

Quantity Limits



| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|------------------------------|---|-----------------------|------------------------|
| ACE INHIBITORS | ACCUPRIL (QUINAPRIL HCL) TABS 5 MG, 10 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ACE INHIBITORS | ACEON (PERINDOPRIL ERBUMINE) TABS 2MG, 8MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ACE INHIBITORS | CAPTOPRIL TABS 25 MG, 50 MG, 100 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ACE INHIBITORS | MAVIK (TRANDOLAPRIL) TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| ACE INHIBITORS | UNIVASC (MOEXIPRIL HCL) TABS 7.5MG, 15MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ACNE PRODUCTS | ABSORICA CAPS | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ACNE PRODUCTS | ACANYA (CLINDAMCYIN-BENZOYL PEROXIDE) GEL | TOPICAL DOSE LIMIT | 1.7 GRAMS PER DAY |
| ACNE PRODUCTS | ACZONE (DAPSONE) 5% GEL | TOPICAL DOSE LIMIT | 1 TUBE PER FILL |
| ACNE PRODUCTS | ACZONE (DAPSONE) 7.5% GEL | TOPICAL DOSE LIMIT | 3 GRAMS PER DAY |
| ACNE PRODUCTS | AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE (ISOTRETINOIN) CAPS | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ACNE PRODUCTS | AZELEX 20% CREAM | TOPICAL DOSE LIMIT | 50 GRAMS PER 30 DAYS |
| ACNE PRODUCTS | BENZOYL PEROXIDE GEL 5% | TOPICAL DOSE LIMIT | 3 GRAMS PER DAY |
| ACNE PRODUCTS | CLEOCIN (CLINDAMYCIN PHOSPHATE) SOLN 1% | TOPICAL DOSE LIMIT | 60 ML PER 30 DAYS |
| ACNE PRODUCTS | DIFFERIN (ADAPALENE) 0.1% LOTION | TOPICAL DOSE LIMIT | 59 ML PER 30 DAYS |
| ACNE PRODUCTS | DIFFERIN (ADAPALENE) 0.1% CREAM, 0.3% GEL | TOPICAL DOSE LIMIT | 45 GRAMS PER 30 DAYS |
| ACNE PRODUCTS | DUAC (CLINDAMYCIN-BENZOYL PEROXIDE) GEL | TOPICAL DOSE LIMIT | 1.5 GRAMS PER DAY |
| ACNE PRODUCTS | EPIDUO FORTE GEL | TOPICAL DOSE LIMIT | 45 GRAMS PER 30 DAYS |
| ACNE PRODUCTS | FABIOR 0.1% FOAM | TOPICAL DOSE LIMIT | 100 GRAMS PER 30 DAYS |
| ACNE PRODUCTS | KLARON (SULFACETAMIDE SODIUM 10%) LOTION | TOPICAL DOSE LIMIT | 120 ML PER 10 DAYS |
| ACNE PRODUCTS | RETIN-A (TRETINOIN) CREAM, GEL 0.01%, 0.025%, 0.05%, 0.1% | TOPICAL DOSE LIMIT | 3 GRAMS PER DAY |
| ACNE PRODUCTS | RETIN-A MICRO 0.04%, 0.1% MICROSPHERE GEL | TOPICAL DOSE LIMIT | 3 GRAMS PER DAY |
| ACNE PRODUCTS | RETIN-A MICRO 0.06% MICROSPHERE GEL | TOPICAL DOSE LIMIT | 50 GRAMS PER FILL |
| ACNE PRODUCTS | ZIANA (CLINDAMYCIN PHOSPHATE-TRETINOIN) GEL | TOPICAL DOSE LIMIT | 1 TUBE PER FILL |
| AGENTS FOR EXTERNAL WARTS | VEREGEN OINTMENT | QUANTITY LIMIT | 1 GRAM PER DAY |
| AGENTS FOR GAUCHER DISEASE | ZAVESCA (MIGLUSTAT) CAPS | FILL FREQUENCY | 120 GRAMS PER 365 DAYS |
| ALLERGEN EXTRACTS | ORALAIR | DAILY DOSAGE | 3 CAPSULES PER DAY |
| ALPHA-2 RECEPTOR ANTAGONISTS | REMERON (MIRTAZAPINE) TABS 15 MG, 7.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ALPHA-2 RECEPTOR ANTAGONISTS | REMERON (MIRTAZAPINE) TABS 30 MG, 45 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ALPHA-2 RECEPTOR ANTAGONISTS | REMERON SOLTAB (MIRTAZAPINE) ORAL DISINTEGRATING 15 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ALPHA-2 RECEPTOR ANTAGONISTS | REMERON SOLTAB (MIRTAZAPINE) ORAL DISINTEGRATING 30 MG, 45 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ALPHA-BETA BLOCKERS | COREG (CARVEDILOL) CR 24 HOUR CAPSULES 10MG, 20MG, 40MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ALPHA-BETA BLOCKERS | COREG (CARVEDILOL) CR 24 HOUR CAPSULES 80 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ALPHA-BETA BLOCKERS | LABETALOL HCL TABS 300 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ALPHA-GLUCOSIDASE INHIBITORS | GLYSET (MIGLITOL) TABS | DAILY DOSAGE | 8 TABLETS PER DAY |
| | | | 3 TABLETS PER DAY |

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| AMINOGLYCOSIDES | BETHKIS (TOBRAMYCIN) NEBULIZED SOLUTION | INHALATION DOSE LIMIT | 4 DOSES PER DAY |
| AMINOGLYCOSIDES | KITABIS (TOBRAMYCIN) PAK NEBULIZED SOLUTION | INHALATION DOSE LIMIT | 280 ML PER 56 DAYS |
| AMINOGLYCOSIDES | TOBI (TOBRAMYCIN) NEBULIZED SOLUTION | INHALATION DOSE LIMIT | 280 ML PER 56 DAYS |
| AMINOGLYCOSIDES | TOBI PODHALER CAPS | INHALATION DOSE LIMIT | 4 DOSES PER DAY |
| 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 |
| AMPHETAMINES | ADDERALL XR (AMPHETAMINE-DEXTROAMPHETAMINE) 24 HOUR CAPS 15MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| AMPHETAMINES | ADDERALL XR (AMPHETAMINE-DEXTROAMPHETAMINE) 24 HOUR CAPS 20 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| AMPHETAMINES | ADDERALL XR (AMPHETAMINE-DEXTROAMPHETAMINE) 24 HOUR CAPS 25 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| AMPHETAMINES | ADDERALL XR (AMPHETAMINE-DEXTROAMPHETAMINE) 24 HOUR CAPS 30 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| AMPHETAMINES | ADDERALL XR (AMPHETAMINE-DEXTROAMPHETAMINE) 24 HOUR CAPS 5 MG, 10 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| AMPHETAMINES | DESOXYN (METHAMPHETAMINE HCL) TABS | DAILY DOSAGE | 5 TABLETS PER DAY |
| AMPHETAMINES | DEXEDRINE (DEXTROAMPHETAMINE SULFATE) CAPS 24 HOUR 5MG, 10MG, 15MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| AMPHETAMINES | PROCENTRA (DEXTROAMPHETAMINE SULFATE) SOLN 5 MG/5ML | ORAL DOSE LIMIT | 60 ML PER DAY |
| AMPHETAMINES | VYVANSE CAPS - ALL STRENGTHS | DAILY DOSAGE | 1 CAPSULE PER DAY |
| AMPHETAMINES | VYVANSE CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| AMPHETAMINES | ZENZEDI (DEXTROAMPHETAMINE SULFATE) TABS 10 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| AMPHETAMINES | ZENZEDI (DEXTROAMPHETAMINE SULFATE) TABS 5 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| ANALEPTICS | CAFFEINE CITRATE SOLN ORAL | QUANTITY LIMIT FILL FREQUENCY | 2 FILLS PER 365 DAYS; 45ML PER 15 DAYS RETAIL |

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| ANALGESIC COMBINATIONS | ESGIC (BUTALBITAL-ACETAMINOPHEN-CAFFEINE) CAPS 325MG-50MG-40MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ANALGESIC COMBINATIONS | FIORINAL (BUTALBITAL-ASPIRIN-CAFFEINE) CAPS | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ANAPHYLAXIS THERAPY AGENTS | EPINEPHRINE (ANAPHYLAXIS) SOLN AUTO INJECTOR 0.15 MG/0.3ML, 0.3 MG/0.3ML | QUANTITY LIMIT FILL FREQUENCY | 2 DEVICES PER 30 DAYS 4 DEVICES PER 365 DAYS |
| ANAPHYLAXIS THERAPY AGENTS | EPIPEN 2-PAK SOLN AUTO INJECTOR | QUANTITY LIMIT FILL FREQUENCY | 2 DEVICES PER 30 DAYS 4 DEVICES PER 365 DAYS |
| ANAPHYLAXIS THERAPY AGENTS | EPIPEN-JR 2-PAK SOLN AUTO INJECTOR | QUANTITY LIMIT FILL FREQUENCY | 2 DEVICES PER 30 DAYS 4 DEVICES PER 365 DAYS |
| ANDROGENS | ANDRODERM PATCH 24 HOUR, 2MG/24HR, 4MG/24HR | TOPICAL DOSE LIMIT | 1 PATCH PER DAY |
| ANDROGENS | ANDROGEL (TESTOSTERONE) TRANSDERMAL TOPICAL GEL 1% 2.5 GRAM PACKET | TOPICAL DOSE LIMIT | 150 GRAMS PER 30 DAYS |
| ANDROGENS | ANDROGEL (TESTOSTERONE) TRANSDERMAL TOPICAL GEL 1.62%, PACKETS, PUMP | TOPICAL DOSE LIMIT | 2 BOXES PER 30 DAYS |
| ANDROGENS | AXIRON (TESTOSTERONE) TRANSDERMAL TOPICAL SOLUTION | TOPICAL DOSE LIMIT | 180ML PER 30 DAYS |
| ANDROGENS | DEPO-TESTOSTERONE (TESTOSTERONE CYPIONATE) INJ 200MG/ML | FILL FREQUENCY | 1 FILL PER 30 DAYS |
| ANDROGENS | TESTIM (TESTOSTERONE) TRANSDERMAL TOPICAL GEL 1% 5 GRAM PACKET | TOPICAL DOSE LIMIT | 300 GRAMS PER 30 DAYS |
| ANDROGENS | VOGELXO (TESTOSTERONE) 1% TRANSDERMAL PUMP | TOPICAL DOSE LIMIT | 150 GRAMS PER 30 DAYS |
| 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 |
| ANTACIDS | CALCIUM CARBONATE SUSPENSION 1250ML/5ML | QUANTITY LIMIT FILL FREQUENCY | 500 ML PER 30 DAYS |

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| 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 | RESERPINE 0.1MG TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIADRENERGIC ANTIHYPERTENSIVES | RESERPINE 0.25MG TABS | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTIAXIETY AGENTS - MISC. | BUSPAR (BUSPIRONE HCL) TABS 5 MG, 10 MG, 15 MG, 30 MG, 7.5 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTIBIOTICS- TOPICAL | BACITRACIN ZINC OINT | TOPICAL DOSE LIMIT | 1.9 GRAMS PER DAY |
| ANTIBIOTICS- TOPICAL | CENTANY (MUPIROCIN) 2% OINTMENT | TOPICAL DOSE LIMIT | 2.2 GRAMS PER DAY |
| ANTICATAPLECTIC AGENTS | XYREM SOLUTION | ORAL DOSE LIMIT | 18 ML PER DAY |
| ANTICONVULSANTS - BENZODIAZEPINES | CLONAZEPAM-ODT ORAL DISINTEGRATING TABLETS 0.125 MG, 0.25 MG, 0.5 MG, 1 MG, 2 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTICONVULSANTS - BENZODIAZEPINES | DIASTAT (DIAZEPAM) ACUDIAL RECTAL GEL 10 MG | TOPICAL DOSE LIMIT | 4 DOSES PER 30 DAYS |
| ANTICONVULSANTS - BENZODIAZEPINES | DIASTAT (DIAZEPAM) ACUDIAL RECTAL GEL 20 MG | QUANTITY LIMIT FILL FREQUENCY | 8 DOSES PER 30 DAYS |
| ANTICONVULSANTS - BENZODIAZEPINES | DIASTAT (DIAZEPAM) PEDIATRIC RECTAL GEL 2.5MG | FILL FREQUENCY | 1 KIT PER FILL |
| ANTICONVULSANTS - BENZODIAZEPINES | KLONOPIN (CLONAZEPAM) TABS 0.5 MG, 1 MG, 2 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTICONVULSANTS - BENZODIAZEPINES | NAYZILAM SPRAY | TOPICAL DOSE LIMIT | 10 DOSES PER 30 DAYS |
| ANTICONVULSANTS - BENZODIAZEPINES | ONFI (CLOBAZAM) SUSP 2.5MG/ML | ORAL DOSE LIMIT | 16ML PER DAY |
| ANTICONVULSANTS - BENZODIAZEPINES | ONFI (CLOBAZAM) TABS 10 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTICONVULSANTS - BENZODIAZEPINES | ONFI (CLOBAZAM) TABS 20 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTICONVULSANTS - BENZODIAZEPINES | VALTOCO SPRAY | QUANTITY LIMIT FILL FREQUENCY | 10 KITS PER 30 DAYS |
| ANTICONVULSANTS - MISC. | APTIOM TABS 200MG, 400MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTICONVULSANTS - MISC. | APTIOM TABS 600MG, 800MG | 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. | BRIVIACT ORAL SOLN | ORAL DOSE LIMIT | 20ML PER DAY |

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| ANTICONVULSANTS - MISC. | BRIVIACT TABS | DAILY DOSAGE | 2 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. | FYCOMPA TABLETS 10MG, 12MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTICONVULSANTS - MISC. | FYCOMPA TABLETS 2MG, 4MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | FYCOMPA TABLETS 6MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | FYCOMPA TABLETS 8MG | DAILY DOSAGE | 1.5 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | KEPPRA (LEVEITRACETAM) TABS OR 500MG | DAILY DOSAGE | 5 TABLETS 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 KIT (LAMOTRIGINE) | DAILY DOSAGE | 20 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LYRICA (PREGABALIN) CAPS 225 MG, 300 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTICONVULSANTS - MISC. | LYRICA (PREGABALIN) CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| ANTICONVULSANTS - MISC. | MYSOLINE (PRIMIDONE) TABS | DAILY DOSAGE | 8 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | NEURONTIN (GABAPENTIN) SOLN 250 MG/5ML | ORAL DOSE LIMIT | 60 ML PER DAY |
| ANTICONVULSANTS - MISC. | OXTELLAR XR 600MG | DAILY DOSAGE | 4 TABLETS PER DAY |

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| 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. | TOPAMAX (TOPIRAMATE) TABS 25 MG | DAILY DOSAGE | 4 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 300 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | TRILEPTAL (OXCARBAZEPINE) TABS 600 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | TROKENDI XR 25MG, 200MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTICONVULSANTS - MISC. | TROKENDI XR 50MG, 100MG | DAILY DOSAGE | 3 CAPSULES 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. | ZONEGRAN (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 | EXELON (RIVASTIGMINE) 24 HOUR PATCH 4.6 MG/24HR, 9.5 MG/24HR | DAILY DOSAGE | 1 PATCH 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 |
| ANTIDEPRESSANTS - MISC. | APLENZIN 522MG TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDEPRESSANTS - MISC. | WELLBUTRIN (BUPROPION HCL) TABS 100 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTIDEPRESSANTS - MISC. | WELLBUTRIN (BUPROPION HCL) TABS 75 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| ANTIDEPRESSANTS - MISC. | WELLBUTRIN SR (BUPROPION HCL) TB12 100 MG, 150 MG, 200 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDEPRESSANTS - MISC. | WELLBUTRIN XL (BUPROPION HCL) TB24 150 MG, 300 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC - AMYLIN ANALOGS | SYMLIN PEN | QUANTITY LIMIT FILL FREQUENCY | 2 BOXES PER 30 DAYS |
| ANTIDIABETIC COMBINATIONS | ACTOPLUS MET (PIOGLITAZONE-METFORMIN) TAB 15MG-500MG, 15MG-850MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| 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 |

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| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|-----------------------------|--|--|---|
| 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 | PRANDIMET (REPAGLINIDE/METFORMIN HYDROCHLORIDE) TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDIABETIC COMBINATIONS | SOLIQUA PEN | INJECTABLE DOSE LIMIT | 18ML PER 30 DAYS |
| ANTIDIABETIC COMBINATIONS | XULTOPHY PEN | INJECTABLE DOSE LIMIT | 15ML PER 30 DAYS |
| ANTIDOTES- CHELATING AGENTS | EXJADE (DEFERASIROX) TABS FOR SUSPENSION | DAYS SUPPLY LIMIT PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTIDOTES- CHELATING AGENTS | JADENU (DEFERASIROX) SPRINKLES | DAYS SUPPLY LIMIT PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTIDOTES- CHELATING AGENTS | JADENU (DEFERASIROX) TABS | DAYS SUPPLY LIMIT PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTIFUNGALS | ANCOBON (FLUCYTOSINE) CAPS | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS | GRIFULVIN (GRISEOFULVIN) MICROSIZE TAB | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS | GRISEOFULVIN MICROSIZE SUSPENSION | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS | GRIS-PEG (GRISEOFULVIN) ULTRAMICROSIZE TABS | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS | LAMISIL (TERBINAFINE) TABS | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS | NYSTATIN TABS | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | CICLOPIROX GEL | TOPICAL DOSE LIMIT DAYS SUPPLY LIMIT PER TIME | 3.34 GRAMS PER DAY MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | CLOTRIMAZOLE 1% SOLUTION | TOPICAL DOSE LIMIT DAYS SUPPLY LIMIT PER TIME | 2.0ML PER DAY MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | ECONAZOLE CREAM | QUANTITY LIMIT PER FILL QUANTITY LIMIT PER TIME DAYS SUPPLY LIMIT PER TIME | 85 GRAMS PER FILL 170 GRAMS PER 180 DAYS MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | EXTINA (KETOCONAZOLE) FOAM | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---------------------|--|--|---|
| ANTIFUNGALS-TOPICAL | FUNGOID TINCTURE (MICONAZOLE NITRATE) SOLN | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | JUBLIA 10% SOLN | TOPICAL DOSE LIMIT DAYS SUPPLY LIMIT PER TIME | 1 BOTTLE (4ML) PER FILL MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | KERYDIN 5% SOLN | TOPICAL DOSE LIMIT DAYS SUPPLY LIMIT PER TIME | 10ML PER 30 DAYS MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | LAMISIL AT (TERBINAFINE) CREAM | TOPICAL DOSE LIMIT DAYS SUPPLY LIMIT PER TIME | 3 GRAMS PER DAY MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | LOPROX (CICLOPIROX) CREAM, SUSPENSION | TOPICAL DOSE LIMIT DAYS SUPPLY LIMIT PER TIME | 3.0 ML PER DAY MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | LOPROX (CICLOPIROX) SHAMPOO | TOPICAL DOSE LIMIT DAYS SUPPLY LIMIT PER TIME | 4.0 ML PER DAY MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | LOTRIMIN AF (CLOTRIMAZOLE) CREAM | TOPICAL DOSE LIMIT DAYS SUPPLY LIMIT PER TIME | 3 GRAMS PER DAY MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | LOTRIMIN ULTRA, MENTAX (BUTENAFINE HCL) CREAM 1% | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | LOTRISONE (CLOTRIMAZOLE-BETAMETHASONE) CREAM | TOPICAL DOSE LIMIT DAYS SUPPLY LIMIT PER TIME | 3 GRAMS PER DAY MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | LOTRISONE (CLOTRIMAZOLE-BETAMETHASONE) LOTION | TOPICAL DOSE LIMIT DAYS SUPPLY LIMIT PER TIME | 2 ML PER DAY MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | LUZU (LULICONAZOLE) CREAM | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | MICATIN (MICONAZOLE) CREAM 2% | TOPICAL DOSE LIMIT DAYS SUPPLY LIMIT PER TIME | 3 GRAMS PER DAY MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | MICATIN (MICONAZOLE) POWDER | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | NAFTIN (NAFITIFINE HCL) CREAM, GEL | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | NIZORAL (KETOCONAZOLE) CREAM | TOPICAL DOSE LIMIT DAYS SUPPLY LIMIT PER TIME | 60 GRAMS PER 30 DAYS MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | NIZORAL (KETOCONAZOLE) SHAMPOO | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|-------------------------------|---|--|---|
| ANTIFUNGALS-TOPICAL | NYSTATIN CREAM, OINTMENT | TOPICAL DOSE LIMIT DAYS SUPPLY LIMIT PER TIME | 3 GRAMS PER DAY MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | NYSTATIN-TRIAMCINOLONE CREAM, OINTMENT | TOPICAL DOSE LIMIT DAYS SUPPLY LIMIT PER TIME | 3 GRAMS PER DAY MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | NYSTOP (NYSTATIN) POWDER | TOPICAL DOSE LIMIT DAYS SUPPLY LIMIT PER TIME | 4 GRAMS PER DAY MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | OXISTAT (OXICONAZOLE) 1% CREAM | TOPICAL DOSE LIMIT FILL FREQUENCY DAYS SUPPLY LIMIT PER TIME | 90 GRAMS PER FILL 2 FILLS PER 180 DAYS MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | OXISTAT (OXICONAZOLE) 1% LOTION | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | PENLAC, CICLODAN (CICLOPIROX) 8% NAIL LACQUER | TOPICAL DOSE LIMIT DAYS SUPPLY LIMIT PER TIME | 0.22ML PER DAY MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | TINACTIN (TOLNAFTATE) AEROSOL | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | TINACTIN (TOLNAFTATE) CREAM 1% | TOPICAL DOSE LIMIT DAYS SUPPLY LIMIT PER TIME | 3 GRAMS PER DAY MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | TOLNAFTATE POWDER 1% | TOPICAL DOSE LIMIT DAYS SUPPLY LIMIT PER TIME | 1.5 GRAMS PER DAY MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | VUSION OINTMENT | TOPICAL DOSE LIMIT DAYS SUPPLY LIMIT PER TIME | 50 GRAMS PER 30 DAYS MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIHISTAMINES- ETHANOLAMINES | BENADRYL (DIPHENHYDRAMINE HCL) 25MG TABS | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTIHISTAMINES-HYPNOTICS | DIPHENHYDRAMINE HCL (SLEEP) 25MG TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHISTAMINES- NON SEDATING | ZYRTEC (CETIRIZINE HCL) 10MG CHEW TAB | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHISTAMINES-PHENOTHIAZINES | PHENERGAN (PROMETHAZINE HCL) SUPP RECTAL 12.5MG, 25MG | QUANTITY LIMIT FILL FREQUENCY | 12 UNITS PER 2 DAYS |
| ANTIHISTAMINES-PHENOTHIAZINES | PHENERGAN (PROMETHAZINE HCL) SUPP RECTAL 50MG | QUANTITY LIMIT | 12 UNITS PER FILL |
| ANTIHYPERTENSIVE COMBINATIONS | VYTORIN (EZETIMIBE-SIMVASTATIN) TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | LOVAZA (OMEGA-3 ACID ETHYL ESTERS) CAPSULES | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | ACCURETIC (QUINAPRIL-HYDROCHLOROTHIAZIDE TABS) 20MG-12.5MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | ACCURETIC (QUINAPRIL-HYDROCHLOROTHIAZIDE TABS) 20MG-25MG, 10-12.5MG | DAILY DOSAGE | 1 TABLET PER DAY |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|-------------------------------|---|-----------------------|-------------------|
| ANTIHYPERTENSIVE COMBINATIONS | ATACAND (CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE) TABS 16MG-12.5MG, 32MG-12.5MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | AZOR (AMLODIPINE-OLMESARTAN) TABS 20MG-5MG, 40-5MG, 20MG-10MG, 40MG-10MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | BENICAR HCT (OLMESARTAN HYDROCHLOROTHIAZIDE) TABS CAPTOPRIL/HYDROCHLOROTHIAZIDE TABS 25MG-25MG, 50MG-25MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | CAPTROPIL/HYDROCHLOROTHIAZIDE TABS 50MG-15MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | CLOPRES (CLONIDINE/CHLORTHALIDONE) 0.1MG, 0.2MG, 0.3MG-15MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | CORZIDE (NADOLOL-BENDROFLUMETHIAZIDE) TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | DIOVANT HCT (VALSARTAN-HYDROCHLOROTHIAZIDE) TABS 160MG-25MG, 320MG-25MG, 80MG-12.5MG, 160MG-12.5MG, 320MG-12.5MG | DAILY DOSAGE | 1 TABLET PER DAY |
| 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 | EXFORGE (AMLODIPINE BESYLATE-VALSARTAN) TABS 160MG-5MG, 320MG-5MG, 160MG-10MG, 320MG-10MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | EXFORGE HCT (AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE) TABS 160MG-10MG-25MG, 320MG-10MG-25MG, 160MG-10MG-12.5MG | DAILY DOSAGE | 1 TABLET 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 | LOTENSIN HCT (BENAZEPRIL-HYDROCHLOROTHIAZIDE) TABS 20MG-25MG, 10MG-12.5MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | LOTREL (AMLODIPINE BESYLATE-BENAZEPRIL HCL) CAPS 2.5MG-10MG | DAILY DOSAGE | 1 CAPSULE 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 | MICARDIS HCT (TELMISARTAN-HYDROCHLOROTHIAZIDE) TABS 80MG-12.5MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | MICARDIS HCT (TELMISARTAN-HYDROCHLOROTHIAZIDE) TABS 80MG-25MG, 40MG-12.5MG | DAILY DOSAGE | 1 TABLET 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 | PROPRANOLOL-HYDROCHLOROTHIAZIDE TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | TARKA (TRANOLAPRIL-VERAPAMIL HCL) TABS | DAILY DOSAGE | 1 TABLET PER DAY |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|-----------------------------------|---|----------------------------------|---|
| ANTIHYPERTENSIVE COMBINATIONS | TRIBENZOR (OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE) TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | TWYNSTA (TELMISARTAN-AMLODIPINE TABS) | 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-INFECTIVE AGENTS - TOPICAL | GENTAMICIN CREAM, OINTMENT | TOPICAL DOSE LIMIT | 60 GRAMS PER 30 DAYS |
| ANTI-INFECTIVE AGENTS - TOPICAL | BACTROBAN (MUIPIROCIN 2%) CREAM | TOPICAL DOSE LIMIT | 30 GRAMS PER 30 DAYS |
| ANTI-INFLAMMATORY AGENTS | CROMOLYN SODIUM NEBULIZED SOLUTION | INHALATION DOSE LIMIT | 240 ML PER 30 DAYS |
| ANTI-INFLAMMATORY AGENTS-TOPICAL | FLECTOR (DICLOFENAC EPOLAMINE PATCH) 1.3% | TOPICAL DOSE LIMIT | 2 PATCHES PER DAY |
| ANTI-INFLAMMATORY AGENTS-TOPICAL | PENNSAID (DICLOFENAC SODIUM (TOPICAL)) SOLN 2% | QUANTITY LIMIT FILL FREQUENCY | 2 PACKAGES PER 30 DAYS |
| ANTI-INFLAMMATORY AGENTS-TOPICAL | SOLARAZE, VOLTAREN (DICLOFENAC SODIUM (TOPICAL) GEL) 1%, 3% | QUANTITY LIMIT FILL FREQUENCY | 1 TUBE (100 GRAMS) PER 30 DAYS |
| ANTIMALARIALS | CHLOROQUINE PHOSPHATE TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIMALARIALS | DARAPRIM 25MG TABS | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTIMALARIALS | MEFLOQUINE 250MG TABS | DAILY DOSAGE | 5 TABLETS PER DAY |
| ANTIMALARIALS | PLAQUENIL (HYDROXYCHLOROQUINE) 200MG TABLETS | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTINEOPLASTIC- BCL-2 INHIBITORS | VENCLEXTA STARTING PACK | FILL FREQUENCY | 1 FILL PER 180 DAYS |
| ANTINEOPLASTIC COMBINATIONS | LONSURF 15-6.14MG | QUANTITY LIMIT FILL FREQUENCY | 100 TABLETS PER 28 DAYS |
| ANTINEOPLASTIC COMBINATIONS | LONSURF 20-8.19MG | QUANTITY LIMIT FILL FREQUENCY | 80 TABLETS PER 28 DAYS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | AFINITOR (EVEROLIMUS) TABS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | AFINITOR DISPERZ TABS FOR ORAL SUSPENSION | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | ALECENSA CAPS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | ALUNBRIG TABS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | BOSULIF TABS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | CABOMETYX TABS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | CALQUENCE CAPS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | COMETRIQ CAPS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | COTELLIC TABS | QUANTITY LIMIT FILL FREQUENCY | 63 TABLETS PER 28 DAYS |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|-----------------------------------|-------------------------------------|--|---|
| ANTINEOPLASTIC- ENZYME INHIBITORS | GILOTRIF TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTINEOPLASTIC- ENZYME INHIBITORS | GLEEVEC (IMATINIB) TABS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | IBRANCE CAPSULES | QUANTITY LIMIT FILL FREQUENCY | 21 CAPSULES PER 28 DAYS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | ICLUSIG TABS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | IMBRUVICA CAPS, TABS | DAILY DOSAGE | 1 CAPSULE, TABLET PER DAY |
| ANTINEOPLASTIC- ENZYME INHIBITORS | INLYTA 1MG TABS | DAYS SUPPLY PER FILL DAILY DOSAGE | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS 8 TABLETS PER DAY |
| ANTINEOPLASTIC- ENZYME INHIBITORS | INLYTA 5MG TABS | DAYS SUPPLY PER FILL DAILY DOSAGE | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS 4 TABLETS PER DAY |
| ANTINEOPLASTIC- ENZYME INHIBITORS | IRESSA TABS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | JAKAFI TABS | DAYS SUPPLY PER FILL DAILY DOSAGE | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS 2 TABLETS PER DAY |
| ANTINEOPLASTIC- ENZYME INHIBITORS | KOSELUGO 10MG CAPS | DAILY DOSAGE | 8 CAPSULES PER DAY |
| ANTINEOPLASTIC- ENZYME INHIBITORS | KOSELUGO 25MG CAPS | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ANTINEOPLASTIC- ENZYME INHIBITORS | LENVIMA 4MG, 10MG DAILY DOSE | DAYS SUPPLY PER FILL QUANTITY LIMIT FILL FREQUENCY | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS 30 TABLETS PER 30 DAYS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | LENVIMA 8MG, 14MG, 20MG DAILY DOSE | DAYS SUPPLY PER FILL QUANTITY LIMIT FILL FREQUENCY | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS 60 TABLETS PER 30 DAYS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | LENVIMA 12MG, 18MG, 24MG DAILY DOSE | DAYS SUPPLY PER FILL QUANTITY LIMIT FILL FREQUENCY | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS 90 TABLETS PER 30 DAYS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | LYNPARZA | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | NERLYNX TABS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | NEXAVAR TABS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | RUBRACA TABS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|-----------------------------------|--------------------------|--------------------------------------|---|
| ANTINEOPLASTIC- ENZYME INHIBITORS | SPRYCEL TABS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | STIVARGA TABS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | SUTENT 12.5MG CAPS | DAYS SUPPLY PER FILL DAILY DOSAGE | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS 3 CAPSULES PER DAY |
| ANTINEOPLASTIC- ENZYME INHIBITORS | SUTENT 25MG CAPS | DAYS SUPPLY PER FILL DAILY DOSAGE | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS 2 CAPSULES PER DAY |
| ANTINEOPLASTIC- ENZYME INHIBITORS | SUTENT 37.5MG, 50MG CAPS | DAYS SUPPLY PER FILL DAILY DOSAGE | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS 1 CAPSULE PER DAY |
| ANTINEOPLASTIC- ENZYME INHIBITORS | TAGRISSE 40MG TABS | DAYS SUPPLY PER FILL DAILY DOSAGE | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS 2 TABLETS PER DAY |
| ANTINEOPLASTIC- ENZYME INHIBITORS | TAGRISSE 80MG TABS | DAYS SUPPLY PER FILL DAILY DOSAGE | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS 1 TABLET PER DAY |
| ANTINEOPLASTIC- ENZYME INHIBITORS | TALZENNA CAPS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | TARCEVA (ERLOTINIB) TABS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | TASIGNA CAPS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | TAZVERIK TABS | DAILY DOSAGE | 8 TABLETS PER DAY |
| ANTINEOPLASTIC- ENZYME INHIBITORS | TYKERB TABS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | VERZENIO TABS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | VIZIMPRO TABS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | VOTRIENT CAPS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | XALKORI CAPS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | ZEJULA CAPS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC- ENZYME INHIBITORS | ZOLINZA CAPS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|--|--|---|--|
| ANTINEOPLASTIC- ENZYME INHIBITORS | ZYDELIG TABS | DAYS SUPPLY PER FILL DAILY DOSAGE | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS 2 TABLETS PER DAY |
| ANTINEOPLASTIC- ENZYME INHIBITORS | ZYKADIA CAPS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC- HEDGEHOG PATHWAY INHIBITORS | ERIVEDGE CAPS | DAYS SUPPLY PER FILL DAILY DOSAGE | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS 1 CAPSULE PER DAY |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | DEPO-PROVERA (MEDROXYPROGESTERONE) SUSP | INJECTABLE DOSE LIMIT | 1 DOSE (2.5ML)PER FILL |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | NUBEQA CAPSULES | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | XTANDI CAPS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | YONSA TABS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | ZYTIGA (ABIRATERONE ACETATE) TABS 250MG, 500MG | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC-IMMUNOMODULATORS | POMALYST 1MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ANTINEOPLASTIC-IMMUNOMODULATORS | POMALYST 2MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTINEOPLASTIC-IMMUNOMODULATORS | POMALYST 3MG, 4MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTINEOPLASTICS MISC | TARGRETIN (BEXAROTENE) CAPS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | CARAC (FLUOROURACIL) CREAM 0.5% | TOPICAL DOSE LIMIT | 30 GRAMS PER 30 DAYS |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | EFUDEX (FLUOROURACIL) CREAM TOPICAL 5% | TOPICAL DOSE LIMIT | 1 TUBE (40 GRAMS) PER 28 DAYS |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | EFUDEX (FLUOROURACIL) SOLN EX 2 %, 5 % | TOPICAL DOSE LIMIT | 10 ML PER 14 DAYS |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | PICATO 0.015% GEL | QUANTITY LIMIT PER FILL FILL FREQUENCY | 3 TUBES PER FILL 6 TUBES PER 365 DAYS |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | PICATO 0.05% GEL | QUANTITY LIMIT PER FILL FILL FREQUENCY | 2 TUBES PER FILL 6 TUBES PER 365 DAYS |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|--|--|---|--|
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS- TOPICAL | SOLARAZE (DICLOFENAC SODIUM (TOPICAL) GEL) 3% | QUANTITY LIMIT FILL FREQUENCY | 1 TUBE (100 GRAMS) PER 30 DAYS |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS- TOPICAL | TARGRETIN GEL | TOPICAL DOSE LIMIT | 2 GRAMS PER DAY |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | VALCHLOR GEL | TOPICAL DOSE LIMIT | 4 GRAMS PER DAY |
| ANTI-OBESITY AGENTS | XENICAL CAPS | DAILY DOSAGE | 3 CAPSULES PER DAY |
| ANTIPRURITICS- TOPICAL | ZONALON (DOXEPIN HCL) CREAM 5% | QUANTITY LIMIT PER FILL FILL FREQUENCY | 90 GRAMS PER FILL 1 FILL PER 180 DAYS |
| ANTIPSORIATICS | CALCIPOTRIENE SOLN | TOPICAL DOSE LIMIT | 60 ML PER FILL |
| ANTIPSORIATICS | COSENTYX AUTO-INJECTOR PEN, 1 PEN | INJECTABLE DOSE LIMIT | 1 PEN PER 28 DAYS |
| ANTIPSORIATICS | COSENTYX AUTO-INJECTOR PEN, 2 PENS | INJECTABLE DOSE LIMIT | 2 PENS PER 28 DAYS |
| ANTIPSORIATICS | COSENTYX SYRINGE, 1 SYRINGE | INJECTABLE DOSE LIMIT | 1 SYRINGE PER 28 DAYS |
| ANTIPSORIATICS | COSENTYX SYRINGE, 2 SYRINGES | INJECTABLE DOSE LIMIT | 2 SYRINGES PER 28 DAYS |
| ANTIPSORIATICS | DOVONEX (CALCIPOTRIENE) CREAM, OINTMENT | TOPICAL DOSE LIMIT | 60 GRAMS PER 30 DAYS |
| ANTIPSORIATICS | OXSORALEN ULTRA CAPS (METHOXSALEN RAPID) | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ANTIPSORIATICS | SORIATANE (ACITRETIN) CAPS 17.5 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIPSORIATICS | SORIATANE (ACITRETIN) CAPS 25 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIPSORIATICS | SORILUX FOAM | TOPICAL DOSE LIMIT | 1 PACKAGE PER FILL |
| ANTIPSORIATICS | STELARA 45MG PREFILLED SYRINGE | INJECTABLE DOSE LIMIT | 1 DOSE PER 84 DAYS |
| ANTIPSORIATICS | STELARA 90MG PREFILLED SYRINGE | INJECTABLE DOSE LIMIT | 1 DOSE PER 56 DAYS |
| ANTIPSORIATICS | TALTZ AUTO-INJECTOR 1 PACK | INJECTABLE DOSE LIMIT | 1 PEN PER 28 DAYS |
| ANTIPSORIATICS | TALTZ AUTO-INJECTOR 2 PACK | INJECTABLE DOSE LIMIT | 3 PACKS (6 PENS) PER 180 DAYS |
| ANTIPSORIATICS | TALTZ AUTO-INJECTOR 3 PACK | INJECTABLE DOSE LIMIT | 1 PACK (3 PENS) PER 180 DAYS |
| ANTIPSORIATICS | TALTZ SYRINGE | INJECTABLE DOSE LIMIT | 1 SYRINGE PER 28 DAYS |
| ANTIPSORIATICS | TAZORAC CREAM | TOPICAL DOSE LIMIT | 60 GRAMS PER 30 DAYS |
| ANTIPSORIATICS | TAZORAC GEL | TOPICAL DOSE LIMIT | 100 GRAMS PER 30 DAYS |
| ANTIPSORIATICS | TREMFYA | INJECTABLE DOSE LIMIT | 1 DOSE PER 56 DAYS |
| ANTIPSORIATICS | VECTICAL (CALCITRIOL) OINTMENT | TOPICAL DOSE LIMIT | 100 GRAMS PER 30 DAYS |
| ANTIPSYCHOTICS - MISC. | EQUETRO (CARBAMAZEPINE) CAP SR 12HOUR 100 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIPSYCHOTICS - MISC. | EQUETRO (CARBAMAZEPINE) CAP SR 12HOUR 200 MG | DAILY DOSAGE | 8 CAPSULES PER DAY |
| ANTIPSYCHOTICS - MISC. | EQUETRO (CARBAMAZEPINE) CAP SR 12HOUR 300 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ANTIPSYCHOTICS - MISC. | GEODON (ZIPRASIDONE HCL) CAPS 20 MG, 40 MG, 60 MG, 80 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIPSYCHOTICS - MISC. | LATUDA TABS 20 MG, 40 MG, 60 MG, 120MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIPSYCHOTICS - MISC. | LATUDA TABS 80MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIPSYCHOTICS - MISC. | VRAYLAR CAPS | DAILY DOSAGE | 1 CAPSULE PER DAY |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|------------------------|--|-------------------------|---------------------|
| ANTIPSYCHOTICS - MISC. | VRAYLAR STARTER PACK | QUANTITY LIMIT PER TIME | 1 PACK PER 180 DAYS |
| ANTIRETROVIRALS | APTIVUS 250MG CAPS | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ANTIRETROVIRALS | ATRIPLA TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | COMBIVIR (LAMIVUDINE-ZIDOVUDINE) TABS | 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 | EDURANT TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | EMTRIVA CAPS | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIRETROVIRALS | EPIVIR (LAMIVUDINE) SOLN 10 MG/ML | ORAL DOSE LIMIT | 30 ML PER DAY |
| ANTIRETROVIRALS | EPIVIR (LAMIVUDINE) TABS 150 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | EPIVIR (LAMIVUDINE) TABS 300 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | EPZICOM (ABACAVIR SULFATE-LAMIVUDINE) TABS | DAILY DOSAGE | 1 TABLET 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 CAPS 200MG | DAILY DOSAGE | 10 CAPSULES 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 (LOPINAVIR-RITONAVIR) SOLN 400MG/5ML-100MG/5ML | 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 | LEXIVA (FOSAMPRENAVIR CALCIUM) TABS 700 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTIRETROVIRALS | LEXIVA SUSP 50 MG/ML | ORAL DOSE LIMIT | 56 ML PER DAY |
| ANTIRETROVIRALS | NORVIR (RITONAVIR) 100MG TABS | DAILY DOSAGE | 12 TABLETS PER DAY |
| ANTIRETROVIRALS | NORVIR CAPS 100 MG | DAILY DOSAGE | 12 CAPSULES PER DAY |
| ANTIRETROVIRALS | NORVIR SOLN 80 MG/ML | ORAL DOSE LIMIT | 15 ML 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 (ZIDOVUDINE) CAPS 100 MG | DAILY DOSAGE | 6 CAPSULES PER DAY |
| ANTIRETROVIRALS | REYATAZ (ATAZANAVIR SULFATE) CAPS 150 MG, 200 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIRETROVIRALS | REYATAZ (ATAZANAVIR SULFATE) CAPS 300 MG | DAILY DOSAGE | 1 CAPSULE 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 | SUSTIVA (EFAVIRENZ) CAPS 200 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|-----------------------------------|--|
| ANTIRETROVIRALS | SUSTIVA (EFAVIRENZ) CAPS 50 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| ANTIRETROVIRALS | SUSTIVA (EFAVIRENZ) TABS 600 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | TRIZIVIR (ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE) TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | TRUVADA TABS 300MG-200MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | VIDEX (DIDANOSINE) EC CAPSULE DR 125 MG, 200 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIRETROVIRALS | VIDEX (DIDANOSINE) EC CAPSULE DR 250 MG, 400 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIRETROVIRALS | VIDEX PEDIATRIC 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 (NEVIRAPINE) XR TB24 400 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | VIRAMUNE (NEVIRAPINE) SUSP 50 MG/5ML | ORAL DOSE LIMIT | 40 ML PER DAY |
| ANTIRETROVIRALS | VIRAMUNE (NEVIRAPINE) TABS 200 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | VIREAD (TENOFVIR DISOPROXIL FUMARATE) TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | VIREAD POWD 40 MG/GM | ORAL DOSE LIMIT | 4 BOTTLES (240 GRAMS) PER 30 DAYS |
| ANTIRETROVIRALS | ZERIT (STAVUDINE) CAPS 20 MG, 30 MG, 40 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIRETROVIRALS | ZERIT (STAVUDINE) SOLR 1 MG/ML | ORAL DOSE LIMIT | 80 ML PER DAY |
| ANTIRETROVIRALS | ZIAGEN (ABACAVIR SULFATE) SOLN 20 MG/ML | ORAL DOSE LIMIT | 30 ML PER DAY |
| ANTIRETROVIRALS | ZIAGEN (ABACAVIR SULFATE) TABS 300 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | ZIDOVUDINE TABS 300 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRHEUMATIC ANTIMETABOLITES | OTREXUP, RASUVO AUTO-INJECTOR (4 PENS PER PACKAGE) | FILL FREQUENCY | 1 PACKAGE PER 28 DAYS |
| ANTISPASMODICS | BELLADONNA ALKALOIDS & OPIUM SUPP | DAILY DOSAGE | 2 SUPPOSITORIES PER DAY |
| ANTISPASMODICS | ROBINUL (GLYCOPYRROLATE) SOLN INJ 4 MG/20ML | INJECTABLE DOSE LIMIT | 4 ML PER DAY |
| ANTISPASMODICS | ROBINUL FORTE (GLYCOPYRROLATE) TABS OR 2 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTI-TNF ALPHA MONOCLONAL ANTIBODIES | HUMIRA STARTER PACK | FILL FREQUENCY | 1 FILL PER 180 DAYS |
| ANTI-TNF ALPHA MONOCLONAL ANTIBODIES | HUMIRA SYRINGE, PEN KITS | QUANTITY LIMIT FILL FREQUENCY | 2 DOSES PER 28 DAYS |
| ANTI-TNF ALPHA MONOCLONAL ANTIBODIES | SIMPONI 50MG/0.5ML SYRINGE | INJECTABLE DOSE LIMIT | 1 SYRINGE PER 28 DAYS |
| ANTI-TNF ALPHA MONOCLONAL ANTIBODIES | SIMPONI 100MG/1ML AUTO-INJECTOR, SYRINGE | INJECTABLE DOSE LIMIT | 1 DOSE PER 28 DAYS |
| ANTITUSSIVES | DELSYM (DEXTROMETHORPHAN POLISTIREX) SUSPENSION 30MG/5ML | ORAL DOSE LIMIT QUANTITY LIMIT | 240 ML PER 6 DAYS |
| ANTITUSSIVES | TESSALON (BENZONATATE) CAPS 100 MG, 150 MG, 200 MG | FILL FREQUENCY | 30 CAPSULES PER 10 DAYS |
| ANTIVIRALS - TOPICAL | DENAVIR 1% CREAM | TOPICAL DOSE LIMIT | 1 TUBE (5 GRAMS) PER FILL |
| ANTIVIRALS - TOPICAL | ZOVIRAX (ACYCLOVIR) 5% CREAM EXTERNAL | TOPICAL DOSE LIMIT | 1 TUBE (5 GRAMS) PER FILL |
| ANTIVIRALS - TOPICAL | ZOVIRAX (ACYCLOVIR) 5 % OINTMENT EXTERNAL | TOPICAL DOSE LIMIT | 1 PACKAGE PER FILL 30 GRAMS PER 30 DAYS |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|--|-----------------------|---------------------------|
| ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD) AGENTS | INTUNIV (GUANFACINE HCL (ADHD)) TB24 1 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD) AGENTS | INTUNIV (GUANFACINE HCL (ADHD)) TB24 2 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD) AGENTS | INTUNIV (GUANFACINE HCL (ADHD)) TB24 3 MG, 4 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD) AGENTS | KAPVAY (CLONIDINE HCL (ADHD)) TB12 | DAILY DOSAGE | 4 TABLETS PER DAY |
| ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD) AGENTS | STRATTERA (ATOMOXETINE HCL) CAPS 25 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD) AGENTS | STRATTERA (ATOMOXETINE HCL) CAPS 10 MG, 18 MG, 40 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD) AGENTS | STRATTERA (ATOMOXETINE HCL) CAPS 60 MG, 80 MG, 100 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| B-COMPLEX VITAMINS | B-COMPLEX VITAMINS CAPS | DAILY DOSAGE | 1 CAPSULE PER DAY |
| B-COMPLEX VITAMINS | B-COMPLEX VITAMINS TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| B-COMPLEX W/ C | B COMPLEX W/ C CAPS | DAILY DOSAGE | 1 CAPSULE PER DAY |
| B-COMPLEX W/ FOLIC ACID | B-COMPLEX W/ C & FOLIC ACID CAPS | DAILY DOSAGE | 1 CAPSULE PER DAY |
| B-COMPLEX W/ FOLIC ACID | B-COMPLEX W/ C & FOLIC ACID TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| B-COMPLEX W/ FOLIC ACID | NEPHROCAPS CAPS (B-COMPLEX W/ C & FOLIC ACID 1MG) | DAILY DOSAGE | 1 CAPSULE PER DAY |
| BENZISOXAZOLES | FANAPT TABS | 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, 234MG/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 | PERSERIS SUSP | INJECTABLE DOSE LIMIT | 1 SYRINGE PER 28 DAYS |
| BENZISOXAZOLES | RISPERDAL (RISPERIDONE) SOLN 1 MG/ML | ORAL DOSE LIMIT | 8 ML PER DAY |
| BENZISOXAZOLES | RISPERDAL (RISPERIDONE) TABS 0.25 MG, 0.5MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| BENZISOXAZOLES | RISPERDAL (RISPERIDONE) TABS 1MG, 2MG | DAILY DOSAGE | 4 TABLETS PER DAY |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|--------------------------------|---|----------------------------------|-----------------------------------|
| BENZISOXAZOLES | RISPERDAL (RISPERIDONE) TABS 3 MG, 4 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BENZISOXAZOLES | RISPERDAL CONSTA INJ SUSPENSION | INJECTABLE DOSE LIMIT | 2 FILLS PER 28 DAYS |
| BENZISOXAZOLES | RISPERDAL M-TAB (RISPERIDONE) ORAL DISINTEGRATING 0.5MG | DAILY DOSAGE | 5 TABLETS PER DAY |
| BENZISOXAZOLES | RISPERDAL M-TAB (RISPERIDONE) ORAL DISINTEGRATING 1MG, 2MG, 3MG, 4MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BENZISOXAZOLES | RISPERDAL M-TAB (RISPERIDONE) ORAL DISINTEGRATING 0.25MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| BENZODIAZEPINES | ATIVAN (LORAZEPAM) TABS 0.5 MG, 2 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| BENZODIAZEPINES | ATIVAN (LORAZEPAM) TABS 1 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| BENZODIAZEPINES | CHLORDIAZEPOXIDE HCL CAPS 5 MG, 10 MG, 25 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| BENZODIAZEPINES | DIAZEPAM SOLN OR 1 MG/ML | QUANTITY LIMIT FILL FREQUENCY | 40 ML DAILY 200 ML PER 30 DAYS |
| BENZODIAZEPINES | SERAX (OXAZEPAM) CAPS | DAILY DOSAGE | 4 CAPSULES PER DAY |
| BENZODIAZEPINES | TRANXENE T (CLORAZEPATE DIPOTASSIUM) TABS | DAILY DOSAGE | 3 TABLETS PER DAY |
| BENZODIAZEPINES | VALIUM (DIAZEPAM) TABS | DAILY DOSAGE | 4 TABLETS PER DAY |
| BENZODIAZEPINES | XANAX (ALPRAZOLAM) TABS | DAILY DOSAGE | 4 TABLETS PER DAY |
| BETA BLOCKERS CARDIO-SELECTIVE | TOPROL XL (METOPROLOL SUCCINATE) 24 HOUR TAB 200 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BETA BLOCKERS NON-SELECTIVE | BETAPACE AF (SOTALOL HCL) TABS 120MG, 160MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BETA BLOCKERS NON-SELECTIVE | CORGARD (NADOLOL) TABS 20MG, 40MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BETA BLOCKERS NON-SELECTIVE | INDERAL LA (PROPRANOLOL) CAPS 60MG, 80MG 120MG, 160MG | DAILY DOSAGE | 2 CAPSULES 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 | GLUMETZA (METFORMIN HCL) TB24 | DAILY DOSAGE | 2 TABLETS PER DAY |
| BIGUANIDES | RIOMET (METFORMING HCL) ORAL SOLN 500MG/5ML | 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 | PREVALITE (CHOLESTYRAMINE) LIGHT PACKET 4 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 | 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 35MG TABS | QUANTITY LIMIT FILL FREQUENCY | 4 TABLETS PER 28 DAYS |
| BONE DENSITY REGULATORS | ACTONEL (RISEDRONATE SODIUM) TABS 5MG, 30MG | DAILY DOSAGE | 1 TABLET PER DAY |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|--|---|----------------------------------|--------------------------------------|
| BONE DENSITY REGULATORS | FOSAMAX (ALENDRONATE SODIUM) SOLN 70 MG/75ML | ORAL DOSE LIMIT | 10.8 ML PER DAY |
| BONE DENSITY REGULATORS | FOSAMAX (ALENDRONATE SODIUM) TABS 40MG | DAILY DOSAGE | 1 TABLET PER DAY |
| BONE DENSITY REGULATORS | FORTICAL (CALCITONIN SALMON) NASAL SOLN SOLN | TOPICAL DOSE LIMIT | 4 ML PER 30 DAYS |
| BONE DENSITY REGULATORS | NATPARA CARTRIDGE | FILL FREQUENCY | 1 PACKAGE (2 CARTRIDGES) PER 28 DAYS |
| BRADYKININ B2 RECEPTOR ANTAGONISTS | FIRAZYR (ICATIBANT ACETATE) 30MG/3ML INJ SOLN | QUANTITY LIMIT PER FILL | 9 ML PER FILL |
| BRONCHODILATORS - ANTICHOLINERGICS | ATROVENT HFA AERS | INHALATION DOSE LIMIT | 2 INHALERS PER 30 DAYS |
| BRONCHODILATORS - ANTICHOLINERGICS | SPIRIVA HANDIHALER CAPS | DAILY DOSAGE | 1 NEBULIZED CAPSULE PER DAY |
| BRONCHODILATORS - ANTICHOLINERGICS | SPIRIVA RESPIMAT INHALER | QUANTITY LIMIT FILL FREQUENCY | 1 INHALER PER 30 DAYS |
| BULK LAXATIVES | NATURAL FIBER (PSYLLIUM POWDER) 28.3% | ORAL DOSE LIMIT | 30 GRAMS PER DAY |
| BURN PRODUCTS | SILVADENE (SILVER SULFADIAZINE) CREAM | TOPICAL DOSE LIMIT | 13.4 GRAMS PER DAY |
| BUTYROPHENONES | HALDOL (HALOPERIDOL) TABS 0.5 MG, 1 MG, 2MG, 5MG, 10 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| BUTYROPHENONES | HALDOL (HALOPERIDOL) TABS 20MG | DAILY DOSAGE | 5 TABLETS PER DAY |
| CALCITONIN GENE RELATED PEPTIDE RECEPTOR ANTAGONISTS | UBRELVY TABS (50MG 100MG) | QUANTITY LIMIT FILL FREQUENCY | 16 TABLETS PER 30 DAYS |
| CALCIUM | CALCIUM CARBONATE-VITAMIN D TABS 200UNIT-600MG, 400UNIT-600MG, 600MG-200UNIT, 600MG-400UNIT | DAILY DOSAGE | 2 TABLETS PER DAY |
| CALCIUM | CALCIUM CARBONATE-VITAMIN D TABS 600MG-200UNIT, 600MG-400UNIT | DAILY DOSAGE | 2 TABLETS PER DAY |
| CALCIUM CHANNEL BLOCKERS | ADALAT CC (NIFEDIPINE) TB24 60 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| CALCIUM CHANNEL BLOCKERS | ADALAT CC (NIFEDIPINE) TB24 90 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| CALCIUM CHANNEL BLOCKERS | CARDIZEM CD (DILTIAZEM HCL COATED BEADS) 24 HOUR CAPSULE 180MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| CALCIUM CHANNEL BLOCKERS | KATERZIA SUSPENSION | ORAL DOSE LIMIT | 5 ML PER DAY |
| CALCIUM CHANNEL BLOCKERS | DILTIAZEM HCL CAPSULE 12 HOUR 60 MG, 90 MG, 120 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| CALCIUM CHANNEL BLOCKERS | NIFEDIPINE CAPS 20MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| CALCIUM CHANNEL BLOCKERS | TIAZAC (DILTIAZEM HCL) EXTENDED RELEASE BEADS CP24 420 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| CALCIUM CHANNEL BLOCKERS | VERAPAMIL HCL CP24 120 MG, 180MG, 240MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| CALCIUM CHANNEL BLOCKERS | VERELAN (VERAPAMIL HCL) 24 HOUR CAPSULE 360MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| CARBAMATES | FELBATOL (FELBAMATE) SUSPENSION 600 MG/5ML | ORAL DOSE LIMIT | 120 ML PER DAY |
| CARBAMATES | FELBATOL (FELBAMATE) TABS 400 MG | DAILY DOSAGE | 9 TABLETS PER DAY |
| CARBAMATES | FELBATOL (FELBAMATE) TABS 600 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| CARBONIC ANHYDRASE INHIBITORS | KEVEYIS TABLETS | DAILY DOSAGE | 4 TABLETS PER DAY |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|--|---|----------------------------------|------------------------|
| CENTRAL MUSCLE RELAXANTS | FLEXERIL (CYCLOBENZAPRINE HCL) TABS 5 MG, 10 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| CENTRAL MUSCLE RELAXANTS | NORFLEX (ORPHENADRINE CITRATE) 12 HOUR TABS 100MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| CEPHALOSPORINS - 3RD GENERATION | OMNICEF (CEFDINIR) 300MG CAPSULES | QUANTITY LIMIT | 20 CAPSULES PER FILL |
| CEPHALOSPORINS - 3RD GENERATION | OMNICEF (CEFDINIR) ORAL SUSPENSION 125MG/5ML, 250MG/5ML | QUANTITY LIMIT | 120 ML PER FILL |
| CHELATING AGENTS | CLOVIQUE, SYPRINE (TRIENTINE) CAPS | DAILY DOSAGE | 8 CAPSULES PER DAY |
| CLARITHROMYCIN | BIAXIN (CLARITHROMYCIN) TABS 250MG | QUANTITY LIMIT PER FILL | 28 TABLETS PER FILL |
| CLARITHROMYCIN | BIAXIN (CLARITHROMYCIN) TABS EXTENDED RELEASE 500MG | QUANTITY LIMIT PER FILL | 14 TABLETS PER FILL |
| CMV AGENTS | VALCYTE (VALGANCICLOVIR HCL) SOLUTION 50 MG/ML | ORAL DOSE LIMIT | 18 ML PER DAY |
| CMV AGENTS | VALCYTE (VALGANCICLOVIR HCL) TABS 450 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL | XULANE PTWK | QUANTITY LIMIT FILL FREQUENCY | 9 PATCHES PER 84 DAYS |
| COMBINATION CONTRACEPTIVES - VAGINAL | NUVARING (ETONOGESTREL-ETHINYL ESTRADIOL) VAGINAL 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 | PERPHENAZINE/AMITRIPTYLINE TABS | DAILY DOSAGE | 4 TABLETS PER DAY |
| COMBINATION PSYCHOTHERAPEUTICS | SYMBYAX (OLANZAPINE-FLUOXETINE HCL) CAPS | DAILY DOSAGE | 1 CAPSULE PER DAY |
| COMPLEMENT INHIBITORS | RUCONEST | QUANTITY LIMIT PER FILL | 4 VIALS PER FILL |
| COPPER CONTRACEPTIVES - IUD | PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD | FILL FREQUENCY | 1 DEVICE PER 365 DAYS |
| CORTICOSTEROIDS - TOPICAL | BETAMETHASONE DIPROPIONATE CREAM, OINTMENT | TOPICAL DOSE LIMIT | 3.0 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | BETAMETHASONE VALERATE 0.1% CREAM, OINTMENT | TOPICAL DOSE LIMIT | 45 GRAMS PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | BETAMETHASONE VALERATE LOTION 0.1% | TOPICAL DOSE LIMIT | 60 ML PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | BRYHALI (HALOBETASOL PROPIONATE) LOTION | TOPICAL DOSE LIMIT | 100 GRAMS PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | CALCIPOTRIENE-BETAMETHASONE DIPRO OINT | TOPICAL DOSE LIMIT | 100 GRAMS PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | CLOBEX (CLOBETASOL PROPIONATE) 0.05% LOTION, SHAMPOO | TOPICAL DOSE LIMIT | 118 ML PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | CLODERM (CLOCORTOLONE PIVALATE) CREAM 0.1% | TOPICAL DOSE LIMIT | 3 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | CORDRAN, NOLIX (FLURANDRENOLIDE) CREAM | TOPICAL DOSE LIMIT | 120 GRAMS PER FILL |
| CORTICOSTEROIDS - TOPICAL | CORDRAN, NOLIX (FLURANDRENOLIDE) LOTION | TOPICAL DOSE LIMIT | 120 ML PER FILL |
| CORTICOSTEROIDS - TOPICAL | CORDRAN TAPE | MAX FILLS PER TIME | 1 PACKAGE PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | CORMAX SCALP (CLOBETASOL PROPIONATE) 0.05% SOLN | TOPICAL DOSE LIMIT | 50 ML PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | CUTIVATE (FLUTICASONE PROPIONATE) 0.05% LOTION | TOPICAL DOSE LIMIT | 120 ML PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | DERMA-SMOOTH/FS BODY OIL | TOPICAL DOSE LIMIT | 7.9 ML PER DAY |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---------------------------|---|--|--|
| CORTICOSTEROIDS - TOPICAL | DERMA-SMOOTH/FS SCALP OIL | TOPICAL DOSE LIMIT | 4 ML PER DAY |
| CORTICOSTEROIDS - TOPICAL | DESONATE (DESONIDE) 0.05% GEL | TOPICAL DOSE LIMIT | 2 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | DESOWEN, TRIDESILON (DESONIDE) CREAM, LOTION, OINTMENT | TOPICAL DOSE LIMIT | 4.0 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | DIPROFENE (AUGMENTED BETAMETHASONE DIPROPIONATE) CREAM, GEL, OINT | TOPICAL DOSE LIMIT | 50 GRAMS PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | DIPROLENE (AUGMENTED BETAMETHASONE DIPROPIONATE) LOTION | TOPICAL DOSE LIMIT | 60 ML PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | DUOBRII | TOPICAL DOSE LIMIT | 3.4 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | ELOCON (MOMETASONE FUROATE) CREAM, OINTMENT | TOPICAL DOSE LIMIT | 3 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | ELOCON (MOMETASONE FUROATE) SOLUTION | TOPICAL DOSE LIMIT | 2 ML PER DAY |
| CORTICOSTEROIDS - TOPICAL | FLUOCINONIDE 0.05% CREAM, OINT | TOPICAL DOSE LIMIT | 60 GRAMS PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | FLUOCINONIDE 0.05% SOLUTION | TOPICAL DOSE LIMIT | 6 ML PER DAY |
| CORTICOSTEROIDS - TOPICAL | FLUTICASONE PROPIONATE CREAM, OINTMENT | TOPICAL DOSE LIMIT | 4 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | HALOG (HALCINONIDE) CREAM, OINTMENT | TOPICAL DOSE LIMIT | 2 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | HYDROCORTISONE 0.5% OINTMENT | TOPICAL DOSE LIMIT | 2 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | HYDROCORTISONE 1% CREAM, 1% OINTMENT, 2.5% CREAM, 2.5% OINTMENT | TOPICAL DOSE LIMIT | 15.14 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | KENALOG (TRIAMCINOLONE ACETONIDE) CREAM, OINTMENT 0.025%, 0.1% | TOPICAL DOSE LIMIT | 15.14 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | LEXETTE (HALOBETASOL PROPIONATE) FOAM | TOPICAL DOSE LIMIT | 3.34 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | LOCID (HYDROCORTISONE BUTYRATE) CREAM, OINTMENT | TOPICAL DOSE LIMIT | 3 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | LOCID (HYDROCORTISONE BUTYRATE) LOTION 0.1% | TOPICAL DOSE LIMIT | 118 ML PER FILL |
| CORTICOSTEROIDS - TOPICAL | LOCID (HYDROCORTISONE BUTYRATE) SOLUTION | TOPICAL DOSE LIMIT | 2 ML PER DAY |
| CORTICOSTEROIDS - TOPICAL | LUXIQ 0.12% FOAM | TOPICAL DOSE LIMIT | 3.34 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | OLUX (CLOBETASOL PROPIONATE) FOAM 0.05% | TOPICAL DOSE LIMIT | 3.3 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | OLUX-E (CLOBETASOL PROPIONATE) EMULSION FOAM 0.05% | TOPICAL DOSE LIMIT | 3.3 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | PSORCON (DIFLORASONE DIACETATE) CREAM, OINTMENT | TOPICAL DOSE LIMIT | 60 GRAMS PER FILL |
| CORTICOSTEROIDS - TOPICAL | SYNALAR (FLUCINOLONE ACETONIDE) CREAM, OINTMENT 0.025% | TOPICAL DOSE LIMIT | 4 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | SYNALAR (FLUCINOLONE ACETONIDE) SOLN 0.01 % | TOPICAL DOSE LIMIT | 60 ML PER 10 DAYS |
| CORTICOSTEROIDS - TOPICAL | TACLONEX (CALCIPOTRIENE-BETAMETHASONE DIP) OINTMENT | QUANTITY LIMIT PER FILL MAX FILLS VS TIME | 100 GRAMS PER FILL 2 FILLS PER 180 DAYS |
| CORTICOSTEROIDS - TOPICAL | TACLONEX (CALCIPOTRIENE-BETAMETHASONE DIP) SUSP | QUANTITY LIMIT PER FILL MAX FILLS VS TIME | 120 GRAMS PER FILL 2 FILLS PER 180 DAYS |
| CORTICOSTEROIDS - TOPICAL | TEMOVATE (CLOBETASOL PROPIONATE) 0.05% CREAM, GEL, OINT | TOPICAL DOSE LIMIT | 60 GRAMS PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | TEMOVATE- E (CLOBETASOL PROPIONATE EMOLLIENT) 0.05% CREAM | TOPICAL DOSE LIMIT | 60 GRAMS PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | TOPICORT (DESOXIMETASONE) CREAM, GEL, OINTMENT | TOPICAL DOSE LIMIT | 4 GRAMS PER DAY |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---------------------------------|---|---|---|
| CORTICOSTEROIDS - TOPICAL | TOPICORT (DESOXIMETASONE) SPRAY | TOPICAL DOSE LIMIT | 3.34 ML PER DAY |
| CORTICOSTEROIDS - TOPICAL | TRIAMCINOLONE ACETONIDE LOTION 0.1% | TOPICAL DOSE LIMIT | 2 ML PER DAY |
| CORTICOSTEROIDS - TOPICAL | TRIAMCINOLONE ACETONIDE OINTMENT 0.5% | TOPICAL DOSE LIMIT | 2 GRAMS PER DAY |
| | TRIANEX (TRIAMCINOLONE ACETONIDE) 0.05% OINTMENT | QUANTITY LIMT PER FILL MAX FILLS VS TIME | 430 GRAMS PER FILL 1 FILL PER 365 DAYS |
| CORTICOSTEROIDS - TOPICAL | ULTRAVATE (HALOBETASOL PROPIONATE_ CREAM, FOAM, OINT | TOPICAL DOSE LIMIT | 50 GRAMS PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | VANOS (FLUOCINONIDE 0.1%) CREAM | TOPICAL DOSE LIMIT | 60 GRAMS PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | VERDESO FOAM | TOPICAL DOSE LIMIT | 4 GRAMS PER DAY |
| 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 | CLARITIN-D 12 HOUR (LORATADINE & PSEUDOEPHEDRINE) TB12 5MG-120MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| COUGH/COLD/ALLERGY COMBINATIONS | CLARITIN-D 24 HOUR (LORATADINE & PSEUDOEPHEDRINE) TB24 10MG-240MG | DAILY DOSAGE | 1 TABLET PER DAY |
| COUGH/COLD/ALLERGY COMBINATIONS | DIMETAPP COLD & ALLERGY (BROMPHENIRAMINE & PHENYLEPH) ELIX 1MG/5ML-2.5MG/5ML | ORAL DOSE LIMIT | 120 ML PER 10 DAYS |
| COUGH/COLD/ALLERGY COMBINATIONS | ED BRON GP (PHENYLEPHRINE-GUAIFENESIN) LIQUID | ORAL DOSE LIMIT | 240 ML PER 4 DAYS |
| COUGH/COLD/ALLERGY COMBINATIONS | FLU/SEVERE COLD & COUGH DAYTIME | DAILY DOSAGE | 4 PACKETS PER DAY |
| 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 | MUCINEX D TB12 (PSEUDOEPHEDRINE-GUAIFENESIN) | QUANTITY LIMIT PER FILL | 36 TABLETS PER FILL |
| COUGH/COLD/ALLERGY COMBINATIONS | MUCINEX DM TB12 (DEXTROMETHORPHAN-GUAIFENESIN) | DAILY DOSAGE | 4 TABLETS PER DAY |
| COUGH/COLD/ALLERGY COMBINATIONS | PHENERGAN W/ CODEINE (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-GUAIFENESIN SOLN | ORAL DOSE LIMIT | 240 ML PER 6 DAYS |
| COUGH/COLD/ALLERGY COMBINATIONS | PSEUDOEPHEDRINE-CHLORPHEN-DEXTROMETHORPHAN LIQUID | ORAL DOSE LIMIT | 240 ML PER FILL |
| COUGH/COLD/ALLERGY COMBINATIONS | RESCON-GG LIQD (PHENYLEPHRINE-GUAIFENESIN) | ORAL DOSE LIMIT | 240 ML PER 4 DAYS |
| COUGH/COLD/ALLERGY COMBINATIONS | ROBIUTSSIN DM (DEXTROMETHORPHAN-GUAIFENESIN) LIQD 5MG-100MG/5ML,10-100MG/5ML, 20MG-400MG/20ML | ORAL DOSE LIMIT | 240 ML PER 7 DAYS |

Quantity Limits

| Therapeutic Class | Product Name | Drug Restriction Type | Plan Limits |
|---|--|-------------------------|---|
| COUGH/COLD/ALLERGY COMBINATIONS | ZYRTEC-D (CETIRIZINE HCL-PSEUODEPHEDRINE) 5-120MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| 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 | KALYDECO PACKETS 25MG, 50MG | DAILY DOSAGE | 2 PACKETS PER DAY |
| CYSTIC FIBROSIS AGENTS | KALYDECO PACKETS 75MG | DAILY DOSAGE | 4 PACKETS PER DAY |
| CYSTIC FIBROSIS AGENTS | KALYDECO TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| CYSTIC FIBROSIS AGENTS | PULMOZYME SOLN | INHALATION DOSE LIMIT | 75 ML PER 30 DAYS |
| CYSTIC FIBROSIS AGENTS | SYMDEKO TABLETS | DAILY DOSAGE | 2 TABLETS PER DAY |
| DERMATOLOGICALS | EUCRISA OINTMENT | TOPICAL DOSE LIMIT | 60 GRAMS PER 30 DAYS |
| DIABETIC OTHER | BAQSIMI ONE | QUANTITY LIMIT PER TIME | 2 BOXES PER 30 DAYS |
| DIABETIC OTHER | GLUCAGON EMERGENCY KIT KIT | QUANTITY LIMIT PER FILL | 1 KIT PER FILL |
| DIABETIC OTHER | GVOKE HYPOPEN | QUANTITY LIMIT PER FILL | 2 DOSES PER FILL |
| DIABETIC OTHER | KORLYM TABS | DAILY DOSAGE | 4 TABLETS PER DAY |
| | | | INSULIN DEPENDENT DIABETICS AND GESTATIONAL DIABETICS: <u>5 UNITS PER DAY</u> |
| | | | GESTATIONAL DIABETICS: <u>4 UNITS PER DAY</u> |
| | | | SULFONYLUREA OR MEGLITINIDE USERS: <u>2 UNITS PER DAY</u> |
| DIABETIC SUPPLIES- BLOOD GLUCOSE TEST STRIPS, LANCETS | BLOOD GLUCOSE TEST STRIPS AND LANCETS | QUANTITY LIMIT PER TIME | ALL OTHER MEMBERS: <u>102 UNITS PER 90 DAYS</u> |
| | | | INSULIN DEPENDENT DIABETICS : <u>5 UNITS PER DAY</u> |
| | | | GESTATIONAL DIABETICS: <u>4 UNITES PER DAY</u> |
| DIABETIC SUPPLIES- PEN NEEDLES, INSULIN SYRINGES | MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING | QUANTITY LIMIT PER TIME | ALL OTHER MEMBERS: <u>102 UNITS PER 90 DAYS</u> |
| DIABETIC SUPPLIES- LANCING DEVICE | MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING | FILL FREQUENCY | 1 DEVICE PER 180 DAYS |
| DIBENZAPINES | CLOZARIL (CLOZAPINE) TABS 100MG | DAILY DOSAGE | 9 TABLETS PER DAY |
| DIBENZAPINES | CLOZARIL (CLOZAPINE) TABS 12.5MG, 150MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| DIBENZAPINES | CLOZARIL (CLOZAPINE) TABS 200MG | DAILY DOSAGE | 4 TABLETS PER DAY |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|--|--|----------------------------------|------------------------|
| DIBENZAPINES | CLOZARIL (CLOZAPINE) TABS 25 MG, 50 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| DIBENZAPINES | FAZACLO (CLOZAPINE ODT) TABS 100MG | DAILY DOSAGE | 9 TABLETS PER DAY |
| DIBENZAPINES | FAZACLO (CLOZAPINE ODT) TABS 12.5MG, 150MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| DIBENZAPINES | FAZACLO (CLOZAPINE ODT) TABS 200MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| DIBENZAPINES | FAZACLO (CLOZAPINE ODT) TABS 25MG, 50MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| DIBENZAPINES | LOXAPINE SUCCINATE CAPS 5 MG, 10 MG, 25 MG, 50 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| DIBENZAPINES | SAPHRIS SUBL 5 MG, 10 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIBENZAPINES | SEROQUEL (QUETIAPINE FUMARATE) TABS 25 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| DIBENZAPINES | SEROQUEL (QUETIAPINE FUMARATE) TABS 100 MG, 200 MG, 300 MG, 400 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIBENZAPINES | SEROQUEL (QUETIAPINE FUMARATE) TABS 50 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| DIBENZAPINES | SEROQUEL (QUETIAPINE FUMARATE) XR- EXTENDED RELEASE TABS 150 MG, 200MG | DAILY DOSAGE | 1 TABLET PER DAY |
| DIBENZAPINES | SEROQUEL (QUETIAPINE FUMARATE) XR-EXTENDED RELEASE TABS 50MG, 300MG, 400MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIBENZAPINES | ZYPREXA (OLANZAPINE) SOLR IM 10 MG | INJECTABLE DOSE LIMIT | 6 DOSES PER 28 DAYS |
| DIBENZAPINES | ZYPREXA (OLANZAPINE) TABS ORAL 20 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| DIBENZAPINES | ZYPREXA (OLANZAPINE) TABS ORAL 5 MG, 10 MG, 15 MG, 2.5 MG, 7.5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIBENZAPINES | ZYPREXA RELPREVV (OLANZAPINE) | INJECTABLE DOSE LIMIT | 2 ML PER 28 DAYS |
| DIBENZAPINES | ZYPREXA ZYDIS (OLANZAPINE) ORAL DISINTEGRATING TABLETS 5 MG, 10 MG, 15 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIBENZAPINES | ZYPREXA ZYDIS (OLANZAPINE) ORAL DISINTEGRATING TABLETS 20MG | DAILY DOSAGE | 1 TABLET PER DAY |
| DIHYDROINDOLONES | MOLINDRONE TABLETS | DAILY DOSAGE | 9 TABLETS PER DAY |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | ONGLYZA TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | TRADJENTA TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| DIRECT RENIN INHIBITORS | TEKTURNA 150MG, TEKTURNA HCT 150MG/12.5MG, 150MG/25MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIRECT RENIN INHIBITORS | TEKTURNA 300MG, TEKTURNA HCT 300MG/12.5MG, 300MG/25MG | DAILY DOSAGE | 1 TABLET PER DAY |
| DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRI) | SUNOSI 75MG 150MG TABLETS | DAILY DOSAGE | 1 TABLET PER DAY |
| ECZEMA AGENTS | DUPIXENT PREFILLED SYRINGE (300MG/2ML) | INJECTABLE DOSE LIMIT | 2 SYRINGES PER 28 DAYS |
| ELECTROLYTE MIXTURES | PEDIALYTE, ORAL ELECTROLYTE SOLUTION | QUANTITY LIMIT FILL FREQUENCY | 1 BOTTLE PER 30 DAYS |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|-------------------------------|--|--|---|
| EMERGENCY CONTRACEPTIVES | ELLA TABS, ECONTRAC EZ, MY WAY, OPCICON ONE-STEP, | QUANTITY LIMIT FILL FREQUENCY | 1 DOSE PER 21 DAYS |
| EMOLLIENTS | COATS ALOE CRÈME | TOPICAL DOSE LIMIT | 15.2 GRAMS PER DAY |
| EMOLLIENTS | COATS ALOE GELLY | TOPICAL DOSE LIMIT | 15.8 GRAMS PER DAY |
| EMOLLIENTS | COATS ALOE MOISTURIZING LOTION | TOPICAL DOSE LIMIT | 32.6 ML PER DAY |
| EMOLLIENTS | LAC-HYDRIN (AMMONIUM LACTATE) 12% CREAM | TOPICAL DOSE LIMIT | 12.9 GRAMS PER DAY |
| EMOLLIENTS | LAC-HYDRIN (AMMONIUM LACTATE) 12% LOTION | TOPICAL DOSE LIMIT | 16.7 GRAMS PER DAY |
| ENZYMES- TOPICAL | SANTYL OINTMENT | QUANTITY LIMIT PER FILL | 90 GRAMS PER FILL |
| ESTROGEN COMBINATIONS | COMBIPATCH PTTW 0.14MG/DAY-0.05MG/DAY, 0.25MG/DAY-0.05MG/DAY LOPREEZA (ESTRADIOL & NORETHINDRONE ACETATE TABS) 0.1MG-0.5MG, 0.5MG-1MG | TOPICAL DOSE LIMIT DAILY DOSAGE | 8 PATCHES PER 28 DAYS 1 TABLET PER DAY |
| ESTROGEN COMBINATIONS | PREMPRO TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ESTROGENS | CLIMARA (ESTRADIOL) TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.1 MG/24HR, 37.5 MCG/24HR | TOPICAL DOSE LIMIT | 4 PATCHES PER 28 DAYS |
| ESTROGENS | PREMARIN TABS OR 0.625 MG, 0.45 MG, 0.3 MG, 0.9 MG, 1.25 MG VIVELLE-DOT, ALORA, DOTTI (ESTRADIOL) TRANSDERMAL PATCH TWICE WEEKLY 0.0375 MG/24HR, 0.025 MG/24HR, 0.075 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR | DAILY DOSAGE TOPICAL DOSE LIMIT | 1 TABLET PER DAY 8 PATCHES PER 28 DAYS |
| EXPECTORANTS | GUAIFENESIN SYRUP/LIQUID 100 MG/5ML (200MG/10ML) | ORAL DOSE LIMIT | 240 ML PER 7 DAYS |
| EXPECTORANTS | MUCINEX (GUAIFENESIN) TAB 12HOUR- 600 MG | QUANTITY LIMIT | 40 TABLETS PER FILL |
| EXPECTORANTS | MUCINEX (GUAIFENESIN) TAB 12HOUR- 1200 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| FARSENOID X RECEPTOR AGONIST | OCALIVA TABS | DAYS SUPPLY LIMIT PER FILL DAILY DOSAGE | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS 1 TABLET PER DAY |
| FIBRIC ACID DERIVATIVES | FENOFIBRATE MICRONIZED CAP | DAILY DOSAGE | 1 CAPSULE PER DAY |
| FIBRIC ACID DERIVATIVES | FENOGLIDE, FIBRICOR (FENOFIBRIC ACID) TABS | DAILY DOSAGE | 1 DOSE PER DAY |
| FIBRIC ACID DERIVATIVES | LIPOFEN CAP | DAILY DOSAGE | 1 CAPSULE PER DAY |
| FIBRIC ACID DERIVATIVES | TRILIPIX (FENOFIBRIC ACID) DR CAP | 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 | CIPRO (CIPROFLOXACIN HCL) TABS 100 MG | QUANTITY LIMIT | 6 TABLETS PER FILL |
| FLUOROQUINOLONES | FLOXIN (OFLOXACIN) TABS 300MG, 400MG | MAXIMUM QUANTITY PER FILL | 56 TABLETS PER FILL |
| GABA MODULATORS | SABRIL (VIGABATRIN) TABS | DAILY DOSAGE | 6 TABLETS PER DAY |
| GABA MODULATORS | SABRIL (VIGABATRIN, VIGADRONE) POWDER PACKETS | DAILY DOSAGE | 6 PACKETS PER DAY |
| GALLSTONE SOLUBILIZING AGENTS | ACTIGALL (URSODIOL) 300MG CAPS | DAILY DOSAGE | 3 CAPSULES PER DAY |
| GALLSTONE SOLUBILIZING AGENTS | URSO 250 (URSODIOL) 250 MG TABS | DAILY DOSAGE | 7 TABLETS PER DAY |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|--|----------------------------|--|
| GLUCOCORTICOSTEROIDS | VERIPRED (PREDNISOLONE SODIUM PHOSPHATE) ORAL SOLUTION 20MG/5ML | QUANTITY LIMT PER FILL | 150 ML PER FILL |
| GLYCOPEPTIDES | VANCOMYCIN 1GRAM IV SOLUTION | INJECTABLE DOSE LIMIT | |
| GOUT AGENTS | COLCRYS (COLCHICINE) TABS | MAX QUANTITY PER FILL | 14 DOSES PER FILL |
| GOUT AGENTS | ULORIC (FEBUXOSTAT) TABS | QUANTITY LIMIT PER FILL | 6 TABLETS PER FILL |
| H-2 ANTAGONISTS | PEPCID (FAMOTIDINE) SUSPENSION RECON 40 MG/5ML | DAILY DOSAGE | 1 TABLET PER DAY |
| H-2 ANTAGONISTS | AXID (NIZATIDINE) SOLN 15 MG/ML | ORAL DOSE LIMIT | 10 ML PER DAY |
| H-2 ANTAGONISTS | ZANTAC (RANITIDINE HCL) 150MG CAPSULES, TABLETS | ORAL DOSE LIMIT | 20 ML PER DAY |
| HEMATOLOGIC TYROSINE KINASE INHIBITORS | TAVALISSE TABS | DAILY DOSAGE | 2 DOSES PER DAY |
| HEMATOPOIETIC AGENTS | PROMACTA TABLETS | DAYS SUPPLY LIMIT PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| HEMOSTATICS - SYSTEMIC | AMICAR (AMINOCAPROIC ACID) TABS 500 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| HEMOSTATICS - SYSTEMIC | LYSTEDA (TRANEXAMIC ACID) TABLETS | DAILY DOSAGE | 24 TABLETS PER FILL |
| HEPARINS AND HEPARINOID-LIKE AGENTS | LOVENOX (ENOXAPARIN SODIUM) SOLN IJ 300 MG/3ML | DAILY DOSAGE | 30 TABLETS PER 5 DAYS |
| HEPARINS AND HEPARINOID-LIKE AGENTS | LOVENOX (ENOXAPARIN SODIUM) SOLN SC 100 MG/ML, 150 MG/ML | INJECTABLE DOSE LIMIT | 2 DOSES PER DAY |
| HEPARINS AND HEPARINOID-LIKE AGENTS | LOVENOX (ENOXAPARIN SODIUM) SOLN SC 30 MG/0.3ML | INJECTABLE DOSE LIMIT | 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 |
| HEPARINS AND HEPARINOID-LIKE AGENTS | LOVENOX (ENOXAPARIN SODIUM) SOLN SC 60 MG/0.6ML | INJECTABLE DOSE LIMIT | 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 | 17 DAY SUPPLY PER FILL |
| HEPATITIS AGENTS | BARACLUDGE (ENTECAVIR) TABS 0.5 MG, 1 MG | INJECTABLE DOSE LIMIT | 2 DOSES PER DAY |
| HEPATITIS AGENTS | BARACLUDGE SOLN 0.05 MG/ML | INJECTABLE DOSE LIMIT | 17 DAY SUPPLY PER FILL |
| HEPATITIS AGENTS | COPEGUS, REBETOL (RIBAVIRIN) (HEPATITIS C) CAPSULES, TABLETS | DAILY DOSAGE | 1 TABLET PER DAY |
| HEPATITIS AGENTS | EPCLUSA (SOFOSBUVIR-VELPATASVIR) | DAILY DOSAGE | 7 CAPSULES PER DAY |
| HEPATITIS AGENTS | EPIVIR (LAMIVUDINE)(HBV) 100MG TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| HEPATITIS AGENTS | EPIVIR (LAMIVUDINE) (HBV) SOLN 5 MG/ML | DAILY DOSAGE | 3 TABLETS PER DAY |
| HEPATITIS AGENTS | HARVONI (LEDIPASVIR/SOFOSBUVIR) TABS | ORAL DOSE LIMIT | 60 ML PER DAY |
| HEPATITIS AGENTS | HEPSERA (ADEFOVIR DIPIVOXIL) TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| HEPATITIS AGENTS | MAVYRET | DAILY DOSAGE | 1 TABLET PER DAY |
| HEPATITIS AGENTS | MODERIBA (RIBAVIRIN) DOSE PACK 800, 1200 | DAILY DOSAGE | 3 TABLETS PER DAY |
| HEPATITIS AGENTS | OLYSIO | DAILY DOSAGE | 2 TABLETS PER DAY |
| HEPATITIS AGENTS | PEG-INTRON REDIPEN KIT | DAILY DOSAGE | 1 CAPSULE PER DAY |
| HEPATITIS AGENTS | PEG-INTRON REDIPEN PAK 4 KIT | INJECTABLE DOSE LIMIT | 4 DOSES PER 28 DAYS |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|-----------------------------------|---|--|---|
| HEPATITIS AGENTS | REBETOL SOLUTION 40MG/ML | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| HEPATITIS AGENTS | RIBASPHERE RIBAPAK TABS 400 MG, 600 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| HEPATITIS AGENTS | TECHNIVIE | DAILY DOSAGE | 2 TABLETS PER DAY |
| HEPATITIS AGENTS | VIEKIRA XR | DAILY DOSAGE | 3 TABLETS PER DAY |
| HEPATITIS AGENTS | VOSEVI | DAILY DOSAGE | 1 TABLET PER DAY |
| HEPATITIS AGENTS | ZEPATIER | DAILY DOSAGE | 1 TABLET PER DAY |
| HERPES AGENTS | ZOVIRAX (ACYCLOVIR) SUSP 200 MG/5ML | ORAL DOSE LIMIT | 400 ML PER 30 DAYS |
| HMG COA REDUCTASE INHIBITORS | ALTPOPREV (FLUVASTATIN SODIUM) 24 HOUR TABS 20MG | DAILY DOSAGE | 1 TABLET PER DAY |
| HMG COA REDUCTASE INHIBITORS | CRESTOR (ROSUVASTATIN CALCIUM) TABS 40MG | DAILY DOSAGE | 1 TABLET PER DAY |
| HMG COA REDUCTASE INHIBITORS | CRESTOR (ROSUVASTATIN CALCIUM) TABS 5MG, 10MG, 20MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| HMG COA REDUCTASE INHIBITORS | LESCOL (FLUVASTATIN SODIUM)CAPS 20 MG, 40 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| HMG COA REDUCTASE INHIBITORS | LESCOL XL (FLUVASTATIN SODIUM) TABS 80MG | DAILY DOSAGE | 1 TABLET PER DAY |
| HMG COA REDUCTASE INHIBITORS | LIVALO (PITAVASTATIN CALCIUM) 1MG, 2MG, 4MG TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| HORMONE RECEPTOR MODULATORS | EVISTA (RALOXIFENE HCL) TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| IMIDAZOLE-RELATED ANTIFUNGALS | CRESEMBA CAPS | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| IMIDAZOLE-RELATED ANTIFUNGALS | DIFLUCAN (FLUCONAZOLE) SUSPENSION 10MG/ML, 40MG/ML | QUANTITY LIMIT FILL FREQUENCY DAYS SUPPLY LIMIT PER TIME | 70 ML PER 7 DAYS MAX 180 DAYS OF THERAPY PER YEAR |
| IMIDAZOLE-RELATED ANTIFUNGALS | DIFLUCAN (FLUCONAZOLE) TABS | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| IMIDAZOLE-RELATED ANTIFUNGALS | NIZORAL (KETOCONAZOLE) TABS | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| IMIDAZOLE-RELATED ANTIFUNGALS | NOXAFIL (POSACONAZOLE) SUSPENSION | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| IMIDAZOLE-RELATED ANTIFUNGALS | NOXAFIL (POSACONAZOLE) TABS | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| IMIDAZOLE-RELATED ANTIFUNGALS | SPORANOX (ITRACONAZOLE) 100MG CAPS | DAILY DOSAGE DAYS SUPPLY LIMIT PER TIME | 1 CAPSULE PER DAY MAX 180 DAYS OF THERAPY PER YEAR |
| IMIDAZOLE-RELATED ANTIFUNGALS | TOLSURA | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| IMIDAZOLE-RELATED ANTIFUNGALS | VFEND (VORICONAZOLE) SUSPENSION | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| IMIDAZOLE-RELATED ANTIFUNGALS | VFEND (VORICONAZOLE) TABS | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| IMMUNOMODULATING AGENTS - TOPICAL | ALDARA (IMIQUIMOD) 5% CREAM | TOPICAL DOSE LIMIT | 48 DOSES PER 180 DAYS |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|--|--------------------------------------|---|
| IMMUNOMODULATING AGENTS - TOPICAL | ZYCLARA (IMIQUIMOD) 3.75% CREAM PUMP | TOPICAL DOSE LIMIT FILL FREQUENCY | 1 PACKAGE PER FILL 2 FILLS PER 180 DAYS |
| IMMUNOMODULATING AGENTS - TOPICAL | ZYCLARA (IMIQUIMOD) 3.75% CREAM PACKETS | TOPICAL DOSE LIMIT FILL FREQUENCY | 2 BOXES PER 28 DAYS 2 FILLS PER 180 DAYS |
| IMMUNOMODULATORS | REVLIMID CAPS | DAILY DOSAGE | 1 CAPSULE PER DAY |
| IMMUNOMODULATORS | THALOMID (THALIDOMIDE) CAPS 50MG | DAILY DOSAGE | 8 CAPSULES PER DAY |
| IMMUNOMODULATORS | THALOMID (THALIDOMIDE) CAPS 100MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| IMMUNOMODULATORS | THALOMID (THALIDOMIDE) CAPS 150MG, 200MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| IMMUNOSUPPRESSIVE AGENTS- TOPICAL | ELIDEL (PIMECROLIMUS) CREAM 1% | TOPICAL DOSE LIMIT | 30 GRAMS PER 30 DAYS |
| IMMUNOSUPPRESSIVE AGENTS- TOPICAL | PROTOPIC (TACROLIMUS) OINTMENT | TOPICAL DOSE LIMIT | 30 GRAMS PER 30 DAYS |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | ADLYXIN PEN | INJECTABLE DOSE LIMIT | 6ML PER 30 DAYS |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | ADLYXIN STARTER PACK | INJECTABLE DOSE LIMIT | 1 PACK PER 180 DAYS |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | BYDUREON SRER | INJECTABLE DOSE LIMIT | 4 DOSES PER 28 DAYS |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | BYETTA PEN SOLN 5MCG/0.02ML, 10 MCG/0.04ML | INJECTABLE DOSE LIMIT | 1 DEVICE (60 DOSES) PER 30 DAYS |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | OZEMPIC PEN | INJECTABLE DOSE LIMIT | 3ML PER 28 DAYS |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | VICTOZA PEN SOLN | INJECTABLE DOSE LIMIT | 9 ML PER 30 DAYS |
| INFLAMMATORY BOWEL AGENTS | COLAZAL (BALSALAZIDE DISODIUM) CAPSULES | DAILY DOSAGE | 9 CAPSULES PER DAY |
| INFLAMMATORY BOWEL AGENTS | DELZICOL (MESALAMINE)DELAYED RELEASE CAPS | DAILY DOSAGE | 6 CAPSULES PER DAY |
| INFLAMMATORY BOWEL AGENTS | PENTASA (MESALAMINE) CAPS | DAILY DOSAGE | 8 CAPSULES PER DAY |
| INFLUENZA AGENTS | TAMIFLU (OSELTAMIVIR PHOSPHATE) CAPS 30 MG | QUANTITY LIMIT FILL FREQUENCY | 20 CAPSULES PER 30 DAYS |
| INFLUENZA AGENTS | TAMIFLU (OSELTAMIVIR PHOSPHATE) CAPS 45 MG, 75 MG | QUANTITY LIMIT FILL FREQUENCY | 10 CAPSULES PER 30 DAYS |
| INFLUENZA AGENTS | TAMIFLU (OSELTAMIVIR PHOSPHATE) SUSPENSION 6 MG/ML | DAILY DOSE LIMIT FILL FREQUENCY | 25 ML PER DAY 120ML PER 30 DAYS |
| INFLUENZA AGENTS | RELENZA DISKHALER AEPB | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS |
| INFLUENZA AGENTS | XOFLUZA TABLETS | QUANTITY LIMIT FILL FREQUENCY | 2 TABLETS PER 30 DAYS |
| INSULIN | ADMELOG (LISPRO) 100UNITS/ML SOLN VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | AFREZZA 4 UNIT CARTRIDGE | INHALATION DOSE LIMIT | 9 CARTRIDGES PER DAY |
| INSULIN | AFREZZA 8 UNIT CARTRIDGE | INHALATION DOSE LIMIT | 6 CARTRIDGES PER DAY |
| INSULIN | AFREZZA 90-4 UNIT/ 90-8 UNIT | INHALATION DOSE LIMIT | 6 CARTRIDGES PER DAY 1 FILL PER 180 DAYS |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|--|---|-----------------------|-----------------------------|
| INSULIN | AFREZZA 12 UNIT CARTRIDGE | INHALATION DOSE LIMIT | 3 CARTRIDGES PER DAY |
| INSULIN | AFREZZA 4 UNIT/8 UNIT/12 UNIT | INHALATION DOSE LIMIT | 6 CARTRIDGES PER DAY |
| INSULIN | APIDRA SOLN VIAL | INJECTABLE DOSE LIMIT | 1 FILL PER 180 DAYS |
| INSULIN | APIDRA SOLOSTAR PEN | INJECTABLE DOSE LIMIT | 50 ML 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 | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | HUMALOG (LISPRO) KWIKPEN | INJECTABLE DOSE LIMIT | 50 ML 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 | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | HUMULIN 70/30 SUSP VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | HUMULIN N SUSP VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | HUMULIN R SOLN VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | HUMULIN R U-500 (CONCENTRATED) KWIKPEN | INJECTABLE DOSE LIMIT | 18 ML (3 BOXES) PER 30 DAYS |
| INSULIN | HUMULIN R U-500 (CONCENTRATED) SOLN VIAL | INJECTABLE DOSE LIMIT | 20 ML PER 30 DAYS |
| INSULIN | LANTUS (GLARGINE) SOLN VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | LANTUS (GLARGINE) SOLOSTAR PEN | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | LEVEMIR (DETEMIR) FLEXTOUCH PEN | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | LEVEMIR (DETEMIR) SOLN VIAL | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | NOVOLIN 70/30 SUSP VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | NOVOLOG FLEXPEN SOLN | INJECTABLE DOSE LIMIT | 50 ML 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 | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | NOVOLOG PENFILL SOLN CARTRIDGE | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | NOVOLOG SOLN VIAL | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) 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 | AVANDIA (ROSIGLITAZONE) TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| INTERSTITIAL CYSTITIS AGENTS | ELMIRON CAPS | DAILY DOSAGE | 3 CAPSULES PER DAY |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS | ZETIA (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, HEMOCYTE TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| IRON | FERREX 150 (POLYSACCHARIDE IRON COMPLEX) CAPS | DAILY DOSAGE | 1 CAPSULE PER DAY |
| IRON | FERROUS FUMARATE TABS | DAILY DOSAGE | 2 TABLETS PER DAY |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|--------------------------------|--|--------------------------------------|-----------------------------|
| 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 |
| KERATOLYTIC/ANTIMITOTIC AGENTS | BENSAL HP OINTMENT | QUANTITY LIMIT PER FILL | 1 TUBE (60 GRAMS) PER FILL |
| KERATOLYTIC/ANTIMITOTIC AGENTS | CONDYLOX GEL | QUANTITY LIMIT PER FILL | 1 TUBE (3.5 GRAMS) PER FILL |
| KERATOLYTIC/ANTIMITOTIC AGENTS | CONDYLOX (PODOFILOX) SOLN | TOPICAL DOSE LIMIT | 4 ML PER 7 DAYS |
| LAXATIVE- COMBINATIONS | GAVILYTE-C (PEG 3350 ELECTROLYTES) | MAX FILLS PER TIME | 1 FILL PER 365 DAYS |
| LAXATIVE- COMBINATIONS | GAVILYTE-G (PEG 3350 ELECTROLYTES) | MAX FILLS PER TIME | 1 FILL PER 365 DAYS |
| LAXATIVE- COMBINATIONS | GOLYTELY (PEG 3350 ELECTROLYTES) | MAX FILLS PER TIME | 1 FILL PER 365 DAYS |
| LAXATIVE- COMBINATIONS | MOVIPREP (PEG 3350 ELECTROLYTES) | MAX FILLS PER TIME | 1 FILL PER 365 DAYS |
| LAXATIVE- COMBINATIONS | PLENVU (PEG 3350 ELECTROLYTES) | MAX FILLS PER TIME | 1 FILL PER 365 DAYS |
| LAXATIVE- COMBINATIONS | SENNAPLUS (SENNOSIDES-DOCUSATE SODIUM) TAB 8.6-50MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| LAXATIVE- COMBINATIONS | SUPREP BOWEL PREP KIT | MAX FILLS PER TIME | 1 FILL PER 365 DAYS |
| LAXATIVE- COMBINATIONS | TRILYTE (PEG 3350 ELECTROLYTES) | MAX FILLS PER TIME | 1 FILL PER 365 DAYS |
| LAXATIVES- MISCELLANEOUS | MIRALAX (POLYETHYLENE GLYCOL) 3350 ORAL POWDER, PACKETS | ORAL DOSE LIMIT | 51 GRAMS PER DAY |
| LEUKOTRIENE MODULATORS | ACCOLATE (ZAFIRLUKAST) TABS 10MG, 20MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| LEUKOTRIENE MODULATORS | SINGULAIR (MONTELUKAST SODIUM) PACKET 4 MG | DAILY DOSAGE | 1 PACKET PER DAY |
| LEUKOTRIENE MODULATORS | SINGULAR (MONTELUKAST SODIUM)TABLETS 10MG | DAILY DOSAGE | 1 TABLET PER DAY |
| LEUKOTRIENE MODULATORS | ZYFLO CR (ZILEUTON) CONTROLLED RELEASE 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 | CAPSAICIN CREAM 0.025% | TOPICAL DOSE LIMIT | 4 GRAMS PER DAY |
| LOCAL ANESTHETICS - TOPICAL | EMLA (LIDOCAINE-PRILOCAINE) CREAM | TOPICAL DOSE LIMIT | 30 GRAMS PER 14 DAYS |
| LOCAL ANESTHETICS - TOPICAL | LIDOCAINE HCL JELLY 2% | TOPICAL DOSE LIMIT | 3 GRAMS PER DAY |
| LOCAL ANESTHETICS - TOPICAL | LIDOCAINE OINTMENT | TOPICAL DOSE LIMIT | 100 GRAMS PER 30 DAYS |
| LOCAL ANESTHETICS - TOPICAL | LIDOCAINE 4% SOLUTION | TOPICAL DOSE LIMIT | 3.34 ML PER DAY |
| LOCAL ANESTHETICS - TOPICAL | LIDODERM (LIDOCAINE) 5% PATCH | TOPICAL DOSE LIMIT | 3 PATCHES PER DAY |
| LOCAL ANESTHETICS - TOPICAL | SYNERA PATCH | TOPICAL DOSE LIMIT | 1 PATCH PER DAY |
| LOCAL ANESTHETICS - TOPICAL | ZTLIDO 1.8% PATCH | TOPICAL DOSE LIMIT | 3 PATCHES PER DAY |
| MEGLITINIDE ANALOGUES | STARLIX (NATEGLINIDE) TABS 60 MG, 120 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| MEGLITINIDE ANALOGUES | PRANDIN (REPAGLINIDE) TABS 1 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| MEGLITINIDE ANALOGUES | PRANDIN (REPAGLINIDE) TABS 2 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| METABOLIC MODIFIERS | CARNITOR (LEVOCARNITINE (METABOLIC MODIFIERS)) TABS ORAL 330 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| METABOLIC MODIFIERS | CARNITOR (LEVOCARNITINE (METABOLIC MODIFIERS)) ORAL SOLUTION 1 GM/10ML | ORAL DOSE LIMIT | 30 ML PER DAY |
| METABOLIC MODIFIERS | CARNITOR SF SOLN (LEVOCARNITINE (METABOLIC MODIFIERS)) | ORAL DOSE LIMIT | 30 ML PER DAY |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|--|----------------------------------|---|
| METABOLIC MODIFIERS | PALYNZIQ | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| MTP INHIBITORS | JUXTAPID CAPSULES | DAILY DOSAGE | 1 CAPSULE PER DAY |
| MIGRAINE COMBINATION | TREXIMET (SUMATRIPTAN-NAPROXEN SODIUM) TABS | QUANTITY LIMIT FILL FREQUENCY | 6 TABLETS PER 30 DAYS |
| MIGRAINE PRODUCTS | CAMBIA (DICLOFENAC) PACKET | QUANTITY LIMIT FILL FREQUENCY | 9 DOSES PER 30 DAYS |
| MISC. ANTI-ULCER | CARAFATE (SUCRALFATE) SUSPENSION 1 GM/10ML | ORAL DOSE LIMIT | 40 ML PER DAY |
| MISC. TOPICAL | DR SMITHS DIAPER OINTMENT | TOPICAL DOSE LIMIT | 5.7 GRAMS PER DAY |
| MISC. TOPICAL | QBREXZA | TOPICAL DOSE LIMIT | 1 BOX (30 PADS) PER 30 DAYS |
| MISC. TOPICAL INSECT REPELLENT PRODUCTS FOR ZIKA PREVENTION | MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING | TOPICAL DOSE LIMIT | 1 BOTTLE PER FILL 2 BOTTLES PER MONTH |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) | EMSAM (SELEGILINE) TRANSDERMAL PATCH | TOPICAL DOSE LIMIT | 1 PATCH PER DAY |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) | MARPLAN TABS | DAILY DOSAGE | 6 TABLETS PER DAY |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) | PARNATE (TRANLYCYPROMINE SULFATE) | DAILY DOSAGE | 6 TABLETS PER DAY |
| MOVEMENT DISORDER DRUG THERAPY | XENAZINE (TETRABENAZINE) 12.5MG TABS | DAILY DOSAGE | 3 TABLETS PER DAY |
| MULTIPLE SCLEROSIS AGENTS | AMPYRA (DALFAMPRIDINE) 10MG TAB | DAILY DOSAGE | 2 TABLETS PER DAY |
| MULTIPLE SCLEROSIS AGENTS | AUBAGIO TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| MULTIPLE SCLEROSIS AGENTS | AVONEX KIT (4 DOSES) | INJECTABLE DOSE LIMIT | 1 KIT PER 28 DAYS |
| MULTIPLE SCLEROSIS AGENTS | AVONEX PEN | INJECTABLE DOSE LIMIT | 4 PENS PER 28 DAYS |
| MULTIPLE SCLEROSIS AGENTS | BETASERON, EXTAVIA KIT | INJECTABLE DOSE LIMIT | 1 BOX PER 30 DAYS |
| MULTIPLE SCLEROSIS AGENTS | COPAXONE, GLATOPA (GLATIRAMER ACETATE) 20 MG/ML SYRINGE | INJECTABLE DOSE LIMIT | 30 DOSES PER 30 DAYS |
| MULTIPLE SCLEROSIS AGENTS | COPAXONE, GLATOPA (GLATIRAMER ACETATE) 40 MG/ML SYRINGE | INJECTABLE DOSE LIMIT | 12 DOSES PER 30 DAYS |
| MULTIPLE SCLEROSIS AGENTS | GILENYA CAPS | DAILY DOSAGE | 1 CAPSULE PER DAY |
| MULTIPLE SCLEROSIS AGENTS | PLEGRIDY PEN (2 PENS PER BOX) | INJECTABLE DOSE LIMIT | 1 BOX PER 28 DAYS |
| MULTIPLE SCLEROSIS AGENTS | TECFIDERA CAPS | DAILY DOSAGE | 2 CAPSULES PER DAY |
| MULTIPLE SCLEROSIS AGENTS | TECFIDERA STARTER PACK | FILL FREQUENCY | 1 FILL PER 180 DAYS |
| MULTIPLE SCLEROSIS AGENTS | VUMERITY CAPS | DAILY DOSAGE | 4 CAPSULES PER DAY |
| 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 | ATROVENT (IPRATROPIUM BROMIDE) (NASAL) SOLN 0.03 % | TOPICAL DOSE LIMIT | 1 BOTTLE PER 25 DAYS |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|--|---|----------------------------------|------------------------|
| NASAL ANTICHOLINERGICS | ATROVENT (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 | FLONASE SENSIMIST (FLUTICASONE FUROATE) NASAL SUSP | TOPICAL DOSE LIMIT | 1 BOTTLE PER 30 DAYS |
| NASAL STEROIDS | NASAREL (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 |
| NEUROGENIC ORTHOSTATIC HYPOTENSION AGENTS | NORTHERA 100MG CAPS | DAILY DOSAGE LIMIT | 18 CAPSULES PER DAY |
| NEUROGENIC ORTHOSTATIC HYPOTENSION AGENTS | NORTHERA 200MG CAPS | DAILY DOSAGE LIMIT | 9 CAPSULES PER DAY |
| NEUROGENIC ORTHOSTATIC HYPOTENSION AGENTS | NORTHERA 300MG CAPS | DAILY DOSAGE LIMIT | 6 CAPSULES PER DAY |
| NICOTINIC ACID DERIVATIVES | NIASPAN (NIACIN) CONTROLLED RELEASE TABS 500MG, 750MG, 1000MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| NON-BARBITURATE HYPNOTICS | AMBIEN (ZOLPIDEM TARTRATE) TABS ORAL 5 MG, 10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| NON-BARBITURATE HYPNOTICS | FLURAZEPAM HCL CAPS | DAILY DOSAGE | 1 CAPSULE PER DAY |
| NON-BARBITURATE HYPNOTICS | HALCION (TRIAZOLAM) TABS 0.125 MG, 0.25MG | DAILY DOSAGE | 1 TABLET PER DAY |
| NON-BARBITURATE HYPNOTICS | RESTORIL (TEMAZEPAM) CAPS 15 MG, 30 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| NON-BARBITURATE HYPNOTICS | SONATA (ZALEPLON) CAPS 5MG, 10MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | ALEVE (NAPROXEN SODIUM) TABS 220 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | CELEBREX (CELECOXIB) CAPS 50 MG, 100 MG, 200 MG, 400 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | EC-NAPROSYN (NAPROXEN ENTERIC COATED) 375MG, 500MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | TORADOL (KETOROLAC TROMETHAMINE) TABS OR 10 MG | QUANTITY LIMIT FILL FREQUENCY | 20 TABLETS PER 30 DAYS |
| 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 | MOXEZA OPHTHALMIC SOLN | TOPICAL DOSE LIMIT | 1 BOTTLE PER 30 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 |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|-----------------------------|---|----------------------------------|-------------------------------|
| OPHTHALMIC ANTI-INFECTIVES | TOBEX OINT | TOPICAL DOSE LIMIT | 1 TUBE PER 5 DAYS |
| OPHTHALMIC ANTI-INFECTIVES | VIGAMOX (MOXIFLOXACIN HCL (OPHTH)) SOLN | 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 IMMUNOMODULATORS | RESTASIS EMULSION MULTIDOSE VIAL | TOPICAL DOSE LIMIT | 1 BOTTLE (5.5ML) PER 30 DAYS |
| OPHTHALMIC IMMUNOMODULATORS | RESTASIS EMULSION VIALS | TOPICAL DOSE LIMIT | 60 DOSES PER 30 DAYS |
| OPHTHALMIC MISC | CYSTARAN OPHTH SOLN | TOPICAL DOSE LIMIT | 60ML PER 28 DAYS |
| OPHTHALMIC MISC | PATANOL (OLOPATADINE HCL) 0.1% SOLN | TOPICAL DOSE LIMIT | 10ML PER 30 DAYS |
| OPHTHALMIC MISC | PATADY (OLOPATADINE HCL) 0.2% SOLN | TOPICAL DOSE LIMIT | 2.5ML PER 20 DAYS |
| OPHTHALMIC MISC | PAZEO 0.7% OPH SOLN | TOPICAL DOSE LIMIT | 2.5ML PER 20 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 | LOTEMAX OPHTH GEL, SUSPENSION | TOPICAL DOSE LIMIT | 1 UNIT PER 20 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. | ALOCRILOPHTHALMIC OLUTION | TOPICAL DOSE LIMIT | 5 ML PER 30 DAYS |
| OPHTHALMICS - MISC. | ALOMIDE OPHTHALMIC SOLUTION | TOPICAL DOSE LIMIT | 10 ML PER 30 DAYS |
| OPHTHALMICS - MISC. | NEVANAC SUSP | TOPICAL DOSE LIMIT | 3 ML PER 14 DAYS |
| OPIOID AGONISTS | ACTIQ (FENTANYL CITRATE) LOLLIPOP 1200MCG, 1600MCG | ORAL DOSE LIMIT | 2 UNITS PER DAY |
| OPIOID AGONISTS | ACTIQ (FENTANYL CITRATE) LOLLIPOP 200MCG, 400MCG, 600MCG, 800MCG | ORAL DOSE LIMIT | 4 UNITS PER DAY |
| OPIOID AGONISTS | AVINZA (MORPHINE SULFATE) ER CAPSULE 24 HOUR | DAILY DOSAGE | 1 CAPSULE PER DAY |
| OPIOID AGONISTS | CODEINE SULFATE TABS 30MG, 60MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID AGONISTS | CONZIP (TRAMADOL HCL) SR 24 HOUR CAPSULE | DAILY DOSAGE | 1 CAPSULE PER DAY |
| OPIOID AGONISTS | DEMEROL (MEPERIDINE HCL) SOLN 50MG/5ML | QUANTITY LIMIT 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 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 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 |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---------------------|---|-------------------------|------------------------------|
| 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 |
| 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 | ULTRAM ER (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 | 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 |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|----------------------------|--|-----------------------|------------------------------|
| OPIOID COMBINATIONS | HYDROCODONE-ACETAMINOPHEN SOLN 7.5MG/15ML-325MG/15ML | ORAL DOSE LIMIT | 180 ML PER DAY |
| OPIOID COMBINATIONS | IBUDONE (HYDROCODONE-IBUPROFEN) TABS 200MG-5MG, 200MG-10MG, 200MG-7.5MG | DAILY DOSAGE | 5 TABLETS PER DAY |
| OPIOID COMBINATIONS | NORCO (HYDROCODONE-ACETAMINOPHEN) TABS 5MG-300MG, 5MG-325MG | DAILY DOSAGE | 10 TABLETS PER DAY |
| OPIOID COMBINATIONS | NORCO, VICODIN ES (HYDROCODONE-ACETAMINOPHEN)TABS 7.5MG-300MG, 7.5MG-325MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| OPIOID COMBINATIONS | NORCO, VICODIN HP (HYDROCODONE-ACETAMINOPHEN) TABS 10MG-300MG, 10MG-325MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID COMBINATIONS | PERCOCET (OXYCODONE W/ ACETAMINOPHEN) TABS 5MG-325MG, 10MG-325MG, 2.5MG-325MG, 7.5MG-325MG | DAILY DOSAGE | 12 TABLETS PER DAY |
| OPIOID COMBINATIONS | PERCODAN (OXYCODONE-ASPIRIN) TABS | DAILY DOSAGE | 12 TABLETS PER DAY |
| OPIOID COMBINATIONS | TYLENOL W/ CODEINE #2 (ACETAMINOPHEN W/ CODEINE) TABS 300MG-15MG | DAILY DOSAGE | 13 TABLETS PER DAY |
| OPIOID COMBINATIONS | TYLENOL W/ CODEINE #3 (ACETAMINOPHEN W/ CODEINE) TABS 300MG-30MG | DAILY DOSAGE | 12 TABLETS PER DAY |
| OPIOID COMBINATIONS | TYLENOL W/ CODEINE #4 (ACETAMINOPHEN W/ CODEINE) TABS 300MG-60MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID COMBINATIONS | ULTRACET (TRAMADOL-ACETAMINOPHEN) TABS | DAILY DOSAGE | 4 TABLETS PER DAY |
| OPIOID PARTIAL AGONISTS | BELBUCA FILM 75MCG, 150MCG | ORAL DOSE LIMIT | 4 FILMS PER DAY |
| OPIOID PARTIAL AGONISTS | BELBUCA FILM 300MCG, 450MCG, 600MCG, 750MCG, 900MCG | ORAL DOSE LIMIT | 2 FILMS PER DAY |
| OPIOID PARTIAL AGONISTS | BUTORPHANOL TARTRATE NASAL SOLN 10MG/ML | TOPICAL DOSE LIMIT | 4 BOTTLES (10ML) PER 30 DAYS |
| OPIOID PARTIAL AGONISTS | BUTRANS (BUPRENORPHINE) PATCH WK 5 MCG/HR, 10 MCG/HR, 20 MCG/HR | TOPICAL DOSE LIMIT | 4 PATCHES PER 28 DAYS |
| OPIOID PARTIAL AGONISTS | NALBUPHINE HCL SOLN 10 MG/ML, 20 MG/ML | ORAL DOSE LIMIT | 8 ML PER DAY |
| OPIOID PARTIAL AGONISTS | PENTAZOCINE-NALOXONE TABS 50MG-0.5MG | DAILY DOSAGE | 12 TABLETS PER DAY |
| OPIOID PARTIAL AGONISTS | SUBOXONE (BUPRENORPHINE-NALOXONE) FILM SL 8MG-2MG, 2MG-0.5MG | ORAL DOSE LIMIT | 3 FILMS PER DAY |
| OPIOID PARTIAL AGONISTS | SUBOXONE (BUPRENORPHINE-NALOXONE) TABS SL 8MG-2MG, 2MG-0.5MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| OPIOID PARTIAL AGONISTS | SUBUTEX (BUPRENORPHINE HCL) SUBL SL 2 MG, 8 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| OTIC AGENTS- MISCELLANEOUS | VOSOL (ACETIC ACID) OTIC SOLUTION | TOPICAL DOSE LIMIT | 15 ML PER 30 DAYS |
| OTIC COMBINATIONS | CIPRODEX SUSP | TOPICAL DOSE LIMIT | 8 ML PER 7 DAYS |
| OTIC COMBINATIONS | NEOMYCIN-POLYMYXIN-HC (OTIC) SOLN | TOPICAL DOSE LIMIT | 10 ML PER 10 DAYS |
| OTIC COMBINATIONS | VOSOL HC (ACETIC ACID- HYDROCORTISONE) OTIC SOLUTION | TOPICAL DOSE LIMIT | 10 ML PER 7 DAYS |

Quantity Limits

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

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|-----------------------------|---|----------------------------------|------------------------|
| 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 FILL FREQUENCY | 50 TABLETS PER 30 DAYS |
| PED MV W/ FLUORIDE | QUFLORA PEDIATRIC SOLN 150MCG/ML-1MG/ML-0.5MG/ML- 12MG/ML-1100UNIT/ML-2MG/ML-1MG/ML-3MCG/ML-400UNIT/ML- 1MG/ML-81MCG/ML-12UNIT/ML-1MG/ML-45MG/ML, 65MCG/ML- 1MG/ML-0.25MG/ML-10MG/ML-1000UNIT/ML-0.8MG/ML-0.6MG/ML- 2MCG/ML-400UNIT/ML-0.5MG/ML-35MCG/ML-5UNIT/ML-0.4MG/ML- 35MG/ML | ORAL DOSE LIMIT | 50 ML PER 30 DAYS |
| PEDIATRIC MULTIPLE VITAMINS | PEDIATRIC MULTIPLE VITAMIN W/ C & FA CHEW 15UNIT-400UNIT- 13.5MG-1.2MG-2500UNIT-4.5MCG-0.3MG-60MG, 15UNIT-0.75MG- 2500UNIT-5MG-0.85MG-3MCG-200UNIT-200MCG-1MG-30MG, 15UNIT-5MG-1.05MG-10MG-1.2MG-4.5MCG-400UNIT-300MCG- 1.05MG-60MG, 15UNIT-1.05MG-1998UNIT-10MG-1.2MG-4.5MCG- 400UNIT-300MCG-1.05MG-60MG, 15UNIT-1.05MG-13.5MG-1.2MG- 2500UNIT-4.5MCG-400UNIT-0.3MG-1.05MG-60MG, 15UNIT-1.05MG- 60MG-2500UNIT-13.5MG-1.2MG-4.5MCG-400UNIT-0.3MG-1.05MG, 15UNIT-2500UNIT-13.5MG-1.2MG-4.5MCG-400UNIT-1.05MG-0.3MG- 1.05MG-60MG, 15UNIT-1.05MG-2500UNIT-13.5MG-1.2MG-4.5MCG- 300MCG-1.05MG-60MG-400UNIT, 15UNIT-2500UNIT-1.2MG- 4.5MCG-400UNIT-1.05MG-13.5MG-300MCG-1.05MG-60MG, 10MG- 400UNIT-1.05MG-60MG-1998UNIT-10MG-1.2MG-4.5MCG-300MCG- 15UNIT-1.05MG | DAILY DOSAGE | 30 TABLETS PER 30 DAYS |
| PEDIATRIC MULTIPLE VITAMINS | PEDIATRIC MULTIPLE VITAMIN W/ C & FA CHEW 15UNIT-400UNIT- 13.5MG-1.2MG-2500UNIT-4.5MCG-0.3MG-60MG, 15UNIT-1.05MG- 60MG-2500UNIT-13.5MG-1.2MG-4.5MCG-400UNIT-0.3MG-1.05MG | DAILY DOSAGE | 30 TABLETS PER 30 DAYS |
| PENICILLIN COMBINATIONS | AUGMENTIN (AMOXICILLIN & POT CLAVULANATE) CHEW | QUANTITY LIMIT PER FILL | 20 TABLETS PER FILL |
| PENICILLIN COMBINATIONS | AUGMENTIN (AMOXICILLIN & POT CLAVULANATE) TABS 250MG- 125MG | QUANTITY LIMIT PER FILL | 30 TABLETS PER FILL |
| PENICILLIN COMBINATIONS | AUGMENTIN XR (AMOXICILLIN & POT CLAVULANATE) TAB 12 HOUR | QUANTITY LIMIT 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 | DAILY DOSAGE | 32 TABLETS PER DAY |
| PHENOTHIAZINES | CHLORPROMAZINE HCL TABS OR 50 MG | DAILY DOSAGE | 16 TABLETS PER DAY |
| PHENOTHIAZINES | COMPRO (PROCHLORPERAZINE) SUPP | TOPICAL DOSE LIMIT | 2 DOSES PER DAY |
| PHENOTHIAZINES | FLUPHENAZINE ELIXIR 2.5MG/5ML | DAILY DOSAGE | 79 ML PER DAY |
| PHENOTHIAZINES | FLUPHENAZINE ORAL CONC 5MG/ML | DAILY DOSAGE | 8ML PER DAY |
| PHENOTHIAZINES | FLUPHENAZINE TABS 1MG, 2.5MG, 5MG, 10MG | DAILY DOSAGE | 4 TABLETS PER DAY |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---------------------------------------|---|----------------------------------|-------------------------------------|
| PHENOTHIAZINES | PERPHENAZINE TABS 2 MG, 4 MG, 8 MG, 16 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| PHENOTHIAZINES | THIORIDAZINE HCL TABS 10 MG, 25 MG, 50 MG, 100 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| PHENOTHIAZINES | TRIFLUOPERAZINE HCL TABS 1 MG, 2 MG, 5 MG, 10 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| PHOSPHATE | K-PHOS NEUTRAL TABS (POT PHOSPHATE MONOBASIC W/ SOD PHOSPHATE DIBASIC & MONOBASIC) | DAILY DOSAGE | 8 TABLETS PER DAY |
| PHOSPHATE | POT PHOSPHATE MONOBASIC W/ SOD PHOSPHATE DIBASIC & MONOBASIC TABS | DAILY DOSAGE | 8 TABLETS PER DAY |
| PHOSPHATE BINDER AGENTS | RENAGEL (SEVELAMER) TABS 800 MG | ORAL DOSE LIMIT | 480 TABLETS PER 30 DAYS |
| PHOSPHODIESTERASE 4 INHIBITORS | OTEZLA TABLETS | DAILY DOSAGE | 2 TABLETS PER DAY |
| PLASMA KALLIKREIN INHIBITORS | KALBITOR INJ 10MG/ML | QUANTITY LIMIT PER FILL | 6ML PER FILL |
| 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 |
| POTASSIUM REMOVING AGENTS | KIONEX (SODIUM POLYSTYRENE SULFONATE) POWD ORAL | QUANTITY LIMIT FILL FREQUENCY | 1 BOTTLE (454 GRAMS) 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 | DAILY DOSAGE | 1 CAPSULE PER DAY |
| PROSTAGLANDIN VASODILATORS | TYVASO REFILL KIT | FILL FREQUENCY | 1 KIT PER 28 DAYS |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|--|--|--|---|
| PROSTAGLANDIN VASODILATORS | TYVASO SOLUTION | QUANTITY LIMIT | |
| PROSTAGLANDIN VASODILATORS | TYVASO STARTER KIT | FILL FREQUENCY | 21ML PER 28 DAYS |
| PROSTATIC HYPERTROPHY AGENTS | CIALIS (TADALAFIL) 5MG TABS | DAILY DOSAGE | 1 KIT PER 180 DAYS |
| 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 TABLET PER DAY |
| PROTON PUMP INHIBITORS | NEXIUM (ESOMEPRAZOLE MAGNESIUM) CPDR 20 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| PROTON PUMP INHIBITORS | NEXIUM (ESOMEPRAZOLE MAGNESIUM) CPDR 40 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| PROTON PUMP INHIBITORS | NEXIUM PACKET 10 MG, 20 MG, 40 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| PROTON PUMP INHIBITORS | OMEPRAZOLE MAGNESIUM CPDR 20.6 MG | DAILY DOSAGE | 1 PACKET 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 | 2 CAPSULES PER DAY |
| PROTON PUMP INHIBITORS | PREVACID SOLUTAB TABLET DISPERSABLE 15 MG (LANSOPRAZOLE) | DAILY DOSAGE | 1 CAPSULE PER DAY |
| PROTON PUMP INHIBITORS | PREVACID SOLUTAB TABLET DISPERSABLE 30 MG (LANSOPRAZOLE) | DAILY DOSAGE | 2 TABLETS PER DAY |
| PROTON PUMP INHIBITORS | PRILOSEC (OMEPRAZOLE) CAPS DR 10 MG, 20MG, 40 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| PROTON PUMP INHIBITORS | PRILOSEC OTC (OMEPRAZOLE) TABLET ENTERIC COATED 20 MG | DAILY DOSAGE | 2 CAPSULES 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 FIBROSIS AGENTS | ESBRIET 267MG | DAYS SUPPLY LIMIT PER FILL DAILY DOSAGE | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS 6 CAPSULES/TABLETS PER DAY |
| PULMONARY FIBROSIS AGENTS | ESBRIET 801MG | DAYS SUPPLY LIMIT PER FILL DAILY DOSAGE | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS 3 TABLETS PER DAY |
| PULMONARY FIBROSIS AGENTS | OFEV CAPS | DAYS SUPPLY LIMIT PER FILL DAILY DOSAGE | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS 2 CAPSULES PER DAY |
| PULMONARY HYPERTENSION-ENDOTHELIN RECEPTOR ANTAGONISTS | LETAIRIS (AMBRISANTAN) TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| PULMONARY HYPERTENSION-ENDOTHELIN RECEPTOR ANTAGONISTS | TRACLEER (BOSENTAN) TABS 62.5MG, 125MG | DAILY DOSAGE | 2 TABLETS PER DAY |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|--|--|---------------------------------------|--|
| PULMONARY HYPERTENSION- ENDOTHELIN RECEPTOR ANTAGONISTS | TRACLEER TAB FOR ORAL SUSP 32MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS | ADCIRCA (TADALAFIL) 20MG TABS | DAILY DOSAGE | 3 TABLETS PER DAY |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS | REVATIO (SILDENAFIL CITRATE) (PULMONARY HYPERTENSION) SUSPENSION | DAILY DOSAGE | 6 ML PER DAY |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS | REVATIO (SILDENAFIL CITRATE) (PULMONARY HYPERTENSION) TABS | DAILY DOSAGE | 3 TABLETS PER DAY |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST | UPTRAVI TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| PULMONARY HYPERTENSION- SOL GUANYLATE CYCLASE STIMULATOR | ADEMPAS TABLETS | 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 |
| QUINOLINONE DERIVATIVES | ABILIFY MAINTENA ER SUSPENSION | FILL FREQUENCY | 1 FILL PER 25 DAYS |
| QUINOLINONE DERIVATIVES | ABILIFY MYCITE | DAILY DOSAGE | 1 TABLET PER DAY |
| QUINOLINONE DERIVATIVES | ARISTADA IM ER SUSP 1064MG | FILL FREQUENCY | 1 FILL PER 56 DAYS |
| QUINOLINONE DERIVATIVES | ARISTADA IM ER SUSP 441MG, 662MG, 882MG | FILL FREQUENCY | 1 FILL PER 28 DAYS |
| QUINOLINONE DERIVATIVES | ARISTADA INITIO ER SUSP 675MG | FILL FREQUENCY | 1 FILL PER 365 DAYS |
| QUINOLINONE DERIVATIVES | REXULTI 0.25MG, 0.5MG, 1MG, 2MG TABLETS | DAILY DOSAGE | 2 TABLETS PER DAY |
| QUINOLINONE DERIVATIVES | REXULTI 3MG, 4MG TABLETS | 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 | ORACEA (DOXYCYCLINE) 40MG DELAYED RELEASE CAPSULES | DAILY DOSAGE, FILL LIMIT OVER TIME | 1 CAPSULE PER DAY 16 WEEKS PER YEAR |
| 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 | 1 TUBE (45GM) PER 30 DAYS |
| ROSACEA AGENTS | MIRVASO GEL | TOPICAL DOSE LIMIT | 30 GRAMS PER 30 DAYS |
| ROSACEA AGENTS | RHOFADE 1% CREAM | TOPICAL DOSE LIMIT | 30 GRAMS PER 30 DAYS |
| ROSACEA AGENTS | SOOLANTRA (IVERMECTIN) 1% CREAM | TOPICAL DOSE LIMIT | 1.5 GRAMS PER DAY |
| SALINE LAXATIVES | FLEET (SODIUM PHOSPHATE) ENEMA | QUANTITY LIMIT FILL FREQUENCY | 4 UNITS PER 28 DAYS |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|--|--|----------------------------------|------------------------------|
| SALINE LAXATIVES | MILK OF MAGNESIA (MAGNESIUM HYDROXIDE) SUSP | ORAL DOSE LIMIT | 60 ML PER DAY |
| SCABICIDES & PEDICULICIDES | EURAX CREAM | TOPICAL DOSE LIMIT | 60 GRAMS PER 30 DAYS |
| SCABICIDES & PEDICULICIDES | OVIDE (MALATHION) LOTN | TOPICAL DOSE LIMIT | 59 ML PER 9 DAYS |
| SCABICIDES & PEDICULICIDES | NATROBA SUSPENSION | TOPICAL DOSE LIMIT | 120 ML PER 7 DAYS |
| SCABICIDES & PEDICULICIDES | ELIMITIE (PERMETHRIN) CREAM 5 % | TOPICAL DOSE LIMIT | 1 TUBE (60 GRAMS) PER 7 DAYS |
| SCABICIDES & PEDICULICIDES | SKLICE LOTION | TOPICAL DOSE LIMIT | 120 GRAMS PER 14 DAYS |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) | INSPRA (EPLERENONE) TABS 25 MG, 50 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SELECTIVE MELATONIN RECEPTOR AGONISTS | HETLIOZ CAPS | DAILY DOSAGE | 1 CAPSULE PER DAY |
| SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | DALIRESP TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | CELEXA (CITALOPRAM HYDROBROMIDE) SOLN 10 MG/5ML | ORAL DOSE LIMIT | 30 ML PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | CELEXA (CITALOPRAM HYDROBROMIDE) TABS 10 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | CELEXA (CITALOPRAM HYDROBROMIDE) TABS 20 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | CELEXA (CITALOPRAM HYDROBROMIDE) TABS 40 MG | DAILY DOSAGE | 1.5 TABLETS PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | LEXAPRO (ESCITALOPRAM OXALATE) SOLN 5 MG/5ML | ORAL DOSE LIMIT | 20 ML PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | LEXAPRO (ESCITALOPRAM OXALATE) TABS 10 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | LEXAPRO (ESCITALOPRAM OXALATE) TABS 20 MG | DAILY DOSAGE | 1.5 TABLETS PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | LEXAPRO (ESCITALOPRAM OXALATE) TABS 5 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | LUVOX (FLUVOXAMINE MALEATE) CP24 100 MG, 150 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | LUVOX (FLUVOXAMINE MALEATE) TABS 25 MG, 50 MG, 100 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | PAXIL (PAROXETINE) SUSPENSION 10MG/5ML | ORAL DOSE LIMIT | 30 ML PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | PROZAC WEEKLY (FLUOXETINE HCL) DELAYED RELEASE CAPSULES 90MG | QUANTITY LIMIT FILL FREQUENCY | 4 CAPSULES PER 28 DAYS |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | ZOLOFT (SERTRALINE HCL) CONC 20 MG/ML LIQUID | ORAL DOSE LIMIT | 10 ML PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | ZOLOFT (SERTRALINE HCL) TABS 100 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | ZOLOFT (SERTRALINE HCL) TABS 25 MG | DAILY DOSAGE | 8 TABLETS PER DAY |

Quantity Limits

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

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|--|-------------------------------------|--|
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | EFFEXOR (VENLAFAXINE HCL) CAPS 24 HOUR 37.5 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | EFFEXOR (VENLAFAXINE HCL) CAPS 24 HOUR 75 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | EFFEXOR (VENLAFAXINE HCL) CAPS 24 HOUR 150 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | EFFEXOR (VENLAFAXINE HCL) TABS | DAILY DOSAGE | 3 TABLETS PER DAY |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | PRISTIQ (DESVENLAFAXINE SUCCINATE) TB24 100 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | PRISTIQ (DESVENLAFAXINE SUCCINATE) TB24 50 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| SEROTONIN RECEPTOR (5-HT3) ANTAGONISTS | ZUPLENZ ORAL FILM | QUANTITY LIMIT FILL FREQUENCY | 24 FILMS PER 30 DAYS |
| SMOKING DETERRENTS | CHANTIX CONTINUING MONTHPAK TABS | DAILY DOSAGE | 24 WEEKS OF THERAPY PER YEAR |
| SMOKING DETERRENTS | CHANTIX STARTING MONTH PAK TABS | QUANTITY LIMIT 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 FILL LIMIT PER YEAR | 24 PIECES PER DAY 12 WEEKS PER YEAR |
| SMOKING DETERRENTS | NICORETTE LOZG 2 MG, 4 MG (NICOTINE POLACRILEX) | DAILY DOSAGE FILL LIMIT PER YEAR | 20 PIECES PER DAY 12 WEEKS PER YEAR |
| SMOKING DETERRENTS | NICORETTE MINI LOZG 2 MG, 4 MG (NICOTINE POLACRILEX) | DAILY DOSAGE FILL LIMIT PER YEAR | 20 PIECES PER DAY 12 WEEKS PER YEAR |
| SMOKING DETERRENTS | NICORETTE STARTER KIT GUM (NICOTINE POLACRILEX) | DAILY DOSAGE FILL LIMIT PER YEAR | 24 PIECES PER DAY 12 WEEKS PER YEAR |
| SMOKING DETERRENTS | NICOTINE TRANSDERMAL PATCHES- 24 HOUR | TOPICAL DOSE LIMIT | 84 PATCHES PER 365 DAYS |
| SMOKING DETERRENTS | ZYBAN (BUPROPION HCL) (SMOKING DETERRENT)12 HOUR TAB | DAILY DOSAGE | 2 TABLETS PER DAY |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS | ENBREL SOLUTION 25MG SYRINGE | INJECTABLE DOSE LIMIT | 8 DOSES PER 28 DAYS |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS | ENBREL SOLUTION SYRINGE/PEN 50 MG | INJECTABLE DOSE LIMIT | 4 DOSES PER 28 DAYS |
| SOMATOSTATIC AGENTS | SOMATULINE DEPOT SYRINGE | INJECTABLE FILL LIMIT | 1 SYRINGE PER 28 DAYS |
| STEROID INHALANTS | ALVESCO (CICLESONIDE) METERED DOSE INHALER | FILL FREQUENCY | 1 INHALER PER 30 DAYS |
| STEROID INHALANTS | ARNUIITY ELLIPTA | INHALATION DOSE LIMIT | 1 DOSE PER DAY |
| 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 |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---------------------|---|-----------------------|------------------------|
| STEROID INHALANTS | FLOVENT HFA AERO 44 MCG/ACT, 110 MCG/ACT, 220 MCG/ACT | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS |
| STEROID INHALANTS | PULMICORT (BUDESONIDE) (INHALATION) SUSP 0.25 MG/2ML, 0.5 MG/2ML | INHALATION DOSE LIMIT | 2 DOSES PER DAY |
| STEROID INHALANTS | PULMICORT FLEXHALER (BUDESONIDE) INHLAER | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS |
| STEROID INHALANTS | QVAR REDIHALER (40MCG, 80MCG/ DOSE) | INHALATION DOSE LIMIT | 2 INHALER PER 30 DAYS |
| STIMULANT LAXATIVES | DULCOLAX (BISACODYL) 5 MG TABS | DAILY DOSAGE | 4 TABLETS PER DAY |
| STIMULANT LAXATIVES | DULCOLAX (BISACODYL) 10 MG SUPPOSITORIES | DAILY DOSAGE | 1 SUPPOSITORY PER DAY |
| STIMULANT LAXATIVES | SENNALAX (SENNOSIDES) TABS 8.6MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| STIMULANTS - MISC. | CONCERTA (METHYLPHENIDATE HCL) TABLET CONTROLLED RELEASE 18 MG, 27 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| STIMULANTS - MISC. | CONCERTA (METHYLPHENIDATE HCL) TABLET CONTROLLED RELEASE 36MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| STIMULANTS - MISC. | CONCERTA (METHYLPHENIDATE HCL) TABLET CONTROLLED RELEASE 54MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| STIMULANTS - MISC. | DAYTRANA PATCH | TOPICAL DOSE LIMIT | 30 PATCHES PER 30 DAYS |
| STIMULANTS - MISC. | FOCALIN (DEXMETHYLPHENIDATE HCL) TABS 5 MG, 10 MG, 2.5 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| STIMULANTS - MISC. | FOCALIN XR (DEXMETHYLPHENIDATE HCL) CAPSULE 24 HOUR 30 MG, 35 MG, 40 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| STIMULANTS - MISC. | FOCALIN XR (DEXMETHYLPHENIDATE HCL) CAPSULE 24 HOUR 10 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| STIMULANTS - MISC. | FOCALIN XR (DEXMETHYLPHENIDATE HCL) CAPSULE 24 HOUR 15 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| STIMULANTS - MISC. | FOCALIN XR (DEXMETHYLPHENIDATE HCL) CAPSULE 24 HOUR 5 MG, 20 MG, 25 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| STIMULANTS - MISC. | FOCALIN XR (DEXMETHYLPHENIDATE HCL) CAPSULE 24 HOUR 20MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| STIMULANTS - MISC. | METADATE (METHYLPHENIDATE HCL) CD CAP CONTROLLED RELEASE 10MG, 20MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| STIMULANTS - MISC. | METADATE (METHYLPHENIDATE HCL) CD CAP CONTROLLED RELEASE 30MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| STIMULANTS - MISC. | METADATE (METHYLPHENIDATE HCL) CD CAP CONTROLLED RELEASE 40MG, 50MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| STIMULANTS - MISC. | METADATE (METHYLPHENIDATE HCL) CD CAP CONTROLLED RELEASE 60 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| 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 |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|----------------------------------|---|-----------------------|--------------------------------|
| STIMULANTS - MISC. | PROVIGIL (MODAFINIL) TABS 100 MG, 200MG | DAILY DOSAGE | 1 TABLET PER DAY |
| STIMULANTS - MISC. | RITALIN (METHYLPHENIDATE HCL) TABS 10 MG | DAILY DOSAGE | 7 TABLETS PER DAY |
| STIMULANTS - MISC. | RITALIN (METHYLPHENIDATE HCL) TABS 20 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| STIMULANTS - MISC. | RITALIN (METHYLPHENIDATE HCL) TABS 5 MG | DAILY DOSAGE | 14 TABLETS PER DAY |
| STIMULANTS - MISC. | RITALIN LA (METHYLPHENIDATE HCL) CAPSULE 24 HOUR 10 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| STIMULANTS - MISC. | RITALIN LA (METHYLPHENIDATE HCL) CAPSULE 24 HOUR 20 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| STIMULANTS - MISC. | RITALIN LA (METHYLPHENIDATE HCL) CAPSULE 24 HOUR 30 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| STIMULANTS - MISC. | RITALIN LA (METHYLPHENIDATE HCL) CAPSULE 24 HOUR 40 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| SUCCINIMIDES | ZARONTIN (ETHOSUXIMIDE) CAPSULES 250 MG | DAILY DOSAGE | 6 CAPSULES PER DAY |
| SUCCINIMIDES | ZARONTIN (ETHOSUXIMIDE) SOLN 250 MG/5ML | ORAL DOSE LIMIT | 30 ML PER DAY |
| SULFONYLUREAS | TOLAZAMIDE TABS 250 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| SULFONYLUREAS | TOLAZAMIDE TABS 500 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SULFONYLUREAS | TOLBUTAMIDE TABS | DAILY DOSAGE | 6 TABLETS PER DAY |
| SURFACTANT LAXATIVES | DOCUSATE CALCIUM 240MG CAPSULES | DAILY DOSAGE | 2 CAPSULES PER DAY |
| SURFACTANT LAXATIVES | DOK (DOCUSATE SODIUM) 100MG CAPS, TABS | DAILY DOSAGE | 4 DOSES PER DAY |
| SURFACTANT LAXATIVES | ENEMEEZ PLUS | DAILY DOSAGE | 3 UNITS PER DAY |
| SYMPATHOMIMETIC DECONGESTANTS | SUDAFED (PSEUDOEPHEDRINE HCL) TB12 120 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| | ADVAIR DISKUS, WIXELA INHUB (FLUTICASONE-SALMETEROL) INHALED POWDER 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 | BEVESPI AEROSPHERE | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | BREO ELLIPTA INHALER | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS |
| 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 |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|--|----------------------------------|-------------------------|
| 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 (ALBUTEROL 108MCG/ACTUATION) AERS, RESPICLICK INHALER | INHALATION DOSE LIMIT | 2 INHALERS PER 30 DAYS |
| SYMPATHOMIMETICS | PROVENTIL HFA (ALBUTEROL 108MCG/ACTUATION) AERS | INHALATION DOSE LIMIT | 2 INHALERS PER 30 DAYS |
| SYMPATHOMIMETICS | SEREVENT (SALMETEROL XINAFOATE) DISKUS 50MCG/DOSE | INHALATION DOSE LIMIT | 2 DOSES PER DAY |
| SYMPATHOMIMETICS | STIOLTO RESPIMAT | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | SYMBICORT AERO 4.5MCG/ACT-80MCG/ACT, 4.5MCG/ACT-160MCG/ACT | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | VENTOLIN (ALBUTEROL 108MCG/ACTUATION) 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 |
| TRANSTHYRETIN STABILIZERS | VYNDAMAX CAPS | DAILY DOSAGE | 1 CAPSULE PER DAY |
| TRANSTHYRETIN STABILIZERS | VYNDALIN CAPS | DAILY DOSAGE | 4 CAPSULES PER DAY |
| TRICYCLIC AGENTS | NORPRAMIN (DESIPRAMINE HCL) TABS 25 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| TRICYCLIC AGENTS | NORTRIPTYLINE HCL SOLUTION 10MG/5ML | ORAL DOSE LIMIT | 20 ML PER DAY |
| ULCER THERAPY COMBINATIONS | TALICIA CAPS | DAILY DOSAGE | 12 CAPSULES PER DAY |
| ULCER THERAPY COMBINATIONS | ZEGERID (OMEPRAZOLE-SODIUM BICARBONATE) CAPS 20MG-1100MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ULCER THERAPY COMBINATIONS | ZEGERID (OMEPRAZOLE-SODIUM BICARBONATE) CAPS 40MG-1100MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| URINARY ANTI-INFECTIVES | FURADANTIN (NITROFURANTOIN) SUSPENSION | ORAL DOSE LIMIT | 40 ML PER DAY |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | DETROL (TOLTERODINE TARTRATE) 1MG, 2MG TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | DETROL LA (TOLTERODINE TARTRATE) CAP 24 HOUR 2MG, 4MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | DITROPAN (OXYBUTYNIN CHLORIDE) SYRUP 5MG/5ML | QUANTITY LIMIT FILL FREQUENCY | 480ML PER 30 DAYS |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | DITROPAN (OXYBUTYNIN CHLORIDE) TABS 5 MG | DAILY DOSAGE | 4 TABLETS PER DAY |

Quantity Limits

| THERAPEUTIC CLASS | PRODUCT NAME | DRUG RESTRICTION TYPE | PLAN LIMITS |
|---|---|----------------------------------|---------------------------------|
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | ENABLEX (DARIFENACIN HYDROBROMIDE) 24 HOUR TABS 7.5MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | MYRBETRIQ TABS 25MG,50MG | DAILY DOSAGE | 1 TABLET PER DAY |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | SANCTURA (TROSPIUM CHLORIDE) TABS 20MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | VESICARE (SOLIFENACIN SUCCINATE) TABS 5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| URINARY STONE AGENTS | THIOLA TABS | DAILY DOSAGE | 20 TABLETS PER DAY |
| VAGINAL ANTI-INFECTIVES | CLEOCIN (CLINDAMYCIN PHOSPHATE) VAGINAL CREAM 2% | TOPICAL DOSE LIMIT | 1 TUBE (40 GRAMS) PER 7 DAYS |
| VAGINAL ANTI-INFECTIVES | METROGEL (METRONIDAZOLE) 0.75% VAGINAL GEL | TOPICAL DOSE LIMIT | 70 GRAMS PER 7 DAYS |
| VAGINAL ANTI-INFECTIVES | TERAZOL (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 | ESTRACE (ESTRADIOL VAGINAL)CREAM 0.1 MG/GM | TOPICAL DOSE LIMIT | 1 TUBE PER 30 DAYS |
| VAGINAL ESTROGENS | ESTRING RING | FILL FREQUENCY | 1 DEVICE PER FILL (RETAIL/MAIL) |
| VAGINAL ESTROGENS | PREMARIN CREAM VA 0.625 MG/GM | TOPICAL DOSE LIMIT | 1 TUBE PER 30 DAYS |
| VALPROIC ACID | DEPAKOTE ER (DIVALPROEX SODIUM) TB24 250 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| VITAMINS W/ LIPOTROPICS | VITAMINS W/ LIPOTROPICS CAPS 10000UNIT-3MG-0.5MG-2MG-75MG-58MG-30MG-2UNIT-0.5MG- 4MG-40MG-15MG-31.4MG-2.5MG-2MCG-5MG-1MG-75MG-400UNIT | DAILY DOSAGE | 1 CAPSULE PER DAY |
| WATER SOLUBLE VITAMINS | VITAMIN C (ASCORBIC ACID) TABS OR 1000 MG | QUANTITY LIMIT FILL FREQUENCY | 100 TABLETS PER 34 DAYS |
| WATER SOLUBLE VITAMINS | VITAMIN B1 (THIAMINE HCL) TABS 100 MG | QUANTITY LIMIT FILL FREQUENCY | 100 TABLETS PER 34 DAYS |
| WATER SOLUBLE VITAMINS | VITAMIN B2 (RIBOFLAVIN) TABS 25 MG | QUANTITY LIMIT FILL FREQUENCY | 100 TABLETS PER 34 DAYS |
| WATER SOLUBLE VITAMINS | VITAMIN C (ASCORBIC ACID) TABS OR 500MG, 250 MG, 500 MG, 1000 MG, 14MG-25MG-500MG | QUANTITY LIMIT FILL FREQUENCY | 100 TABLETS PER 34 DAYS |
| WOUND CARE PRODUCTS-TOPICAL | REGRANEX GEL | TOPICAL DOSE LIMIT | 15 GRAMS PER 30 DAYS |
| XANTHINES | THEOPHYLLINE SOLN 80 MG/15ML | ORAL DOSE LIMIT | 475 ML PER FILL |