Release Beads Cap SR 24HR 240 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILTIAZEM HCL ER	Diltiazem HCl Extended Release Beads Cap SR 24HR 300 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILTIAZEM HCL ER	Diltiazem HCl Extended Release Beads Cap SR 24HR 360 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILTIAZEM HCL ER	Diltiazem HCl Coated Beads Cap SR 24HR 120 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILTIAZEM HCL ER	Diltiazem HCl Coated Beads Cap SR 24HR 180 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILTIAZEM HCL ER	Diltiazem HCl Coated Beads Cap SR 24HR 240 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILTIAZEM HCL ER	Diltiazem HCl Coated Beads Cap SR 24HR 300 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	DILTIAZEM HCL ER	Diltiazem HCl Coated Beads Cap SR 24HR 360 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILTIAZEM HCL ER	Diltiazem HCl Coated Beads Tab SR 24HR 180 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILTIAZEM HCL ER	Diltiazem HCl Coated Beads Tab SR 24HR 240 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILTIAZEM HCL ER	Diltiazem HCl Coated Beads Tab SR 24HR 300 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILTIAZEM HCL ER	Diltiazem HCl Coated Beads Tab SR 24HR 360 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILTIAZEM HCL ER	Diltiazem HCl Coated Beads Tab SR 24HR 420 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILT-XR	Diltiazem HCl Cap ER 24HR 120 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILT-XR	Diltiazem HCl Cap ER 24HR 180 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DILT-XR	Diltiazem HCl Cap ER 24HR 240 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DIOVAN HCT	Valsartan-Hydrochlorothiazide Tab 160-12.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DIOVAN HCT	Valsartan-Hydrochlorothiazide Tab 160-25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DIOVAN HCT	Valsartan-Hydrochlorothiazide Tab 320-12.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DIOVAN HCT	Valsartan-Hydrochlorothiazide Tab 320-25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DIPYRIDAMOLE	Dipyridamole Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DISOPYRAMIDE PHOSPHATE	Disopyramide Phosphate Cap 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DISOPYRAMIDE PHOSPHATE	Disopyramide Phosphate Cap 150 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DITROPAN XL	Oxybutynin Chloride Tab SR 24HR 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DIVALPROEX SODIUM	Divalproex Sodium Cap Delayed Release Sprinkle 125 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DIVALPROEX SODIUM DR	Divalproex Sodium Tab Delayed Release 125 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DOFETILIDE	Dofetilide Cap 125 MCG (0.125 MG)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DOFETILIDE	Dofetilide Cap 250 MCG (0.25 MG)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DOFETILIDE	Dofetilide Cap 500 MCG (0.5 MG)	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	DOXAZOSIN	Doxazosin Mesylate Tab 4 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DOXAZOSIN MESYLATE	Doxazosin Mesylate Tab 1 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DOXAZOSIN MESYLATE	Doxazosin Mesylate Tab 2 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DOXAZOSIN MESYLATE	Doxazosin Mesylate Tab 4 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DOXAZOSIN MESYLATE	Doxazosin Mesylate Tab 8 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DOXEPIN HCL	Doxepin HCl Cap 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DOXEPIN HCL	Doxepin HCl Cap 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DOXEPIN HCL	Doxepin HCl Cap 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DOXEPIN HCL	Doxepin HCl Cap 75 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DOXEPIN HCL	Doxepin HCl Cap 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DOXEPIN HCL	Doxepin HCl Cap 150 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DOXEPIN HCL	Doxepin HCl Conc 10 MG/ML	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DROSPIRENONE/ETHINYL ESTRADIOL	Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DROSPIRENONE/ETHINYL ESTRADIOL	Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DYAZIDE	Triamterene & Hydrochlorothiazide Cap 37.5-25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	DYSPEL	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ELAVIL	Amitriptyline HCl Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ELDEPRYL	Selegiline HCl Cap 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ELINEST	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	EMOQUETTE	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ENALAPRIL MALEATE	Enalapril Maleate Tab 2.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ENALAPRIL MALEATE	Enalapril Maleate Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	ENALAPRIL MALEATE	Enalapril Maleate Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ENALAPRIL MALEATE	Enalapril Maleate Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	Enalapril Maleate & Hydrochlorothiazide Tab 5-12.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	Enalapril Maleate & Hydrochlorothiazide Tab 10-25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ENPRESSE-28	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ENSKYCE	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	EPANED	Enalapril Maleate For Oral Soln 1 MG/ML	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	EPITOL	Carbamazepine Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	EQ ACID REDUCER	Cimetidine Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	EQ ACID REDUCER MAXIMUM STRENGTH	Famotidine Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	EQ HEARTBURN RELIEF	Cimetidine Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	EQ IBUPROFEN	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	EQL ACID REDUCER	Cimetidine Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	EQL HEARTBURN PREVENTION/MAXIMUM STRENGTH	Famotidine Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	EQL IBUPROFEN	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ERRIN	Norethindrone Tab 0.35 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ESTARYLLA	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ESTRACE	Estradiol Tab 0.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ESTRACE	Estradiol Tab 1 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ESTRADIOL	Estradiol Tab 0.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ESTRADIOL	Estradiol Tab 1 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ESTROPIPATE	Estropipate Tab 0.75 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	ETHAMBUTOL HCL	Ethambutol HCl Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ETHYNODIOL DIACETATE/ETHINYL ESTRADIOL	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-50 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ETODOLAC	Etodolac Cap 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ETODOLAC	Etodolac Cap 300 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ETODOLAC	Etodolac Tab 400 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ETODOLAC	Etodolac Tab 500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ETODOLAC ER	Etodolac Tab SR 24HR 400 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ETODOLAC ER	Etodolac Tab SR 24HR 500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ETODOLAC ER	Etodolac Tab SR 24HR 600 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FALMINA	Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FAMOTIDINE	Famotidine Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FARXIGA	Dapagliflozin Propanediol Tab 5 MG (Base Equivalent)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FARXIGA	Dapagliflozin Propanediol Tab 10 MG (Base Equivalent)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FELDENE	Piroxicam Cap 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FELDENE	Piroxicam Cap 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FELODIPINE ER	Felodipine Tab ER 24HR 2.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FELODIPINE ER	Felodipine Tab ER 24HR 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FELODIPINE ER	Felodipine Tab ER 24HR 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FEMYNOR	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FENOFIBRATE	Fenofibrate Tab 54 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FENOFIBRATE MICRONIZED	Fenofibrate Micronized Cap 67 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FETZIMA	Levomilnacipran HCl Cap SR 24HR 20 MG (Base Equivalent)	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	FETZIMA	Levomilnacipran HCl Cap SR 24HR 40 MG (Base Equivalent)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FETZIMA	Levomilnacipran HCl Cap SR 24HR 80 MG (Base Equivalent)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FETZIMA	Levomilnacipran HCl Cap SR 24HR 120 MG (Base Equivalent)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FLECAINIDE ACETATE	Flecainide Acetate Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FLECAINIDE ACETATE	Flecainide Acetate Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FLECAINIDE ACETATE	Flecainide Acetate Tab 150 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FLUOXETINE HCL	Fluoxetine HCl Cap 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FLUOXETINE HCL	Fluoxetine HCl Cap 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FLUOXETINE HCL	Fluoxetine HCl Cap 40 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FLUOXETINE HCL	Fluoxetine HCl Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FLUOXETINE HCL	Fluoxetine HCl Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FLUOXETINE HCL	Fluoxetine HCl Tab 60 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FLUOXETINE HCL	Fluoxetine HCl Solution 20 MG/5ML	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FLUOXETINE HYDROCHLORIDE	Fluoxetine HCl Tab 60 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FLURBIPROFEN	Flurbiprofen Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FLURBIPROFEN	Flurbiprofen Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FLUVASTATIN	Fluvastatin Sodium Cap 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FLUVASTATIN	Fluvastatin Sodium Cap 40 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FORFIVO XL	Bupropion HCl Tab SR 24HR 450 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FOSINOPRIL SODIUM	Fosinopril Sodium Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FOSINOPRIL SODIUM	Fosinopril Sodium Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FOSINOPRIL SODIUM	Fosinopril Sodium Tab 40 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	FUROSEMIDE	Furosemide Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FUROSEMIDE	Furosemide Tab 40 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FUROSEMIDE	Furosemide Tab 80 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FUROSEMIDE	Furosemide Oral Soln 8 MG/ML	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	FUROSEMIDE	Furosemide Oral Soln 10 MG/ML	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GABAPENTIN	Gabapentin Cap 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GABITRIL	Tiagabine HCl Tab 2 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GEMFIBROZIL	Gemfibrozil Tab 600 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GENPRIL	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GIANVI	Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GILDAGIA	Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GILDESS 1.5/30	Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GILDESS 1/20	Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GILDESS FE 1.5/30	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GILDESS FE 1/20	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLIMEPIRIDE	Glimepiride Tab 1 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLIMEPIRIDE	Glimepiride Tab 2 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLIMEPIRIDE	Glimepiride Tab 4 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLIPIZIDE	Glipizide Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLIPIZIDE	Glipizide Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLIPIZIDE ER	Glipizide Tab SR 24HR 2.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLIPIZIDE ER	Glipizide Tab SR 24HR 5 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	GLIPIZIDE ER	Glipizide Tab SR 24HR 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLIPIZIDE XL	Glipizide Tab SR 24HR 2.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLIPIZIDE XL	Glipizide Tab SR 24HR 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLIPIZIDE XL	Glipizide Tab SR 24HR 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLUCAGEN HYPOKIT	Glucagon HCl (rDNA) For Inj 1 MG (Base Equiv)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLUCOPHAGE	Metformin HCl Tab 500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLUCOPHAGE	Metformin HCl Tab 850 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLUCOPHAGE	Metformin HCl Tab 1000 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLUCOPHAGE XR	Metformin HCl Tab SR 24HR 500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLUCOPHAGE XR	Metformin HCl Tab SR 24HR 750 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLUCOTROL	Glipizide Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLUCOTROL	Glipizide Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLUCOTROL XL	Glipizide Tab SR 24HR 2.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLUCOTROL XL	Glipizide Tab SR 24HR 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLUCOTROL XL	Glipizide Tab SR 24HR 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLUCOVANCE	Glyburide-Metformin Tab 2.5-500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLUCOVANCE	Glyburide-Metformin Tab 5-500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLYBURIDE	Glyburide Tab 1.25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLYBURIDE	Glyburide Tab 2.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLYBURIDE	Glyburide Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLYBURIDE MICRONIZED	Glyburide Micronized Tab 1.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLYBURIDE MICRONIZED	Glyburide Micronized Tab 3 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	GLYBURIDE MICRONIZED	Glyburide Micronized Tab 6 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLYBURIDE/METFORMIN HCL	Glyburide-Metformin Tab 1.25-250 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLYBURIDE/METFORMIN HCL	Glyburide-Metformin Tab 2.5-500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLYBURIDE/METFORMIN HCL	Glyburide-Metformin Tab 5-500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLYNASE	Glyburide Micronized Tab 1.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLYNASE	Glyburide Micronized Tab 3 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLYNASE	Glyburide Micronized Tab 6 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLYXAMBI	Empagliflozin-Linagliptin Tab 10-5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GLYXAMBI	Empagliflozin-Linagliptin Tab 25-5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GNP ACID REDUCER MAXIMUMSTRENGTH	Famotidine Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GNP HEARTBURN RELIEF	Cimetidine Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GNP HEARTBURN RELIEF 200	Cimetidine Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GNP IBUPROFEN	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GOODSENSE IBUPROFEN	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GUANFACINE HCL	Guanfacine HCl Tab 1 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	GUANFACINE HCL	Guanfacine HCl Tab 2 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	HEARTBURN RELIEF	Cimetidine Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	HEARTBURN RELIEF MAXIMUMSTRENGTH	Famotidine Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	HEATHER	Norethindrone Tab 0.35 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	HM FAMOTIDINE	Famotidine Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	HM IBUPROFEN	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	HM IBUPROFEN IB	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	HYDRALAZINE HCL	Hydralazine HCl Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	HYDRALAZINE HCL	Hydralazine HCl Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	HYDRALAZINE HCL	Hydralazine HCl Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	HYDRALAZINE HCL	Hydralazine HCl Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	HYDREA	Hydroxyurea Cap 500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	HYDROCHLOROTHIAZIDE	Hydrochlorothiazide Cap 12.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	HYDROCHLOROTHIAZIDE	Hydrochlorothiazide Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	HYDROCHLOROTHIAZIDE	Hydrochlorothiazide Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	HYDROXYCHLOROQUINE SULFATE	Hydroxychloroquine Sulfate Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	HYDROXYUREA	Hydroxyurea Cap 500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	HYZAAR	Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	HYZAAR	Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	HYZAAR	Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	IBU-200	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	IBUPROFEN	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	IBUPROFEN	Ibuprofen Tab 400 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	IBUPROFEN	Ibuprofen Tab 600 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	IBUPROFEN	Ibuprofen Tab 800 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	IMIPRAMINE HCL	Imipramine HCl Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	IMIPRAMINE HCL	Imipramine HCl Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	IMIPRAMINE HCL	Imipramine HCl Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	IMIPRAMINE PAMOATE	Imipramine Pamoate Cap 75 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	IMIPRAMINE PAMOATE	Imipramine Pamoate Cap 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	IMIPRAMINE PAMOATE	Imipramine Pamoate Cap 125 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	IMIPRAMINE PAMOATE	Imipramine Pamoate Cap 150 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	IMURAN	Azathioprine Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	INDAPAMIDE	Indapamide Tab 1.25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	INDAPAMIDE	Indapamide Tab 2.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	INDOMETHACIN	Indomethacin Cap 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	INDOMETHACIN	Indomethacin Cap 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	INDOMETHACIN ER	Indomethacin Cap CR 75 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	INVOKAMET	Canagliflozin-Metformin HCl Tab 50-500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	INVOKAMET	Canagliflozin-Metformin HCl Tab 50-1000 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	INVOKAMET	Canagliflozin-Metformin HCl Tab 150-500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	INVOKAMET	Canagliflozin-Metformin HCl Tab 150-1000 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	INVOKANA	Canagliflozin Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	INVOKANA	Canagliflozin Tab 300 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	I-PRIN	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	IRBESARTAN	Irbesartan Tab 75 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	IRBESARTAN	Irbesartan Tab 150 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	IRBESARTAN	Irbesartan Tab 300 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ISIBLOOM	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ISONIAZID	Isoniazid Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ISORDIL TITRADOSE	Isosorbide Dinitrate Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	ISOSORBIDE DINITRATE	Isosorbide Dinitrate Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ISOSORBIDE DINITRATE	Isosorbide Dinitrate Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ISOSORBIDE DINITRATE	Isosorbide Dinitrate Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ISOSORBIDE DINITRATE	Isosorbide Dinitrate Tab 30 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ISOSORBIDE DINITRATE ER	Isosorbide Dinitrate Tab CR 40 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ISOSORBIDE MONONITRATE	Isosorbide Mononitrate Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ISOSORBIDE MONONITRATE	Isosorbide Mononitrate Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ISOSORBIDE MONONITRATE ER	Isosorbide Mononitrate Tab ER 24HR 30 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ISOSORBIDE MONONITRATE ER	Isosorbide Mononitrate Tab ER 24HR 60 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ISOSORBIDE MONONITRATE ER	Isosorbide Mononitrate Tab ER 24HR 120 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ISRADIPINE	Isradipine Cap 2.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ISRADIPINE	Isradipine Cap 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	JANTOVEN	Warfarin Sodium Tab 1 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	JANUVIA	Sitagliptin Phosphate Tab 25 MG (Base Equiv)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	JANUVIA	Sitagliptin Phosphate Tab 50 MG (Base Equiv)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	JANUVIA	Sitagliptin Phosphate Tab 100 MG (Base Equiv)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	JARDIANCE	Empagliflozin Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	JARDIANCE	Empagliflozin Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	JENCYCLA	Norethindrone Tab 0.35 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	JOLIVETTE	Norethindrone Tab 0.35 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	JULEBER	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	JUNEL 1.5/30	Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	JUNEL 1/20	Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	JUNEL FE 1.5/30	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	JUNEL FE 1/20	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	KARIVA	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	KAZANO	Alogliptin-Metformin HCl Tab 12.5-500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	KAZANO	Alogliptin-Metformin HCl Tab 12.5-1000 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	KELNOR 1/35	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	KEPPRA	Levetiracetam Tab 250 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	KETOPROFEN	Ketoprofen Cap 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	KETOPROFEN	Ketoprofen Cap 75 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	KETOPROFEN ER	Ketoprofen Cap ER 24HR 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	KHEDEZLA	Desvenlafaxine Tab SR 24HR 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	KHEDEZLA	Desvenlafaxine Tab SR 24HR 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	KIMIDESS	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	KLOR-CON 10	Potassium Chloride Tab CR 10 mEq	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	KLOR-CON 8	Potassium Chloride Tab CR 8 mEq (600 MG)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	KLOR-CON M10	Potassium Chloride Microencapsulated Crys CR Tab 10 mEq	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	KLOR-CON M15	Potassium Chloride Microencapsulated Crys CR Tab 15 mEq	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	KLOR-CON M20	Potassium Chloride Microencapsulated Crys CR Tab 20 mEq	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	KLS ACID CONTROLLER MAXIMUM STRENGTH	Famotidine Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	KLS IBUPROFEN	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	KLS IBUPROFEN IB	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	K-TAB	Potassium Chloride Tab CR 8 mEq (600 MG)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	K-TAB	Potassium Chloride Tab CR 10 mEq	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	KURVELO	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LABETALOL HCL	Labetalol HCl Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LABETALOL HCL	Labetalol HCl Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LANOXIN	Digoxin Tab 0.125 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LANOXIN	Digoxin Tab 0.25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LARIN 1.5/30	Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LARIN 1/20	Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LARIN FE 1.5/30	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LARIN FE 1/20	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LARISSIA	Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LASIX	Furosemide Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LASIX	Furosemide Tab 40 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LASIX	Furosemide Tab 80 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEENA	Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 MG-MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEFLUNOMIDE	Leflunomide Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEFLUNOMIDE	Leflunomide Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LESSINA	Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEUPROLIDE ACETATE	Leuprolide Acetate Inj Kit 5 MG/ML	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVETIRACETAM	Levetiracetam Tab 250 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVONEST	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	LEVONORGESTREL/ETHINYL ESTRADIOL	Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVONORGESTREL/ETHINYL ESTRADIOL	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVONORGESTREL/ETHINYL ESTRADIOL	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVORA 0.15/30-28	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVO-T	Levothyroxine Sodium Tab 25 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVO-T	Levothyroxine Sodium Tab 50 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVO-T	Levothyroxine Sodium Tab 75 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVO-T	Levothyroxine Sodium Tab 88 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVO-T	Levothyroxine Sodium Tab 100 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVO-T	Levothyroxine Sodium Tab 112 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVO-T	Levothyroxine Sodium Tab 125 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVO-T	Levothyroxine Sodium Tab 137 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVO-T	Levothyroxine Sodium Tab 150 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVO-T	Levothyroxine Sodium Tab 175 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVO-T	Levothyroxine Sodium Tab 200 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVO-T	Levothyroxine Sodium Tab 300 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOTHYROXINE SODIUM	Levothyroxine Sodium Tab 25 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOTHYROXINE SODIUM	Levothyroxine Sodium Tab 50 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOTHYROXINE SODIUM	Levothyroxine Sodium Tab 75 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOTHYROXINE SODIUM	Levothyroxine Sodium Tab 88 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOTHYROXINE SODIUM	Levothyroxine Sodium Tab 100 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOTHYROXINE SODIUM	Levothyroxine Sodium Tab 112 MCG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	LEVOTHYROXINE SODIUM	Levothyroxine Sodium Tab 125 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOTHYROXINE SODIUM	Levothyroxine Sodium Tab 137 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOTHYROXINE SODIUM	Levothyroxine Sodium Tab 150 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOTHYROXINE SODIUM	Levothyroxine Sodium Tab 175 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOTHYROXINE SODIUM	Levothyroxine Sodium Tab 200 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOTHYROXINE SODIUM	Levothyroxine Sodium Tab 300 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOTHYROXINE/LIOTHYRONINE	Thyroid Tab 15 MG (1/4 Grain)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOTHYROXINE/LIOTHYRONINE	Thyroid Tab 30 MG (1/2 Grain)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOTHYROXINE/LIOTHYRONINE	Thyroid Tab 60 MG (1 Grain)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOTHYROXINE/LIOTHYRONINE	Thyroid Tab 90 MG (1 1/2 Grain)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOTHYROXINE/LIOTHYRONINE	Thyroid Tab 120 MG (2 Grain)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOXYL	Levothyroxine Sodium Tab 25 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOXYL	Levothyroxine Sodium Tab 50 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOXYL	Levothyroxine Sodium Tab 75 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOXYL	Levothyroxine Sodium Tab 88 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOXYL	Levothyroxine Sodium Tab 100 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOXYL	Levothyroxine Sodium Tab 112 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOXYL	Levothyroxine Sodium Tab 125 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOXYL	Levothyroxine Sodium Tab 137 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOXYL	Levothyroxine Sodium Tab 150 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOXYL	Levothyroxine Sodium Tab 175 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LEVOXYL	Levothyroxine Sodium Tab 200 MCG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	LIOTHYRONINE SODIUM	Liothyronine Sodium Tab 5 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LIOTHYRONINE SODIUM	Liothyronine Sodium Tab 25 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LIOTHYRONINE SODIUM	Liothyronine Sodium Tab 50 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LIPITOR	Atorvastatin Calcium Tab 10 MG (Base Equivalent)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LIPITOR	Atorvastatin Calcium Tab 20 MG (Base Equivalent)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LIPITOR	Atorvastatin Calcium Tab 40 MG (Base Equivalent)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LIPITOR	Atorvastatin Calcium Tab 80 MG (Base Equivalent)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LISINOPRIL	Lisinopril Tab 2.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LISINOPRIL	Lisinopril Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LISINOPRIL	Lisinopril Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LISINOPRIL	Lisinopril Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LISINOPRIL	Lisinopril Tab 30 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LISINOPRIL	Lisinopril Tab 40 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LISINOPRIL/HYDROCHLOROTHIAZIDE	Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LISINOPRIL/HYDROCHLOROTHIAZIDE	Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LISINOPRIL/HYDROCHLOROTHIAZIDE	Lisinopril & Hydrochlorothiazide Tab 20-25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LODINE	Etodolac Tab 400 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LOESTRIN 1.5/30-21	Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LOESTRIN 1/20-21	Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LOESTRIN FE 1.5/30	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LOESTRIN FE 1/20	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LOFIBRA	Fenofibrate Tab 54 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	LOFIBRA	Fenofibrate Micronized Cap 67 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LOPID	Gemfibrozil Tab 600 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LOPRESSOR	Metoprolol Tartrate Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LOPRESSOR	Metoprolol Tartrate Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LOPRESSOR HCT	Metoprolol & Hydrochlorothiazide Tab 100-25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LORYNA	Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LOSARTAN POTASSIUM	Losartan Potassium Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LOSARTAN POTASSIUM	Losartan Potassium Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LOSARTAN POTASSIUM	Losartan Potassium Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LOTENSIN	Benazepril HCl Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LOTENSIN	Benazepril HCl Tab 40 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LOTENSIN HCT	Benazepril & Hydrochlorothiazide Tab 10-12.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LOTENSIN HCT	Benazepril & Hydrochlorothiazide Tab 20-12.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LOTENSIN HCT	Benazepril & Hydrochlorothiazide Tab 20-25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LOTREL	Amlodipine Besylate-Benazepril HCl Cap 5-10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LOTREL	Amlodipine Besylate-Benazepril HCl Cap 5-20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LOTREL	Amlodipine Besylate-Benazepril HCl Cap 10-20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LOVASTATIN	Lovastatin Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LOVASTATIN	Lovastatin Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	LOVASTATIN	Lovastatin Tab 40 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LOVENOX	Enoxaparin Sodium Inj 30 MG/0.3ML	Maximum Period Limit at Retail = 34 days
Period Limit	LOVENOX	Enoxaparin Sodium Inj 40 MG/0.4ML	Maximum Period Limit at Retail = 34 days
Period Limit	LOVENOX	Enoxaparin Sodium Inj 60 MG/0.6ML	Maximum Period Limit at Retail = 34 days
Period Limit	LOVENOX	Enoxaparin Sodium Inj 80 MG/0.8ML	Maximum Period Limit at Retail = 34 days
Period Limit	LOVENOX	Enoxaparin Sodium Inj 100 MG/ML	Maximum Period Limit at Retail = 34 days
Period Limit	LOVENOX	Enoxaparin Sodium Inj 120 MG/0.8ML	Maximum Period Limit at Retail = 34 days
Period Limit	LOVENOX	Enoxaparin Sodium Inj 150 MG/ML	Maximum Period Limit at Retail = 34 days
Period Limit	LOVENOX	Enoxaparin Sodium Inj 300 MG/3ML	Maximum Period Limit at Retail = 34 days
Period Limit	LOW-OGESTREL	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LUPRON DEPOT (3-MONTH)	Leuprolide Acetate (3 Month) For Inj Kit 11.25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LUPRON DEPOT (3-MONTH)	Leuprolide Acetate (3 Month) For Inj Kit 22.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LUPRON DEPOT (4-MONTH)	Leuprolide Acetate (4 Month) For Inj Kit 30 MG	Maximum Period Limit at Retail/Mail = 120 days
Period Limit	LUPRON DEPOT (6-MONTH)	Leuprolide Acetate (6 Month) For Inj Kit 45 MG	Maximum Period Limit at Retail/Mail = 180 days
Period Limit	LUPRON DEPOT-PED (1-MONTH)	Leuprolide Acetate For Inj Pediatric Kit 11.25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LUPRON DEPOT-PED (3-MONTH)	Leuprolide Acetate (3 Month) For Inj Pediatric Kit 11.25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LUPRON DEPOT-PED (3-MONTH)	Leuprolide Acetate (3 Month) For Inj Pediatric Kit 30 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LUTERA	Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	LYZA	Norethindrone Tab 0.35 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MAPROTILINE HCL	Maprotiline HCI Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MAPROTILINE HCL	Maprotiline HCI Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MAPROTILINE HCL	Maprotiline HCI Tab 75 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	MARLISSA	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MATZIM LA	Diltiazem HCl Coated Beads Tab SR 24HR 180 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MATZIM LA	Diltiazem HCl Coated Beads Tab SR 24HR 240 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MATZIM LA	Diltiazem HCl Coated Beads Tab SR 24HR 300 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MATZIM LA	Diltiazem HCl Coated Beads Tab SR 24HR 360 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MATZIM LA	Diltiazem HCl Coated Beads Tab SR 24HR 420 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MAXZIDE	Triamterene & Hydrochlorothiazide Tab 75-50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MAXZIDE-25	Triamterene & Hydrochlorothiazide Tab 37.5-25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MEDI-PROFEN	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MEDROXYPROGESTERONE ACETATE	Medroxyprogesterone Acetate Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MEIJER IBUPROFEN	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MELOXICAM	Meloxicam Tab 7.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MELOXICAM	Meloxicam Tab 15 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	METFORMIN HCL	Metformin HCl Tab 500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	METFORMIN HCL	Metformin HCl Tab 850 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	METFORMIN HCL	Metformin HCl Tab 1000 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	METFORMIN HCL ER	Metformin HCl Tab SR 24HR 500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	METFORMIN HCL ER	Metformin HCl Tab SR 24HR 750 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	METFORMIN HYDROCHLORIDE	Metformin HCl Tab 500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	METFORMIN HYDROCHLORIDE	Metformin HCl Tab 850 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	METHAZOLAMIDE	Methazolamide Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	METHAZOLAMIDE	Methazolamide Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	METHIMAZOLE	Methimazole Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	METHIMAZOLE	Methimazole Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	METHOCARBAMOL	Methocarbamol Tab 500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	METHYLDOPA	Methyldopa Tab 250 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	METHYLDOPA	Methyldopa Tab 500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	METOCLOPRAMIDE HCL	Metoclopramide HCl Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	METOLAZONE	Metolazone Tab 2.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	METOLAZONE	Metolazone Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	METOLAZONE	Metolazone Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	METOPROLOL SUCCINATE ER	Metoprolol Succinate Tab SR 24HR 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	METOPROLOL SUCCINATE ER	Metoprolol Succinate Tab SR 24HR 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	METOPROLOL SUCCINATE ER	Metoprolol Succinate Tab SR 24HR 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	METOPROLOL TARTRATE	Metoprolol Tartrate Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	METOPROLOL TARTRATE	Metoprolol Tartrate Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	METOPROLOL TARTRATE	Metoprolol Tartrate Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	METOPROLOL/HYDROCHLOROTHIAZIDE	Metoprolol & Hydrochlorothiazide Tab 50-25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	METOPROLOL/HYDROCHLOROTHIAZIDE	Metoprolol & Hydrochlorothiazide Tab 100-25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MEVACOR	Lovastatin Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MEVACOR	Lovastatin Tab 40 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MEXILETINE HCL	Mexiletine HCl Cap 150 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MEXILETINE HCL	Mexiletine HCl Cap 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MEXILETINE HCL	Mexiletine HCl Cap 250 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	MICARDIS	Telmisartan Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MICROGESTIN 1.5/30	Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MICROGESTIN 1/20	Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MICROGESTIN FE	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MICROGESTIN FE 1.5/30	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MICROZIDE	Hydrochlorothiazide Cap 12.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MINIPRESS	Prazosin HCl Cap 1 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MINIPRESS	Prazosin HCl Cap 2 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MINIPRESS	Prazosin HCl Cap 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MINITRAN	Nitroglycerin TD Patch 24HR 0.1 MG/HR	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MINITRAN	Nitroglycerin TD Patch 24HR 0.2 MG/HR	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MINITRAN	Nitroglycerin TD Patch 24HR 0.4 MG/HR	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MINITRAN	Nitroglycerin TD Patch 24HR 0.6 MG/HR	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MINOXIDIL	Minoxidil Tab 2.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MINOXIDIL	Minoxidil Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MIRCETTE	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MOBIC	Meloxicam Tab 7.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MOBIC	Meloxicam Tab 15 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MODICON	Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MONO-LINYAH	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MONONESSA	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MOTRIN IB	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	MOVANTIK	Naloxegol Oxalate Tab 12.5 MG (Base Equivalent)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MOVANTIK	Naloxegol Oxalate Tab 25 MG (Base Equivalent)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MULTAQ	Dronedarone HCl Tab 400 MG (Base Equivalent)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MYAMBUTOL	Ethambutol HCl Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MYSOLINE	Primidone Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	MYZILRA	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NABUMETONE	Nabumetone Tab 500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NABUMETONE	Nabumetone Tab 750 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NADOLOL	Nadolol Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NADOLOL	Nadolol Tab 40 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NADOLOL	Nadolol Tab 80 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NAPROSYN	Naproxen Tab 250 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NAPROSYN	Naproxen Tab 375 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NAPROSYN	Naproxen Tab 500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NAPROSYN	Naproxen Susp 125 MG/5ML	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NAPROXEN	Naproxen Tab 250 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NAPROXEN	Naproxen Tab 375 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NAPROXEN	Naproxen Tab 500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NAPROXEN	Naproxen Susp 125 MG/5ML	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NAPROXEN DR	Naproxen Tab EC 375 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NAPROXEN DR	Naproxen Tab EC 500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NAPROXEN KIT	Naproxen Tab 500 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	NAPROXEN SODIUM	Naproxen Sodium Tab 275 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NAPROXEN SODIUM	Naproxen Sodium Tab 550 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NARDIL	Phenelzine Sulfate Tab 15 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NECON 0.5/35-28	Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NECON 1/35	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NECON 1/50-28	Norethindrone & Mestranol Tab 1 MG-50 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NECON 7/7/7	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NEPTAZANE	Methazolamide Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NEPTAZANE	Methazolamide Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NESINA	Alogliptin Benzoate Tab 6.25 MG (Base Equiv)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NESINA	Alogliptin Benzoate Tab 12.5 MG (Base Equiv)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NESINA	Alogliptin Benzoate Tab 25 MG (Base Equiv)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NEURONTIN	Gabapentin Cap 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NICARDIPINE HCL	Nicardipine HCl Cap 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NICARDIPINE HCL	Nicardipine HCl Cap 30 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NIFEDICAL XL	Nifedipine Tab SR 24HR Osmotic 30 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NIFEDICAL XL	Nifedipine Tab SR 24HR Osmotic 60 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NIFEDIPINE	Nifedipine Cap 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NIFEDIPINE ER	Nifedipine Tab SR 24HR 30 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NIFEDIPINE ER	Nifedipine Tab SR 24HR Osmotic 30 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NIFEDIPINE ER	Nifedipine Tab SR 24HR Osmotic 60 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NIFEDIPINE ER	Nifedipine Tab SR 24HR Osmotic 90 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	NIKKI	Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NIMODIPINE	Nimodipine Cap 30 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NISOLDIPINE ER	Nisoldipine Tab SR 24HR 8.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NISOLDIPINE ER	Nisoldipine Tab SR 24HR 17 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NISOLDIPINE ER	Nisoldipine Tab ER 24HR 25.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NISOLDIPINE ER	Nisoldipine Tab SR 24HR 34 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NITRO-BID	Nitroglycerin Oint 2%	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NITRO-DUR	Nitroglycerin TD Patch 24HR 0.1 MG/HR	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NITRO-DUR	Nitroglycerin TD Patch 24HR 0.2 MG/HR	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NITRO-DUR	Nitroglycerin TD Patch 24HR 0.4 MG/HR	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NITRO-DUR	Nitroglycerin TD Patch 24HR 0.6 MG/HR	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NITROGLYCERIN	Nitroglycerin SL Tab 0.3 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NITROGLYCERIN	Nitroglycerin SL Tab 0.4 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NITROGLYCERIN	Nitroglycerin SL Tab 0.6 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NITROGLYCERIN TRANSDERMAL	Nitroglycerin TD Patch 24HR 0.1 MG/HR	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NITROGLYCERIN TRANSDERMAL	Nitroglycerin TD Patch 24HR 0.2 MG/HR	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NITROGLYCERIN TRANSDERMAL	Nitroglycerin TD Patch 24HR 0.4 MG/HR	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NITROGLYCERIN TRANSDERMAL	Nitroglycerin TD Patch 24HR 0.6 MG/HR	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NITROSTAT	Nitroglycerin SL Tab 0.3 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NITROSTAT	Nitroglycerin SL Tab 0.4 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NITROSTAT	Nitroglycerin SL Tab 0.6 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORA-BE	Norethindrone Tab 0.35 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	NORETHINDRONE	Norethindrone Tab 0.35 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORETHINDRONE ACETATE	Norethindrone Acetate Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORGESTIMATE/ETHINYL ESTRADIOL	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORGESTIMATE/ETHINYL ESTRADIOL	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORINYL 1+35	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORINYL 1+50	Norethindrone & Mestranol Tab 1 MG-50 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORLYDA	Norethindrone Tab 0.35 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORLYROC	Norethindrone Tab 0.35 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORPACE	Disopyramide Phosphate Cap 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORPACE	Disopyramide Phosphate Cap 150 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORPACE CR	Disopyramide Phosphate Cap ER 12HR 150 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORPRAMIN	Desipramine HCl Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORPRAMIN	Desipramine HCl Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORPRAMIN	Desipramine HCl Tab 75 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORPRAMIN	Desipramine HCl Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORPRAMIN	Desipramine HCl Tab 150 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NOR-QD	Norethindrone Tab 0.35 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORTREL 0.5/35 (28)	Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORTREL 1/35	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORTREL 7/7/7	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	NORTRIPTYLINE HCL	Nortriptyline HCl Cap 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORTRIPTYLINE HCL	Nortriptyline HCl Cap 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORTRIPTYLINE HCL	Nortriptyline HCl Cap 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORTRIPTYLINE HCL	Nortriptyline HCl Cap 75 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORVASC	Amlodipine Besylate Tab 2.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORVASC	Amlodipine Besylate Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NORVASC	Amlodipine Besylate Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NP THYROID	Thyroid Tab 30 MG (1/2 Grain)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NP THYROID	Thyroid Tab 60 MG (1 Grain)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NP THYROID	Thyroid Tab 90 MG (1 1/2 Grain)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NP THYROID 120	Thyroid Tab 120 MG (2 Grain)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NP THYROID 15	Thyroid Tab 15 MG (1/4 Grain)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NP THYROID 30	Thyroid Tab 30 MG (1/2 Grain)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NP THYROID 60	Thyroid Tab 60 MG (1 Grain)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	NP THYROID 90	Thyroid Tab 90 MG (1 1/2 Grain)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	OCELLA	Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ORPHENADRINE CITRATE ER	Orphenadrine Citrate Tab SR 12HR 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ORSYTHIA	Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ORTHO MICRONOR	Norethindrone Tab 0.35 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ORTHO TRI-CYCLEN	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ORTHO-CYCLEN	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ORTHO-NOVUM 1/35	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	ORTHO-NOVUM 7/7/7	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	OSENI	Alogliptin-Pioglitazone Tab 12.5-15 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	OSENI	Alogliptin-Pioglitazone Tab 12.5-45 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	OSENI	Alogliptin-Pioglitazone Tab 25-15 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	OSENI	Alogliptin-Pioglitazone Tab 25-30 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	OSENI	Alogliptin-Pioglitazone Tab 25-45 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	OVCON-35	Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	OXAPROZIN	Oxaprozin Tab 600 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	OXCARBAZEPINE	Oxcarbazepine Tab 150 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	OXYBUTYNIN CHLORIDE	Oxybutynin Chloride Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	OXYBUTYNIN CHLORIDE ER	Oxybutynin Chloride Tab SR 24HR 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PACERONE	Amiodarone HCl Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PAMELOR	Nortriptyline HCl Cap 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PAMELOR	Nortriptyline HCl Cap 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PAMELOR	Nortriptyline HCl Cap 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PAMELOR	Nortriptyline HCl Cap 75 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PARAFON FORTE DSC	Chlorzoxazone Tab 500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PAROXETINE HCL	Paroxetine HCl Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PAROXETINE HCL	Paroxetine HCl Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PAROXETINE HCL	Paroxetine HCl Tab 30 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PAROXETINE HCL	Paroxetine HCl Tab 40 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PAROXETINE HCL ER	Paroxetine HCl Tab SR 24HR 12.5 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	PAROXETINE HCL ER	Paroxetine HCl Tab SR 24HR 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PAROXETINE HCL ER	Paroxetine HCl Tab SR 24HR 37.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PAXIL	Paroxetine HCl Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PAXIL	Paroxetine HCl Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PAXIL	Paroxetine HCl Tab 30 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PAXIL	Paroxetine HCl Tab 40 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PAXIL CR	Paroxetine HCl Tab SR 24HR 12.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PAXIL CR	Paroxetine HCl Tab SR 24HR 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PAXIL CR	Paroxetine HCl Tab SR 24HR 37.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PENTOXIFYLLINE ER	Pentoxifylline Tab CR 400 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PEPCID	Famotidine Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PEPCID AC MAXIMUM STRENGTH	Famotidine Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PERINDOPRIL ERBUMINE	Perindopril Erbumine Tab 4 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PERSANTINE	Dipyridamole Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PEXEVA	Paroxetine Mesylate Tab 10 MG (Base Equiv)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PEXEVA	Paroxetine Mesylate Tab 20 MG (Base Equiv)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PEXEVA	Paroxetine Mesylate Tab 30 MG (Base Equiv)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PEXEVA	Paroxetine Mesylate Tab 40 MG (Base Equiv)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PHENYTOIN	Phenytoin Chew Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PHENYTOIN	Phenytoin Susp 125 MG/5ML	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PHENYTOIN INFATABS	Phenytoin Chew Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PHILITH	Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	PHOSLO	Calcium Acetate (Phosphate Binder) Cap 667 MG (169 MG Ca)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PIMTREA	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PINDOLOL	Pindolol Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PINDOLOL	Pindolol Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PIOGLITAZONE HCL	Pioglitazone HCl Tab 15 MG (Base Equiv)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PIOGLITAZONE HCL	Pioglitazone HCl Tab 30 MG (Base Equiv)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PIOGLITAZONE HCL	Pioglitazone HCl Tab 45 MG (Base Equiv)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PIOGLITAZONE HCL/METFORMIN HCL	Pioglitazone HCl-Metformin HCl Tab 15-850 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PIRMELLA 1/35	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PIRMELLA 7/7/7	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PIROXICAM	Piroxicam Cap 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PIROXICAM	Piroxicam Cap 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PLAQUENIL	Hydroxychloroquine Sulfate Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PLETAL	Cilostazol Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PORTIA-28	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	POTASSIUM CHLORIDE CR	Potassium Chloride Tab CR 10 mEq	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	POTASSIUM CHLORIDE CR	Potassium Chloride Microencapsulated Crys CR Tab 10 mEq	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	POTASSIUM CHLORIDE ER	Potassium Chloride Tab CR 8 mEq (600 MG)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	POTASSIUM CHLORIDE ER	Potassium Chloride Tab CR 10 mEq	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	POTASSIUM CHLORIDE ER	Potassium Chloride Microencapsulated Crys CR Tab 10 mEq	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	POTASSIUM CHLORIDE ER	Potassium Chloride Microencapsulated Crys CR Tab 20 mEq	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	POTASSIUM CHLORIDE SR	Potassium Chloride Tab CR 8 mEq (600 MG)	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	PRANDIN	Repaglinide Tab 0.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PRAVACHOL	Pravastatin Sodium Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PRAVACHOL	Pravastatin Sodium Tab 40 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PRAVACHOL	Pravastatin Sodium Tab 80 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PRAVASTATIN SODIUM	Pravastatin Sodium Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PRAVASTATIN SODIUM	Pravastatin Sodium Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PRAVASTATIN SODIUM	Pravastatin Sodium Tab 40 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PRAVASTATIN SODIUM	Pravastatin Sodium Tab 80 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PRAZOSIN HCL	Prazosin HCl Cap 1 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PRAZOSIN HCL	Prazosin HCl Cap 2 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PRAZOSIN HCL	Prazosin HCl Cap 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PRECOSE	Acarbose Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PRECOSE	Acarbose Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PRECOSE	Acarbose Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PREVIFEM	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PRIMIDONE	Primidone Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PRINIVIL	Lisinopril Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PRINIVIL	Lisinopril Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PRINIVIL	Lisinopril Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PRISTIQ	Desvenlafaxine Succinate Tab SR 24HR 25 MG (Base Equiv)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PROBENECID	Probenecid Tab 500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PROBENECID/COLCHICINE	Colchicine w/ Probenecid Tab 0.5-500 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	PROCARDIA	Nifedipine Cap 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PROCARDIA XL	Nifedipine Tab SR 24HR Osmotic 30 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PROCARDIA XL	Nifedipine Tab SR 24HR Osmotic 60 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PROCARDIA XL	Nifedipine Tab SR 24HR Osmotic 90 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PROPAFENONE HCL	Propafenone HCl Tab 150 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PROPAFENONE HCL	Propafenone HCl Tab 225 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PROPAFENONE HCL	Propafenone HCl Tab 300 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PROPRANOLOL HCL	Propranolol HCl Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PROPRANOLOL HCL	Propranolol HCl Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PROPRANOLOL HCL	Propranolol HCl Tab 40 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PROPRANOLOL HCL	Propranolol HCl Tab 60 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PROPRANOLOL HCL	Propranolol HCl Tab 80 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PROPRANOLOL HCL	Propranolol HCl Oral Soln 20 MG/5ML	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PROPRANOLOL HCL	Propranolol HCl Oral Soln 40 MG/5ML	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PROPRANOLOL HCL ER	Propranolol HCl Cap SR 24HR 60 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PROPRANOLOL HCL ER	Propranolol HCl Cap SR 24HR 80 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PROPRANOLOL HCL ER	Propranolol HCl Cap SR 24HR 120 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PROPRANOLOL HCL ER	Propranolol HCl Cap SR 24HR 160 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PROPYLTHIOURACIL	Propylthiouracil Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PROVERA	Medroxyprogesterone Acetate Tab 2.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PROVERA	Medroxyprogesterone Acetate Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PROVERA	Medroxyprogesterone Acetate Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	PROVIL	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PROZAC	Fluoxetine HCl Cap 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PROZAC	Fluoxetine HCl Cap 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PROZAC	Fluoxetine HCl Cap 40 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PX ACID REDUCER	Cimetidine Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PX ACID REDUCER MAXIMUM STRENGTH	Famotidine Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	PX IBUPROFEN	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	QBRELIS	Lisinopril Oral Soln 1 MG/ML	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	QC ACID CONTROLLER MAXIMUM STRENGTH	Famotidine Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	QC IBUPROFEN	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	QC IBUPROFEN IB	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	QUINAPRIL HCL	Quinapril HCl Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	QUINAPRIL HCL	Quinapril HCl Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	QUINAPRIL HCL	Quinapril HCl Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	QUINAPRIL HCL	Quinapril HCl Tab 40 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	QUINIDINE GLUCONATE CR	Quinidine Gluconate Tab CR 324 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	QUINIDINE GLUCONATE ER	Quinidine Gluconate Tab CR 324 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	QUINIDINE SULFATE	Quinidine Sulfate Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	QUINIDINE SULFATE	Quinidine Sulfate Tab 300 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	RA ACID REDUCER	Cimetidine Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	RA ACID REDUCER MAXIMUM STRENGTH	Famotidine Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	RA IBUPROFEN	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	RAMIPRIL	Ramipril Cap 1.25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	RAMIPRIL	Ramipril Cap 2.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	RAMIPRIL	Ramipril Cap 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	RAMIPRIL	Ramipril Cap 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	RANITIDINE HCL	Ranitidine HCl Cap 150 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	RECLIPSEN	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	REGLAN	Metoclopramide HCl Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	RHEUMATREX	Methotrexate Sodium Tab 2.5 MG (Antirheumatic)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ROBAXIN	Methocarbamol Tab 500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	RYTHMOL	Propafenone HCl Tab 150 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	RYTHMOL	Propafenone HCl Tab 225 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SB ACID CONTROLLER MAXIMUM STRENGTH	Famotidine Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SB CIMETIDINE	Cimetidine Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SB IBUPROFEN	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SECTRAL	Acebutolol HCl Cap 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SECTRAL	Acebutolol HCl Cap 400 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SELEGILINE HCL	Selegiline HCl Cap 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SELEGILINE HCL	Selegiline HCl Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SHAROBEL	Norethindrone Tab 0.35 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SIMVASTATIN	Simvastatin Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SIMVASTATIN	Simvastatin Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SIMVASTATIN	Simvastatin Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	SIMVASTATIN	Simvastatin Tab 40 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SIMVASTATIN	Simvastatin Tab 80 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SINEMET	Carbidopa & Levodopa Tab 10-100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SINEMET	Carbidopa & Levodopa Tab 25-250 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SINEMET CR	Carbidopa & Levodopa Tab CR 25-100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SINEMET CR	Carbidopa & Levodopa Tab CR 50-200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SM ACID REDUCER	Cimetidine Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SM ACID REDUCER MAXIMUM STRENGTH	Famotidine Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SM IBUPROFEN	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SM IBUPROFEN IB	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SOMA	Carisoprodol Tab 350 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SORINE	Sotalol HCl Tab 80 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SORINE	Sotalol HCl Tab 120 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SORINE	Sotalol HCl Tab 160 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SORINE	Sotalol HCl Tab 240 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SOTALOL HCL	Sotalol HCl Tab 80 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SOTALOL HCL	Sotalol HCl Tab 120 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SOTALOL HCL	Sotalol HCl Tab 160 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SOTALOL HCL	Sotalol HCl Tab 240 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SOTALOL HCL (AF)	Sotalol HCl (AFIB/AFL) Tab 80 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SPIRONOLACTONE	Spironolactone Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SPIRONOLACTONE	Spironolactone Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	SPIRONOLACTONE	Spironolactone Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	Spironolactone & Hydrochlorothiazide Tab 25-25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SPRINTEC 28	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SRONYX	Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	STELARA	Ustekinumab Soln Prefilled Syringe 45 MG/0.5ML	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	STELARA	Ustekinumab Soln Prefilled Syringe 90 MG/ML	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SUCRALFATE	Sucralfate Tab 1 GM	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SULAR	Nisoldipine Tab SR 24HR 8.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SULAR	Nisoldipine Tab SR 24HR 17 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SULAR	Nisoldipine Tab SR 24HR 34 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SULINDAC	Sulindac Tab 150 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SULINDAC	Sulindac Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SURMONTIL	Trimipramine Maleate Cap 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SURMONTIL	Trimipramine Maleate Cap 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SURMONTIL	Trimipramine Maleate Cap 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SYEDA	Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SYNJARDY	Empagliflozin-Metformin HCl Tab 5-1000 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SYNJARDY	Empagliflozin-Metformin HCl Tab 12.5-500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SYNJARDY	Empagliflozin-Metformin HCl Tab 12.5-1000 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SYNTHROID	Levothyroxine Sodium Tab 25 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SYNTHROID	Levothyroxine Sodium Tab 50 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SYNTHROID	Levothyroxine Sodium Tab 75 MCG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	SYNTHROID	Levothyroxine Sodium Tab 88 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SYNTHROID	Levothyroxine Sodium Tab 100 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SYNTHROID	Levothyroxine Sodium Tab 112 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SYNTHROID	Levothyroxine Sodium Tab 125 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SYNTHROID	Levothyroxine Sodium Tab 137 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SYNTHROID	Levothyroxine Sodium Tab 150 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SYNTHROID	Levothyroxine Sodium Tab 175 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SYNTHROID	Levothyroxine Sodium Tab 200 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	SYNTHROID	Levothyroxine Sodium Tab 300 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TAGAMET HB	Cimetidine Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TAMOXIFEN CITRATE	Tamoxifen Citrate Tab 10 MG (Base Equivalent)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TAPAZOLE	Methimazole Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TAPAZOLE	Methimazole Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TARINA FE 1/20	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TAZTIA XT	Diltiazem HCl Extended Release Beads Cap SR 24HR 120 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TAZTIA XT	Diltiazem HCl Extended Release Beads Cap SR 24HR 180 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TAZTIA XT	Diltiazem HCl Extended Release Beads Cap SR 24HR 240 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TAZTIA XT	Diltiazem HCl Extended Release Beads Cap SR 24HR 300 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TAZTIA XT	Diltiazem HCl Extended Release Beads Cap SR 24HR 360 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TEGRETOL	Carbamazepine Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TELMISARTAN	Telmisartan Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TELMISARTAN	Telmisartan Tab 40 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	TELMISARTAN	Telmisartan Tab 80 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TENEX	Guanfacine HCl Tab 1 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TENEX	Guanfacine HCl Tab 2 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TENORETIC 100	Atenolol & Chlorthalidone Tab 100-25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TENORETIC 50	Atenolol & Chlorthalidone Tab 50-25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TENORMIN	Atenolol Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TENORMIN	Atenolol Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TENORMIN	Atenolol Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TERAZOSIN HCL	Terazosin HCl Cap 1 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TERAZOSIN HCL	Terazosin HCl Cap 2 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TERAZOSIN HCL	Terazosin HCl Cap 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TERAZOSIN HCL	Terazosin HCl Cap 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TGT ACID REDUCER	Cimetidine Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TGT IBUPROFEN	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TH IBUPROFEN	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	THEO-24	Theophylline Cap SR 24HR 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	THEOCHRON	Theophylline Tab SR 12HR 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	THEOCHRON	Theophylline Tab SR 12HR 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	THEOPHYLLINE CR	Theophylline Tab SR 12HR 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	THEOPHYLLINE CR	Theophylline Tab SR 12HR 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	THEOPHYLLINE ER	Theophylline Tab SR 12HR 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	THEOPHYLLINE ER	Theophylline Tab SR 12HR 200 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	THEOPHYLLINE ER	Theophylline Tab ER 24HR 600 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	THYROLAR-1	Liotrix (T3-T4) Tab 60 MG (12.5-50 MCG)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	THYROLAR-1/2	Liotrix (T3-T4) Tab 30 MG (6.25-25 MCG)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	THYROLAR-1/4	Liotrix (T3-T4) Tab 15 MG (3.1-12.5 MCG)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	THYROLAR-2	Liotrix (T3-T4) Tab 120 MG (25-100 MCG)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	THYROLAR-3	Liotrix (T3-T4) Tab 180 MG (37.5-150 MCG)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TIAGABINE HYDROCHLORIDE	Tiagabine HCl Tab 2 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TIAZAC	Diltiazem HCl Extended Release Beads Cap SR 24HR 120 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TIAZAC	Diltiazem HCl Extended Release Beads Cap SR 24HR 180 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TIAZAC	Diltiazem HCl Extended Release Beads Cap SR 24HR 240 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TIAZAC	Diltiazem HCl Extended Release Beads Cap SR 24HR 300 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TIAZAC	Diltiazem HCl Extended Release Beads Cap SR 24HR 360 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TIKOSYN	Dofetilide Cap 125 MCG (0.125 MG)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TIKOSYN	Dofetilide Cap 250 MCG (0.25 MG)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TIKOSYN	Dofetilide Cap 500 MCG (0.5 MG)	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TIMOLOL MALEATE	Timolol Maleate Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TIMOLOL MALEATE	Timolol Maleate Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TIMOLOL MALEATE	Timolol Maleate Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TOFRANIL	Imipramine HCl Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TOFRANIL	Imipramine HCl Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TOFRANIL	Imipramine HCl Tab 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TOFRANIL-PM	Imipramine Pamoate Cap 75 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	TOFRANIL-PM	Imipramine Pamoate Cap 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TOFRANIL-PM	Imipramine Pamoate Cap 125 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TOFRANIL-PM	Imipramine Pamoate Cap 150 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TOLMETIN SODIUM	Tolmetin Sodium Cap 400 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TOLMETIN SODIUM	Tolmetin Sodium Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TOLMETIN SODIUM	Tolmetin Sodium Tab 600 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TOPAMAX	Topiramate Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TOPIRAGEN	Topiramate Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TOPIRAMATE	Topiramate Tab 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TOPROL XL	Metoprolol Succinate Tab SR 24HR 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TOPROL XL	Metoprolol Succinate Tab SR 24HR 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TOPROL XL	Metoprolol Succinate Tab SR 24HR 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TORSEMIDE	Torsemide Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TORSEMIDE	Torsemide Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TORSEMIDE	Torsemide Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TORSEMIDE	Torsemide Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TRANDOLAPRIL	Trandolapril Tab 1 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TRANDOLAPRIL	Trandolapril Tab 2 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TRANDOLAPRIL	Trandolapril Tab 4 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TRAZODONE HCL	Trazodone HCI Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TRAZODONE HCL	Trazodone HCI Tab 150 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TRAZODONE HCL	Trazodone HCI Tab 300 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	TRI FEMYNOR	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TRIAMTERENE/HYDROCHLOROTHIAZIDE	Triamterene & Hydrochlorothiazide Cap 37.5-25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TRIAMTERENE/HYDROCHLOROTHIAZIDE	Triamterene & Hydrochlorothiazide Tab 37.5-25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TRIAMTERENE/HYDROCHLOROTHIAZIDE	Triamterene & Hydrochlorothiazide Tab 75-50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TRI-ESTARYLLA	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TRIHXYPHENIDYL HCL	Trihexyphenidyl HCl Tab 2 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TRILEPTAL	Oxcarbazepine Tab 150 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TRI-LINYAH	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TRIMIPRAMINE MALEATE	Trimipramine Maleate Cap 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TRIMIPRAMINE MALEATE	Trimipramine Maleate Cap 50 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TRIMIPRAMINE MALEATE	Trimipramine Maleate Cap 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TRINESSA	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TRI-NORINYL 28	Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 MG-MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TRI-PREVIFEM	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TRI-SPRINTEC	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	TRIVORA-28	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	UNITHROID	Levothyroxine Sodium Tab 25 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	UNITHROID	Levothyroxine Sodium Tab 50 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	UNITHROID	Levothyroxine Sodium Tab 75 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	UNITHROID	Levothyroxine Sodium Tab 88 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	UNITHROID	Levothyroxine Sodium Tab 100 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	UNITHROID	Levothyroxine Sodium Tab 112 MCG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	UNITHROID	Levothyroxine Sodium Tab 125 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	UNITHROID	Levothyroxine Sodium Tab 137 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	UNITHROID	Levothyroxine Sodium Tab 150 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	UNITHROID	Levothyroxine Sodium Tab 175 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	UNITHROID	Levothyroxine Sodium Tab 200 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	UNITHROID	Levothyroxine Sodium Tab 300 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	UNITHROID DIRECT	Levothyroxine Sodium Tab 25 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	UNITHROID DIRECT	Levothyroxine Sodium Tab 50 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	UNITHROID DIRECT	Levothyroxine Sodium Tab 75 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	UNITHROID DIRECT	Levothyroxine Sodium Tab 88 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	UNITHROID DIRECT	Levothyroxine Sodium Tab 100 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	UNITHROID DIRECT	Levothyroxine Sodium Tab 112 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	UNITHROID DIRECT	Levothyroxine Sodium Tab 125 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	UNITHROID DIRECT	Levothyroxine Sodium Tab 150 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	UNITHROID DIRECT	Levothyroxine Sodium Tab 175 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	UNITHROID DIRECT	Levothyroxine Sodium Tab 200 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	UNITHROID DIRECT	Levothyroxine Sodium Tab 300 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	URECHOLINE	Bethanechol Chloride Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VALPROIC ACID	Valproic Acid Cap 250 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VALSARTAN/HYDROCHLOROTHIAZIDE	Valsartan-Hydrochlorothiazide Tab 80-12.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VALSARTAN/HYDROCHLOROTHIAZIDE	Valsartan-Hydrochlorothiazide Tab 160-12.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VALSARTAN/HYDROCHLOROTHIAZIDE	Valsartan-Hydrochlorothiazide Tab 160-25 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	VALSARTAN/HYDROCHLOROTHIAZIDE	Valsartan-Hydrochlorothiazide Tab 320-12.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VALSARTAN/HYDROCHLOROTHIAZIDE	Valsartan-Hydrochlorothiazide Tab 320-25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VASERETIC	Enalapril Maleate & Hydrochlorothiazide Tab 10-25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VASOTEC	Enalapril Maleate Tab 2.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VASOTEC	Enalapril Maleate Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VASOTEC	Enalapril Maleate Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VASOTEC	Enalapril Maleate Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VELIVET	Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025MG-MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VERAPAMIL HCL	Verapamil HCl Tab 40 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VERAPAMIL HCL	Verapamil HCl Tab 80 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VERAPAMIL HCL	Verapamil HCl Tab 120 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VERAPAMIL HCL ER	Verapamil HCl Tab CR 120 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VERAPAMIL HCL ER	Verapamil HCl Tab CR 180 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VERAPAMIL HCL ER	Verapamil HCl Tab CR 240 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VERELAN PM	Verapamil HCl Cap SR 24HR 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VERELAN PM	Verapamil HCl Cap SR 24HR 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VERELAN PM	Verapamil HCl Cap SR 24HR 300 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VESTURA	Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VIBERZI	Eluxadoline Tab 75 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VIBERZI	Eluxadoline Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VIENVA	Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VIORELE	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	VIVACTIL	Protriptyline HCl Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VIVACTIL	Protriptyline HCl Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VOLTAREN-XR	Diclofenac Sodium Tab ER 24HR 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	VYFEMLA	Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	WAL-PROFEN	Ibuprofen Tab 200 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	WARFARIN SODIUM	Warfarin Sodium Tab 1 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	WERA	Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	XIGDUO XR	Dapagliflozin-Metformin HCl Tab SR 24HR 5-500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	XIGDUO XR	Dapagliflozin-Metformin HCl Tab SR 24HR 5-1000 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	XIGDUO XR	Dapagliflozin-Metformin HCl Tab SR 24HR 10-500 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	XIGDUO XR	Dapagliflozin-Metformin HCl Tab SR 24HR 10-1000 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	YASMIN 28	Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	YAZ	Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ZARAH	Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ZAROXOLYN	Metolazone Tab 2.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ZAROXOLYN	Metolazone Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ZENCHENT	Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ZESTORETIC	Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ZESTORETIC	Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ZESTORETIC	Lisinopril & Hydrochlorothiazide Tab 20-25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ZESTRIL	Lisinopril Tab 2.5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ZESTRIL	Lisinopril Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Period Limit	ZESTRIL	Lisinopril Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ZESTRIL	Lisinopril Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ZESTRIL	Lisinopril Tab 30 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ZESTRIL	Lisinopril Tab 40 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ZOCOR	Simvastatin Tab 5 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ZOCOR	Simvastatin Tab 10 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ZOCOR	Simvastatin Tab 20 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ZOCOR	Simvastatin Tab 40 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ZOCOR	Simvastatin Tab 80 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ZONEGRAN	Zonisamide Cap 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ZONISAMIDE	Zonisamide Cap 25 MG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ZOVIA 1/35E	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ZOVIA 1/50E	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-50 MCG	Maximum Period Limit at Retail/Mail = 90 days
Period Limit	ZYLOPRIM	Allopurinol Tab 100 MG	Maximum Period Limit at Retail/Mail = 90 days
Quantity per Time	1ST CHOICE LANCETS SUPERTHIN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	1ST CHOICE LANCETS THIN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	1ST CHOICE LANCETS ULTRATHIN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	1ST TIER UNILET COMFORTOUCH LANCETS 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	1ST TIER UNILET COMFORTOUCH LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ACCU-CHEK FASTCLIX LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ACCU-CHEK MULTICLIX LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ACCU-CHEK SAFE-T-PRO LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	ACCU-CHEK SAFE-T-PRO PLUSLANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ACCU-CHEK SOFT TOUCH LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ACCU-CHEK SOFTCLIX LANCETDEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 160 days
Quantity per Time	ACCU-CHEK SOFTCLIX LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ACE AEROSOL CLOUD ENHANCER	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	ACEPHEN	Acetaminophen Suppos 120 MG	Maximum Quantity = 12 units per 30 days
Quantity per Time	ACEPHEN	Acetaminophen Suppos 325 MG	Maximum Quantity = 12 units per 30 days
Quantity per Time	ACEPHEN	Acetaminophen Suppos 650 MG	Maximum Quantity = 12 units per 30 days
Quantity per Time	ACETAMINOPHEN	Acetaminophen Suppos 120 MG	Maximum Quantity = 12 units per 30 days
Quantity per Time	ACETAMINOPHEN	Acetaminophen Suppos 650 MG	Maximum Quantity = 12 units per 30 days
Quantity per Time	ACETASOL HC	Hydrocortisone w/ Acetic Acid Otic Soln 1-2%	Maximum Quantity = 10 units per 7 days
Quantity per Time	ACTICIN	Permethrin Cream 5%	Maximum Quantity = 60 units per 7 days
Quantity per Time	ACTI-LANCE LANCETS 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ACTI-LANCE LITE SAFETY LANCETS 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ACTI-LANCE SPECIAL SAFETY LANCETS 17G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ACTI-LANCE SPECIAL SAFETYLANCETS 17G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ACTIVE 1ST BLOOD LANCETS30G/EASY TWIST CAP	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ACTIVITY POUCH	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	ACTONEL	Risedronate Sodium Tab 35 MG	Maximum Quantity = 4 units per 28 days
Quantity per Time	ACYCLOVIR	Acyclovir Oint 5%	Maximum Quantity = 30 units per 30 days
Quantity per Time	ACYCLOVIR	Acyclovir Susp 200 MG/5ML	Maximum Quantity = 400 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	ACYCLOVIR	Acyclovir Cap 200 MG	Maximum Quantity = 50 units per 30 days
Quantity per Time	ACYCLOVIR	Acyclovir Tab 800 MG	Maximum Quantity = 50 units per 30 days
Quantity per Time	ADJUSTABLE LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	ADULT AEROSOL MASK	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	ADULT MASK	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	ADULT MASK LARGE	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	ADVAIR DISKUS	Fluticasone-Salmeterol Aer Powder BA 100-50 MCG/DOSE	Maximum Quantity = 60 units per 30 days
Quantity per Time	ADVAIR DISKUS	Fluticasone-Salmeterol Aer Powder BA 250-50 MCG/DOSE	Maximum Quantity = 60 units per 30 days
Quantity per Time	ADVAIR DISKUS	Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/DOSE	Maximum Quantity = 60 units per 30 days
Quantity per Time	ADVAIR HFA	Fluticasone-Salmeterol Inhal Aerosol 45-21 MCG/ACT	Maximum Quantity = 12 units per 30 days
Quantity per Time	ADVAIR HFA	Fluticasone-Salmeterol Inhal Aerosol 115-21 MCG/ACT	Maximum Quantity = 12 units per 30 days
Quantity per Time	ADVAIR HFA	Fluticasone-Salmeterol Inhal Aerosol 230-21 MCG/ACT	Maximum Quantity = 12 units per 30 days
Quantity per Time	ADVANTAGE CARE ORAL ELECTROLYTE PEDIATRIC	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	ADVOCATE LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ADVOCATE LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ADVOCATE LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	ADVOCATE RAPID-SAFE LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	ADVOCATE SAFETY LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ADVOCATE SAFETY LANCETS 26G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	AEROCHAMBER MINI AEROSOLCHAMBER	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	AEROCHAMBER MV	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	AEROCHAMBER PLUS FLOW VU	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	AEROCHAMBER PLUS FLOW-VU	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	AEROCHAMBER PLUS FLOW-VU/LARGE MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	AEROCHAMBER PLUS FLOW-VU/MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	AEROCHAMBER PLUS FLOW-VU/SMALL MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	AEROCHAMBER Z-STAT PLUS/LARGE MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	AEROCHAMBER Z-STAT PLUS/SMALL MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	AEROCHAMBER/FLOWSIGNAL	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	AEROTRACH PLUS	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	AFTERA	Levonorgestrel Tab 1.5 MG	Maximum Quantity = 1 units per 21 days
Quantity per Time	AGAMATRIX ULTRA-THIN LANCETS 33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	AIRS PEDIATRIC AEROSOL MASK	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	ALBUTEROL SULFATE	Albuterol Sulfate Soln Nebu 0.083% (2.5 MG/3ML)	Maximum Quantity = 375 units per 30 days
Quantity per Time	ALBUTEROL SULFATE	Albuterol Sulfate Soln Nebu 0.63 MG/3ML (Base Equiv)	Maximum Quantity = 375 units per 30 days
Quantity per Time	ALBUTEROL SULFATE	Albuterol Sulfate Soln Nebu 1.25 MG/3ML (Base Equiv)	Maximum Quantity = 375 units per 30 days
Quantity per Time	ALDARA	Imiquimod Cream 5%	Maximum Quantity = 48 units per 180 days
Quantity per Time	ALENDRONATE SODIUM	Alendronate Sodium Tab 70 MG	Maximum Quantity = 4 units per 28 days
Quantity per Time	ALL DAY ALLERGY CHILDRENS	Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)	Maximum Quantity = 240 units per 24 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	ALL FLOW 1000 PULMONARY FUNCTION FILTER	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	ALLERGY RELIEF	Loratadine Syrup 5 MG/5ML	Maximum Quantity = 240 units per 24 days
Quantity per Time	ALMOTRIPTAN	Almotriptan Malate Tab 12.5 MG	Maximum Quantity = 12 units per 30 days
Quantity per Time	ALMOTRIPTAN	Almotriptan Malate Tab 6.25 MG	Maximum Quantity = 6 units per 30 days
Quantity per Time	ALMOTRIPTAN MALATE	Almotriptan Malate Tab 12.5 MG	Maximum Quantity = 12 units per 30 days
Quantity per Time	ALMOTRIPTAN MALATE	Almotriptan Malate Tab 6.25 MG	Maximum Quantity = 6 units per 30 days
Quantity per Time	ALOCIL	Nedocromil Sodium Ophth Soln 2%	Maximum Quantity = 5 units per 30 days
Quantity per Time	ALOMIDE	Lodoxamide Tromethamine Ophth Soln 0.1%	Maximum Quantity = 10 units per 30 days
Quantity per Time	ALORA	Estradiol TD Patch Biweekly 0.025 MG/24HR	Maximum Quantity = 8 units per 28 days
Quantity per Time	ALORA	Estradiol TD Patch Biweekly 0.05 MG/24HR	Maximum Quantity = 8 units per 28 days
Quantity per Time	ALORA	Estradiol TD Patch Biweekly 0.075 MG/24HR	Maximum Quantity = 8 units per 28 days
Quantity per Time	ALORA	Estradiol TD Patch Biweekly 0.1 MG/24HR	Maximum Quantity = 8 units per 28 days
Quantity per Time	ALSUMA	Sumatriptan Succinate Solution Auto-injector 6 MG/0.5ML	Maximum Quantity = 4 units per 30 days
Quantity per Time	ALTARUSSIN	Guaifenesin Syrup 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	ALTARUSSIN DM	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	ALTARYL	Diphenhydramine HCl Syrup 12.5 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	ALTERNATE SITE LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	ALVESCO	Ciclesonide Inhal Aerosol 80 MCG/ACT	Maximum Quantity = 7 units per 30 days
Quantity per Time	ALVESCO	Ciclesonide Inhal Aerosol 160 MCG/ACT	Maximum Quantity = 7 units per 30 days
Quantity per Time	AMERGE	Naratriptan HCl Tab 1 MG (Base Equiv)	Maximum Quantity = 9 units per 30 days
Quantity per Time	AMERGE	Naratriptan HCl Tab 2.5 MG (Base Equiv)	Maximum Quantity = 9 units per 30 days
Quantity per Time	APIDRA	Insulin Glulisine Inj 100 Unit/ML	Maximum Quantity = 50 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	AQUA LANCE ADJUSTABLE LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	ARALEN	Chloroquine Phosphate Tab 500 MG	Maximum Quantity = 8 units per 56 days
Quantity per Time	ARIAL CHAMBER	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	ASCORBIC ACID	Ascorbic Acid Tab 250 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	ASCORBIC ACID	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	ASCORBIC ACID	Ascorbic Acid Tab 1000 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	ASCO-TABS-1000	Ascorbic Acid Tab 1000 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	ASMANEX TWISTHALER 120 METERED DOSES	Mometasone Furoate Inhal Powd 220 MCG/INH (Breath Activated)	Maximum Quantity = 1 units per 30 days
Quantity per Time	ASMANEX TWISTHALER 14 METERED DOSES	Mometasone Furoate Inhal Powd 220 MCG/INH (Breath Activated)	Maximum Quantity = 1 units per 30 days
Quantity per Time	ASMANEX TWISTHALER 30 METERED DOSES	Mometasone Furoate Inhal Powd 110 MCG/INH (Breath Activated)	Maximum Quantity = 1 units per 30 days
Quantity per Time	ASMANEX TWISTHALER 30 METERED DOSES	Mometasone Furoate Inhal Powd 220 MCG/INH (Breath Activated)	Maximum Quantity = 1 units per 30 days
Quantity per Time	ASMANEX TWISTHALER 60 METERED DOSES	Mometasone Furoate Inhal Powd 220 MCG/INH (Breath Activated)	Maximum Quantity = 1 units per 30 days
Quantity per Time	ASMANEX TWISTHALER 7 METERED DOSES	Mometasone Furoate Inhal Powd 110 MCG/INH (Breath Activated)	Maximum Quantity = 1 units per 30 days
Quantity per Time	ASSURE COMFORT LANCETS ULTRA THIN 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ASSURE COMFORT LANCETS ULTRA THIN 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ASSURE HAEMOLANCE PLUS LOW FLOW 25G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ASSURE LANCE LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ASSURE LANCE LANCETS 21G	*Lancets***	Maximum Quantity = 200 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	ASSURE LANCE PLUS SAFETYLANCETS 25G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ASSURE LANCE PLUS SAFETYLANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ASSURE LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	AT LAST LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ATROVENT HFA	Ipratropium Bromide HFA Inhal Aerosol 17 MCG/ACT	Maximum Quantity = 26 units per 30 days
Quantity per Time	AURORA LANCET SUPER THIN30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	AURORA LANCET THIN 23G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	AUTO-LANCET	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	AUTO-LANCET MINI	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	AUTOLET IMPRESSION LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	AUTOLET LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	AUTOLET MINI	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	AUTOLET PLUS	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	AXERT	Almotriptan Malate Tab 12.5 MG	Maximum Quantity = 12 units per 30 days
Quantity per Time	AXERT	Almotriptan Malate Tab 6.25 MG	Maximum Quantity = 6 units per 30 days
Quantity per Time	AZITHROMYCIN	Azithromycin For Susp 100 MG/5ML	Maximum Quantity = 15 units per 5 days
Quantity per Time	AZITHROMYCIN	Azithromycin Tab 600 MG	Maximum Quantity = 8 units per 28 days
Quantity per Time	B-1	Thiamine HCl Tab 100 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	B-1	Thiamine HCl Tab 250 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	B1 HIGH POTENCY	Thiamine HCl Tab 100 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	B2	Riboflavin Tab 100 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	B-2	Riboflavin Tab 50 MG	Maximum Quantity = 100 units per 34 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	B-2	Riboflavin Tab 100 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	BABY DARLINGS PEDIATRIC ELECTROLYTE	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	BANOPHEN	Diphenhydramine HCl Liquid 12.5 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	BAYER MICROLET 2 LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	BAYER MICROLET LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	BD LANCET DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	BD LANCET ULTRAFINE 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	BD LANCET ULTRAFINE 33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	BD MICROTAINER LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	BD SWABS SINGLE USE	*Alcohol Swabs***	Maximum Quantity = 400 units per 30 days
Quantity per Time	BECONASE AQ	Beclomethasone Dipropionate Monohyd Nasal Susp 42 MCG/SPRAY	Maximum Quantity = 25 units per 30 days
Quantity per Time	BENADRYL ALLERGY CHILDRENS	Diphenhydramine HCl Liquid 12.5 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	BENZONATATE	Benzonatate Cap 100 MG	Maximum Quantity = 30 units per 10 days
Quantity per Time	BENZONATATE	Benzonatate Cap 150 MG	Maximum Quantity = 30 units per 10 days
Quantity per Time	BENZONATATE	Benzonatate Cap 200 MG	Maximum Quantity = 30 units per 10 days
Quantity per Time	BETAMETHASONE VALERATE	Betamethasone Valerate Lotion 0.1%	Maximum Quantity = 60 units per 30 days
Quantity per Time	BETHKIS	Tobramycin Nebu Soln 300 MG/4ML	Maximum Quantity = 224 units per 56 days
Quantity per Time	BLEPHAMIDE S.O.P.	Sulfacetamide Sodium-Prednisolone Ophth Oint 10-0.2%	Maximum Quantity = 4 units per 7 days
Quantity per Time	BPROTECTED PEDIA TRI-VITE	*Pediatric Vitamins ADC Drops 1500 Unit-400 Unit-35 MG/ML***	Maximum Quantity = 50 units per 30 days
Quantity per Time	BREATHERITE	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	BREATHERITE COLLAPSIBLEADULT SPACER W/MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	BREATHERITE COLLAPSIBLECHILD SPACER W/MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	BREATHERITE RIGID SPACERW/MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	BREATHERITE W/LARGE MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	BREATHERITE W/MEDIUM MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	BREATHERITE W/SMALL MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	BROMFED DM	Pseudoephed-Bromphen-DM Syrup 30-2-10 MG/5ML	Maximum Quantity = 240 units per 4 days
Quantity per Time	BROMPHEN/PSEUDOEPHEDRINEHCL/DEXTR OMETHORPHAN HBR	Pseudoephed-Bromphen-DM Syrup 30-2-10 MG/5ML	Maximum Quantity = 240 units per 4 days
Quantity per Time	BROTAPP DM	Pseudoephed-Bromphen-DM Elixir 15-1-5 MG/5ML	Maximum Quantity = 240 units per 2 days
Quantity per Time	BROVANA	Arformoterol Tartrate Soln Nebu 15 MCG/2ML (Base Equiv)	Maximum Quantity = 120 units per 30 days
Quantity per Time	BUBBLES THE FISH II PEDIATRIC MASK/PVC	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	BUCKLEYS CHEST CONGESTION	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	BULLSEYE MINI SAFETY LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	BULLSEYE SAFETY LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	BUPRENEX	Buprenorphine HCl Inj 0.3 MG/ML (Base Equiv)	Maximum Quantity = 240 units per 30 days
Quantity per Time	BUPRENORPHINE	Buprenorphine TD Patch Weekly 5 MCG/HR	Maximum Quantity = 4 units per 28 days
Quantity per Time	BUPRENORPHINE	Buprenorphine TD Patch Weekly 10 MCG/HR	Maximum Quantity = 4 units per 28 days
Quantity per Time	BUPRENORPHINE	Buprenorphine TD Patch Weekly 20 MCG/HR	Maximum Quantity = 4 units per 28 days
Quantity per Time	BUPRENORPHINE HCL	Buprenorphine HCl Inj 0.3 MG/ML (Base Equiv)	Maximum Quantity = 240 units per 30 days
Quantity per Time	BUTRANS	Buprenorphine TD Patch Weekly 5 MCG/HR	Maximum Quantity = 4 units per 28 days
Quantity per Time	BUTRANS	Buprenorphine TD Patch Weekly 10 MCG/HR	Maximum Quantity = 4 units per 28 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	BUTRANS	Buprenorphine TD Patch Weekly 20 MCG/HR	Maximum Quantity = 4 units per 28 days
Quantity per Time	BYDUREON	Exenatide For Inj Extended Release Susp 2 MG	Maximum Quantity = 4 units per 28 days
Quantity per Time	BYETTA	Exenatide Soln Pen-injector 5 MCG/0.02ML	Maximum Quantity = 1.2 units per 30 days
Quantity per Time	BYETTA	Exenatide Soln Pen-injector 10 MCG/0.04ML	Maximum Quantity = 2.4 units per 30 days
Quantity per Time	C 1000	Ascorbic Acid Tab 1000 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	C 250	Ascorbic Acid Tab 250 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	C 500	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	C 500/ROSE HIPS	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	C-1000	Ascorbic Acid Tab 1000 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	C-1000/ROSE HIPS	Ascorbic Acid Tab 1000 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	C-250	Ascorbic Acid Tab 250 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	C-500	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	C-500/ROSE HIPS	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	CAFFEINE CITRATE	Caffeine Citrate Oral Soln 60 MG/3ML (10 MG/ML Base Equiv)	Maximum Quantity = 45 units per 15 days
Quantity per Time	CALCITONIN SALMON	Calcitonin (Salmon) Nasal Soln 200 Unit/ACT	Maximum Quantity = 4 units per 30 days
Quantity per Time	CALCITONIN-SALMON	Calcitonin (Salmon) Nasal Soln 200 Unit/ACT	Maximum Quantity = 4 units per 30 days
Quantity per Time	CARDIOCOM LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	CAREONE ADVANCED LANCINGDEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	CAREONE LANCET THIN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	CAREONE LANCET ULTRA THIN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	CARETOUCH LANCING DEVICewith EJECTOR	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	CARETOUCH TWIST LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	CATAPRES-TTS-1	Clonidine HCl TD Patch Weekly 0.1 MG/24HR	Maximum Quantity = 4 units per 28 days
Quantity per Time	CATAPRES-TTS-2	Clonidine HCl TD Patch Weekly 0.2 MG/24HR	Maximum Quantity = 4 units per 28 days
Quantity per Time	CATAPRES-TTS-3	Clonidine HCl TD Patch Weekly 0.3 MG/24HR	Maximum Quantity = 4 units per 28 days
Quantity per Time	CEFTIN	Cefuroxime Axetil For Susp 125 MG/5ML	Maximum Quantity = 100 units per 10 days
Quantity per Time	CEFTIN	Cefuroxime Axetil For Susp 250 MG/5ML	Maximum Quantity = 100 units per 10 days
Quantity per Time	CEFTRIAXONE SODIUM	Ceftriaxone Sodium For Inj 500 MG	Maximum Quantity = 3 units per 30 days
Quantity per Time	CEFTRIAXONE SODIUM	Ceftriaxone Sodium For Inj 1 GM	Maximum Quantity = 3 units per 30 days
Quantity per Time	CERALYTE 70	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	CERASPORT	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	CERASPORT EX1	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	CETIRIZINE HCL	Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)	Maximum Quantity = 240 units per 24 days
Quantity per Time	CHANTIX STARTING MONTH PAK	Varenicline Tartrate Tab 0.5 MG X 11 & Tab 1 MG X 42 Pack	Maximum Quantity = 53 units per 84 days
Quantity per Time	CHERATUSSIN AC	Guaifenesin-Codeine Soln 100-10 MG/5ML	Maximum Quantity = 240 units per 4 days
Quantity per Time	CHERATUSSIN DAC	Pseudoephedrine w/ COD-GG Soln 30-10-100 MG/5ML	Maximum Quantity = 240 units per 6 days
Quantity per Time	CHEST CONGESTION CHILDRENS	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	CHILDRENS COLD & ALLERGY	Brompheniramine & Phenylephrine Elixir 1-2.5 MG/5ML	Maximum Quantity = 120 units per 10 days
Quantity per Time	CHILDRENS COUGH	Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	CHILDRENS MUCUS RELIEF COUGH	Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	CHILDRENS MUCUS RELIEF EXPECTORANT	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	CILOXAN	Ciprofloxacin HCl Ophth Oint 0.3%	Maximum Quantity = 4 units per 5 days
Quantity per Time	CIPRODEX	Ciprofloxacin-Dexamethasone Otic Susp 0.3-0.1%	Maximum Quantity = 8 units per 7 days
Quantity per Time	CLEANLET LANCETS 28G	*Lancets***	Maximum Quantity = 200 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	CLEOCIN	Clindamycin Phosphate Vaginal Cream 2%	Maximum Quantity = 40 units per 7 days
Quantity per Time	CLEVER CHEK LANCETS ULTRATHIN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	CLEVER CHEK LANCETS ULTRATHIN 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	CLIMARA	Estradiol TD Patch Weekly 0.025 MG/24HR	Maximum Quantity = 4 units per 28 days
Quantity per Time	CLIMARA	Estradiol TD Patch Weekly 0.0375 MG/24HR (37.5 MCG/24HR)	Maximum Quantity = 4 units per 28 days
Quantity per Time	CLIMARA	Estradiol TD Patch Weekly 0.05 MG/24HR	Maximum Quantity = 4 units per 28 days
Quantity per Time	CLIMARA	Estradiol TD Patch Weekly 0.06 MG/24HR	Maximum Quantity = 4 units per 28 days
Quantity per Time	CLIMARA	Estradiol TD Patch Weekly 0.075 MG/24HR	Maximum Quantity = 4 units per 28 days
Quantity per Time	CLIMARA	Estradiol TD Patch Weekly 0.1 MG/24HR	Maximum Quantity = 4 units per 28 days
Quantity per Time	CLINDAMYCIN PHOSPHATE	Clindamycin Phosphate Vaginal Cream 2%	Maximum Quantity = 40 units per 7 days
Quantity per Time	CLONIDINE HCL	Clonidine HCl TD Patch Weekly 0.1 MG/24HR	Maximum Quantity = 4 units per 28 days
Quantity per Time	CLONIDINE HCL	Clonidine HCl TD Patch Weekly 0.2 MG/24HR	Maximum Quantity = 4 units per 28 days
Quantity per Time	CLONIDINE HCL	Clonidine HCl TD Patch Weekly 0.3 MG/24HR	Maximum Quantity = 4 units per 28 days
Quantity per Time	CLOSERCARE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	CO MONITOR REPLACEMENT TPIECES	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	COAGUCHEK LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	CODEINE/GUAIFENESIN	Guaifenesin-Codeine Soln 100-10 MG/5ML	Maximum Quantity = 240 units per 4 days
Quantity per Time	COLD & ALLERGY	Brompheniramine & Phenylephrine Elixir 1-2.5 MG/5ML	Maximum Quantity = 120 units per 10 days
Quantity per Time	COLD & ALLERGY CHILDRENS	Brompheniramine & Phenylephrine Elixir 1-2.5 MG/5ML	Maximum Quantity = 120 units per 10 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	COLD/ALLERGY CHILDRENS	Brompheniramine & Phenylephrine Elixir 1-2.5 MG/5ML	Maximum Quantity = 120 units per 10 days
Quantity per Time	COMBIPATCH	Estradiol-Norethindrone Ace TD PTTW 0.05-0.14 MG/DAY	Maximum Quantity = 8 units per 28 days
Quantity per Time	COMBIPATCH	Estradiol-Norethindrone Ace TD PTTW 0.05-0.25 MG/DAY	Maximum Quantity = 8 units per 28 days
Quantity per Time	COMFORT ASSURED LANCETS MICRO THIN 33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	COMFORT ASSURED LANCETS SUPER THIN 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	COMFORT LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	COMPACT SPACE CHAMBER/ANTI-STATIC	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	CONDYLOX	Podofilox Soln 0.5%	Maximum Quantity = 4 units per 7 days
Quantity per Time	CONE MASK	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	COPAXONE	Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML	Maximum Quantity = 12 units per 30 days
Quantity per Time	CORTISPORIN	Neomycin-Polymyxin-HC Otic Soln 1%	Maximum Quantity = 10 units per 10 days
Quantity per Time	COSOPT	Dorzolamide-Timolol Ophth Soln 2-0.5% (Base Equiv)	Maximum Quantity = 10 units per 30 days
Quantity per Time	COUGH DM	Dextromethorphan Polistirex Extended Release Susp 30 MG/5ML	Maximum Quantity = 240 units per 6 days
Quantity per Time	COUGH DM CHILDRENS	Dextromethorphan Polistirex Extended Release Susp 30 MG/5ML	Maximum Quantity = 240 units per 6 days
Quantity per Time	COUGH SYRUP	Guaifenesin Syrup 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	CROMOLYN SODIUM	Cromolyn Sodium Soln Nebu 20 MG/2ML	Maximum Quantity = 240 units per 30 days
Quantity per Time	CVS ALLERGY RELIEF CHILDRENS	Loratadine Syrup 5 MG/5ML	Maximum Quantity = 240 units per 24 days
Quantity per Time	CVS ALLERGY RELIEF CHILDRENS	Diphenhydramine HCl Liquid 12.5 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	CVS B-1	Thiamine HCl Tab 100 MG	Maximum Quantity = 100 units per 34 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	CVS CHEST CONGESTION EXPECTORANT/CHILDRENS	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	CVS CHEST CONGESTION PLUSCOUGH CHILDRENS	Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	CVS COLD & ALLERGY CHILDRENS	Brompheniramine & Phenylephrine Elixir 1-2.5 MG/5ML	Maximum Quantity = 120 units per 10 days
Quantity per Time	CVS COUGH DM	Dextromethorphan Polistirex Extended Release Susp 30 MG/5ML	Maximum Quantity = 240 units per 6 days
Quantity per Time	CVS COUGH DM CHILDRENS	Dextromethorphan Polistirex Extended Release Susp 30 MG/5ML	Maximum Quantity = 240 units per 6 days
Quantity per Time	CVS DM MAXIMUM ADULT	Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	CVS ELECTROLYTE SOLUTION	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	CVS FEVER REDUCING CHILDRENS	Acetaminophen Suppos 120 MG	Maximum Quantity = 12 units per 30 days
Quantity per Time	CVS HYDROCORTISONE ANTI-ITCH	Hydrocortisone Cream 0.5%	Maximum Quantity = 30 units per 7 days
Quantity per Time	CVS LANCETS 21G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	CVS LANCETS MICRO THIN 33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	CVS LANCETS MICRO-THIN 33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	CVS LANCETS ORIGINAL	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	CVS LANCETS THIN 26G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	CVS LANCETS ULTRA THIN 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	CVS LANCETS ULTRA-THIN 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	CVS LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	CVS NICOTINE	Nicotine TD Patch 24HR 7 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	CVS NICOTINE LOZENGE	Nicotine Polacrilex Lozenge 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	CVS NICOTINE POLACRILEX	Nicotine Polacrilex Gum 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	CVS NICOTINE POLACRILEX	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	CVS NICOTINE POLACRILEX	Nicotine Polacrilex Lozenge 2 MG	Maximum Quantity = 84 units per 365 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	CVS NICOTINE POLACRILEX	Nicotine Polacrilex Lozenge 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	CVS NICOTINE POLACRILEX STARTER	Nicotine Polacrilex Gum 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	CVS NICOTINE TRANSDERMALSYSTEM	Nicotine TD Patch 24HR 14 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	CVS NTS STEP 1	Nicotine TD Patch 24HR 21 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	CVS PEDIATRIC ELECTROLYTE	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	CVS PEDIATRIC ELECTROLYTE FREEZER POPS	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	CVS TIOCONAZOLE 1	Tioconazole Vaginal Oint 6.5%	Maximum Quantity = 5 units per 7 days
Quantity per Time	CVS TUSSIN ADULT CHEST CONGESTION	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	CVS ULTRA THIN LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	CVS VITAMIN B-1	Thiamine HCl Tab 100 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	CVS VITAMIN B-2	Riboflavin Tab 100 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	CVS VITAMIN C	Ascorbic Acid Tab 250 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	CVS VITAMIN C	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	CVS VITAMIN C	Ascorbic Acid Tab 1000 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	CVS VITAMIN C/ROSE HIPS	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	CVS VITAMIN C/ROSE HIPS	Ascorbic Acid Tab 1000 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	CYCLOGYL	Cyclopentolate HCl Ophth Soln 0.5%	Maximum Quantity = 15 units per 10 days
Quantity per Time	CYCLOPENTOLATE HYDROCHLORIDE	Cyclopentolate HCl Ophth Soln 0.5%	Maximum Quantity = 15 units per 10 days
Quantity per Time	DAYTRANA	Methylphenidate TD Patch 10 MG/9HR	Maximum Quantity = 30 units per 30 days
Quantity per Time	DAYTRANA	Methylphenidate TD Patch 15 MG/9HR	Maximum Quantity = 30 units per 30 days
Quantity per Time	DAYTRANA	Methylphenidate TD Patch 20 MG/9HR	Maximum Quantity = 30 units per 30 days
Quantity per Time	DAYTRANA	Methylphenidate TD Patch 30 MG/9HR	Maximum Quantity = 30 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	DDAVP	Desmopressin Acetate Nasal Soln 0.01% (Refrigerated)	Maximum Quantity = 5 units per 25 days
Quantity per Time	DDAVP	Desmopressin Acetate Nasal Spray Soln 0.01%	Maximum Quantity = 5 units per 25 days
Quantity per Time	DELSYM	Dextromethorphan Polistirex Extended Release Susp 30 MG/5ML	Maximum Quantity = 240 units per 6 days
Quantity per Time	DELSYM COUGH + CHEST CONGESTION DM	Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	DELSYM COUGH + CHEST CONGESTION DM CHILDRENS	Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	DELSYM COUGH CHILDRENS	Dextromethorphan Polistirex Extended Release Susp 30 MG/5ML	Maximum Quantity = 240 units per 6 days
Quantity per Time	DESMOPRESSIN ACETATE	Desmopressin Acetate Nasal Soln 0.01% (Refrigerated)	Maximum Quantity = 5 units per 25 days
Quantity per Time	DESMOPRESSIN ACETATE	Desmopressin Acetate Nasal Spray Soln 0.01% (Refrigerated)	Maximum Quantity = 5 units per 25 days
Quantity per Time	DESMOPRESSIN ACETATE	Desmopressin Acetate Nasal Spray Soln 0.01%	Maximum Quantity = 5 units per 25 days
Quantity per Time	DESPEC	Phenylephrine-Guaifenesin Liqd 5-100 MG/5ML	Maximum Quantity = 240 units per 4 days
Quantity per Time	DEXAMETHASONE SODIUM PHOSPHATE	Dexamethasone Sodium Phosphate Inj 20 MG/5ML	Maximum Quantity = 150 units per 30 days
Quantity per Time	DEXAMETHASONE SODIUM PHOSPHATE	Dexamethasone Sodium Phosphate Inj 120 MG/30ML	Maximum Quantity = 150 units per 30 days
Quantity per Time	DEXAMETHASONE SODIUM PHOSPHATE	Dexamethasone Sodium Phosphate Ophth Soln 0.1%	Maximum Quantity = 5 units per 30 days
Quantity per Time	DEXTROMETHORPHAN POLISTIREX	Dextromethorphan Polistirex Extended Release Susp 30 MG/5ML	Maximum Quantity = 240 units per 6 days
Quantity per Time	DIABETIC SILTUSSIN DAS-NA	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	DIABETIC TUSSIN	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	DIABETIC TUSSIN EX	Guaifenesin Syrup 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	DIASTAR EASY TEST II LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	DIASTAR EASY TEST LANCETS30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	DIASTAT ACUDIAL	Diazepam Rectal Gel Delivery System 10 MG	Maximum Quantity = 4 units per 30 days
Quantity per Time	DIASTAT ACUDIAL	Diazepam Rectal Gel Delivery System 20 MG	Maximum Quantity = 8 units per 30 days
Quantity per Time	DIAZEPAM	Diazepam Rectal Gel Delivery System 10 MG	Maximum Quantity = 4 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	DIAZEPAM	Diazepam Rectal Gel Delivery System 20 MG	Maximum Quantity = 8 units per 30 days
Quantity per Time	DIAZEPAM RECTAL GEL	Diazepam Rectal Gel Delivery System 10 MG	Maximum Quantity = 4 units per 30 days
Quantity per Time	DIAZEPAM RECTAL GEL	Diazepam Rectal Gel Delivery System 20 MG	Maximum Quantity = 8 units per 30 days
Quantity per Time	DICLOFENAC SODIUM	Diclofenac Sodium (Actinic Keratoses) Gel 3%	Maximum Quantity = 100 units per 30 days
Quantity per Time	DIMAPHEN CHILDRENS	Brompheniramine & Phenylephrine Elixir 1-2.5 MG/5ML	Maximum Quantity = 120 units per 10 days
Quantity per Time	DIMETAPP COLD & ALLERGY	Brompheniramine & Phenylephrine Elixir 1-2.5 MG/5ML	Maximum Quantity = 120 units per 10 days
Quantity per Time	DM MAX MAXIMUM STRENGTH	Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	DOVONEX	Calcipotriene Cream 0.005%	Maximum Quantity = 60 units per 30 days
Quantity per Time	DROPLET LANCETS ULTRA THIN 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	DROPLET LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	DRUG MART ADJUSTABLE LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	DRUG MART LANCETS THIN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	DRUG MART ON-THE-GO LANCETS GENTLE 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	DRUG MART UNILET LANCETSSUPER THIN 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	DRUG MART UNILET LANCETSULTRA THIN 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	DUANE READE LANCET ALTERNATE SITE 26G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	DUANE READE LANCET SUPERTHIN 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	DUANE READE LANCET ULTRATHIN 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	DULERA	Mometasone Furoate-Formoterol Fumarate Aerosol 100-5 MCG/ACT	Maximum Quantity = 13 units per 30 days
Quantity per Time	DULERA	Mometasone Furoate-Formoterol Fumarate Aerosol 200-5 MCG/ACT	Maximum Quantity = 13 units per 30 days
Quantity per Time	DURAGESIC	Fentanyl TD Patch 72HR 12 (12.5) MCG/HR	Maximum Quantity = 10 units per 30 days
Quantity per Time	DURAGESIC	Fentanyl TD Patch 72HR 25 MCG/HR	Maximum Quantity = 10 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	DURAGESIC	Fentanyl TD Patch 72HR 50 MCG/HR	Maximum Quantity = 10 units per 30 days
Quantity per Time	DURAGESIC	Fentanyl TD Patch 72HR 75 MCG/HR	Maximum Quantity = 10 units per 30 days
Quantity per Time	DURAGESIC	Fentanyl TD Patch 72HR 100 MCG/HR	Maximum Quantity = 10 units per 30 days
Quantity per Time	EARLOOP MASK	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	EASIVENT	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	EASIVENT/MASK-LARGE	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	EASIVENT/MASK-MEDIUM	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	EASIVENT/MASK-SMALL	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	EASY COMFORT LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EASY COMFORT LANCETS 30G/PULL TOP	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EASY COMFORT LANCETS 30G/THIN TOP	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EASY MINI EJECT LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	EASY MINI LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EASY TOUCH LANCETS 26G/PULL-TOP	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EASY TOUCH LANCETS 26G/TWIST	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EASY TOUCH LANCETS 28G/PULL-TOP	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EASY TOUCH LANCETS 28G/TWIST	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	*Lancets***	Maximum Quantity = 200 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EASY TOUCH LANCETS 30G/PULL-TOP	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EASY TOUCH LANCETS 30G/TWIST	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EASY TOUCH LANCETS 32G/PULL-TOP	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EASY TOUCH LANCETS 32G/TWIST	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EASY TOUCH LANCETS 33G/TWIST	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EASY TOUCH LANCING DEVICE/EJECTOR	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EASY TWIST & CAP LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EASYTEST II LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EASYTEST LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EBASE CONTROLLER KIT	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	ECONTRA EZ	Levonorgestrel Tab 1.5 MG	Maximum Quantity = 1 units per 21 days
Quantity per Time	ED BRON GP	Phenylephrine-Guaifenesin Liqd 5-100 MG/5ML	Maximum Quantity = 240 units per 4 days
Quantity per Time	EFLOW SCF AEROSOL HEAD	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	EFUDEX	Fluorouracil Cream 5%	Maximum Quantity = 40 units per 28 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	ELECTROLYTE SOLUTION	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	ELETRIPTAN HYDROBROMIDE	Eletriptan Hydrobromide Tab 20 MG (Base Equivalent)	Maximum Quantity = 6 units per 30 days
Quantity per Time	ELETRIPTAN HYDROBROMIDE	Eletriptan Hydrobromide Tab 40 MG (Base Equivalent)	Maximum Quantity = 6 units per 30 days
Quantity per Time	ELIDEL	Pimecrolimus Cream 1%	Maximum Quantity = 30 units per 30 days
Quantity per Time	ELIMITE	Permethrin Cream 5%	Maximum Quantity = 60 units per 7 days
Quantity per Time	ELITE DC AUTO ADAPTER	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	ELLA	Ulipristal Acetate Tab 30 MG	Maximum Quantity = 4 units per 365 days
Quantity per Time	EMBRACE LANCETS ULTRA THIN 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EMLA	Lidocaine-Prilocaine Cream 2.5-2.5%	Maximum Quantity = 30 units per 14 days
Quantity per Time	ENBREL	Etanercept Subcutaneous Soln Prefilled Syringe 50 MG/ML	Maximum Quantity = 3.92 units per 28 days
Quantity per Time	ENFALYTE	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	ENFAMIL ENFALYTE	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	ENOXAPARIN SODIUM	Enoxaparin Sodium Inj 30 MG/0.3ML	Maximum Quantity = 10.2 units per 17 days
Quantity per Time	ENOXAPARIN SODIUM	Enoxaparin Sodium Inj 300 MG/3ML	Maximum Quantity = 102 units per 17 days
Quantity per Time	ENOXAPARIN SODIUM	Enoxaparin Sodium Inj 40 MG/0.4ML	Maximum Quantity = 13.6 units per 17 days
Quantity per Time	ENOXAPARIN SODIUM	Enoxaparin Sodium Inj 60 MG/0.6ML	Maximum Quantity = 20.4 units per 17 days
Quantity per Time	ENOXAPARIN SODIUM	Enoxaparin Sodium Inj 80 MG/0.8ML	Maximum Quantity = 27.2 units per 17 days
Quantity per Time	ENOXAPARIN SODIUM	Enoxaparin Sodium Inj 120 MG/0.8ML	Maximum Quantity = 27.2 units per 17 days
Quantity per Time	ENOXAPARIN SODIUM	Enoxaparin Sodium Inj 100 MG/ML	Maximum Quantity = 34 units per 17 days
Quantity per Time	ENOXAPARIN SODIUM	Enoxaparin Sodium Inj 150 MG/ML	Maximum Quantity = 34 units per 17 days
Quantity per Time	EQ COUGH CHILDRENS	Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	EQ COUGH DM	Dextromethorphan Polistirex Extended Release Susp 30 MG/5ML	Maximum Quantity = 240 units per 6 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	EQ NICOTINE	Nicotine TD Patch 24HR 7 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	EQ NICOTINE	Nicotine TD Patch 24HR 14 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	EQ NICOTINE	Nicotine TD Patch 24HR 21 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	EQ NICOTINE	Nicotine Polacrilex Lozenge 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	EQ NICOTINE GUM REFILL	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	EQ NICOTINE GUM STARTER	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	EQ NICOTINE LOZENGES	Nicotine Polacrilex Lozenge 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	EQ NICOTINE POLACRILEX	Nicotine Polacrilex Gum 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	EQ NICOTINE POLACRILEX	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	EQ NICOTINE POLACRILEX	Nicotine Polacrilex Lozenge 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	EQ NICOTINE POLACRILEX	Nicotine Polacrilex Lozenge 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	EQ NICOTINE STEP 3	Nicotine TD Patch 24HR 7 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	EQ TIOCONAZOLE 1	Tioconazole Vaginal Oint 6.5%	Maximum Quantity = 5 units per 7 days
Quantity per Time	EQ TUSSIN	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	EQ TUSSIN DM COUGH/CHESTCONGESTION	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	EQL COLOR LANCETS 21G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EQL COLOR LANCETS MICRO THIN 33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EQL COUGH DM	Dextromethorphan Polistirex Extended Release Susp 30 MG/5ML	Maximum Quantity = 240 units per 6 days
Quantity per Time	EQL NICOTINE	Nicotine TD Patch 24HR 7 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	EQL NICOTINE	Nicotine TD Patch 24HR 14 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	EQL NICOTINE	Nicotine TD Patch 24HR 21 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	EQL NICOTINE	Nicotine Polacrilex Lozenge 2 MG	Maximum Quantity = 84 units per 365 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	EQL NICOTINE	Nicotine Polacrilex Lozenge 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	EQL NICOTINE POLACRILEX	Nicotine Polacrilex Gum 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	EQL NICOTINE POLACRILEX	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	EQL NICOTINE POLACRILEX	Nicotine Polacrilex Lozenge 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	EQL NICOTINE POLACRILEX	Nicotine Polacrilex Lozenge 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	EQL NICOTINE POLACRILEX REFILL	Nicotine Polacrilex Gum 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	EQL NICOTINE POLACRILEX REFILL	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	EQL NICOTINE POLACRILEX STARTER	Nicotine Polacrilex Gum 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	EQL NICOTINE POLACRILEX STARTER	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	EQL PEDIATRIC ELECTROLYTE	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	EQL SUPER THIN LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EQL THIN LANCETS 26G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EQL TIOCONAZOLE-1	Tioconazole Vaginal Oint 6.5%	Maximum Quantity = 5 units per 7 days
Quantity per Time	EQL TRIACTING COLD/COUGH	Pseudoephed-Bromphen-DM Elixir 15-1-5 MG/5ML	Maximum Quantity = 240 units per 2 days
Quantity per Time	EQL TUSSIN CHEST CONGESTION	Guaifenesin Syrup 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	EQL TUSSIN DM COUGH/CHESTCONGESTION	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	EQL TUSSIN MUCUS+CHEST CONGESTION	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	EQL VITAMIN C	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	EQL VITAMIN C	Ascorbic Acid Tab 1000 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	EQL VITAMIN C/ROSE HIPS	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	EQL VITAMIN C/ROSE HIPS	Ascorbic Acid Tab 1000 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	EQUALYTE	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	ERYTHROMYCIN	Erythromycin Ophth Oint 5 MG/GM	Maximum Quantity = 4 units per 7 days
Quantity per Time	ESTRACE	Estradiol Vaginal Cream 0.1 MG/GM	Maximum Quantity = 43 units per 30 days
Quantity per Time	ESTRADIOL	Estradiol TD Patch Weekly 0.025 MG/24HR	Maximum Quantity = 4 units per 28 days
Quantity per Time	ESTRADIOL	Estradiol TD Patch Weekly 0.05 MG/24HR	Maximum Quantity = 4 units per 28 days
Quantity per Time	ESTRADIOL	Estradiol TD Patch Weekly 0.1 MG/24HR	Maximum Quantity = 4 units per 28 days
Quantity per Time	ESTRADIOL	Estradiol TD Patch Biweekly 0.025 MG/24HR	Maximum Quantity = 8 units per 28 days
Quantity per Time	ESTRADIOL	Estradiol TD Patch Biweekly 0.0375 MG/24HR	Maximum Quantity = 8 units per 28 days
Quantity per Time	ESTRADIOL	Estradiol TD Patch Biweekly 0.05 MG/24HR	Maximum Quantity = 8 units per 28 days
Quantity per Time	ESTRADIOL	Estradiol TD Patch Biweekly 0.075 MG/24HR	Maximum Quantity = 8 units per 28 days
Quantity per Time	ESTRADIOL	Estradiol TD Patch Biweekly 0.1 MG/24HR	Maximum Quantity = 8 units per 28 days
Quantity per Time	EXTRA ACTION COUGH	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	E-Z JECT LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	E-Z JECT LANCETS 21G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	E-Z JECT LANCETS COLOR	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	E-Z JECT LANCETS SUPER THIN 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	E-Z JECT LANCETS THIN 26G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EZ SMART BLOOD GLUCOSE LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	E-Z SPACER	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	E-Z SPACER THE BODY GUARDS PACK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	E-ZJECT LANCETS MICRO-THIN 33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EZ-LETS LANCETS 21G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EZ-LETS LANCETS 23G	*Lancets***	Maximum Quantity = 200 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	EZ-LETS LANCETS 26G SUPER-SOFT	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EZ-LETS LANCETS 28G ULTRA-SOFT	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	EZ-LETS LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	FALLBACK SOLO	Levonorgestrel Tab 1.5 MG	Maximum Quantity = 1 units per 21 days
Quantity per Time	FANAPT TITRATION PACK	lloperidone Tab 1 MG & 2 MG & 4 MG & 6 MG Titratration Pak	Maximum Quantity = 16 units per 365 days
Quantity per Time	FENTANYL	Fentanyl TD Patch 72HR 12 (12.5) MCG/HR	Maximum Quantity = 10 units per 30 days
Quantity per Time	FENTANYL	Fentanyl TD Patch 72HR 25 MCG/HR	Maximum Quantity = 10 units per 30 days
Quantity per Time	FENTANYL	Fentanyl TD Patch 72HR 37.5 MCG/HR	Maximum Quantity = 10 units per 30 days
Quantity per Time	FENTANYL	Fentanyl TD Patch 72HR 50 MCG/HR	Maximum Quantity = 10 units per 30 days
Quantity per Time	FENTANYL	Fentanyl TD Patch 72HR 62.5 MCG/HR	Maximum Quantity = 10 units per 30 days
Quantity per Time	FENTANYL	Fentanyl TD Patch 72HR 75 MCG/HR	Maximum Quantity = 10 units per 30 days
Quantity per Time	FENTANYL	Fentanyl TD Patch 72HR 87.5 MCG/HR	Maximum Quantity = 10 units per 30 days
Quantity per Time	FENTANYL	Fentanyl TD Patch 72HR 100 MCG/HR	Maximum Quantity = 10 units per 30 days
Quantity per Time	FEVER REDUCER CHILDRENS	Acetaminophen Suppos 120 MG	Maximum Quantity = 12 units per 30 days
Quantity per Time	FEVERALL ADULTS	Acetaminophen Suppos 650 MG	Maximum Quantity = 12 units per 30 days
Quantity per Time	FEVERALL CHILDRENS	Acetaminophen Suppos 120 MG	Maximum Quantity = 12 units per 30 days
Quantity per Time	FEVERALL JUNIOR STRENGTH	Acetaminophen Suppos 325 MG	Maximum Quantity = 12 units per 30 days
Quantity per Time	FIASP	Insulin Aspart Inj 100 Unit/ML	Maximum Quantity = 50 units per 30 days
Quantity per Time	FIFTY50 LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	FIFTY50 SAFETY SEAL LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	FIFTY50 SAFETY SEAL LANCETS 32G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	FIFTY50 UNILET LANCETS 33G	*Lancets***	Maximum Quantity = 200 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	FILTER AIR PP	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	FINE 30	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	FINGERSTIX LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	FLEXICHAMBER	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	FLONASE SENSIMIST	Fluticasone Furoate Nasal Susp 27.5 MCG/SPRAY	Maximum Quantity = 10 units per 30 days
Quantity per Time	FLORIVA PLUS	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML***	Maximum Quantity = 50 units per 30 days
Quantity per Time	FLOVENT HFA	Fluticasone Propionate HFA Inhal Aerosol 44 MCG/ACT	Maximum Quantity = 11 units per 30 days
Quantity per Time	FLOVENT HFA	Fluticasone Propionate HFA Inhal Aerosol 110 MCG/ACT	Maximum Quantity = 12 units per 30 days
Quantity per Time	FLOVENT HFA	Fluticasone Propionate HFA Inhal Aerosol 220 MCG/ACT	Maximum Quantity = 12 units per 30 days
Quantity per Time	FLUNISOLIDE	Flunisolide Nasal Soln 25 MCG/ACT (0.025%)	Maximum Quantity = 25 units per 30 days
Quantity per Time	FLUOROURACIL	Fluorouracil Soln 2%	Maximum Quantity = 10 units per 14 days
Quantity per Time	FLUOROURACIL	Fluorouracil Soln 5%	Maximum Quantity = 10 units per 14 days
Quantity per Time	FLUOROURACIL	Fluorouracil Cream 5%	Maximum Quantity = 40 units per 28 days
Quantity per Time	FLUOXETINE DR	Fluoxetine HCl Cap Delayed Release 90 MG	Maximum Quantity = 4 units per 28 days
Quantity per Time	FML	Fluorometholone Ophth Oint 0.1%	Maximum Quantity = 4 units per 30 days
Quantity per Time	FORA LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	FORA LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	FORA LANCING DEVICE/CLEARCAP	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	FORTICAL	Calcitonin (Salmon) Nasal Soln 200 Unit/ACT	Maximum Quantity = 4 units per 30 days
Quantity per Time	FREDS PHARMACY AUTOLET LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	*Lancets***	Maximum Quantity = 200 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	FREESTYLE LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	FREESTYLE UNISTICK II LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	FROVA	Frovatriptan Succinate Tab 2.5 MG (Base Equivalent)	Maximum Quantity = 12 units per 30 days
Quantity per Time	FROVATRIPTAN SUCCINATE	Frovatriptan Succinate Tab 2.5 MG (Base Equivalent)	Maximum Quantity = 12 units per 30 days
Quantity per Time	FULL KIT NEBULIZER SET	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	G TUSSIN AC	Guaifenesin-Codeine Soln 100-10 MG/5ML	Maximum Quantity = 240 units per 4 days
Quantity per Time	GARAMYCIN	Gentamicin Sulfate Ophth Oint 0.3%	Maximum Quantity = 4 units per 5 days
Quantity per Time	GENTAMICIN SULFATE	Gentamicin Sulfate Ophth Oint 0.3%	Maximum Quantity = 4 units per 5 days
Quantity per Time	GENTLE-LET GP LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	GERBER REPLENISH	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	GERI-TUSSIN	Guaifenesin Syrup 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	GERI-TUSSIN DM	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	GLOBAL INJECT EASE LANCETS 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	GLOBAL INJECT EASE LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	GLOBAL LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	GLUCOCOM LANCETS 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	GLUCOCOM LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	GLUCOCOM LANCETS 33G	*Lancets***	Maximum Quantity = 200 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	GLUCOLET 2 AUTOMATIC LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	GLUCOSOURCE LANCET DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	GLUCOSOURCE LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	GMATE LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	GMATE LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	GNP COLD & ALLERGY CHILDRENS	Brompheniramine & Phenylephrine Elixir 1-2.5 MG/5ML	Maximum Quantity = 120 units per 10 days
Quantity per Time	GNP COUGH DM ER	Dextromethorphan Polistirex Extended Release Susp 30 MG/5ML	Maximum Quantity = 240 units per 6 days
Quantity per Time	GNP LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	GNP LANCETS 21G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	GNP LANCETS MICRO THIN 33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	GNP LANCETS SUPER THIN 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	GNP LANCETS THIN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	GNP LANCETS THIN 26G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	GNP MICRO THIN LANCETS 33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	GNP MUCUS RELIEF CHILDRENS	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	GNP MUCUS RELIEF COUGH CHILDRENS	Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	GNP MUCUS RELIEF DM MAX	Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	GNP NICOTINE GUM	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	GNP NICOTINE MINI LOZENGE	Nicotine Polacrilex Lozenge 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	GNP NICOTINE POLACRILEX	Nicotine Polacrilex Gum 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	GNP NICOTINE POLACRILEX	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	GNP NICOTINE POLACRILEX	Nicotine Polacrilex Lozenge 2 MG	Maximum Quantity = 84 units per 365 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	GNP NICOTINE POLACRILEX	Nicotine Polacrilex Lozenge 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	GNP NICOTINE POLACRILEX MINI	Nicotine Polacrilex Lozenge 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	GNP NICOTINE TRANSDERMALSYSTEM	Nicotine TD Patch 24HR 7 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	GNP NICOTINE TRANSDERMALSYSTEM	Nicotine TD Patch 24HR 21 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	GNP PEDIATRIC ELECTROLYTE	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	GNP SUPER THIN LANCETS/30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	GNP TIOCONAZOLE 1	Tioconazole Vaginal Oint 6.5%	Maximum Quantity = 5 units per 7 days
Quantity per Time	GNP TUSSIN	Guaifenesin Syrup 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	GNP TUSSIN MUCUS & CHESTCONGESTION	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	GNP VITAMIN B1	Thiamine Mononitrate Tab 100 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	GNP VITAMIN B-1	Thiamine HCl Tab 100 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	GNP VITAMIN C	Ascorbic Acid Tab 250 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	GNP VITAMIN C	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	GNP VITAMIN C	Ascorbic Acid Tab 1000 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	GNP VITAMIN C W/ROSE HIPS	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	GNP VITAMIN C/ROSE HIPS	Ascorbic Acid Tab 1000 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	GOODSENSE COUGH DM CHILDRENS	Dextromethorphan Polistirex Extended Release Susp 30 MG/5ML	Maximum Quantity = 240 units per 6 days
Quantity per Time	GOODSENSE LANCETS MICRO-THIN 33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	GOODSENSE LANCETS ULTRA-THIN 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	GOODSENSE LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	GOODSENSE NICOTINE	Nicotine Polacrilex Lozenge 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	GOODSENSE NICOTINE	Nicotine Polacrilex Lozenge 4 MG	Maximum Quantity = 84 units per 365 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	GOODSENSE NICOTINE GUM	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	GUAIAUSSIN AC	Guaifenesin-Codeine Soln 100-10 MG/5ML	Maximum Quantity = 240 units per 4 days
Quantity per Time	GUAICON DMS	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	GUAIFENESIN	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	GUAIFENESIN	Guaifenesin Syrup 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	GUAIFENESIN AC	Guaifenesin-Codeine Soln 100-10 MG/5ML	Maximum Quantity = 240 units per 4 days
Quantity per Time	GUAIFENESIN DAC	Pseudoephedrine w/ COD-GG Soln 30-10-100 MG/5ML	Maximum Quantity = 240 units per 6 days
Quantity per Time	GUAIFENESIN/CODEINE	Guaifenesin-Codeine Soln 100-10 MG/5ML	Maximum Quantity = 240 units per 4 days
Quantity per Time	GUAIFENESIN/DEXTROMETHORPHAN HYDROBROMIDE	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	GUAIFENESIN-DM	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	GYNE-LOTRIMIN	Clotrimazole Vaginal Cream 1%	Maximum Quantity = 45 units per 7 days
Quantity per Time	HAEMOLANCE	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	HAEMOLANCE LOW FLOW LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	HAEMOLANCE PLUS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	HAEMOLANCE PLUS HIGH FLOW	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	HAEMOLANCE PLUS LOW FLOW	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	HAEMOLANCE PLUS MAX FLOW	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	HAEMOLANCE PLUS PEDIATRIC FLOW	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	HEALTH CARE LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	HEALTHWISE LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	HEALTHWISE LANCING PEN	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	HEALTHY LIVING REPLACEMENT FILTERS	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	HEALTHY LIVING REPLACEMENT KIT FOR NEBULIZER	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	HEALTHY LIVING REPLACEMENT MASKS	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	H-E-B INCONTROL ADVANCED LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	H-E-B INCONTROL LANCETS MICRO THIN 33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	H-E-B INCONTROL LANCETS SUPER THIN 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	H-E-B INCONTROL LANCETS ULTRA THIN 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	H-E-B ORAL ELECTROLYTE SOLUTION	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	HM ALL DAY ALLERGY CHILDRENS	Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)	Maximum Quantity = 240 units per 24 days
Quantity per Time	HM ALLERGY RELIEF CHILDRENS	Diphenhydramine HCl Liquid 12.5 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	HM COLD & ALLERGY CHILDRENS	Brompheniramine & Phenylephrine Elixir 1-2.5 MG/5ML	Maximum Quantity = 120 units per 10 days
Quantity per Time	HM COUGH DM	Dextromethorphan Polistirex Extended Release Susp 30 MG/5ML	Maximum Quantity = 240 units per 6 days
Quantity per Time	HM LORATADINE CHILDRENS	Loratadine Syrup 5 MG/5ML	Maximum Quantity = 240 units per 24 days
Quantity per Time	HM NICOTINE POLACRILEX	Nicotine Polacrilex Gum 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	HM NICOTINE POLACRILEX	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	HM NICOTINE POLACRILEX	Nicotine Polacrilex Lozenge 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	HM NICOTINE POLACRILEX	Nicotine Polacrilex Lozenge 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	HM NICOTINE TRANSDERMAL SYSTEM	Nicotine TD Patch 24HR 21 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	HM NICOTINE TRANSDERMAL SYSTEM STEP 1	Nicotine TD Patch 24HR 21 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	HM NICOTINE TRANSDERMAL SYSTEM STEP 3	Nicotine TD Patch 24HR 7 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	HM NICOTINE TRANSDERMAL SYSTEM	Nicotine TD Patch 24HR 14 MG/24HR	Maximum Quantity = 84 units per 365 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	HM NICOTINE TRANSDERMALSYSTEM STEP 2	Nicotine TD Patch 24HR 14 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	HM PEDIATRIC ELECTROLYTE	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	HM TUSSIN ADULT	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	HM VITAMIN B1	Thiamine Mononitrate Tab 100 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	HM VITAMIN C	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	HM VITAMIN C	Ascorbic Acid Tab 1000 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	HM VITAMIN C/ROSE HIPS	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	HM VITAMIN C/ROSE HIPS	Ascorbic Acid Tab 1000 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	HUDSON RCI SEE-THRU AEROSOL MASK ELONGATED/ADULT	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	HUMALOG	Insulin Lispro (Human) Inj 100 Unit/ML	Maximum Quantity = 40 units per 30 days
Quantity per Time	HUMALOG	Insulin Lispro (Human) Soln Cartridge 100 Unit/ML	Maximum Quantity = 50 units per 30 days
Quantity per Time	HUMALOG MIX 50/50	Insulin Lispro Prot & Lispro (Human) Inj 100 Unit/ML (50-50)	Maximum Quantity = 50 units per 30 days
Quantity per Time	HUMALOG MIX 75/25	Insulin Lispro Prot & Lispro (Human) Inj 100 Unit/ML (75-25)	Maximum Quantity = 50 units per 30 days
Quantity per Time	HUMULIN 70/30	Insulin Isophane & Regular (Human) Inj 100 Unit/ML (70-30)	Maximum Quantity = 50 units per 30 days
Quantity per Time	HUMULIN N	Insulin Isophane (Human) Inj 100 Unit/ML	Maximum Quantity = 50 units per 30 days
Quantity per Time	HUMULIN R	Insulin Regular (Human) Inj 100 Unit/ML	Maximum Quantity = 50 units per 30 days
Quantity per Time	HUMULIN R U-500 (CONCENTRATED)	Insulin Regular (Human) Inj 500 Unit/ML	Maximum Quantity = 40 units per 30 days
Quantity per Time	HYDROCORTISONE	Hydrocortisone Cream 0.5%	Maximum Quantity = 30 units per 7 days
Quantity per Time	HYDROCORTISONE/ACETIC ACID	Hydrocortisone w/ Acetic Acid Otic Soln 1-2%	Maximum Quantity = 10 units per 7 days
Quantity per Time	HYDROMORPHONE HCL	Hydromorphone HCl Suppos 3 MG	Maximum Quantity = 12 units per 3 days
Quantity per Time	HY-VEE LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	HY-VEE THIN LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	ILOTYCIN	Erythromycin Ophth Oint 5 MG/GM	Maximum Quantity = 4 units per 7 days
Quantity per Time	IMIQUIMOD	Imiquimod Cream 5%	Maximum Quantity = 48 units per 180 days
Quantity per Time	IMITREX	Sumatriptan Succinate Inj 12 MG/ML	Maximum Quantity = 4 units per 30 days
Quantity per Time	IMITREX	Sumatriptan Nasal Spray 5 MG/ACT	Maximum Quantity = 6 units per 30 days
Quantity per Time	IMITREX	Sumatriptan Nasal Spray 20 MG/ACT	Maximum Quantity = 6 units per 30 days
Quantity per Time	IMITREX	Sumatriptan Succinate Tab 25 MG	Maximum Quantity = 9 units per 30 days
Quantity per Time	IMITREX	Sumatriptan Succinate Tab 50 MG	Maximum Quantity = 9 units per 30 days
Quantity per Time	IMITREX	Sumatriptan Succinate Tab 100 MG	Maximum Quantity = 9 units per 30 days
Quantity per Time	IMITREX STATDOSE REFILL	Sumatriptan Succinate Solution Cartridge 4 MG/0.5ML	Maximum Quantity = 4 units per 30 days
Quantity per Time	IMITREX STATDOSE REFILL	Sumatriptan Succinate Solution Cartridge 6 MG/0.5ML	Maximum Quantity = 4 units per 30 days
Quantity per Time	IMITREX STATDOSE SYSTEM	Sumatriptan Succinate Solution Auto-injector 4 MG/0.5ML	Maximum Quantity = 4 units per 30 days
Quantity per Time	IMITREX STATDOSE SYSTEM	Sumatriptan Succinate Solution Auto-injector 6 MG/0.5ML	Maximum Quantity = 4 units per 30 days
Quantity per Time	IN TOUCH LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	IN TOUCH STERILE LANCETS30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	INFANTS SILAPAP	Acetaminophen Soln 100 MG/ML	Maximum Quantity = 30 units per 30 days
Quantity per Time	INNOSPIRE REPLACEMENT FILTER	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	INSPIRACHAMBER/LARGE	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/MEDIUM	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK/SMALL	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	INSPIREASE DRUG DELIVERYSYSTEM	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	INTROVALE	Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG	Maximum Quantity = 91 units per 91 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	IOPHEN C-NR	Guaifenesin-Codeine Soln 100-10 MG/5ML	Maximum Quantity = 240 units per 4 days
Quantity per Time	IOPHEN-NR	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	KAYEXALATE	Sodium Polystyrene Sulfonate Powder	Maximum Quantity = 454 units per 30 days
Quantity per Time	KETOCARE	Acetone (Urine) Test Strip	Maximum Quantity = 100 units per 30 days
Quantity per Time	KETOROLAC TROMETHAMINE	Ketorolac Tromethamine Tab 10 MG	Maximum Quantity = 20 units per 30 days
Quantity per Time	KETOROLAC TROMETHAMINE	Ketorolac Tromethamine Tab 10 MG	Maximum Quantity = 20 units per 90 days
Quantity per Time	KINNEY LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	KINNEY THIN LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	KIONEX	Sodium Polystyrene Sulfonate Powder	Maximum Quantity = 454 units per 30 days
Quantity per Time	KITABIS PAK	Tobramycin Nebu Soln 300 MG/5ML	Maximum Quantity = 280 units per 56 days
Quantity per Time	KLARON	Sulfacetamide Sodium Lotion 10% (Acne)	Maximum Quantity = 120 units per 10 days
Quantity per Time	KLS QUIT2	Nicotine Polacrilex Gum 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	KLS QUIT2	Nicotine Polacrilex Lozenge 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	KLS QUIT4	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	KLS QUIT4	Nicotine Polacrilex Lozenge 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	KROGER LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	KROGER LANCETS 21G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	KROGER LANCETS MICRO THIN33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	KROGER LANCETS SUPER THIN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	KROGER LANCETS THIN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	KROGER LANCETS THIN 26G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	KROGER LANCETS ULTRATHIN30G	*Lancets***	Maximum Quantity = 200 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	KROGER LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	LAMISIL	Terbinafine HCl Tab 250 MG	Maximum Quantity = 90 units per 120 days at mail
Quantity per Time	LANCET DEVICE ADJUSTABLE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	LANCET DEVICE WITH EJECTOR	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LANCETS 26G TWIST TOP	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LANCETS 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LANCETS 30G TWIST TOP	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LANCETS 30G/TWIST TOP	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LANCETS 31G TWIST TOP	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LANCETS 33G UNIVERSAL DESIGN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LANCETS MICRO THIN 33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LANCETS SAFETY SEAL 21G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LANCETS SAFETY SEAL 26G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LANCETS SAFETY SEAL 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LANCETS SAFETY SEAL 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LANCETS SUPER THIN 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LANCETS THIN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LANCETS TWIST TOP	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LANCETS ULTRA FINE	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LANCETS ULTRA THIN	*Lancets***	Maximum Quantity = 200 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	LANCETS ULTRA THIN 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LANCETSBULLSEYE SAFETY	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	LANCING DEVICE ADJUSTABLE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	LANTUS	Insulin Glargine Inj 100 Unit/ML	Maximum Quantity = 30 units per 30 days
Quantity per Time	LANZO	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	LEADER ADVANCED LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	LEVALBUTEROL	Levalbuterol HCl Soln Nebu Conc 1.25 MG/0.5ML (Base Equiv)	Maximum Quantity = 288 units per 30 days
Quantity per Time	LEVALBUTEROL HCL	Levalbuterol HCl Soln Nebu 0.31 MG/3ML (Base Equiv)	Maximum Quantity = 288 units per 30 days
Quantity per Time	LEVALBUTEROL HCL	Levalbuterol HCl Soln Nebu 0.63 MG/3ML (Base Equiv)	Maximum Quantity = 288 units per 30 days
Quantity per Time	LEVALBUTEROL HCL	Levalbuterol HCl Soln Nebu 1.25 MG/3ML (Base Equiv)	Maximum Quantity = 288 units per 30 days
Quantity per Time	LEVALBUTEROL HCL	Levalbuterol HCl Soln Nebu 1.25 MG/3ML (Base Equiv)	Maximum Quantity = 60 units per 30 days
Quantity per Time	LEVONORGESTREL	Levonorgestrel Tab 1.5 MG	Maximum Quantity = 1 units per 21 days
Quantity per Time	LEVONORGESTREL	Levonorgestrel Tab 1.5 MG	Maximum Quantity = 1 units per 90 days
Quantity per Time	LEVONORGESTREL/ETHINYL ESTRADIOL	Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 MG & Eth Est 0.01 MG	Maximum Quantity = 91 units per 91 days
Quantity per Time	LIBERTY MEDICAL LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LIBERTY MINI LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	LIDOCAINE	Lidocaine Patch 5%	Maximum Quantity = 30 units per 30 days
Quantity per Time	LIDOCAINE HCL VISCOUS	Lidocaine HCl Viscous Soln 2%	Maximum Quantity = 100 units per 10 days
Quantity per Time	LIDOCAINE VISCOUS	Lidocaine HCl Viscous Soln 2%	Maximum Quantity = 100 units per 10 days
Quantity per Time	LIDOCAINE/PRILOCAINE	Lidocaine-Prilocaine Cream 2.5-2.5%	Maximum Quantity = 30 units per 14 days
Quantity per Time	LIDOCAINE-PRILOCAINE-CREAM BASE	Lidocaine-Prilocaine Cream 2.5-2.5%	Maximum Quantity = 30 units per 14 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	LIDODERM	Lidocaine Patch 5%	Maximum Quantity = 30 units per 30 days
Quantity per Time	LIFESCAN UNISTIK 2 DEEP PENETRATION	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LIFESCAN UNISTIK II LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LITE TOUCH LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LITE TOUCH LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	LITE TOUCH LANCING PEN	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	LITEAIRE	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	LITETOUCH LANCETS MICRO THIN 33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LITETOUCH MASK LARGE	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	LITETOUCH MASK MEDIUM	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	LITETOUCH MASK SMALL	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	LIVE BETTER ADVANCED LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	LIVE BETTER LANCET SUPERTHIN 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LIVE BETTER LANCET ULTRATHIN 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LONGS LANCETS STANDARD	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LONGS LANCETS THIN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LONGS LANCETS ULTRA THIN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	LOVENOX	Enoxaparin Sodium Inj 30 MG/0.3ML	Maximum Quantity = 10.2 units per 17 days
Quantity per Time	LOVENOX	Enoxaparin Sodium Inj 300 MG/3ML	Maximum Quantity = 102 units per 17 days
Quantity per Time	LOVENOX	Enoxaparin Sodium Inj 40 MG/0.4ML	Maximum Quantity = 13.6 units per 17 days
Quantity per Time	LOVENOX	Enoxaparin Sodium Inj 60 MG/0.6ML	Maximum Quantity = 20.4 units per 17 days
Quantity per Time	LOVENOX	Enoxaparin Sodium Inj 80 MG/0.8ML	Maximum Quantity = 27.2 units per 17 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	LOVENOX	Enoxaparin Sodium Inj 120 MG/0.8ML	Maximum Quantity = 27.2 units per 17 days
Quantity per Time	LOVENOX	Enoxaparin Sodium Inj 100 MG/ML	Maximum Quantity = 34 units per 17 days
Quantity per Time	LOVENOX	Enoxaparin Sodium Inj 150 MG/ML	Maximum Quantity = 34 units per 17 days
Quantity per Time	LYSTEDA	Tranexamic Acid Tab 650 MG	Maximum Quantity = 30 units per 5 days
Quantity per Time	MAKENA	Hydroxyprogesterone Caproate IM in Oil 250 MG/ML	Maximum Quantity = 2 units per 14 days
Quantity per Time	MALATHION	Malathion Lotion 0.5%	Maximum Quantity = 59 units per 9 days
Quantity per Time	MAXALT	Rizatriptan Benzoate Tab 5 MG	Maximum Quantity = 12 units per 30 days
Quantity per Time	MAXALT	Rizatriptan Benzoate Tab 10 MG	Maximum Quantity = 18 units per 30 days
Quantity per Time	MAXALT-MLT	Rizatriptan Benzoate Orally Disintegrating Tab 5 MG	Maximum Quantity = 12 units per 30 days
Quantity per Time	MAXALT-MLT	Rizatriptan Benzoate Orally Disintegrating Tab 10 MG	Maximum Quantity = 18 units per 30 days
Quantity per Time	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MEDICHOICE SAFETY LANCETEXTRA	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MEDICHOICE SAFETY LANCETNORMAL	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MEDISENSE THIN LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MEDI-TUSSIN DM	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	MEDLANCE PLUS EXTRA LANCETS 21G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MEDLANCE PLUS LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MEDLANCE PLUS LANCETS LITE 25G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MEDLANCE PLUS LITE LANCETS 25G	*Lancets***	Maximum Quantity = 200 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	MEDLANCE PLUS SPECIAL LANCETS 0.8MM	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MEDLANCE PLUS SUPERLITE 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MEDLANCE PLUS UNIVERSAL LANCETS 21G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MEDLANCE PLUS/LITE 25G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MEDLANCE/EXTRA	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MEDLANCE/LITE	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MEDLANCE/UNIVERSAL	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MEIJER C	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	MEIJER COLOR LANCETS UNIVERSAL 33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MEIJER COUGH SYRUP DM	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	MEIJER LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MEIJER LANCETS THIN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MEIJER LANCETS UNIVERSAL21G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MEIJER LANCETS UNIVERSAL30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MEIJER LANCETS UNIVERSAL33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MEIJER SUPER THIN LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MEPERIDINE HCL	Meperidine HCl Oral Soln 50 MG/5ML	Maximum Quantity = 500 units per 5 days
Quantity per Time	METROGEL-VAGINAL	Metronidazole Vaginal Gel 0.75%	Maximum Quantity = 70 units per 7 days
Quantity per Time	METRONIDAZOLE	Metronidazole Gel 0.75%	Maximum Quantity = 45 units per 30 days
Quantity per Time	METRONIDAZOLE VAGINAL	Metronidazole Vaginal Gel 0.75%	Maximum Quantity = 70 units per 7 days
Quantity per Time	MIACALCIN	Calcitonin (Salmon) Nasal Soln 200 Unit/ACT	Maximum Quantity = 4 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	MICROCHAMBER	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	MICROELITE FILTER REPLACEMENTS	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	MICROELITE RECHARGEABLE BATTERY	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	MICROLET LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MICROLET NEXT	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	MICROSPACER	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	MICROTAINER SAFETY FLOW LANCET/STERILE/SINGLE-USE	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MINI LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	MINIELITE FILTER REPLACEMENTS	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	MINIELITE RECHARGEABLE BATTERY	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	MINIVELLE	Estradiol TD Patch Biweekly 0.025 MG/24HR	Maximum Quantity = 8 units per 28 days
Quantity per Time	MINIVELLE	Estradiol TD Patch Biweekly 0.0375 MG/24HR	Maximum Quantity = 8 units per 28 days
Quantity per Time	MINIVELLE	Estradiol TD Patch Biweekly 0.05 MG/24HR	Maximum Quantity = 8 units per 28 days
Quantity per Time	MINIVELLE	Estradiol TD Patch Biweekly 0.075 MG/24HR	Maximum Quantity = 8 units per 28 days
Quantity per Time	MINIVELLE	Estradiol TD Patch Biweekly 0.1 MG/24HR	Maximum Quantity = 8 units per 28 days
Quantity per Time	MIRENA	Levonorgestrel Releasing IUD 20 MCG/24HR (52 MG Total)	Maximum Quantity = 1 units per 1 days
Quantity per Time	MOMETASONE FUROATE	Mometasone Furoate Nasal Susp 50 MCG/ACT	Maximum Quantity = 34 units per 30 days
Quantity per Time	MONISTAT 1-DAY	Tioconazole Vaginal Oint 6.5%	Maximum Quantity = 5 units per 7 days
Quantity per Time	MONOLET LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MONOLET OPD LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MONOLETTOR SAFETY LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	MOXIFLOXACIN HCL	Moxifloxacin HCl Ophth Soln 0.5% (Base Equiv)	Maximum Quantity = 3 units per 7 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	MOXIFLOXACIN HYDROCHLORIDE	Moxifloxacin HCl Ophth Soln 0.5% (Base Equiv)	Maximum Quantity = 3 units per 7 days
Quantity per Time	MUCINEX CHEST CONGESTIONCHILDRENS	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	MUCINEX COUGH CHILDRENS	Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	MUCINEX FAST-MAX DM MAX	Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	MUCUS RELIEF CHEST CONGESTION FORMULA	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	MUCUS RELIEF CHILDRENS	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	MUCUS RELIEF COUGH CHILDRENS	Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	MUCUS RELIEF DM MAX	Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	MULTI VITAMIN/FLUORIDE	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***	Maximum Quantity = 30 units per 30 days
Quantity per Time	MULTI-LANCET DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	MULTI-VIT/FLUORIDE	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML ***	Maximum Quantity = 50 units per 30 days
Quantity per Time	MULTI-VIT/FLUORIDE	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 MG/ML ***	Maximum Quantity = 50 units per 30 days
Quantity per Time	MULTI-VIT/IRON/FLUORIDE	*Pediatric Multiple Vitamins w/ FI-Fe Drops 0.25-10 MG/ML **	Maximum Quantity = 50 units per 30 days
Quantity per Time	MULTIVITAMIN WITH FLUORIDE	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***	Maximum Quantity = 30 units per 30 days
Quantity per Time	MULTIVITAMIN WITH FLUORIDE	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML ***	Maximum Quantity = 50 units per 30 days
Quantity per Time	MULTIVITAMIN WITH FLUORIDE	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 MG/ML ***	Maximum Quantity = 50 units per 30 days
Quantity per Time	MULTIVITAMIN/FLUORIDE	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***	Maximum Quantity = 30 units per 30 days
Quantity per Time	MULTI-VITAMIN/FLUORIDE	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML ***	Maximum Quantity = 50 units per 30 days
Quantity per Time	MULTI-VITAMIN/FLUORIDE	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 MG/ML ***	Maximum Quantity = 50 units per 30 days
Quantity per Time	MULTI-VITAMIN/FLUORIDE DROPS	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML ***	Maximum Quantity = 50 units per 30 days
Quantity per Time	MULTI-VITAMIN/FLUORIDE DROPS	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 MG/ML ***	Maximum Quantity = 50 units per 30 days
Quantity per Time	MULTI-VITAMIN/FLUORIDE/IRON	*Pediatric Multiple Vitamins w/ FI-Fe Drops 0.25-10 MG/ML **	Maximum Quantity = 50 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	MULTIVITAMINS/FLUORIDE	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***	Maximum Quantity = 30 units per 30 days
Quantity per Time	MVC-FLUORIDE	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***	Maximum Quantity = 30 units per 30 days
Quantity per Time	MY WAY	Levonorgestrel Tab 1.5 MG	Maximum Quantity = 1 units per 21 days
Quantity per Time	MY WAY	Levonorgestrel Tab 1.5 MG	Maximum Quantity = 1 units per 90 days
Quantity per Time	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	NASONEX	Mometasone Furoate Nasal Susp 50 MCG/ACT	Maximum Quantity = 34 units per 30 days
Quantity per Time	NATROBA	Spinosad Susp 0.9%	Maximum Quantity = 120 units per 7 days
Quantity per Time	NATURAL C/ROSE HIPS	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	NATURAL C/ROSE HIPS	Ascorbic Acid Tab 1000 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	NATURALYTE	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	NEBULIZER AIR TUBE/PLUGS	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	NEBULIZER PEDIATRIC MASK	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	Neomycin-Polymyxin-HC Ophth Susp	Maximum Quantity = 8 units per 10 days
Quantity per Time	NEOSPORIN	Neomycin-Polymyxin B-Gramicidin Ophth Soln	Maximum Quantity = 10 units per 7 days
Quantity per Time	NESSI SPACER/LARGE MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	NESSI SPACER/MOUTHPIECE	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	NESSI SPACER/SMALL/MED MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	NETGROUP LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	NEVANAC	Nepafenac Ophth Susp 0.1%	Maximum Quantity = 3 units per 14 days
Quantity per Time	NEXPLANON	Etonogestrel Subdermal Implant 68 MG	Maximum Quantity = 1 units per 1 days
Quantity per Time	NEXT CHOICE ONE DOSE	Levonorgestrel Tab 1.5 MG	Maximum Quantity = 1 units per 21 days
Quantity per Time	NEXT CHOICE ONE DOSE	Levonorgestrel Tab 1.5 MG	Maximum Quantity = 1 units per 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	NICODERM CQ	Nicotine TD Patch 24HR 7 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICODERM CQ	Nicotine TD Patch 24HR 14 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICODERM CQ	Nicotine TD Patch 24HR 21 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICORELIEF	Nicotine Polacrilex Gum 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICORELIEF	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICORETTE	Nicotine Polacrilex Gum 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICORETTE	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICORETTE	Nicotine Polacrilex Lozenge 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICORETTE	Nicotine Polacrilex Lozenge 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICORETTE MINI	Nicotine Polacrilex Lozenge 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICORETTE MINI	Nicotine Polacrilex Lozenge 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICORETTE STARTER KIT	Nicotine Polacrilex Gum 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICORETTE STARTER KIT	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICOTINE	Nicotine TD Patch 24HR 7 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICOTINE	Nicotine TD Patch 24HR 14 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICOTINE	Nicotine TD Patch 24HR 21 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICOTINE	Nicotine Polacrilex Gum 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICOTINE	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICOTINE	Nicotine Polacrilex Lozenge 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICOTINE	Nicotine Polacrilex Lozenge 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICOTINE MINI LOZENGE	Nicotine Polacrilex Lozenge 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICOTINE MINI LOZENGE	Nicotine Polacrilex Lozenge 4 MG	Maximum Quantity = 84 units per 365 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	NICOTINE POLACRILEX	Nicotine Polacrilex Gum 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICOTINE POLACRILEX	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICOTINE POLACRILEX	Nicotine Polacrilex Lozenge 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICOTINE POLACRILEX	Nicotine Polacrilex Lozenge 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICOTINE POLACRILEX REFILL	Nicotine Polacrilex Gum 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICOTINE POLACRILEX REFILL	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICOTINE POLACRILEX STARTER KIT	Nicotine Polacrilex Gum 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICOTINE POLACRILEX STARTER KIT	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICOTINE STEP 1	Nicotine TD Patch 24HR 21 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICOTINE STEP 2	Nicotine TD Patch 24HR 14 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICOTINE STEP 3	Nicotine TD Patch 24HR 7 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICOTINE TRANSDERMAL SYSTEM	Nicotine TD Patch 24 HR Kit 21-14-7 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICOTINE TRANSDERMAL SYSTEM	Nicotine TD Patch 24HR 7 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICOTINE TRANSDERMAL SYSTEM	Nicotine TD Patch 24HR 14 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICOTINE TRANSDERMAL SYSTEM	Nicotine TD Patch 24HR 21 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICOTINE TRANSDERMAL SYSTEM STEP 1	Nicotine TD Patch 24HR 21 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICOTINE TRANSDERMAL SYSTEM STEP 2	Nicotine TD Patch 24HR 14 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	NICOTINE TRANSDERMAL SYSTEM STEP 3	Nicotine TD Patch 24HR 7 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	NOSE CLIP	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	NOVA SAFETY LANCETS 23G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	NOVA SAFETY LANCETS 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	NOVA SUREFLEX LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	NOVA SUREFLEX LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	NOVOLIN 70/30	Insulin Isophane & Regular (Human) Inj 100 Unit/ML (70-30)	Maximum Quantity = 50 units per 30 days
Quantity per Time	NOVOLIN 70/30 RELION	Insulin Isophane & Regular (Human) Inj 100 Unit/ML (70-30)	Maximum Quantity = 50 units per 30 days
Quantity per Time	NOVOLIN N	Insulin Isophane (Human) Inj 100 Unit/ML	Maximum Quantity = 50 units per 30 days
Quantity per Time	NOVOLIN N RELION	Insulin Isophane (Human) Inj 100 Unit/ML	Maximum Quantity = 50 units per 30 days
Quantity per Time	NOVOLIN R	Insulin Regular (Human) Inj 100 Unit/ML	Maximum Quantity = 50 units per 30 days
Quantity per Time	NOVOLIN R RELION	Insulin Regular (Human) Inj 100 Unit/ML	Maximum Quantity = 50 units per 30 days
Quantity per Time	NOVOLOG	Insulin Aspart Inj 100 Unit/ML	Maximum Quantity = 50 units per 30 days
Quantity per Time	NOVOLOG MIX 70/30	Insulin Aspart Prot & Aspart (Human) Inj 100 Unit/ML (70-30)	Maximum Quantity = 50 units per 30 days
Quantity per Time	OLANZAPINE	Olanzapine For IM Inj 10 MG	Maximum Quantity = 6 units per 28 days
Quantity per Time	OMNARIS	Ciclesonide Nasal Susp 50 MCG/ACT	Maximum Quantity = 13 units per 30 days
Quantity per Time	ON CALL LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ON CALL LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	ON CALL PLUS LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ON CALL PLUS LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	ONDANSETRON HCL	Ondansetron HCl Oral Soln 4 MG/5ML	Maximum Quantity = 150 units per 5 days
Quantity per Time	ONDANSETRON HCL	Ondansetron HCl Tab 4 MG	Maximum Quantity = 180 units per 365 days
Quantity per Time	ONDANSETRON HCL	Ondansetron HCl Tab 8 MG	Maximum Quantity = 180 units per 365 days
Quantity per Time	ONETOUCH CLUB LANCETS FINE POINT	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ONETOUCH COMBO PACK	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ONETOUCH DELICA LANCETS EXTRA FINE 33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ONETOUCH DELICA LANCETS FINE 30G	*Lancets***	Maximum Quantity = 200 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	ONETOUCH DELICA LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	ONETOUCH FINEPOINT LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ONETOUCH LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ONETOUCH ULTRASOFT LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	OPCICON ONE-STEP	Levonorgestrel Tab 1.5 MG	Maximum Quantity = 1 units per 21 days
Quantity per Time	OPTICHAMBER ADVANTAGE	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	OPTICHAMBER ADVANTAGE/LARGE MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	OPTICHAMBER ADVANTAGE/SMALL FACE MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	OPTICHAMBER DIAMOND	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	OPTICHAMBER DIAMOND/LARGEFACE MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	OPTICHAMBER DIAMOND/MEDIUM FACE MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	OPTICHAMBER DIAMOND/SMALLFACE MASK	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	OPTICHAMBER FACE MASK/LARGE	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	OPTICHAMBER FACE MASK/MEDIUM	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	OPTICHAMBER FACE MASK/SMALL	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	OPTIHALER	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	OPTIHALER MDI DRUG DELIVERY SYSTEM	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	OPTION 2	Levonorgestrel Tab 1.5 MG	Maximum Quantity = 1 units per 21 days
Quantity per Time	ORALYTE	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	ORALYTE FREEZER POPS	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	ORTHO EVRA	Norelgestromin-Ethinyl Estradiol TD PTWK 150-35 MCG/24HR	Maximum Quantity = 3 units per 28 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	OSELTAMIVIR PHOSPHATE	Oseltamivir Phosphate Cap 45 MG (Base Equiv)	Maximum Quantity = 10 units per 30 days
Quantity per Time	OSELTAMIVIR PHOSPHATE	Oseltamivir Phosphate Cap 75 MG (Base Equiv)	Maximum Quantity = 10 units per 30 days
Quantity per Time	OSELTAMIVIR PHOSPHATE	Oseltamivir Phosphate Cap 30 MG (Base Equiv)	Maximum Quantity = 20 units per 30 days
Quantity per Time	OVIDE	Malathion Lotion 0.5%	Maximum Quantity = 59 units per 9 days
Quantity per Time	PAIN RELIEVER/FEVER REDUCER CHILDRENS	Acetaminophen Suppos 120 MG	Maximum Quantity = 12 units per 30 days
Quantity per Time	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	*Copper IUD**	Maximum Quantity = 1 units per 1 days
Quantity per Time	PARI ALTERA NEBULIZER HANDSET	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	PARI BABY CONVERSION KITSIZE 1	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	PARI BABY CONVERSION KITSIZE 2	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	PARI BABY CONVERSION KITSIZE 3	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	PARI ERAPID NEBULIZER HANDSET	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	PARI EXPIRATORY FILTER VALVE SET	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	PARI MASK SET	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	PARI SOFT PLASTIC ADULT MASK	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	PARI SOFT PLASTIC PEDIATRIC MASK	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	PC LANCETS SUPER THIN 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	PC PEDIATRIC ELECTROLYTE	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	PEDIA VANCE	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	PEDIACARE COUGH & CONGESTION	Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	PEDIALYTE	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	PEDIALYTE ADVANCED CARE	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	PEDIALYTE FREEZER POPS	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	PEDIALYTE SINGLES	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	PEDIATRIC AEROSOL MASK	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	PEDIATRIC ELECTROLYTE	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	PEDIATRIC ELECTROLYTE FREEZE POPS	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	PEDIATRIC ELECTROLYTE FREEZER POPS	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	PEDIATRIC ELECTROLYTE/ZINC	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	PEDIATRIC MOUTHPIECE/DISPOSABLE	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	PEGASYS	Peginterferon alfa-2a Inj 180 MCG/ML	Maximum Quantity = 4 units per 28 days
Quantity per Time	PEGASYS PROCLICK	Peginterferon alfa-2a Inj 135 MCG/0.5ML	Maximum Quantity = 2 units per 28 days
Quantity per Time	PEGASYS PROCLICK	Peginterferon alfa-2a Inj 180 MCG/0.5ML	Maximum Quantity = 2 units per 28 days
Quantity per Time	PEGINTRON	Peginterferon alfa-2b For Inj Kit 50 MCG/0.5ML	Maximum Quantity = 4 units per 28 days
Quantity per Time	PEGINTRON	Peginterferon alfa-2b For Inj Kit 80 MCG/0.5ML	Maximum Quantity = 4 units per 28 days
Quantity per Time	PEGINTRON	Peginterferon alfa-2b For Inj Kit 120 MCG/0.5ML	Maximum Quantity = 4 units per 28 days
Quantity per Time	PEGINTRON	Peginterferon alfa-2b For Inj Kit 150 MCG/0.5ML	Maximum Quantity = 4 units per 28 days
Quantity per Time	PEG-INTRON	Peginterferon alfa-2b For Inj Kit 50 MCG/0.5ML	Maximum Quantity = 4 units per 28 days
Quantity per Time	PEG-INTRON	Peginterferon alfa-2b For Inj Kit 80 MCG/0.5ML	Maximum Quantity = 4 units per 28 days
Quantity per Time	PEG-INTRON	Peginterferon alfa-2b For Inj Kit 120 MCG/0.5ML	Maximum Quantity = 4 units per 28 days
Quantity per Time	PEG-INTRON	Peginterferon alfa-2b For Inj Kit 150 MCG/0.5ML	Maximum Quantity = 4 units per 28 days
Quantity per Time	PEG-INTRON REDIPEN	Peginterferon alfa-2b For Inj Kit 50 MCG/0.5ML	Maximum Quantity = 4 units per 28 days
Quantity per Time	PEG-INTRON REDIPEN	Peginterferon alfa-2b For Inj Kit 80 MCG/0.5ML	Maximum Quantity = 4 units per 28 days
Quantity per Time	PEG-INTRON REDIPEN	Peginterferon alfa-2b For Inj Kit 120 MCG/0.5ML	Maximum Quantity = 4 units per 28 days
Quantity per Time	PEG-INTRON REDIPEN	Peginterferon alfa-2b For Inj Kit 150 MCG/0.5ML	Maximum Quantity = 4 units per 28 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	PEG-INTRON REDIPEN PAK 4	Peginterferon alfa-2b For Inj Kit 80 MCG/0.5ML	Maximum Quantity = 4 units per 28 days
Quantity per Time	PEG-INTRON REDIPEN PAK 4	Peginterferon alfa-2b For Inj Kit 120 MCG/0.5ML	Maximum Quantity = 4 units per 28 days
Quantity per Time	PEG-INTRON REDIPEN PAK 4	Peginterferon alfa-2b For Inj Kit 150 MCG/0.5ML	Maximum Quantity = 4 units per 28 days
Quantity per Time	PERFECT LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	PERMETHRIN	Permethrin Cream 5%	Maximum Quantity = 60 units per 7 days
Quantity per Time	PFLEX	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	PHARMACIST CHOICE ULTRA THIN LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	PHARMACIST CHOICE ULTRA THIN LANCETS 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	PHARMACIST CHOICE ULTRA THIN LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	PHARMACIST CHOICE ULTRA THIN LANCETS 31G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	PHARMACIST CHOICE ULTRA THIN LANCETS 33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	PHARMACY COUNTER LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	PHENADOZ	Promethazine HCl Suppos 12.5 MG	Maximum Quantity = 12 units per 2 days
Quantity per Time	PHENADOZ	Promethazine HCl Suppos 25 MG	Maximum Quantity = 12 units per 2 days
Quantity per Time	PHENERGAN	Promethazine HCl Suppos 12.5 MG	Maximum Quantity = 12 units per 2 days
Quantity per Time	PHENERGAN	Promethazine HCl Suppos 25 MG	Maximum Quantity = 12 units per 2 days
Quantity per Time	PILLOW MASK/ADULT	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	PILLOW MASK/CHILD	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	PILLOW MASK/PEDIATRIC	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	PLAN B ONE-STEP	Levonorgestrel Tab 1.5 MG	Maximum Quantity = 1 units per 21 days
Quantity per Time	PLAN B ONE-STEP	Levonorgestrel Tab 1.5 MG	Maximum Quantity = 1 units per 90 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	POCKET CHAMBER	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	POCKET SPACER	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	PODOFILOX	Podofilox Soln 0.5%	Maximum Quantity = 4 units per 7 days
Quantity per Time	POLY-VI-SOL	*Pediatric Multiple Vitamin w/ C Soln 35 MG/ML **	Maximum Quantity = 50 units per 30 days
Quantity per Time	POLY-VI-SOL/IRON	*Pediatric Multiple Vitamins w/ Iron Drops 10 MG/ML **	Maximum Quantity = 60 units per 30 days
Quantity per Time	PRECISION THIN LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	PRECISION THINS GP LANCET	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	PRECISION ULTRA LANCET	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	PRED MILD	Prednisolone Acetate Ophth Susp 0.12%	Maximum Quantity = 10 units per 7 days
Quantity per Time	PREFERRED PLUS LANCETS COLORED 21G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	PREFERRED PLUS LANCETS SUPER THIN 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	PREFERRED PLUS LANCETS THIN 26G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	PREMARIN	Estrogens, Conjugated Vaginal Cream 0.625 MG/GM	Maximum Quantity = 43 units per 30 days
Quantity per Time	PRESSURE ACTIVATED SAFETYLANCET 21G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	PRO COMFORT LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	PRO COMFORT LANCETS 31G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	PROAIR HFA	Albuterol Sulfate Inhal Aero 108 MCG/ACT (90MCG Base Equiv)	Maximum Quantity = 16 units per 30 days
Quantity per Time	PRODIGY LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	PRODIGY SAFETY LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	PRODIGY TWIST TOP LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	PROMETHAZINE HCL	Promethazine HCl Suppos 12.5 MG	Maximum Quantity = 12 units per 2 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	PROMETHAZINE HCL	Promethazine HCl Suppos 25 MG	Maximum Quantity = 12 units per 2 days
Quantity per Time	PROMETHAZINE VC PLAIN	Promethazine & Phenylephrine Syrup 6.25-5 MG/5ML	Maximum Quantity = 240 units per 8 days
Quantity per Time	PROMETHAZINE/CODEINE	Promethazine w/ Codeine Syrup 6.25-10 MG/5ML	Maximum Quantity = 240 units per 8 days
Quantity per Time	PROMETHAZINE/DEXTROMETHORPHAN	Promethazine-DM Syrup 6.25-15 MG/5ML	Maximum Quantity = 240 units per 8 days
Quantity per Time	PROMETHAZINE/PHENYLEPHRINE	Promethazine & Phenylephrine Syrup 6.25-5 MG/5ML	Maximum Quantity = 240 units per 8 days
Quantity per Time	PROMETHEGAN	Promethazine HCl Suppos 12.5 MG	Maximum Quantity = 12 units per 2 days
Quantity per Time	PROMETHEGAN	Promethazine HCl Suppos 25 MG	Maximum Quantity = 12 units per 2 days
Quantity per Time	PROTOPIC	Tacrolimus Oint 0.03%	Maximum Quantity = 30 units per 30 days
Quantity per Time	PROTOPIC	Tacrolimus Oint 0.1%	Maximum Quantity = 30 units per 30 days
Quantity per Time	PROVENTIL HFA	Albuterol Sulfate Inhal Aero 108 MCG/ACT (90MCG Base Equiv)	Maximum Quantity = 16 units per 30 days
Quantity per Time	PSS SELECT GP LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	PSS SELECT SAFETY LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	PULMICORT FLEXHALER	Budesonide Inhal Aero Powd 90 MCG/ACT (Breath Activated)	Maximum Quantity = 1 units per 30 days
Quantity per Time	PULMICORT FLEXHALER	Budesonide Inhal Aero Powd 180 MCG/ACT (Breath Activated)	Maximum Quantity = 1 units per 30 days
Quantity per Time	PULMOZYME	Dornase Alfa Inhal Soln 1 MG/ML	Maximum Quantity = 150 units per 30 days
Quantity per Time	PUREWAY-C	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	PUSH BUTTON SAFETY LANCETS 21G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	PUSH BUTTON SAFETY LANCETS 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	PX ADVANCED LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	PX DIBROMM COLD/ALLERGY CHILDRENS	Brompheniramine & Phenylephrine Elixir 1-2.5 MG/5ML	Maximum Quantity = 120 units per 10 days
Quantity per Time	PX LANCET AUTO INJECTOR	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	PX LANCETS ULTRA THIN	*Lancets***	Maximum Quantity = 200 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	PX STOP SMOKING AID	Nicotine Polacrilex Gum 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	PX STOP SMOKING AID	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	PX STOP SMOKING AID	Nicotine Polacrilex Lozenge 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	PX STOP SMOKING AID	Nicotine Polacrilex Lozenge 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	PX TUSSIN	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	PX VITAMIN C	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	QC ADVANCED LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	QC LANCETS SUPER THIN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	QC LANCETS ULTRA THIN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	QC MEDIFIN MUCUS RELIEF CHILDRENS	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	QC NICOTINE POLACRILEX	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	QC UNILET LANCETS 28G/ULTRA THIN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	QC UNILET LANCETS 33G/MICRO THIN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	Q-TAPP DM	Pseudoephed-Bromphen-DM Elixir 15-1-5 MG/5ML	Maximum Quantity = 240 units per 2 days
Quantity per Time	Q-TUSSIN	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	Q-TUSSIN DM	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	QUFLORA PEDIATRIC	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***	Maximum Quantity = 30 units per 30 days
Quantity per Time	QUFLORA PEDIATRIC	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML***	Maximum Quantity = 50 units per 30 days
Quantity per Time	QUFLORA PEDIATRIC	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 MG/ML***	Maximum Quantity = 50 units per 30 days
Quantity per Time	QVAR	Beclomethasone Dipropionate Inhal Aero Soln 40 MCG/ACT	Maximum Quantity = 18 units per 30 days
Quantity per Time	QVAR	Beclomethasone Dipropionate Inhal Aero Soln 80 MCG/ACT	Maximum Quantity = 18 units per 30 days
Quantity per Time	RA ALLERGY RELIEF CHILDRENS	Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)	Maximum Quantity = 240 units per 24 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	RA CHILDRENS COLD & ALLERGY	Brompheniramine & Phenylephrine Elixir 1-2.5 MG/5ML	Maximum Quantity = 120 units per 10 days
Quantity per Time	RA COLD & ALLERGY	Brompheniramine & Phenylephrine Elixir 1-2.5 MG/5ML	Maximum Quantity = 120 units per 10 days
Quantity per Time	RA COUGH DM	Dextromethorphan Polistirex Extended Release Susp 30 MG/5ML	Maximum Quantity = 240 units per 6 days
Quantity per Time	RA E-ZJECT COLOR LANCETSMICRO-THIN 33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	RA E-ZJECT LANCETS 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	RA E-ZJECT LANCETS THIN 26G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	RA E-ZJECT LANCETS THIN 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	RA E-ZJECT LANCETS ULTRATHIN 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	RA LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	RA MINI NICOTINE	Nicotine Polacrilex Lozenge 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	RA MINI NICOTINE	Nicotine Polacrilex Lozenge 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	RA NICOTINE	Nicotine TD Patch 24HR 7 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	RA NICOTINE	Nicotine TD Patch 24HR 14 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	RA NICOTINE	Nicotine TD Patch 24HR 21 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	RA NICOTINE	Nicotine Polacrilex Gum 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	RA NICOTINE	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	RA NICOTINE GUM	Nicotine Polacrilex Gum 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	RA NICOTINE GUM	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	RA NICOTINE POLACRILEX	Nicotine Polacrilex Gum 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	RA NICOTINE POLACRILEX	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	RA NICOTINE POLACRILEX	Nicotine Polacrilex Lozenge 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	RA NICOTINE POLACRILEX	Nicotine Polacrilex Lozenge 4 MG	Maximum Quantity = 84 units per 365 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	RA NICOTINE TRANSDERMAL SYSTEM	Nicotine TD Patch 24HR 21 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	RA NICOTINE TRANSDERMAL SYSTEM STEP 3	Nicotine TD Patch 24HR 7 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	RA PEDIATRIC ELECTROLYTE	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	RA PEDIATRIC ELECTROLYTEFREEZER POPS	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	RA TIOCONAZOLE 1	Tioconazole Vaginal Oint 6.5%	Maximum Quantity = 5 units per 7 days
Quantity per Time	RA TUSSIN	Guaifenesin Syrup 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	RA TUSSIN CHEST CONGESTION	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	RA TUSSIN CHEST CONGESTION	Guaifenesin Syrup 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	RA TUSSIN COUGH DM SUGARFREE	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	RA VITAMIN B-1	Thiamine Mononitrate Tab 100 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	RA VITAMIN C	Ascorbic Acid Tab 250 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	RA VITAMIN C	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	RA VITAMIN C/ROSE HIPS	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	RA VITAMIN C/ROSE HIPS	Ascorbic Acid Tab 1000 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	REACT	Levonorgestrel Tab 1.5 MG	Maximum Quantity = 1 units per 21 days
Quantity per Time	REALITY LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	REALITY TRIGGER LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	RECOFEN "D"	Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	REHYDRALYTE	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	RELENZA DISKHALER	Zanamivir Aero Powder Breath Activated 5 MG/BLISTER	Maximum Quantity = 20 units per 30 days
Quantity per Time	RELION 2-IN-1 LANCING DEVICE 25G	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	RELION 2-IN-1 LANCING DEVICE 30G	*Lancet Devices***	Maximum Quantity = 1 units per 180 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	RELION LANCETS MICRO-THIN33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	RELION LANCETS STANDARD 21G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	RELION LANCETS THIN 26G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	RELION LANCETS ULTRA-THIN30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	RELION LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	RELION ULTRA THIN LANCETS30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	RELION ULTRA THIN PLUS LANCETS 32G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	RELION ULTRA THIN PLUS LANCETS 33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	RELPAX	Eletriptan Hydrobromide Tab 20 MG (Base Equivalent)	Maximum Quantity = 6 units per 30 days
Quantity per Time	RELPAX	Eletriptan Hydrobromide Tab 40 MG (Base Equivalent)	Maximum Quantity = 6 units per 30 days
Quantity per Time	RENAGEL	Sevelamer HCl Tab 800 MG	Maximum Quantity = 480 units per 30 days
Quantity per Time	RENEW ADVANCED LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 160 days
Quantity per Time	REPLACEMENT AIR FILTER	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	REPLACEMENT FILTERS	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	RESCON-GG	Phenylephrine-Guaifenesin Liqd 5-100 MG/5ML	Maximum Quantity = 240 units per 4 days
Quantity per Time	REVITAL FREEZER POPS	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	REVITAL JELL CUPS	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	REVITAL LIQUID SQUEEZERS	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	REXALL LANCETS ULTRA THIN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	RIGHTEST GD500 LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	RIGHTEST GL300 LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	RISEDRONATE SODIUM	Risedronate Sodium Tab 35 MG	Maximum Quantity = 4 units per 28 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	RISPERDAL CONSTA	Risperidone Microspheres For Inj 25 MG	Maximum Quantity = 2 units per 28 days
Quantity per Time	RITEFLO	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	RIZATRIPTAN BENZOATE	Rizatriptan Benzoate Tab 5 MG	Maximum Quantity = 12 units per 30 days
Quantity per Time	RIZATRIPTAN BENZOATE	Rizatriptan Benzoate Tab 10 MG	Maximum Quantity = 18 units per 30 days
Quantity per Time	RIZATRIPTAN BENZOATE ODT	Rizatriptan Benzoate Orally Disintegrating Tab 5 MG	Maximum Quantity = 12 units per 30 days
Quantity per Time	RIZATRIPTAN BENZOATE ODT	Rizatriptan Benzoate Orally Disintegrating Tab 10 MG	Maximum Quantity = 18 units per 30 days
Quantity per Time	ROBAFEN	Guaifenesin Syrup 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	ROBAFEN DM	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	ROBAFEN DM COUGH CLEAR	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	ROBITUSSIN 12 HOUR COUGHRELIEF	Dextromethorphan Polistirex Extended Release Susp 30 MG/5ML	Maximum Quantity = 240 units per 6 days
Quantity per Time	ROBITUSSIN 12 HOUR COUGHRELIEF CHILDRENS	Dextromethorphan Polistirex Extended Release Susp 30 MG/5ML	Maximum Quantity = 240 units per 6 days
Quantity per Time	ROBITUSSIN COUGH & CHESTCONGESTION DM ADULT	Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	ROBITUSSIN COUGH & CHESTCONGESTION DM CHILDRENS	Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	ROBITUSSIN DM	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	ROBITUSSIN MUCUS+CHEST CONGESTION	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	ROBITUSSIN PEAK COLD DM	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	ROCEPHIN	Ceftriaxone Sodium For Inj 500 MG	Maximum Quantity = 3 units per 30 days
Quantity per Time	ROCEPHIN	Ceftriaxone Sodium For Inj 1 GM	Maximum Quantity = 3 units per 30 days
Quantity per Time	ROMYCIN	Erythromycin Ophth Oint 5 MG/GM	Maximum Quantity = 4 units per 7 days
Quantity per Time	ROSDAN	Metronidazole Gel 0.75%	Maximum Quantity = 45 units per 30 days
Quantity per Time	RYNEX PE	Brompheniramine & Phenylephrine Elixir 1-2.5 MG/5ML	Maximum Quantity = 120 units per 10 days
Quantity per Time	SAFE-T-LANCE LOW FLOW 25G	*Lancets***	Maximum Quantity = 200 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	SAFE-T-LANCE NORMAL FLOW21G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SAFETY LANCET 21G/PRESSURE ACTIVATED	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SAFETY LANCET 28G/PRESSURE ACTIVATED	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SAFETY LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SAFETY LANCETS 21G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SAFETY LANCETS 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SAFETY LET LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SAFETY SEAL LANCETS 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SAFETY SEAL LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SAMI THE SEAL REPLACEMENTFILTERS	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	SAPS HEALTH TWIST TOP LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SAPSCARE TWIST TOP LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SAVELLA TITRATION PACK	Milnacipran HCl Tab 12.5 MG (5) & 25 MG (8) & 50 MG (42) Pak	Maximum Quantity = 55 units per 365 days
Quantity per Time	SB COLD & ALLERGY CHILDRENS	Brompheniramine & Phenylephrine Elixir 1-2.5 MG/5ML	Maximum Quantity = 120 units per 10 days
Quantity per Time	SB COUGH CONTROL	Guaifenesin Syrup 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	SB LANCETS THIN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SB LANCETS ULTRA THIN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SB PEDIATRIC ELECTROLYTE	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	SB VITAMIN C	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	SCOT-TUSSIN EXPECTORANT	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	SELECT-LITE LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	SHOPKO AUTOLET LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	SHOPKO ON-THE-GO COMFORTLANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SHOPKO UNILET LANCETS SUPER THIN 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SHOPKO UNILET LANCETS ULTRA THIN 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SIDE BUTTON SAFETY LANCET21G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SIDESTREAM ADULT FACE MASK	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	SIDESTREAM PEDIATRIC FACEMASK	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	SIDESTREAM PLUS ADULT FACE MASK	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	SILTUSSIN DAS	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	SILTUSSIN SA	Guaifenesin Syrup 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	SILTUSSIN-DM	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	SIMPLE DIAGNOSTICS LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	SINGLE-LET	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SKLICE	Ivermectin Lotion 0.5%	Maximum Quantity = 120 units per 14 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	SKYLA	Levonorgestrel Releasing IUD 13.5 MG	Maximum Quantity = 1 units per 1 days
Quantity per Time	SM COLD & ALLERGY CHILDRENS	Brompheniramine & Phenylephrine Elixir 1-2.5 MG/5ML	Maximum Quantity = 120 units per 10 days
Quantity per Time	SM LICE TREATMENT	Permethrin Lotion 1%	Maximum Quantity = 60 units per 7 days
Quantity per Time	SM MICRO THIN LANCETS 33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SM MUCUS RELIEF CHILDRENS	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	SM MUCUS RELIEF COUGH CHILDRENS	Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	SM NICOTINE	Nicotine TD Patch 24HR 7 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	SM NICOTINE	Nicotine TD Patch 24HR 14 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	SM NICOTINE	Nicotine TD Patch 24HR 21 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	SM NICOTINE	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	SM NICOTINE	Nicotine Polacrilex Lozenge 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	SM NICOTINE POLACRILEX	Nicotine Polacrilex Gum 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	SM NICOTINE POLACRILEX	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	SM NICOTINE POLACRILEX	Nicotine Polacrilex Lozenge 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	SM NICOTINE TRANSDERMAL SYSTEM	Nicotine TD Patch 24HR 7 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	SM NICOTINE TRANSDERMAL SYSTEM	Nicotine TD Patch 24HR 14 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	SM NICOTINE TRANSDERMAL SYSTEM	Nicotine TD Patch 24HR 21 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR	Nicotine TD Patch 24HR 21 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR	Nicotine TD Patch 24HR 14 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR	Nicotine TD Patch 24HR 7 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	SM PEDIATRIC ELECTROLYTE	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	SM TIOCONAZOLE-1	Tioconazole Vaginal Oint 6.5%	Maximum Quantity = 5 units per 7 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	SM TRUEDRAW LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 160 days
Quantity per Time	SM TUSSIN	Guaifenesin Syrup 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	SM TUSSIN DM	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	SM TUSSIN DM COUGH/CHESTCONGESTION	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	SM TUSSIN MUCUS + CHEST CONGESTION ADULT	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	SM VIT C/ROSE HIPS	Ascorbic Acid Tab 1000 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	SM VITAMIN B1	Thiamine Mononitrate Tab 100 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	SM VITAMIN C	Ascorbic Acid Tab 250 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	SM VITAMIN C	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	SM VITAMIN C	Ascorbic Acid Tab 1000 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	SM VITAMIN C/ROSE HIPS	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	SMART DIABETES VANTAGE LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	SMART SENSE COLOR LANCETS UNIVERSAL 33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SMART SENSE STANDARD LANCETS UNIVERSAL 21G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SMART SENSE THIN LANCETSUNIVERSAL 26G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SMARTEST LANCETS 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SODIUM BICARBONATE	Sodium Bicarbonate Tab 650 MG	Maximum Quantity = 496 units per 30 days
Quantity per Time	SODIUM POLYSTYRENE SULFONATE	Sodium Polystyrene Sulfonate Powder	Maximum Quantity = 454 units per 30 days
Quantity per Time	SODIUM SULFACETAMIDE	Sulfacetamide Sodium Lotion 10% (Acne)	Maximum Quantity = 120 units per 10 days
Quantity per Time	SOLARAZE	Diclofenac Sodium (Actinic Keratoses) Gel 3%	Maximum Quantity = 100 units per 30 days
Quantity per Time	SOLUS V2 LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SOLUS V2 TWIST LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SOOTHENE NBL 100 CHILD MASK	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	SOOTHENE NBL 100 MEDICATION CUP	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	SOOTHENE NBL 100 MESH CAP	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	SOOTHENE NBL100 ADULT MASK	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	SPINOSAD	Spinosad Susp 0.9%	Maximum Quantity = 120 units per 7 days
Quantity per Time	SR NICOTINE GUM	Nicotine Polacrilex Gum 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	STERILANCE TL	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SULFACETAMIDE SODIUM	Sulfacetamide Sodium Lotion 10% (Acne)	Maximum Quantity = 120 units per 10 days
Quantity per Time	SUMATRIPTAN	Sumatriptan Nasal Spray 5 MG/ACT	Maximum Quantity = 6 units per 30 days
Quantity per Time	SUMATRIPTAN	Sumatriptan Nasal Spray 20 MG/ACT	Maximum Quantity = 6 units per 30 days
Quantity per Time	SUMATRIPTAN SUCCINATE	Sumatriptan Succinate Inj 12 MG/ML	Maximum Quantity = 4 units per 30 days
Quantity per Time	SUMATRIPTAN SUCCINATE	Sumatriptan Succinate Solution Auto-injector 4 MG/0.5ML	Maximum Quantity = 4 units per 30 days
Quantity per Time	SUMATRIPTAN SUCCINATE	Sumatriptan Succinate Solution Auto-injector 6 MG/0.5ML	Maximum Quantity = 4 units per 30 days
Quantity per Time	SUMATRIPTAN SUCCINATE	Sumatriptan Succinate Solution Prefilled Syringe 6 MG/0.5ML	Maximum Quantity = 4 units per 30 days
Quantity per Time	SUMATRIPTAN SUCCINATE	Sumatriptan Succinate Tab 25 MG	Maximum Quantity = 9 units per 30 days
Quantity per Time	SUMATRIPTAN SUCCINATE	Sumatriptan Succinate Tab 50 MG	Maximum Quantity = 9 units per 30 days
Quantity per Time	SUMATRIPTAN SUCCINATE	Sumatriptan Succinate Tab 100 MG	Maximum Quantity = 9 units per 30 days
Quantity per Time	SUMATRIPTAN SUCCINATE REFILL	Sumatriptan Succinate Solution Cartridge 4 MG/0.5ML	Maximum Quantity = 4 units per 30 days
Quantity per Time	SUMATRIPTAN SUCCINATE REFILL	Sumatriptan Succinate Solution Cartridge 6 MG/0.5ML	Maximum Quantity = 4 units per 30 days
Quantity per Time	SUMATRIPTAN/NAPROXEN SODIM	Sumatriptan-Naproxen Sodium Tab 85-500 MG	Maximum Quantity = 9 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	SUMAVEL DOSEPRO	Sumatriptan Succinate Solution Jet-injector 6 MG/0.5ML	Maximum Quantity = 4 units per 30 days
Quantity per Time	SUPER THIN LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SURE COMFORT LANCETS 18G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SURE COMFORT LANCETS 21G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SURE COMFORT LANCETS 23G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SURE COMFORT LANCETS 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SURE COMFORT LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SURE COMFORT LANCING PEN	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	SURE-LANCE FLAT LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SURE-LANCE LANCETS 26G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SURE-LANCE THIN LANCETS 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SURE-LANCE ULTRA THIN LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SURELITE LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SURE-PEN	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	SURE-TOUCH LANCETS UNIVERSAL	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	SW NICOTINE POLACRILEX	Nicotine Polacrilex Gum 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	SW NICOTINE POLACRILEX	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	SW NICOTINE POLACRILEX	Nicotine Polacrilex Lozenge 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	SW NICOTINE POLACRILEX	Nicotine Polacrilex Lozenge 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	SYMBICORT	Budesonide-Formoterol Fumarate Dihyd Aerosol 80-4.5 MCG/ACT	Maximum Quantity = 11 units per 30 days
Quantity per Time	SYMBICORT	Budesonide-Formoterol Fumarate Dihyd Aerosol 160-4.5 MCG/ACT	Maximum Quantity = 11 units per 30 days
Quantity per Time	TACROLIMUS	Tacrolimus Oint 0.03%	Maximum Quantity = 30 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	TACROLIMUS	Tacrolimus Oint 0.1%	Maximum Quantity = 30 units per 30 days
Quantity per Time	TAKE ACTION	Levonorgestrel Tab 1.5 MG	Maximum Quantity = 1 units per 21 days
Quantity per Time	TAMIFLU	Oseltamivir Phosphate Cap 45 MG (Base Equiv)	Maximum Quantity = 10 units per 30 days
Quantity per Time	TAMIFLU	Oseltamivir Phosphate Cap 75 MG (Base Equiv)	Maximum Quantity = 10 units per 30 days
Quantity per Time	TAMIFLU	Oseltamivir Phosphate Cap 30 MG (Base Equiv)	Maximum Quantity = 20 units per 30 days
Quantity per Time	TECHLITE AST LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	TECHLITE LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	TECHLITE LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	TERAZOL 3	Terconazole Vaginal Cream 0.8%	Maximum Quantity = 20 units per 7 days
Quantity per Time	TERAZOL 3	Terconazole Vaginal Suppos 80 MG	Maximum Quantity = 3 units per 3 days
Quantity per Time	TERAZOL 7	Terconazole Vaginal Cream 0.4%	Maximum Quantity = 45 units per 7 days
Quantity per Time	TERBINAFINE HCL	Terbinafine HCl Tab 250 MG	Maximum Quantity = 90 units per 120 days
Quantity per Time	TERBINAFINE HCL	Terbinafine HCl Tab 250 MG	Maximum Quantity = 90 units per 120 days at mail
Quantity per Time	TERCONAZOLE	Terconazole Vaginal Suppos 80 MG	Maximum Quantity = 3 units per 3 days
Quantity per Time	TESSALON PERLES	Benzonatate Cap 100 MG	Maximum Quantity = 30 units per 10 days
Quantity per Time	TGT ADVANCED LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	TGT LANCET ALTERNATE SITE	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	TGT LANCET MICRO THIN 33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	TGT LANCET SUPER THIN 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	TGT LANCET THIN 23G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	TGT LANCET THIN 26G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	TGT LANCET ULTRA THIN 28G	*Lancets***	Maximum Quantity = 200 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	TGT LANCET ULTRA THIN 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	TGT LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	TGT MUCUS RELIEF CHILDRENS	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	TGT MUCUS RELIEF COUGH CHILDRENS	Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	TGT NICOTINE GUM	Nicotine Polacrilex Gum 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	TGT NICOTINE GUM	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	TGT NICOTINE POLACRILEX	Nicotine Polacrilex Gum 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	TGT NICOTINE POLACRILEX	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	TGT NICOTINE POLACRILEX	Nicotine Polacrilex Lozenge 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	TGT NICOTINE POLACRILEX	Nicotine Polacrilex Lozenge 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	TGT NICOTINE STEP ONE	Nicotine TD Patch 24HR 21 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	TGT NICOTINE STEP THREE	Nicotine TD Patch 24HR 7 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	TGT NICOTINE STEP TWO	Nicotine TD Patch 24HR 14 MG/24HR	Maximum Quantity = 84 units per 365 days
Quantity per Time	TGT TIOCONAZOLE 1	Tioconazole Vaginal Oint 6.5%	Maximum Quantity = 5 units per 7 days
Quantity per Time	TGT TIOCONAZOLE 1DAY	Tioconazole Vaginal Oint 6.5%	Maximum Quantity = 5 units per 7 days
Quantity per Time	TGT TUSSIN DM COUGH	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	TH ANTACID	Alum & Mag Hydroxide-Simethicone Susp 200-200-20 MG/5ML	Maximum Quantity = 496 units per 30 days
Quantity per Time	TH ANTACID/ANTI-GAS	Alum & Mag Hydroxide-Simethicone Susp 200-200-20 MG/5ML	Maximum Quantity = 496 units per 30 days
Quantity per Time	TH CHILDRENS ALLERGY	Diphenhydramine HCl Liquid 12.5 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	TH CHILDRENS MUCUS RELIEF COUGH	Dextromethorphan-Guaifenesin Liquid 5-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	TH HYDROCORTISONE	Hydrocortisone Cream 0.5%	Maximum Quantity = 30 units per 7 days
Quantity per Time	TH MILK OF MAGNESIA	Magnesium Hydroxide Susp 400 MG/5ML	Maximum Quantity = 990 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	TH PEDIATRIC ELECTROLYTE/ZINC	*Oral Electrolyte Solution***	Maximum Quantity = 1014 units per 23 days
Quantity per Time	TH TUSSIN	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	TH VITAMIN B1	Thiamine HCl Tab 100 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	TH VITAMIN C	Ascorbic Acid Tab 250 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	TH VITAMIN C	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	TH VITAMIN C	Ascorbic Acid Tab 1000 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	THIAMINE HCL	Thiamine HCl Tab 100 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	THINLETS GP LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	THINLETS LANCET	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	THRESHOLD IMT	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days
Quantity per Time	THRIVE	Nicotine Polacrilex Gum 2 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	THRIVE	Nicotine Polacrilex Gum 4 MG	Maximum Quantity = 84 units per 365 days
Quantity per Time	TIOCONAZOLE 1	Tioconazole Vaginal Oint 6.5%	Maximum Quantity = 5 units per 7 days
Quantity per Time	TIOCONAZOLE-1	Tioconazole Vaginal Oint 6.5%	Maximum Quantity = 5 units per 7 days
Quantity per Time	TOBI	Tobramycin Nebu Soln 300 MG/5ML	Maximum Quantity = 280 units per 56 days
Quantity per Time	TOBI PODHALER	Tobramycin Inhal Cap 28 MG	Maximum Quantity = 224 units per 56 days
Quantity per Time	TOBRADEX	Tobramycin-Dexamethasone Ophth Oint 0.3-0.1%	Maximum Quantity = 4 units per 5 days
Quantity per Time	TOBRAMYCIN	Tobramycin Nebu Soln 300 MG/5ML	Maximum Quantity = 280 units per 56 days
Quantity per Time	TOBRAMYCIN INHALATION SOLUTION PAK	Tobramycin Nebu Soln 300 MG/5ML	Maximum Quantity = 280 units per 56 days
Quantity per Time	TOBREX	Tobramycin Sulfate Ophth Oint 0.3%	Maximum Quantity = 4 units per 5 days
Quantity per Time	TODAYS HEALTH ADVANCED LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	TODAYS HEALTH SUPER THINLANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	TODAYS HEALTH ULTRA THINLANCETS 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	TOPCARE LANCETS MICRO-THIN 33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	TRANEXAMIC ACID	Tranexamic Acid Tab 650 MG	Maximum Quantity = 30 units per 5 days
Quantity per Time	TRAVEL LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	TRAVEL LANCETS ADVANCED 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	TREXIMET	Sumatriptan-Naproxen Sodium Tab 85-500 MG	Maximum Quantity = 9 units per 30 days
Quantity per Time	TRIAMCINOLONE ACETONIDE	Triamcinolone Acetonide Oint 0.5%	Maximum Quantity = 15 units per 7 days
Quantity per Time	TRIPLE-VITAMIN/FLUORIDE	*Pediatric Vitamins ACD w/ Fluoride Soln 0.25 MG/ML***	Maximum Quantity = 50 units per 30 days
Quantity per Time	TRI-VIT/FLUORIDE	*Pediatric Vitamins ACD w/ Fluoride Soln 0.25 MG/ML***	Maximum Quantity = 50 units per 30 days
Quantity per Time	TRI-VITAMIN/FLUORIDE	*Pediatric Vitamins ACD w/ Fluoride Soln 0.25 MG/ML***	Maximum Quantity = 50 units per 30 days
Quantity per Time	TRUE METRIX BLOOD GLUCOSETEST STRIPS	Glucose Blood Test Strip	Maximum Quantity = 102 units per 30 days
Quantity per Time	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS	Glucose Blood Test Strip	Maximum Quantity = 102 units per 30 days
Quantity per Time	TRUEDRAW LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	TRUEPLUS LANCETS 26G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	TRUEPLUS LANCETS 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	TRUEPLUS LANCETS 28G SUPER THIN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	TRUEPLUS LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	TRUEPLUS LANCETS 30G ULTRA THIN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	TRUEPLUS LANCETS 33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	TRUEPLUS LANCETS 33G MICRO THIN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	TRUEPLUS SAFETY LANCETS 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	TUBING/WING TIP	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	TUSSIN	Guaifenesin Syrup 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	TUSSIN ADULT	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	TUSSIN CHEST CONGESTION	Guaifenesin Syrup 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	TUSSIN COUGH DM	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	TUSSIN DM	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	TUSSIN EXPECTORANT	Guaifenesin Syrup 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	TUSSIN MUCUS & CHEST CONGESTION ADULT	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	TUSSIN MUCUS + CHEST CONGESTION	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	TUSSIN MUCUS + CHEST CONGESTION	Guaifenesin Syrup 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	TUSSIN PE	Phenylephrine-Guaifenesin Liqd 5-100 MG/5ML	Maximum Quantity = 240 units per 4 days
Quantity per Time	ULTICARE THIN LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ULTI-LANCE AUTO-ADJUST DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 160 days
Quantity per Time	ULTI-LANCE AUTOMATIC/ CLEAR TIP	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	ULTI-LANCE MINI ADJUSTABLE DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 160 days
Quantity per Time	ULTILET CLASSIC LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ULTILET LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ULTILET LANCETS 33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ULTILET OPERATING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 160 days
Quantity per Time	ULTILET SAFETY LANCETS 21G X 2.2MM	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ULTILET SAFETY LANCETS 23G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ULTILET ULTI-LANCE ADJ DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 160 days
Quantity per Time	ULTRA THIN LANCETS 28G	*Lancets***	Maximum Quantity = 200 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	ULTRA THIN LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ULTRA-THIN II AUTO LANCET	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ULTRA-THIN II LANCETS 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ULTRA-THIN II LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	ULTRA-THIN II SAFETY AUTOLANCETS 26G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	UNILET COMFORTOUCH LANCET	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	UNILET EXCELITE	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	UNILET EXCELITE II	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	UNILET G.P. LANCET	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	UNILET G.P. SUPERLITE LANCET	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	UNILET GP 28 ULTRA THIN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	UNILET LANCET	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	UNILET LANCETS MICRO-THIN33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	UNILET LANCETS SUPER-THIN30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	UNILET LANCETS ULTRA-THIN 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	UNILET SUPERLITE LANCET	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	UNISTIK 3 GENTLE	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	UNISTIK SAFETY LANCETS 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	UNISTIK SAFETY LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	UNISTIK TOUCH SAFETY LANCETS 21G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	UNISTIK TOUCH SAFETY LANCETS 23G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	UNISTIK TOUCH SAFETY LANCETS 28G	*Lancets***	Maximum Quantity = 200 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	UNISTIK TOUCH SAFETY LANCETS 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	UNIVERSAL 1 LANCETS THIN26G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	UNIVERSAL 1 LANCETS ULTRA THIN 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	UNIVERSAL 1 LANCETS/33G/MICRO-THIN	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	VAGISTAT-1	Tioconazole Vaginal Oint 6.5%	Maximum Quantity = 5 units per 7 days
Quantity per Time	VALUE PLUS LANCETS STANDARD 21G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	VALUE PLUS LANCETS SUPERTHIN 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	VALUE PLUS LANCETS THIN 26G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	VALUE PLUS LANCING DEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	VALUMARK LANCET SUPER THIN 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	VALUMARK LANCET ULTRA THIN 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	VALVED HOLDING CHAMBER	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	VANCOMYCIN HCL	Vancomycin HCl For Inj 500 MG	Maximum Quantity = 14 units per 30 days
Quantity per Time	VANDAZOLE	Metronidazole Vaginal Gel 0.75%	Maximum Quantity = 70 units per 7 days
Quantity per Time	VENTOLIN HFA	Albuterol Sulfate Inhal Aero 108 MCG/ACT (90MCG Base Equiv)	Maximum Quantity = 16 units per 30 days
Quantity per Time	VERAMYST	Fluticasone Furoate Nasal Susp 27.5 MCG/SPRAY	Maximum Quantity = 10 units per 30 days
Quantity per Time	VICTOZA	Liraglutide Soln Pen-injector 18 MG/3ML (6 MG/ML)	Maximum Quantity = 9 units per 30 days
Quantity per Time	VIDA MIA AUTOLET LANCINGDEVICE	*Lancet Devices***	Maximum Quantity = 1 units per 180 days
Quantity per Time	VIDA MIA UNILET LANCETS SUPER THIN 30G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	VIDA MIA UNILET LANCETS ULTRA THIN 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	VIGAMOX	Moxifloxacin HCl Ophth Soln 0.5% (Base Equiv)	Maximum Quantity = 3 units per 7 days
Quantity per Time	VIIBRYD	Vilazodone HCl Tab Starter Kit 10 (7) & 20 (7) & 40 (16) MG	Maximum Quantity = 30 units per 365 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	VIREAD	Tenofovir Disoproxil Fumarate Oral Powder 40 MG/GM	Maximum Quantity = 240 units per 30 days
Quantity per Time	VIROPTIC	Trifluridine Ophth Soln 1%	Maximum Quantity = 8 units per 14 days
Quantity per Time	VIRTUSSIN A/C	Guaifenesin-Codeine Soln 100-10 MG/5ML	Maximum Quantity = 240 units per 4 days
Quantity per Time	VIRTUSSIN DAC	Pseudoephedrine w/ COD-GG Soln 30-10-100 MG/5ML	Maximum Quantity = 240 units per 6 days
Quantity per Time	VITALET PRO LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	VITALET PRO PLUS LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	VITAMIN B1	Thiamine HCl Tab 100 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	VITAMIN B1	Thiamine HCl Tab 250 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	VITAMIN B-1	Thiamine HCl Tab 50 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	VITAMIN B-1	Thiamine HCl Tab 100 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	VITAMIN B-1	Thiamine HCl Tab 250 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	VITAMIN B-1	Thiamine Mononitrate Tab 100 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	VITAMIN B-2	Riboflavin Tab 25 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	VITAMIN B-2	Riboflavin Tab 50 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	VITAMIN B-2	Riboflavin Tab 100 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	VITAMIN C	Ascorbic Acid Tab 250 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	VITAMIN C	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	VITAMIN C	Ascorbic Acid Tab 1000 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	VITAMIN C/ACEROLA	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	VITAMIN C/ROSE HIPS	Ascorbic Acid Tab 250 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	VITAMIN C/ROSE HIPS	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	VITAMIN C/ROSE HIPS	Ascorbic Acid Tab 1000 MG	Maximum Quantity = 100 units per 34 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	VITAMINS A/C/D/FLUORIDE	*Pediatric Vitamins ACD w/ Fluoride Soln 0.25 MG/ML***	Maximum Quantity = 50 units per 30 days
Quantity per Time	VIVELLE-DOT	Estradiol TD Patch Biweekly 0.025 MG/24HR	Maximum Quantity = 8 units per 28 days
Quantity per Time	VIVELLE-DOT	Estradiol TD Patch Biweekly 0.0375 MG/24HR	Maximum Quantity = 8 units per 28 days
Quantity per Time	VIVELLE-DOT	Estradiol TD Patch Biweekly 0.05 MG/24HR	Maximum Quantity = 8 units per 28 days
Quantity per Time	VIVELLE-DOT	Estradiol TD Patch Biweekly 0.075 MG/24HR	Maximum Quantity = 8 units per 28 days
Quantity per Time	VIVELLE-DOT	Estradiol TD Patch Biweekly 0.1 MG/24HR	Maximum Quantity = 8 units per 28 days
Quantity per Time	VORTEX VALVED HOLDING CHAMBER	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	VOSOL HC	Hydrocortisone w/ Acetic Acid Otic Soln 1-2%	Maximum Quantity = 10 units per 7 days
Quantity per Time	W&F LANCETS 26G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	W&F LANCETS COLORED 21G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	WALGREENS ADVANCED TRAVELLANCETS 28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	WALGREENS LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	WALGREENS THIN LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	WALGREENS ULTRA THIN LANCETS	*Lancets***	Maximum Quantity = 200 units per 30 days
Quantity per Time	WAL-TAP CHILDRENS	Brompheniramine & Phenylephrine Elixir 1-2.5 MG/5ML	Maximum Quantity = 120 units per 10 days
Quantity per Time	WAL-TUSSIN	Guaifenesin Syrup 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	WAL-TUSSIN CHEST CONGESTION	Guaifenesin Liquid 100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	WAL-TUSSIN COUGH & CHEST CONGESTION DM	Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML	Maximum Quantity = 240 units per 7 days
Quantity per Time	WATCHHALER	*Spacer/Aerosol-Holding Chambers - Device***	Maximum Quantity = 2 units per 365 days
Quantity per Time	WINDMILL TRAINER	*Respiratory Therapy Supplies - Misc**	Maximum Quantity = 1 units per 180 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	XOPENEX	Levalbuterol HCl Soln Nebu 0.31 MG/3ML (Base Equiv)	Maximum Quantity = 288 units per 30 days
Quantity per Time	XOPENEX	Levalbuterol HCl Soln Nebu 0.63 MG/3ML (Base Equiv)	Maximum Quantity = 288 units per 30 days
Quantity per Time	XOPENEX	Levalbuterol HCl Soln Nebu 1.25 MG/3ML (Base Equiv)	Maximum Quantity = 288 units per 30 days
Quantity per Time	XOPENEX CONCENTRATE	Levalbuterol HCl Soln Nebu Conc 1.25 MG/0.5ML (Base Equiv)	Maximum Quantity = 288 units per 30 days
Quantity per Time	XOPENEX HFA	Levalbuterol Tartrate Inhal Aerosol 45 MCG/ACT (Base Equiv)	Maximum Quantity = 30 units per 30 days
Quantity per Time	XULANE	Norelgestromin-Ethinyl Estradiol TD PTWK 150-35 MCG/24HR	Maximum Quantity = 3 units per 28 days
Quantity per Time	YL VITAMIN C	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	YL VITAMIN C	Ascorbic Acid Tab 1000 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	YL VITAMIN C/ROSE HIPS	Ascorbic Acid Tab 500 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	YL VITAMIN C/ROSE HIPS	Ascorbic Acid Tab 1000 MG	Maximum Quantity = 100 units per 34 days
Quantity per Time	ZAZOLE	Terconazole Vaginal Suppos 80 MG	Maximum Quantity = 3 units per 3 days
Quantity per Time	ZAZOLE	Terconazole Vaginal Cream 0.4%	Maximum Quantity = 45 units per 7 days
Quantity per Time	ZITHROMAX	Azithromycin For Susp 100 MG/5ML	Maximum Quantity = 15 units per 5 days
Quantity per Time	ZOFRAN	Ondansetron HCl Tab 8 MG	Maximum Quantity = 180 units per 365 days
Quantity per Time	ZOLMITRIPTAN	Zolmitriptan Tab 2.5 MG	Maximum Quantity = 6 units per 30 days
Quantity per Time	ZOLMITRIPTAN	Zolmitriptan Tab 5 MG	Maximum Quantity = 6 units per 30 days
Quantity per Time	ZOLMITRIPTAN ODT	Zolmitriptan Orally Disintegrating Tab 2.5 MG	Maximum Quantity = 6 units per 30 days
Quantity per Time	ZOLMITRIPTAN ODT	Zolmitriptan Orally Disintegrating Tab 5 MG	Maximum Quantity = 6 units per 30 days
Quantity per Time	ZOMIG	Zolmitriptan Tab 2.5 MG	Maximum Quantity = 6 units per 30 days
Quantity per Time	ZOMIG	Zolmitriptan Tab 5 MG	Maximum Quantity = 6 units per 30 days
Quantity per Time	ZOMIG	Zolmitriptan Nasal Spray 5 MG/Spray Unit	Maximum Quantity = 6 units per 30 days
Quantity per Time	ZOMIG ZMT	Zolmitriptan Orally Disintegrating Tab 2.5 MG	Maximum Quantity = 6 units per 30 days

Quantity/Age/Gender Edits

Drug Restriction Type	Product Name	Generic Name	Quantity Limit
Quantity per Time	ZOMIG ZMT	Zolmitriptan Orally Disintegrating Tab 5 MG	Maximum Quantity = 6 units per 30 days
Quantity per Time	ZONATUSS	Benzonatate Cap 150 MG	Maximum Quantity = 30 units per 10 days
Quantity per Time	ZOVIRAX	Acyclovir Oint 5%	Maximum Quantity = 30 units per 30 days
Quantity per Time	ZOVIRAX	Acyclovir Susp 200 MG/5ML	Maximum Quantity = 400 units per 30 days
Quantity per Time	ZOVIRAX	Acyclovir Cap 200 MG	Maximum Quantity = 50 units per 30 days
Quantity per Time	ZYCLARA	Imiquimod Cream 3.75%	Maximum Quantity = 56 units per 180 days
Quantity per Time	ZYCLARA PUMP	Imiquimod Cream 3.75%	Maximum Quantity = 56 units per 180 days
Quantity per Time	ZYPREXA	Olanzapine For IM Inj 10 MG	Maximum Quantity = 6 units per 28 days
Quantity per Time	ZYRTEC CHILDRENS ALLERGY	Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)	Maximum Quantity = 240 units per 24 days
Quantity per Time	ZYRTEC CHILDRENS HIVES RELIEF	Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)	Maximum Quantity = 240 units per 24 days