

## Quantity Limits



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

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|----------------------------|-----------------------------------------------------------------------------|----------------------------------|--------------------------------------------------|
| AMPHETAMINES               | ADDERALL XR (AMPHETAMINE-DEXTROAMPHETAMINE)<br>24 HOUR CAPS 15MG            | DAILY DOSAGE                     | 4 CAPSULES PER DAY                               |
| AMPHETAMINES               | ADDERALL XR (AMPHETAMINE-DEXTROAMPHETAMINE)<br>24 HOUR CAPS 20 MG           | DAILY DOSAGE                     | 3 CAPSULES PER DAY                               |
| AMPHETAMINES               | ADDERALL XR (AMPHETAMINE-DEXTROAMPHETAMINE)<br>24 HOUR CAPS 25 MG           | DAILY DOSAGE                     | 2 CAPSULES PER DAY                               |
| AMPHETAMINES               | ADDERALL XR (AMPHETAMINE-DEXTROAMPHETAMINE)<br>24 HOUR CAPS 30 MG           | DAILY DOSAGE                     | 2 CAPSULES PER DAY                               |
| AMPHETAMINES               | ADDERALL XR (AMPHETAMINE-DEXTROAMPHETAMINE)<br>24 HOUR CAPS 5 MG, 10 MG     | DAILY DOSAGE                     | 2 CAPSULES PER DAY                               |
| AMPHETAMINES               | DESOXYN (METHAMPHETAMINE HCL) TABS                                          | DAILY DOSAGE                     | 5 TABLETS PER DAY                                |
| AMPHETAMINES               | DEXEDRINE (DEXTROAMPHETAMINE SULFATE)<br>CAPS 24 HOUR<br>5MG, 10MG, 15MG    | DAILY DOSAGE                     | 4 CAPSULES PER DAY                               |
| AMPHETAMINES               | DEXTROAMPHETAMINE SULFATE SOLN 5 MG/5ML                                     | ORAL DOSE LIMIT                  | 60 ML PER DAY                                    |
| AMPHETAMINES               | DEXTROAMPHETAMINE SULFATE TABS 10 MG                                        | DAILY DOSAGE                     | 6 TABLETS PER DAY                                |
| AMPHETAMINES               | DEXTROAMPHETAMINE SULFATE TABS 5 MG                                         | DAILY DOSAGE                     | 8 TABLETS PER DAY                                |
| AMPHETAMINES               | VYVANSE CAPS 20 MG                                                          | DAILY DOSAGE                     | 3 CAPSULES PER DAY                               |
| AMPHETAMINES               | VYVANSE CAPS 30 MG                                                          | DAILY DOSAGE                     | 2 CAPSULES PER DAY                               |
| AMPHETAMINES               | VYVANSE CAPS 40 MG, 50 MG, 60 MG, 70 MG                                     | DAILY DOSAGE                     | 1 CAPSULE PER DAY                                |
| AMPHETAMINES               | VYVANSE CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG                       | DAILY DOSAGE                     | 1 CAPSULE PER DAY                                |
| ANALEPTICS                 | CAFFEINE CITRATE SOLN OR                                                    | QUANTITY LIMIT<br>FILL FREQUENCY | 2 FILLS PER 365 DAYS;<br>45ML PER 15 DAYS RETAIL |
| ANALGESIC COMBINATIONS     | BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAPS<br>325MG-50MG-40MG                   | DAILY DOSAGE                     | 4 CAPSULES PER DAY                               |
| ANALGESIC COMBINATIONS     | BUTALBITAL-ASPIRIN-CAFFEINE CAPS                                            | DAILY DOSAGE                     | 4 CAPSULES PER DAY                               |
| ANALGESIC COMBINATIONS     | FIORINAL CAPS (BUTALBITAL-ASPIRIN-CAFFEINE)                                 | DAILY DOSAGE                     | 4 CAPSULES PER DAY                               |
| ANAPHYLAXIS THERAPY AGENTS | EPINEPHRINE (ANAPHYLAXIS) SOLN AUTO INJECTOR<br>0.15 MG/0.3ML, 0.3 MG/0.3ML | QUANTITY LIMIT<br>FILL FREQUENCY | 2 DEVICES PER 30 DAYS<br>4 DEVICES PER 365 DAYS  |
| ANAPHYLAXIS THERAPY AGENTS | EPIPEN 2-PAK SOLN AUTO INJECTOR                                             | QUANTITY LIMIT<br>FILL FREQUENCY | 2 DEVICES PER 30 DAYS<br>4 DEVICES PER 365 DAYS  |
| ANAPHYLAXIS THERAPY AGENTS | EPIPEN-JR 2-PAK SOLN AUTO INJECTOR                                          | QUANTITY LIMIT<br>FILL FREQUENCY | 2 DEVICES PER 30 DAYS<br>4 DEVICES PER 365 DAYS  |
| ANDROGENS                  | TESTOSTERONE CYPIONATE INJ 200MG/ML                                         | FILL FREQUENCY                   | 1 FILL PER 30 DAYS                               |
| ANDROGENS                  | ANDRODERM PATCH 24 HOUR, 2MG/24HR, 4MG/24HR                                 | TOPICAL DOSE LIMIT               | 1 PATCH PER DAY                                  |

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|-------------------------------------|-------------------------------------------------------------|----------------------------------|-----------------------|
| ANESTHETICS TOPICAL ORAL            | LIDOCAINE HCL (MOUTH-THROAT) SOLN                           | ORAL DOSE LIMIT                  | 100 ML PER 10 DAYS    |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | ATACAND (CANDESARTAN CILEXETIL) TABS 32 MG                  | DAILY DOSAGE                     | 1 TABLET PER DAY      |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | ATACAND (CANDESARTAN CILEXETIL) TABS 4 MG, 8 MG, 16 MG      | DAILY DOSAGE                     | 2 TABLETS PER DAY     |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | BENICAR (OLMESARTAN MEDOXOMIL) 40 MG TABS                   | DAILY DOSAGE                     | 1 TABLET PER DAY      |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | BENICAR (OLMESARTAN MEDOXOMIL) 5MG, 20MG TABS               | DAILY DOSAGE                     | 2 TABLETS PER DAY     |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | DIOVAN (VALSARTAN) TABS 40 MG, 80 MG, 160 MG, 320 MG        | DAILY DOSAGE                     | 1 TABLET PER DAY      |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | EDARBI (AZILSARTAN MEDOXOMIL) TABS 40MG, 80MG               | DAILY DOSAGE                     | 1 TABLET PER DAY      |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | EPROSARTAN MESYLATE TABS                                    | DAILY DOSAGE                     | 1 TABLET PER DAY      |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | MICARDIS (TELMISARTAN) TABS 40MG                            | DAILY DOSAGE                     | 2 TABLETS PER DAY     |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | MICARDIS (TELMISARTAN) TABS 80MG                            | DAILY DOSAGE                     | 1 TABLET PER DAY      |
| ANTIADRENERGIC ANTIHYPERTENSIVES    | CATAPRES-TTS-1 PTWK (CLONIDINE HCL)                         | TOPICAL DOSE LIMIT               | 4 PATCHES PER 28 DAYS |
| ANTIADRENERGIC ANTIHYPERTENSIVES    | CATAPRES-TTS-2 PTWK (CLONIDINE HCL)                         | TOPICAL DOSE LIMIT               | 4 PATCHES PER 28 DAYS |
| ANTIADRENERGIC ANTIHYPERTENSIVES    | CATAPRES-TTS-3 PTWK (CLONIDINE HCL)                         | TOPICAL DOSE LIMIT               | 4 PATCHES PER 28 DAYS |
| ANTIADRENERGIC ANTIHYPERTENSIVES    | CLONIDINE HCL PTWK TD 0.1 MG/24HR, 0.2 MG/24HR, 0.3 MG/24HR | TOPICAL DOSE LIMIT               | 4 PATCHES PER 28 DAYS |
| ANTIANXIETY AGENTS - MISC.          | BUSPIRONE HCL TABS 5 MG, 10 MG, 15 MG, 30 MG, 7.5 MG        | DAILY DOSAGE                     | 3 TABLETS PER DAY     |
| ANTICONSULSANTS - BENZODIAZEPINES   | CLONAZEPAM TABS 0.5 MG, 1 MG, 2 MG                          | DAILY DOSAGE                     | 4 TABLETS PER DAY     |
| ANTICONSULSANTS - BENZODIAZEPINES   | CLONAZEPAM TBP 0.125 MG, 0.25 MG, 0.5 MG, 1 MG, 2 MG        | DAILY DOSAGE                     | 4 TABLETS PER DAY     |
| ANTICONSULSANTS - BENZODIAZEPINES   | DIASAT ACUDIAL GEL 10 MG                                    | TOPICAL DOSE LIMIT               | 4 DOSES PER 30 DAYS   |
| ANTICONSULSANTS - BENZODIAZEPINES   | DIASAT ACUDIAL GEL 20 MG                                    | QUANTITY LIMIT<br>FILL FREQUENCY | 8 DOSES PER 30 DAYS   |
| ANTICONSULSANTS - BENZODIAZEPINES   | DIASAT PEDIATRIC GEL                                        | FILL FREQUENCY                   | 1 KIT PER FILL        |
| ANTICONSULSANTS - BENZODIAZEPINES   | DIAZEPAM RECTAL GEL 10 MG                                   | TOPICAL DOSE LIMIT               | 4 DOSES PER 30 DAYS   |
| ANTICONSULSANTS - BENZODIAZEPINES   | DIAZEPAM RECTAL GEL 2.5 MG                                  | FILL FREQUENCY                   | 1 KIT PER FILL        |
| ANTICONSULSANTS - BENZODIAZEPINES   | DIAZEPAM RECTAL GEL GEL 20 MG                               | QUANTITY LIMIT<br>FILL FREQUENCY | 8 DOSES PER 30 DAYS   |

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|-----------------------------------|-------------------------------------------------------------|-----------------------|---------------------|
| ANTICONVULSANTS - BENZODIAZEPINES | KLONOPIN TABS 0.5 MG, 1 MG, 2 MG (CLONAZEPAM)               | DAILY DOSAGE          | 4 TABLETS PER DAY   |
| ANTICONVULSANTS - BENZODIAZEPINES | ONFI TABS 10 MG                                             | DAILY DOSAGE          | 3 TABLETS PER DAY   |
| ANTICONVULSANTS - BENZODIAZEPINES | ONFI TABS 20 MG                                             | DAILY DOSAGE          | 2 TABLETS PER DAY   |
| ANTICONVULSANTS - MISC.           | BANZEL SUSP 40 MG/ML                                        | ORAL DOSE LIMIT       | 80 ML PER DAY       |
| ANTICONVULSANTS - MISC.           | BANZEL TABS 200 MG                                          | DAILY DOSAGE          | 2 TABLETS PER DAY   |
| ANTICONVULSANTS - MISC.           | BANZEL TABS 400 MG                                          | DAILY DOSAGE          | 8 TABLETS PER DAY   |
| ANTICONVULSANTS - MISC.           | CARBATROL (CARBAMAZEPINE) CP12 200 MG                       | DAILY DOSAGE          | 6 CAPSULES PER DAY  |
| ANTICONVULSANTS - MISC.           | CARBATROL (CARBAMAZEPINE) CP12 300 MG                       | DAILY DOSAGE          | 4 CAPSULES PER DAY  |
| ANTICONVULSANTS - MISC.           | KEPPRA (LEVETIRACETAM) SOLN OR 100 MG/ML                    | ORAL DOSE LIMIT       | 30 ML PER DAY       |
| ANTICONVULSANTS - MISC.           | KEPPRA (LEVETIRACETAM) TABS OR 1000 MG                      | DAILY DOSAGE          | 3 TABLETS PER DAY   |
| ANTICONVULSANTS - MISC.           | KEPPRA (LEVETIRACETAM) TABS OR 750 MG                       | DAILY DOSAGE          | 4 TABLETS PER DAY   |
| ANTICONVULSANTS - MISC.           | KEPPRA (LEVETIRACETAM) XR TB24                              | DAILY DOSAGE          | 4 TABLETS PER DAY   |
| ANTICONVULSANTS - MISC.           | LAMICTAL (LAMOTRIGINE) CHEWABLE DISPERSIBLE CHEW 25 MG      | DAILY DOSAGE          | 20 TABLETS PER DAY  |
| ANTICONVULSANTS - MISC.           | LAMICTAL (LAMOTRIGINE) CHEWABLE DISPERSIBLE CHEW 5 MG       | DAILY DOSAGE          | 100 TABLETS PER DAY |
| ANTICONVULSANTS - MISC.           | LAMICTAL (LAMOTRIGINE) ORAL DISINTEGRATING TABLET KIT       | DAILY DOSAGE          | 20 TABLETS PER DAY  |
| ANTICONVULSANTS - MISC.           | LAMICTAL (LAMOTRIGINE) ORAL DISINTEGRATING TBDP 100 MG      | DAILY DOSAGE          | 5 TABLETS PER DAY   |
| ANTICONVULSANTS - MISC.           | LAMICTAL (LAMOTRIGINE) ORAL DISINTEGRATING TBDP 200 MG      | DAILY DOSAGE          | 2.5 TABLETS PER DAY |
| ANTICONVULSANTS - MISC.           | LAMICTAL (LAMOTRIGINE) ORAL DISINTEGRATING TBDP 25 MG       | DAILY DOSAGE          | 20 TABLETS PER DAY  |
| ANTICONVULSANTS - MISC.           | LAMICTAL (LAMOTRIGINE) ORAL DISINTEGRATING TBDP 50 MG       | DAILY DOSAGE          | 10 TABLETS PER DAY  |
| ANTICONVULSANTS - MISC.           | LAMICTAL (LAMOTRIGINE) TABS 100 MG                          | DAILY DOSAGE          | 5 TABLETS PER DAY   |
| ANTICONVULSANTS - MISC.           | LAMICTAL (LAMOTRIGINE) TABS 150 MG                          | DAILY DOSAGE          | 4 TABLETS PER DAY   |
| ANTICONVULSANTS - MISC.           | LAMICTAL (LAMOTRIGINE) TABS 200 MG                          | DAILY DOSAGE          | 3 TABLETS PER DAY   |
| ANTICONVULSANTS - MISC.           | LAMICTAL (LAMOTRIGINE) TABS 25 MG                           | DAILY DOSAGE          | 20 TABLETS PER DAY  |
| ANTICONVULSANTS - MISC.           | LAMICTAL (LAMOTRIGINE) XR TB24 100 MG                       | DAILY DOSAGE          | 5 TABLETS PER DAY   |
| ANTICONVULSANTS - MISC.           | LAMICTAL (LAMOTRIGINE) XR TB24 200 MG, 300 MG               | DAILY DOSAGE          | 2 TABLETS PER DAY   |
| ANTICONVULSANTS - MISC.           | LAMICTAL (LAMOTRIGINE) XR TB24 25 MG                        | DAILY DOSAGE          | 20 TABLETS PER DAY  |
| ANTICONVULSANTS - MISC.           | LAMICTAL (LAMOTRIGINE) XR TB24 50 MG                        | DAILY DOSAGE          | 10 TABLETS PER DAY  |
| ANTICONVULSANTS - MISC.           | LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (LAMOTRIGINE) | DAILY DOSAGE          | 20 TABLETS PER DAY  |

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| ANTICONVULSANTS - MISC.       | LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (LAMOTRIGINE) | DAILY DOSAGE                     | 20 TABLETS PER DAY  |
| ANTICONVULSANTS - MISC.       | LAMICTAL STARTER/TAKING VALPROATE KIT (LAMOTRIGINE)                          | DAILY DOSAGE                     | 20 TABLETS PER DAY  |
| ANTICONVULSANTS - MISC.       | LYRICA CAPS 225 MG, 300 MG                                                   | DAILY DOSAGE                     | 2 CAPSULES PER DAY  |
| ANTICONVULSANTS - MISC.       | LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG                      | DAILY DOSAGE                     | 3 CAPSULES PER DAY  |
| ANTICONVULSANTS - MISC.       | NEURONTIN (GABAPENTIN) SOLN 250 MG/5ML                                       | ORAL DOSE LIMIT                  | 60 ML PER DAY       |
| ANTICONVULSANTS - MISC.       | NEURONTIN (GABAPENTIN) TABS 800 MG                                           | DAILY DOSAGE                     | 4 TABLETS PER DAY   |
| ANTICONVULSANTS - MISC.       | TEGRETOL XR (CARBAMAZEPINE) TB12 200 MG                                      | DAILY DOSAGE                     | 6 TABLETS PER DAY   |
| ANTICONVULSANTS - MISC.       | TEGRETOL XR (CARBAMAZEPINE) TB12 400 MG                                      | DAILY DOSAGE                     | 4 TABLETS PER DAY   |
| ANTICONVULSANTS - MISC.       | TOPAMAX (TOPIRAMATE) SPRINKLE CPSP 15 MG                                     | DAILY DOSAGE                     | 6 CAPSULES PER DAY  |
| ANTICONVULSANTS - MISC.       | TOPAMAX (TOPIRAMATE) SPRINKLE CPSP 25 MG                                     | DAILY DOSAGE                     | 8 CAPSULES PER DAY  |
| ANTICONVULSANTS - MISC.       | TOPAMAX (TOPIRAMATE) TABS 100 MG                                             | DAILY DOSAGE                     | 3 TABLETS PER DAY   |
| ANTICONVULSANTS - MISC.       | TOPAMAX (TOPIRAMATE) TABS 200 MG                                             | DAILY DOSAGE                     | 8 TABLETS PER DAY   |
| ANTICONVULSANTS - MISC.       | TRILEPTAL (OXCARBAZEPINE) SUSP 60 MG/ML, 300 MG/5ML                          | ORAL DOSE LIMIT                  | 40 ML PER DAY       |
| ANTICONVULSANTS - MISC.       | TRILEPTAL (OXCARBAZEPINE) TABS 600 MG                                        | DAILY DOSAGE                     | 4 TABLETS PER DAY   |
| ANTICONVULSANTS - MISC.       | VIMPAT SOLN 10 MG/ML                                                         | ORAL DOSE LIMIT                  | 40 ML PER DAY       |
| ANTICONVULSANTS - MISC.       | VIMPAT TABS 50 MG, 100 MG, 150 MG, 200 MG                                    | DAILY DOSAGE                     | 2 TABLETS PER DAY   |
| ANTICONVULSANTS - MISC.       | ZONISAMIDE CAPS 100 MG                                                       | DAILY DOSAGE                     | 6 CAPSULES PER DAY  |
| ANTIDEMENTIA AGENTS           | ARICEPT (DONEPEZIL HCL) ORAL DISINTEGRATING TABLET 5MG                       | DAILY DOSAGE                     | 2 TABLETS PER DAY   |
| ANTIDEMENTIA AGENTS           | EXELON (RIVASTIGMINE TARTRATE) CAPS 1.5MG, 3MG, 4.5MG, 6MG                   | DAILY DOSAGE                     | 2 CAPSULES PER DAY  |
| ANTIDEMENTIA AGENTS           | NAMENDA (MEMANTINE HCL) SOLN 10 MG/5ML                                       | ORAL DOSE LIMIT                  | 10 ML PER DAY       |
| ANTIDEMENTIA AGENTS           | RAZADYNE (GALANTAMINE HYDROBROMIDE) ER CAPS 8MG, 24MG                        | DAILY DOSAGE                     | 1 CAPSULE PER DAY   |
| ANTIDEMENTIA AGENTS           | RAZADYNE (GALANTAMINE HYDROBROMIDE) ORAL SOLN 4MG/ML                         | ORAL DOSE LIMIT                  | 6 ML PER DAY        |
| ANTIDEMENTIA AGENTS           | RAZADYNE (GALANTAMINE HYDROBROMIDE) TABS 4MG, 8MG, 12MG                      | DAILY DOSAGE                     | 2 TABLETS PER DAY   |
| ANTIDEMENTIA AGENTS           | RIVASTIGMINE PT24 4.6 MG/24HR, 9.5 MG/24HR                                   | DAILY DOSAGE                     | 1 PATCH PER DAY     |
| ANTIDEPRESSANTS - MISC.       | APLENZIN 522MG TABS                                                          | DAILY DOSAGE                     | 1 TABLET PER DAY    |
| ANTIDEPRESSANTS - MISC.       | BUPROPION HCL TABS 100 MG                                                    | DAILY DOSAGE                     | 4 TABLETS PER DAY   |
| ANTIDEPRESSANTS - MISC.       | BUPROPION HCL TABS 75 MG                                                     | DAILY DOSAGE                     | 6 TABLETS PER DAY   |
| ANTIDEPRESSANTS - MISC.       | BUPROPION HCL TB12 100 MG, 150 MG, 200 MG                                    | DAILY DOSAGE                     | 2 TABLETS PER DAY   |
| ANTIDEPRESSANTS - MISC.       | BUPROPION HCL TB24 150 MG, 300 MG                                            | DAILY DOSAGE                     | 1 TABLET PER DAY    |
| ANTIDIABETIC - AMYLIN ANALOGS | SYMLIN PEN                                                                   | QUANTITY LIMIT<br>FILL FREQUENCY | 2 BOXES PER 30 DAYS |

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

## Quantity Limits

| THERAPEUTIC CLASS                 | PRODUCT NAME                                                                                       | DRUG RESTRICTION TYPE            | PLAN LIMITS                    |
|-----------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------|
| ANTIHYPERTENSIVE COMBINATIONS     | EDARBYCLOR (AZILSARTAN-HYDROCHLOROTHIAZIDE) TABS                                                   | DAILY DOSAGE                     | 1 TABLET PER DAY               |
| ANTIHYPERTENSIVE COMBINATIONS     | ENALAPRIL-HYDROCHLOROTHIAZIDE TABS 5-12.5MG                                                        | DAILY DOSAGE                     | 2 TABLETS PER DAY              |
| ANTIHYPERTENSIVE COMBINATIONS     | FOSINOPRIL/HYDROCHLOROTHIAZIDE TABS 10MG-12.5MG                                                    | DAILY DOSAGE                     | 1 TABLET PER DAY               |
| ANTIHYPERTENSIVE COMBINATIONS     | FOSINOPRIL/HYDROCHLOROTHIAZIDE TABS 20MG-12.5MG                                                    | DAILY DOSAGE                     | 4 TABLETS PER DAY              |
| ANTIHYPERTENSIVE COMBINATIONS     | METHYLDOPA/HYDROCHLOROTHIAZIDE TABS 250MG-15MG                                                     | DAILY DOSAGE                     | 3 TABLETS PER DAY              |
| ANTIHYPERTENSIVE COMBINATIONS     | METHYLDOPA/HYDROCHLOROTHIAZIDE TABS 250MG-25MG                                                     | DAILY DOSAGE                     | 2 TABLETS PER DAY              |
| ANTIHYPERTENSIVE COMBINATIONS     | METOPROLOL-HYDROCHLOROTHIAZIDE TABS                                                                | DAILY DOSAGE                     | 2 TABLETS PER DAY              |
| ANTIHYPERTENSIVE COMBINATIONS     | MOEXIPRIL-HYDROCHLOROTHIAZIDE TABS 15MG-12.5MG, 7.5MG-12.5MG                                       | DAILY DOSAGE                     | 1 TABLET PER DAY               |
| ANTIHYPERTENSIVE COMBINATIONS     | MOEXIPRIL-HYDROCHLOROTHIAZIDE TABS 15MG-25MG                                                       | DAILY DOSAGE                     | 2 TABLETS PER DAY              |
| ANTIHYPERTENSIVE COMBINATIONS     | NADOLOL-BENDROFLUMETHIAZIDE TABS                                                                   | DAILY DOSAGE                     | 1 TABLET PER DAY               |
| ANTIHYPERTENSIVE COMBINATIONS     | OLMESARTAN HYDROCHLOROTHIAZIDE TABS                                                                | DAILY DOSAGE                     | 1 TABLET PER DAY               |
| ANTIHYPERTENSIVE COMBINATIONS     | OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TABS                                                     | DAILY DOSAGE                     | 1 TABLET PER DAY               |
| ANTIHYPERTENSIVE COMBINATIONS     | PROPRANOLOL-HYDROCHLOROTHIAZIDE TABS                                                               | DAILY DOSAGE                     | 2 TABLETS PER DAY              |
| ANTIHYPERTENSIVE COMBINATIONS     | QUINAPRIL-HYDROCHLOROTHIAZIDE TABS 20MG-25MG, 10-12.5MG                                            | DAILY DOSAGE                     | 1 TABLET PER DAY               |
| ANTIHYPERTENSIVE COMBINATIONS     | QUINAPRIL-HYDROCHLOROTHIAZIDE TABS 20MG-12.5MG                                                     | DAILY DOSAGE                     | 2 TABLETS PER DAY              |
| ANTIHYPERTENSIVE COMBINATIONS     | TELMISARTAN-AMLODIPINE TABS                                                                        | DAILY DOSAGE                     | 1 TABLET PER DAY               |
| ANTIHYPERTENSIVE COMBINATIONS     | TELMISARTAN-HYDROCHLOROTHIAZIDE TABS 80MG-12.5MG                                                   | DAILY DOSAGE                     | 2 TABLETS PER DAY              |
| ANTIHYPERTENSIVE COMBINATIONS     | TELMISARTAN-HYDROCHLOROTHIAZIDE TABS 80MG-25MG, 40MG-12.5MG                                        | DAILY DOSAGE                     | 2 TABLETS PER DAY              |
| ANTIHYPERTENSIVE COMBINATIONS     | TRANDOLAPRIL-VERAPAMIL HCL TABS                                                                    | DAILY DOSAGE                     | 1 TABLET PER DAY               |
| ANTIHYPERTENSIVE COMBINATIONS     | VALSARTAN-HYDROCHLOROTHIAZIDE TABS 160MG-25MG, 320MG-25MG, 80MG-12.5MG, 160MG-12.5MG, 320MG-12.5MG | DAILY DOSAGE                     | 1 TABLET PER DAY               |
| ANTI-INFECTIVE AGENTS - MISC.     | VANCOMYCIN HCL SOLR IV 1000 MG                                                                     | DAILY DOSAGE                     | 14 DOSES PER FILL              |
| ANTI-INFECTIVE AGENTS - MISC.     | VANCOMYCIN HCL SOLR IV 500 MG                                                                      | DAILY DOSAGE                     | 14 DOSES PER 30 DAYS           |
| ANTI-INFLAMMATORY AGENTS- TOPICAL | DICLOFENAC SODIUM (TOPICAL) GEL                                                                    | QUANTITY LIMIT<br>FILL FREQUENCY | 1 TUBE (100 GRAMS) PER 30 DAYS |
| ANTIMALARIALS                     | CHLOROQUINE PHOSPHATE TABS 250 MG                                                                  | DAILY DOSAGE                     | 2 TABLETS PER DAY              |
| ANTIMALARIALS                     | CHLOROQUINE PHOSPHATE TABS 500 MG                                                                  | QUANTITY LIMIT<br>FILL FREQUENCY | 8 TABLETS PER 56 DAYS          |

## Quantity Limits

| THERAPEUTIC CLASS                                      | PRODUCT NAME                                    | DRUG RESTRICTION TYPE | PLAN LIMITS                   |
|--------------------------------------------------------|-------------------------------------------------|-----------------------|-------------------------------|
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS           | DEPO-PROVERA (MEDROXYPROGESTERONE) SUSP         | INJECTABLE DOSE LIMIT | 1 DOSE (2.5ML )PER FILL       |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | FLUOROURACIL CREAM (EFUDEX) TOPICAL             | TOPICAL DOSE LIMIT    | 1 TUBE (40 GRAMS) PER 28 DAYS |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | FLUOROURACIL SOLN EX 2 %, 5 %                   | TOPICAL DOSE LIMIT    | 10 ML PER 14 DAYS             |
| ANTI-OBESITY AGENTS                                    | XENICAL CAPS                                    | DAILY DOSAGE          | 3 CAPSULES PER DAY            |
| ANTIPSORIATICS                                         | ACITRETIN CAPS 10 MG, 17.5 MG                   | DAILY DOSAGE          | 1 CAPSULE PER DAY             |
| ANTIPSORIATICS                                         | ACITRETIN CAPS 25 MG                            | DAILY DOSAGE          | 2 CAPSULES PER DAY            |
| ANTIPSORIATICS                                         | CALCIPOTRIENE CREAM                             | TOPICAL DOSE LIMIT    | 2 GRAMS PER DAY               |
| ANTIPSORIATICS                                         | CALCIPOTRIENE SOLN                              | TOPICAL DOSE LIMIT    | 60 ML PER FILL                |
| ANTIPSORIATICS                                         | METHOXSALEN RAPID CAPS                          | DAILY DOSAGE          | 4 CAPSULES PER DAY            |
| ANTIPSORIATICS                                         | OXSORALEN ULTRA CAPS (METHOXSALEN RAPID)        | DAILY DOSAGE          | 4 CAPSULES PER DAY            |
| ANTIPSORIATICS                                         | SORIATANE CAPS 10 MG (ACITRETIN)                | DAILY DOSAGE          | 1 CAPSULE PER DAY             |
| ANTIPSORIATICS                                         | SORIATANE CAPS 25 MG (ACITRETIN)                | DAILY DOSAGE          | 2 CAPSULES PER DAY            |
| ANTIPSYCHOTICS - MISC.                                 | EQUETRO CP12 100 MG                             | DAILY DOSAGE          | 2 CAPSULES PER DAY            |
| ANTIPSYCHOTICS - MISC.                                 | EQUETRO CP12 200 MG                             | DAILY DOSAGE          | 8 CAPSULES PER DAY            |
| ANTIPSYCHOTICS - MISC.                                 | EQUETRO CP12 300 MG                             | DAILY DOSAGE          | 4 CAPSULES PER DAY            |
| ANTIPSYCHOTICS - MISC.                                 | LATUDA TABS 20 MG, 40 MG, 80 MG                 | DAILY DOSAGE          | 1 TABLET PER DAY              |
| ANTIPSYCHOTICS - MISC.                                 | ZIPRASIDONE HCL CAPS 20 MG, 40 MG, 60 MG, 80 MG | DAILY DOSAGE          | 2 CAPSULES PER DAY            |
| ANTIRETROVIRALS                                        | ABACAVIR SULFATE SOLN 20 MG/ML                  | ORAL DOSE LIMIT       | 30 ML PER DAY                 |
| ANTIRETROVIRALS                                        | ABACAVIR SULFATE TABS 300 MG                    | DAILY DOSAGE          | 2 TABLETS PER DAY             |
| ANTIRETROVIRALS                                        | ABACAVIR SULFATE-LAMIVUDINE TABS                | DAILY DOSAGE          | 1 TABLET PER DAY              |
| ANTIRETROVIRALS                                        | ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE TABS     | DAILY DOSAGE          | 2 TABLETS PER DAY             |
| ANTIRETROVIRALS                                        | APTIVUS CAPS                                    | DAILY DOSAGE          | 4 CAPSULES PER DAY            |
| ANTIRETROVIRALS                                        | ATAZANAVIR SULFATE CAPS 150 MG, 200 MG          | DAILY DOSAGE          | 2 CAPSULES PER DAY            |
| ANTIRETROVIRALS                                        | ATAZANAVIR SULFATE CAPS 300 MG                  | DAILY DOSAGE          | 1 CAPSULE PER DAY             |
| ANTIRETROVIRALS                                        | ATRIPLA TABS                                    | DAILY DOSAGE          | 1 TABLET PER DAY              |
| ANTIRETROVIRALS                                        | COMBIVIR TABS (LAMIVUDINE-ZIDOVUDINE)           | DAILY DOSAGE          | 2 TABLETS PER DAY             |
| ANTIRETROVIRALS                                        | COMPLERA TABS                                   | DAILY DOSAGE          | 1 TABLET PER DAY              |
| ANTIRETROVIRALS                                        | CRIXIVAN CAPS 200 MG                            | DAILY DOSAGE          | 9 CAPSULES PER DAY            |
| ANTIRETROVIRALS                                        | CRIXIVAN CAPS 400 MG                            | DAILY DOSAGE          | 6 CAPSULES PER DAY            |
| ANTIRETROVIRALS                                        | DIDANOSINE CPDR 250 MG, 400 MG                  | DAILY DOSAGE          | 1 CAPSULE PER DAY             |
| ANTIRETROVIRALS                                        | EDURANT TABS                                    | DAILY DOSAGE          | 1 TABLET PER DAY              |
| ANTIRETROVIRALS                                        | EFAVIRENZ TABS 600 MG                           | DAILY DOSAGE          | 1 TABLET PER DAY              |
| ANTIRETROVIRALS                                        | EMTRIVA CAPS                                    | DAILY DOSAGE          | 1 CAPSULE PER DAY             |
| ANTIRETROVIRALS                                        | EPIVIR SOLN 10 MG/ML (LAMIVUDINE)               | ORAL DOSE LIMIT       | 30 ML PER DAY                 |

## Quantity Limits

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

## Quantity Limits

| THERAPEUTIC CLASS                                             | PRODUCT NAME                                       | DRUG RESTRICTION TYPE            | PLAN LIMITS                       |
|---------------------------------------------------------------|----------------------------------------------------|----------------------------------|-----------------------------------|
| ANTIRETROVIRALS                                               | SUSTIVA TABS 600 MG (EFAVIRENZ)                    | DAILY DOSAGE                     | 1 TABLET PER DAY                  |
| ANTIRETROVIRALS                                               | TENOFOVIR DISOPROXIL FUMARATE TABS                 | DAILY DOSAGE                     | 1 TABLET PER DAY                  |
| ANTIRETROVIRALS                                               | TRUVADA TABS 300MG-200MG                           | DAILY DOSAGE                     | 1 TABLET PER DAY                  |
| ANTIRETROVIRALS                                               | VIDEX EC CPDR 125 MG                               | DAILY DOSAGE                     | 2 CAPSULES PER DAY                |
| ANTIRETROVIRALS                                               | VIDEX EC CPDR 200 MG (DIDANOSINE)                  | DAILY DOSAGE                     | 2 CAPSULES PER DAY                |
| ANTIRETROVIRALS                                               | VIDEX EC CPDR 250 MG, 400 MG (DIDANOSINE)          | DAILY DOSAGE                     | 1 CAPSULE PER DAY                 |
| ANTIRETROVIRALS                                               | VIDEXPEDIATRIC SOLR                                | ORAL DOSE LIMIT                  | 40 ML PER DAY                     |
| ANTIRETROVIRALS                                               | VIRACEPT TABS 250 MG                               | DAILY DOSAGE                     | 10 TABLETS PER DAY                |
| ANTIRETROVIRALS                                               | VIRACEPT TABS 625 MG                               | DAILY DOSAGE                     | 4 TABLETS PER DAY                 |
| ANTIRETROVIRALS                                               | VIRAMUNE SUSP 50 MG/5ML                            | ORAL DOSE LIMIT                  | 40 ML PER DAY                     |
| ANTIRETROVIRALS                                               | VIRAMUNE TABS 200 MG (NEVIRAPINE)                  | DAILY DOSAGE                     | 2 TABLETS PER DAY                 |
| ANTIRETROVIRALS                                               | VIRAMUNE XR TB24 400 MG (NEVIRAPINE)               | DAILY DOSAGE                     | 1 TABLET PER DAY                  |
| ANTIRETROVIRALS                                               | VIREAD POWD 40 MG/GM                               | ORAL DOSE LIMIT                  | 4 BOTTLES (240 GRAMS) PER 30 DAYS |
| ANTIRETROVIRALS                                               | VIREAD TABS 150 MG, 200 MG                         | DAILY DOSAGE                     | 1 TABLET PER DAY                  |
| ANTIRETROVIRALS                                               | VIREAD TABS 250 MG                                 | DAILY DOSAGE                     | 1 TABLET PER DAY                  |
| ANTIRETROVIRALS                                               | VIREAD TABS 300 MG (TENOFOVIR DISOPROXIL FUMARATE) | DAILY DOSAGE                     | 1 TABLET PER DAY                  |
| ANTIRETROVIRALS                                               | ZERIT CAPS 20 MG, 30 MG, 40 MG (STAVUDINE)         | DAILY DOSAGE                     | 2 CAPSULES PER DAY                |
| ANTIRETROVIRALS                                               | ZERIT SOLR 1 MG/ML                                 | ORAL DOSE LIMIT                  | 80 ML PER DAY                     |
| ANTIRETROVIRALS                                               | ZIAGEN SOLN 20 MG/ML (ABACAVIR SULFATE)            | ORAL DOSE LIMIT                  | 30 ML PER DAY                     |
| ANTIRETROVIRALS                                               | ZIAGEN TABS 300 MG (ABACAVIR SULFATE)              | DAILY DOSAGE                     | 2 TABLETS PER DAY                 |
| ANTIRETROVIRALS                                               | ZIDOVUDINE CAPS 100 MG                             | DAILY DOSAGE                     | 6 CAPSULES PER DAY                |
| ANTIRETROVIRALS                                               | ZIDOVUDINE TABS 300 MG                             | DAILY DOSAGE                     | 2 TABLETS PER DAY                 |
| ANTISPASMODICS                                                | BELLADONNA ALKALOIDS & OPIUM SUPP                  | DAILY DOSAGE                     | 2 SUPPOSITORIES PER DAY           |
| ANTISPASMODICS                                                | GLYCOPYRROLATE SOLN IJ 4 MG/20ML                   | INJECTABLE DOSE LIMIT            | 4 ML PER DAY                      |
| ANTISPASMODICS                                                | GLYCOPYRROLATE TABS OR 2 MG                        | DAILY DOSAGE                     | 4 TABLETS PER DAY                 |
| ANTITUSSIVES                                                  | BENZONATATE CAPS 100 MG, 150 MG, 200 MG            | QUANTITY LIMIT<br>FILL FREQUENCY | 30 CAPSULES PER 10 DAYS           |
| ANTITUSSIVES                                                  | DEXTROMETHORPHAN POLISTIREX SUER                   | ORAL DOSE LIMIT                  | 240 ML PER 6 DAYS                 |
| ANTIVIRALS - TOPICAL                                          | ACYCLOVIR 5 % OINTMENT EXTERNAL                    | TOPICAL DOSE LIMIT               | 30 GRAMS PER 30 DAYS              |
| ATTENTION-DEFICIT/<br>HYPERACTIVITY DISORDER (ADHD)<br>AGENTS | ATOMOXETINE HCL CAPS 10 MG, 18 MG, 40 MG           | DAILY DOSAGE                     | 2 CAPSULES PER DAY                |
| ATTENTION-DEFICIT/<br>HYPERACTIVITY DISORDER (ADHD)<br>AGENTS | ATOMOXETINE HCL CAPS 25 MG                         | DAILY DOSAGE                     | 4 CAPSULES PER DAY                |
| ATTENTION-DEFICIT/<br>HYPERACTIVITY DISORDER (ADHD)<br>AGENTS | ATOMOXETINE HCL CAPS 60 MG, 80 MG, 100 MG          | DAILY DOSAGE                     | 1 CAPSULE PER DAY                 |

## Quantity Limits

| THERAPEUTIC CLASS                                             | PRODUCT NAME                                                                                                                                                                                                             | DRUG RESTRICTION TYPE | PLAN LIMITS       |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------|
| ATTENTION-DEFICIT/<br>HYPERACTIVITY DISORDER (ADHD)<br>AGENTS | CLONIDINE HCL (ADHD) TB12                                                                                                                                                                                                | DAILY DOSAGE          | 4 TABLETS PER DAY |
| ATTENTION-DEFICIT/<br>HYPERACTIVITY DISORDER (ADHD)<br>AGENTS | GUANFACINE HCL (ADHD) TB24 1 MG                                                                                                                                                                                          | DAILY DOSAGE          | 4 TABLETS PER DAY |
| ATTENTION-DEFICIT/<br>HYPERACTIVITY DISORDER (ADHD)<br>AGENTS | GUANFACINE HCL (ADHD) TB24 2 MG                                                                                                                                                                                          | DAILY DOSAGE          | 3 TABLETS PER DAY |
| ATTENTION-DEFICIT/<br>HYPERACTIVITY DISORDER (ADHD)<br>AGENTS | GUANFACINE HCL (ADHD) TB24 3 MG, 4 MG                                                                                                                                                                                    | DAILY DOSAGE          | 2 TABLETS PER DAY |
| ATTENTION-DEFICIT/<br>HYPERACTIVITY DISORDER (ADHD)<br>AGENTS | INTUNIV TB24 1 MG (GUANFACINE HCL (ADHD))                                                                                                                                                                                | DAILY DOSAGE          | 4 TABLETS PER DAY |
| ATTENTION-DEFICIT/<br>HYPERACTIVITY DISORDER (ADHD)<br>AGENTS | INTUNIV TB24 2 MG (GUANFACINE HCL (ADHD))                                                                                                                                                                                | DAILY DOSAGE          | 3 TABLETS PER DAY |
| ATTENTION-DEFICIT/<br>HYPERACTIVITY DISORDER (ADHD)<br>AGENTS | INTUNIV TB24 3 MG, 4 MG (GUANFACINE HCL (ADHD))                                                                                                                                                                          | DAILY DOSAGE          | 2 TABLETS PER DAY |
| B-COMPLEX VITAMINS                                            | B-COMPLEX VITAMINS CAPS 70MG-100MG-1MG-10MG-2MG-1.5MG-100MCG, 60MG-60MG-3MG-5MG-20MG-3MG-1MCG-0.5MG, 60MG-60MG-5MG-20MG-3MG-1MCG-3MG-0.5MG                                                                               | DAILY DOSAGE          | 1 CAPSULE PER DAY |
| B-COMPLEX VITAMINS                                            | B-COMPLEX VITAMINS TABS 0.1MG-20MG-2MG-5MCG-3MG-1MG, 10MG-10MG-2MG-1.5MG-0.2MG, 15MG-2MG-5MG-2MCG-2MG-2MG, 3MG-10MG-20MG-3MG-6MCG-2MG, 83MG-3MG-20MG-2MG-5MCG-1MG, 3MG-3MG-20MG-20MG-3MG-3MG-10MG-10MG-6MCG-6MCG-2MG-2MG | DAILY DOSAGE          | 1 TABLET PER DAY  |
| B-COMPLEX VITAMINS                                            | B-COMPLEX VITAMINS TABS 10MG-10MG-2MG-1.5MG-0.2MG, 3MG-20MG-3MG-10MG-6MCG-2MG                                                                                                                                            | DAILY DOSAGE          | 1 TABLET PER DAY  |
| B-COMPLEX W/ C                                                | B COMPLEX W/ C CAPS 10MG-50MG-10.2MG-15MG-5MG-300MG                                                                                                                                                                      | DAILY DOSAGE          | 1 CAPSULE PER DAY |
| B-COMPLEX W/ C                                                | B COMPLEX W/ C CAPS 10MG-50MG-10MG-15MG-5MG-300MG, 10MG-50MG-10.2MG-15MG-5MG-300MG                                                                                                                                       | DAILY DOSAGE          | 1 CAPSULE PER DAY |
| B-COMPLEX W/ FOLIC ACID                                       | B-COMPLEX W/ C & FOLIC ACID CAPS 1.5MG-5MG-20MG-1.7MG-6MCG-1MG-150MCG-10MG-100MG                                                                                                                                         | DAILY DOSAGE          | 1 CAPSULE PER DAY |
| B-COMPLEX W/ FOLIC ACID                                       | B-COMPLEX W/ C & FOLIC ACID CAPS 1.5MG-5MG-20MG-1.7MG-6MCG-1MG-150MCG-10MG-100MG, 5MG-1.7MG-6MCG-20MG-1.5MG-1MG-150MCG-10MG-100MG                                                                                        | DAILY DOSAGE          | 1 CAPSULE PER DAY |

## Quantity Limits

| THERAPEUTIC CLASS              | PRODUCT NAME                                                                                                                         | DRUG RESTRICTION TYPE            | PLAN LIMITS                       |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------|
| B-COMPLEX W/ FOLIC ACID        | B-COMPLEX W/ C & FOLIC ACID TABS 1.5MG-10MG-20MG-1.7MG-6MCG-1MG-300MCG-10MG-60MG, 20MG-1.7MG-10MG-0.006MG-1.5MG-1MG-0.3MG-10MG-100MG | DAILY DOSAGE                     | 1 TABLET PER DAY                  |
| B-COMPLEX W/ FOLIC ACID        | NEPHROCAPS CAPS (B-COMPLEX W/ C & FOLIC ACID)                                                                                        | DAILY DOSAGE                     | 1 TABLET PER DAY                  |
| BENZISOXAZOLES                 | FANAPT TABS 1 MG, 2 MG, 6 MG, 12 MG                                                                                                  | DAILY DOSAGE                     | 2 TABLETS PER DAY                 |
| BENZISOXAZOLES                 | FANAPT TITRATION PACK TABS                                                                                                           | FILL FREQUENCY                   | 2 PACKS PER 365 DAYS              |
| BENZISOXAZOLES                 | INVEGA (PALIPERIDONE) TABS 24 HOUR 1.5MG, 3MG, 9MG                                                                                   | DAILY DOSAGE                     | 1 TABLET PER DAY                  |
| BENZISOXAZOLES                 | INVEGA (PALIPERIDONE) TABS 24 HOUR 6MG                                                                                               | DAILY DOSAGE                     | 2 TABLETS PER DAY                 |
| BENZISOXAZOLES                 | INVEGA SUSTENNA SUSP 156 MG/ML, 78 MG/0.5ML, 39 MG/0.25ML, 117 MG/0.75ML                                                             | FILL FREQUENCY                   | 1 FILL PER 28 DAYS                |
| BENZISOXAZOLES                 | INVEGA SUSTENNA SUSP 234 MG/1.5ML                                                                                                    | FILL FREQUENCY                   | 1 FILL PER 28 DAYS                |
| BENZISOXAZOLES                 | INVEGA TRINZA SUSP 273 MG/0.875ML                                                                                                    | INJECTABLE DOSE LIMIT            | 1 DOSE PER FILL                   |
| BENZISOXAZOLES                 | INVEGA TRINZA SUSP 410 MG/1.315ML                                                                                                    | INJECTABLE DOSE LIMIT            | 1 DOSE PER FILL                   |
| BENZISOXAZOLES                 | INVEGA TRINZA SUSP 546 MG/1.75ML                                                                                                     | INJECTABLE DOSE LIMIT            | 1 DOSE PER FILL                   |
| BENZISOXAZOLES                 | INVEGA TRINZA SUSP 819 MG/2.625ML                                                                                                    | INJECTABLE DOSE LIMIT            | 1 DOSE (2.625ML )PER FILL         |
| BENZISOXAZOLES                 | RISPERIDONE SOLN 1 MG/ML                                                                                                             | ORAL DOSE LIMIT                  | 8 ML PER DAY                      |
| BENZISOXAZOLES                 | RISPERIDONE M-TABS ORAL DISINTEGRATING                                                                                               | DAILY DOSAGE                     | 4 TABLETS PER DAY                 |
| BENZISOXAZOLES                 | RISPERIDONE ODT TABS 0.5MG                                                                                                           | DAILY DOSAGE                     | 5 TABLETS PER DAY                 |
| BENZISOXAZOLES                 | RISPERIDONE ODT TABS 1MG, 2MG, 3MG, 4MG                                                                                              | DAILY DOSAGE                     | 2 TABLETS PER DAY                 |
| BENZISOXAZOLES                 | RISPERIDONE TABS 0.25 MG                                                                                                             | DAILY DOSAGE                     | 4 TABLETS PER DAY                 |
| BENZISOXAZOLES                 | RISPERIDONE TABS 0.5 MG                                                                                                              | DAILY DOSAGE                     | 5 TABLETS PER DAY                 |
| BENZISOXAZOLES                 | RISPERIDONE TABS 1 MG, 2 MG, 3 MG, 4 MG                                                                                              | DAILY DOSAGE                     | 2 TABLETS PER DAY                 |
| BENZISOXAZOLES                 | RISPERDAL CONSTA SUSR 25 MG                                                                                                          | FILL FREQUENCY                   | 2 FILLS PER 28 DAYS               |
| BENZISOXAZOLES                 | RISPERDAL CONSTA SUSR 50 MG, 12.5 MG, 37.5 MG                                                                                        | FILL FREQUENCY                   | 1 FILL PER 14 DAYS                |
| BENZODIAZEPINES                | ALPRAZOLAM TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG                                                                                          | DAILY DOSAGE                     | 4 TABLETS PER DAY                 |
| BENZODIAZEPINES                | CHLORDIAZEPOXIDE HCL CAPS 5 MG, 10 MG, 25 MG                                                                                         | DAILY DOSAGE                     | 4 CAPSULES PER DAY                |
| BENZODIAZEPINES                | CLORAZEPATE DIPOTASSIUM TABS                                                                                                         | DAILY DOSAGE                     | 3 TABLETS PER DAY                 |
| BENZODIAZEPINES                | DIAZEPAM SOLN OR 1 MG/ML                                                                                                             | QUANTITY LIMIT<br>FILL FREQUENCY | 40 ML DAILY<br>200 ML PER 30 DAYS |
| BENZODIAZEPINES                | DIAZEPAM TABS OR 2 MG, 5 MG, 10 MG                                                                                                   | DAILY DOSAGE                     | 4 TABLETS PER DAY                 |
| BENZODIAZEPINES                | LORAZEPAM TABS OR 0.5 MG, 2 MG                                                                                                       | DAILY DOSAGE                     | 3 TABLETS PER DAY                 |
| BENZODIAZEPINES                | LORAZEPAM TABS OR 1 MG                                                                                                               | DAILY DOSAGE                     | 4 TABLETS PER DAY                 |
| BENZODIAZEPINES                | OXAZEPAM CAPS                                                                                                                        | DAILY DOSAGE                     | 4 CAPSULES PER DAY                |
| BETA BLOCKERS CARDIO-SELECTIVE | METOPROLOL SUCCINATE TB24 200 MG                                                                                                     | DAILY DOSAGE                     | 2 TABLETS PER DAY                 |
| BETA BLOCKERS CARDIO-SELECTIVE | METOPROLOL SUCCINATE TB24 25 MG, 50 MG, 100 MG                                                                                       | DAILY DOSAGE                     | 1 TABLET PER DAY                  |

## Quantity Limits

| THERAPEUTIC CLASS                     | PRODUCT NAME                                                                                | DRUG RESTRICTION TYPE            | PLAN LIMITS                 |
|---------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------|-----------------------------|
| BETA BLOCKERS NON-SELECTIVE           | INDERAL (PROPRANOLOL) LA CAPS 60MG, 80MG 120MG, 160MG                                       | DAILY DOSAGE                     | 2 CAPSULES PER DAY          |
| BETA BLOCKERS NON-SELECTIVE           | NADOLOL TABS 20MG, 40MG, 80MG                                                               | DAILY DOSAGE                     | 2 TABLETS PER DAY           |
| BETA BLOCKERS NON-SELECTIVE           | SOTALOL HCL AFIB/AFL TABS 120MG, 160MG                                                      | DAILY DOSAGE                     | 2 TABLETS PER DAY           |
| BIGUANIDES                            | FORTAMET (METFORMIN HCL) TB24 1000 MG                                                       | DAILY DOSAGE                     | 2 TABLETS PER DAY           |
| BIGUANIDES                            | FORTAMET (METFORMIN HCL) TB24 500 MG                                                        | DAILY DOSAGE                     | 4 TABLETS PER DAY           |
| BIGUANIDES                            | GLUCOPHAGE (METFORMIN HCL) TABS 1000 MG                                                     | DAILY DOSAGE                     | 2 TABLETS PER DAY           |
| BIGUANIDES                            | GLUCOPHAGE (METFORMIN HCL) TABS 850 MG                                                      | DAILY DOSAGE                     | 3 TABLETS PER DAY           |
| BIGUANIDES                            | GLUCOPHAGE (METFORMIN) 500MG TABS                                                           | DAILY DOSAGE                     | 5 TABLETS PER DAY           |
| BIGUANIDES                            | GLUCOPHAGE XR (METFORMIN TB 24HR) 500MG, 750MG TABS                                         | QUANTITY LIMIT<br>FILL FREQUENCY | 90 TABLETS PER 90 DAYS      |
| BIGUANIDES                            | GLUMETZA (METFORMIN HCL) TB24                                                               | DAILY DOSAGE                     | 2 TABLETS PER DAY           |
| BIGUANIDES                            | RIOMET SOLN                                                                                 | ORAL DOSE LIMIT                  | 25 ML PER DAY               |
| BILE ACID SEQUESTRANTS                | COLESTID (COLESTIPOL HCL) GRANULES 5 GM                                                     | ORAL DOSE LIMIT                  | 6 PACKETS PER DAY           |
| BILE ACID SEQUESTRANTS                | COLESTID (COLESTIPOL) TABS 1 GM                                                             | DAILY DOSAGE                     | 16 TABLETS PER DAY          |
| BILE ACID SEQUESTRANTS                | COLESTIPOL HCL PACK 5 GM                                                                    | ORAL DOSE LIMIT                  | 6 PACKETS PER DAY           |
| BILE ACID SEQUESTRANTS                | QUESTRAN (CHOLESTYRAMINE) LIGHT POWDER CAN 4 GM/DOSE                                        | ORAL DOSE LIMIT                  | 6 GRAMS PER DAY             |
| BILE ACID SEQUESTRANTS                | QUESTRAN (CHOLESTYRAMINE) PACKET 4 GM                                                       | ORAL DOSE LIMIT                  | 6 PACKETS PER DAY           |
| BILE ACID SEQUESTRANTS                | QUESTRAN (CHOLESTYRAMINE) POWDER CAN 4 GM/DOSE                                              | ORAL DOSE LIMIT                  | 6 GRAMS PER DAY             |
| BILE ACID SEQUESTRANTS                | QUESTRAN(CHOLESTYRAMINE) LIGHT PACKET 4 GM                                                  | ORAL DOSE LIMIT                  | 6 PACKETS PER DAY           |
| BILE ACID SEQUESTRANTS                | WELCHOL (COLESEVALAM HCL) PACKETS 3.75 GRAMS                                                | ORAL DOSE LIMIT                  | 1 PACKET PER DAY            |
| BILE ACID SEQUESTRANTS                | WELCHOL (COLESEVALAM HCL) TABS 625MG                                                        | DAILY DOSAGE                     | 7 TABLETS PER DAY           |
| BONE DENSITY REGULATORS               | ACTONEL (RISEDRONATE SODIUM) TABS 5MG, 30MG                                                 | DAILY DOSAGE                     | 1 TABLET PER DAY            |
| BONE DENSITY REGULATORS               | ALENDRONATE SODIUM SOLN 70 MG/75ML                                                          | ORAL DOSE LIMIT                  | 10.8 ML PER DAY             |
| BONE DENSITY REGULATORS               | ALENDRONATE SODIUM TABS 40MG                                                                | DAILY DOSAGE                     | 1 TABLET PER DAY            |
| BONE DENSITY REGULATORS               | ATELVIA (RISEDRONATE SODIUM) TABS 35MG TABS                                                 | QUANTITY LIMIT<br>FILL FREQUENCY | 4 TABLETS PER 28 DAYS       |
| BONE DENSITY REGULATORS               | FORTICAL SOLN                                                                               | TOPICAL DOSE LIMIT               | 4 ML PER 30 DAYS            |
| BRONCHODILATORS -<br>ANTICHOLINERGICS | ATROVENT HFA AERS                                                                           | INHALATION DOSE LIMIT            | 2 INHALERS PER 30 DAYS      |
| BRONCHODILATORS -<br>ANTICHOLINERGICS | SPIRIVA HANDIHALER CAPS                                                                     | DAILY DOSAGE                     | 1 NEBULIZED CAPSULE PER DAY |
| BUTYROPHENONES                        | HALOPERIDOL TABS 0.5 MG, 1 MG, 10 MG                                                        | DAILY DOSAGE                     | 3 TABLETS PER DAY           |
| CALCIUM                               | CALCIUM CARBONATE-VITAMIN D TABS 200UNIT-600MG, 400UNIT-600MG, 600MG-200UNIT, 600MG-400UNIT | DAILY DOSAGE                     | 2 TABLETS PER DAY           |

## Quantity Limits

| THERAPEUTIC CLASS                        | PRODUCT NAME                                                   | DRUG RESTRICTION TYPE            | PLAN LIMITS            |
|------------------------------------------|----------------------------------------------------------------|----------------------------------|------------------------|
| CALCIUM                                  | CALCIUM CARBONATE-VITAMIN D TABS 600MG-200UNIT, 600MG-400UNIT  | DAILY DOSAGE                     | 2 TABLETS PER DAY      |
| CALCIUM CHANNEL BLOCKERS                 | ADALAT CC (NIFEDIPINE) TB24 60 MG                              | DAILY DOSAGE                     | 2 TABLETS PER DAY      |
| CALCIUM CHANNEL BLOCKERS                 | ADALAT CC (NIFEDIPINE) TB24 90 MG                              | DAILY DOSAGE                     | 1 TABLET PER DAY       |
| CALCIUM CHANNEL BLOCKERS                 | CARDIZEM CD (DILTIAZEM HCL COATED BEADS) 24 HOUR CAPSULE 180MG | DAILY DOSAGE                     | 1 CAPSULE PER DAY      |
| CALCIUM CHANNEL BLOCKERS                 | DILTIAZEM HCL CAPSULE 12 HOUR 60 MG, 90 MG, 120 MG             | DAILY DOSAGE                     | 2 CAPSULES PER DAY     |
| CALCIUM CHANNEL BLOCKERS                 | NIFEDIPINE CAPS 20MG                                           | DAILY DOSAGE                     | 4 CAPSULES PER DAY     |
| CALCIUM CHANNEL BLOCKERS                 | TIACZAC (DILTIAZEM HCL) EXTENDED RELEASE BEADS CP24 420 MG     | DAILY DOSAGE                     | 1 CAPSULE PER DAY      |
| CALCIUM CHANNEL BLOCKERS                 | VERAPAMIL HCL CP24 120 MG, 180MG, 240MG                        | DAILY DOSAGE                     | 2 CAPSULES PER DAY     |
| CALCIUM CHANNEL BLOCKERS                 | VERELAN (VERAPAMIL HCL) 24 HOUR CAPSULE 360MG                  | DAILY DOSAGE                     | 1 CAPSULE PER DAY      |
| CARBAMATES                               | FELBATOL (FELBAMATE) SUSPENSION 600 MG/5ML                     | ORAL DOSE LIMIT                  | 120 ML PER DAY         |
| CARBAMATES                               | FELBATOL (FELBAMATE) TABS 400 MG                               | DAILY DOSAGE                     | 9 TABLETS PER DAY      |
| CARBAMATES                               | FELBATOL (FELBAMATE) TABS 600 MG                               | DAILY DOSAGE                     | 6 TABLETS PER DAY      |
| CENTRAL MUSCLE RELAXANTS                 | CYCLOBENZAPRINE HCL TABS 5 MG, 10 MG                           | DAILY DOSAGE                     | 3 TABLETS PER DAY      |
| CENTRAL MUSCLE RELAXANTS                 | ORPHENADRINE CITRATE 12 HOUR TABS 100MG                        | DAILY DOSAGE                     | 2 TABLETS PER DAY      |
| CEPHALOSPORINS - 3RD GENERATION          | CEFDINIR 300MG CAPSULES                                        | QUANTITY LIMIT                   | 20 CAPSULES PER FILL   |
| CEPHALOSPORINS - 3RD GENERATION          | CEFDINIR ORAL SUSPENSION 125MG/5ML, 250MG/5ML                  | QUANTITY LIMIT                   | 120 ML PER FILL        |
| CLARITHROMYCIN                           | CLARITHROMYCIN TABS 250MG                                      | QUANTITY LIMIT PER FILL          | 28 TABLETS PER FILL    |
| CLARITHROMYCIN                           | CLARITHROMYCIN TABS EXTENDED RELEASE 500MG                     | QUANTITY LIMIT PER FILL          | 14 TABLETS PER FILL    |
| CMV AGENTS                               | VALCYTE (VALGANCICLOVIR HCL ) SOLUTION 50 MG/ML                | ORAL DOSE LIMIT                  | 18 ML PER DAY          |
| CMV AGENTS                               | VALCYTE (VALGANCICLOVIR HCL) TABS 450 MG                       | DAILY DOSAGE                     | 4 TABLETS PER DAY      |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL | XULANE PTWK                                                    | QUANTITY LIMIT<br>FILL FREQUENCY | 9 PATCHES PER 84 DAYS  |
| COMBINATION CONTRACEPTIVES - VAGINAL     | NUVARING RING                                                  | QUANTITY LIMIT                   | 3 DEVICES PER 12 WEEKS |
| COMBINATION PSYCHOTHERAPEUTICS           | CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS 12.5MG-5MG                 | DAILY DOSAGE                     | 4 TABLETS PER DAY      |
| COMBINATION PSYCHOTHERAPEUTICS           | CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS 25MG-10MG                  | DAILY DOSAGE                     | 6 TABLETS PER DAY      |
| COMBINATION PSYCHOTHERAPEUTICS           | OLANZAPINE-FLUOXETINE HCL CAPS                                 | DAILY DOSAGE                     | 1 CAPSULE PER DAY      |
| COMBINATION PSYCHOTHERAPEUTICS           | PERPHENAZINE/AMITRIPTYLINE TABS                                | DAILY DOSAGE                     | 4 TABLETS PER DAY      |
| COPPER CONTRACEPTIVES - IUD              | PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD           | FILL FREQUENCY                   | 1 DEVICE PER 365 DAYS  |
| CORTICOSTEROIDS - TOPICAL                | BETAMETHASONE VALERATE LOTION 0.1%                             | TOPICAL DOSE LIMIT               | 60 ML PER 30 DAYS      |

## Quantity Limits

| THERAPEUTIC CLASS                            | PRODUCT NAME                                                                      | DRUG RESTRICTION TYPE   | PLAN LIMITS            |
|----------------------------------------------|-----------------------------------------------------------------------------------|-------------------------|------------------------|
| CORTICOSTEROIDS - TOPICAL                    | FLUOCINOLONE ACETONIDE SOLN 0.01 %                                                | TOPICAL DOSE LIMIT      | 60 ML PER 10 DAYS      |
| CORTICOSTEROIDS - TOPICAL                    | TRIAMCINOLONE ACETONIDE (TOPICAL) LOTN 0.025 %                                    | TOPICAL DOSE LIMIT      | 60 ML PER 14 DAYS      |
| CORTICOSTEROIDS - TOPICAL                    | TRIAMCINOLONE ACETONIDE (TOPICAL) OINT 0.5 %                                      | TOPICAL DOSE LIMIT      | 15 GRAMS PER 7 DAYS    |
| COUGH/COLD/ALLERGY COMBINATIONS              | BROMPHENIRAMINE & PHENYLEPH ELIX 1MG/5ML-2.5MG/5ML                                | ORAL DOSE LIMIT         | 120 ML PER 10 DAYS     |
| COUGH/COLD/ALLERGY COMBINATIONS              | BROTAPP DM (BROMPHENIRAMINE PSEUDOEPHEDRINE DEXTROMETHORPHAN) 15-1-5MG/5ML LIQUID | ORAL DOSE LIMIT         | 240 ML PER 2 DAYS      |
| COUGH/COLD/ALLERGY COMBINATIONS              | DEXTROMETHORPHAN-GUAIFENESIN LIQD 5MG-100MG/5ML, 20MG-400MG/20ML                  | ORAL DOSE LIMIT         | 240 ML PER 7 DAYS      |
| COUGH/COLD/ALLERGY COMBINATIONS              | ED BRON GP LIQD                                                                   | ORAL DOSE LIMIT         | 240 ML PER 4 DAYS      |
| COUGH/COLD/ALLERGY COMBINATIONS              | GUAIFENESIN-CODEINE LIQUID/SOLUTION/SYRUP 100MG/5ML-10MG/5ML                      | ORAL DOSE LIMIT         | 240 ML PER 4 DAYS      |
| COUGH/COLD/ALLERGY COMBINATIONS              | LORATADINE & PSEUDOEPHEDRINE TB12 5MG-120MG                                       | DAILY DOSAGE            | 2 TABLETS PER DAY      |
| COUGH/COLD/ALLERGY COMBINATIONS              | LORATADINE & PSEUDOEPHEDRINE TB24 10MG-240MG                                      | DAILY DOSAGE            | 1 TABLET PER DAY       |
| COUGH/COLD/ALLERGY COMBINATIONS              | MUCINEX D TB12 (PSEUDOEPHEDRINE-GUAIFENESIN)                                      | QUANTITY LIMIT PER FILL | 36 TABLETS PER FILL    |
| COUGH/COLD/ALLERGY COMBINATIONS              | MUCINEX DM TB12 (DEXTROMETHORPHAN-GUAIFENESIN)                                    | DAILY DOSAGE            | 2 TABLETS PER DAY      |
| COUGH/COLD/ALLERGY COMBINATIONS              | PROMETHAZINE & CODEINE SOLUTION, SYRUP                                            | ORAL DOSE LIMIT         | 240 ML PER 8 DAYS      |
| COUGH/COLD/ALLERGY COMBINATIONS              | PROMETHAZINE & PHENYLEPHRINE SOLN, SYRUP                                          | ORAL DOSE LIMIT         | 240 ML PER 8 DAYS      |
| COUGH/COLD/ALLERGY COMBINATIONS              | PSEUDOEPHED-BROMPHEN-DM SYRP 2MG/5ML-30MG/5ML-10MG/5ML                            | ORAL DOSE LIMIT         | 240 ML PER 4 DAYS      |
| COUGH/COLD/ALLERGY COMBINATIONS              | PSEUDOEPHEDRINE W/ CODEINE-GG SOLN                                                | ORAL DOSE LIMIT         | 240 ML PER 6 DAYS      |
| COUGH/COLD/ALLERGY COMBINATIONS              | PSEUDOEPHEDRINE-CHLORPHEN-DM LIQD                                                 | ORAL DOSE LIMIT         | 240 ML PER FILL        |
| COUGH/COLD/ALLERGY COMBINATIONS              | PSEUDOEPHEDRINE-GUAIFENESIN TB12 60MG-600MG                                       | QUANTITY LIMIT PER FILL | 36 TABLETS PER FILL    |
| COUGH/COLD/ALLERGY COMBINATIONS              | RESCON-GG LIQD (PHENYLEPHRINE-GUAIFENESIN)                                        | ORAL DOSE LIMIT         | 240 ML PER 4 DAYS      |
| CYCLOPLEGIC MYDRIATICS                       | CYCLOGYL SOLN 0.5 % (CYCLOPENTOLATE HCL)                                          | TOPICAL DOSE LIMIT      | 15 ML PER 10 DAYS      |
| CYCLOPLEGIC MYDRIATICS                       | TROPICAMIDE SOLN 0.5 %                                                            | TOPICAL DOSE LIMIT      | 1 BOTTLE PER FILL      |
| CYSTIC FIBROSIS AGENTS                       | PULMOZYME SOLN                                                                    | INHALATION DOSE LIMIT   | 150 ML PER 30 DAYS     |
| DIABETIC OTHER                               | GLUCAGON EMERGENCY KIT KIT                                                        | FILL FREQUENCY          | 1 KIT PER FILL         |
| DIABETIC SUPPLIES- BLOOD GLUCOSE TEST STRIPS | BLOOD GLUCOSE TEST STRIPS                                                         | DAILY DOSAGE            | 100 STRIPS PER 30 DAYS |

## Quantity Limits

| THERAPEUTIC CLASS                                                     | PRODUCT NAME                                                     | DRUG RESTRICTION TYPE            | PLAN LIMITS             |
|-----------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------|-------------------------|
| DIABETIC SUPPLIES- LANCETS                                            | MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING | QUANTITY LIMIT                   | 102 LANCETS PER 30 DAYS |
| DIABETIC SUPPLIES- LANCING DEVICE                                     | MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING | FILL FREQUENCY                   | 1 DEVICE PER 180 DAYS   |
| DIABETIC SUPPLIES, PARENTERAL THERAPY SUPPLIES- PEN NEEDLES, PEN TIPS | MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING | DAILY DOSAGE                     | 5 PEN NEEDLES PER DAY   |
| DIABETIC SUPPLIES, PARENTERAL THERAPY SUPPLIES- SYRINGES              | MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING | DAILY DOSAGE                     | 5 SYRINGES PER DAY      |
| DIBENZAPINES                                                          | CLOZAPINE TABS 100MG                                             | DAILY DOSAGE                     | 9 TABLETS PER DAY       |
| DIBENZAPINES                                                          | CLOZAPINE TABS 12.5MG, 150MG                                     | DAILY DOSAGE                     | 6 TABLETS PER DAY       |
| DIBENZAPINES                                                          | CLOZAPINE TABS 200MG                                             | DAILY DOSAGE                     | 4 TABLETS PER DAY       |
| DIBENZAPINES                                                          | CLOZAPINE TABS 25 MG, 50 MG                                      | DAILY DOSAGE                     | 3 TABLETS PER DAY       |
| DIBENZAPINES                                                          | LOXAPINE SUCCINATE CAPS 5 MG, 10 MG, 25 MG, 50 MG                | DAILY DOSAGE                     | 4 CAPSULES PER DAY      |
| DIBENZAPINES                                                          | SAPHRIS SUBL 5 MG, 10 MG                                         | DAILY DOSAGE                     | 2 TABLETS PER DAY       |
| DIBENZAPINES                                                          | QUETIAPINE FUMARATE TABS 100 MG, 200 MG, 300 MG, 400 MG          | DAILY DOSAGE                     | 2 TABLETS PER DAY       |
| DIBENZAPINES                                                          | QUETIAPINE FUMARATE TABS 25 MG                                   | DAILY DOSAGE                     | 6 TABLETS PER DAY       |
| DIBENZAPINES                                                          | QUETIAPINE FUMARATE TABS 50 MG                                   | DAILY DOSAGE                     | 8 TABLETS PER DAY       |
| DIBENZAPINES                                                          | QUETIAPINE FUMARATE EXTENDED RELEASE TABS 150 MG, 200MG          | DAILY DOSAGE                     | 1 TABLET PER DAY        |
| DIBENZAPINES                                                          | QUETIAPINE FUMARATE EXTENDED RELEASE TABS 300MG, 400MG           | DAILY DOSAGE                     | 2 TABLETS PER DAY       |
| DIBENZAPINES                                                          | OLANZAPINE ORAL DISINTEGRATING TABLETS 20MG                      | DAILY DOSAGE                     | 1 TABLET PER DAY        |
| DIBENZAPINES                                                          | OLANZAPINE ORAL DISINTEGRATING TABLETS 5 MG, 10 MG, 15 MG        | DAILY DOSAGE                     | 2 TABLETS PER DAY       |
| DIBENZAPINES                                                          | OLANZAPINE SOLR IM 10 MG                                         | INJECTABLE DOSE LIMIT            | 6 DOSES PER 28 DAYS     |
| DIBENZAPINES                                                          | OLANZAPINE TABS ORAL 20 MG                                       | DAILY DOSAGE                     | 1 TABLET PER DAY        |
| DIBENZAPINES                                                          | OLANZAPINE TABS ORAL 5 MG, 10 MG, 15 MG, 2.5 MG, 7.5 MG          | DAILY DOSAGE                     | 2 TABLETS PER DAY       |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS                             | ONGLYZA TABS                                                     | DAILY DOSAGE                     | 1 TABLET PER DAY        |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS                             | TRADJENTA TABS                                                   | DAILY DOSAGE                     | 1 TABLET PER DAY        |
| DIRECT RENIN INHIBITORS                                               | TEKTURN 150MG, TEKTURN HCT 150MG/12.5MG, 150MG/25MG              | DAILY DOSAGE                     | 2 TABLETS PER DAY       |
| DIRECT RENIN INHIBITORS                                               | TEKTURN 300MG, TEKTURN HCT 300MG/12.5MG, 300MG/25MG              | DAILY DOSAGE                     | 1 TABLET PER DAY        |
| ELECTROLYTE MIXTURES                                                  | PEDIALYTE, ORAL ELECTROLYTE SOLUTION                             | QUANTITY LIMIT<br>FILL FREQUENCY | 1 BOTTLE PER 30 DAYS    |

## Quantity Limits

| THERAPEUTIC CLASS             | PRODUCT NAME                                                                                                        | DRUG RESTRICTION TYPE            | PLAN LIMITS           |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------|
| EMERGENCY CONTRACEPTIVES      | ELLA TABS, ECONTRAC EZ, OPCICON ONE-STEP                                                                            | QUANTITY LIMIT<br>FILL FREQUENCY | 1 DOSE PER 21 DAYS    |
| ESTROGEN COMBINATIONS         | COMBIPATCH PTTW 0.14MG/DAY-0.05MG/DAY,<br>0.25MG/DAY-0.05MG/DAY                                                     | TOPICAL DOSE LIMIT               | 8 PATCHES PER 28 DAYS |
| ESTROGEN COMBINATIONS         | ESTRADIOL & NORETHINDRONE ACETATE TABS<br>0.1MG-0.5MG, 0.5MG-1MG                                                    | DAILY DOSAGE                     | 1 TABLET PER DAY      |
| ESTROGEN COMBINATIONS         | PREMPRO TABS                                                                                                        | DAILY DOSAGE                     | 1 TABLET PER DAY      |
| ESTROGENS                     | ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.05<br>MG/24HR, 0.1 MG/24HR                                               | TOPICAL DOSE LIMIT               | 8 PATCHES PER 28 DAYS |
| ESTROGENS                     | CLIMARA PTWK 0.025 MG/24HR, 0.075 MG/24HR, 0.05<br>MG/24HR, 0.06 MG/24HR, 0.1 MG/24HR, 37.5<br>MCG/24HR (ESTRADIOL) | TOPICAL DOSE LIMIT               | 4 PATCHES PER 28 DAYS |
| ESTROGENS                     | ESTRADIOL PTTW TD 0.0375 MG/24HR, 0.025<br>MG/24HR, 0.075 MG/24HR, 0.05 MG/24HR, 0.1<br>MG/24HR                     | TOPICAL DOSE LIMIT               | 8 PATCHES PER 28 DAYS |
| ESTROGENS                     | ESTRADIOL PTWK TD 0.025 MG/24HR, 0.075<br>MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.1 MG/24HR,<br>37.5 MCG/24HR        | TOPICAL DOSE LIMIT               | 4 PATCHES PER 28 DAYS |
| ESTROGENS                     | PREMARIN TABS OR 0.625 MG, 0.45 MG, 0.3 MG, 0.9<br>MG, 1.25 MG                                                      | DAILY DOSAGE                     | 1 TABLET PER DAY      |
| ESTROGENS                     | VIVELLE-DOT PTTW 0.0375 MG/24HR, 0.025 MG/24HR,<br>0.075 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR<br>(ESTRADIOL)          | TOPICAL DOSE LIMIT               | 8 PATCHES PER 28 DAYS |
| EXPECTORANTS                  | GUAIFENESIN SYRUP/LIQUID 100 MG/5ML<br>(200MG/10ML)                                                                 | ORAL DOSE LIMIT                  | 240 ML PER 7 DAYS     |
| EXPECTORANTS                  | GUAIFENESIN TB12 1200 MG                                                                                            | DAILY DOSAGE                     | 2 TABLETS PER DAY     |
| EXPECTORANTS                  | GUAIFENESIN TABLET 12HOUR 600 MG                                                                                    | QUANTITY LIMIT                   | 40 TABLETS PER FILL   |
| FIBRIC ACID DERIVATIVES       | FENOFIBRATE TABS, CAPS                                                                                              | DAILY DOSAGE                     | 1 DOSE PER DAY        |
| FIBROMYALGIA AGENTS           | SAVELLA TABLETS                                                                                                     | DAILY DOSAGE                     | 2 TABLETS PER DAY     |
| FIBROMYALGIA AGENTS           | SAVELLA TITRATION PACK                                                                                              | FILL FREQUENCY                   | 1 FILL PER 365 DAYS   |
| FLUOROQUINOLONES              | CIPROFLOXACIN HCL TABS 100 MG                                                                                       | QUANTITY LIMIT                   | 6 TABLETS PER FILL    |
| GABA MODULATORS               | SABRIL TABS                                                                                                         | DAILY DOSAGE                     | 6 TABLETS PER DAY     |
| GALLSTONE SOLUBILIZING AGENTS | URSODIOL 300MG CAPS                                                                                                 | DAILY DOSAGE                     | 3 CAPSULES PER DAY    |
| GALLSTONE SOLUBILIZING AGENTS | URSODIOL TABS 250 MG                                                                                                | DAILY DOSAGE                     | 7 TABLETS PER DAY     |
| GLUCOCORTICOSTEROIDS          | VERIPRED (PREDNISOLONE SODIUM PHOSPHATE)<br>ORAL SOLUTION 20MG/5ML                                                  | QUANTITY LIMT PER FILL           | 150 ML PER FILL       |
| GOUT AGENTS                   | COLCRYS (COLCHICINE) TABS                                                                                           | QUANTITY LIMIT PER FILL          | 6 TABLETS PER FILL    |
| H-2 ANTAGONISTS               | FAMOTIDINE SUSPENSION RECON 40 MG/5ML                                                                               | ORAL DOSE LIMIT                  | 10 ML PER DAY         |
| H-2 ANTAGONISTS               | NIZATIDINE SOLN 15 MG/ML                                                                                            | ORAL DOSE LIMIT                  | 20 ML PER DAY         |
| H-2 ANTAGONISTS               | RANITIDINE 150MG CAPSULES, TABLETS                                                                                  | DAILY DOSAGE                     | 2 DOSES PER DAY       |
| HEMOSTATICS - SYSTEMIC        | AMICAR TABS 500 MG                                                                                                  | DAILY DOSAGE                     | 24 TABLETS PER FILL   |

## Quantity Limits

| THERAPEUTIC CLASS                   | PRODUCT NAME                                                  | DRUG RESTRICTION TYPE            | PLAN LIMITS                               |
|-------------------------------------|---------------------------------------------------------------|----------------------------------|-------------------------------------------|
| HEMOSTATICS - SYSTEMIC              | LYSTEDA (TRANEXAMIC ACID) TABLETS                             | DAILY DOSAGE                     | 30 TABLETS PER 5 DAYS                     |
| HEPARINS AND HEPARINOID-LIKE AGENTS | LOVENOX (ENOXAPARIN SODIUM) SOLN IJ 300 MG/3ML                | INJECTABLE DOSE LIMIT            | 2 DOSES PER DAY<br>17 DAY SUPPLY PER FILL |
| HEPARINS AND HEPARINOID-LIKE AGENTS | LOVENOX (ENOXAPARIN SODIUM) SOLN SC 100 MG/ML, 150 MG/ML      | INJECTABLE DOSE LIMIT            | 2 DOSES PER DAY<br>17 DAY SUPPLY PER FILL |
| HEPARINS AND HEPARINOID-LIKE AGENTS | LOVENOX (ENOXAPARIN SODIUM) SOLN SC 30 MG/0.3ML               | INJECTABLE DOSE LIMIT            | 2 DOSES PER DAY<br>17 DAY SUPPLY PER FILL |
| HEPARINS AND HEPARINOID-LIKE AGENTS | LOVENOX (ENOXAPARIN SODIUM) SOLN SC 40 MG/0.4ML               | INJECTABLE DOSE LIMIT            | 2 DOSES PER DAY<br>17 DAY SUPPLY PER FILL |
| HEPARINS AND HEPARINOID-LIKE AGENTS | LOVENOX (ENOXAPARIN SODIUM) SOLN SC 60 MG/0.6ML               | INJECTABLE DOSE LIMIT            | 2 DOSES PER DAY<br>17 DAY SUPPLY PER FILL |
| HEPARINS AND HEPARINOID-LIKE AGENTS | LOVENOX (ENOXAPARIN SODIUM) SOLN SC 80 MG/0.8ML, 120 MG/0.8ML | INJECTABLE DOSE LIMIT            | 2 DOSES PER DAY<br>17 DAY SUPPLY PER FILL |
| HEPATITIS AGENTS                    | ADEFOVIR DIPIVOXIL TABS                                       | DAILY DOSAGE                     | 1 TABLET PER DAY                          |
| HEPATITIS AGENTS                    | BARACLUDE (ENTECAVIR) TABS 0.5 MG, 1 MG                       | DAILY DOSAGE                     | 1 TABLET PER DAY                          |
| HEPATITIS AGENTS                    | BARACLUDE SOLN 0.05 MG/ML                                     | ORAL DOSE LIMIT                  | 20 ML PER DAY                             |
| HEPATITIS AGENTS                    | EPIVIR HBV SOLN 5 MG/ML                                       | ORAL DOSE LIMIT                  | 60 ML PER DAY                             |
| HEPATITIS AGENTS                    | LAMIVUDINE (HBV) TABS                                         | DAILY DOSAGE                     | 3 TABLETS PER DAY                         |
| HEPATITIS AGENTS                    | MODERIBA (RIBAVIRIN) DOSE PACK 800, 1200                      | DAILY DOSAGE                     | 2 TABLETS PER DAY                         |
| HEPATITIS AGENTS                    | PEG-INTRON REDIPEN KIT                                        | INJECTABLE DOSE LIMIT            | 4 DOSES PER 28 DAYS                       |
| HEPATITIS AGENTS                    | PEG-INTRON REDIPEN PAK 4 KIT                                  | INJECTABLE DOSE LIMIT            | 4 DOSES PER 28 DAYS                       |
| HEPATITIS AGENTS                    | RIBASPHERE RIBAPAK TABS 400 MG, 600 MG                        | DAILY DOSAGE                     | 2 TABLETS PER DAY                         |
| HEPATITIS AGENTS                    | RIBAVIRIN (HEPATITIS C) CAPSULES, TABLETS                     | DAILY DOSAGE                     | 7 CAPSULES PER DAY                        |
| HERPES AGENTS                       | ACYCLOVIR SUSP 200 MG/5ML                                     | ORAL DOSE LIMIT                  | 400 ML PER 30 DAYS                        |
| HMG COA REDUCTASE INHIBITORS        | ROSUVASTATIN CALCIUM TABS 40MG                                | DAILY DOSAGE                     | 1 TABLET PER DAY                          |
| HMG COA REDUCTASE INHIBITORS        | ROSUVASTATIN CALCIUM TABS 5MG, 10MG, 20MG                     | DAILY DOSAGE                     | 2 TABLETS PER DAY                         |
| HMG COA REDUCTASE INHIBITORS        | FLUVASTATIN SODIUM CAPS 20 MG, 40 MG                          | DAILY DOSAGE                     | 2 CAPSULES PER DAY                        |
| HMG COA REDUCTASE INHIBITORS        | FLUVASTATIN SODIUM 24 HOUR TABS                               | DAILY DOSAGE                     | 1 TABLET PER DAY                          |
| HMG COA REDUCTASE INHIBITORS        | PITAVASTATIN CALCIUM 1MG, 2MG, 4MG TABS                       | DAILY DOSAGE                     | 1 TABLET PER DAY                          |
| HORMONE RECEPTOR MODULATORS         | RALOXIFENE HCL TABS                                           | DAILY DOSAGE                     | 1 TABLET PER DAY                          |
| IMIDZOLE-RELATED ANTIFUNGALS        | FLUCONAZOLE SUSPENSION 10MG/ML, 40MG/ML                       | QUANTITY LIMIT<br>FILL FREQUENCY | 70 ML PER 7 DAYS                          |
| IMIDZOLE-RELATED ANTIFUNGALS        | ITRACONAZOLE 100MG CAPS                                       | DAILY DOSAGE                     | 1 CAPSULE PER DAY                         |
| IMMUNOMODULATING AGENTS - TOPICAL   | IMIQUIMOD 5% CREAM                                            | TOPICAL DOSE LIMIT               | 48 DOSES PER 180 DAYS                     |
| IMMUNOMODULATING AGENTS - TOPICAL   | IMIQUIMOD 3.75% CREAM                                         | TOPICAL DOSE LIMIT               | 1 PACKAGE PER 28 DAYS                     |
| IMMUNOSUPPRESSIVE AGENTS-TOPICAL    | ELIDEL (PIMECROLIMUS) CREAM 1%                                | TOPICAL DOSE LIMIT               | 30 GRAMS PER 30 DAYS                      |
| IMMUNOSUPPRESSIVE AGENTS-TOPICAL    | PROTOPIC (TACROLIMUS) OINTMENT                                | TOPICAL DOSE LIMIT               | 30 GRAMS PER 30 DAYS                      |

## Quantity Limits

| THERAPEUTIC CLASS                                 | PRODUCT NAME                               | DRUG RESTRICTION TYPE              | PLAN LIMITS                        |
|---------------------------------------------------|--------------------------------------------|------------------------------------|------------------------------------|
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | BYDUREON SRER                              | INJECTABLE DOSE LIMIT              | 4 DOSES PER 28 DAYS                |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | BYETTA PEN SOLN 5MCG/0.02ML, 10 MCG/0.04ML | INJECTABLE DOSE LIMIT              | 1 DEVICE (60 DOSES) PER 30 DAYS    |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | VICTOZA PEN SOLN                           | INJECTABLE DOSE LIMIT              | 9 ML PER 30 DAYS                   |
| INFLAMMATORY BOWEL AGENTS                         | BALSALAZIDE DISODIUM CAPSULES              | DAILY DOSAGE                       | 9 CAPSULES PER DAY                 |
| INFLAMMATORY BOWEL AGENTS                         | MESALAMINE DELAYED RELEASE CAPS            | DAILY DOSAGE                       | 6 CAPSULES PER DAY                 |
| INFLAMMATORY BOWEL AGENTS                         | PENTASA (MESALAMINE) CAPS                  | DAILY DOSAGE                       | 8 CAPSULES PER DAY                 |
| INFLUENZA AGENTS                                  | RELENZA DISKHALER AEPB                     | INHALATION DOSE LIMIT              | 1 INHALER PER 30 DAYS              |
| INFLUENZA AGENTS                                  | OSELTAMIVIR PHOSPHATE CAPS 30 MG           | QUANTITY LIMIT<br>FILL FREQUENCY   | 20 CAPSULES PER 30 DAYS            |
| INFLUENZA AGENTS                                  | OSELTAMIVIR PHOSPHATE CAPS 45 MG, 75 MG    | QUANTITY LIMIT<br>FILL FREQUENCY   | 10 CAPSULES PER 30 DAYS            |
| INFLUENZA AGENTS                                  | OSELTAMIVIR PHOSPHATE SUSPENSION 6 MG/ML   | DAILY DOSE LIMIT<br>FILL FREQUENCY | 25 ML PER DAY<br>125ML PER 30 DAYS |
| INSULIN                                           | ADMELOG (LISPRO) 100UNITS/ML SOLN VIAL     | INJECTABLE DOSE LIMIT              | 50 ML PER 30 DAYS                  |
| INSULIN                                           | APIDRA SOLN VIAL                           | INJECTABLE DOSE LIMIT              | 50 ML PER 30 DAYS                  |
| INSULIN                                           | APIDRA SOLOSTAR PEN                        | INJECTABLE DOSE LIMIT              | 45 ML (3 BOXES) PER 30 DAYS        |
| INSULIN                                           | BASAGLAR (GLARGINE) SOLOSTAR PEN           | INJECTABLE DOSE LIMIT              | 45 ML (3 BOXES) PER 30 DAYS        |
| INSULIN                                           | FIASP (ASPART) FLEXTOUCH PEN               | INJECTABLE DOSE LIMIT              | 45 ML (3 BOXES) PER 30 DAYS        |
| INSULIN                                           | HUMALOG (LISPRO) 100UNITS/ML SOLN VIAL     | INJECTABLE DOSE LIMIT              | 50 ML PER 30 DAYS                  |
| INSULIN                                           | HUMALOG (LISPRO) KWIKPEN                   | INJECTABLE DOSE LIMIT              | 45 ML (3 BOXES) PER 30 DAYS        |
| INSULIN                                           | HUMALOG CARTRIDGE                          | INJECTABLE DOSE LIMIT              | 45 ML (3 BOXES) PER 30 DAYS        |
| INSULIN                                           | HUMALOG MIX KWIKPEN                        | INJECTABLE DOSE LIMIT              | 45 ML (3 BOXES) PER 30 DAYS        |
| INSULIN                                           | HUMALOG MIX VIAL                           | INJECTABLE DOSE LIMIT              | 50 ML PER 30 DAYS                  |
| INSULIN                                           | HUMULIN 70/30 SUSP VIAL                    | INJECTABLE DOSE LIMIT              | 50 ML PER 30 DAYS                  |
| INSULIN                                           | HUMULIN N SUSP VIAL                        | INJECTABLE DOSE LIMIT              | 50 ML PER 30 DAYS                  |
| INSULIN                                           | HUMULIN R SOLN VIAL                        | INJECTABLE DOSE LIMIT              | 50 ML PER 30 DAYS                  |
| INSULIN                                           | HUMULIN R U-500 (CONCENTRATED) KWIKPEN     | INJECTABLE DOSE LIMIT              | 18 ML (3 BOXES) PER 30 DAYS        |
| INSULIN                                           | HUMULIN R U-500 (CONCENTRATED) SOLN VIAL   | INJECTABLE DOSE LIMIT              | 20 ML PER 30 DAYS                  |
| INSULIN                                           | LANTUS (GLARGINE) SOLN VIAL                | INJECTABLE DOSE LIMIT              | 50 ML PER 30 DAYS                  |
| INSULIN                                           | LANTUS (GLARGINE) SOLOSTAR PEN             | INJECTABLE DOSE LIMIT              | 45 ML (3 BOXES) PER 30 DAYS        |
| INSULIN                                           | LEVEMIR (DETEMIR) FLEXTOUCH PEN            | INJECTABLE DOSE LIMIT              | 45 ML (3 BOXES) PER 30 DAYS        |

## Quantity Limits

| THERAPEUTIC CLASS                            | PRODUCT NAME                                                    | DRUG RESTRICTION TYPE                | PLAN LIMITS                 |
|----------------------------------------------|-----------------------------------------------------------------|--------------------------------------|-----------------------------|
| INSULIN                                      | LEVEMIR (DETEMIR) SOLN VIAL                                     | INJECTABLE DOSE LIMIT                | 50 ML PER 30 DAYS           |
| INSULIN                                      | NOVOLIN 70/30 SUSP VIAL                                         | INJECTABLE DOSE LIMIT                | 50 ML PER 30 DAYS           |
| INSULIN                                      | NOVOLOG FLEXPEN SOLN                                            | INJECTABLE DOSE LIMIT                | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN                                      | NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN                        | INJECTABLE DOSE LIMIT                | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN                                      | NOVOLOG MIX 70/30 SUSP VIAL                                     | INJECTABLE DOSE LIMIT                | 50 ML PER 30 DAYS           |
| INSULIN                                      | NOVOLOG PENFILL SOLN CARTRIDGE                                  | INJECTABLE DOSE LIMIT                | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN                                      | NOVOLOG SOLN VIAL                                               | INJECTABLE DOSE LIMIT                | 50 ML PER 30 DAYS           |
| INSULIN                                      | TOUJEO (GLARGINE U-300) SOLOSTAR PEN                            | INJECTABLE DOSE LIMIT                | 9 ML PER 30 DAYS            |
| INSULIN                                      | TRESIBA FLEXTOUCH U-100 PEN                                     | INJECTABLE DOSE LIMIT                | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN                                      | TRESIBA FLEXTOUCH U-200 PEN                                     | INJECTABLE DOSE LIMIT                | 27 ML (3 BOXES) PER 30 DAYS |
| INSULIN SENSITIZING AGENTS                   | ROSIGLITAZONE TABS                                              | DAILY DOSAGE                         | 1 TABLET PER DAY            |
| INTERSTITIAL CYSTITIS AGENTS                 | ELMIRON CAPS                                                    | DAILY DOSAGE                         | 3 CAPSULES PER DAY          |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS | EZETIMIBE TABS                                                  | DAILY DOSAGE                         | 1 TABLET PER DAY            |
| IRON                                         | FER-IN-SOL SOLN (FERROUS SULFATE)                               | ORAL DOSE LIMIT                      | 3.4 ML PER DAY              |
| IRON                                         | FERRETT'S TABS                                                  | DAILY DOSAGE                         | 2 TABLETS PER DAY           |
| IRON                                         | FERROUS FUMARATE TABS                                           | DAILY DOSAGE                         | 2 TABLETS PER DAY           |
| IRON                                         | FERROUS SULFATE ELIX 220 MG/5ML                                 | ORAL DOSE LIMIT                      | 16 ML PER DAY               |
| IRON                                         | FERROUS SULFATE SOLN 15 MG/ML                                   | ORAL DOSE LIMIT                      | 3.4 ML PER DAY              |
| IRON                                         | POLYSACCHARIDE IRON COMPLEX CAPS                                | DAILY DOSAGE                         | 1 CAPSULE PER DAY           |
| KERATOLYTIC/ANTIMITOTIC AGENTS               | PODOFILOX SOLN                                                  | TOPICAL DOSE LIMIT                   | 4 ML PER 7 DAYS             |
| LEUKOTRIENE MODULATORS                       | MONTELUKAST SODIUM PACKET 4 MG                                  | DAILY DOSAGE                         | 1 PACKET PER DAY            |
| LEUKOTRIENE MODULATORS                       | MONTELUKAST SODIUM TABLETS 10MG                                 | DAILY DOSAGE                         | 1 TABLET PER DAY            |
| LEUKOTRIENE MODULATORS                       | ZAFIRLUKAST TABS 10MG, 20MG                                     | DAILY DOSAGE                         | 2 TABLETS PER DAY           |
| LEUKOTRIENE MODULATORS                       | ZILEUTON CR TABS                                                | DAILY DOSAGE                         | 4 TABLETS PER DAY           |
| LIQUID VEHICLES                              | SALINE, BACTERIOSTATIC SOLN                                     | TOPICAL AND/OR INJECTABLE DOSE LIMIT | 10,000 ML PER FILL          |
| LOCAL ANESTHETICS - TOPICAL                  | LIDOCAINE OINTMENT                                              | TOPICAL DOSE LIMIT                   | 100 GRAMS PER 30 DAYS       |
| LOCAL ANESTHETICS - TOPICAL                  | LIDOCAINE-PRILOCAINE CREAM                                      | TOPICAL DOSE LIMIT                   | 30 GRAMS PER 14 DAYS        |
| LOCAL ANESTHETICS - TOPICAL                  | LIDODERM 5% PATCH (LIDOCAINE)                                   | TOPICAL DOSE LIMIT                   | 3 PATCHES PER DAY           |
| MEGLITINIDE ANALOGUES                        | NATEGLINIDE TABS 60 MG, 120 MG                                  | DAILY DOSAGE                         | 3 TABLETS PER DAY           |
| MEGLITINIDE ANALOGUES                        | REPAGLINIDE TABS 1 MG                                           | DAILY DOSAGE                         | 4 TABLETS PER DAY           |
| MEGLITINIDE ANALOGUES                        | REPAGLINIDE TABS 2 MG                                           | DAILY DOSAGE                         | 8 TABLETS PER DAY           |
| METABOLIC MODIFIERS                          | CARNITOR (LEVOCARNITINE (METABOLIC MODIFIERS)) TABS ORAL 330 MG | DAILY DOSAGE                         | 3 TABLETS PER DAY           |

## Quantity Limits

| THERAPEUTIC CLASS                                           | PRODUCT NAME                                                              | DRUG RESTRICTION TYPE            | PLAN LIMITS                              |
|-------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------|------------------------------------------|
| METABOLIC MODIFIERS                                         | CARNITOR (LEVOCARNITINE (METABOLIC MODIFIERS))<br>ORAL SOLUTION 1 GM/10ML | ORAL DOSE LIMIT                  | 30 ML PER DAY                            |
| METABOLIC MODIFIERS                                         | CARNITOR SF SOLN (LEVOCARNITINE (METABOLIC MODIFIERS))                    | ORAL DOSE LIMIT                  | 30 ML PER DAY                            |
| MIGRAINE COMBINATION                                        | SUMATRIPTAN-NAPROXEN SODIUM TABS                                          | QUANTITY LIMIT<br>FILL FREQUENCY | 6 TABLETS PER 30 DAYS                    |
| MIGRAINE PRODUCTS                                           | CAMBIA (DICLOFENAC) PACKET                                                | QUANTITY LIMIT<br>FILL FREQUENCY | 9 DOSES PER 30 DAYS                      |
| MISC. ANTI-ULCER                                            | CARAFATE SUSPENSION 1 GM/10ML                                             | ORAL DOSE LIMIT                  | 40 ML PER DAY                            |
| MISC. TOPICAL INSECT REPELLENT PRODUCTS FOR ZIKA PREVENTION | MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING          | TOPICAL DOSE LIMIT               | 1 BOTTLE PER FILL<br>2 BOTTLES PER MONTH |
| MONOAMINE OXIDASE INHIBITORS (MAOIS)                        | EMSAM ( SELEGILINE ) TRANSDERMAL PATCH                                    | TOPICAL DOSE LIMIT               | 1 PATCH PER DAY                          |
| MONOAMINE OXIDASE INHIBITORS (MAOIS)                        | MARPLAN (TRANLYCYPROMINE SULFATE) TABS                                    | DAILY DOSAGE                     | 6 TABLETS PER DAY                        |
| MULTIPLE SCLEROSIS AGENTS                                   | COPAXONE (GLATIRAMER ACETATE) 40 MG/ML SYRINGE                            | INJECTABLE DOSE LIMIT            | 12 DOSES PER 30 DAYS                     |
| MULTIPLE VITAMINS W/ IRON                                   | MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING          | DAILY DOSAGE                     | 1 TABLET PER DAY                         |
| MULTIPLE VITAMINS W/ MINERALS                               | MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING          | DAILY DOSAGE                     | 1 TABLET PER DAY                         |
| MULTIVITAMINS                                               | MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING          | DAILY DOSAGE                     | 1 TABLET PER DAY                         |
| NASAL ANTICHOLINERGICS                                      | IPRATROPIUM BROMIDE (NASAL) SOLN 0.03 %                                   | TOPICAL DOSE LIMIT               | 1 BOTTLE PER 25 DAYS                     |
| NASAL ANTICHOLINERGICS                                      | IPRATROPIUM BROMIDE (NASAL) SOLN 0.06 %                                   | TOPICAL DOSE LIMIT               | 1 BOTTLE PER 30 DAYS                     |
| NASAL STEROIDS                                              | BECONASE AQ (BECLOMETHASONE DIPROPIONATE) NASAL SUSP                      | TOPICAL DOSE LIMIT               | 1 BOTTLE PER 30 DAYS                     |
| NASAL STEROIDS                                              | FLUNISOLIDE NASAL SOLN 0.025%                                             | TOPICAL DOSE LIMIT               | 1 BOTTLE PER 30 DAYS                     |
| NASAL STEROIDS                                              | NASONEX (MOMETASONE FUROATE) NASAL SUSP                                   | TOPICAL DOSE LIMIT               | 2 BOTTLES PER 30 DAYS                    |
| NASAL STEROIDS                                              | OMNARIS (CICLESONIDE) NASAL SUSPENSION 50MCG/SPRAY                        | TOPICAL DOSE LIMIT               | 1 BOTTLE PER 30 DAYS                     |
| NICOTINIC ACID DERIVATIVES                                  | NIASPAN (NIACIN) CONTROLLED RELEASE TABS 500MG, 750MG, 1000MG             | DAILY DOSAGE                     | 2 TABLETS PER DAY                        |
| NON-BARBITURATE HYPNOTICS                                   | FLURAZEPAM HCL CAPS                                                       | DAILY DOSAGE                     | 1 CAPSULE PER DAY                        |
| NON-BARBITURATE HYPNOTICS                                   | TEMAZEPAM CAPS 15 MG, 30 MG                                               | DAILY DOSAGE                     | 1 CAPSULE PER DAY                        |
| NON-BARBITURATE HYPNOTICS                                   | TRIAZOLAM TABS 0.125 MG, 0.25MG                                           | DAILY DOSAGE                     | 1 TABLET PER DAY                         |
| NON-BARBITURATE HYPNOTICS                                   | ZALEPLON CAPS 5MG, 10MG                                                   | DAILY DOSAGE                     | 1 CAPSULE PER DAY                        |
| NON-BARBITURATE HYPNOTICS                                   | ZOLPIDEM TARTRATE TABS ORAL 5 MG, 10 MG                                   | DAILY DOSAGE                     | 1 TABLET PER DAY                         |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)              | CELECOXIB CAPS 50 MG, 100 MG, 200 MG, 400 MG                              | DAILY DOSAGE                     | 2 CAPSULES PER DAY                       |

## Quantity Limits

| THERAPEUTIC CLASS                              | PRODUCT NAME                                                     | DRUG RESTRICTION TYPE            | PLAN LIMITS                   |
|------------------------------------------------|------------------------------------------------------------------|----------------------------------|-------------------------------|
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | EC-NAPROSYN (NAPROXEN ENTERIC COATED) 375MG, 500MG               | DAILY DOSAGE                     | 2 TABLETS PER DAY             |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | KETOROLAC TROMETHAMINE TABS OR 10 MG                             | QUANTITY LIMIT<br>FILL FREQUENCY | 20 TABLETS PER 30 DAYS        |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | NAPROXEN SODIUM TABS 220 MG                                      | DAILY DOSAGE                     | 2 TABLETS PER DAY             |
| OIL SOLUBLE VITAMINS                           | VITAMIN E CAPS 100 UNIT, 200 UNIT, 400 UNIT                      | DAILY DOSAGE                     | 2 CAPSULES PER DAY            |
| OPHTHALMIC ANTI-INFECTIVES                     | CILOXAN (CIPROFLOXACIN) OPHTHALMIC OINTMENT                      | TOPICAL DOSE LIMIT               | 1 TUBE PER 5 DAYS             |
| OPHTHALMIC ANTI-INFECTIVES                     | NEO-POLYCIN (NEOMYCIN-BACITRACIN-POLYMYXIN) OPHTHALMIC OINTMENT  | TOPICAL DOSE LIMIT               | 1 TUBE PER 5 DAYS             |
| OPHTHALMIC ANTI-INFECTIVES                     | NEOSPORIN (NEOMYCIN-POLYMYXIN-GRAMICIDIN) OPHTHALMIC SOLN        | TOPICAL DOSE LIMIT               | 1 BOTTLE PER 7 DAYS           |
| OPHTHALMIC ANTI-INFECTIVES                     | POLYCIN (BACITRACIN POLYMYXIN B) OPHTHALMIC OINTMENT             | TOPICAL DOSE LIMIT               | 1 TUBE PER 30 DAYS            |
| OPHTHALMIC ANTI-INFECTIVES                     | TOBREX OINT                                                      | TOPICAL DOSE LIMIT               | 1 TUBE PER 5 DAYS             |
| OPHTHALMIC ANTI-INFECTIVES                     | VIGAMOX SOLN (MOXIFLOXACIN HCL (OPHTH))                          | TOPICAL DOSE LIMIT               | 1 BOTTLE (3ML) PER 7 DAYS     |
| OPHTHALMIC ANTI-INFECTIVES                     | VIROPTIC (TRIFLURIDINE) OPHTHALMIC SOLUTION                      | TOPICAL DOSE LIMIT               | 1 BOTTLE (7.5ML) PER 14 DAYS  |
| OPHTHALMIC STEROIDS                            | BLEPHAMIDE S.O.P. OINT                                           | TOPICAL DOSE LIMIT               | 1 TUBE PER 7 DAYS             |
| OPHTHALMIC STEROIDS                            | DEXAMETHASONE SODIUM PHOSPHATE SOLN OP 0.1 %                     | TOPICAL DOSE LIMIT               | 1 BOTTLE (5ML) PER 30 DAYS    |
| OPHTHALMIC STEROIDS                            | FML (FLUOROMETHOLONE) OPHTHALMIC OINTMENT                        | TOPICAL DOSE LIMIT               | 1 TUBE PER 30 DAYS            |
| OPHTHALMIC STEROIDS                            | NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSP                            | TOPICAL DOSE LIMIT               | 1 BOTTLE (7.5ML) PER 5 DAYS   |
| OPHTHALMIC STEROIDS                            | PRED MILD (PREDNISOLONE ACETATE 0.12%) OPHTHALMIC SUSPENSION     | TOPICAL DOSE LIMIT               | 1 BOTTLE (10ML) PER 7 DAYS    |
| OPHTHALMIC STEROIDS                            | TOBRADEX (TOBRAMYCIN DEXAMETHASONE) OPHTHALMIC OINT              | TOPICAL DOSE LIMIT               | 1 TUBE (3.5 GRAMS) PER 5 DAYS |
| OPHTHALMICS - MISC.                            | ALOCRIL OPHTHALMIC OLUTION                                       | TOPICAL DOSE LIMIT               | 5 ML PER 30 DAYS              |
| OPHTHALMICS - MISC.                            | ALOMIDE OPHTHALMIC SOLUTION                                      | TOPICAL DOSE LIMIT               | 10 ML PER 30 DAYS             |
| OPHTHALMICS - MISC.                            | NEVANAC SUSP                                                     | TOPICAL DOSE LIMIT               | 3 ML PER 14 DAYS              |
| OPIOID AGONISTS                                | ACTIQ (FENTANYL CITRATE) LOLLIPOP 1200MCG, 1600MCG               | ORAL DOSE LIMIT                  | 2 UNITS PER DAY               |
| OPIOID AGONISTS                                | ACTIQ (FENTANYL CITRATE) LOLLIPOP 200MCG, 400MCG, 600MCG, 800MCG | ORAL DOSE LIMIT                  | 4 UNITS PER DAY               |
| OPIOID AGONISTS                                | AVINZA (MORPHINE SULFATE) ER CAPSULE 24 HOUR                     | DAILY DOSAGE                     | 1 CAPSULE PER DAY             |
| OPIOID AGONISTS                                | CODEINE SULFATE TABS 30MG, 60MG                                  | DAILY DOSAGE                     | 6 TABLETS PER DAY             |
| OPIOID AGONISTS                                | CONZIP (TRAMADOL HCL) SR 24 HOUR CAPSULE                         | DAILY DOSAGE                     | 1 CAPSULE PER DAY             |

## Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME                                                                                              | DRUG RESTRICTION TYPE            | PLAN LIMITS            |
|-------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------|------------------------|
| OPIOID AGONISTS   | DEMEROL (MEPERIDINE HCL) SOLN 50MG/5ML                                                                    | QUANTITY LIMIT<br>FILL FREQUENCY | 500 ML PER 5 DAYS      |
| OPIOID AGONISTS   | DEMEROL (MEPERIDINE HCL) TABS 50MG, 100MG                                                                 | DAILY DOSAGE                     | 6 TABLETS PER DAY      |
| OPIOID AGONISTS   | DILAUDID (HYDROMORPHONE HCL) SUPPOSITORIES RECTAL 3MG                                                     | QUANTITY LIMIT<br>FILL FREQUENCY | 12 DOSES PER 3 DAYS    |
| OPIOID AGONISTS   | DILAUDID (HYDROMORPHONE HCL) TABS OR 2 MG, 4 MG, 8 MG                                                     | DAILY DOSAGE                     | 8 TABLETS PER DAY      |
| OPIOID AGONISTS   | DOLOPHINE (METHADONE HCL) TABS 10 MG                                                                      | DAILY DOSAGE                     | 10 TABLETS PER DAY     |
| OPIOID AGONISTS   | DURAGESIC (FENTANYL) TRANSDERMAL PATCHES (72HOURS) 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR | QUANTITY LIMIT<br>FILL FREQUENCY | 10 PATCHES PER 30 DAYS |
| OPIOID AGONISTS   | EMBEDA CAPSULE CONTROLLED RELEASE                                                                         | DAILY DOSAGE                     | 2 CAPSULES PER DAY     |
| OPIOID AGONISTS   | EXALGO (HYDROMORPHONE HCL) 24 HOUR TABS 12MG, 16MG                                                        | DAILY DOSAGE                     | 2 TABLETS PER DAY      |
| OPIOID AGONISTS   | EXALGO (HYDROMORPHONE HCL) 24 HOUR TABS 8MG                                                               | DAILY DOSAGE                     | 1 TABLET PER DAY       |
| OPIOID AGONISTS   | KADIAN (MORPHINE SULFATE) CAP CONTROLLED RELEASE 24 HOUR                                                  | DAILY DOSAGE                     | 2 CAPSULES PER DAY     |
| OPIOID AGONISTS   | METHADONE HCL SOLUTION 10MG/5ML                                                                           | ORAL DOSE LIMIT                  | 50 ML PER DAY          |
| OPIOID AGONISTS   | METHADONE HCL SOLUTION 5MG/5ML                                                                            | ORAL DOSE LIMIT                  | 100 ML PER DAY         |
| OPIOID AGONISTS   | METHADONE HCL TABS 40MG                                                                                   | DAILY DOSAGE                     | 2 TABLETS PER DAY      |
| OPIOID AGONISTS   | METHADONE HCL TABS 5 MG                                                                                   | DAILY DOSAGE                     | 4 TABLETS PER DAY      |
| OPIOID AGONISTS   | METHADOSE (METHADONE HCL) CONCENTRATE SOLUTION 10 MG/ML                                                   | ORAL DOSE LIMIT                  | 10 ML PER DAY          |
| OPIOID AGONISTS   | MORPHINE SULFATE SOLN CONCENTRATE OR 100 MG/5ML                                                           | ORAL DOSE LIMIT                  | 10 ML PER DAY          |
| OPIOID AGONISTS   | MORPHINE SULFATE SOLN OR 10 MG/5ML                                                                        | ORAL DOSE LIMIT                  | 100 ML PER DAY         |
| OPIOID AGONISTS   | MORPHINE SULFATE SOLN OR 20 MG/5ML                                                                        | ORAL DOSE LIMIT                  | 50 ML PER DAY          |
| OPIOID AGONISTS   | MS CONTIN (MORPHINE SULFATE) TAB CONTROLLED RELEASE ORAL 15 MG, 30 MG, 60 MG, 100 MG, 200 MG              | DAILY DOSAGE                     | 3 TABLETS PER DAY      |
| OPIOID AGONISTS   | MSIR (MORPHINE SULFATE) IMMEDIATE RELEASE TABS 15 MG, 30 MG                                               | DAILY DOSAGE                     | 6 TABLETS PER DAY      |
| OPIOID AGONISTS   | NUCYNTA (TAPENTADOL HCL) ER TABS 50MG, 100MG, 150MG, 200MG, 250MG                                         | DAILY DOSAGE                     | 2 TABLETS PER DAY      |
| OPIOID AGONISTS   | NUCYNTA (TAPENTADOL HCL) TABS 50MG, 75MG, 100MG                                                           | DAILY DOSAGE                     | 6 TABLETS PER DAY      |
| OPIOID AGONISTS   | OPANA (OXYMORPHONE HCL) TABS 10MG                                                                         | DAILY DOSAGE                     | 12 TABLETS PER DAY     |
| OPIOID AGONISTS   | OPANA (OXYMORPHONE HCL) TABS 5MG                                                                          | DAILY DOSAGE                     | 6 TABLETS PER DAY      |
| OPIOID AGONISTS   | OXYCODONE HCL CAPS 5 MG                                                                                   | DAILY DOSAGE                     | 6 CAPSULES PER DAY     |
| OPIOID AGONISTS   | OXYCODONE HCL CONCENTRATE SOLN 100 MG/5ML                                                                 | ORAL DOSE LIMIT                  | 6 ML PER DAY           |
| OPIOID AGONISTS   | OXYCODONE HCL SOLN 5 MG/5ML                                                                               | ORAL DOSE LIMIT                  | 30 ML PER DAY          |

## Quantity Limits

| THERAPEUTIC CLASS   | PRODUCT NAME                                                                                 | DRUG RESTRICTION TYPE   | PLAN LIMITS                  |
|---------------------|----------------------------------------------------------------------------------------------|-------------------------|------------------------------|
| OPIOID AGONISTS     | OXYCODONE HCL TABS 5 MG, 10 MG, 15 MG, 20 MG, 30 MG                                          | DAILY DOSAGE            | 6 TABLETS PER DAY            |
| OPIOID AGONISTS     | OXYCONTIN (OXYCODONE HCL) EXTENDED RELEASE TABS                                              | DAILY DOSAGE            | 2 TABLETS PER DAY            |
| OPIOID AGONISTS     | OXYMORPHONE HCL EXTENDED RELEASE TABS 5 MG, 10 MG, 15 MG, 20 MG, 30 MG, 7.5 MG               | DAILY DOSAGE            | 2 TABLETS PER DAY            |
| OPIOID AGONISTS     | OXYMORPHONE HCL EXTENDED RELEASE TABS 40 MG                                                  | DAILY DOSAGE            | 4 TABLETS PER DAY            |
| OPIOID AGONISTS     | ROXICODONE (OXYCODONE HCL) TABS 15MG, 30MG                                                   | DAILY DOSAGE            | 6 TABLETS PER DAY            |
| OPIOID AGONISTS     | TRAMADOL HCL TB24 100 MG, 200 MG, 300 MG                                                     | DAILY DOSAGE            | 1 TABLET PER DAY             |
| OPIOID AGONISTS     | ULTRAM (TRAMADOL HCL) TABS 50 MG                                                             | DAILY DOSAGE            | 8 TABLETS PER DAY            |
| OPIOID ANTAGONISTS  | NALOXONE 0.4MG/ML CARPUJECT, VIAL                                                            | QUANTITY LIMIT PER FILL | 2 ML PER FILL                |
| OPIOID ANTAGONISTS  | NARCAN 4MG NASAL SPRAY                                                                       | QUANTITY LIMIT PER FILL | 1 PACKAGE (2 UNITS) PER FILL |
| OPIOID COMBINATIONS | ACETAMINOPHEN W/ CODEINE SOLN 120MG/5ML-12MG/5ML                                             | ORAL DOSE LIMIT         | 75 ML PER DAY                |
| OPIOID COMBINATIONS | ACETAMINOPHEN W/ CODEINE TABS 300MG-15MG                                                     | DAILY DOSAGE            | 13 TABLETS PER DAY           |
| OPIOID COMBINATIONS | ACETAMINOPHEN W/ CODEINE TABS 300MG-30MG                                                     | DAILY DOSAGE            | 12 TABLETS PER DAY           |
| OPIOID COMBINATIONS | ACETAMINOPHEN W/ CODEINE TABS 300MG-60MG                                                     | DAILY DOSAGE            | 6 TABLETS PER DAY            |
| OPIOID COMBINATIONS | FIORICET W/ CODEINE (BUTALBITAL-ACETAMINOPHEN-CAFFEINE W/ CODEINE) CAPS 325MG-50MG-40MG-30MG | DAILY DOSAGE            | 6 CAPSULES PER DAY           |
| OPIOID COMBINATIONS | FIORINAL W/ CODEINE (BUTALBITAL-ASPIRIN-CAFFEINE W/COD) CAPS                                 | DAILY DOSAGE            | 6 CAPSULES PER DAY           |
| OPIOID COMBINATIONS | HYDROCODONE-ACETAMINOPHEN SOLN 7.5MG/15ML-325MG/15ML                                         | ORAL DOSE LIMIT         | 180 ML PER DAY               |
| OPIOID COMBINATIONS | HYDROCODONE-ACETAMINOPHEN TABS 10MG-300MG, 10MG-325MG                                        | DAILY DOSAGE            | 6 TABLETS PER DAY            |
| OPIOID COMBINATIONS | HYDROCODONE-ACETAMINOPHEN TABS 5MG-300MG, 5MG-325MG                                          | DAILY DOSAGE            | 10 TABLETS PER DAY           |
| OPIOID COMBINATIONS | HYDROCODONE-ACETAMINOPHEN TABS 7.5MG-300MG, 7.5MG-325MG                                      | DAILY DOSAGE            | 8 TABLETS PER DAY            |
| OPIOID COMBINATIONS | HYDROCODONE-IBUPROFEN TABS 200MG-5MG, 200MG-10MG, 200MG-7.5MG                                | DAILY DOSAGE            | 5 TABLETS PER DAY            |
| OPIOID COMBINATIONS | OXYCODONE W/ ACETAMINOPHEN TABS 5MG-325MG, 10MG-325MG, 2.5MG-325MG, 7.5MG-325MG              | DAILY DOSAGE            | 12 TABLETS PER DAY           |
| OPIOID COMBINATIONS | OXYCODONE-IBUPROFEN TABS 5-400MG                                                             | DAILY DOSAGE            | 4 TABLETS PER DAY            |
| OPIOID COMBINATIONS | PERCODAN (OXYCODONE-ASPIRIN) TABS                                                            | DAILY DOSAGE            | 12 TABLETS PER DAY           |
| OPIOID COMBINATIONS | ULTRACET (TRAMADOL-ACETAMINOPHEN) TABS                                                       | DAILY DOSAGE            | 4 TABLETS PER DAY            |

## Quantity Limits

| THERAPEUTIC CLASS            | PRODUCT NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DRUG RESTRICTION TYPE | PLAN LIMITS           |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| OPIOID PARTIAL AGONISTS      | BUTRANS (BUPRENORPHINE) PATCH WK 5 MCG/HR, 10 MCG/HR, 20 MCG/HR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TOPICAL DOSE LIMIT    | 4 PATCHES PER 28 DAYS |
| OPIOID PARTIAL AGONISTS      | NALBUPHINE HCL SOLN 10 MG/ML, 20 MG/ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ORAL DOSE LIMIT       | 8 ML PER DAY          |
| OPIOID PARTIAL AGONISTS      | PENTAZOCINE-NALOXONE TABS 50MG-0.5MG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DAILY DOSAGE          | 12 TABLETS PER DAY    |
| OPIOID PARTIAL AGONISTS      | SUBOXONE (BUPRENORPHINE-NALOXONE) FILM SL 8MG-2MG, 2MG-0.5MG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ORAL DOSE LIMIT       | 3 FILMS PER DAY       |
| OPIOID PARTIAL AGONISTS      | SUBOXONE (BUPRENORPHINE-NALOXONE) TABS SL 8MG-2MG, 2MG-0.5MG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DAILY DOSAGE          | 3 TABLETS PER DAY     |
| OPIOID PARTIAL AGONISTS      | SUBUTEX (BUPRENORPHINE HCL) SUBL SL 2 MG, 8 MG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DAILY DOSAGE          | 3 TABLETS PER DAY     |
| OTIC AGENTS- MISCELLANEOUS   | VOSOL (ACETIC ACID) OTIC SOLUTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TOPICAL DOSE LIMIT    | 15 ML PER 30 DAYS     |
| OTIC COMBINATIONS            | CIPRODEX SUSP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TOPICAL DOSE LIMIT    | 8 ML PER 7 DAYS       |
| OTIC COMBINATIONS            | NEOMYCIN-POLYMYXIN-HC (OTIC) SOLN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TOPICAL DOSE LIMIT    | 10 ML PER 10 DAYS     |
| OTIC COMBINATIONS            | VOSOL HC (ACETIC ACID- HYDROCORTISONE) OTIC SOLUTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TOPICAL DOSE LIMIT    | 10 ML PER 7 DAYS      |
| PED MULTI VITAMINS W/FL & FE | PED MULTIVITAMINS W/FL & IRON SOLN 10MG/ML-0.25MG/ML-5UNIT/ML-0.6MG/ML-8MG/ML-1500UNIT/ML-400UNIT/ML-0.5MG/ML-0.4MG/ML-35MG/ML, 10MG/ML-5UNIT/ML-0.25MG/ML-0.6MG/ML-8MG/ML-1500UNIT/ML-400UNIT/ML-0.5MG/ML-0.4MG/ML-35MG/ML, 10MG/ML-5UNIT/ML-0.25MG/ML-8MG/ML-0.6MG/ML-1500UNIT/ML-400UNIT/ML-0.5MG/ML-0.4MG/ML-35MG/ML, 5UNIT/ML-10MG/ML-0.25MG/ML-8MG/ML-0.6MG/ML-1500UNIT/ML-400UNIT/ML-0.5MG/ML-0.4MG/ML-35MG/ML                                                                                                                                                                                                                                                                                                  | ORAL DOSE LIMIT       | 50 ML PER 30 DAYS     |
| PED MV W/ FLUORIDE           | FLORIVA PLUS (PEDIATRIC MULTIVITAMINS W/FL) SOLN 0.25MG/ML-5UNIT/ML-0.6MG/ML-8MG/ML-1500UNIT/ML-2MCG/ML-400UNIT/ML-0.5MG/ML-0.4MG/ML-35MG/ML, 0.25MG/ML-5UNIT/ML-8MG/ML-0.6MG/ML-1500UNIT/ML-2MCG/ML-400UNIT/ML-0.5MG/ML-0.4MG/ML-35MG/ML, 0.5MG/ML-5UNIT/ML-0.6MG/ML-8MG/ML-1500UNIT/ML-2MCG/ML-400UNIT/ML-0.5MG/ML-0.4MG/ML-35MG/ML, 0.5MG/ML-5UNIT/ML-8MG/ML-0.6MG/ML-1500UNIT/ML-2MCG/ML-400UNIT/ML-0.5MG/ML-0.4MG/ML-35MG/ML, 5UNIT/ML-0.5MG/ML-0.6MG/ML-8MG/ML-1500UNIT/ML-2MCG/ML-400UNIT/ML-0.5MG/ML-0.4MG/ML-35MG/ML, 5UNIT/ML-0.5MG/ML-8MG/ML-0.6MG/ML-1500UNIT/ML-2MCG/ML-400UNIT/ML-0.5MG/ML-0.4MG/ML-35MG/ML, 5UNIT/ML-0.25MG/ML-0.6MG/ML-8MG/ML-1500UNIT/ML-2MCG/ML-400UNIT/ML-0.5MG/ML-0.4MG/ML-35MG/ML | ORAL DOSE LIMIT       | 50 ML PER 30 DAYS     |

## Quantity Limits

| THERAPEUTIC CLASS  | PRODUCT NAME                                                                                                                                                                                                                                                                   | DRUG RESTRICTION TYPE            | PLAN LIMITS            |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------|
| PED MV W/ FLUORIDE | MULTIVITAMIN/FLUORIDE CHEW 0.25MG-2500UNIT-13.5MG-1.2MG-4.5MCG-400UNIT-1.05MG-0.3MG-15UNIT-1.05MG-60MG, 0.5MG-2500UNIT-13.5MG-1.2MG-4.5MCG-400UNIT-1.05MG-0.3MG-15UNIT-1.05MG-60MG                                                                                             | DAILY DOSAGE                     | 30 TABLETS PER 30 DAYS |
| PED MV W/ FLUORIDE | MULTIVITAMIN/FLUORIDE CHEW 1MG-2500UNIT-13.5MG-1.2MG-4.5MCG-400UNIT-1.05MG-0.3MG-15UNIT-1.05MG-60MG                                                                                                                                                                            | DAILY DOSAGE                     | 30 TABLETS PER 30 DAYS |
| PED MV W/ FLUORIDE | PEDIATRIC MULTIVITAMINS W/FL CHEW 0.5MG-2500UNIT-13.5MG-1.2MG-4.5MCG-400UNIT-1.05MG-0.3MG-15UNIT-1.05MG-60MG, 15UNIT-0.25MG-2500UNIT-13.5MG-1.2MG-4.5MCG-400UNIT-1.05MG-0.3MG-1.05MG-60MG                                                                                      | DAILY DOSAGE                     | 30 TABLETS PER 30 DAYS |
| PED MV W/ FLUORIDE | PEDIATRIC MULTIVITAMINS W/FL CHEW 15UNIT-1MG-2500UNIT-13.5MG-1.2MG-4.5MCG-400UNIT-1.05MG-0.3MG-1.05MG-60MG                                                                                                                                                                     | DAILY DOSAGE                     | 30 TABLETS PER 30 DAYS |
| PED MV W/ FLUORIDE | PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.25MG/ML-1500UNIT/ML-400UNIT/ML-35MG/ML                                                                                                                                                                                               | QUANTITY LIMIT<br>FILL FREQUENCY | 500 ML PER 31 DAYS     |
| PED MV W/ FLUORIDE | QUFLORA PEDIATRIC CHEW (MULTIVITAMIN/FLUORIDE CHEW) 108MCG-1MG-15UNIT-0.5MG-15MG-1200UNIT-5MG-1.3MG-4MCG-400UNIT-1.2MG-100MCG-1.5MG-60MG, 108MCG-1MG-15UNIT-0.25MG-15MG-1200UNIT-5MG-1.3MG-4MCG-400UNIT-1.2MG-100MCG-1.5MG-60MG                                                | DAILY DOSAGE                     | 1 TABLET PER DAY       |
| PED MV W/ FLUORIDE | QUFLORA PEDIATRIC CHEW (MULTIVITAMIN/FLUORIDE CHEW) 1MG-2500UNIT-13.5MG-1.2MG-4.5MCG-400UNIT-1.05MG-0.3MG-15UNIT-1.05MG-60MG                                                                                                                                                   | QUANTITY LIMIT<br>FILL FREQUENCY | 50 TABLETS PER 30 DAYS |
| PED MV W/ FLUORIDE | QUFLORA PEDIATRIC SOLN 150MCG/ML-1MG/ML-0.5MG/ML-12MG/ML-1100UNIT/ML-2MG/ML-1MG/ML-3MCG/ML-400UNIT/ML-1MG/ML-81MCG/ML-12UNIT/ML-1MG/ML-45MG/ML, 65MCG/ML-1MG/ML-0.25MG/ML-10MG/ML-1000UNIT/ML-0.8MG/ML-0.6MG/ML-2MCG/ML-400UNIT/ML-0.5MG/ML-35MCG/ML-5UNIT/ML-0.4MG/ML-35MG/ML | ORAL DOSE LIMIT                  | 50 ML PER 30 DAYS      |

## Quantity Limits

| THERAPEUTIC CLASS           | PRODUCT NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DRUG RESTRICTION TYPE            | PLAN LIMITS            |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------|
| PEDIATRIC MULTIPLE VITAMINS | PEDIATRIC MULTIPLE VITAMIN W/ C & FA CHEW<br>15UNIT-400UNIT-13.5MG-1.2MG-2500UNIT-4.5MCG-<br>0.3MG-60MG, 15UNIT-0.75MG-2500UNIT-5MG-0.85MG-<br>3MCG-200UNIT-200MCG-1MG-30MG, 15UNIT-5MG-<br>1.05MG-10MG-1.2MG-4.5MCG-400UNIT-300MCG-<br>1.05MG-60MG, 15UNIT-1.05MG-1998UNIT-10MG-1.2MG-<br>4.5MCG-400UNIT-300MCG-1.05MG-60MG, 15UNIT-<br>1.05MG-13.5MG-1.2MG-2500UNIT-4.5MCG-400UNIT-<br>0.3MG-1.05MG-60MG, 15UNIT-1.05MG-60MG-2500UNIT-<br>13.5MG-1.2MG-4.5MCG-400UNIT-0.3MG-1.05MG,<br>15UNIT-2500UNIT-13.5MG-1.2MG-4.5MCG-400UNIT-<br>1.05MG-0.3MG-1.05MG-60MG, 15UNIT-1.05MG-<br>2500UNIT-13.5MG-1.2MG-4.5MCG-300MCG-1.05MG-<br>60MG-400UNIT, 15UNIT-2500UNIT-1.2MG-4.5MCG-<br>400UNIT-1.05MG-13.5MG-300MCG-1.05MG-60MG,<br>10MG-400UNIT-1.05MG-60MG-1998UNIT-10MG-1.2MG-<br>4.5MCG-300MCG-15UNIT-1.05MG | DAILY DOSAGE                     | 30 TABLETS PER 30 DAYS |
| PEDIATRIC MULTIPLE VITAMINS | PEDIATRIC MULTIPLE VITAMIN W/ C & FA CHEW<br>15UNIT-400UNIT-13.5MG-1.2MG-2500UNIT-4.5MCG-<br>0.3MG-60MG, 15UNIT-1.05MG-60MG-2500UNIT-13.5MG-<br>1.2MG-4.5MCG-400UNIT-0.3MG-1.05MG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DAILY DOSAGE                     | 30 TABLETS PER 30 DAYS |
| PENICILLIN COMBINATIONS     | AUGMENTIN (AMOXICILLIN & POT CLAVULANATE)<br>CHEW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | QUANTITY LIMIT PER FILL          | 20 TABLETS PER FILL    |
| PENICILLIN COMBINATIONS     | AUGMENTIN (AMOXICILLIN & POT CLAVULANATE)<br>TABS 250MG-125MG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | QUANTITY LIMIT PER FILL          | 30 TABLETS PER FILL    |
| PENICILLIN COMBINATIONS     | AUGMENTIN XR (AMOXICILLIN & POT CLAVULANATE)<br>TAB 12 HOUR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | QUANTITY LIMIT<br>FILL FREQUENCY | 40 TABLETS PER 30 DAYS |
| PHENOTHIAZINES              | CHLORPROMAZINE HCL TABS OR 10 MG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DAILY DOSAGE                     | 80 TABLETS PER DAY     |
| PHENOTHIAZINES              | CHLORPROMAZINE HCL TABS OR 100 MG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DAILY DOSAGE                     | 8 TABLETS PER DAY      |
| PHENOTHIAZINES              | CHLORPROMAZINE HCL TABS OR 200 MG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DAILY DOSAGE                     | 4 TABLETS PER DAY      |
| PHENOTHIAZINES              | CHLORPROMAZINE HCL TABS OR 25 MG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ORAL DOSE LIMIT                  | 32 TABLETS PER DAY     |
| PHENOTHIAZINES              | CHLORPROMAZINE HCL TABS OR 50 MG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DAILY DOSAGE                     | 16 TABLETS PER DAY     |
| PHENOTHIAZINES              | COMPAZINE (PROCHLORPERAZINE) SUPP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TOPICAL DOSE LIMIT               | 2 DOSES PER DAY        |
| PHENOTHIAZINES              | PERPHENAZINE TABS 2 MG, 4 MG, 8 MG, 16 MG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DAILY DOSAGE                     | 4 TABLETS PER DAY      |
| PHENOTHIAZINES              | THIORIDAZINE HCL TABS 10 MG, 25 MG, 50 MG, 100<br>MG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DAILY DOSAGE                     | 3 TABLETS PER DAY      |
| PHENOTHIAZINES              | TRIFLUOPERAZINE HCL TABS 1 MG, 2 MG, 5 MG, 10<br>MG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DAILY DOSAGE                     | 3 TABLETS PER DAY      |
| PHOSPHATE                   | K-PHOS NEUTRAL TABS (POT PHOSPHATE<br>MONOBASIC W/ SOD PHOSPHATE DIBASIC &<br>MONOBASIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DAILY DOSAGE                     | 8 TABLETS PER DAY      |
| PHOSPHATE                   | POT PHOSPHATE MONOBASIC W/ SOD<br>PHOSPHATE DIBASIC & MONOBASIC TABS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DAILY DOSAGE                     | 8 TABLETS PER DAY      |

## Quantity Limits

| THERAPEUTIC CLASS                     | PRODUCT NAME                                                                        | DRUG RESTRICTION TYPE            | PLAN LIMITS                         |
|---------------------------------------|-------------------------------------------------------------------------------------|----------------------------------|-------------------------------------|
| PHOSPHATE BINDER AGENTS               | RENAGEL TABS 800 MG                                                                 | ORAL DOSE LIMIT                  | 480 TABLETS PER 30 DAYS             |
| PLATELET AGGREGATION INHIBITORS       | EFFIENT (PRASUGREL HCL) TABS 5 MG, 10 MG                                            | DAILY DOSAGE                     | 1 TABLET PER DAY                    |
| POSTERIOR PITUITARY HORMONES          | DDAVP (DESMOPRESSIN ACETATE SPRAY) SOLN NASAL 0.01%                                 | TOPICAL DOSE LIMIT               | 5 ML PER 25 DAYS                    |
| POSTERIOR PITUITARY HORMONES          | DDAVP (DESMOPRESSIN ACETATE) TABS OR 0.1 MG                                         | DAILY DOSAGE                     | 8 TABLETS PER DAY                   |
| POSTERIOR PITUITARY HORMONES          | DDAVP (DESMOPRESSIN ACETATE) TABS OR 0.2 MG                                         | DAILY DOSAGE                     | 6 TABLETS PER DAY                   |
| POSTERIOR PITUITARY HORMONES          | DESMOPRESSIN ACETATE SPRAY REFRIGERATED SOLN                                        | TOPICAL DOSE LIMIT               | 5 ML PER 25 DAYS                    |
| POTASSIUM REMOVING AGENTS             | SODIUM POLYSTYRENE SULFONATE POWD ORAL                                              | QUANTITY LIMIT<br>FILL FREQUENCY | 1 BOTTLE (454 GRAMS)<br>PER 30 DAYS |
| PRENATAL VITAMINS                     | COMPLETENATE CHEW                                                                   | DAILY DOSAGE                     | 1 TABLET PER DAY                    |
| PRENATAL VITAMINS                     | SE-NATAL 19 CHEW                                                                    | DAILY DOSAGE                     | 1 TABLET PER DAY                    |
| PRENATAL VITAMINS                     | SE-NATAL 19 TABS                                                                    | DAILY DOSAGE                     | 1 TABLET PER DAY                    |
| PRENATAL VITAMINS                     | THRIVITE 19 TABS                                                                    | DAILY DOSAGE                     | 1 TABLET PER DAY                    |
| PRENATAL VITAMINS                     | THRIVITE RX TABS                                                                    | DAILY DOSAGE                     | 1 TABLET PER DAY                    |
| PRENATAL VITAMINS                     | TRIADVANCE TABS                                                                     | DAILY DOSAGE                     | 1 TABLET PER DAY                    |
| PRENATAL VITAMINS                     | TRICARE TABS                                                                        | DAILY DOSAGE                     | 1 TABLET PER DAY                    |
| PRENATAL VITAMINS                     | TRINATAL GT TABS                                                                    | DAILY DOSAGE                     | 1 TABLET PER DAY                    |
| PRENATAL VITAMINS                     | TRINATAL RX 1 TABS                                                                  | DAILY DOSAGE                     | 1 TABLET PER DAY                    |
| PRENATAL VITAMINS                     | VINATE ONE TABS                                                                     | DAILY DOSAGE                     | 1 TABLET PER DAY                    |
| PRENATAL VITAMINS                     | VITAFOL-OB TABS                                                                     | DAILY DOSAGE                     | 1 TABLET PER DAY                    |
| PRENATAL VITAMINS                     | VOL-PLUS TABS                                                                       | DAILY DOSAGE                     | 1 TABLET PER DAY                    |
| PRENATAL VITAMINS                     | VOL-TAB RX TABS                                                                     | DAILY DOSAGE                     | 1 TABLET PER DAY                    |
| PROGESTIN CONTRACEPTIVES - IMPLANTS   | NEXPLANON IMPL                                                                      | FILL FREQUENCY                   | 1 DEVICE PER 365 DAYS               |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | DEPO-PROVERA (MEDROXYPROGESTERONE ACETATE) SUSPENSION SYRINGE, VIAL (CONTRACEPTIVE) | INJECTABLE DOSE LIMIT            | 1 DOSE PER FILL                     |
| PROGESTIN CONTRACEPTIVES - IUD        | MIRENA IUD                                                                          | FILL FREQUENCY                   | 1 DEVICE PER 365 DAYS               |
| PROGESTIN CONTRACEPTIVES - IUD        | SKYLA IUD                                                                           | FILL FREQUENCY                   | 1 DEVICE PER 365 DAYS               |
| PROGESTINS                            | MAKENA OIL                                                                          | INJECTABLE DOSE LIMIT            | 2 DOSES PER 14 DAYS                 |
| PROGESTINS                            | PROMETRIUM (PROGESTERONE MICRONIZED) CAPS 200 MG                                    | DAILY DOSAGE                     | 1 CAPSULE PER DAY                   |
| PROGESTINS                            | PROMETRIUM (PROGESTERONE MICRONIZED) CAPS 100 MG                                    | DAILY DOSAGE                     | 1 CAPSULE PER DAY                   |
| PROTON PUMP INHIBITORS                | ACIPHEX (RABEPRAZOLE SODIUM) TABLET EC                                              | DAILY DOSAGE                     | 1 TABLET PER DAY                    |
| PROTON PUMP INHIBITORS                | DEXILANT (DEXLANSOPRAZOLE) CPDR 30 MG, 60 MG                                        | DAILY DOSAGE                     | 1 CAPSULE PER DAY                   |
| PROTON PUMP INHIBITORS                | NEXIUM (ESOMEPRAZOLE MAGNESIUM) CPDR 20 MG                                          | DAILY DOSAGE                     | 2 CAPSULES PER DAY                  |

## Quantity Limits

| THERAPEUTIC CLASS                                                                         | PRODUCT NAME                                                      | DRUG RESTRICTION TYPE | PLAN LIMITS                  |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------|------------------------------|
| PROTON PUMP INHIBITORS                                                                    | NEXIUM (ESOMEPRAZOLE MAGNESIUM) CPDR 40 MG                        | DAILY DOSAGE          | 1 CAPSULE PER DAY            |
| PROTON PUMP INHIBITORS                                                                    | NEXIUM PACKET 10 MG, 20 MG, 40 MG                                 | DAILY DOSAGE          | 1 PACKET PER DAY             |
| PROTON PUMP INHIBITORS                                                                    | OMEPRAZOLE MAGNESIUM CPDR 20.6 MG                                 | DAILY DOSAGE          | 2 CAPSULES PER DAY           |
| PROTON PUMP INHIBITORS                                                                    | PREVACID (LANSOPRAZOLE) CPDR 15 MG                                | DAILY DOSAGE          | 2 CAPSULES PER DAY           |
| PROTON PUMP INHIBITORS                                                                    | PREVACID (LANSOPRAZOLE) CPDR 30 MG                                | DAILY DOSAGE          | 1 CAPSULE PER DAY            |
| PROTON PUMP INHIBITORS                                                                    | PREVACID SOLUTAB TABLET DISPERSABLE 15 MG (LANSOPRAZOLE)          | DAILY DOSAGE          | 2 TABLETS PER DAY            |
| PROTON PUMP INHIBITORS                                                                    | PREVACID SOLUTAB TABLET DISPERSABLE 30 MG (LANSOPRAZOLE)          | DAILY DOSAGE          | 1 TABLET PER DAY             |
| PROTON PUMP INHIBITORS                                                                    | PRILOSEC (OMEPRAZOLE) CAPS DR 10 MG, 20MG, 40 MG                  | DAILY DOSAGE          | 2 CAPSULES PER DAY           |
| PROTON PUMP INHIBITORS                                                                    | PRILOSEC OTC (OMEPRAZOLE) TABLET ENTERIC COATED 20 MG             | DAILY DOSAGE          | 2 TABLETS PER DAY            |
| PROTON PUMP INHIBITORS                                                                    | PROTONIX (PANTOPRAZOLE SODIUM) TBEC OR 20 MG, 40 MG               | DAILY DOSAGE          | 2 TABLETS PER DAY            |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.                                         | ORAP (PIMOZIDE) TABS 1MG                                          | DAILY DOSAGE          | 10 TABLETS PER DAY           |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.                                         | ORAP (PIMOZIDE) TABS 2MG                                          | DAILY DOSAGE          | 5 TABLETS PER DAY            |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS                                     | REVATIO (SILDENAFIL CITRATE) (PULMONARY HYPERTENSION) TABS        | DAILY DOSAGE          | 3 TABLETS PER DAY            |
| PYRIMIDINE SYNTHESIS INHIBITORS                                                           | ARAVA (LEFLUNOMIDE) TABLETS 10MG, 20MG                            | DAILY DOSAGE          | 1 TABLET PER DAY             |
| QUINOLINONE DERIVATIVES                                                                   | ABILIFY (ARIPIRAZOLE) ORAL SOLUTION 1MG/ML                        | ORAL DOSE LIMIT       | 25 ML PER DAY                |
| QUINOLINONE DERIVATIVES                                                                   | ABILIFY (ARIPIRAZOLE) TABS 2 MG, 5 MG, 10 MG, 15 MG, 20 MG, 30 MG | DAILY DOSAGE          | 1 TABLET PER DAY             |
| QUINOLINONE DERIVATIVES                                                                   | ABILIFY DISCMELT (ARIPIRAZOLE) ORAL DISINTEGRATING TABLET         | DAILY DOSAGE          | 1 TABLET PER DAY             |
| RESPIRATORY THERAPY SUPPLIES- SPACERS, MASKS, MOUTHPIECE DEVICES, VALVED HOLDING CHAMBERS | MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING  | FILL FREQUENCY        | 2 DEVICES PER 365 DAYS       |
| ROSACEA AGENTS                                                                            | METROCREAM (METRONIDAZOLE) TOPICAL CREAM 0.75 %                   | TOPICAL DOSE LIMIT    | 1 TUBE (45GM) PER 30 DAYS    |
| ROSACEA AGENTS                                                                            | METROGEL (METRONIDAZOLE) TOPICAL GEL 0.75 %                       | TOPICAL DOSE LIMIT    | 2 TUBE (45GM) PER 30 DAYS    |
| SCABICIDES & PEDICULICIDES                                                                | EURAX CREAM                                                       | TOPICAL DOSE LIMIT    | 60 GRAMS PER 30 DAYS         |
| SCABICIDES & PEDICULICIDES                                                                | MALATHION LOTN                                                    | TOPICAL DOSE LIMIT    | 59 ML PER 9 DAYS             |
| SCABICIDES & PEDICULICIDES                                                                | NATROBA SUSPENSION                                                | TOPICAL DOSE LIMIT    | 120 ML PER 7 DAYS            |
| SCABICIDES & PEDICULICIDES                                                                | PERMETHRIN CREA 5 %                                               | TOPICAL DOSE LIMIT    | 1 TUBE (60 GRAMS) PER 7 DAYS |
| SCABICIDES & PEDICULICIDES                                                                | SKLICE LOTION                                                     | TOPICAL DOSE LIMIT    | 120 GRAMS PER 14 DAYS        |

## Quantity Limits

| THERAPEUTIC CLASS                                  | PRODUCT NAME                                                                    | DRUG RESTRICTION TYPE            | PLAN LIMITS            |
|----------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------|------------------------|
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) | EPLERENONE TABS 25 MG, 50 MG                                                    | DAILY DOSAGE                     | 2 TABLETS PER DAY      |
| SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS    | DALIRESP TABS                                                                   | DAILY DOSAGE                     | 1 TABLET PER DAY       |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)    | CITALOPRAM HYDROBROMIDE SOLN 10 MG/5ML                                          | ORAL DOSE LIMIT                  | 20 ML PER DAY          |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)    | CITALOPRAM HYDROBROMIDE TABS 10 MG, 20 MG, 40 MG                                | DAILY DOSAGE                     | 1 TABLET PER DAY       |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)    | ESCITALOPRAM OXALATE SOLN 5 MG/5ML                                              | ORAL DOSE LIMIT                  | 20 ML PER DAY          |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)    | ESCITALOPRAM OXALATE TABS 10 MG                                                 | DAILY DOSAGE                     | 2 TABLETS PER DAY      |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)    | ESCITALOPRAM OXALATE TABS 20 MG                                                 | DAILY DOSAGE                     | 1 TABLET PER DAY       |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)    | ESCITALOPRAM OXALATE TABS 5 MG                                                  | DAILY DOSAGE                     | 4 TABLETS PER DAY      |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)    | FLUOXETINE HCL DELAYED RELEASE CAPSULES 90MG                                    | QUANTITY LIMIT<br>FILL FREQUENCY | 4 CAPSULES PER 28 DAYS |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)    | FLUVOXAMINE MALEATE CP24 100 MG, 150 MG                                         | DAILY DOSAGE                     | 2 TABLETS PER DAY      |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)    | FLUVOXAMINE MALEATE TABS 25 MG, 50 MG, 100 MG                                   | DAILY DOSAGE                     | 3 TABLETS PER DAY      |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)    | PAROXETINE SUSPENSION 10MG/5ML                                                  | ORAL DOSE LIMIT                  | 30 ML PER DAY          |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)    | SERTRALINE HCL CONC 20 MG/ML LIQUID                                             | ORAL DOSE LIMIT                  | 10 ML PER DAY          |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)    | SERTRALINE HCL TABS 100 MG                                                      | DAILY DOSAGE                     | 2 TABLETS PER DAY      |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)    | SERTRALINE HCL TABS 25 MG                                                       | DAILY DOSAGE                     | 8 TABLETS PER DAY      |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)    | SERTRALINE HCL TABS 50 MG                                                       | DAILY DOSAGE                     | 4 TABLETS PER DAY      |
| SEROTONIN AGONISTS                                 | NARATRIPTAN HCL TABS 1MG, 2.5MG                                                 | QUANTITY LIMIT<br>FILL FREQUENCY | 9 TABLETS PER 30 DAYS  |
| SEROTONIN AGONISTS                                 | ALMOTRIPTAN MALATE TABS                                                         | QUANTITY LIMIT<br>FILL FREQUENCY | 6 TABLETS PER 30 DAYS  |
| SEROTONIN AGONISTS                                 | FROVASTRIPTAN SUCCINATE TABS                                                    | QUANTITY LIMIT<br>FILL FREQUENCY | 6 TABLETS PER 30 DAYS  |
| SEROTONIN AGONISTS                                 | SUMATRIPTAN SUCCINATE NASAL SOLN 5 MG/ACT, 20 MG/ACT                            | QUANTITY LIMIT<br>FILL FREQUENCY | 6 DOSES PER 30 DAYS    |
| SEROTONIN AGONISTS                                 | SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE SC 4 MG/0.5ML, 6 MG/0.5ML              | INJECTABLE DOSE LIMIT            | 4 ML PER 30 DAYS       |
| SEROTONIN AGONISTS                                 | SUMATRIPTAN SUCCINATE SOLUTION SYRINGE SC 6 MG/0.5ML                            | INJECTABLE DOSE LIMIT            | 4 ML PER 30 DAYS       |
| SEROTONIN AGONISTS                                 | SUMATRIPTAN SUCCINATE STATDOSE SOLUTION AUTO INJECTOR SC 4 MG/0.5ML, 6 MG/0.5ML | INJECTABLE DOSE LIMIT            | 4 ML PER 30 DAYS       |

## Quantity Limits

| THERAPEUTIC CLASS                                   | PRODUCT NAME                                                    | DRUG RESTRICTION TYPE            | PLAN LIMITS                  |
|-----------------------------------------------------|-----------------------------------------------------------------|----------------------------------|------------------------------|
| SEROTONIN AGONISTS                                  | SUMATRIPTAN SUCCINATE TABS OR 25 MG, 50 MG, 100 MG              | QUANTITY LIMIT<br>FILL FREQUENCY | 9 TABLETS PER 30 DAYS        |
| SEROTONIN AGONISTS                                  | RIZATRIPTAN BENZOATE TABS, ORAL DISINTEGRATING TABS             | QUANTITY LIMIT<br>FILL FREQUENCY | 18 TABLETS PER 30 DAYS       |
| SEROTONIN AGONISTS                                  | ONZETRA XSAIL (SUMATRIPTAN SUCCINATE) EXHALER POWDER            | QUANTITY LIMIT<br>FILL FREQUENCY | 8 DOSES PER 30 DAYS          |
| SEROTONIN AGONISTS                                  | ELETRIPTAN HYDROBROMIDE TABS 20 MG, 40 MG                       | QUANTITY LIMIT<br>FILL FREQUENCY | 6 TABLETS PER 30 DAYS        |
| SEROTONIN AGONISTS                                  | SUMAVEL (SUMATRITAPN SUCCINATE) DOSEPRO JET INJECTOR 6 MG/0.5ML | INJECTABLE DOSE LIMIT            | 4 ML PER 30 DAYS             |
| SEROTONIN AGONISTS                                  | ZEMBRACE SYMTOUCH (SUMATRIPTAN SUCCINATE) AUTO INJECTOR         | INJECTABLE DOSE LIMIT            | 4 ML PER 30 DAYS             |
| SEROTONIN AGONISTS                                  | ZOMIG (ZOLMITRIPTAN) NASAL SOLUTION 5 MG                        | QUANTITY LIMIT<br>FILL FREQUENCY | 6 DOSES PER 30 DAYS          |
| SEROTONIN AGONISTS                                  | ZOMIG (ZOLMITRIPTAN) TABS 5 MG, 2.5 MG                          | QUANTITY LIMIT<br>FILL FREQUENCY | 6 TABLETS PER 30 DAYS        |
| SEROTONIN AGONISTS                                  | ZOMIG ZMT (ZOLMITRIPTAN) TABLETS DISPERSABLE 5 MG, 2.5 MG       | QUANTITY LIMIT<br>FILL FREQUENCY | 6 TABLETS PER 30 DAYS        |
| SEROTONIN MODULATORS                                | NEFAZODONE HCL TABS                                             | DAILY DOSAGE                     | 2 TABLETS PER DAY            |
| SEROTONIN MODULATORS                                | TRAZODONE HCL TABS 50 MG                                        | DAILY DOSAGE                     | 2 TABLETS PER DAY            |
| SEROTONIN MODULATORS                                | VIIBRYD ( VILAZODONE) TABS                                      | DAILY DOSAGE                     | 1 TABLET PER DAY             |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | CYMBALTA (DULOXETINE HCL) CAPSULE 20 MG, 30 MG, 60 MG           | DAILY DOSAGE                     | 2 CAPSULES PER DAY           |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | EFFEXOR (VENLAFAXINE HCL) CAPS 24 HOUR 37.5 MG                  | DAILY DOSAGE                     | 2 CAPSULES PER DAY           |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | EFFEXOR (VENLAFAXINE HCL) CAPS 24 HOUR 75 MG                    | DAILY DOSAGE                     | 3 CAPSULES PER DAY           |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | EFFEXOR (VENLAFAXINE HCL) CAPS 24 HOUR 150 MG                   | DAILY DOSAGE                     | 1 CAPSULE PER DAY            |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | EFFEXOR (VENLAFAXINE HCL) TABS                                  | DAILY DOSAGE                     | 3 TABLETS PER DAY            |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | PRISTIQ (DESVENLAFAXINE SUCCINATE) TB24 100 MG                  | DAILY DOSAGE                     | 4 TABLETS PER DAY            |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | PRISTIQ (DESVENLAFAXINE SUCCINATE) TB24 50 MG                   | DAILY DOSAGE                     | 1 TABLET PER DAY             |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | VENLAFAXINE HCL 24 HOUR TAB 37.5MG                              | DAILY DOSAGE                     | 2 TABLETS PER DAY            |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | VENLAFAXINE HCL 24 HOUR TAB 75MG                                | DAILY DOSAGE                     | 3 TABLETS PER DAY            |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | VENLAFAXINE HCL 24 HOUR TABS 150MG, 225MG                       | DAILY DOSAGE                     | 1 TABLET PER DAY             |
| SMOKING DETERRENTS                                  | BUPROPION HCL (SMOKING DETERRENT)TB12                           | DAILY DOSAGE                     | 2 TABLETS PER DAY            |
| SMOKING DETERRENTS                                  | CHANTIX CONTINUING MONTHPAK TABS                                | DAILY DOSAGE                     | 24 WEEKS OF THERAPY PER YEAR |

## Quantity Limits

| THERAPEUTIC CLASS                             | PRODUCT NAME                                                          | DRUG RESTRICTION TYPE               | PLAN LIMITS                            |
|-----------------------------------------------|-----------------------------------------------------------------------|-------------------------------------|----------------------------------------|
| SMOKING DETERRENTS                            | CHANTIX STARTING MONTH PAK TABS                                       | QUANTITY LIMIT<br>FILL FREQUENCY    | 1 STARTING PAK EVERY 12 WEEKS          |
| SMOKING DETERRENTS                            | CHANTIX TABS                                                          | DAILY DOSAGE                        | 24 WEEKS OF THERAPY PER YEAR           |
| SMOKING DETERRENTS                            | NICORETTE GUM 2 MG, 4 MG (NICOTINE POLACRILEX)                        | DAILY DOSAGE<br>FILL LIMIT PER YEAR | 24 PIECES PER DAY<br>12 WEEKS PER YEAR |
| SMOKING DETERRENTS                            | NICORETTE LOZG 2 MG, 4 MG (NICOTINE POLACRILEX)                       | DAILY DOSAGE<br>FILL LIMIT PER YEAR | 20 PIECES PER DAY<br>12 WEEKS PER YEAR |
| SMOKING DETERRENTS                            | NICORETTE MINI LOZG 2 MG, 4 MG (NICOTINE POLACRILEX)                  | DAILY DOSAGE<br>FILL LIMIT PER YEAR | 20 PIECES PER DAY<br>12 WEEKS PER YEAR |
| SMOKING DETERRENTS                            | NICORETTE STARTER KIT GUM (NICOTINE POLACRILEX)                       | DAILY DOSAGE<br>FILL LIMIT PER YEAR | 24 PIECES PER DAY<br>12 WEEKS PER YEAR |
| SMOKING DETERRENTS                            | NICOTINE POLACRILEX GUM 2 MG, 4 MG                                    | DAILY DOSAGE<br>FILL LIMIT PER YEAR | 24 PIECES PER DAY<br>12 WEEKS PER YEAR |
| SMOKING DETERRENTS                            | NICOTINE POLACRILEX GUM 2 MG, 4 MG                                    | DAILY DOSAGE<br>FILL LIMIT PER YEAR | 24 PIECES PER DAY<br>12 WEEKS PER YEAR |
| SMOKING DETERRENTS                            | NICOTINE PT24 14 MG/24HR                                              | TOPICAL DOSE LIMIT                  | 84 PATCHES PER 365 DAYS                |
| SMOKING DETERRENTS                            | NICOTINE PT24 7 MG/24HR, 14 MG/24HR, 21 MG/24HR                       | TOPICAL DOSE LIMIT                  | 84 PATCHES PER 365 DAYS                |
| SMOKING DETERRENTS                            | NICOTINE TRANSDERMAL SYSTEM KIT                                       | TOPICAL DOSE LIMIT                  | 84 PATCHES PER 365 DAYS                |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS | ENBREL SOLUTION SYRINGE 50 MG/ML                                      | INJECTABLE DOSE LIMIT               | 4 ML PER 28 DAYS                       |
| STEROID INHALANTS                             | ALVESCO (CICLESONIDE) METERED DOSE INHALER                            | FILL FREQUENCY                      | 1 INHALER PER 30 DAYS                  |
| STEROID INHALANTS                             | ASMANEX TWISTHALER 120 METERED DOSES AEPB                             | FILL FREQUENCY                      | 2 INHALER PER 30 DAYS                  |
| STEROID INHALANTS                             | ASMANEX TWISTHALER 30 METERED DOSES AEPB                              | FILL FREQUENCY                      | 3 INHALER PER 30 DAYS                  |
| STEROID INHALANTS                             | ASMANEX TWISTHALER 60 METERED DOSES AEPB                              | FILL FREQUENCY                      | 4 INHALER PER 30 DAYS                  |
| STEROID INHALANTS                             | FLOVENT DISKUS AEPB 50 MCG/BLIST, 100 MCG/BLIST, 250 MCG/BLIST        | DAILY DOSAGE                        | 2 INHALATIONS PER DAY                  |
| STEROID INHALANTS                             | FLOVENT HFA AERO 44 MCG/ACT, 110 MCG/ACT, 220 MCG/ACT                 | INHALATION DOSE LIMIT               | 1 INHALER PER 30 DAYS                  |
| STEROID INHALANTS                             | PULMICORT (BUDESONIDE) (INHALATION) SUSP 0.25 MG/2ML, 0.5 MG/2ML      | INHALATION DOSE LIMIT               | 2 DOSES PER DAY                        |
| STEROID INHALANTS                             | PULMICORT FLEXHALER (BUDESONIDE) INHLAER                              | INHALATION DOSE LIMIT               | 1 INHALER PER 30 DAYS                  |
| STEROID INHALANTS                             | QVAR REDHALER (40MCG, 80MCG/ DOSE)                                    | INHALATION DOSE LIMIT               | 2 INHALER PER 30 DAYS                  |
| STIMULANTS - MISC.                            | CONCERTA (METHYLPHENIDATE HCL) TABLET CONTROLLED RELEASE 18 MG, 27 MG | DAILY DOSAGE                        | 4 TABLETS PER DAY                      |
| STIMULANTS - MISC.                            | CONCERTA (METHYLPHENIDATE HCL) TABLET CONTROLLED RELEASE 36MG         | DAILY DOSAGE                        | 3 TABLETS PER DAY                      |
| STIMULANTS - MISC.                            | CONCERTA (METHYLPHENIDATE HCL) TABLET CONTROLLED RELEASE 54MG         | DAILY DOSAGE                        | 2 TABLETS PER DAY                      |

## Quantity Limits

| THERAPEUTIC CLASS  | PRODUCT NAME                                                            | DRUG RESTRICTION TYPE | PLAN LIMITS            |
|--------------------|-------------------------------------------------------------------------|-----------------------|------------------------|
| STIMULANTS - MISC. | DAYTRANA PATCH                                                          | TOPICAL DOSE LIMIT    | 30 PATCHES PER 30 DAYS |
| STIMULANTS - MISC. | FOCALIN (DEXMETHYLPHENIDATE HCL) TABS 5 MG, 10 MG, 2.5 MG               | DAILY DOSAGE          | 4 TABLETS PER DAY      |
| STIMULANTS - MISC. | FOCALIN XR (DEXMETHYLPHENIDATE HCL) CAPSULE 24 HOUR 30 MG, 35 MG, 40 MG | DAILY DOSAGE          | 1 CAPSULE PER DAY      |
| STIMULANTS - MISC. | FOCALIN XR (DEXMETHYLPHENIDATE HCL) CAPSULE 24 HOUR 10 MG               | DAILY DOSAGE          | 4 CAPSULES PER DAY     |
| STIMULANTS - MISC. | FOCALIN XR (DEXMETHYLPHENIDATE HCL) CAPSULE 24 HOUR 15 MG               | DAILY DOSAGE          | 3 CAPSULES PER DAY     |
| STIMULANTS - MISC. | FOCALIN XR (DEXMETHYLPHENIDATE HCL) CAPSULE 24 HOUR 5 MG, 20 MG, 25 MG  | DAILY DOSAGE          | 2 CAPSULES PER DAY     |
| STIMULANTS - MISC. | FOCALIN XR (DEXMETHYLPHENIDATE HCL) CAPSULE 24 HOUR 20MG                | DAILY DOSAGE          | 1 CAPSULE PER DAY      |
| STIMULANTS - MISC. | METADATE (METHYLPHENIDATE HCL) CD CAP CONTROLLED RELEASE 10MG, 20MG     | DAILY DOSAGE          | 4 CAPSULES PER DAY     |
| STIMULANTS - MISC. | METADATE (METHYLPHENIDATE HCL) CD CAP CONTROLLED RELEASE 30MG           | DAILY DOSAGE          | 3 CAPSULES PER DAY     |
| STIMULANTS - MISC. | METADATE (METHYLPHENIDATE HCL) CD CAP CONTROLLED RELEASE 40MG, 50MG     | DAILY DOSAGE          | 2 CAPSULES PER DAY     |
| STIMULANTS - MISC. | METADATE (METHYLPHENIDATE HCL) CD CAP CONTROLLED RELEASE 60 MG          | DAILY DOSAGE          | 1 CAPSULE PER DAY      |
| STIMULANTS - MISC. | METADATE ER (METHYLPHENIDATE HCL) TABS EXTENDED RELEASE 20MG            | DAILY DOSAGE          | 3 TABLETS PER DAY      |
| STIMULANTS - MISC. | METHYLIN ER (METHYLPHENIDATE HCL) TABS EXTENDED RELEASE 10MG            | DAILY DOSAGE          | 7 TABLETS PER DAY      |
| STIMULANTS - MISC. | NUVIGIL (ARMODAFINIL) TABLETS 50MG, 150MG, 200 MG, 250MG                | DAILY DOSAGE          | 1 TABLET PER DAY       |
| STIMULANTS - MISC. | PROVIGIL (MODAFINIL) TABS 100 MG, 200MG                                 | DAILY DOSAGE          | 1 TABLET PER DAY       |
| STIMULANTS - MISC. | RITALIN (METHYLPHENIDATE HCL) TABS 10 MG                                | DAILY DOSAGE          | 7 TABLETS PER DAY      |
| STIMULANTS - MISC. | RITALIN (METHYLPHENIDATE HCL) TABS 20 MG                                | DAILY DOSAGE          | 3 TABLETS PER DAY      |
| STIMULANTS - MISC. | RITALIN (METHYLPHENIDATE HCL) TABS 5 MG                                 | DAILY DOSAGE          | 14 TABLETS PER DAY     |
| STIMULANTS - MISC. | RITALIN LA (METHYLPHENIDATE HCL) CAPSULE 24 HOUR 10 MG                  | DAILY DOSAGE          | 4 CAPSULES PER DAY     |
| STIMULANTS - MISC. | RITALIN LA (METHYLPHENIDATE HCL) CAPSULE 24 HOUR 20 MG                  | DAILY DOSAGE          | 4 CAPSULES PER DAY     |
| STIMULANTS - MISC. | RITALIN LA (METHYLPHENIDATE HCL) CAPSULE 24 HOUR 30 MG                  | DAILY DOSAGE          | 3 CAPSULES PER DAY     |
| STIMULANTS - MISC. | RITALIN LA (METHYLPHENIDATE HCL) CAPSULE 24 HOUR 40 MG                  | DAILY DOSAGE          | 2 CAPSULES PER DAY     |
| SUCCINIMIDES       | ZARONTIN (ETHOSUXIMIDE) CAPSULES 250 MG                                 | DAILY DOSAGE          | 6 CAPSULES PER DAY     |
| SUCCINIMIDES       | ZARONTIN (ETHOSUXIMIDE) SOLN 250 MG/5ML                                 | ORAL DOSE LIMIT       | 30 ML PER DAY          |

## Quantity Limits

| THERAPEUTIC CLASS             | PRODUCT NAME                                                                              | DRUG RESTRICTION TYPE | PLAN LIMITS                    |
|-------------------------------|-------------------------------------------------------------------------------------------|-----------------------|--------------------------------|
| SULFONYLUREAS                 | TOLAZAMIDE TABS 250 MG                                                                    | DAILY DOSAGE          | 1 TABLET PER DAY               |
| SULFONYLUREAS                 | TOLAZAMIDE TABS 500 MG                                                                    | DAILY DOSAGE          | 2 TABLETS PER DAY              |
| SULFONYLUREAS                 | TOLBUTAMIDE TABS                                                                          | DAILY DOSAGE          | 6 TABLETS PER DAY              |
| SYMPATHOMIMETIC DECONGESTANTS | PSEUDOEPHEDRINE HCL TB12 120 MG                                                           | DAILY DOSAGE          | 2 TABLETS PER DAY              |
| SYMPATHOMIMETICS              | ADVAIR DISKUS AEPB 50MCG/DOSE-100MCG/DOSE, 50MCG/DOSE-250MCG/DOSE, 50MCG/DOSE-500MCG/DOSE | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS          |
| SYMPATHOMIMETICS              | ADVAIR HFA AERO                                                                           | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS          |
| SYMPATHOMIMETICS              | ALBUTEROL SULFATE NEBU IN 0.083 %                                                         | INHALATION DOSE LIMIT | 375 ML PER 30 DAYS             |
| SYMPATHOMIMETICS              | ALBUTEROL SULFATE NEBU IN 0.63 MG/3ML, 0.083 %, 1.25 MG/3ML                               | INHALATION DOSE LIMIT | 375 ML (125 DOSES) PER 30 DAYS |
| SYMPATHOMIMETICS              | ALBUTEROL SULFATE NEBULIZER SOLUTION CONCENTRATE 0.5 %                                    | INHALATION DOSE LIMIT | 2 ML PER DAY                   |
| SYMPATHOMIMETICS              | ARCAPTA (INDACATEROL MALEATE) POWDER FOR INHALATION 75MCG CAPS                            | INHALATION DOSE LIMIT | 1 DOSE PER DAY                 |
| SYMPATHOMIMETICS              | BROVANA (ARFORMOTEROL TARTRATE) SOLUTION FOR INHALATION , 15MCG/2ML                       | INHALATION DOSE LIMIT | 2 DOSES PER DAY                |
| SYMPATHOMIMETICS              | COMBIVENT RESPIMAT AERS                                                                   | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS          |
| SYMPATHOMIMETICS              | DULERA AERO 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT                                      | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS          |
| SYMPATHOMIMETICS              | IPRATROPIUM-ALBUTEROL SOLN                                                                | INHALATION DOSE LIMIT | 18 ML (6 DOSES) PER DAY        |
| SYMPATHOMIMETICS              | METAPROTERENOL SULFATE ORAL SYRUP 10MG/5ML                                                | ORAL DOSE LIMIT       | 30 ML PER DAY                  |
| SYMPATHOMIMETICS              | PERFOROMIST (FORMOTEROL FUMARATE) SOLUTION FOR NEBULIZER                                  | INHALATION DOSE LIMIT | 2 DOSES PER DAY                |
| SYMPATHOMIMETICS              | PROAIR HFA AERS                                                                           | INHALATION DOSE LIMIT | 2 INHALERS PER 30 DAYS         |
| SYMPATHOMIMETICS              | PROVENTIL HFA AERS                                                                        | INHALATION DOSE LIMIT | 2 INHALERS PER 30 DAYS         |
| SYMPATHOMIMETICS              | SEREVENT (SALMETEROL XINAFOATE) DISKUS 50MCG/DOSE                                         | INHALATION DOSE LIMIT | 2 DOSES PER DAY                |
| SYMPATHOMIMETICS              | SYMBICORT AERO 4.5MCG/ACT-80MCG/ACT, 4.5MCG/ACT-160MCG/ACT                                | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS          |
| SYMPATHOMIMETICS              | VENTOLIN HFA AERS                                                                         | INHALATION DOSE LIMIT | 2 INHALERS PER 30 DAYS         |
| SYMPATHOMIMETICS              | XOPENEX (LEVALBUTEROL HCL) SOLUTION FOR NEBULIZER                                         | INHALATION DOSE LIMIT | 2 DOSES PER DAY                |
| SYMPATHOMIMETICS              | XOPENEX (LEVALBUTEROL TARTRATE) 45MCG/DOSE INHALER                                        | INHALATION DOSE LIMIT | 2 INHALERS PER 30 DAYS         |
| THIOXANTHENES                 | THIOTHIXENE CAPS 1 MG, 2 MG, 5 MG, 10 MG                                                  | DAILY DOSAGE          | 3 CAPSULES PER DAY             |
| THROAT PRODUCTS - MISC.       | SALAGEN (PILOCARPINE HCL) TABS 5 MG                                                       | DAILY DOSAGE          | 6 TABLETS PER DAY              |
| TRICYCLIC AGENTS              | NORPRAMIN (DESIPRAMINE HCL) TABS 25 MG                                                    | DAILY DOSAGE          | 2 TABLETS PER DAY              |
| TRICYCLIC AGENTS              | NORTRIPTYLINE HCL SOLUTION 10MG/5ML                                                       | ORAL DOSE LIMIT       | 20 ML PER DAY                  |

## Quantity Limits

| THERAPEUTIC CLASS                                         | PRODUCT NAME                                                                                                                            | DRUG RESTRICTION TYPE            | PLAN LIMITS                        |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------|
| ULCER THERAPY COMBINATIONS                                | ZEGERID (OMEPRAZOLE-SODIUM BICARBONATE) CAPS 20MG-1100MG                                                                                | DAILY DOSAGE                     | 1 CAPSULE PER DAY                  |
| ULCER THERAPY COMBINATIONS                                | ZEGERID (OMEPRAZOLE-SODIUM BICARBONATE) CAPS 40MG-1100MG                                                                                | DAILY DOSAGE                     | 1 CAPSULE PER DAY                  |
| URINARY ANTI-INFECTIVES                                   | FURADANTIN (NITROFURANTOIN) SUSPENSION                                                                                                  | ORAL DOSE LIMIT                  | 40 ML PER DAY                      |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | DETROL (TOLTERODINE TARTRATE) 1MG, 2MG TABS                                                                                             | DAILY DOSAGE                     | 2 TABLETS PER DAY                  |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | DETROL (TOLTERODINE TARTRATE) LA CAP 24 HOUR 2 MG                                                                                       | DAILY DOSAGE                     | 2 CAPSULES PER DAY                 |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | DETROL (TOLTERODINE TARTRATE) LA CAP 24 HOUR 4 MG                                                                                       | DAILY DOSAGE                     | 1 CAPSULE PER DAY                  |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | DITROPAN (OXYBUTYNIN CHLORIDE) TABS 5 MG                                                                                                | DAILY DOSAGE                     | 4 TABLETS PER DAY                  |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | ENABLEX (DARIFENACIN HYDROBROMIDE) 24 HOUR TABS 7.5MG                                                                                   | DAILY DOSAGE                     | 2 TABLETS PER DAY                  |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | OXYBUTYNIN CHLORIDE SYRUP 5MG/5ML                                                                                                       | QUANTITY LIMIT<br>FILL FREQUENCY | 480ML PER 30 DAYS                  |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | TROSPIMUM CHLORIDE TABS 20MG                                                                                                            | DAILY DOSAGE                     | 2 TABLETS PER DAY                  |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | VESICARE (SOLIFENACIN SUCCINATE) TABS 5 MG                                                                                              | DAILY DOSAGE                     | 2 TABLETS PER DAY                  |
| VAGINAL ANTI-INFECTIVES                                   | CLINDAMYCIN PHOSPHATE VAGINAL CREA                                                                                                      | TOPICAL DOSE LIMIT               | 1 TUBE (40 GRAMS) PER 7 DAYS       |
| VAGINAL ANTI-INFECTIVES                                   | METRONIDAZOLE VAGINAL GEL                                                                                                               | TOPICAL DOSE LIMIT               | 70 GRAMS PER 7 DAYS                |
| VAGINAL ANTI-INFECTIVES                                   | TERCONAZOLE VAGINAL SUPP 80 MG                                                                                                          | DAILY DOSAGE                     | 3 DOSES PER 3 DAYS                 |
| VAGINAL ANTI-INFECTIVES                                   | TIOCONAZOLE VAGINAL OINT                                                                                                                | TOPICAL DOSE LIMIT               | 1 DOSE PER 7 DAYS                  |
| VAGINAL ESTROGENS                                         | ESTRADIOL VAGINAL CREA 0.1 MG/GM                                                                                                        | TOPICAL DOSE LIMIT               | 1 TUBE PER 30 DAYS                 |
| VAGINAL ESTROGENS                                         | ESTRING RING                                                                                                                            | FILL FREQUENCY                   | 1 DEVICE PER FILL<br>(RETAIL/MAIL) |
| VAGINAL ESTROGENS                                         | PREMARIN CREA VA 0.625 MG/GM                                                                                                            | TOPICAL DOSE LIMIT               | 1 TUBE PER 30 DAYS                 |
| VALPROIC ACID                                             | DEPAKOTE ER TB24 250 MG (DIVALPROEX SODIUM)                                                                                             | DAILY DOSAGE                     | 2 TABLETS PER DAY                  |
| VALPROIC ACID                                             | DIVALPROEX SODIUM TB24 250 MG                                                                                                           | DAILY DOSAGE                     | 2 TABLETS PER DAY                  |
| VITAMINS W/ LIPOTROPICS                                   | VITAMINS W/ LIPOTROPICS CAPS<br>10000UNIT-3MG-0.5MG-2MG-75MG-58MG-30MG-2UNIT-0.5MG-4MG-40MG-15MG-31.4MG-2.5MG-2MCG-5MG-1MG-75MG-400UNIT | DAILY DOSAGE                     | 1 CAPSULE PER DAY                  |
| WATER SOLUBLE VITAMINS                                    | ASCORBIC ACID TABS OR 1000 MG                                                                                                           | QUANTITY LIMIT<br>FILL FREQUENCY | 100 TABLETS PER 34 DAYS            |
| WATER SOLUBLE VITAMINS                                    | ASCORBIC ACID TABS OR 500MG, 250 MG, 500 MG, 1000 MG, 14MG-25MG-500MG                                                                   | QUANTITY LIMIT<br>FILL FREQUENCY | 100 TABLETS PER 34 DAYS            |
| WATER SOLUBLE VITAMINS                                    | RIBOFLAVIN TABS 25 MG                                                                                                                   | QUANTITY LIMIT<br>FILL FREQUENCY | 100 TABLETS PER 34 DAYS            |

Quantity Limits

| Therapeutic Class      | Product Name                 | Drug Restriction Type            | Plan Limits             |
|------------------------|------------------------------|----------------------------------|-------------------------|
| Water Soluble Vitamins | Thiamine HCL Tabs 100 MG     | Quantity Limit<br>Fill Frequency | 100 Tablets per 34 Days |
| Water Soluble Vitamins | Thiamine Mononitrate Tabs or | Quantity Limit<br>Fill Frequency | 100 Tablets per 34 Days |
| Xanthines              | Theophylline Soln 80 MG/15ML | Oral Dose Limit                  | 475 ML per Fill         |
| Water Soluble Vitamins | Thiamine HCL Tabs 100 MG     | Quantity Limit<br>Fill Frequency | 100 Tablets per 34 Days |
| Water Soluble Vitamins | Thiamine Mononitrate Tabs or | Quantity Limit<br>Fill Frequency | 100 Tablets per 34 Days |
| Xanthines              | Theophylline Soln 80 MG/15ML | Oral Dose Limit                  | 475 ML per Fill         |