



| Therapeutic Class | Product Name | Drug Restriction Type | Plan Limits |
|---|---|-------------------------|-------------------------|
| 5-HT3 RECEPTOR ANTAGONISTS | SANCUSO PATCH | QUANTITY LIMIT PER TIME | 4 PATCHES PER 28 DAYS |
| 5-HT3 RECEPTOR ANTAGONISTS | ZUPLENZ ORAL FILM 4 MG | QUANTITY LIMIT PER TIME | 24 FILMS PER 30 DAYS |
| 5-HT3 RECEPTOR ANTAGONISTS | ZUPLENZ ORAL FILM 8 MG | QUANTITY LIMIT PER TIME | 24 FILMS PER 30 DAYS |
| ACE INHIBITORS | ACCUPRIL (QUINAPRIL HCL) TABS 10 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ACE INHIBITORS | ACCUPRIL (QUINAPRIL HCL) TABS 5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ACE INHIBITORS | ACEON (PERINDOPRIL ERBUMINE) TABS 2MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ACE INHIBITORS | ACEON (PERINDOPRIL ERBUMINE) TABS 8MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ACE INHIBITORS | CAPTOPRIL TABS 100 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ACE INHIBITORS | CAPTOPRIL TABS 25 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ACE INHIBITORS | CAPTOPRIL TABS 50 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ACE INHIBITORS | MAVIK (TRANDOLAPRIL) TABS 1 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ACE INHIBITORS | MAVIK (TRANDOLAPRIL) TABS 2 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ACE INHIBITORS | MAVIK (TRANDOLAPRIL) TABS 4 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ACE INHIBITORS | UNIVASC (MOEXIPRIL HCL) TABS 15MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ACE INHIBITORS | UNIVASC (MOEXIPRIL HCL) TABS 7.5MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ACNE PRODUCTS | ABSORICA, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE (ISOTRETINOIN) CAPS 10 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ACNE PRODUCTS | ABSORICA, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE (ISOTRETINOIN) CAPS 20 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ACNE PRODUCTS | ABSORICA, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE (ISOTRETINOIN) CAPS 30 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ACNE PRODUCTS | ABSORICA, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE (ISOTRETINOIN) CAPS 40 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ACNE PRODUCTS | ACANYA (CLINDAMYCIN-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 | ALTRENO (TRETINOIN) LOTION 0.05% | TOPICAL DOSE LIMIT | 1.5 GRAMS PER DAY |
| ACNE PRODUCTS | AMZEEQ (MINOCYCLINE) FOAM 4% | TOPICAL DOSE LIMIT | 1 GRAM PER DAY |
| ACNE PRODUCTS | ARAZLO (TAZAROTENE) LOTION 0.045% | TOPICAL DOSE LIMIT | 45 GRAMS PER 30 DAYS |
| ACNE PRODUCTS | ATRALIN (TRETINOIN) GEL 0.05% | TOPICAL DOSE LIMIT | 1.5 GRAMS 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) GEL 1% | TOPICAL DOSE LIMIT | 75 GRAMS PER 30 DAYS |
| 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 | TOPICAL DOSE LIMIT | 45 GRAMS PER 30 DAYS |
| ACNE PRODUCTS | DIFFERIN (ADAPALENE) 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 0.025% | TOPICAL DOSE LIMIT | 3 GRAMS PER DAY |
| ACNE PRODUCTS | RETIN-A (TRETINOIN) CREAM 0.05% | TOPICAL DOSE LIMIT | 3 GRAMS PER DAY |
| ACNE PRODUCTS | RETIN-A (TRETINOIN) CREAM 0.1% | TOPICAL DOSE LIMIT | 3 GRAMS PER DAY |
| ACNE PRODUCTS | RETIN-A (TRETINOIN) GEL 0.01% | TOPICAL DOSE LIMIT | 3 GRAMS PER DAY |
| ACNE PRODUCTS | RETIN-A (TRETINOIN) GEL 0.025% | TOPICAL DOSE LIMIT | 3 GRAMS PER DAY |
| ACNE PRODUCTS | RETIN-A MICRO 0.04% 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 | RETIN-A MICRO 0.1% MICROSPHERE GEL | TOPICAL DOSE LIMIT | 3 GRAMS PER DAY |
| ACNE PRODUCTS | ZIANA (CLINDAMYCIN PHOSPHATE-TRETINOIN) GEL | TOPICAL DOSE LIMIT | 1 TUBE PER FILL |
| ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS | NEXLETOL TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| AGENTS FOR CHEMICAL DEPENDENCY | LUCEMYRA | QUANTITY LIMIT PER TIME | 192 TABLETS PER 30 DAYS |
| 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 |
| AGENTS FOR PHEOCHROMOCYTOMA | METYROSINE CAPSULE 250MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| ALLERGEN EXTRACTS | ORALAIR | DAILY DOSAGE | 16 CAPSULES PER DAY |
| ALPHA-2 RECEPTOR ANTAGONISTS | REMERON (MIRTAZAPINE) TABS 15 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ALPHA-2 RECEPTOR ANTAGONISTS | REMERON (MIRTAZAPINE) TABS 30 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ALPHA-2 RECEPTOR ANTAGONISTS | REMERON (MIRTAZAPINE) TABS 45 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ALPHA-2 RECEPTOR ANTAGONISTS | REMERON (MIRTAZAPINE) TABS 7.5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ALPHA-2 RECEPTOR ANTAGONISTS | REMERON SOLTAB (MIRTAZAPINE) ORAL DISINTEGRATING 15 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ALPHA-2 RECEPTOR ANTAGONISTS | REMERON SOLTAB (MIRTAZAPINE) ORAL DISINTEGRATING 30 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ALPHA-2 RECEPTOR ANTAGONISTS | REMERON SOLTAB (MIRTAZAPINE) ORAL DISINTEGRATING 45 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ALPHA-BETA BLOCKERS | COREG (CARVEDILOL) CR 24 HOUR CAPSULES 10MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ALPHA-BETA BLOCKERS | COREG (CARVEDILOL) CR 24 HOUR CAPSULES 20MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ALPHA-BETA BLOCKERS | COREG (CARVEDILOL) CR 24 HOUR CAPSULES 40MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ALPHA-BETA BLOCKERS | COREG (CARVEDILOL) CR 24 HOUR CAPSULES 80 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ALPHA-BETA BLOCKERS | LABELALOL HCL TABS 300 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| ALPHA-GLUCOSIDASE INHIBITORS | GLYSET (MIGLITOL) TABS 100 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ALPHA-GLUCOSIDASE INHIBITORS | GLYSET (MIGLITOL) TABS 50 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ALPHA-GLUCOSIDASE INHIBITORS | GLYSET (MIGLITOL) TABS 25 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ALS AGENTS | RADICAVA SUSP 105 MG/ 5 ML | QUANTITY LIMIT PER TIME | 70 ML PER 28 DAYS |
| ALS AGENTS | RELYVRIO PACKET 3-1 GM | DAILY DOSAGE | 2 PACKETS PER DAY |
| 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 |
| AMPA GLUTAMATE RECEPTOR ANTAGONISTS | FYCOMPA TABLETS 10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| AMPA GLUTAMATE RECEPTOR ANTAGONISTS | FYCOMPA TABLETS 12 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| AMPA GLUTAMATE RECEPTOR ANTAGONISTS | FYCOMPA TABLETS 2 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| AMPA GLUTAMATE RECEPTOR ANTAGONISTS | FYCOMPA TABLETS 4 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| AMPA GLUTAMATE RECEPTOR ANTAGONISTS | FYCOMPA TABLETS 6 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| AMPA GLUTAMATE RECEPTOR ANTAGONISTS | FYCOMPA TABLETS 8 MG | DAILY DOSAGE | 1.5 TABLETS 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 10 MG | DAILY DOSAGE | 2 CAPSULES 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 | DAILY DOSAGE | 2 CAPSULES PER DAY |
| AMPHETAMINES | ADZENYS SUSP 1.25MG/ML | DAILY DOSAGE | 15 ML PER DAY |
| AMPHETAMINES | ADZENYS XR ODT TABS 12.5MG | DAILY DOSAGE | 1 TABLET PER DAY |
| AMPHETAMINES | ADZENYS XR ODT TABS 15.7MG | DAILY DOSAGE | 1 TABLET PER DAY |
| AMPHETAMINES | ADZENYS XR ODT TABS 18.8MG | DAILY DOSAGE | 1 TABLET PER DAY |
| AMPHETAMINES | ADZENYS XR ODT TABS 3.1MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| AMPHETAMINES | ADZENYS XR ODT TABS 6.3MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| AMPHETAMINES | ADZENYS XR ODT TABS 9.4MG | DAILY DOSAGE | 1 TABLET PER DAY |
| AMPHETAMINES | DESOXYN (METHAMPHETAMINE HCL) TABS | DAILY DOSAGE | 5 TABLETS PER DAY |
| AMPHETAMINES | DEXEDRINE (DEXTRAMPHETAMINE SULFATE) CAPS 24 HOUR 10MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| AMPHETAMINES | DEXEDRINE (DEXTRAMPHETAMINE SULFATE) CAPS 24 HOUR 15MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| AMPHETAMINES | DEXEDRINE (DEXTRAMPHETAMINE SULFATE) CAPS 24 HOUR 5MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| AMPHETAMINES | DYANAVEL XR | DAILY DOSAGE | 8 ML PER DAY |
| AMPHETAMINES | EVEKEO (AMPHETAMINE SULFATE) TABS 10 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| AMPHETAMINES | EVEKEO (AMPHETAMINE SULFATE) TABS 5 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| AMPHETAMINES | EVEKEO ODT (AMPHETAMINE SULFATE) TABS 10 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| AMPHETAMINES | EVEKEO ODT (AMPHETAMINE SULFATE) TABS 15 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| AMPHETAMINES | EVEKEO ODT (AMPHETAMINE SULFATE) TABS 20 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| AMPHETAMINES | EVEKEO ODT (AMPHETAMINE SULFATE) TABS 5 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| AMPHETAMINES | MYDAYIS (AMPHETAMINE-DEXTROAMPHETAMINE) CAPS ER 12.5 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| AMPHETAMINES | MYDAYIS (AMPHETAMINE-DEXTROAMPHETAMINE) CAPS ER 25 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| AMPHETAMINES | MYDAYIS (AMPHETAMINE-DEXTROAMPHETAMINE) CAPS ER 37.5 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| AMPHETAMINES | MYDAYIS (AMPHETAMINE-DEXTROAMPHETAMINE) CAPS ER 50 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| AMPHETAMINES | PROCENTRA (DEXTRAMPHETAMINE SULFATE) SOLN 5 MG/5ML | DAILY DOSAGE | 60 ML PER DAY |
| AMPHETAMINES | VYVANSE CAPS 10 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |

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| AMPHETAMINES | VYVANSE CAPS 20 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| AMPHETAMINES | VYVANSE CAPS 30 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| AMPHETAMINES | VYVANSE CAPS 40 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| AMPHETAMINES | VYVANSE CAPS 50 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| AMPHETAMINES | VYVANSE CAPS 60 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| AMPHETAMINES | VYVANSE CAPS 70 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| AMPHETAMINES | VYVANSE CHEW TAB 10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| AMPHETAMINES | VYVANSE CHEW TAB 20 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| AMPHETAMINES | VYVANSE CHEW TAB 30 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| AMPHETAMINES | VYVANSE CHEW TAB 40 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| AMPHETAMINES | VYVANSE CHEW TAB 50 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| AMPHETAMINES | VYVANSE CHEW TAB 60 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| AMPHETAMINES | ZENZEDI (DEXTRAMPHETAMINE SULFATE) TABS 10 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| AMPHETAMINES | ZENZEDI (DEXTRAMPHETAMINE SULFATE) TABS 5 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| ANALEPTICS | CAFFEINE CITRATE SOLN ORAL | QUANTITY LIMIT | 2 FILLS PER 365 DAYS; |
| ANALGESIC COMBINATIONS | ESGIC (BUTALBITAL-ACETAMINOPHEN-CAFFEINE) CAPS 325MG-50MG-40MG | FILL FREQUENCY | 45ML PER 15 DAYS RETAIL |
| ANALGESIC COMBINATIONS | FIORICET (BUTALBITAL-APAP-CAFFEINE) TABS | DAILY DOSAGE | 6 CAPSULES PER DAY |
| ANALGESIC COMBINATIONS | FIORINAL (BUTALBITAL-ASPIRIN-CAFFEINE) CAPS | DAILY DOSAGE | 6 TABLETS PER DAY |
| ANALGESIC COMBINATIONS | ZEBUTAL (BUTALBITAL-APAP-CAFFEINE) CAPS | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ANAPHYLAXIS THERAPY AGENTS | EPINEPHRINE (ANAPHYLAXIS) SOLN AUTO INJECTOR 0.15 MG/0.3ML | DAILY DOSAGE | 6 CAPSULES PER DAY |
| ANAPHYLAXIS THERAPY AGENTS | EPINEPHRINE (ANAPHYLAXIS) SOLN AUTO INJECTOR 0.3 MG/0.3ML | QUANTITY LIMIT | 2 DEVICES PER 30 DAYS |
| ANDROGENS | ANDRODERM PATCH 24 HOUR 2MG/24HR | FILL FREQUENCY | 4 DEVICES PER 365 DAYS |
| ANDROGENS | ANDRODERM PATCH 24 HOUR 4MG/24HR | QUANTITY LIMIT | 2 DEVICES PER 30 DAYS |
| ANDROGENS | ANDROGEL (TESTOSTERONE) TRANSDERMAL TOPICAL GEL 1% 2.5 GRAM PACKET | FILL FREQUENCY | 4 DEVICES PER 365 DAYS |
| ANDROGENS | ANDROGEL (TESTOSTERONE) TRANSDERMAL TOPICAL GEL 1.62% PACKETS | QUANTITY LIMIT | 2 DEVICES PER 30 DAYS |
| ANDROGENS | ANDROGEL (TESTOSTERONE) TRANSDERMAL TOPICAL GEL 1.62% PUMP | FILL FREQUENCY | 4 DEVICES PER 365 DAYS |
| ANDROGENS | AXIRON (TESTOSTERONE) TRANSDERMAL TOPICAL SOLUTION | QUANTITY LIMIT | 2 DEVICES PER 30 DAYS |
| ANDROGENS | DEPO-TESTOSTERONE (TESTOSTERONE CYPIONATE) INJ 200MG/ML | FILL FREQUENCY | 1 FILL PER 28 DAYS |
| ANDROGENS | JATENZO CAPS 158MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANDROGENS | JATENZO CAPS 198MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANDROGENS | JATENZO CAPS 237MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ANDROGENS | NATESTO NASAL GEL | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ANDROGENS | TESTIM (TESTOSTERONE) TRANSDERMAL TOPICAL GEL 1% 5 GRAM PACKET | QUANTITY LIMIT PER TIME | 3 BOTTLES PER 30 DAYS |
| ANDROGENS | VOGELXO (TESTOSTERONE) 1% TRANSDERMAL PUMP | TOPICAL DOSE LIMIT | 300 GRAMS PER 30 DAYS |
| ANESTHETICS TOPICAL ORAL | LIDOCAINE HCL (MOUTH-THROAT) SOLN | TOPICAL DOSE LIMIT | 150 GRAMS PER 30 DAYS |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | ATACAND (CANDESARTAN CILEXETIL) TABS 16 MG | TOPICAL DOSE LIMIT | 150 GRAMS PER 30 DAYS |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | ATACAND (CANDESARTAN CILEXETIL) TABS 32 MG | TOPICAL DOSE LIMIT | 150 GRAMS PER 30 DAYS |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | ATACAND (CANDESARTAN CILEXETIL) TABS 4 MG | TOPICAL DOSE LIMIT | 150 GRAMS PER 30 DAYS |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | ATACAND (CANDESARTAN CILEXETIL) TABS 8 MG | TOPICAL DOSE LIMIT | 150 GRAMS PER 30 DAYS |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | BENICAR (OLMESARTAN MEDOXOMIL) TABS 20MG | TOPICAL DOSE LIMIT | 150 GRAMS PER 30 DAYS |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | BENICAR (OLMESARTAN MEDOXOMIL) TABS 40 MG | TOPICAL DOSE LIMIT | 150 GRAMS PER 30 DAYS |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | BENICAR (OLMESARTAN MEDOXOMIL) TABS 5MG | TOPICAL DOSE LIMIT | 150 GRAMS PER 30 DAYS |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | DIOVAN (VALSARTAN) TABS 160 MG | TOPICAL DOSE LIMIT | 150 GRAMS PER 30 DAYS |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | DIOVAN (VALSARTAN) TABS 320 MG | TOPICAL DOSE LIMIT | 150 GRAMS PER 30 DAYS |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | DIOVAN (VALSARTAN) TABS 40 MG | TOPICAL DOSE LIMIT | 150 GRAMS PER 30 DAYS |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | DIOVAN (VALSARTAN) TABS 80 MG | TOPICAL DOSE LIMIT | 150 GRAMS PER 30 DAYS |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | EDARBI (AZILSARTAN MEDOXOMIL) TABS 40MG | TOPICAL DOSE LIMIT | 150 GRAMS PER 30 DAYS |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | EDARBI (AZILSARTAN MEDOXOMIL) TABS 80MG | TOPICAL DOSE LIMIT | 150 GRAMS PER 30 DAYS |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | EPROSARTAN MESYLATE TABS | TOPICAL DOSE LIMIT | 150 GRAMS PER 30 DAYS |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | MICARDIS (TELMISARTAN) TABS 40MG | TOPICAL DOSE LIMIT | 150 GRAMS PER 30 DAYS |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | MICARDIS (TELMISARTAN) TABS 80MG | TOPICAL DOSE LIMIT | 150 GRAMS PER 30 DAYS |
| ANTACIDS-CALCIUM SALTS | CALCIUM CARBONATE SUSPENSION 1250ML/5ML | QUANTITY LIMIT PER TIME | 500 ML PER 30 DAYS |
| 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 |
| ANTIANGINALS-OTHER | RANOLAZINE TABS ER 500MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIANGINALS-OTHER | RANOLAZINE TABS ER 1000MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIANGIETY AGENTS - MISC. | BUSPAR (BUSPIRONE HCL) TABS 10 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTIANGIETY AGENTS - MISC. | BUSPAR (BUSPIRONE HCL) TABS 15 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTIANGIETY AGENTS - MISC. | BUSPAR (BUSPIRONE HCL) TABS 30 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTIANGIETY AGENTS - MISC. | BUSPAR (BUSPIRONE HCL) TABS 5 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTIANGIETY AGENTS - MISC. | BUSPAR (BUSPIRONE HCL) TABS 7.5 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTIANGIETY AGENTS - MISC. | MEPROBAMATE TABS 200MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTIANGIETY AGENTS - MISC. | MEPROBAMATE TABS 400MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| ANTIBIOTICS- TOPICAL | BACITRACIN ZINC OINT | DAILY DOSAGE | 6 TABLETS PER DAY |
| ANTIBIOTICS- TOPICAL | BACTROBAN (MUPIROCI 2%) CREAM | TOPICAL DOSE LIMIT | 1.9 GRAMS PER DAY |
| ANTIBIOTICS- TOPICAL | CENTANY (MUPIROCI 2%) OINTMENT | TOPICAL DOSE LIMIT | 30 GRAMS PER 30 DAYS |
| ANTIBIOTICS- TOPICAL | GENTAMICIN CREAM | TOPICAL DOSE LIMIT | 2.2 GRAMS PER DAY |
| ANTIBIOTICS- TOPICAL | GENTAMICIN OINTMENT | TOPICAL DOSE LIMIT | 60 GRAMS PER 30 DAYS |
| ANTICATAPLECTIC AGENTS | XYREM SOLUTION | TOPICAL DOSE LIMIT | 60 GRAMS PER 30 DAYS |
| ANTICATAPLECTIC AGENTS | XYWAV SOLUTION | DAILY DOSAGE | 18 ML PER DAY |
| ANTI-CATAPLECTIC AGENTS | XYWAV 0.5 GM/ML | DAILY DOSAGE | 18 ML PER DAY |
| ANTICONVULSANTS - BENZODIAZEPINES | CLONAZEPAM-ODT ORAL DISINTEGRATING TABLETS 0.125 MG | DAILY DOSAGE | 18 ML PER DAY |
| ANTICONVULSANTS - BENZODIAZEPINES | CLONAZEPAM-ODT ORAL DISINTEGRATING TABLETS 0.25 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTICONVULSANTS - BENZODIAZEPINES | CLONAZEPAM-ODT ORAL DISINTEGRATING TABLETS 0.5 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTICONVULSANTS - BENZODIAZEPINES | CLONAZEPAM-ODT ORAL DISINTEGRATING TABLETS 1 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTICONVULSANTS - BENZODIAZEPINES | CLONAZEPAM-ODT ORAL DISINTEGRATING TABLETS 2 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTICONVULSANTS - BENZODIAZEPINES | DIASTAT (DIAZEPAM) ACUDIAL RECTAL GEL 10 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTICONVULSANTS - BENZODIAZEPINES | DIASTAT (DIAZEPAM) ACUDIAL RECTAL GEL 20 MG | QUANTITY LIMIT PER TIME | 5 KITS PER 30 DAYS |
| ANTICONVULSANTS - BENZODIAZEPINES | DIASTAT (DIAZEPAM) PEDIATRIC RECTAL GEL 2.5MG | QUANTITY LIMIT PER TIME | 5 KITS PER 30 DAYS |
| ANTICONVULSANTS - BENZODIAZEPINES | KLONOPIN (CLONAZEPAM) TABS 0.5 MG | QUANTITY LIMIT PER TIME | 5 KITS PER 30 DAYS |
| ANTICONVULSANTS - BENZODIAZEPINES | KLONOPIN (CLONAZEPAM) TABS 1 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTICONVULSANTS - BENZODIAZEPINES | KLONOPIN (CLONAZEPAM) TABS 2 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTICONVULSANTS - BENZODIAZEPINES | NAYZILAM SPRAY | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTICONVULSANTS - BENZODIAZEPINES | ONFI (CLOBAZAM) SUSP 2.5MG/ML | QUANTITY LIMIT PER TIME | 10 DOSES PER 30 DAYS |
| ANTICONVULSANTS - BENZODIAZEPINES | ONFI (CLOBAZAM) TABS 10 MG | DAILY DOSAGE | 16ML PER DAY |
| ANTICONVULSANTS - BENZODIAZEPINES | ONFI (CLOBAZAM) TABS 20 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTICONVULSANTS - BENZODIAZEPINES | VALTOCO SPRAY 10 MG/0.1ML | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTICONVULSANTS - BENZODIAZEPINES | VALTOCO SPRAY 5 MG/0.1ML | QUANTITY LIMIT PER TIME | 10 KITS PER 30 DAYS |
| ANTICONVULSANTS - MISC. | APTOM TABS 200 MG | QUANTITY LIMIT PER TIME | 10 KITS PER 30 DAYS |
| ANTICONVULSANTS - MISC. | APTOM TABS 400 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTICONVULSANTS - MISC. | APTOM TABS 600 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTICONVULSANTS - MISC. | APTOM TABS 800 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | BANZEL SUSP 40 MG/ML | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | BANZEL TABS 200 MG | DAILY DOSAGE | 80 ML PER DAY |
| ANTICONVULSANTS - MISC. | BANZEL TABS 400 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | BRIVIACT ORAL SOLN | DAILY DOSAGE | 8 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | BRIVIACT TABS 10 MG | DAILY DOSAGE | 20ML PER DAY |
| ANTICONVULSANTS - MISC. | BRIVIACT TABS 100 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | BRIVIACT TABS 25 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | BRIVIACT TABS 50 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | BRIVIACT TABS 75 MG | 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. | ELEPSIA XR TAB 1000 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | ELEPSIA XR TAB 1500 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | EPRONTIA ORAL SOLN 25 MG /ML | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | KEPPRA (LEVETIRACETAM) TABS OR 500MG | DAILY DOSAGE | 16 ML PER DAY |
| ANTICONVULSANTS - MISC. | KEPPRA (LEVETIRACETAM) SOLN OR 100 MG/ML | DAILY DOSAGE | 5 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | KEPPRA (LEVETIRACETAM) TABS OR 1000 MG | DAILY DOSAGE | 30 ML PER DAY |
| ANTICONVULSANTS - MISC. | KEPPRA (LEVETIRACETAM) TABS OR 750 MG | DAILY DOSAGE | 3 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 | 4 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LAMICTAL (LAMOTRIGINE) CHEWABLE DISPERSIBLE CHEW 5 MG | DAILY DOSAGE | 20 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LAMICTAL (LAMOTRIGINE) ORAL DISINTEGRATING TABLET KIT | DAILY DOSAGE | 100 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LAMICTAL (LAMOTRIGINE) ORAL DISINTEGRATING TBDP 100 MG | DAILY DOSAGE | 20 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LAMICTAL (LAMOTRIGINE) ORAL DISINTEGRATING TBDP 200 MG | DAILY DOSAGE | 5 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LAMICTAL (LAMOTRIGINE) ORAL DISINTEGRATING TBDP 25 MG | DAILY DOSAGE | 2.5 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LAMICTAL (LAMOTRIGINE) ORAL DISINTEGRATING TBDP 50 MG | DAILY DOSAGE | 20 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LAMICTAL (LAMOTRIGINE) TABS 100 MG | DAILY DOSAGE | 10 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LAMICTAL (LAMOTRIGINE) TABS 100 MG | DAILY DOSAGE | 5 TABLETS PER DAY |

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| 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 | 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 250 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | LAMICTAL (LAMOTRIGINE) XR TB24 300 MG | DAILY DOSAGE | 2 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) 20 MG/ML | DAILY DOSAGE | 30ML PER DAY |
| ANTICONVULSANTS - MISC. | LYRICA (PREGABALIN) CAPS 100 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| ANTICONVULSANTS - MISC. | LYRICA (PREGABALIN) CAPS 150 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| ANTICONVULSANTS - MISC. | LYRICA (PREGABALIN) CAPS 200 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| ANTICONVULSANTS - MISC. | LYRICA (PREGABALIN) CAPS 225 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTICONVULSANTS - MISC. | LYRICA (PREGABALIN) CAPS 25 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| ANTICONVULSANTS - MISC. | LYRICA (PREGABALIN) CAPS 300 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTICONVULSANTS - MISC. | LYRICA (PREGABALIN) CAPS 50 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| ANTICONVULSANTS - MISC. | LYRICA (PREGABALIN) CAPS 75 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| ANTICONVULSANTS - MISC. | MYSOLINE (PRIMIDONE) TABS 250 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | MYSOLINE (PRIMIDONE) TABS 50 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | NEURONTIN (GABAPENTIN) SOLN 250 MG/5 ML | DAILY DOSAGE | 60 ML PER DAY |
| ANTICONVULSANTS - MISC. | OXTELLAR XR 150 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | OXTELLAR XR 300 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | OXTELLAR XR 600 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | TEGRETOL XR (CARBAMAZEPINE) TB12 200 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | TEGRETOL XR (CARBAMAZEPINE) TB12 400 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | TOPAMAX (TOPIRAMATE) SPRINKLE CPSP 15 MG | DAILY DOSAGE | 6 CAPSULES PER DAY |
| ANTICONVULSANTS - MISC. | TOPAMAX (TOPIRAMATE) SPRINKLE CPSP 25 MG | DAILY DOSAGE | 8 CAPSULES PER DAY |
| ANTICONVULSANTS - MISC. | TOPAMAX (TOPIRAMATE) TABS 100 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | TOPAMAX (TOPIRAMATE) TABS 200 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | TOPAMAX (TOPIRAMATE) TABS 25 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | TRILEPTAL (OXCARBAZEPINE) SUSP 60 MG/ML (300 MG/5 ML) | DAILY DOSAGE | 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 100 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| ANTICONVULSANTS - MISC. | TROKENDI XR 200 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTICONVULSANTS - MISC. | TROKENDI XR 25 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTICONVULSANTS - MISC. | TROKENDI XR 50 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| ANTICONVULSANTS - MISC. | VIMPAT SOLN 10 MG/ML | DAILY DOSAGE | 40 ML PER DAY |
| ANTICONVULSANTS - MISC. | VIMPAT TABS 100 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | VIMPAT TABS 150 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | VIMPAT TABS 200 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | VIMPAT TABS 50 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTICONVULSANTS - MISC. | ZONEGRAN (ZONISAMIDE) CAPS 100 MG | DAILY DOSAGE | 6 CAPSULES PER DAY |
| ANTICONVULSANTS - MISC. | ZTALMY SOLN 50MG/ML | DAILY DOSAGE | 36 ML PER DAY |
| ANTIDEMENTIA AGENTS | ADLARITY (DONEPEZIL) PATCH 5MG/DAY | QUANTITY LIMIT PER TIME | 4 PATCHES PER 28 DAYS |
| ANTIDEMENTIA AGENTS | ADLARITY (DONEPEZIL) PATCH 5MG/DAY | QUANTITY LIMIT PER TIME | 5 PATCHES PER 28 DAYS |
| ANTIDEMENTIA AGENTS | ARICEPT (DONEPEZIL HCL) ORAL DISINTEGRATING TABLET 5MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDEMENTIA AGENTS | EXELON (RIVASTIGMINE TARTRATE) CAPS 1.5 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIDEMENTIA AGENTS | EXELON (RIVASTIGMINE TARTRATE) CAPS 3 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIDEMENTIA AGENTS | EXELON (RIVASTIGMINE TARTRATE) CAPS 4.5 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIDEMENTIA AGENTS | EXELON (RIVASTIGMINE TARTRATE) CAPS 6 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIDEMENTIA AGENTS | EXELON (RIVASTIGMINE) 24 HOUR PATCH 4.6 MG/24HR | DAILY DOSAGE | 1 PATCH PER DAY |
| ANTIDEMENTIA AGENTS | EXELON (RIVASTIGMINE) 24 HOUR PATCH 9.5 MG/24HR | DAILY DOSAGE | 1 PATCH PER DAY |
| ANTIDEMENTIA AGENTS | NAMENDA (MEMANTINE HCL) SOLN 10 MG/5ML | DAILY DOSAGE | 10 ML PER DAY |
| ANTIDEMENTIA AGENTS | NAMENDA XR 14 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIDEMENTIA AGENTS | NAMENDA XR 21 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIDEMENTIA AGENTS | NAMENDA XR 28 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIDEMENTIA AGENTS | NAMENDA XR 7 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIDEMENTIA AGENTS | NAMZARIC 14-10 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIDEMENTIA AGENTS | NAMZARIC 21-10 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIDEMENTIA AGENTS | NAMZARIC 28-10 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIDEMENTIA AGENTS | NAMZARIC 7-10 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIDEMENTIA AGENTS | RAZADYNE (GALANTAMINE HYDROBROMIDE) ER CAPS 16 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIDEMENTIA AGENTS | RAZADYNE (GALANTAMINE HYDROBROMIDE) ER CAPS 24 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIDEMENTIA AGENTS | RAZADYNE (GALANTAMINE HYDROBROMIDE) ER CAPS 8 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIDEMENTIA AGENTS | RAZADYNE (GALANTAMINE HYDROBROMIDE) ORAL SOLN 4 MG/ML | DAILY DOSAGE | 6 ML PER DAY |
| ANTIDEMENTIA AGENTS | RAZADYNE (GALANTAMINE HYDROBROMIDE) TABS 12 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDEMENTIA AGENTS | RAZADYNE (GALANTAMINE HYDROBROMIDE) TABS 4 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDEMENTIA AGENTS | RAZADYNE (GALANTAMINE HYDROBROMIDE) TABS 8 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDEPRESSANTS - MISC. | APLENZIN 174MG TABS | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTIDEPRESSANTS - MISC. | APLENZIN 348 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDEPRESSANTS - MISC. | APLENZIN 522MG TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDEPRESSANTS - MISC. | WELLBUTRIN (BUPROPION HCL) TABS 75 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| ANTIDEPRESSANTS - MISC. | WELLBUTRIN (BUPROPION HCL) TABS 100 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTIDEPRESSANTS - MISC. | WELLBUTRIN SR (BUPROPION HCL) TB12 100 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDEPRESSANTS - MISC. | WELLBUTRIN SR (BUPROPION HCL) TB12 150 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDEPRESSANTS - MISC. | WELLBUTRIN SR (BUPROPION HCL) TB12 200 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDEPRESSANTS - MISC. | WELLBUTRIN XL (BUPROPION HCL) TB24 150 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDEPRESSANTS - MISC. | WELLBUTRIN XL (BUPROPION HCL) TB24 300 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC - AMYLIN ANALOGS | SYMLIN PEN 1500 MCG/1.5ML | QUANTITY LIMIT PER TIME | 2 BOXES PER 30 DAYS |
| ANTIDIABETIC - AMYLIN ANALOGS | SYMLIN PEN 2700 MCG/2.7ML | QUANTITY LIMIT PER TIME | 2 BOXES PER 30 DAYS |
| ANTIDIABETIC COMBINATIONS | ACTOPLUS MET (PIOGLITAZONE-METFORMIN) TAB 15 MG-500 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDIABETIC COMBINATIONS | ACTOPLUS MET (PIOGLITAZONE-METFORMIN) TAB 15 MG-850 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDIABETIC COMBINATIONS | ACTOPLUS MET XR TAB (PIOGLITAZONE-METFORMIN) 15 MG-1000 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC COMBINATIONS | ACTOPLUS MET XR TAB (PIOGLITAZONE-METFORMIN) 30 MG-1000 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC COMBINATIONS | DUETACT (PIOGLITAZONE HCL-GLIMPIRIDE) TABS 30-2 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC COMBINATIONS | DUETACT (PIOGLITAZONE HCL-GLIMPIRIDE) TABS 30-4 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC COMBINATIONS | GLIPIZIDE/METFORMIN HCL TABS 2.5 MG-250 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDIABETIC COMBINATIONS | GLIPIZIDE/METFORMIN HCL TABS 2.5 MG-500 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDIABETIC COMBINATIONS | GLIPIZIDE/METFORMIN HCL TABS 5 MG-500 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTIDIABETIC COMBINATIONS | GLYXAMBI (EMPAGLIFLOZIN-LINAGLIPTIN) TABS 10 MG-5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC COMBINATIONS | GLYXAMBI (EMPAGLIFLOZIN-LINAGLIPTIN) TABS 25 MG-5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC COMBINATIONS | JANUMET TABS 50 MG-1000 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDIABETIC COMBINATIONS | JANUMET TABS 50 MG-500 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDIABETIC COMBINATIONS | JANUMET XR TB24 100 MG-1000 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC COMBINATIONS | JANUMET XR TB24 50 MG-1000 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDIABETIC COMBINATIONS | JANUMET XR TB24 50 MG-500 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC COMBINATIONS | JENTADUETO TABS 2.5 MG-1000 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDIABETIC COMBINATIONS | JENTADUETO TABS 2.5 MG-500 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDIABETIC COMBINATIONS | JENTADUETO TABS 2.5 MG-850 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDIABETIC COMBINATIONS | JENTADUETO TABS XR 2.5 MG-100 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDIABETIC COMBINATIONS | JENTADUETO TABS XR 5 MG-1000 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC COMBINATIONS | KAZANO (ALOGLIPTAN-METFORMIN) TABS 12 MG-1000 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDIABETIC COMBINATIONS | KAZANO (ALOGLIPTAN-METFORMIN) TABS 12 MG-500 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDIABETIC COMBINATIONS | KOMBIGLYZE XR TB24 2.5 MG-1000 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDIABETIC COMBINATIONS | KOMBIGLYZE XR TB24 5 MG-1000 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC COMBINATIONS | KOMBIGLYZE XR TB24 5 MG-500 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC COMBINATIONS | OSENI (ALOGLIPTAN-PIOGLITAZONE) TABS 12.5 MG-15 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC COMBINATIONS | OSENI (ALOGLIPTAN-PIOGLITAZONE) TABS 12.5 MG-30 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC COMBINATIONS | OSENI (ALOGLIPTAN-PIOGLITAZONE) TABS 12.5 MG-45 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC COMBINATIONS | OSENI (ALOGLIPTAN-PIOGLITAZONE) TABS 25 MG-15 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC COMBINATIONS | OSENI (ALOGLIPTAN-PIOGLITAZONE) TABS 25 MG-30 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC COMBINATIONS | OSENI (ALOGLIPTAN-PIOGLITAZONE) TABS 25 MG-45 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC COMBINATIONS | PRANDIMET (REPAGLINIDE/METFORMIN HYDROCHLORIDE) TABS 1-500 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDIABETIC COMBINATIONS | PRANDIMET (REPAGLINIDE/METFORMIN HYDROCHLORIDE) TABS 2-500 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIDIABETIC COMBINATIONS | QTERN (DAPAGLIFLOZIN-SAXAGLIPTIN) TABS 10 MG-5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC COMBINATIONS | SOLIUQA PEN | INJECTABLE DOSE LIMIT | 18ML PER 30 DAYS |
| ANTIDIABETIC COMBINATIONS | STEGLUJAN (ERTULIFLOZIN-SITAGLIPTIN) TABS 15 MG-100 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC COMBINATIONS | STEGLUJAN (ERTULIFLOZIN-SITAGLIPTIN) TABS 5 MG -100 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIDIABETIC COMBINATIONS | XULTOPHY PEN | INJECTABLE DOSE LIMIT | 15ML PER 30 DAYS |

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| ANTIDOTES- CHELATING AGENTS | EXJADE (DEFERASIROX) TABS FOR SUSPENSION 125 MG | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTIDOTES- CHELATING AGENTS | EXJADE (DEFERASIROX) TABS FOR SUSPENSION 250 MG | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTIDOTES- CHELATING AGENTS | EXJADE (DEFERASIROX) TABS FOR SUSPENSION 500 MG | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTIDOTES- CHELATING AGENTS | JADENU (DEFERASIROX) SPRINKLES 180 MG | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTIDOTES- CHELATING AGENTS | JADENU (DEFERASIROX) SPRINKLES 360 MG | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTIDOTES- CHELATING AGENTS | JADENU (DEFERASIROX) SPRINKLES 90 MG | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTIDOTES- CHELATING AGENTS | JADENU (DEFERASIROX) TABS 180 MG | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTIDOTES- CHELATING AGENTS | JADENU (DEFERASIROX) TABS 360 MG | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTIDOTES- CHELATING AGENTS | JADENU (DEFERASIROX) TABS 90 MG | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTIEMETICS- MISC | AKYNZEO | QUANTITY LIMIT PER TIME | 4 CAPS PER 28 DAYS |
| ANTIFUNGALS | ANCOBON (FLUCYDOSINE) CAPS 250 MG | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS | ANCOBON (FLUCYDOSINE) CAPS 500 MG | 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 125 MG | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS | GRIS-PEG (GRISEOFULVIN) ULTRAMICROSIZE TABS 250 MG | 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 | 3.34 GRAMS PER DAY |
| ANTIFUNGALS-TOPICAL | CLOTRIMAZOLE 1% SOLUTION | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | ECONAZOLE CREAM | TOPICAL DOSE LIMIT | 2.0ML PER DAY |
| ANTIFUNGALS-TOPICAL | EXTINA (KETOCONAZOLE) FOAM | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| 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 | 1 BOTTLE (4ML) PER FILL |
| ANTIFUNGALS-TOPICAL | KERYDIN 5% SOLN | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | KETOCONAZOLE AER FOAM 2% | TOPICAL DOSE LIMIT | 10ML PER 30 DAYS |
| ANTIFUNGALS-TOPICAL | LAMISIL AT (TERBINAFINE) CREAM | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | LOPROX (CICLOPIROX) CREAM | TOPICAL DOSE LIMIT | 3.0 ML PER DAY |
| ANTIFUNGALS-TOPICAL | LOPROX (CICLOPIROX) SHAMPOO | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | LOPROX (CICLOPIROX) SUSPENSION | TOPICAL DOSE LIMIT | 4.0 ML PER DAY |
| ANTIFUNGALS-TOPICAL | LOTRIMIN AF (CLOTRIMAZOLE) CREAM | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | LOTRIMIN AF (CLOTRIMAZOLE) CREAM | TOPICAL DOSE LIMIT | 3.0 ML PER DAY |
| ANTIFUNGALS-TOPICAL | LOTRIMIN AF (CLOTRIMAZOLE) CREAM | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | LOTRIMIN ULTRA, MENTAX (BUTENAFINE HCL) CREAM 1% | TOPICAL DOSE LIMIT | 3 GRAMS PER DAY |
| ANTIFUNGALS-TOPICAL | LOTRISONE (CLOTRIMAZOLE-BETAMETHASONE) CREAM | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | LOTRISONE (CLOTRIMAZOLE-BETAMETHASONE) CREAM | TOPICAL DOSE LIMIT | 2 ML PER DAY |
| ANTIFUNGALS-TOPICAL | LOTRISONE (CLOTRIMAZOLE-BETAMETHASONE) LOTION | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | LUZU (LULICONAZOLE) CREAM | TOPICAL DOSE LIMIT | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | MICATIN (MICONAZOLE) CREAM 2% | DAYS SUPPLY LIMIT PER TIME | 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 | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | NAFTIN (NAFITIFINE HCL) GEL | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | NIZORAL (KETOCONAZOLE) CREAM | TOPICAL DOSE LIMIT | 60 GRAMS PER 30 DAYS |
| ANTIFUNGALS-TOPICAL | NIZORAL (KETOCONAZOLE) SHAMPOO | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | NYSTATIN CREAM | TOPICAL DOSE LIMIT | 3 GRAMS PER DAY |
| ANTIFUNGALS-TOPICAL | NYSTATIN OINTMENT | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | NYSTATIN-TRIAMCINOLONE CREAM | TOPICAL DOSE LIMIT | 3 GRAMS PER DAY |
| ANTIFUNGALS-TOPICAL | NYSTATIN-TRIAMCINOLONE OINTMENT | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | NYSTOP (NYSTATIN) POWDER | TOPICAL DOSE LIMIT | 3 GRAMS PER DAY |
| ANTIFUNGALS-TOPICAL | OXISTAT (OXICONAZOLE) 1% CREAM | DAYS SUPPLY LIMIT PER TIME | 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 | 0.22ML PER DAY |
| 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 | 3 GRAMS PER DAY |
| ANTIFUNGALS-TOPICAL | TOLNAFTATE POWDER 1% | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTIFUNGALS-TOPICAL | VUSION OINTMENT | TOPICAL DOSE LIMIT | 1.5 GRAMS PER DAY |
| ANTIFUNGALS-TOPICAL | STROMECTOL (IVERMECTIN) TAB | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| ANTHELMINTICS | | QUANTITY LIMIT | 10 TABLETS PER FILL |
| ANTHELMINTICS | | FILL FREQUENCY | 7 DAYS PER FILL |
| ANTHELMINTICS | | DAYS SUPPLY LIMIT PER TIME | 2 FILLS 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 | CLARINEX | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHISTAMINES- NON SEDATING | CLARINEX REDITABS 2.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHISTAMINES- NON SEDATING | CLARINEX REDITABS 5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHISTAMINES- NON SEDATING | ZYRTEC (CETIRIZINE HCL) 10 MG CHEW TAB | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHISTAMINES- PHENOTHIAZINES | PHENERGAN (PROMETHAZINE HCL) SUPP RECTAL 12.5 MG | QUANTITY LIMIT PER TIME | 12 UNITS PER 2 DAYS |
| ANTIHISTAMINES- PHENOTHIAZINES | PHENERGAN (PROMETHAZINE HCL) SUPP RECTAL 25 MG | QUANTITY LIMIT PER TIME | 12 UNITS PER 2 DAYS |
| ANTIHISTAMINES- PHENOTHIAZINES | PHENERGAN (PROMETHAZINE HCL) SUPP RECTAL 50 MG | QUANTITY LIMIT | 12 UNITS PER FILL |
| ANTIHYPERTENSIVE COMBINATIONS | NEXLIZET TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | VYTORIN (EZETIMIBE-SIMVASTATIN) TABS 10-10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | VYTORIN (EZETIMIBE-SIMVASTATIN) TABS 10-20 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | VYTORIN (EZETIMIBE-SIMVASTATIN) TABS 10-40 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | VYTORIN (EZETIMIBE-SIMVASTATIN) TABS 10-80 MG | 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) 10-12.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | ACCURETIC (QUINAPRIL-HYDROCHLOROTHIAZIDE TABS) 20-12.5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | ACCURETIC (QUINAPRIL-HYDROCHLOROTHIAZIDE TABS) 20-25 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | ATACAND (CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE) TABS 16 MG-12.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | ATACAND (CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE) TABS 32 MG-12.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | AZOR (AMLODIPINE-OLMESARTAN) TABS 10 MG-20 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | AZOR (AMLODIPINE-OLMESARTAN) TABS 10 MG-40 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | AZOR (AMLODIPINE-OLMESARTAN) TABS 5 MG-20 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | AZOR (AMLODIPINE-OLMESARTAN) TABS 5 MG-40 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | BENICAR HCT (OLMESARTAN HYDROCHLOROTHIAZIDE) TABS 20-12.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | BENICAR HCT (OLMESARTAN HYDROCHLOROTHIAZIDE) TABS 40-12.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | BENICAR HCT (OLMESARTAN HYDROCHLOROTHIAZIDE) TABS 40-25 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | CAPTOPRIL/HYDROCHLOROTHIAZIDE TABS 25 MG-25 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | CAPTOPRIL/HYDROCHLOROTHIAZIDE TABS 50 MG-15 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | CAPTOPRIL/HYDROCHLOROTHIAZIDE TABS 50 MG-25 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | CORZIDE (NADOLOL-BENDROFLUMETHIAZIDE) TABS 80-5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | CORZIDE (NADOLOL-BENDROFLUMETHIAZIDE) TABS 40-5 MG | DAILY DOSAGE | 1 TABLET PER DAY |

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| ANTIHYPERTENSIVE COMBINATIONS | DIOVANT HCT (VALSARTAN-HYDROCHLOROTHIAZIDE) TABS 160 MG-12.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | DIOVANT HCT (VALSARTAN-HYDROCHLOROTHIAZIDE) TABS 160 MG-25 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | DIOVANT HCT (VALSARTAN-HYDROCHLOROTHIAZIDE) TABS 320 MG-12.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | DIOVANT HCT (VALSARTAN-HYDROCHLOROTHIAZIDE) TABS 320 MG-25 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | DIOVANT HCT (VALSARTAN-HYDROCHLOROTHIAZIDE) TABS 80 MG-12.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | EDARBYCLOR (AZILSARTAN-HYDROCHLOROTHIAZIDE) TABS 40-12.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | EDARBYCLOR (AZILSARTAN-HYDROCHLOROTHIAZIDE) TABS 40-25 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | ENALAPRIL-HYDROCHLOROTHIAZIDE TABS 5-12.5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | EXFORGE (AMLODIPINE BESYLATE-VALSARTAN) TABS 10 MG-160 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | EXFORGE (AMLODIPINE BESYLATE-VALSARTAN) TABS 10 MG-320 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | EXFORGE (AMLODIPINE BESYLATE-VALSARTAN) TABS 5 MG-160 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | EXFORGE (AMLODIPINE BESYLATE-VALSARTAN) TABS 5 MG-320 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | EXFORGE HCT (AMLODIPINE-VALSARTAN-HCTZ) TABS 10 MG-160 MG-12.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | EXFORGE HCT (AMLODIPINE-VALSARTAN-HCTZ) TABS 10 MG-160 MG-25 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | EXFORGE HCT (AMLODIPINE-VALSARTAN-HCTZ) TABS 10 MG-320 MG-25 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | EXFORGE HCT (AMLODIPINE-VALSARTAN-HCTZ) TABS 5 MG-160 MG-12.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | EXFORGE HCT (AMLODIPINE-VALSARTAN-HCTZ) TABS 50 MG-160 MG-25 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | FOSINOPRIL/HYDROCHLOROTHIAZIDE TABS 10 MG-12.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | FOSINOPRIL/HYDROCHLOROTHIAZIDE TABS 20 MG-12.5 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | LOTENSIN HCT (BENAZEPRIL-HYDROCHLOROTHIAZIDE) TABS 10 MG-12.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | LOTENSIN HCT (BENAZEPRIL-HYDROCHLOROTHIAZIDE) TABS 20 MG-25 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | LOTREL (AMLODIPINE BESYLATE-BENAZEPRIL HCL) CAPS 2.5 MG-10 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | METHYLDOPA/HYDROCHLOROTHIAZIDE TABS 250 MG-15 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | METHYLDOPA/HYDROCHLOROTHIAZIDE TABS 250 MG-25 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | METOPROLOL-HYDROCHLOROTHIAZIDE ER 24 HR TABS 100-12.5 MG | DAILY DOSAGE | 1 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | METOPROLOL-HYDROCHLOROTHIAZIDE ER 24 HR TABS 25-12.5 MG | DAILY DOSAGE | 1 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | METOPROLOL-HYDROCHLOROTHIAZIDE ER 24 HR TABS 50-12.5 MG | DAILY DOSAGE | 1 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | METOPROLOL-HYDROCHLOROTHIAZIDE TABS 100-25 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | METOPROLOL-HYDROCHLOROTHIAZIDE TABS 100-50 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | METOPROLOL-HYDROCHLOROTHIAZIDE TABS 50-25 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | MICARDIS HCT (TELMISARTAN-HYDROCHLOROTHIAZIDE) TABS 40 MG-12.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | MICARDIS HCT (TELMISARTAN-HYDROCHLOROTHIAZIDE) TABS 80 MG-12.5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | MICARDIS HCT (TELMISARTAN-HYDROCHLOROTHIAZIDE) TABS 80 MG-25 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | MOEXIPRIL-HYDROCHLOROTHIAZIDE TABS 15 MG-12.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | MOEXIPRIL-HYDROCHLOROTHIAZIDE TABS 15 MG-25 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | MOEXIPRIL-HYDROCHLOROTHIAZIDE TABS 7.5 MG-12.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | PROPRANOLOL-HYDROCHLOROTHIAZIDE TABS 40-25 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | PROPRANOLOL-HYDROCHLOROTHIAZIDE TABS 80-25 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | TARKA (TRANDOLAPRIL-VERAPAMIL HCL) TABS 1-240 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | TARKA (TRANDOLAPRIL-VERAPAMIL HCL) TABS 2-180 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | TARKA (TRANDOLAPRIL-VERAPAMIL HCL) TABS 2-240 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | TARKA (TRANDOLAPRIL-VERAPAMIL HCL) TABS 4-240 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | TEKTURNA HCT (ALISKIREN-HYDROCHLOROTHIAZIDE) TABS 150-12.5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | TEKTURNA HCT (ALISKIREN-HYDROCHLOROTHIAZIDE) TABS 150-25 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | TEKTURNA HCT (ALISKIREN-HYDROCHLOROTHIAZIDE) TABS 300-12.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | TEKTURNA HCT (ALISKIREN-HYDROCHLOROTHIAZIDE) TABS 300-25 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | TRIBENZOR (OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE) TABS 20-5-12.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | TRIBENZOR (OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE) TABS 40-10-12.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | TRIBENZOR (OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE) TABS 40-10-25 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | TRIBENZOR (OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE) TABS 40-5-12.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | TRIBENZOR (OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE) TABS 40-5-25 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | TWYNSTA (TELMISARTAN-AMLODIPINE TABS) 40-10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | TWYNSTA (TELMISARTAN-AMLODIPINE TABS) 40-5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | TWYNSTA (TELMISARTAN-AMLODIPINE TABS) 80-10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIHYPERTENSIVE COMBINATIONS | TWYNSTA (TELMISARTAN-AMLODIPINE TABS) 80-5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| 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 PER TIME | 2 PACKAGES PER 30 DAYS |
| ANTI-INFLAMMATORY AGENTS- TOPICAL | VOLTAREN (DICLOFENAC SODIUM (TOPICAL) GEL) 1% | QUANTITY LIMIT PER TIME | 1 TUBE (100 GRAMS) PER 30 DAYS |
| ANTIMALARIALS | CHLOROQUINE PHOSPHATE TABS 250 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIMALARIALS | CHLOROQUINE PHOSPHATE TABS 500 MG | 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 |
| ANTIMETABOLITES | ONUREG TAB 200 MG | DAYS SUPPLY PER FILL | 14 TABLETS PER 28 DAYS |
| ANTIMETABOLITES | ONUREG TAB 300 MG | DAYS SUPPLY PER FILL | 14 TABLETS PER 28 DAYS |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | FIRDAPSE | DAILY DOSAGE | 8 TABLETS PER DAY |
| ANTIMYCOBACTERIAL AGENTS | SIRTURO TABS 100 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | FRUZAQLA CAPS 1 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | FRUZAQLA CAPS 5 MG | QUANTITY LIMIT PER TIME | 21 CAPSULES PER 28 DAYS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | INLYTA TABS 1 MG | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | INLYTA TABS 1 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | INLYTA TABS 5 MG | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | INLYTA TABS 5 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | LENVIMA 10 MG DAILY DOSE | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | LENVIMA 10 MG DAILY DOSE | QUANTITY LIMIT | FILLS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | LENVIMA 10 MG DAILY DOSE | FILL FREQUENCY | 30 TABLETS PER 30 DAYS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | LENVIMA 10 MG DAILY DOSE | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | LENVIMA 12 MG DAILY DOSE | QUANTITY LIMIT | FILLS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | LENVIMA 12 MG DAILY DOSE | FILL FREQUENCY | 90 TABLETS PER 30 DAYS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | LENVIMA 12 MG DAILY DOSE | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | LENVIMA 14 MG DAILY DOSE | QUANTITY LIMIT | FILLS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | LENVIMA 14 MG DAILY DOSE | FILL FREQUENCY | 60 TABLETS PER 30 DAYS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | LENVIMA 14 MG DAILY DOSE | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | LENVIMA 18 MG DAILY DOSE | QUANTITY LIMIT | FILLS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | LENVIMA 18 MG DAILY DOSE | FILL FREQUENCY | 90 TABLETS PER 30 DAYS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | LENVIMA 18 MG DAILY DOSE | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | LENVIMA 20 MG DAILY DOSE | QUANTITY LIMIT | FILLS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | LENVIMA 20 MG DAILY DOSE | FILL FREQUENCY | 60 TABLETS PER 30 DAYS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | LENVIMA 20 MG DAILY DOSE | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | LENVIMA 24 MG DAILY DOSE | QUANTITY LIMIT | FILLS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | LENVIMA 24 MG DAILY DOSE | FILL FREQUENCY | 90 TABLETS PER 30 DAYS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | LENVIMA 24 MG DAILY DOSE | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | LENVIMA 4 MG DAILY DOSE | QUANTITY LIMIT | FILLS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | LENVIMA 4 MG DAILY DOSE | FILL FREQUENCY | 30 TABLETS PER 30 DAYS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | LENVIMA 4 MG DAILY DOSE | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | LENVIMA 8 MG DAILY DOSE | QUANTITY LIMIT | FILLS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | LENVIMA 8 MG DAILY DOSE | FILL FREQUENCY | 60 TABLETS PER 30 DAYS |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | LENVIMA 8 MG DAILY DOSE | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC - ANTI-HER2 AGENTS | TUKYSA TABS 150 MG | DAYS SUPPLY PER FILL | FILLS |
| ANTINEOPLASTIC - ANTI-HER2 AGENTS | TUKYSA TABS 150 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTINEOPLASTIC - ANTI-HER2 AGENTS | TUKYSA TABS 150 MG | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC - ANTI-HER2 AGENTS | TUKYSA TABS 50 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTINEOPLASTIC - BCL-2 INHIBITORS | VENCLEXTA STARTING PACK | FILL FREQUENCY | 1 FILL PER 180 DAYS |
| ANTINEOPLASTIC - COMBINATIONS | INQOVI TAB 35-100 MG | QUANTITY LIMIT PER TIME | 5 TABS PER 28 DAYS |
| ANTINEOPLASTIC - COMBINATIONS | KISQALI FEMARA 200 MG THERAPY PACK | QUANTITY LIMIT PER TIME | 49 TABLETS PER 28 DAYS |
| ANTINEOPLASTIC - COMBINATIONS | KISQALI FEMARA 400 MG THERAPY PACK | QUANTITY LIMIT PER TIME | 70 TABLETS PER 28 DAYS |
| ANTINEOPLASTIC - COMBINATIONS | LONSURF 15-6.14MG | QUANTITY LIMIT PER TIME | 100 TABLETS PER 28 DAYS |
| ANTINEOPLASTIC - COMBINATIONS | LONSURF 20-8.19MG | QUANTITY LIMIT PER TIME | 80 TABLETS PER 28 DAYS |
| ANTINEOPLASTIC - EGFR INHIBITORS | GILOTRIF TABS 20 MG | DAILY DOSAGE | 1 TABLETS PER DAY |
| ANTINEOPLASTIC - EGFR INHIBITORS | GILOTRIF TABS 30 MG | DAILY DOSAGE | 1 TABLETS PER DAY |
| ANTINEOPLASTIC - EGFR INHIBITORS | GILOTRIF TABS 40 MG | DAILY DOSAGE | 1 TABLETS PER DAY |
| ANTINEOPLASTIC - EGFR INHIBITORS | IRESSA TABS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC - EGFR INHIBITORS | IRESSA TABS | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC - EGFR INHIBITORS | TAGRISSO TABS 40 MG | DAILY DOSAGE | 2 TABLETS PER DAY |

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| ANTINEOPLASTIC - ENZYME INHIBITORS | VITRAKVI CAPS 100 MG | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC - ENZYME INHIBITORS | VITRAKVI CAPS 25 MG | 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 200 MG | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC - ENZYME INHIBITORS | XALKORI CAPS 250 MG | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC - ENZYME INHIBITORS | XOSPATA TABS 40 MG | DAYS SUPPLY PER FILL DAILY DOSAGE | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS 3 TABLETS PER DAY |
| 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 |
| ANTINEOPLASTIC - ENZYME INHIBITORS | ZYDELIG TABS 100 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTINEOPLASTIC - ENZYME INHIBITORS | ZYDELIG TABS 150 MG | DAILY DOSAGE | 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 | DAURISMO TABS 100 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS | DAURISMO TABS 25 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| 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 | AKEEGA TAB 50-500 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | AKEEGA TAB 100-500 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | DEPO-PROVERA (MEDROXYPROGESTERONE) SUSP 400 MG/ML | INJECTABLE DOSE LIMIT | 1 DOSE (2.5ML)PER FILL |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | ERLEADA TABS 240MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | FARESTON | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | JAYPIRCA TABLETS 50 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | JAYPIRCA TABLETS 100 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | NILANDRON | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | NUBEQA CAPSULES | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | ORSERDU TABS 86 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | ORSERDU TABS 345 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | SOLTAMOX SOLN 10 MG/5 ML | DAILY DOSAGE | 20 ML PER DAY |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | XTANDI CAPS 40 MG | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | XTANDI CAPS 80 MG | 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 250 MG | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | ZYTIGA (ABIRATERONE ACETATE) TABS 500 MG | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS | WELIREG TAB 40MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ANTINEOPLASTIC - IMMUNOMODULATORS | POMALYST 1 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ANTINEOPLASTIC - IMMUNOMODULATORS | POMALYST 2 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTINEOPLASTIC - IMMUNOMODULATORS | POMALYST 3 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTINEOPLASTIC - IMMUNOMODULATORS | POMALYST 4 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS | AYVAKIT TABS 100 MG | DAILY DOSAGE | 1 TABLET PER DAY 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS | AYVAKIT TABS 200 MG | DAILY DOSAGE | 1 TABLET PER DAY 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS | AYVAKIT TABS 300 MG | DAILY DOSAGE | 1 TABLET PER DAY 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC MISC | BESREMI PREFILLED SYRINGE 500 MCG/ML | QUANTITY LIMIT PER TIME | 2 SYRINGES PER 28 DAYS |
| ANTINEOPLASTIC 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 28 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 % | TOPICAL DOSE LIMIT | 10 ML PER 14 DAYS |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | EFUDEX (FLUOROURACIL) SOLN EX 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 |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | SOLARAZE (DICLOFENAC SODIUM (TOPICAL) GEL) 3% | QUANTITY LIMIT PER TIME | 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 QUANTITY LIMIT PER FILL FILL FREQUENCY | 4 GRAMS PER DAY 20 TABLETS PER 28 DAYS 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC XPO1 INHIBITORS | XPOVIO TABS 100MG ONCE WEEKLY (20MG X5 TABS) | DAYS SUPPLY LIMIT PER FILL QUANTITY LIMIT PER FILL FILL FREQUENCY | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS 12 TABLETS PER 28 DAYS 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC XPO1 INHIBITORS | XPOVIO TABS 60MG ONCE WEEKLY (20MG X 3 TABS) XPOVIO TABS 80MG ONCE WEEKLY (20MG X4 TABS) | DAYS SUPPLY LIMIT PER FILL QUANTITY LIMIT PER FILL FILL FREQUENCY | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS 16 TABLETS PER 28 DAYS 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| ANTINEOPLASTIC XPO1 INHIBITORS | XPOVIO TABS 80MG TWICE WEEKLY (20MG X4 TABS) | DAYS SUPPLY LIMIT PER FILL FILL FREQUENCY | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS 32 TABLETS PER 28 DAYS |
| ANTI-OBESITY AGENTS | IMCIVREE 10MG/ML SOLN | INJECTABLE DOSE LIMIT | 1 ML PER DAY |
| ANTI-OBESITY AGENTS | XENICAL CAPS | DAILY DOSAGE | 3 CAPSULES PER DAY |
| ANTIPARKINSON DOPAMINERGICS | INBRIJA CAPS 42 MG | DAILY DOSAGE | 10 CAPSULES PER DAY |
| ANTIPARKINSON DOPAMINERGICS | OSMOLEX ER 129 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIPARKINSON DOPAMINERGICS | OSMOLEX ER 193 MG | DAILY DOSAGE | 1 TABLET 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 FOAM | TOPICAL DOSE LIMIT | 4 GRAMS PER DAY |
| 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 | TOPICAL DOSE LIMIT | 60 GRAMS PER 30 DAYS |

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| ANTIPSORIATICS | DOVONEX (CALCIPOTRIENE) OINTMENT | TOPICAL DOSE LIMIT | 60 GRAMS PER 30 DAYS |
| ANTIPSORIATICS | ILUMYA | INJECTABLE DOSE LIMIT | AFTER LOADING DOSE, 1 SYRINGE PER 84 DAYS |
| ANTIPSORIATICS | OXSORALEN ULTRA CAPS (METHOXSALEN RAPID) | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ANTIPSORIATICS | SORIATANE (ACITRETIN) CAPS 10 MG | DAILY DOSAGE | 1 CAPSULE 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 SYRINGE | INJECTABLE DOSE LIMIT | 1 SYRINGE PER 28 DAYS |
| ANTIPSORIATICS | TAZORAC CREAM 0.1% | TOPICAL DOSE LIMIT | 60 GRAMS PER 30 DAYS |
| ANTIPSORIATICS | TAZORAC CREAM 0.5% | TOPICAL DOSE LIMIT | 60 GRAMS PER 30 DAYS |
| ANTIPSORIATICS | TAZORAC GEL 0.05% | TOPICAL DOSE LIMIT | 100 GRAMS PER 30 DAYS |
| ANTIPSORIATICS | TAZORAC GEL 0.1% | 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 |
| ANTIPSORIATICS | VTAMA CREAM 1% | TOPICAL DOSE LIMIT | 60 GRAMS PER 30 DAYS |
| ANTIPSYCHOTICS - MISC. | CAPLYTA CAPS 10.5 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIPSYCHOTICS - MISC. | CAPLYTA CAPS 21 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| 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 | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIPSYCHOTICS - MISC. | GEODON (ZIPRASIDONE HCL) CAPS 40 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIPSYCHOTICS - MISC. | GEODON (ZIPRASIDONE HCL) CAPS 60 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIPSYCHOTICS - MISC. | GEODON (ZIPRASIDONE HCL) CAPS 80 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIPSYCHOTICS - MISC. | LATUDA TABS 120MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIPSYCHOTICS - MISC. | LATUDA TABS 20 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIPSYCHOTICS - MISC. | LATUDA TABS 40 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIPSYCHOTICS - MISC. | LATUDA TABS 60MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIPSYCHOTICS - MISC. | LATUDA TABS 80 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIPSYCHOTICS - MISC. | VRAYLAR CAPS 1.5 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIPSYCHOTICS - MISC. | VRAYLAR CAPS 3 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIPSYCHOTICS - MISC. | VRAYLAR CAPS 4.5 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIPSYCHOTICS - MISC. | VRAYLAR CAPS 6 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIPSYCHOTICS - MISC. | VRAYLAR STARTER PACK | QUANTITY LIMIT | |
| ANTIRETROVIRALS | APTIVUS 250MG CAPS | FILL FREQUENCY | 1 PACK PER 180 DAYS |
| ANTIRETROVIRALS | ATRIPLA TABS | DAILY DOSAGE | 4 CAPSULES PER DAY |
| ANTIRETROVIRALS | BIKTARVY TABS 30-120-15 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | BIKTARVY TABS 50-200-25 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | CIMDUO TABLETS | 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 | DAILY DOSAGE | 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 | EVOTAZ TAB 300MG-150MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | FUZEON VIAL 90MG | DAILY DOSAGE | 2 VIALS PER DAY |
| ANTIRETROVIRALS | INTELENCE TABS 100 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | INTELENCE TABS 200 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | INTELENCE TABS 25 MG | DAILY DOSAGE | 2 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 | DAILY DOSAGE | 12.5 ML PER DAY |
| ANTIRETROVIRALS | KALETRA TABS 100 MG-25 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTIRETROVIRALS | KALETRA TABS 200 MG-50 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTIRETROVIRALS | LEXIVA (FOSAMPRENAVIR CALCIUM) TABS 700 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTIRETROVIRALS | LEXIVA SUSP 50 MG/ML | DAILY DOSAGE | 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 | DAILY DOSAGE | 15 ML PER DAY |
| ANTIRETROVIRALS | ODEFSEY TABS 200-25-25MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | PREZCOBIX TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | PREZISTA SUSP 100MG/ML | DAILY DOSAGE | 12 ML PER DAY |
| ANTIRETROVIRALS | PREZISTA TABS 150 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | PREZISTA TABS 600 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | PREZISTA TABS 75 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 | REYATAZ (ATAZANAVIR SULFATE) CAPS 150 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIRETROVIRALS | REYATAZ (ATAZANAVIR SULFATE) CAPS 200 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIRETROVIRALS | REYATAZ (ATAZANAVIR SULFATE) CAPS 300 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIRETROVIRALS | RUKOBIA ER TAB 600MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | SELZENTRY TABS 150 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | SELZENTRY TABS 300 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ANTIRETROVIRALS | STRIBILD TABS 150-150-200-300MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | SUSTIVA (EFAVIRENZ) CAPS 200 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| 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 | SYMFI LO TABLET 400-300-300MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | SYMFI TABLET 600-300-300MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | TEMIXYS TABLETS | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | TIVICAY PD 5 MG TABLET FOR SUSP | DAILY DOSAGE | 6 TABLETS PER DAY |
| ANTIRETROVIRALS | TIVICAY TAB 10 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | TIVICAY TAB 25 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | TIVICAY TAB 50 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | TRIUMEQ TAB 600-50-300 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | TRIZIVIR (ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE) TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | TRUVADA TABS 100 MG-150 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | TRUVADA TABS 133 MG-200 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | TRUVADA TABS 167 MG-250 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | TRUVADA TABS 200 MG-300 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | TYBOST TABS 150MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | VIDEX (DIDANOSINE) EC CAPSULE DR 125 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIRETROVIRALS | VIDEX (DIDANOSINE) EC CAPSULE DR 200 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIRETROVIRALS | VIDEX (DIDANOSINE) EC CAPSULE DR 250 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIRETROVIRALS | VIDEX (DIDANOSINE) EC CAPSULE DR 400 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ANTIRETROVIRALS | VIDEX PEDIATRIC SOLR 2 GM | DAILY DOSAGE | 40 ML PER DAY |
| ANTIRETROVIRALS | VIDEX PEDIATRIC SOLR 4 GM | DAILY DOSAGE | 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 | DAILY DOSAGE | 40 ML PER DAY |
| ANTIRETROVIRALS | VIRAMUNE (NEVIRAPINE) TABS 200 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | VIREAD (TENOFIVIR DISOPROXIL FUMARATE) TABS 150 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | VIREAD (TENOFIVIR DISOPROXIL FUMARATE) TABS 200 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | VIREAD (TENOFIVIR DISOPROXIL FUMARATE) TABS 250 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | VIREAD (TENOFIVIR DISOPROXIL FUMARATE) TABS 3000 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ANTIRETROVIRALS | VIREAD POWD 40 MG/GM | QUANTITY LIMIT PER TIME | 4 BOTTLES (240 GRAMS) PER 30 DAYS |
| ANTIRETROVIRALS | ZERIT (STAVUDINE) CAPS 15 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIRETROVIRALS | ZERIT (STAVUDINE) CAPS 20 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIRETROVIRALS | ZERIT (STAVUDINE) CAPS 30 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ANTIRETROVIRALS | ZERIT (STAVUDINE) CAPS 40 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |

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| ANTIRETROVIRALS | ZERIT (STAVUDINE) SOLR 1 MG/ML | DAILY DOSAGE | 80 ML PER DAY |
| ANTIRETROVIRALS | ZIAGEN (ABACAVIR SULFATE) SOLN 20 MG/ML | DAILY DOSAGE | 30 ML PER DAY |
| ANTIRETROVIRALS | ZIAGEN (ABACAVIR SULFATE) TABS 300 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRETROVIRALS | ZIDOVUDINE TABS 100 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| ANTIRETROVIRALS | ZIDOVUDINE TABS 300 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRHEUMATIC - ENZYME INHIBITORS | XELJANZ SOLUTION | DAILY DOSAGE | 20ML PER DAY |
| ANTIRHEUMATIC - ENZYME INHIBITORS | XELJANZ TABS 10 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRHEUMATIC - ENZYME INHIBITORS | XELJANZ TABS 5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRHEUMATIC - ENZYME INHIBITORS | XELJANZ XR TABS 11 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ANTIRHEUMATIC ANTIMETABOLITES | OTREXUP AUTO-INJECTOR (4 PENS PER PACKAGE) 10 MG/0.4 ML | FILL FREQUENCY | 1 PACKAGE PER 28 DAYS |
| ANTIRHEUMATIC ANTIMETABOLITES | OTREXUP AUTO-INJECTOR (4 PENS PER PACKAGE) 15 MG/0.4 ML | FILL FREQUENCY | 1 PACKAGE PER 28 DAYS |
| ANTIRHEUMATIC ANTIMETABOLITES | OTREXUP AUTO-INJECTOR (4 PENS PER PACKAGE) 20 MG/0.4 ML | FILL FREQUENCY | 1 PACKAGE PER 28 DAYS |
| ANTIRHEUMATIC ANTIMETABOLITES | OTREXUP AUTO-INJECTOR (4 PENS PER PACKAGE) 25 MG/0.4 ML | FILL FREQUENCY | 1 PACKAGE PER 28 DAYS |
| ANTIRHEUMATIC ANTIMETABOLITES | RASUVO AUTO-INJECTOR (4 PENS PER PACKAGE) 10 MG/0.2 ML | FILL FREQUENCY | 1 PACKAGE PER 28 DAYS |
| ANTIRHEUMATIC ANTIMETABOLITES | RASUVO AUTO-INJECTOR (4 PENS PER PACKAGE) 12.5 MG/0.25 ML | FILL FREQUENCY | 1 PACKAGE PER 28 DAYS |
| ANTIRHEUMATIC ANTIMETABOLITES | RASUVO AUTO-INJECTOR (4 PENS PER PACKAGE) 15 MG/0.2 ML | FILL FREQUENCY | 1 PACKAGE PER 28 DAYS |
| ANTIRHEUMATIC ANTIMETABOLITES | RASUVO AUTO-INJECTOR (4 PENS PER PACKAGE) 17.5 MG/0.35 ML | FILL FREQUENCY | 1 PACKAGE PER 28 DAYS |
| ANTIRHEUMATIC ANTIMETABOLITES | RASUVO AUTO-INJECTOR (4 PENS PER PACKAGE) 20 MG/0.4 ML | FILL FREQUENCY | 1 PACKAGE PER 28 DAYS |
| ANTIRHEUMATIC ANTIMETABOLITES | RASUVO AUTO-INJECTOR (4 PENS PER PACKAGE) 22.5 MG/0.45 ML | FILL FREQUENCY | 1 PACKAGE PER 28 DAYS |
| ANTIRHEUMATIC ANTIMETABOLITES | RASUVO AUTO-INJECTOR (4 PENS PER PACKAGE) 25 MG/0.5 ML | FILL FREQUENCY | 1 PACKAGE PER 28 DAYS |
| ANTIRHEUMATIC ANTIMETABOLITES | RASUVO AUTO-INJECTOR (4 PENS PER PACKAGE) 30 MG/0.6 ML | FILL FREQUENCY | 1 PACKAGE PER 28 DAYS |
| ANTIRHEUMATIC ANTIMETABOLITES | RASUVO AUTO-INJECTOR (4 PENS PER PACKAGE) 7.5 MG/0.15 ML | FILL FREQUENCY | 1 PACKAGE PER 28 DAYS |
| ANTISEBORRHEIC PRODUCTS | SELENIUM SULFIDE LOTION 2.5% | DAILY DOSAGE | 18ML PER DAY |
| ANTISPASMODICS | BELLADONNA ALKALOIDS & OPIUM SUPP 16.2-30 MG | DAILY DOSAGE | 2 SUPPOSITORIES PER DAY |
| ANTISPASMODICS | BELLADONNA ALKALOIDS & OPIUM SUPP 16.2-60 MG | 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 | AMJEVITA AUTOINJECTOR 40MG/0.8ML | QUANTITY LIMIT PER TIME | 2 DOSES PER 28 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | CYLTEZO (ADALIMUMAB-ADB) AUTOINJECTOR 40MG/0.8ML | QUANTITY LIMIT PER TIME | 1 PACKAGE PER 28 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | CYLTEZO (ADALIMUMAB-ADB) PREFILLED SYRINGE KIT 10 MG/0.2 ML | QUANTITY LIMIT PER TIME | 1 PACKAGE PER 28 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | CYLTEZO (ADALIMUMAB-ADB) PREFILLED SYRINGE KIT 20 MG/0.4 ML | QUANTITY LIMIT PER TIME | 1 PACKAGE PER 28 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | CYLTEZO (ADALIMUMAB-ADB) PREFILLED SYRINGE KIT 40 MG/0.8 ML | QUANTITY LIMIT PER TIME | 1 PACKAGE PER 28 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | CYLTEZO (ADALIMUMAB-ADB) STARTER PACKAGE FOR PSORIASIS | FILL FREQUENCY | 1 FILL PER 180 DAYS |
| ANTI-TNF ALPHA | HUMIRA PEN-INJECTOR KIT 40 MG/0.4 ML | | |
| MONOCLONAL ANTIBODIES | | QUANTITY LIMIT PER TIME | 2 DOSES PER 28 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | HUMIRA PEN-INJECTOR KIT 40 MG/0.8 ML | QUANTITY LIMIT PER TIME | 2 DOSES PER 28 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | HUMIRA PEN-INJECTOR KIT 80 MG/0.8 ML | QUANTITY LIMIT PER TIME | 2 DOSES PER 28 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | HUMIRA PEN-INJECTOR STARTER PACK | FILL FREQUENCY | 1 FILL PER 180 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | HUMIRA PREFILLED SYRINGE KIT 10 MG/0.1 ML | QUANTITY LIMIT PER TIME | 2 DOSES PER 28 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | HUMIRA PREFILLED SYRINGE KIT 20 MG/0.2 ML | QUANTITY LIMIT PER TIME | 2 DOSES PER 28 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | HUMIRA PREFILLED SYRINGE KIT 40 MG/0.4 ML | QUANTITY LIMIT PER TIME | 2 DOSES PER 28 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | HUMIRA PREFILLED SYRINGE STARTER PACK 80 MG/0.8 ML | FILL FREQUENCY | 1 FILL PER 180 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | HUMIRA PREFILLED SYRINGE STARTER PACK 80 MG/0.8 ML & 40 MG/0.4 ML | FILL FREQUENCY | 1 FILL PER 180 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | HYRIMOZ (ADALIMUMAB-ADAZ) AUTOINJECTOR 40MG/0.4ML | QUANTITY LIMIT PER TIME | 1 PACKAGE PER 28 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | HYRIMOZ (ADALIMUMAB-ADAZ) AUTOINJECTOR 40MG/0.8ML | QUANTITY LIMIT PER TIME | 1 PACKAGE PER 28 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | HYRIMOZ (ADALIMUMAB-ADAZ) AUTOINJECTOR 80MG/0.8ML | QUANTITY LIMIT PER TIME | 1 PACKAGE PER 28 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | HYRIMOZ (ADALIMUMAB-ADAZ) CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK | FILL FREQUENCY | 1 FILL PER 180 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | HYRIMOZ (ADALIMUMAB-ADAZ) PLAQUE PSORIASIS STARTER PACK | FILL FREQUENCY | 1 FILL PER 180 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | HYRIMOZ (ADALIMUMAB-ADAZ) PEDIATRIC CROHNS DISEASE STARTER PACK PREFILLED SYRINGE 80 MG/ 0.8 ML | FILL FREQUENCY | 1 FILL PER 180 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | HYRIMOZ (ADALIMUMAB-ADAZ) PEDIATRIC CROHNS DISEASE STARTER PACK PREFILLED SYRINGE 80 MG/ 0.8 ML & 40 MG/ 0.4 ML | FILL FREQUENCY | 1 FILL PER 180 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | HYRIMOZ (ADALIMUMAB-ADAZ) PREFILLED SYRINGE 10 MG/ 0.1 ML | QUANTITY LIMIT PER TIME | 1 PACKAGE PER 28 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | HYRIMOZ (ADALIMUMAB-ADAZ) PREFILLED SYRINGE 20 MG/ 0.2 ML | QUANTITY LIMIT PER TIME | 1 PACKAGE PER 28 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | HYRIMOZ (ADALIMUMAB-ADAZ) PREFILLED SYRINGE 40 MG/ 0.4 ML | QUANTITY LIMIT PER TIME | 1 PACKAGE PER 28 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | SIMPONI AUTO-INJECTOR 100MG/1ML | INJECTABLE DOSE LIMIT | 1 SYRINGE PER 28 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | SIMPONI AUTO-INJECTOR 50MG/0.5 ML | FILL FREQUENCY | 1 FILL PER 180 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | SIMPONI PREFILLED SYRINGE 100 MG/1 ML | INJECTABLE DOSE LIMIT | 1 SYRINGE PER 28 DAYS |
| ANTI-TNF ALPHA | | | |
| MONOCLONAL ANTIBODIES | SIMPONI PREFILLED SYRINGE 50 MG/0.5 ML | INJECTABLE DOSE LIMIT | 1 SYRINGE PER 28 DAYS |
| ANTITUSSIVES | DELSYM (DEXTROMETHORPHAN POLISTIREX) SUSPENSION 30MG/5ML | QUANTITY LIMIT PER TIME | 240 ML PER 6 DAYS |
| ANTITUSSIVES | TESSALON (BENZONATATE) CAPS 100 MG | QUANTITY LIMIT PER TIME | 30 CAPSULES PER 10 DAYS |
| ANTITUSSIVES | TESSALON (BENZONATATE) CAPS 150 MG | QUANTITY LIMIT PER TIME | 30 CAPSULES PER 10 DAYS |
| ANTITUSSIVES | TESSALON (BENZONATATE) CAPS 200 MG | QUANTITY LIMIT PER TIME | 30 CAPSULES PER 10 DAYS |
| ANTIVIRALS COMBINATIONS | PAXLOVID 10 x 150 MG | QUANTITY LIMIT | 30 CAPSULES PER 5 DAYS |
| ANTIVIRALS COMBINATIONS | PAXLOVID 20 x 150 MG | FILL FREQUENCY | 1 TREATMENT PER 30 DAYS |
| ANTIVIRALS- MISC | LAGEVIRIO | QUANTITY LIMIT | 30 CAPSULES PER 5 DAYS |
| ANTIVIRALS- TOPICAL | DENAVIR 1% CREAM | FILL FREQUENCY | 1 TREATMENT PER 30 DAYS |
| ANTIVIRALS- TOPICAL | XERESE | TOPICAL DOSE LIMIT | 1 TUBE (5 GRAMS) PER FILL |
| ANTIVIRALS- TOPICAL | ZOVIRAX (ACYCLOVIR) 5 % OINTMENT EXTERNAL | TOPICAL DOSE LIMIT | 2 TUBE (5 GRAMS) PER 30 DAYS |
| ANTIVIRALS- TOPICAL | ZOVIRAX (ACYCLOVIR) 5% CREAM EXTERNAL | TOPICAL DOSE LIMIT | 1 PACKAGE PER FILL |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | INTUNIV (GUANFACINE HCL (ADHD)) TB24 1 MG | TOPICAL DOSE LIMIT | 30 GRAMS PER 30 DAYS |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | INTUNIV (GUANFACINE HCL (ADHD)) TB24 2 MG | TOPICAL DOSE LIMIT | 1 TUBE (5 GRAMS) PER FILL |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | INTUNIV (GUANFACINE HCL (ADHD)) TB24 3 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | INTUNIV (GUANFACINE HCL (ADHD)) TB24 4 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | INTUNIV (GUANFACINE HCL (ADHD)) TB24 4 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | KAPVAY (CLONIDINE HCL (ADHD)) TB12 0.1 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | STRATTERA (ATOMOXETINE HCL) CAPS 25 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | STRATTERA (ATOMOXETINE HCL) CAPS 10 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | STRATTERA (ATOMOXETINE HCL) CAPS 100 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | STRATTERA (ATOMOXETINE HCL) CAPS 18 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | STRATTERA (ATOMOXETINE HCL) CAPS 40 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | STRATTERA (ATOMOXETINE HCL) CAPS 60 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | STRATTERA (ATOMOXETINE HCL) CAPS 80 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | STRATTERA (ATOMOXETINE HCL) CAPS 80 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |

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| 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 TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| B-COMPLEX W/ FOLIC ACID | NEPHROCAPS CAPS (B-COMPLEX W/ C & FOLIC ACID 1 MG) | DAILY DOSAGE | 1 CAPSULE PER DAY |
| BENZISOXAZOLES | FANAPT TABS 1 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BENZISOXAZOLES | FANAPT TABS 10 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BENZISOXAZOLES | FANAPT TABS 12 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BENZISOXAZOLES | FANAPT TABS 2 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BENZISOXAZOLES | FANAPT TABS 4 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BENZISOXAZOLES | FANAPT TABS 6 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BENZISOXAZOLES | FANAPT TABS 8 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BENZISOXAZOLES | FANAPT TITRATION PACK TABS | FILL FREQUENCY | 2 PACKS PER 365 DAYS |
| BENZISOXAZOLES | INVEGA (PALIPERIDONE) TABS 24 HOUR 1.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| BENZISOXAZOLES | INVEGA (PALIPERIDONE) TABS 24 HOUR 3 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| BENZISOXAZOLES | INVEGA (PALIPERIDONE) TABS 24 HOUR 6MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BENZISOXAZOLES | INVEGA (PALIPERIDONE) TABS 24 HOUR 9 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| BENZISOXAZOLES | INVEGA SUSTENNA SUSP 117 MG/0.75 ML | FILL FREQUENCY | 1 FILL PER 28 DAYS |
| BENZISOXAZOLES | INVEGA SUSTENNA SUSP 156 MG/1 ML | FILL FREQUENCY | 1 FILL PER 28 DAYS |
| BENZISOXAZOLES | INVEGA SUSTENNA SUSP 234 MG/1.5 ML | FILL FREQUENCY | 1 FILL PER 28 DAYS |
| BENZISOXAZOLES | INVEGA SUSTENNA SUSP 39 MG/0.25ML | FILL FREQUENCY | 1 FILL PER 28 DAYS |
| BENZISOXAZOLES | INVEGA SUSTENNA SUSP 78 MG/0.5 ML | 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 PER FILL |
| BENZISOXAZOLES | PERSERIS SUSP PREFILLED SYRINGE 180 MG | INJECTABLE DOSE LIMIT | 1 SYRINGE PER 28 DAYS |
| BENZISOXAZOLES | PERSERIS SUSP PREFILLED SYRINGE 90 MG | INJECTABLE DOSE LIMIT | 1 SYRINGE PER 28 DAYS |
| BENZISOXAZOLES | RISPERDAL (RISPERIDONE) SOLN 1 MG/ML | DAILY DOSAGE | 8 ML PER DAY |
| BENZISOXAZOLES | RISPERDAL (RISPERIDONE) TABS 0.25 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| BENZISOXAZOLES | RISPERDAL (RISPERIDONE) TABS 0.5 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| BENZISOXAZOLES | RISPERDAL (RISPERIDONE) TABS 1 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| BENZISOXAZOLES | RISPERDAL (RISPERIDONE) TABS 2 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| BENZISOXAZOLES | RISPERDAL (RISPERIDONE) TABS 3 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BENZISOXAZOLES | RISPERDAL (RISPERIDONE) TABS 4 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BENZISOXAZOLES | RISPERDAL CONSTA INJ SUSPENSION 12.5 MG | INJECTABLE DOSE LIMIT | 2 FILLS PER 28 DAYS |
| BENZISOXAZOLES | RISPERDAL CONSTA INJ SUSPENSION 25 MG | INJECTABLE DOSE LIMIT | 2 FILLS PER 28 DAYS |
| BENZISOXAZOLES | RISPERDAL CONSTA INJ SUSPENSION 37.5 MG | INJECTABLE DOSE LIMIT | 2 FILLS PER 28 DAYS |
| BENZISOXAZOLES | RISPERDAL CONSTA INJ SUSPENSION 50 MG | INJECTABLE DOSE LIMIT | 2 FILLS PER 28 DAYS |
| BENZISOXAZOLES | RISPERDAL M-TAB (RISPERIDONE) ORAL DISINTEGRATING 0.5 MG | DAILY DOSAGE | 5 TABLETS PER DAY |
| BENZISOXAZOLES | RISPERDAL M-TAB (RISPERIDONE) ORAL DISINTEGRATING 1 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BENZISOXAZOLES | RISPERDAL M-TAB (RISPERIDONE) ORAL DISINTEGRATING 0.25 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| BENZISOXAZOLES | RISPERDAL M-TAB (RISPERIDONE) ORAL DISINTEGRATING 2 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BENZISOXAZOLES | RISPERDAL M-TAB (RISPERIDONE) ORAL DISINTEGRATING 3 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BENZISOXAZOLES | RISPERDAL M-TAB (RISPERIDONE) ORAL DISINTEGRATING 4 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BENZODIAZEPINES | ATIVAN (LORAZEPAM) TABS 0.5 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| BENZODIAZEPINES | ATIVAN (LORAZEPAM) TABS 1 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| BENZODIAZEPINES | ATIVAN (LORAZEPAM) TABS 2 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| BENZODIAZEPINES | CHLORDIAZEPOXIDE HCL CAPS 10 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| BENZODIAZEPINES | CHLORDIAZEPOXIDE HCL CAPS 25 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| BENZODIAZEPINES | CHLORDIAZEPOXIDE HCL CAPS 5 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| BENZODIAZEPINES | CLORAZEPATE TABLET 15 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| BENZODIAZEPINES | CLORAZEPATE TABLET 3.75 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| BENZODIAZEPINES | CLORAZEPATE TABLET 7.5 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| BENZODIAZEPINES | | QUANTITY LIMIT | 40 ML DAILY |
| BENZODIAZEPINES | DIAZEPAM SOLN OR 1 MG/ML | FILL FREQUENCY | 200 ML PER 30 DAYS |
| BENZODIAZEPINES | LOREEV XR CAPS 1 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BENZODIAZEPINES | LOREEV XR CAPS 1.5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BENZODIAZEPINES | LOREEV XR CAPS 2 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BENZODIAZEPINES | LOREEV XR CAPS 3 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BENZODIAZEPINES | SERAX (OXAZEPAM) CAPS 10 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| BENZODIAZEPINES | SERAX (OXAZEPAM) CAPS 15 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| BENZODIAZEPINES | SERAX (OXAZEPAM) CAPS 30 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| BENZODIAZEPINES | VALIUM (DIAZEPAM) TABS 10 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| BENZODIAZEPINES | VALIUM (DIAZEPAM) TABS 2 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| BENZODIAZEPINES | VALIUM (DIAZEPAM) TABS 5 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| BENZODIAZEPINES | XANAX (ALPRAZOLAM) TABS 0.25 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| BENZODIAZEPINES | XANAX (ALPRAZOLAM) TABS 0.5 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| BENZODIAZEPINES | XANAX (ALPRAZOLAM) TABS 1 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| BENZODIAZEPINES | XANAX (ALPRAZOLAM) TABS 2 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| BETA BLOCKERS CARDIO-SELECTIVE | BYSTOLIC 10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| BETA BLOCKERS CARDIO-SELECTIVE | BYSTOLIC 2.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| BETA BLOCKERS CARDIO-SELECTIVE | BYSTOLIC 20MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BETA BLOCKERS CARDIO-SELECTIVE | BYSTOLIC 5 MG | DAILY DOSAGE | 1 TABLET 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 120 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BETA BLOCKERS NON-SELECTIVE | BETAPACE AF (SOTALOL HCL) TABS 160 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BETA BLOCKERS NON-SELECTIVE | CORGARD (NADOLOL) TABS 20 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BETA BLOCKERS NON-SELECTIVE | CORGARD (NADOLOL) TABS 40 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BETA BLOCKERS NON-SELECTIVE | INDERAL LA (PROPRANOLOL) CAPS 120 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| BETA BLOCKERS NON-SELECTIVE | INDERAL LA (PROPRANOLOL) CAPS 160 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| BETA BLOCKERS NON-SELECTIVE | INDERAL LA (PROPRANOLOL) CAPS 60 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| BETA BLOCKERS NON-SELECTIVE | INDERAL LA (PROPRANOLOL) CAPS 80 MG | 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 1000 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BIGUANIDES | GLUMETZA (METFORMIN HCL) TB24 500 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| BIGUANIDES | RIOMET (METFORMIN HCL) ORAL SOLN 500 MG/5 ML | DAILY DOSAGE | 25 ML PER DAY |
| BILE ACID SEQUESTRANTS | COLESTID (COLESTIPOL HCL) GRANULES 5 GM | DAILY DOSAGE | 6 PACKETS PER DAY |
| BILE ACID SEQUESTRANTS | COLESTID (COLESTIPOL) TABS 1 G | DAILY DOSAGE | 16 TABLETS PER DAY |
| BILE ACID SEQUESTRANTS | COLESTIPOL HCL PACK 5 GM | DAILY DOSAGE | 6 PACKETS PER DAY |
| BILE ACID SEQUESTRANTS | PREVALITE (CHOLESTYRAMINE) LIGHT PACKET 4 GM | DAILY DOSAGE | 6 PACKETS PER DAY |
| BILE ACID SEQUESTRANTS | QUESTRAN (CHOLESTYRAMINE) LIGHT POWDER CAN 4 GM/DOSE | DAILY DOSAGE | 6 GRAMS PER DAY |
| BILE ACID SEQUESTRANTS | QUESTRAN (CHOLESTYRAMINE) PACKET 4 GM | DAILY DOSAGE | 6 PACKETS PER DAY |
| BILE ACID SEQUESTRANTS | QUESTRAN (CHOLESTYRAMINE) POWDER CAN 4 GM/DOSE | DAILY DOSAGE | 6 GRAMS PER DAY |
| BILE ACID SEQUESTRANTS | WELCHOL (COLESEVALAM HCL) PACKETS 3.75 GRAMS | DAILY DOSAGE | 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 30 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| BONE DENSITY REGULATORS | ACTONEL (RISEDRONATE SODIUM) TABS 35MG TABS | QUANTITY LIMIT PER TIME | 4 TABLETS PER 28 DAYS |
| BONE DENSITY REGULATORS | ACTONEL (RISEDRONATE SODIUM) TABS 5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| BONE DENSITY REGULATORS | | QUANTITY LIMIT | 2.48ML PER 28 DAYS |
| BONE DENSITY REGULATORS | FORTEO SOLN 620 MCG/2.48 ML | FILL FREQUENCY | 24 FILLS PER LIFETIME |
| BONE DENSITY REGULATORS | FOSAMAX (ALENDRONATE SODIUM) SOLN 70 MG/75ML | DAILY DOSAGE | 10.8 ML PER DAY |
| BONE DENSITY REGULATORS | FOSAMAX (ALENDRONATE SODIUM) TABS 40MG | DAILY DOSAGE | 1 TABLET PER DAY |
| BONE DENSITY REGULATORS | MIACALCIN (CALCITONIN SALMON) INJ 200 UNIT/ML | INJECTABLE DOSE LIMIT | 0.14 ML PER DAY |
| BONE DENSITY REGULATORS | MIACALCIN (CALCITONIN SALMON) NASAL SOLN 200 UNIT/ACT | TOPICAL DOSE LIMIT | 4 ML PER 30 DAYS |
| BONE DENSITY REGULATORS | NATPARA CARTRIDGE 100 MCG | FILL FREQUENCY | 1 PACKAGE (2 CARTRIDGES) PER 28 DAYS |
| BONE DENSITY REGULATORS | NATPARA CARTRIDGE 25 MCG | FILL FREQUENCY | 1 PACKAGE (2 CARTRIDGES) PER 28 DAYS |
| BONE DENSITY REGULATORS | NATPARA CARTRIDGE 50 MCG | FILL FREQUENCY | 1 PACKAGE (2 CARTRIDGES) PER 28 DAYS |
| BONE DENSITY REGULATORS | NATPARA CARTRIDGE 75 MCG | FILL FREQUENCY | 1 PACKAGE (2 CARTRIDGES) PER 28 DAYS |
| BONE DENSITY REGULATORS | RECLAST (ZOLEDRONIC ACID SOLN) 5 MG/100 ML | FILL FREQUENCY | 1 FILL PER 365 DAYS |
| BONE DENSITY REGULATORS | | QUANTITY LIMIT | 1.56ML PER 30 DAYS |
| BONE DENSITY REGULATORS | TYMLOS | FILL FREQUENCY | 24 FILLS PER LIFETIME |
| 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 1.25 MCG/ACT | QUANTITY LIMIT PER TIME | 1 INHALER PER 30 DAYS |
| BRONCHODILATORS - ANTICHOLINERGICS | SPIRIVA RESPIMAT INHALER 2.5 MCG/ACT | QUANTITY LIMIT PER TIME | 1 INHALER PER 30 DAYS |
| BRONCHODILATORS - ANTICHOLINERGICS | TUDORZA PRESSAIR | QUANTITY LIMIT PER TIME | 1 INHALER PER 30 DAYS |
| BULK LAXATIVES | NATURAL FIBER (PSYLLIUM POWDER) 28.3% | DAILY DOSAGE | 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 | DAILY DOSAGE | 6 TABLETS PER DAY |
| BUTYROPHENONES | HALDOL (HALOPERIDOL) TABS 1 MG | DAILY DOSAGE | 6 TABLETS PER DAY |

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| BUTYROPHENONES | HALDOL (HALOPERIDOL) TABS 10 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| BUTYROPHENONES | HALDOL (HALOPERIDOL) TABS 2 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| BUTYROPHENONES | HALDOL (HALOPERIDOL) TABS 20MG | DAILY DOSAGE | 5 TABLETS PER DAY |
| BUTYROPHENONES | HALDOL (HALOPERIDOL) TABS 5 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| CALCITONIN GENE RELATED PEPTIDE RECEPTOR ANTAGONISTS | NURTEC TAB 75 MG | QUANTITY LIMIT PER TIME | 16 TABLETS PER 30 DAYS |
| CALCITONIN GENE RELATED PEPTIDE RECEPTOR ANTAGONISTS | QULIPTA TAB 10 MG | QUANTITY LIMIT PER TIME | 30 TABLETS PER 30 DAYS |
| CALCITONIN GENE RELATED PEPTIDE RECEPTOR ANTAGONISTS | QULIPTA TAB 30 MG | QUANTITY LIMIT PER TIME | 30 TABLETS PER 30 DAYS |
| CALCITONIN GENE RELATED PEPTIDE RECEPTOR ANTAGONISTS | QULIPTA TAB 60 MG | QUANTITY LIMIT PER TIME | 30 TABLETS PER 30 DAYS |
| CALCITONIN GENE RELATED PEPTIDE RECEPTOR ANTAGONISTS | UBRELVY TABS 100 MG | QUANTITY LIMIT PER TIME | 20 TABLETS PER 30 DAYS |
| CALCITONIN GENE RELATED PEPTIDE RECEPTOR ANTAGONISTS | UBRELVY TABS 50 MG | QUANTITY LIMIT PER TIME | 20 TABLETS PER 30 DAYS |
| CALCIUM | CALCIUM CARBONATE-VITAMIN D TABS 600 MG-200 UNIT | DAILY DOSAGE | 2 TABLETS PER DAY |
| CALCIUM | CALCIUM CARBONATE-VITAMIN D TABS 600 MG-400 UNIT | DAILY DOSAGE | 2 TABLETS PER DAY |
| CALCIUM | CALCIUM CARBONATE-VITAMIN D TABS 600 MG-800 UNIT | DAILY DOSAGE | 2 TABLETS PER DAY |
| CALCIUM CHANNEL BLOCKERS | ADALAT CC (NIFEDIPINE) TB24 60 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| CALCIUM CHANNEL BLOCKERS | ADALAT CC (NIFEDIPINE) TB24 90 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| CALCIUM CHANNEL BLOCKERS | CARDIZEM CD (DILTIAZEM HCL COATED BEADS) 24 HOUR CAPSULE 180MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| CALCIUM CHANNEL BLOCKERS | DILTIAZEM HCL CAPSULE 12 HOUR 60 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| CALCIUM CHANNEL BLOCKERS | DILTIAZEM HCL CAPSULE 12 HOUR 90 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| CALCIUM CHANNEL BLOCKERS | DILTIAZEM HCL CAPSULE 12 HOUR120 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| CALCIUM CHANNEL BLOCKERS | KATERZIA SUSPENSION | DAILY DOSAGE | 5 ML PER DAY |
| CALCIUM CHANNEL BLOCKERS | NIFEDIPINE CAPS 20MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| CALCIUM CHANNEL BLOCKERS | NYMALIZE 60 MG/10 ML SOLUTION | QUANTITY LIMIT PER TIME | 1260 ML PER 21 DAYS |
| CALCIUM CHANNEL BLOCKERS | SULAR 17 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| CALCIUM CHANNEL BLOCKERS | SULAR 25.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| CALCIUM CHANNEL BLOCKERS | SULAR 34 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| CALCIUM CHANNEL BLOCKERS | SULAR 8.5 MG | DAILY DOSAGE | 1 TABLET 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 | DAILY DOSAGE | 2 CAPSULES PER DAY |
| CALCIUM CHANNEL BLOCKERS | VERAPAMIL HCL CP24 180 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| CALCIUM CHANNEL BLOCKERS | VERAPAMIL HCL CP24 240 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| CALCIUM CHANNEL BLOCKERS | VERELAN (VERAPAMIL HCL) 24 HOUR CAPSULE 360 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| CARBAMATES | FELBATOL (FELBAMATE) SUSPENSION 600 MG/5ML | DAILY DOSAGE | 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 |
| CARBAMATES | XCOPRI MAINTENANCE PACK 250 MG | QUANTITY LIMIT PER TIME | 1 PACK (56 TABLETS) PER 28 DAYS |
| CARBAMATES | XCOPRI MAINTENANCE PACK 350 MG | QUANTITY LIMIT PER TIME | 1 PACK (56 TABLETS) PER 28 DAYS |
| CARBAMATES | XCOPRI TABLETS 100 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| CARBAMATES | XCOPRI TABLETS 150 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| CARBAMATES | XCOPRI TABLETS 200 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| CARBAMATES | XCOPRI TABLETS 50 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| CARBAMATES | XCOPRI TITRATION PACK 12.5 MG/25 MG | QUANTITY LIMIT PER FILL | 1 PACK (28 TABLETS) PER 28 DAYS |
| CARBAMATES | XCOPRI TITRATION PACK 150 MG/200 MG | FILL PER TIME | 1 FILL PER 180 DAYS |
| CARBAMATES | XCOPRI TITRATION PACK 50 MG/100 MG | QUANTITY LIMIT PER FILL | 1 PACK (28 TABLETS) PER 28 DAYS |
| CARBAMATES | XCOPRI TITRATION PACK 50 MG/100 MG | FILL PER TIME | 1 FILL PER 180 DAYS |
| CARBONIC ANHYDRASE INHIBITORS | KEVEYIS TABLETS | QUANTITY LIMIT PER FILL | 1 PACK (28 TABLETS) PER 28 DAYS |
| CARDIOVASCULAR AGENTS - MISC.- COMBINATIONS | BIDIL | DAILY DOSAGE | 4 TABLETS PER DAY |
| CARDIOVASCULAR AGENTS - MISC.- COMBINATIONS | ENTRESTO 24-26 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| CARDIOVASCULAR AGENTS - MISC.- COMBINATIONS | ENTRESTO 49-51 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| CARDIOVASCULAR AGENTS - MISC.- COMBINATIONS | ENTRESTO 97-103 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| CENTRAL MUSCLE RELAXANTS | FLEXERIL (CYCLOBENZAPRINE HCL) TABS 10 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| CENTRAL MUSCLE RELAXANTS | FLEXERIL (CYCLOBENZAPRINE HCL) TABS 5 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 125 MG/5 ML | QUANTITY LIMIT | 120 ML PER FILL |
| CEPHALOSPORINS - 3RD GENERATION | OMNICEF (CEFDINIR) ORAL SUSPENSION 250 MG/5 ML | 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 | LIVTENCITY TAB 200 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| CMV AGENTS | PREVYMIS TAB 240 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| CMV AGENTS | PREVYMIS TAB 480 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| CMV AGENTS | VALCYTE (VALGANCICLOVIR HCL) SOLUTION 50 MG/ML | DAILY DOSAGE | 18 ML PER DAY |
| CMV AGENTS | VALCYTE (VALGANCICLOVIR HCL) TABS 450 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL | TWIRLA PATCHES | QUANTITY LIMIT PER TIME | 3 PATCHES PER 28 DAYS |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL | XULANE, ZAFEMY PTWK | QUANTITY LIMIT PER TIME | 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 10 MG- 25 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| COMBINATION PSYCHOTHERAPEUTICS | CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS 5 MG- 12.5 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| COMBINATION PSYCHOTHERAPEUTICS | LYBALVI (OLANZAPINE-SAMIDORPHAN L-MALATE) TABS 10 MG-10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| COMBINATION PSYCHOTHERAPEUTICS | LYBALVI (OLANZAPINE-SAMIDORPHAN L-MALATE) TABS 15 MG-10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| COMBINATION PSYCHOTHERAPEUTICS | LYBALVI (OLANZAPINE-SAMIDORPHAN L-MALATE) TABS 20 MG-10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| COMBINATION PSYCHOTHERAPEUTICS | LYBALVI (OLANZAPINE-SAMIDORPHAN L-MALATE) TABS 5 MG-10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| COMBINATION PSYCHOTHERAPEUTICS | PERPHENAZINE/AMITRIPTYLINE TABS 2-10 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| COMBINATION PSYCHOTHERAPEUTICS | PERPHENAZINE/AMITRIPTYLINE TABS 2-25 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| COMBINATION PSYCHOTHERAPEUTICS | PERPHENAZINE/AMITRIPTYLINE TABS 4-10 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| COMBINATION PSYCHOTHERAPEUTICS | PERPHENAZINE/AMITRIPTYLINE TABS 4-25 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| COMBINATION PSYCHOTHERAPEUTICS | PERPHENAZINE/AMITRIPTYLINE TABS 4-50 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| COMBINATION PSYCHOTHERAPEUTICS | SYMBYAX (OLANZAPINE-FLUOXETINE HCL) CAPS 12 MG-25 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| COMBINATION PSYCHOTHERAPEUTICS | SYMBYAX (OLANZAPINE-FLUOXETINE HCL) CAPS 12 MG-50 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| COMBINATION PSYCHOTHERAPEUTICS | SYMBYAX (OLANZAPINE-FLUOXETINE HCL) CAPS 3 MG-25 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| COMBINATION PSYCHOTHERAPEUTICS | SYMBYAX (OLANZAPINE-FLUOXETINE HCL) CAPS 6 MG-25 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| COMBINATION PSYCHOTHERAPEUTICS | SYMBYAX (OLANZAPINE-FLUOXETINE HCL) CAPS 6 MG-50 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| COMPLEMENT INHIBITORS | EMPAVELI | QUANTITY LIMIT PER TIME | 8 VIALS PER 28 DAYS |
| COMPLEMENT INHIBITORS | RUCONEST | QUANTITY LIMIT PER FILL | 4 VIALS PER FILL |
| COMPLEMENT INHIBITORS | TAVNEOS CAPS 10 MG | DAILY DOSAGE | 6 CAPSULES PER DAY |
| COPPER CONTRACEPTIVES - IUD | PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD | FILL FREQUENCY | 1 DEVICE PER 365 DAYS |
| CORTICOSTEROIDS - TOPICAL | ALCLOMETASONE 0.05% CREAM | TOPICAL DOSE LIMIT | 60 GM PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | ALCLOMETASONE 0.05% OINTMENT | TOPICAL DOSE LIMIT | 60 GM PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | AMCINONIDE CREAM 0.1% | TOPICAL DOSE LIMIT | 60 GM PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | APEXICON E (DIFLORASONE DIACETATE EMOLLIENT) CREAM 0.05% | TOPICAL DOSE LIMIT | 1 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | BETAMETHASONE DIPROPIONATE CREAM | TOPICAL DOSE LIMIT | 3.0 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | BETAMETHASONE DIPROPIONATE OINTMENT | TOPICAL DOSE LIMIT | 3.0 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | BETAMETHASONE VALERATE 0.1% CREAM | TOPICAL DOSE LIMIT | 45 GRAMS PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | BETAMETHASONE VALERATE 0.1% LOTION | TOPICAL DOSE LIMIT | 60 ML PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | BETAMETHASONE VALERATE 0.1% OINTMENT | TOPICAL DOSE LIMIT | 45 GRAMS PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | BRYHALI (HALOBETASOL PROPIONATE) LOTION | TOPICAL DOSE LIMIT | 100 GRAMS PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | CLOBEX (CLOBETASOL PROPIONATE) 0.05% LOTION | TOPICAL DOSE LIMIT | 118 ML PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | CLOBEX (CLOBETASOL PROPIONATE) 0.05% 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 TAPE | MAX FILLS PER TIME | 1 PACKAGE PER 30 DAYS |
| 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 | 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 |
| 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 | TOPICAL DOSE LIMIT | 4.0 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | DESOWEN, TRIDESILON (DESONIDE) LOTION | TOPICAL DOSE LIMIT | 4.0 GRAMS PER DAY |

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| CORTICOSTEROIDS - TOPICAL | DESOWEN, TRIDESILON (DESONIDE) OINTMENT | TOPICAL DOSE LIMIT | 4.0 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | DIPROFENE (AUGMENTED BETAMETHASONE DIPROPIONATE) OINTMENT | TOPICAL DOSE LIMIT | 50 GRAMS PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | DIPROLENE (AUGMENTED BETAMETHASONE DIPROPIONATE) CREAM | TOPICAL DOSE LIMIT | 50 GRAMS PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | DIPROLENE (AUGMENTED BETAMETHASONE DIPROPIONATE) GEL | 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 | TOPICAL DOSE LIMIT | 3 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | ELOCON (MOMETASONE FUROATE) OINTMENT | TOPICAL DOSE LIMIT | 3 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | ELOCON (MOMETASONE FUROATE) SOLUTION | TOPICAL DOSE LIMIT | 2 ML PER DAY |
| CORTICOSTEROIDS - TOPICAL | ENSTILAR FOAM | DAILY DOSAGE | 15 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | FLUOCINONIDE 0.05% CREAM | MAX FILLS VS TIME | 2 FILLS PER 180 DAYS |
| CORTICOSTEROIDS - TOPICAL | FLUOCINONIDE 0.05% OINTMENT | TOPICAL DOSE LIMIT | 60 GRAMS PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | FLUOCINONIDE 0.05% SOLUTION | TOPICAL DOSE LIMIT | 60 GRAMS PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | FLUTICASONE PROPIONATE CREAM | TOPICAL DOSE LIMIT | 6 ML PER DAY |
| CORTICOSTEROIDS - TOPICAL | FLUTICASONE PROPIONATE OINTMENT | TOPICAL DOSE LIMIT | 4 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | HALOG (HALCINONIDE) CREAM | TOPICAL DOSE LIMIT | 4 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | HALOG (HALCINONIDE) 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 | TOPICAL DOSE LIMIT | 15.14 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | HYDROCORTISONE 1% OINTMENT | TOPICAL DOSE LIMIT | 15.14 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | HYDROCORTISONE 2.5% CREAM | TOPICAL DOSE LIMIT | 15.14 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | HYDROCORTISONE 2.5% OINTMENT | TOPICAL DOSE LIMIT | 15.14 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | KENALOG (TRIAMCINOLONE ACETONIDE) 0.025% CREAM | TOPICAL DOSE LIMIT | 15.14 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | KENALOG (TRIAMCINOLONE ACETONIDE) 0.025% OINTMENT | TOPICAL DOSE LIMIT | 15.14 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | KENALOG (TRIAMCINOLONE ACETONIDE) 0.1% CREAM | TOPICAL DOSE LIMIT | 15.14 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | KENALOG (TRIAMCINOLONE ACETONIDE) 0.1% OINTMENT | TOPICAL DOSE LIMIT | 15.14 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | LEXETTE (HALOBETASOL PROPIONATE) FOAM | TOPICAL DOSE LIMIT | 3.34 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | LOCROID (HYDROCORTISONE BUTYRATE) CREAM | TOPICAL DOSE LIMIT | 3 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | LOCROID (HYDROCORTISONE BUTYRATE) LOTION | TOPICAL DOSE LIMIT | 118 ML PER FILL |
| CORTICOSTEROIDS - TOPICAL | LOCROID (HYDROCORTISONE BUTYRATE) OINTMENT | TOPICAL DOSE LIMIT | 3 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | LOCROID (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 | PANDEL 0.1% CREAM | QUANTITY LIMIT PER TIME | 160 GRAM PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | PSORCON (DIFLORASONE DIACETATE) CREAM | TOPICAL DOSE LIMIT | 60 GRAMS PER FILL |
| CORTICOSTEROIDS - TOPICAL | PSORCON (DIFLORASONE DIACETATE) OINTMENT | TOPICAL DOSE LIMIT | 60 GRAMS PER FILL |
| CORTICOSTEROIDS - TOPICAL | SYNALAR (FLUOCINOLONE ACETONIDE) 0.025% CREAM | TOPICAL DOSE LIMIT | 4 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | SYNALAR (FLUOCINOLONE ACETONIDE) 0.025% OINTMENT | TOPICAL DOSE LIMIT | 4 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | SYNALAR (FLUOCINOLONE ACETONIDE) SOLN 0.01 % | TOPICAL DOSE LIMIT | 60 ML PER 10 DAYS |
| CORTICOSTEROIDS - TOPICAL | TACLONEX (CALCIPOTRIENE-BETAMETHASONE DIP) OINTMENT | QUANTITY LIMIT PER FILL | 100 GRAMS PER FILL |
| CORTICOSTEROIDS - TOPICAL | TACLONEX (CALCIPOTRIENE-BETAMETHASONE DIP) OINTMENT | MAX FILLS VS TIME | 2 FILLS PER 180 DAYS |
| CORTICOSTEROIDS - TOPICAL | TACLONEX (CALCIPOTRIENE-BETAMETHASONE DIP) SUSP | QUANTITY LIMIT PER FILL | 120 GRAMS PER FILL |
| CORTICOSTEROIDS - TOPICAL | TEMOVATE (CLOBETASOL PROPIONATE) 0.05% CREAM | MAX FILLS VS TIME | 2 FILLS PER 180 DAYS |
| CORTICOSTEROIDS - TOPICAL | TEMOVATE (CLOBETASOL PROPIONATE) 0.05% GEL | TOPICAL DOSE LIMIT | 60 GRAMS PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | TEMOVATE (CLOBETASOL PROPIONATE) 0.05% OINTMENT | 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) 0.05% CREAM | TOPICAL DOSE LIMIT | 4 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | TOPICORT (DESOXIMETASONE) 0.05% OINTMENT | TOPICAL DOSE LIMIT | 4 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | TOPICORT (DESOXIMETASONE) 0.25% CREAM | TOPICAL DOSE LIMIT | 4 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | TOPICORT (DESOXIMETASONE) 0.25% OINTMENT | TOPICAL DOSE LIMIT | 4 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | TOPICORT (DESOXIMETASONE) GEL | TOPICAL DOSE LIMIT | 4 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | TOPICORT (DESOXIMETASONE) SPRAY | TOPICAL DOSE LIMIT | 3.34 ML PER DAY |
| CORTICOSTEROIDS - TOPICAL | TRIAMCINOLONE ACETONIDE CREAM 0.5% | TOPICAL DOSE LIMIT | 2 GRAMS 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 |
| CORTICOSTEROIDS - TOPICAL | TRIAMCINOLONE ACETONIDE OINTMENT 0.5% | QUANTITY LIMIT PER FILL | 430 GRAMS PER FILL |
| CORTICOSTEROIDS - TOPICAL | TRIANEX (TRIAMCINOLONE ACETONIDE) 0.05% OINTMENT | MAX FILLS VS TIME | 1 FILL PER 365 DAYS |
| CORTICOSTEROIDS - TOPICAL | ULTRAVATE (HALOBETASOL PROPIONATE) CREAM | TOPICAL DOSE LIMIT | 50 GRAMS PER 30 DAYS |
| CORTICOSTEROIDS - TOPICAL | ULTRAVATE (HALOBETASOL PROPIONATE) OINTMENT | 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 | 3.34 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | WYNZORA 0.005%-0.064% CREAM | TOPICAL DOSE LIMIT | 14 GRAMS PER DAY |
| CORTICOSTEROIDS - TOPICAL | BROTAPP DM (BROMPHENIRAMINE PSEUDOEPHEDRINE DEXTROMETHORPHAN) 15-1-5 MG/5 ML LIQUID | QUANTITY LIMIT PER TIME | 240 ML PER 2 DAYS |
| COUGH/COLD/ALLERGY COMBINATIONS | CLARITIN-D 12 HOUR (LORATADINE & PSEUDOEPHEDRINE) TB12 5 MG-120 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| COUGH/COLD/ALLERGY COMBINATIONS | CLARITIN-D 24 HOUR (LORATADINE & PSEUDOEPHEDRINE) TB24 10 MG-240 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| COUGH/COLD/ALLERGY COMBINATIONS | DIMETAPP COLD & ALLERGY (BROMPHENIRAMINE & PHENYLEPH) ELIX 1 MG/5 ML-2.5 MG/ 5ML | QUANTITY LIMIT PER TIME | 120 ML PER 10 DAYS |
| COUGH/COLD/ALLERGY COMBINATIONS | ED BRON GP (PHENYLEPHRINE-GUAIFENESIN) LIQUID | QUANTITY LIMIT PER TIME | 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 100 MG/5 ML-10 MG/5 ML | QUANTITY LIMIT PER TIME | 240 ML PER 4 DAYS |
| COUGH/COLD/ALLERGY COMBINATIONS | MUCINEX D TB12 (PSEUDOEPHEDRINE-GUAIFENESIN) 60-600 MG | 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 VC W/ CODEINE (PROMETHAZINE-PHENYLEPHRINE & CODEINE) SOLUTION, SYRUP | QUANTITY LIMIT PER TIME | 240 ML PER 8 DAYS |
| COUGH/COLD/ALLERGY COMBINATIONS | PHENERGAN W/ CODEINE (PROMETHAZINE & CODEINE) SOLUTION, SYRUP | QUANTITY LIMIT PER TIME | 240 ML PER 8 DAYS |
| COUGH/COLD/ALLERGY COMBINATIONS | PROMETHAZINE & PHENYLEPHRINE SOLN, SYRUP | QUANTITY LIMIT PER TIME | 240 ML PER 8 DAYS |
| COUGH/COLD/ALLERGY COMBINATIONS | PSEUDOEPHED-BROMPHEN-DM SYRP -30 MG/5 ML-2 MG/5 ML-10 MG/ 5ML | QUANTITY LIMIT PER TIME | 240 ML PER 4 DAYS |
| COUGH/COLD/ALLERGY COMBINATIONS | PSEUDOEPHEDRINE W/ CODEINE-GUAIFENESIN SOLN | QUANTITY LIMIT PER TIME | 240 ML PER 6 DAYS |
| COUGH/COLD/ALLERGY COMBINATIONS | PSEUDOEPHEDRINE-CHLORPHEN-DEXTROMETHORPHAN LIQUID | QUANTITY LIMIT PER FILL | 240 ML PER FILL |
| COUGH/COLD/ALLERGY COMBINATIONS | ROBIUTSSIN DM (DEXTROMETHORPHAN-GUAIFENESIN) LIQD 10-100 MG/5 ML | QUANTITY LIMIT PER TIME | 240 ML PER 7 DAYS |
| COUGH/COLD/ALLERGY COMBINATIONS | ROBIUTSSIN DM (DEXTROMETHORPHAN-GUAIFENESIN) LIQD 5 MG-100 MG/5 ML | QUANTITY LIMIT PER TIME | 240 ML PER 7 DAYS |
| COUGH/COLD/ALLERGY COMBINATIONS | ZYRTEC-D (CETIRIZINE HCL-PSEUDOEPHEDRINE) 5-120 MG | 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 | BRONCHITOL 40MG INHALED CAPSULE | DAILY DOSAGE | 20 CAPSULES PER DAY |
| CYSTIC FIBROSIS AGENTS | KALYDECO PACKETS 25 MG | DAILY DOSAGE | 2 PACKETS PER DAY |
| CYSTIC FIBROSIS AGENTS | KALYDECO PACKETS 50 MG | DAILY DOSAGE | 2 PACKETS PER DAY |
| CYSTIC FIBROSIS AGENTS | KALYDECO PACKETS 75 MG | DAILY DOSAGE | 4 PACKETS PER DAY |
| CYSTIC FIBROSIS AGENTS | KALYDECO TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| CYSTIC FIBROSIS AGENTS | SYMDEKO TABLETS 10-150 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| CYSTIC FIBROSIS AGENTS | SYMDEKO TABLETS 50-75 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| 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 0.5 MG/0.1ML | QUANTITY LIMIT PER FILL | 2 DOSES PER FILL |
| DIABETIC OTHER | GVOKE HYPOPEN 1 MG/0.2 ML | QUANTITY LIMIT PER FILL | 2 DOSES PER FILL |
| DIABETIC OTHER | KORLYM TABS | DAILY DOSAGE | 4 TABLETS PER DAY |
| DIABETIC OTHER | ZEGALOGUE 0.6MG/0.6ML AUTO-INJECTOR | QUANTITY LIMIT PER FILL | 2 INJECTORS PER FILL |
| DIABETIC OTHER | ZEGALOGUE 0.6MG/0.6ML SYRINGE | QUANTITY LIMIT PER FILL | 2 SYRINGES PER FILL |
| DIABETIC SUPPLIES | BLOOD GLUCOSE LANCETS | QUANTITY LIMIT PER TIME | >INSULIN DEPENDENT DIABETICS: 5 UNITS PER DAY >GESTATIONAL DIABETICS: 4 UNITS PER DAY >SULFONYLUREA OR MEGLITINIDE USERS: 2 UNITS PER DAY >ALL OTHER MEMBERS: 102 UNITS PER 90 DAYS |
| DIABETIC SUPPLIES | BLOOD GLUCOSE TEST STRIPS | QUANTITY LIMIT PER TIME | >INSULIN DEPENDENT DIABETICS: 5 UNITS PER DAY >GESTATIONAL DIABETICS: 4 UNITS PER DAY >SULFONYLUREA OR MEGLITINIDE USERS: 2 UNITS PER DAY >ALL OTHER MEMBERS: 102 UNITS PER 90 DAYS |
| DIABETIC SUPPLIES | INSULIN SYRINGES- MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING | QUANTITY LIMIT PER TIME | >INSULIN DEPENDENT DIABETICS: 5 UNITS PER DAY >GESTATIONAL DIABETICS: 4 UNITS PER DAY >SULFONYLUREA OR MEGLITINIDE USERS: 2 UNITS PER DAY >ALL OTHER MEMBERS: 102 UNITS PER 90 DAYS |

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| DIABETIC SUPPLIES | LANCING DEVICE- MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING | FILL FREQUENCY | 1 DEVICE PER 180 DAYS >INSULIN DEPENDENT DIABETICS: 5 UNITS PER DAY >GESTATIONAL DIABETICS: 4 UNITS PER DAY >SULFONYLUREA OR MEGLITINIDE USERS: 2 UNITS PER DAY |
| DIABETIC SUPPLIES | PEN NEEDLES- MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING | QUANTITY LIMIT PER TIME | >ALL OTHER MEMBERS: 102 UNITS PER 90 DAYS |
| DIBENZAPINES | CLOZARIL (CLOZAPINE) TABS 100 MG | DAILY DOSAGE | 9 TABLETS PER DAY |
| DIBENZAPINES | CLOZARIL (CLOZAPINE) TABS 200 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| DIBENZAPINES | CLOZARIL (CLOZAPINE) TABS 25 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| DIBENZAPINES | CLOZARIL (CLOZAPINE) TABS 50 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| DIBENZAPINES | FAZACLO (CLOZAPINE ODT) TABS 100 MG | DAILY DOSAGE | 9 TABLETS PER DAY |
| DIBENZAPINES | FAZACLO (CLOZAPINE ODT) TABS 12.5 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| DIBENZAPINES | FAZACLO (CLOZAPINE ODT) TABS 150 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| DIBENZAPINES | FAZACLO (CLOZAPINE ODT) TABS 200MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| DIBENZAPINES | FAZACLO (CLOZAPINE ODT) TABS 25 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| DIBENZAPINES | LOXAPINE SUCCINATE CAPS 10 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| DIBENZAPINES | LOXAPINE SUCCINATE CAPS 25 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| DIBENZAPINES | LOXAPINE SUCCINATE CAPS 5 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| DIBENZAPINES | LOXAPINE SUCCINATE CAPS 50 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| DIBENZAPINES | SAPHRIS SUBLINGUAL 10 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIBENZAPINES | SAPHRIS SUBLINGUAL 2.5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIBENZAPINES | SAPHRIS SUBLINGUAL 5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIBENZAPINES | SECUADO PATCH 3.8 MG/ 24 HOUR | DAILY DOSAGE | 1 PATCH PER DAY |
| DIBENZAPINES | SECUADO PATCH 5.7 MG/ 24 HOUR | DAILY DOSAGE | 1 PATCH PER DAY |
| DIBENZAPINES | SECUADO PATCH 7.6 MG/ 24 HOUR | DAILY DOSAGE | 1 PATCH PER DAY |
| DIBENZAPINES | SEROQUEL (QUETIAPINE FUMARATE) TABS 25 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| DIBENZAPINES | SEROQUEL (QUETIAPINE FUMARATE) TABS 100 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIBENZAPINES | SEROQUEL (QUETIAPINE FUMARATE) TABS 200 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIBENZAPINES | SEROQUEL (QUETIAPINE FUMARATE) TABS 300 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIBENZAPINES | SEROQUEL (QUETIAPINE FUMARATE) TABS 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 | DAILY DOSAGE | 1 TABLET PER DAY |
| DIBENZAPINES | SEROQUEL (QUETIAPINE FUMARATE) XR- EXTENDED RELEASE TABS 200 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| DIBENZAPINES | SEROQUEL (QUETIAPINE FUMARATE) XR-EXTENDED RELEASE TABS 300 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIBENZAPINES | SEROQUEL (QUETIAPINE FUMARATE) XR-EXTENDED RELEASE TABS 400 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIBENZAPINES | SEROQUEL (QUETIAPINE FUMARATE) XR-EXTENDED RELEASE TABS 50 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIBENZAPINES | ZYPREXA (OLANZAPINE) SOLR IM 10 MG | INJECTABLE DOSE LIMIT | 6 DOSES PER 28 DAYS |
| DIBENZAPINES | ZYPREXA (OLANZAPINE) TABS ORAL 10 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIBENZAPINES | ZYPREXA (OLANZAPINE) TABS ORAL 15 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIBENZAPINES | ZYPREXA (OLANZAPINE) TABS ORAL 2.5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIBENZAPINES | ZYPREXA (OLANZAPINE) TABS ORAL 20 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| DIBENZAPINES | ZYPREXA (OLANZAPINE) TABS ORAL 5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIBENZAPINES | ZYPREXA (OLANZAPINE) TABS ORAL 7.5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIBENZAPINES | ZYPREXA RELPREVV (OLANZAPINE) 210 MG | INJECTABLE DOSE LIMIT | 2 ML PER 28 DAYS |
| DIBENZAPINES | ZYPREXA RELPREVV (OLANZAPINE) 300 MG | INJECTABLE DOSE LIMIT | 2 ML PER 28 DAYS |
| DIBENZAPINES | ZYPREXA RELPREVV (OLANZAPINE) 405 MG | INJECTABLE DOSE LIMIT | 2 ML PER 28 DAYS |
| DIBENZAPINES | ZYPREXA ZYDIS (OLANZAPINE) ORAL DISINTEGRATING TABLETS 5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIBENZAPINES | ZYPREXA ZYDIS (OLANZAPINE) ORAL DISINTEGRATING TABLETS 10 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIBENZAPINES | ZYPREXA ZYDIS (OLANZAPINE) ORAL DISINTEGRATING TABLETS 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 10 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| DIHYDROINDOLONES | MOLINDRONE TABLETS 25 MG | DAILY DOSAGE | 9 TABLETS PER DAY |
| DIHYDROINDOLONES | MOLINDRONE TABLETS 5 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | JANUVIA TABS 100 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | JANUVIA TABS 25 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | JANUVIA TABS 50 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | ONGLYZA TABS 2.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | ONGLYZA TABS 5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | TRADJENTA TABS 5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| DIRECT FACTOR XA INHIBITORS | ELIQUIS STARTER PACK | DAILY DOSAGE | 2.47 TABLETS PER DAY |
| DIRECT FACTOR XA INHIBITORS | ELIQUIS TABS 2.5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIRECT FACTOR XA INHIBITORS | ELIQUIS TABS 5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIRECT FACTOR XA INHIBITORS | SAVAYSA TABS 15 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| DIRECT FACTOR XA INHIBITORS | SAVAYSA TABS 30 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| DIRECT FACTOR XA INHIBITORS | SAVAYSA TABS 60 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| DIRECT FACTOR XA INHIBITORS | XARELTO STARTER PACK | DAILY DOSAGE | 1.75 TABLET PER DAY |
| DIRECT FACTOR XA INHIBITORS | XARELTO TABS 10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| DIRECT FACTOR XA INHIBITORS | XARELTO TABS 15 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| DIRECT FACTOR XA INHIBITORS | XARELTO TABS 2.5MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIRECT FACTOR XA INHIBITORS | XARELTO TABS 20 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| DIRECT RENIN INHIBITORS | TEKTRUNA TABS 150MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| DIRECT RENIN INHIBITORS | TEKTRUNA TABS 300MG | DAILY DOSAGE | 1 TABLET PER DAY |
| DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNR) | SUNOSI TABS 150 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNR) | SUNOSI TABS 75 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ECZEMA AGENTS | CIBINQO TABS 50MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ECZEMA AGENTS | CIBINQO TABS 100MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ECZEMA AGENTS | CIBINQO TABS 200MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ECZEMA AGENTS | DUPIXENT PEN-INJECTOR (300 MG/2 ML) | INJECTABLE DOSE LIMIT | 2 SYRINGES PER 28 DAYS |
| ECZEMA AGENTS | DUPIXENT PREFILLED SYRINGE (100 MG/0.67 ML) | INJECTABLE DOSE LIMIT | 2 SYRINGES PER 28 DAYS |
| ECZEMA AGENTS | DUPIXENT PREFILLED SYRINGE (200 MG/1.14 ML) | INJECTABLE DOSE LIMIT | 2 SYRINGES PER 28 DAYS |
| ECZEMA AGENTS | DUPIXENT PREFILLED SYRINGE (300 MG/2 ML) | INJECTABLE DOSE LIMIT | 2 SYRINGES PER 28 DAYS |
| ECZEMA AGENTS | OPZELURA CREAM 1.5% | TOPICAL DOSE LIMIT | 60 GRAMS PER 30 DAYS |
| ELECTROLYTE MIXTURES | PEDIALYTE, ORAL ELECTROLYTE SOLUTION | QUANTITY LIMIT PER TIME | 1 BOTTLE PER 30 DAYS |
| EMERGENCY CONTRACEPTIVES | ELLA TABS, ECONTRAC EZ, MY WAY, OPCICON ONE-STEP, | QUANTITY LIMIT PER TIME | 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 0.14 MG/DAY-0.05 MG/DAY | TOPICAL DOSE LIMIT | 8 PATCHES PER 28 DAYS |
| ESTROGEN COMBINATIONS | COMBIPATCH PTTW 0.25 MG/DAY-0.05 MG/DAY | TOPICAL DOSE LIMIT | 8 PATCHES PER 28 DAYS |
| ESTROGEN COMBINATIONS | LOPREEZA (ESTRADIOL & NORETHINDRONE ACETATE TABS) 0.1 MG-0.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ESTROGEN COMBINATIONS | LOPREEZA (ESTRADIOL & NORETHINDRONE ACETATE TABS) 0.5 MG-1 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ESTROGEN COMBINATIONS | PREMPRO TABS 0.3-1.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ESTROGEN COMBINATIONS | PREMPRO TABS 0.45-1.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ESTROGEN COMBINATIONS | PREMPRO TABS 0.625-2.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ESTROGEN COMBINATIONS | PREMPRO TABS 0.625-5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ESTROGENS | CLIMARA (ESTRADIOL) TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR | TOPICAL DOSE LIMIT | 4 PATCHES PER 28 DAYS |
| ESTROGENS | CLIMARA (ESTRADIOL) TRANSDERMAL PATCH WEEKLY 0.0375 MG/24HR | TOPICAL DOSE LIMIT | 4 PATCHES PER 28 DAYS |
| ESTROGENS | CLIMARA (ESTRADIOL) TRANSDERMAL PATCH WEEKLY 0.05 MG/24HR | TOPICAL DOSE LIMIT | 4 PATCHES PER 28 DAYS |
| ESTROGENS | CLIMARA (ESTRADIOL) TRANSDERMAL PATCH WEEKLY 0.06 MG/24HR | TOPICAL DOSE LIMIT | 4 PATCHES PER 28 DAYS |
| ESTROGENS | CLIMARA (ESTRADIOL) TRANSDERMAL PATCH WEEKLY 0.075 MG/24HR | TOPICAL DOSE LIMIT | 4 PATCHES PER 28 DAYS |
| ESTROGENS | CLIMARA (ESTRADIOL) TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR | TOPICAL DOSE LIMIT | 4 PATCHES PER 28 DAYS |
| ESTROGENS | LYLLANA PATCH 0.025 MG | DAYS SUPPLY LIMIT PER TIME | 8 PATCHES PER 28 DAYS |
| ESTROGENS | LYLLANA PATCH 0.0375 MG | DAYS SUPPLY LIMIT PER TIME | 8 PATCHES PER 28 DAYS |
| ESTROGENS | LYLLANA PATCH 0.05 MG | DAYS SUPPLY LIMIT PER TIME | 8 PATCHES PER 28 DAYS |
| ESTROGENS | LYLLANA PATCH 0.075 MG | DAYS SUPPLY LIMIT PER TIME | 8 PATCHES PER 28 DAYS |
| ESTROGENS | LYLLANA PATCH 0.1 MG | DAYS SUPPLY LIMIT PER TIME | 8 PATCHES PER 28 DAYS |
| ESTROGENS | MENOSTAR | TOPICAL DOSE LIMIT | 8 PATCHES PER 28 DAYS |
| ESTROGENS | PREMARIN TABS OR 0.3 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ESTROGENS | PREMARIN TABS OR 0.45 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ESTROGENS | PREMARIN TABS OR 0.625 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ESTROGENS | PREMARIN TABS OR 0.9 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ESTROGENS | PREMARIN TABS OR 1.25 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| ESTROGENS | VIVELLE-DOT, ALORA, DOTTI (ESTRADIOL) TD PATCH TWICE WEEKLY 0.025 MG/24HR | TOPICAL DOSE LIMIT | 8 PATCHES PER 28 DAYS |

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| ESTROGENS | VIVELLE-DOT, ALORA, DOTTI (ESTRADIOL)TD PATCH TWICE WEEKLY 0.0375 MG/24HR | TOPICAL DOSE LIMIT | 8 PATCHES PER 28 DAYS |
| ESTROGENS | VIVELLE-DOT, ALORA, DOTTI (ESTRADIOL)TD PATCH TWICE WEEKLY 0.05 MG/24HR | TOPICAL DOSE LIMIT | 8 PATCHES PER 28 DAYS |
| ESTROGENS | VIVELLE-DOT, ALORA, DOTTI (ESTRADIOL)TD PATCH TWICE WEEKLY 0.075 MG/24HR | TOPICAL DOSE LIMIT | 8 PATCHES PER 28 DAYS |
| ESTROGENS | VIVELLE-DOT, ALORA, DOTTI (ESTRADIOL)TD PATCH TWICE WEEKLY 0.1 MG/24HR | TOPICAL DOSE LIMIT | 8 PATCHES PER 28 DAYS |
| EXPECTORANTS | GUAIFENESIN SYRUP/LIQUID 100 MG/5ML (200MG/10ML) | QUANTITY LIMIT PER TIME | 240 ML PER 7 DAYS |
| EXPECTORANTS | MUCINEX (GUAIFENESIN) TAB 12HOUR- 1200 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| EXPECTORANTS | MUCINEX (GUAIFENESIN) TAB 12HOUR- 600 MG | QUANTITY LIMIT | 40 TABLETS PER FILL |
| | | | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| FARSENOID X RECEPTOR AGONIST | OCALIVA TABS 10 MG | DAYS SUPPLY LIMIT PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| | | DAILY DOSAGE | 1 TABLET PER DAY |
| | | | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| FARSENOID X RECEPTOR AGONIST | OCALIVA TABS 5 MG | DAYS SUPPLY LIMIT PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| | | DAILY DOSAGE | 1 TABLET PER DAY |
| FIBRIC ACID DERIVATIVES | FENOFIBRATE MICRONIZED CAP 130 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| FIBRIC ACID DERIVATIVES | FENOFIBRATE MICRONIZED CAP 134 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| FIBRIC ACID DERIVATIVES | FENOFIBRATE MICRONIZED CAP 200 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| FIBRIC ACID DERIVATIVES | FENOFIBRATE MICRONIZED CAP 43 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| FIBRIC ACID DERIVATIVES | FENOFIBRATE MICRONIZED CAP 67 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| FIBRIC ACID DERIVATIVES | FENOGLIDE (FENOFIBRIC ACID) TABS 120 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| FIBRIC ACID DERIVATIVES | FENOGLIDE (FENOFIBRIC ACID) TABS 40 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| FIBRIC ACID DERIVATIVES | FENOGLIDE, FIBRICOR (FENOFIBRIC ACID) TABS 35 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| FIBRIC ACID DERIVATIVES | FIBRICOR (FENOFIBRIC ACID) TABS 105 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| FIBRIC ACID DERIVATIVES | LIPOFEN CAPS 150 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| FIBRIC ACID DERIVATIVES | LIPOFEN CAPS 50 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| FIBRIC ACID DERIVATIVES | TRILIPIX (FENOFIBRIC ACID) DR CAP 135 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| FIBRIC ACID DERIVATIVES | TRILIPIX (FENOFIBRIC ACID) DR CAP 45 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| FIBROMYALGIA AGENTS | SAVELLA TABS 100 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| FIBROMYALGIA AGENTS | SAVELLA TABS 12.5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| FIBROMYALGIA AGENTS | SAVELLA TABS 25 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| FIBROMYALGIA AGENTS | SAVELLA TABS 50 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| FIBROMYALGIA AGENTS | SAVELLA TITRATION PACK | FILL FREQUENCY | 1 FILL PER 365 DAYS |
| FIDAXOMICIN | DIFICID SUSPENSION | DAYS SUPPLY PER FILL | 136ML PER FILL |
| FIDAXOMICIN | DIFICID TABLET | DAYS SUPPLY PER FILL | 20 TABLETS PER FILL |
| FLUOROQUINOLONES | CIPRO (CIPROFLOXACIN HCL) TABS 100 MG | QUANTITY LIMIT | 6 TABLETS PER FILL |
| FLUOROQUINOLONES | FLOXIN (OFLOXACIN) TABS 300 MG | QUANTITY LIMIT PER FILL | 56 TABLETS PER FILL |
| FLUOROQUINOLONES | FLOXIN (OFLOXACIN) TABS 400 MG | QUANTITY LIMIT PER FILL | 56 TABLETS PER FILL |
| FRIEDRICH'S ATAXIA AGENTS | SKYCLARYS CAPS 50MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| 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) CAPS 300 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| GALLSTONE SOLUBILIZING AGENTS | URSO 250 (URSODIOL) 250 MG TABS | DAILY DOSAGE | 7 TABLETS PER DAY |
| GLUCOCORTICOSTEROIDS | TARPEYO CAP 4 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| GLUCOCORTICOSTEROIDS | VERIPRED (PREDNISOLONE SODIUM PHOSPHATE) ORAL SOLUTION 20 MG/5 ML | QUANTITY LIMIT PER FILL | 150 ML PER FILL |
| GLYCOPEPTIDES | FIRVANQ SOLN 25MG/ML | QUANTITY LIMIT PER TIME | 300ML PER 10 DAYS |
| GLYCOPEPTIDES | FIRVANQ SOLN 50MG/ML | QUANTITY LIMIT PER TIME | 450ML PER 10 DAYS |
| GLYCOPEPTIDES | VANCOMYCIN HCL SOLR IV 1000 MG | DAILY DOSAGE | 14 DOSES PER FILL |
| GLYCOPEPTIDES | VANCOMYCIN HCL SOLR IV 500 MG | DAILY DOSAGE | 14 DOSES PER 30 DAYS |
| GOLD COMPOUNDS | RIDAURA CAPS 3MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| GOUT AGENTS | COLCRYL (COLCHICINE) TABS | QUANTITY LIMIT PER FILL | 6 TABLETS PER FILL |
| GOUT AGENTS | GLOPERBA SOLUTION 0.6MG/5ML | DAILY DOSAGE | 10 ML (1.2MG) PER DAY |
| | | DAILY DOSAGE | 10 ML (1.2MG) PER DAY |
| | | QUANTITY LIMIT FILL | 2 TABLETS PER DAY |
| GOUT AGENTS | MITIGARE CAPS 0.6 MG | FREQUENCY | 180 DAYS PER YEAR |
| GOUT AGENTS | ULORIC (FEBUXOSTAT) TABS 40 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| GOUT AGENTS | ULORIC (FEBUXOSTAT) TABS 80 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| GROWTH HORMONE RELEASING HORMONE (GHRH) | EGRIFTA SV 2MG | QUANTITY LIMIT PER FILL | 30 VIALS PER 30 DAYS |
| H-2 ANTAGONISTS | PEPCID (FAMOTIDINE) SUSPENSION RECON 40 MG/5ML | DAILY DOSAGE | 10 ML PER DAY |
| HAIR GROWTH AGENTS | LATISSE (BIMATOPROST) SOLN 0.03% | TOPICAL DOSE LIMIT | 0.14 ML PER DAY |
| | | | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| HEMATOLOGIC TYROSINE KINASE INHIBITORS | TAVALISSE TABS 100 MG | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| | | | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| HEMATOLOGIC TYROSINE KINASE INHIBITORS | TAVALISSE TABS 150 MG | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| HEMATOPOIETIC GROWTH FACTORS | DOPELET TABS 20 MG | QUANTITY LIMIT PER TIME | 1 PACK PER 5 DAYS |
| HEMATOPOIETIC GROWTH FACTORS | PROMACTA TABS 12.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| HEMATOPOIETIC GROWTH FACTORS | PROMACTA TABS 25 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| HEMATOPOIETIC GROWTH FACTORS | PROMACTA TABS 50 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| HEMATOPOIETIC GROWTH FACTORS | PROMACTA TABS 75 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| HEMOSTATICS - SYSTEMIC | AMICAR (AMINOCAPROIC ACID) TABS 500 MG | DAILY DOSAGE | 24 TABLETS PER FILL |
| HEMOSTATICS - SYSTEMIC | LYSTEDA (TRANEXAMIC ACID) TABLETS | DAILY DOSAGE | 30 TABLETS PER 5 DAYS |
| HEPARINS AND HEPARINOID-LIKE AGENTS | ARIXTRA 10 MG | INJECTABLE DOSE LIMIT | 1 DOSE PER DAY |
| HEPARINS AND HEPARINOID-LIKE AGENTS | ARIXTRA 2.5 MG | INJECTABLE DOSE LIMIT | 1 DOSE PER DAY |
| HEPARINS AND HEPARINOID-LIKE AGENTS | ARIXTRA 5 MG | INJECTABLE DOSE LIMIT | 1 DOSE PER DAY |
| HEPARINS AND HEPARINOID-LIKE AGENTS | ARIXTRA 7.5 MG | INJECTABLE DOSE LIMIT | 1 DOSE PER DAY |
| HEPARINS AND HEPARINOID-LIKE AGENTS | FRAGMIN 10000 | INJECTABLE DOSE LIMIT | 2 DOSES PER DAY |
| HEPARINS AND HEPARINOID-LIKE AGENTS | FRAGMIN 12500 | INJECTABLE DOSE LIMIT | 2 DOSES PER DAY |
| HEPARINS AND HEPARINOID-LIKE AGENTS | FRAGMIN 18000 | QUANTITY LIMIT PER FILL | 7 VIALS PER 30 DAYS |
| HEPARINS AND HEPARINOID-LIKE AGENTS | FRAGMIN 2500 | INJECTABLE DOSE LIMIT | 2 DOSES PER DAY |
| HEPARINS AND HEPARINOID-LIKE AGENTS | FRAGMIN 5000 | INJECTABLE DOSE LIMIT | 2 DOSES PER DAY |
| HEPARINS AND HEPARINOID-LIKE AGENTS | FRAGMIN 7500 | INJECTABLE DOSE LIMIT | 2 DOSES PER DAY |
| HEPARINS AND HEPARINOID-LIKE AGENTS | FRAGMIN 95000 | QUANTITY LIMIT PER FILL | 7 VIALS PER 30 DAYS |
| | | | 2 DOSES PER DAY |
| HEPARINS AND HEPARINOID-LIKE AGENTS | LOVENOX (ENOXAPARIN SODIUM) SOLN IJ 300 MG/3ML | INJECTABLE DOSE LIMIT | 17 DAY SUPPLY PER FILL |
| | | | 2 DOSES PER DAY |
| HEPARINS AND HEPARINOID-LIKE AGENTS | LOVENOX (ENOXAPARIN SODIUM) SOLN SC 100 MG/ML | INJECTABLE DOSE LIMIT | 17 DAY SUPPLY PER FILL |
| | | | 2 DOSES PER DAY |
| HEPARINS AND HEPARINOID-LIKE AGENTS | LOVENOX (ENOXAPARIN SODIUM) SOLN SC 120 MG/0.8ML | INJECTABLE DOSE LIMIT | 17 DAY SUPPLY PER FILL |
| | | | 2 DOSES PER DAY |
| HEPARINS AND HEPARINOID-LIKE AGENTS | LOVENOX (ENOXAPARIN SODIUM) SOLN SC 150 MG/ML | INJECTABLE DOSE LIMIT | 17 DAY SUPPLY PER FILL |
| | | | 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 |
| | | | 2 DOSES PER DAY |
| HEPARINS AND HEPARINOID-LIKE AGENTS | LOVENOX (ENOXAPARIN SODIUM) SOLN SC 40 MG/0.4ML | INJECTABLE DOSE LIMIT | 17 DAY SUPPLY PER FILL |
| | | | 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 |
| | | | 2 DOSES PER DAY |
| HEPARINS AND HEPARINOID-LIKE AGENTS | LOVENOX (ENOXAPARIN SODIUM) SOLN SC 80 MG/0.8ML | INJECTABLE DOSE LIMIT | 17 DAY SUPPLY PER FILL |
| HEPATITIS AGENTS | BARACLUDE (ENTECAVIR) TABS 0.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| HEPATITIS AGENTS | BARACLUDE (ENTECAVIR) TABS 1 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| HEPATITIS AGENTS | BARACLUDE SOLN 0.05 MG/ML | DAILY DOSAGE | 20 ML PER DAY |
| | | | 1 TABLET PER DAY |
| HEPATITIS AGENTS | EPCLUSA (SOFOSBUVIR-VELPATASVIR) PELLETT PACK 150-37.5 MG | DAILY DOSAGE | Drug is limited to 28 day supply per fill as outlined in VDP clinical edit criteria |
| | | | 1 TABLET PER DAY |
| HEPATITIS AGENTS | EPCLUSA (SOFOSBUVIR-VELPATASVIR) PELLETT PACK 200-50 MG | DAILY DOSAGE | Drug is limited to 28 day supply per fill as outlined in VDP clinical edit criteria |
| | | | 1 TABLET PER DAY |
| HEPATITIS AGENTS | EPCLUSA (SOFOSBUVIR-VELPATASVIR) TABS 200-50 MG | DAILY DOSAGE | Drug is limited to 28 day supply per fill as outlined in VDP clinical edit criteria |
| | | | 1 TABLET PER DAY |
| HEPATITIS AGENTS | EPCLUSA (SOFOSBUVIR-VELPATASVIR) TABS 400-100 MG | DAILY DOSAGE | Drug is limited to 28 day supply per fill as outlined in VDP clinical edit criteria |
| | | | 3 TABLETS PER DAY |
| HEPATITIS AGENTS | EPIVIR (LAMIVUDINE)(HBV) 100MG TABS | DAILY DOSAGE | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| | | | 60 ML PER DAY |
| HEPATITIS AGENTS | EPIVIR (LAMIVUDINE) (HBV) SOLN 5 MG/ML | DAILY DOSAGE | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| | | | 1 TABLET PER DAY |
| HEPATITIS AGENTS | HARVONI (LEDIPASVIR/SOFOSBUVIR) TABS 45 - 200 MG | DAILY DOSAGE | Drug is limited to 28 day supply per fill as outlined in VDP clinical edit criteria |

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| HEPATITIS AGENTS | HARVONI (LEDIPASVIR/SOFOSBUVIR) TABS 90 - 400 MG | DAILY DOSAGE | 1 TABLET PER DAY Drug is limited to 28 day supply per fill as outlined in VDP clinical edit criteria |
| HEPATITIS AGENTS | HEPSERA (ADEFOVIR DIPIVOXIL) TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| HEPATITIS AGENTS | MAVYRET PELLETT PACK | DAILY DOSAGE | 3 TABLETS PER DAY Drug is limited to 28 day supply per fill as outlined in VDP clinical edit criteria |
| HEPATITIS AGENTS | MAVYRET TABS | DAILY DOSAGE | 3 TABLETS PER DAY Drug is limited to 28 day supply per fill as outlined in VDP clinical edit criteria |
| HEPATITIS AGENTS | MODERIBA (RIBAVIRIN) DOSE PACK 1200 | DAILY DOSAGE | 2 TABLETS PER DAY |
| HEPATITIS AGENTS | MODERIBA (RIBAVIRIN) TABS 200 MG | DAILY DOSAGE | 7 TABLETS PER DAY |
| HEPATITIS AGENTS | PEG-INTRON REDIPEN KIT | INJECTABLE DOSE LIMIT | 4 DOSES PER 28 DAYS |
| HEPATITIS AGENTS | PEG-INTRON REDIPEN PAK 4 KIT | INJECTABLE DOSE LIMIT | 4 DOSES PER 28 DAYS |
| HEPATITIS AGENTS | REBETOL (RIBAVIRIN) CAPS 200 MG | DAILY DOSAGE | 7 CAPSULES PER DAY |
| HEPATITIS AGENTS | REBETOL SOLUTION 40 MG/ML | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| HEPATITIS AGENTS | RIBASPHERE RIBAPAK TABS 400 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| HEPATITIS AGENTS | RIBASPHERE RIBAPAK TABS 600 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| HEPATITIS AGENTS | SOVALDI PELLETT PACK 150 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| HEPATITIS AGENTS | SOVALDI PELLETT PACK 200 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| HEPATITIS AGENTS | SOVALDI TABS 200 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| HEPATITIS AGENTS | SOVALDI TABS 400 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| HEPATITIS AGENTS | TECHNIVIE | DAILY DOSAGE | 2 TABLETS PER DAY 3 TABLETS PER DAY |
| HEPATITIS AGENTS | VIEKIRA XR | DAILY DOSAGE | Drug is limited to 28 day supply per fill as outlined in VDP clinical edit criteria 1 TABLET PER DAY |
| HEPATITIS AGENTS | VOSEVI | DAILY DOSAGE | Drug is limited to 28 day supply per fill as outlined in VDP clinical edit criteria 1 TABLET PER DAY |
| HEPATITIS AGENTS | ZEPATIER | DAILY DOSAGE | Drug is limited to 28 day supply per fill as outlined in VDP clinical edit criteria |
| HERPES AGENTS | SITAVIG | DAYS SUPPLY LIMIT PER TIME | 2 TABLETS PER FILL |
| HERPES AGENTS | ZOVIRAX (ACYCLOVIR) SUSP 200 MG/5ML | QUANTITY LIMIT PER TIME | 400 ML PER 30 DAYS |
| HMG COA REDUCTASE INHIBITORS | ALTOPREV (FLUVASTATIN SODIUM) 24 HOUR TABS 20 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| HMG COA REDUCTASE INHIBITORS | ALTOPREV (FLUVASTATIN SODIUM) 24 HOUR TABS 40 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| HMG COA REDUCTASE INHIBITORS | ALTOPREV (FLUVASTATIN SODIUM) 24 HOUR TABS 60 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| HMG COA REDUCTASE INHIBITORS | CRESTOR (ROSUVASTATIN CALCIUM) TABS 10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| HMG COA REDUCTASE INHIBITORS | CRESTOR (ROSUVASTATIN CALCIUM) TABS 20 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| HMG COA REDUCTASE INHIBITORS | CRESTOR (ROSUVASTATIN CALCIUM) TABS 40 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| HMG COA REDUCTASE INHIBITORS | CRESTOR (ROSUVASTATIN CALCIUM) TABS 5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| HMG COA REDUCTASE INHIBITORS | LESCOL (FLUVASTATIN SODIUM) CAPS 20 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| HMG COA REDUCTASE INHIBITORS | LESCOL (FLUVASTATIN SODIUM) CAPS 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) TABS 1 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| HMG COA REDUCTASE INHIBITORS | LIVALO (PITAVASTATIN CALCIUM) TABS 2 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| HMG COA REDUCTASE INHIBITORS | LIVALO (PITAVASTATIN CALCIUM) TABS 4 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| HORMONE RECEPTOR MODULATORS | EVISTA (RALOXIFENE HCL) TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| HYPNOTICS - TRICYCLIC AGENTS | SILENOR CAPSULES 3 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| HYPNOTICS - TRICYCLIC AGENTS | SILENOR CAPSULES 6 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS | BYLVAY CAPS 1200MCG | DAILY DOSAGE | 5 CAPSULES PER DAY |
| ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS | BYLVAY CAPS 400 MCG | DAILY DOSAGE | 5 CAPSULES PER DAY |
| ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS | BYLVAY SPRINKLE CAPS 200 MCG | DAILY DOSAGE | 5 CAPSULES PER DAY |
| ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS | BYLVAY SPRINKLE CAPS 600 MCG | DAILY DOSAGE | 5 CAPSULES PER DAY |
| IMIDAZOLE-RELATED ANTIFUNGALS | LIVMARLI SOLN ORAL 9.5 MG/ML | DAILY DOSAGE | 3 ML 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 10 MG/ML | QUANTITY LIMIT FILL FREQUENCY | 70 ML PER 7 DAYS MAX 180 DAYS OF THERAPY PER YEAR |
| IMIDAZOLE-RELATED ANTIFUNGALS | DIFLUCAN (FLUCONAZOLE) SUSPENSION 40 MG/ML | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| IMIDAZOLE-RELATED ANTIFUNGALS | DIFLUCAN (FLUCONAZOLE) TABS 100 MG | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| IMIDAZOLE-RELATED ANTIFUNGALS | DIFLUCAN (FLUCONAZOLE) TABS 150 MG | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| IMIDAZOLE-RELATED ANTIFUNGALS | DIFLUCAN (FLUCONAZOLE) TABS 200 MG | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| IMIDAZOLE-RELATED ANTIFUNGALS | DIFLUCAN (FLUCONAZOLE) TABS 50 MG | 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 | 1 CAPSULE PER DAY |
| 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 200 MG | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| IMIDAZOLE-RELATED ANTIFUNGALS | VFEND (VORICONAZOLE) TABS 50 MG | DAYS SUPPLY LIMIT PER TIME | MAX 180 DAYS OF THERAPY PER YEAR |
| IMIDAZOLE-RELATED ANTIFUNGALS | VIVJOA CAPS 150 MG | QUANTITY LIMIT FILL | 18 CAPS PER 336 DAYS |
| IMMUNOMODULATING AGENTS - TOPICAL | ALDARA (IMIQUMOD) 5% CREAM | FREQUENCY | 48 DOSES PER 180 DAYS |
| IMMUNOMODULATING AGENTS - TOPICAL | ZYCLARA (IMIQUIMOD) 3.75% CREAM PUMP | TOPICAL DOSE LIMIT | 1 PACKAGE PER FILL |
| IMMUNOMODULATING AGENTS - TOPICAL | ZYCLARA (IMIQUIMOD) 3.75% CREAM PACKETS | FILL FREQUENCY | 2 FILLS PER 180 DAYS |
| IMMUNOMODULATORS | JOENJA 70 MG TABLET | TOPICAL DOSE LIMIT | 2 BOXES PER 28 DAYS |
| IMMUNOMODULATORS | REVLIMID CAPS 10 MG | FILL FREQUENCY | 2 FILLS PER 180 DAYS |
| IMMUNOMODULATORS | REVLIMID CAPS 15 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| IMMUNOMODULATORS | REVLIMID CAPS 2.5 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| IMMUNOMODULATORS | REVLIMID CAPS 20 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| IMMUNOMODULATORS | REVLIMID CAPS 25 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| IMMUNOMODULATORS | REVLIMID CAPS 5 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| IMMUNOMODULATORS | REZUROCK TABS 200MG | DAILY DOSAGE | 1 TABLET PER DAY |
| IMMUNOMODULATORS | THALOMID (THALIDOMIDE) CAPS 100 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| IMMUNOMODULATORS | THALOMID (THALIDOMIDE) CAPS 150 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| IMMUNOMODULATORS | THALOMID (THALIDOMIDE) CAPS 200 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| IMMUNOMODULATORS | THALOMID (THALIDOMIDE) CAPS 50 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| IMMUNOSUPPRESSIVE AGENTS | LUPKYNIS CAP | DAILY DOSAGE | 8 CAPSULES PER DAY |
| IMMUNOSUPPRESSIVE AGENTS - TOPICAL | ELIDEL (PIMECROLIMUS) CREAM 1% | DAILY DOSAGE | 6 CAPSULES PER DAY |
| IMMUNOSUPPRESSIVE AGENTS - TOPICAL | PROTOPIC (TACROLIMUS) OINTMENT 0.03% | TOPICAL DOSE LIMIT | 30 GRAMS PER 30 DAYS |
| IMMUNOSUPPRESSIVE AGENTS - TOPICAL | PROTOPIC (TACROLIMUS) OINTMENT 0.1% | 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 BCISE | INJECTABLE DOSE LIMIT | 4 DOSES PER 28 DAYS |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | BYETTA PEN SOLN 10 MCG/0.04ML | INJECTABLE DOSE LIMIT | 1 DEVICE (60 DOSES) PER 30 DAYS |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | BYETTA PEN SOLN 5 MCG/0.02ML | INJECTABLE DOSE LIMIT | 1 DEVICE (60 DOSES) PER 30 DAYS |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | OZEMPIC PEN 0.25 MG OR 0.5 MG/DOSE (2 MG/1.5ML) | INJECTABLE DOSE LIMIT | 3ML PER 28 DAYS |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | OZEMPIC PEN 1 MG/DOSE (2 MG/1.5ML) | INJECTABLE DOSE LIMIT | 3ML PER 28 DAYS |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | OZEMPIC PEN 1 MG/DOSE (4 MG/3ML) | INJECTABLE DOSE LIMIT | 3ML PER 28 DAYS |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | RYBELSUS TABS 14 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | RYBELSUS TABS 3 MG | DAILY DOSAGE | 1 TABLET PER DAY |

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| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | RYBELSUS TABS 7 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | TRULICITY PEN 0.75 MG/0.5ML | INJECTABLE DOSE LIMIT | 2ML (4 PENS) PER 28 DAYS |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | TRULICITY PEN 1.5 MG/0.5ML | INJECTABLE DOSE LIMIT | 2ML (4 PENS) PER 28 DAYS |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | TRULICITY PEN 3 MG/0.5ML | INJECTABLE DOSE LIMIT | 2ML (4 PENS) PER 28 DAYS |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | TRULICITY PEN 4.5 MG/0.5ML | INJECTABLE DOSE LIMIT | 2ML (4 PENS) 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 | DIPENTUM CAPS 250MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| INFLAMMATORY BOWEL AGENTS | PENTASA (MESALAMINE) CAPS 250 MG | DAILY DOSAGE | 8 CAPSULES PER DAY |
| INFLAMMATORY BOWEL AGENTS | PENTASA (MESALAMINE) CAPS 500 MG | DAILY DOSAGE | 8 CAPSULES PER DAY |
| INFLUENZA AGENTS | RELENZA DISKHALER AEPB | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS |
| INFLUENZA AGENTS | TAMIFLU (OSELTAMIVIR PHOSPHATE) CAPS 75 MG | QUANTITY LIMIT PER TIME | 10 CAPSULES PER 30 DAYS |
| INFLUENZA AGENTS | TAMIFLU (OSELTAMIVIR PHOSPHATE) CAPS 30 MG | QUANTITY LIMIT PER TIME | 20 CAPSULES PER 30 DAYS |
| INFLUENZA AGENTS | TAMIFLU (OSELTAMIVIR PHOSPHATE) CAPS 45 MG | QUANTITY LIMIT PER TIME | 10 CAPSULES PER 30 DAYS |
| INFLUENZA AGENTS | TAMIFLU (OSELTAMIVIR PHOSPHATE) SUSPENSION 6 MG/ML | DAILY DOSE LIMIT | 25 ML PER DAY |
| INFLUENZA AGENTS | | FILL FREQUENCY | 120ML PER 30 DAYS |
| INFLUENZA AGENTS | | QUANTITY LIMIT | 2 TABLETS PER 30 DAYS |
| INFLUENZA AGENTS | XOFLUZA TABS 20 MG (2) (40MG DOSE) | FILL FREQUENCY | 4 FILLS PER YEAR |
| INFLUENZA AGENTS | | QUANTITY LIMIT | 1 TABLET PER 30 DAYS |
| INFLUENZA AGENTS | XOFLUZA TABS 40 MG (1) (40 MG DOSE) | FILL FREQUENCY | 4 FILLS PER YEAR |
| INFLUENZA AGENTS | | QUANTITY LIMIT | 2 TABLETS PER 30 DAYS |
| INFLUENZA AGENTS | | FILL FREQUENCY | 4 FILLS PER YEAR |
| INFLUENZA AGENTS | XOFLUZA TABS 40 MG (2) (80 MG DOSE) | QUANTITY LIMIT | 1 TABLET PER 30 DAYS |
| INFLUENZA AGENTS | | FILL FREQUENCY | 4 FILLS PER YEAR |
| INSULIN | ADMELOG (LISPRO) 100 UNITS/ML SOLN VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | ADMELOG (LISPRO) SOLOSTAR PEN | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | AFREZZA 12 UNIT CARTRIDGE | INHALATION DOSE LIMIT | 3 CARTRIDGES PER DAY |
| INSULIN | | | 6 CARTRIDGES PER DAY |
| INSULIN | AFREZZA 4 UNIT & 8 UNIT | INHALATION DOSE LIMIT | 1 FILL PER 180 DAYS |
| INSULIN | | | 6 CARTRIDGES PER DAY |
| INSULIN | AFREZZA 4 UNIT & 8 UNIT & 12 UNIT | INHALATION DOSE LIMIT | 1 FILL PER 180 DAYS |
| INSULIN | AFREZZA 4 UNIT CARTRIDGE | INHALATION DOSE LIMIT | 9 CARTRIDGES PER DAY |
| INSULIN | | | 6 CARTRIDGES PER DAY |
| INSULIN | AFREZZA 8 UNIT & 12 UNIT | INHALATION DOSE LIMIT | 1 FILL PER 180 DAYS |
| INSULIN | AFREZZA 8 UNIT CARTRIDGE | INHALATION DOSE LIMIT | 6 CARTRIDGES PER DAY |
| INSULIN | APIDRA SOLN VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | APIDRA SOLOSTAR PEN | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | BASAGLAR (GLARGINE) KWIKPEN | 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 | FIASP (ASPART) PENFILL SOLN CARTRIDGE | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | FIASP (ASPART) VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | HUMALOG (LISPRO) 100 UNITS/ML SOLN VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | HUMALOG (LISPRO) JUNIOR KWIKPEN (0.5-UNIT DIAL) | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | HUMALOG (LISPRO) KWIKPEN | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | HUMALOG CARTRIDGE | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | HUMALOG MIX 50/50 KWIKPEN | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | HUMALOG MIX 50/50 VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | HUMALOG MIX 75/25 KWIKPEN | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | HUMALOG MIX 75/25 VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | HUMULIN 70/30 KWIKPEN | 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 | 50 ML PER 30 DAYS |
| INSULIN | LYUMJEV (LISPRO-AABC) KWIKPEN 100MG/ML | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | LYUMJEV (LISPRO-AABC) KWIKPEN 200MG/ML | INJECTABLE DOSE LIMIT | 18 ML (3 BOXES) PER 30 DAYS |
| INSULIN | LYUMJEV (LISPRO-AABC) TEMPO PEN | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | LYUMJEV (LISPRO-AABC) VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | NOVOLIN 70/30 SUSP VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | NOVOLOG FLEXPEN SOLN | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | NOVOLOG MIX 70/30 SUSP VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | NOVOLOG PENFILL SOLN CARTRIDGE | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | NOVOLOG SOLN VIAL | INJECTABLE DOSE LIMIT | 50 ML PER 30 DAYS |
| INSULIN | REZVOGLAR (GLARGINE-AGLR) KWIKPEN | INJECTABLE DOSE LIMIT | 45 ML (3 BOXES) PER 30 DAYS |
| INSULIN | TOUJEO (GLARGINE U-300) MAX SOLOSTAR PEN (2-UNIT DIAL) | INJECTABLE DOSE LIMIT | 9 ML PER 30 DAYS |
| INSULIN | TOUJEO (GLARGINE U-300) SOLOSTAR PEN (1-UNIT DIAL) | 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 2 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| INSULIN SENSITIZING AGENTS | AVANDIA (ROSIGLITAZONE) TABS 4 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| INTERLEUKIN 1 RECEPTOR ANTAGONISTS | KINERET PREFILLED SYRINGE 100 MG/0.67 ML | INJECTABLE DOSE LIMIT | 28 SYRINGES PER 28 DAYS |
| INTERLEUKIN 6 RECEPTOR ANTAGONISTS | ACTEMRA | INJECTABLE DOSE LIMIT | 4 SYRINGES PER 28 DAYS |
| INTERLEUKIN 6 RECEPTOR ANTAGONISTS | ACTEMRA ACTPEN | INJECTABLE DOSE LIMIT | 4 PENS PER 28 DAYS |
| INTERLEUKIN 6 RECEPTOR ANTAGONISTS | KEVZARA AUTO-INJECTOR 150 MG | INJECTABLE DOSE LIMIT | 2 DOSES PER 28 DAYS |
| INTERLEUKIN 6 RECEPTOR ANTAGONISTS | KEVZARA AUTO-INJECTOR 200 MG | INJECTABLE DOSE LIMIT | 2 DOSES PER 28 DAYS |
| INTERLEUKIN 6 RECEPTOR ANTAGONISTS | KEVZARA PREFILLED SYRINGE 150 MG | INJECTABLE DOSE LIMIT | 2 DOSES PER 28 DAYS |
| INTERLEUKIN 6 RECEPTOR ANTAGONISTS | KEVZARA PREFILLED SYRINGE 200 MG | INJECTABLE DOSE LIMIT | 2 DOSES PER 28 DAYS |
| INTERSTITIAL CYSTITIS AGENTS | ELMIRON CAPS | DAILY DOSAGE | 3 CAPSULES PER DAY |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS | ZETIA (EZETIMIBE) TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| INTRARECTAL STEROIDS | UCERIS (BUDESONIDE) RECTAL FOAM | QUANTITY LIMIT PER TIME | 3 BOXES PER 30 DAYS |
| IRON | FERRETT'S TABS 325 MG (106 MG ELEMENTAL IRON) | DAILY DOSAGE | 2 TABLETS PER DAY |
| IRON | FERREX 150 (POLYSACCHARIDE IRON COMPLEX) CAPS | DAILY DOSAGE | 1 CAPSULE PER DAY |
| IRON | FERROUS SULFATE ELIX 220 MG/5ML | DAILY DOSAGE | 16 ML PER DAY |
| IRON | HEMOCYTE TABS 324 MG (106 MG ELEMENTAL IRON) | DAILY DOSAGE | 2 TABLETS PER DAY |
| KERATOLYTIC/ANTIMITOTIC AGENTS | BENSAL HP OINTMENT | QUANTITY LIMIT PER FILL | 1 TUBE (60 GRAMS) PER FILL |
| KERATOLYTIC/ANTIMITOTIC AGENTS | CONDYLOX (PODOFILOX) SOLN | TOPICAL DOSE LIMIT | 4 ML PER 7 DAYS |
| KERATOLYTIC/ANTIMITOTIC AGENTS | CONDYLOX GEL | QUANTITY LIMIT PER FILL | 1 TUBE (3.5 GRAMS) PER FILL |
| KERATOLYTIC/ANTIMITOTIC AGENTS | SALICYLIC ACID 27.5% LIQUID | TOPICAL DOSE LIMIT | 10 ML PER 30 DAYS |
| LAXATIVE COMBINATIONS | CLENPIQ 175 ML SOLUTION | MAX FILLS PER TIME | 1 FILL PER 365 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 | SENNA PLUS (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 | DAILY DOSAGE | 51 GRAMS PER DAY |
| LEUKOTRIENE MODULATORS | ACCOLATE (ZAFIRLUKAST) TABS 10 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| LEUKOTRIENE MODULATORS | ACCOLATE (ZAFIRLUKAST) TABS 20 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| LEUKOTRIENE MODULATORS | SINGULAIR (MONTELUKAST SODIUM) TABLETS 10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| LEUKOTRIENE MODULATORS | SINGULAIR (MONTELUKAST SODIUM) TABS, CHEWABLE 4 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| LEUKOTRIENE MODULATORS | SINGULAIR (MONTELUKAST SODIUM) TABS, CHEWABLE 5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| LEUKOTRIENE MODULATORS | SINGULAIR (MONTELUKAST SODIUM) PACKET 4 MG | DAILY DOSAGE | 1 PACKET PER DAY |
| LEUKOTRIENE MODULATORS | ZYFLO CR (ZILEUTON) CONTROLLED RELEASE TABS | DAILY DOSAGE | 4 TABLETS PER DAY |
| LIQUID VEHICLES | SALINE INJECTION BACTERIOSTATIC SOLN | INJECTABLE DOSE LIMIT | 10,000 ML PER FILL |
| LIVE FECAL MICROBIOTA | VOWST CAPS | QUANTITY LIMIT PER FILL | 12 CAPS 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 |

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| LOCAL ANESTHETICS - TOPICAL | LIDOCAINE OINTMENT 5% | TOPICAL DOSE LIMIT | 100 GRAMS PER 30 DAYS |
| LOCAL ANESTHETICS - TOPICAL | LIDOCAINE SOLUTION 4% | 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 | PRANDIN (REPAGLINIDE) TABS 1 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| MEGLITINIDE ANALOGUES | PRANDIN (REPAGLINIDE) TABS 2 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| MEGLITINIDE ANALOGUES | STARLIX (NATEGLINIDE) TABS 120 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| MEGLITINIDE ANALOGUES | STARLIX (NATEGLINIDE) TABS 60 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| METABOLIC MODIFIERS | CARNITOR (LEVOCARNITINE) SOLN 1 GM/10ML | DAILY DOSAGE | 30 ML PER DAY |
| METABOLIC MODIFIERS | CARNITOR (LEVOCARNITINE) TABS ORAL 330 MG | DAILY DOSAGE | 9 TABLETS PER DAY |
| METABOLIC MODIFIERS | PALYNZIQ PREFILLED SYRINGE 10 MG/0.5ML | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| METABOLIC MODIFIERS | PALYNZIQ PREFILLED SYRINGE 2.5 MG/0.5ML | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| METABOLIC MODIFIERS | PALYNZIQ PREFILLED SYRINGE 20 MG/ML | DAYS SUPPLY PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS | JUXTAPID CAPS 10 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS | JUXTAPID CAPS 20 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS | JUXTAPID CAPS 30 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS | JUXTAPID CAPS 40 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS | JUXTAPID CAPS 5 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS | JUXTAPID CAPS 60 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| MIGRAINE COMBINATIONS | TREXIMET (SUMATRIPTAN-NAPROXEN SODIUM) TABS | QUANTITY LIMIT PER TIME | 9 TABLETS PER 30 DAYS |
| MIGRAINE PRODUCTS | MIGRANAL | QUANTITY LIMIT PER TIME | 8 UNITS PER 30 DAYS |
| MIGRAINE PRODUCTS | TRUDHESA AEROSOL NASAL 0.725 MG/ACT | QUANTITY LIMIT PER TIME | 12 UNITS PER 28 DAYS |
| MIGRAINE PRODUCTS - NSAIDS | CAMBIA (DICLOFENAC) PACKET | QUANTITY LIMIT PER TIME | 9 DOSES PER 30 DAYS |
| MINERALOCORTICOID RECEPTOR ANTAGONISTS | KERENDIA TABS 10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| MINERALOCORTICOID RECEPTOR ANTAGONISTS | KERENDIA TABS 20 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| MIOTICS | VUITY OPTHT SOLN 1.25% | QUANTITY LIMIT PER FILL | 5 ML PER FILL |
| MISC. ANTI-ULCER | CARAFATE (SUCRALFATE) SUSPENSION 1 GM/10ML | DAILY DOSAGE | 40 ML PER DAY |
| MISC. TOPICAL | DR SMITHS DIAPER OINTMENT | TOPICAL DOSE LIMIT | 5.7 GRAMS PER DAY |
| MISC. TOPICAL | INSECT REPELLANTS- MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING | TOPICAL DOSE LIMIT | 1 BOTTLE PER FILL |
| MISC. TOPICAL | QBREXZA | TOPICAL DOSE LIMIT | 2 BOTTLES PER MONTH |
| MISC. TOPICAL | QBREXZA | TOPICAL DOSE LIMIT | 1 BOX (30 PADS) PER 30 DAYS |
| MONOAMINE OXIDASE INHIBITORS (MAOIs) | EMSAM (SELEGILINE) TD PATCH 12 MG/24 HR | TOPICAL DOSE LIMIT | 1 PATCH PER DAY |
| MONOAMINE OXIDASE INHIBITORS (MAOIs) | EMSAM (SELEGILINE) TD PATCH 6 MG/24 HR | 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 |
| MONOAMINE OXIDASE INHIBITORS (MAOIs) | PARNATE (TRANLYCYPROMINE SULFATE) | DAYS SUPPLY PER FILL | 28 TABLETS PER 28 DAYS |
| MONOAMINE OXIDASE INHIBITORS (MAOIs) | PARNATE (TRANLYCYPROMINE SULFATE) | QUANTITY LIMIT | 1 PATCH PER DAY |
| MOVEMENT DISORDER DRUG THERAPY | INGREZZA INITIATION PACK | FILL FREQUENCY | 1 FILL PER 180 DAYS |
| 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 14 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| MULTIPLE SCLEROSIS AGENTS | AUBAGIO TABS 7 MG | 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 | AVONEX PREFILLED SYRINGE | INJECTABLE DOSE LIMIT | 4 SYRINGES PER 28 DAYS |
| MULTIPLE SCLEROSIS AGENTS | BAFIERTAM | DAILY DOSAGE | 4 CAPSULES PER DAY |
| 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 | MAYZENT TABS 0.25 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| MULTIPLE SCLEROSIS AGENTS | MAYZENT TABS 2 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| MULTIPLE SCLEROSIS AGENTS | PLEGRIDY PEN (2 PENS PER BOX) | INJECTABLE DOSE LIMIT | 1 BOX PER 28 DAYS |
| MULTIPLE SCLEROSIS AGENTS | PONVORY 14 DAY STARTER PACK | QUANTITY LIMIT PER TIME | 1 PACK PER 180 DAYS |
| MULTIPLE SCLEROSIS AGENTS | TECFIDERA (DIMETHYL FUMARATE) STARTER PACK | FILL FREQUENCY | 1 FILL PER 180 DAYS |
| MULTIPLE SCLEROSIS AGENTS | TECFIDERA (DIMETHYL FUMARATE) CAPS 120 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| MULTIPLE SCLEROSIS AGENTS | TECFIDERA (DIMETHYL FUMARATE) CAPS 240 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| MULTIPLE SCLEROSIS AGENTS | VUMERITY CAPS | DAILY DOSAGE | 4 CAPSULES PER DAY |
| MULTIPLE SCLEROSIS AGENTS | ZEPOSIA 7 DAY STARTER PACK | FILL FREQUENCY | 1 PACK (7 CAPS) PER 180 DAYS |
| MULTIPLE SCLEROSIS AGENTS | ZEPOSIA CAPS 0.92MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| MULTIPLE SCLEROSIS AGENTS | ZEPOSIA STARTER KIT | FILL FREQUENCY | 1 PACK (37 CAPS) PER 180 DAYS |
| MULTIPLE VITAMINS W/ IRON | MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING | DAILY DOSAGE | 1 TABLET PER DAY |
| MULTIPLE VITAMINS W/ MINERALS | MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING | DAILY DOSAGE | 1 TABLET PER DAY |
| MULTIVITAMINS | MULTIPLE PRODUCTS AVAILABLE, CHECK FORMULARY FOR CURRENT LISTING | DAILY DOSAGE | 1 TABLET PER DAY |
| NASAL AGENT COMBINATIONS | DYMISTA (AZELASTINE HCL-FLUTICASON) NASAL SPRAY | TOPICAL DOSE LIMIT | 1 BOTTLE PER 30 DAYS |
| NASAL ANTIALLERGY | ASTEPRO (AZELASTINE HCL) NASAL SPRAY 0.15% | TOPICAL DOSE LIMIT | 2 BOTTLES PER 30 DAYS |
| NASAL ANTIALLERGY | AZELASTINE HCL NASAL SPRAY 0.1% | TOPICAL DOSE LIMIT | 2 BOTTLES PER 30 DAYS |
| NASAL ANTICHOLINERGICS | ATROVENT (IPRATROPIUM BROMIDE) (NASAL) SOLN 0.03 % | TOPICAL DOSE LIMIT | 1 BOTTLE PER 30 DAYS |
| 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 (FLUTICASON 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 (MOMETASON 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 |
| NATRIURETIC PEPTIDES | VOXZOGO INJ 0.4 MG | INJECTABLE DOSE LIMIT | 1 INJECTION PER DAY |
| NATRIURETIC PEPTIDES | VOXZOGO INJ 0.56 MG | INJECTABLE DOSE LIMIT | 1 INJECTION PER DAY |
| NATRIURETIC PEPTIDES | VOXZOGO INJ 1.2 MG | INJECTABLE DOSE LIMIT | 1 INJECTION PER DAY |
| NEUROGENIC ORTHOSTATIC HYPOTENSION AGENTS | NORTHERA 100MG CAPS | DAILY DOSAGE | 3 CAPSULES PER DAY |
| NEUROGENIC ORTHOSTATIC HYPOTENSION AGENTS | NORTHERA 200MG CAPS | DAILY DOSAGE | 3 CAPSULES PER DAY |
| NEUROGENIC ORTHOSTATIC HYPOTENSION AGENTS | NORTHERA 300MG CAPS | DAILY DOSAGE | 6 CAPSULES PER DAY |
| NICOTINIC ACID DERIVATIVES | NIASPAN (NIACIN) CONTROLLED RELEASE TABS 1000 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| NICOTINIC ACID DERIVATIVES | NIASPAN (NIACIN) CONTROLLED RELEASE TABS 500 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| NICOTINIC ACID DERIVATIVES | NIASPAN (NIACIN) CONTROLLED RELEASE TABS 750 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| NON-BARBITURATE HYPNOTICS | AMBIEN (ZOLPIDEM TARTRATE) TABS ORAL 10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| NON-BARBITURATE HYPNOTICS | AMBIEN (ZOLPIDEM TARTRATE) TABS ORAL 5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| NON-BARBITURATE HYPNOTICS | FLURAZEPAM HCL CAPS 15 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| NON-BARBITURATE HYPNOTICS | FLURAZEPAM HCL CAPS 30 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| NON-BARBITURATE HYPNOTICS | HALCION (TRIAZOLAM) TABS 0.125 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| NON-BARBITURATE HYPNOTICS | HALCION (TRIAZOLAM) TABS 0.25MG | DAILY DOSAGE | 1 TABLET PER DAY |
| NON-BARBITURATE HYPNOTICS | RESTORIL (TEMAZEPAM) CAPS 15 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| NON-BARBITURATE HYPNOTICS | RESTORIL (TEMAZEPAM) CAPS 30 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| NON-BARBITURATE HYPNOTICS | SONATA (ZALEPLON) CAPS 10 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| NON-BARBITURATE HYPNOTICS | SONATA (ZALEPLON) CAPS 5 MG | 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 100 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | CELEBREX (CELECOXIB) CAPS 200 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | CELEBREX (CELECOXIB) CAPS 400 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | CELEBREX (CELECOXIB) CAPS 50 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | EC-NAPROSYN (NAPROXEN ENTERIC COATED) 375 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | EC-NAPROSYN (NAPROXEN ENTERIC COATED) 500 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | SPRIX | QUANTITY LIMIT PER TIME | 5 BOTTLES PER 30 DAYS |

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| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | TORADOL (KETOROLAC TROMETHAMINE) TABS OR 10 MG | QUANTITY LIMIT PER TIME | 20 TABLETS PER 30 DAYS |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | VIMOVO | DAILY DOSAGE | 2 TABLETS PER DAY |
| OIL SOLUBLE VITAMINS | VITAMIN E CAPS 100 UNIT | DAILY DOSAGE | 2 CAPSULES PER DAY |
| OIL SOLUBLE VITAMINS | VITAMIN E CAPS 200 UNIT | DAILY DOSAGE | 2 CAPSULES PER DAY |
| OIL SOLUBLE VITAMINS | VITAMIN E CAPS 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 | CILOXAN (CIPROFLOXACIN) OPHTHALMIC SOLN | TOPICAL DOSE LIMIT | 1 BOTTLE PER 5 DAYS |
| OPHTHALMIC ANTI-INFECTIVES | MOXEZA OPHTHALMIC SOLN | TOPICAL DOSE LIMIT | 1 BOTTLE PER 30 DAYS |
| OPHTHALMIC ANTI-INFECTIVES | NEO-POLYICIN (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 | POLYICIN (BACITRACIN POLYMYXIN B) OPHTHALMIC OINTMENT | TOPICAL DOSE LIMIT | 1 TUBE PER 30 DAYS |
| OPHTHALMIC ANTI-INFECTIVES | TOBREX OINT | TOPICAL DOSE LIMIT | 1 TUBE PER 5 DAYS |
| OPHTHALMIC ANTI-INFECTIVES | VIGAMOX (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 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 | EYSUVIS 0.25% OPHTH SUSP | QUANTITY LIMIT PER TIME | 8.3ML PER 14 DAYS |
| OPHTHALMIC STEROIDS | FML (FLUOROMETHOLONE) OPHTHALMIC OINTMENT | TOPICAL DOSE LIMIT | 1 TUBE PER 30 DAYS |
| OPHTHALMIC STEROIDS | LOTEMAX OPHTH GEL | TOPICAL DOSE LIMIT | 1 UNIT PER 20 DAYS |
| OPHTHALMIC STEROIDS | LOTEMAX 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 | ALOCRIL OPHTHALMIC OIL | TOPICAL DOSE LIMIT | 5 ML PER 30 DAYS |
| OPHTHALMICS - MISC | ALOMIDE OPHTHALMIC SOLUTION | TOPICAL DOSE LIMIT | 10 ML PER 30 DAYS |
| OPHTHALMICS - MISC | BEPREVE OPHTH SOLN 1.5% | TOPICAL DOSE LIMIT | 0.27 ML PER DAY (10 ML PER 38 DAYS) |
| OPHTHALMICS - MISC | CYSTARAN OPHTH SOLN | TOPICAL DOSE LIMIT | 60 ML PER 28 DAYS |
| OPHTHALMICS - MISC | NEVANAC SUSP | TOPICAL DOSE LIMIT | 3 ML PER 14 DAYS |
| OPHTHALMICS - MISC | PATADY (OLOPATADINE HCL) 0.2% SOLN | TOPICAL DOSE LIMIT | 2.5 ML PER 20 DAYS |
| OPHTHALMICS - MISC | PATANOL (OLOPATADINE HCL) 0.1% SOLN | TOPICAL DOSE LIMIT | 10 ML PER 30 DAYS |
| OPHTHALMICS - MISC | PAZEO 0.7% OPH SOLN | TOPICAL DOSE LIMIT | 2.5 ML PER 20 DAYS |
| OPIOID AGONISTS | ACTIQ (FENTANYL CITRATE) LOLLIPOP 1200 MCG | DAILY DOSAGE | 2 UNITS PER DAY |
| OPIOID AGONISTS | ACTIQ (FENTANYL CITRATE) LOLLIPOP 1600 MCG | DAILY DOSAGE | 2 UNITS PER DAY |
| OPIOID AGONISTS | ACTIQ (FENTANYL CITRATE) LOLLIPOP 200 MCG | DAILY DOSAGE | 4 UNITS PER DAY |
| OPIOID AGONISTS | ACTIQ (FENTANYL CITRATE) LOLLIPOP 400 MCG | DAILY DOSAGE | 4 UNITS PER DAY |
| OPIOID AGONISTS | ACTIQ (FENTANYL CITRATE) LOLLIPOP 600 MCG | DAILY DOSAGE | 4 UNITS PER DAY |
| OPIOID AGONISTS | ACTIQ (FENTANYL CITRATE) LOLLIPOP 800 MCG | DAILY DOSAGE | 4 UNITS PER DAY |
| OPIOID AGONISTS | CODEINE SULFATE TABS 30 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID AGONISTS | CODEINE SULFATE TABS 60 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID AGONISTS | CONZIP (TRAMADOL HCL) CAPS SR 24 HOUR 100 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| OPIOID AGONISTS | CONZIP (TRAMADOL HCL) CAPS SR 24 HOUR 200 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| OPIOID AGONISTS | CONZIP (TRAMADOL HCL) CAPS SR 24 HOUR 300 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| OPIOID AGONISTS | DEMEROL (MEPERIDINE HCL) SOLN 50MG/5ML | QUANTITY LIMIT PER TIME | 500 ML PER 5 DAYS |
| OPIOID AGONISTS | DEMEROL (MEPERIDINE HCL) TABS 100MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID AGONISTS | DEMEROL (MEPERIDINE HCL) TABS 50 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID AGONISTS | DILAUDID (HYDROMORPHONE HCL) SUPPOSITORIES RECTAL 3MG | QUANTITY LIMIT PER TIME | 12 DOSES PER 3 DAYS |
| OPIOID AGONISTS | DILAUDID (HYDROMORPHONE HCL) TABS OR 2 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| OPIOID AGONISTS | DILAUDID (HYDROMORPHONE HCL) TABS OR 4 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| OPIOID AGONISTS | DILAUDID (HYDROMORPHONE HCL) TABS OR 8 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| OPIOID AGONISTS | DURAGESIC (FENTANYL) TRANSDERMAL PATCHES (72HOURS) 100 MCG/HR | QUANTITY LIMIT PER TIME | 10 PATCHES PER 30 DAYS |
| OPIOID AGONISTS | DURAGESIC (FENTANYL) TRANSDERMAL PATCHES (72HOURS) 12 MCG/HR | QUANTITY LIMIT PER TIME | 10 PATCHES PER 30 DAYS |
| OPIOID AGONISTS | DURAGESIC (FENTANYL) TRANSDERMAL PATCHES (72HOURS) 25 MCG/HR | QUANTITY LIMIT PER TIME | 10 PATCHES PER 30 DAYS |
| OPIOID AGONISTS | DURAGESIC (FENTANYL) TRANSDERMAL PATCHES (72HOURS) 37.5 MCG/HR | QUANTITY LIMIT PER TIME | 10 PATCHES PER 30 DAYS |
| OPIOID AGONISTS | DURAGESIC (FENTANYL) TRANSDERMAL PATCHES (72HOURS) 50 MCG/HR | QUANTITY LIMIT PER TIME | 10 PATCHES PER 30 DAYS |
| OPIOID AGONISTS | DURAGESIC (FENTANYL) TRANSDERMAL PATCHES (72HOURS) 62.5 MCG/HR | QUANTITY LIMIT PER TIME | 10 PATCHES PER 30 DAYS |
| OPIOID AGONISTS | DURAGESIC (FENTANYL) TRANSDERMAL PATCHES (72HOURS) 75 MCG/HR | QUANTITY LIMIT PER TIME | 10 PATCHES PER 30 DAYS |
| OPIOID AGONISTS | DURAGESIC (FENTANYL) TRANSDERMAL PATCHES (72HOURS) 87.5 MCG/HR | QUANTITY LIMIT PER TIME | 10 PATCHES PER 30 DAYS |
| OPIOID AGONISTS | EMBEDA CAPSULE CONTROLLED RELEASE 100 -4 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| OPIOID AGONISTS | EMBEDA CAPSULE CONTROLLED RELEASE 20 -0.8 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| OPIOID AGONISTS | EMBEDA CAPSULE CONTROLLED RELEASE 30 -1.2 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| OPIOID AGONISTS | EMBEDA CAPSULE CONTROLLED RELEASE 50 -2 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| OPIOID AGONISTS | EMBEDA CAPSULE CONTROLLED RELEASE 60 -2.4 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| OPIOID AGONISTS | EMBEDA CAPSULE CONTROLLED RELEASE 80 -3.2 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| OPIOID AGONISTS | EXALGO (HYDROMORPHONE HCL) 24 HOUR TABS 12 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| OPIOID AGONISTS | EXALGO (HYDROMORPHONE HCL) 24 HOUR TABS 16 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| OPIOID AGONISTS | EXALGO (HYDROMORPHONE HCL) 24 HOUR TABS 8 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| OPIOID AGONISTS | KADIAN (MORPHINE SULFATE) CAP CONTROLLED RELEASE 24 HOUR 10 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| OPIOID AGONISTS | KADIAN (MORPHINE SULFATE) CAP CONTROLLED RELEASE 24 HOUR 100 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| OPIOID AGONISTS | KADIAN (MORPHINE SULFATE) CAP CONTROLLED RELEASE 24 HOUR 20 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| OPIOID AGONISTS | KADIAN (MORPHINE SULFATE) CAP CONTROLLED RELEASE 24 HOUR 200 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| OPIOID AGONISTS | KADIAN (MORPHINE SULFATE) CAP CONTROLLED RELEASE 24 HOUR 30 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| OPIOID AGONISTS | KADIAN (MORPHINE SULFATE) CAP CONTROLLED RELEASE 24 HOUR 40 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| OPIOID AGONISTS | KADIAN (MORPHINE SULFATE) CAP CONTROLLED RELEASE 24 HOUR 50 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| OPIOID AGONISTS | KADIAN (MORPHINE SULFATE) CAP CONTROLLED RELEASE 24 HOUR 60 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| OPIOID AGONISTS | KADIAN (MORPHINE SULFATE) CAP CONTROLLED RELEASE 24 HOUR 80 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| OPIOID AGONISTS | METHADONE HCL SOLUTION 10MG/5ML | DAILY DOSAGE | 50 ML PER DAY |
| OPIOID AGONISTS | METHADONE HCL SOLUTION 5MG/5ML | DAILY DOSAGE | 100 ML PER DAY |
| OPIOID AGONISTS | METHADONE HCL TABS 10 MG | DAILY DOSAGE | 10 TABLETS PER DAY |
| OPIOID AGONISTS | METHADONE HCL TABS 40 MG | 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 | DAILY DOSAGE | 10 ML PER DAY |
| OPIOID AGONISTS | MORPHINE SULFATE ER CAPSULE 24 HOUR 120 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| OPIOID AGONISTS | MORPHINE SULFATE ER CAPSULE 24 HOUR 30 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| OPIOID AGONISTS | MORPHINE SULFATE ER CAPSULE 24 HOUR 45 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| OPIOID AGONISTS | MORPHINE SULFATE ER CAPSULE 24 HOUR 60 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| OPIOID AGONISTS | MORPHINE SULFATE ER CAPSULE 24 HOUR 75 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| OPIOID AGONISTS | MORPHINE SULFATE ER CAPSULE 24 HOUR 90 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| OPIOID AGONISTS | MORPHINE SULFATE SOLN CONCENTRATE OR 100 MG/5ML | DAILY DOSAGE | 10 ML PER DAY |
| OPIOID AGONISTS | MORPHINE SULFATE SOLN OR 10 MG/5ML | DAILY DOSAGE | 100 ML PER DAY |
| OPIOID AGONISTS | MORPHINE SULFATE SOLN OR 20 MG/5ML | DAILY DOSAGE | 50 ML PER DAY |
| OPIOID AGONISTS | MS CONTIN (MORPHINE SULFATE) TAB CONTROLLED RELEASE ORAL 100 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| OPIOID AGONISTS | MS CONTIN (MORPHINE SULFATE) TAB CONTROLLED RELEASE ORAL 15 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| OPIOID AGONISTS | MS CONTIN (MORPHINE SULFATE) TAB CONTROLLED RELEASE ORAL 200 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| OPIOID AGONISTS | MS CONTIN (MORPHINE SULFATE) TAB CONTROLLED RELEASE ORAL 30 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| OPIOID AGONISTS | MS CONTIN (MORPHINE SULFATE) TAB CONTROLLED RELEASE ORAL 60 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| OPIOID AGONISTS | MSIR (MORPHINE SULFATE) IMMEDIATE RELEASE TABS 15 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID AGONISTS | MSIR (MORPHINE SULFATE) IMMEDIATE RELEASE TABS 30 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID AGONISTS | NUCYNTA (TAPENTADOL HCL) ER TABS 100 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| OPIOID AGONISTS | NUCYNTA (TAPENTADOL HCL) ER TABS 150 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| OPIOID AGONISTS | NUCYNTA (TAPENTADOL HCL) ER TABS 200 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| OPIOID AGONISTS | NUCYNTA (TAPENTADOL HCL) ER TABS 250 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| OPIOID AGONISTS | NUCYNTA (TAPENTADOL HCL) ER TABS 50 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| OPIOID AGONISTS | NUCYNTA (TAPENTADOL HCL) TABS 100 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID AGONISTS | NUCYNTA (TAPENTADOL HCL) TABS 50 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID AGONISTS | NUCYNTA (TAPENTADOL HCL) TABS 75 MG | 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 | DAILY DOSAGE | 6 ML PER DAY |
| OPIOID AGONISTS | OXYCODONE HCL SOLN 5 MG/5ML | DAILY DOSAGE | 30 ML PER DAY |
| OPIOID AGONISTS | OXYCODONE HCL TABS 10 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID AGONISTS | OXYCODONE HCL TABS 15 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID AGONISTS | OXYCODONE HCL TABS 20 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID AGONISTS | OXYCODONE HCL TABS 30 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID AGONISTS | OXYCODONE HCL TABS 5 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID AGONISTS | OXYCONTIN (OXYCODONE HCL) EXTENDED RELEASE TABS 10 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| OPIOID AGONISTS | OXYCONTIN (OXYCODONE HCL) EXTENDED RELEASE TABS 15 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| OPIOID AGONISTS | OXYCONTIN (OXYCODONE HCL) EXTENDED RELEASE TABS 20 MG | DAILY DOSAGE | 2 TABLETS PER DAY |

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| OPIOID AGONISTS | OXYCONTIN (OXYCODONE HCL) EXTENDED RELEASE TABS 30 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| OPIOID AGONISTS | OXYCONTIN (OXYCODONE HCL) EXTENDED RELEASE TABS 40 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| OPIOID AGONISTS | OXYCONTIN (OXYCODONE HCL) EXTENDED RELEASE TABS 60 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| OPIOID AGONISTS | OXYCONTIN (OXYCODONE HCL) EXTENDED RELEASE TABS 80 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| OPIOID AGONISTS | OXYMORPHONE HCL EXTENDED RELEASE TABS 10 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| OPIOID AGONISTS | OXYMORPHONE HCL EXTENDED RELEASE TABS 15 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| OPIOID AGONISTS | OXYMORPHONE HCL EXTENDED RELEASE TABS 20 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| OPIOID AGONISTS | OXYMORPHONE HCL EXTENDED RELEASE TABS 30 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| OPIOID AGONISTS | OXYMORPHONE HCL EXTENDED RELEASE TABS 40 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| OPIOID AGONISTS | OXYMORPHONE HCL EXTENDED RELEASE TABS 5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| OPIOID AGONISTS | OXYMORPHONE HCL EXTENDED RELEASE TABS 7.5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| OPIOID AGONISTS | ULTRAM (TRAMADOL HCL) TABS 50 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| OPIOID AGONISTS | ULTRAM ER (TRAMADOL HCL) TB24 100 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| OPIOID AGONISTS | ULTRAM ER (TRAMADOL HCL) TB24 200 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| OPIOID AGONISTS | ULTRAM ER (TRAMADOL HCL) TB24 300 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| OPIOID ANTAGONISTS | EVZIO AUTO-INJECTOR 0.4 MG/0.4 ML | QUANTITY LIMIT PER TIME | 0.8ML PER 30 DAYS |
| OPIOID ANTAGONISTS | EVZIO AUTO-INJECTOR 2 MG/0.4 ML | QUANTITY LIMIT PER TIME | 0.8ML PER 30 DAYS |
| OPIOID ANTAGONISTS | KLOXXADO | QUANTITY LIMIT PER FILL | 1 PACKAGE (2 UNITS) PER FILL |
| OPIOID ANTAGONISTS | NALOXONE 0.4 MG/ML CARPUJECT | QUANTITY LIMIT PER FILL | 2 ML PER FILL |
| OPIOID ANTAGONISTS | NALOXONE 4 MG/10 ML VIAL | QUANTITY LIMIT PER FILL | 10 ML PER FILL |
| OPIOID ANTAGONISTS | NARCAN 4MG NASAL SPRAY | QUANTITY LIMIT PER FILL | 1 PACKAGE (2 UNITS) PER FILL |
| OPIOID ANTAGONISTS | OPVEE 2.7 MG NASAL SPRAY | QUANTITY LIMIT PER FILL | 1 PACKAGE (2 UNITS) PER FILL |
| OPIOID COMBINATIONS | ACETAMINOPHEN W/ CODEINE SOLN 120MG/5ML-12MG/5ML | DAILY DOSAGE | 75 ML PER DAY |
| OPIOID COMBINATIONS | FIORICET W/ CODEINE (BUTALBITAL-ACETAMINOPHEN-CAFFEINE W/ CODEINE) CAPS 50 MG-325 MG-40 MG-30 MG | DAILY DOSAGE | 6 CAPSULES PER DAY |
| OPIOID COMBINATIONS | FIORINAL W/ CODEINE (BUTALBITAL-ASPIRIN-CAFFEINE W/COD) CAPS | DAILY DOSAGE | 6 CAPSULES PER DAY |
| OPIOID COMBINATIONS | HYDROCODONE-ACETAMINOPHEN SOLN 7.5 MG/15 ML-325 MG/15 ML | DAILY DOSAGE | 180 ML PER DAY |
| OPIOID COMBINATIONS | IBUDONE (HYDROCODONE-IBUPROFEN) TABS 10 MG-200 MG | DAILY DOSAGE | 5 TABLETS PER DAY |
| OPIOID COMBINATIONS | IBUDONE (HYDROCODONE-IBUPROFEN) TABS 5 MG-200 MG | DAILY DOSAGE | 5 TABLETS PER DAY |
| OPIOID COMBINATIONS | IBUDONE (HYDROCODONE-IBUPROFEN) TABS 7.5 MG-200 MG | DAILY DOSAGE | 5 TABLETS PER DAY |
| OPIOID COMBINATIONS | NORCO (HYDROCODONE-ACETAMINOPHEN) TABS 5 MG-300 MG | DAILY DOSAGE | 12 TABLETS PER DAY |
| OPIOID COMBINATIONS | NORCO (HYDROCODONE-ACETAMINOPHEN) TABS 5 MG-325 MG | DAILY DOSAGE | 10 TABLETS PER DAY |
| OPIOID COMBINATIONS | NORCO, VICODIN ES (HYDROCODONE-ACETAMINOPHEN)TABS 7.5 MG-300 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| OPIOID COMBINATIONS | NORCO, VICODIN ES (HYDROCODONE-ACETAMINOPHEN)TABS 7.5 MG-325 MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| OPIOID COMBINATIONS | NORCO, VICODIN HP (HYDROCODONE-ACETAMINOPHEN) TABS 10 MG-300 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID COMBINATIONS | NORCO, VICODIN HP (HYDROCODONE-ACETAMINOPHEN) TABS 10 MG-325 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID COMBINATIONS | OXYCODONE W/ IBUPROFEN TABS 5 MG-400 MG | DAILY DOSAGE | 12 TABLETS PER DAY |
| OPIOID COMBINATIONS | PERCOCET (OXYCODONE W/ ACETAMINOPHEN) TABS 10 MG-325 MG | DAILY DOSAGE | 12 TABLETS PER DAY |
| OPIOID COMBINATIONS | PERCOCET (OXYCODONE W/ ACETAMINOPHEN) TABS 2.5 MG-325 MG | DAILY DOSAGE | 12 TABLETS PER DAY |
| OPIOID COMBINATIONS | PERCOCET (OXYCODONE W/ ACETAMINOPHEN) TABS 5 MG-325 MG | DAILY DOSAGE | 12 TABLETS PER DAY |
| OPIOID COMBINATIONS | PERCOCET (OXYCODONE W/ ACETAMINOPHEN) TABS 7.5 MG-325 MG | 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 300 MG-15 MG | DAILY DOSAGE | 13 TABLETS PER DAY |
| OPIOID COMBINATIONS | TYLENOL W/ CODEINE #3 (ACETAMINOPHEN W/ CODEINE) TABS 300MG-30 MG | DAILY DOSAGE | 12 TABLETS PER DAY |
| OPIOID COMBINATIONS | TYLENOL W/ CODEINE #4 (ACETAMINOPHEN W/ CODEINE) TABS 300 MG-60 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| OPIOID COMBINATIONS | ULTRACET (TRAMADOL-ACETAMINOPHEN) TABS | DAILY DOSAGE | 4 TABLETS PER DAY |
| OPIOID PARTIAL AGONISTS | BELBUCA FILM 150 MCG | DAILY DOSAGE | 4 FILMS PER DAY |
| OPIOID PARTIAL AGONISTS | BELBUCA FILM 300 MCG | DAILY DOSAGE | 2 FILMS PER DAY |
| OPIOID PARTIAL AGONISTS | BELBUCA FILM 450 MCG | DAILY DOSAGE | 2 FILMS PER DAY |
| OPIOID PARTIAL AGONISTS | BELBUCA FILM 600 MCG | DAILY DOSAGE | 2 FILMS PER DAY |
| OPIOID PARTIAL AGONISTS | BELBUCA FILM 75 MCG | DAILY DOSAGE | 4 FILMS PER DAY |
| OPIOID PARTIAL AGONISTS | BELBUCA FILM 750 MCG | DAILY DOSAGE | 2 FILMS PER DAY |
| OPIOID PARTIAL AGONISTS | BELBUCA FILM 900 MCG | DAILY DOSAGE | 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 10 MCG/HR | TOPICAL DOSE LIMIT | 4 PATCHES PER 28 DAYS |
| OPIOID PARTIAL AGONISTS | BUTRANS (BUPRENORPHINE) PATCH WK 20 MCG/HR | TOPICAL DOSE LIMIT | 4 PATCHES PER 28 DAYS |
| OPIOID PARTIAL AGONISTS | BUTRANS (BUPRENORPHINE) PATCH WK 5 MCG/HR | TOPICAL DOSE LIMIT | 4 PATCHES PER 28 DAYS |
| OPIOID PARTIAL AGONISTS | NALBUPHINE HCL SOLN 10 MG/ML | DAILY DOSAGE | 8 ML PER DAY |
| OPIOID PARTIAL AGONISTS | NALBUPHINE HCL SOLN 20 MG/ML | DAILY DOSAGE | 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 12 MG-3 MG | DAILY DOSAGE | 2 FILMS PER DAY |
| OPIOID PARTIAL AGONISTS | SUBOXONE (BUPRENORPHINE-NALOXONE) FILM SL 2 MG-0.5 MG | DAILY DOSAGE | 3 FILMS PER DAY |
| OPIOID PARTIAL AGONISTS | SUBOXONE (BUPRENORPHINE-NALOXONE) FILM SL 4 MG-1 MG | DAILY DOSAGE | 3 FILMS PER DAY |
| OPIOID PARTIAL AGONISTS | SUBOXONE (BUPRENORPHINE-NALOXONE) FILM SL 8 MG-2 MG | DAILY DOSAGE | 2 FILMS PER DAY |
| OPIOID PARTIAL AGONISTS | SUBOXONE (BUPRENORPHINE-NALOXONE) TABS SL 2 MG-0.5 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| OPIOID PARTIAL AGONISTS | SUBOXONE (BUPRENORPHINE-NALOXONE) TABS SL 8 MG-2 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| OPIOID PARTIAL AGONISTS | SUBUTEX (BUPRENORPHINE HCL) SUBL SL 2 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| OPIOID PARTIAL AGONISTS | SUBUTEX (BUPRENORPHINE HCL) SUBL SL 8 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| OREXIN RECEPTOR ANTAGONISTS | DAYVIGO TABS 10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| OREXIN RECEPTOR ANTAGONISTS | DAYVIGO TABS 5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| OREXIN RECEPTOR ANTAGONISTS | QUVIVIQ TABS 25 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| OREXIN RECEPTOR ANTAGONISTS | QUVIVIQ TABS 50 MG | DAILY DOSAGE | 1 TABLET 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 STEROIDS | VOSOL HC (ACETIC ACID- HYDROCORTISONE) OTIC SOLUTION | TOPICAL DOSE LIMIT | 10 ML PER 7 DAYS |
| OXAZOLIDINONES | SIVEXTRO TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| 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, 5UNIT/ML-10MG/ML-0.25MG/ML-8MG/ML-0.6MG/ML-1500UNIT/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, 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-8MG/ML-0.6MG/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-1500UNIT/ML-2MCG/ML-400UNIT/ML-0.5MG/ML-0.4MG/ML-35MG/ML, 5UNIT/ML-0.5MG/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 | QUANTITY LIMIT PER TIME | 50 ML PER 30 DAYS |
| PED MV W/ FLUORIDE | PEDIATRIC VITAMINS ACID W/ FLUORIDE SOLN 0.25MG/ML-1500UNIT/ML-400UNIT/ML-35MG/ML | QUANTITY LIMIT PER TIME | 50 ML PER 30 DAYS |
| PED MV W/ FLUORIDE | QUFLORA PEDIATRIC (MULTIVITAMIN/FLUORIDE CHEW TAB) 0.25 MG | QUANTITY LIMIT PER TIME | 50 ML PER 30 DAYS |
| PED MV W/ FLUORIDE | QUFLORA PEDIATRIC (MULTIVITAMIN/FLUORIDE CHEW TAB) 0.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| PED MV W/ FLUORIDE | QUFLORA PEDIATRIC (MULTIVITAMIN/FLUORIDE CHEW TAB) 1 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| PED MV W/ FLUORIDE | QUFLORA PEDIATRIC SOLN 0.25 MG/ML | QUANTITY LIMIT PER TIME | 50 ML PER 30 DAYS |
| PED MV W/ FLUORIDE | QUFLORA PEDIATRIC SOLN 0.5 MG/ML | QUANTITY LIMIT PER TIME | 50 ML PER 30 DAYS |
| PEDIATRIC MULTIPLE VITAMINS | PEDIATRIC MULTIPLE VITAMIN W/ C & FA CHEW | DAILY DOSAGE | 30 TABLETS PER 30 DAYS |
| PENICILLIN COMBINATIONS | AUGMENTIN (AMOXICILLIN & POT CLAVULANATE) CHEW 200-28.5 MG | QUANTITY LIMIT PER FILL | 20 TABLETS PER FILL |
| PENICILLIN COMBINATIONS | AUGMENTIN (AMOXICILLIN & POT CLAVULANATE) CHEW 400-57 MG | 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 PER TIME | 40 TABLETS PER 30 DAYS |
| PERIPHERAL OPIOID RECEPTOR ANTAGONISTS | RELISTOR INJ 12MG/0.6ML | INJECTABLE DOSE LIMIT | 1 DOSE PER DAY |
| PERIPHERAL OPIOID RECEPTOR ANTAGONISTS | RELISTOR INJ 8MG/0.4ML | INJECTABLE DOSE LIMIT | 1 DOSE PER DAY |
| PERIPHERAL OPIOID RECEPTOR ANTAGONISTS | RELISTOR TABS | DAILY DOSAGE | 3 TABLETS PER DAY |
| 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 DEC INJ 25 MG/ML | QUANTITY PER TIME LIMIT | 4 INJECTIONS PER 28 DAYS |
| PHENOTHIAZINES | FLUPHENAZINE ELIXIR 2.5 MG/5ML | DAILY DOSAGE | 79 ML PER DAY |
| PHENOTHIAZINES | FLUPHENAZINE ORAL CONC 5 MG/ML | DAILY DOSAGE | 8 ML PER DAY |
| PHENOTHIAZINES | FLUPHENAZINE TABS 1 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| PHENOTHIAZINES | FLUPHENAZINE TABS 10 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| PHENOTHIAZINES | FLUPHENAZINE TABS 2.5 MG | DAILY DOSAGE | 4 TABLETS PER DAY |

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| PHENOTHIAZINES | FLUPHENAZINE TABS 5 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| PHENOTHIAZINES | PERPHENAZINE TABS 16 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| PHENOTHIAZINES | PERPHENAZINE TABS 2 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| PHENOTHIAZINES | PERPHENAZINE TABS 4 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| PHENOTHIAZINES | PERPHENAZINE TABS 8 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| PHENOTHIAZINES | THIORIDAZINE HCL TABS 10 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| PHENOTHIAZINES | THIORIDAZINE HCL TABS 100 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| PHENOTHIAZINES | THIORIDAZINE HCL TABS 25 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| PHENOTHIAZINES | THIORIDAZINE HCL TABS 50 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| PHENOTHIAZINES | TRIFLUOPERAZINE HCL TABS 1 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| PHENOTHIAZINES | TRIFLUOPERAZINE HCL TABS 10 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| PHENOTHIAZINES | TRIFLUOPERAZINE HCL TABS 2 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| PHENOTHIAZINES | TRIFLUOPERAZINE HCL TABS 5 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 BINDER AGENTS | AURYXIA | QUANTITY LIMIT PER TIME | 360 TABLETS PER 30 DAYS |
| PHOSPHATE BINDER AGENTS | RENAGEL (SEVELAMER) TABS 800 MG | QUANTITY LIMIT PER TIME | 480 TABLETS PER 30 DAYS |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | OTEZLA TABLETS | DAILY DOSAGE | 2 TABLETS PER DAY |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL | EUCRISA OINTMENT | TOPICAL DOSE LIMIT | 60 GRAMS PER 30 DAYS |
| PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS | VIJOICE TABS 125 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS | VIJOICE TABS 50 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| PLASMA KALLIKREIN INHIBITORS | KALBITOR INJ 10 MG/ML | QUANTITY LIMIT PER FILL | 6 ML PER FILL |
| PLASMA KALLIKREIN INHIBITORS | ORLADEYO CAPS 150 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| PLATELET AGGREGATION INHIBITORS | BRILINTA TABS 60 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| PLATELET AGGREGATION INHIBITORS | BRILINTA TABS 90 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| PLATELET AGGREGATION INHIBITORS | EFFIENT (PRASUGREL HCL) TABS 10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| PLATELET AGGREGATION INHIBITORS | EFFIENT (PRASUGREL HCL) TABS 5 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 PER TIME | 1 BOTTLE (454 GRAMS) PER 30 DAYS |
| PRENATAL VITAMINS | COMPLETENATE CHEW | DAILY DOSAGE | 1 TABLET PER DAY |
| PRENATAL VITAMINS | SE-NATAL 19 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 |
| PROGERIA TREATMENT AGENTS | ZOKINVY CAP 50 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| PROGERIA TREATMENT AGENTS | ZOKINVY CAP 75 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| PROGESTIN CONTRACEPTIVES - IMPLANTS | NEXPLANON IMPL | FILL FREQUENCY | 1 DEVICE PER 365 DAYS |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | DEPO-PROVERA (MEDROXYPROGESTERONE ACETATE) SUSP PREFILLED SYRINGE | INJECTABLE DOSE LIMIT | 1 DOSE PER FILL |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | DEPO-PROVERA (MEDROXYPROGESTERONE ACETATE) SUSP VIAL | INJECTABLE DOSE LIMIT | 1 DOSE PER FILL |
| PROGESTIN CONTRACEPTIVES - IUD | KYLEENA IUD | FILL FREQUENCY | 1 DEVICE PER 365 DAYS |
| 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 AUTO-INJECTOR | INJECTABLE DOSE LIMIT | 2 DOSES PER 14 DAYS |
| PROGESTINS | MAKENA OIL | INJECTABLE DOSE LIMIT | 2 DOSES PER 14 DAYS |
| PROGESTINS | PROMETRIUM (PROGESTERONE MICRONIZED) CAPS 100 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| PROLACTIN INHIBITORS | CABERGOLINE | QUANTITY LIMIT PER TIME | 16 TABLETS PER 28 DAYS |
| PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 (PSK-9) INHIBITORS | PRALUENT AUTO-INJECTOR SOL 150 MG/ML | QUANTITY LIMIT PER TIME | 2 PENS (2ML) PER 30 DAYS |
| PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 (PSK-9) INHIBITORS | PRALUENT AUTO-INJECTOR SOL 75 MG/ML | QUANTITY LIMIT PER TIME | 2 PENS (2ML) PER 30 DAYS |
| PROSTAGLANDIN - OPHTHALMIC | LUMIGAN | QUANTITY LIMIT PER TIME | 10 ML PER 30 DAYS |
| PROSTAGLANDIN - OPHTHALMIC | ZIOPTAN | QUANTITY LIMIT PER TIME | 60 VIALS PER 30 DAYS |
| PROSTAGLANDIN VASODILATORS | TYVASO REFILL KIT | FILL FREQUENCY | 1 KIT PER 28 DAYS |
| PROSTAGLANDIN VASODILATORS | TYVASO SOLUTION | QUANTITY LIMIT PER TIME | 21 ML PER 28 DAYS |
| PROSTAGLANDIN VASODILATORS | TYVASO STARTER KIT | FILL FREQUENCY | 1 KIT PER 180 DAYS |
| PROSTATIC HYPERTROPHY AGENTS | CIALIS (TADALAFIL) 5MG TABS | DAILY DOSAGE | 1 TABLET PER DAY |
| PROSTATIC HYPERTROPHY AGENTS | ENTADFI TABS 5-5MG | DAILY DOSAGE | 1 TABLET PER DAY |
| PROSTATIC HYPERTROPHY AGENTS | RAPAFLO CAPS 4 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| PROSTATIC HYPERTROPHY AGENTS | RAPAFLO CAPS 8 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| PROTON PUMP INHIBITORS | ACIPHEX (RABEPRAZOLE SODIUM) TABLET EC | DAILY DOSAGE | 1 TABLET PER DAY |
| PROTON PUMP INHIBITORS | DEXILANT (DEXLANSOPRAZOLE) CPDR 30 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| PROTON PUMP INHIBITORS | DEXILANT (DEXLANSOPRAZOLE) CPDR 60 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| PROTON PUMP INHIBITORS | NEXIUM (ESOMEPRAZOLE MAGNESIUM) CPDR 20 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| PROTON PUMP INHIBITORS | NEXIUM (ESOMEPRAZOLE MAGNESIUM) CPDR 40 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| PROTON PUMP INHIBITORS | NEXIUM PACKET 10 MG | DAILY DOSAGE | 1 PACKET PER DAY |
| PROTON PUMP INHIBITORS | NEXIUM PACKET 20 MG | DAILY DOSAGE | 1 PACKET PER DAY |
| PROTON PUMP INHIBITORS | NEXIUM PACKET 40 MG | DAILY DOSAGE | 1 PACKET PER DAY |
| PROTON PUMP INHIBITORS | OMEPRAZOLE MAGNESIUM CPDR 20.6 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| PROTON PUMP INHIBITORS | PREVACID (LANSOPRAZOLE) CPDR 15 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| PROTON PUMP INHIBITORS | PREVACID (LANSOPRAZOLE) CPDR 30 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| PROTON PUMP INHIBITORS | PREVACID SOLUTAB TABLET DISPERSABLE 15 MG (LANSOPRAZOLE) | DAILY DOSAGE | 2 TABLETS PER DAY |
| PROTON PUMP INHIBITORS | PREVACID SOLUTAB TABLET DISPERSABLE 30 MG (LANSOPRAZOLE) | DAILY DOSAGE | 1 TABLET PER DAY |
| PROTON PUMP INHIBITORS | PRILOSEC (OMEPRAZOLE) CAPS DR 10 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| PROTON PUMP INHIBITORS | PRILOSEC (OMEPRAZOLE) CAPS DR 20MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| PROTON PUMP INHIBITORS | PRILOSEC (OMEPRAZOLE) CAPS DR 40 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| PROTON PUMP INHIBITORS | PRILOSEC OTC (OMEPRAZOLE) TABLET ENTERIC COATED 20 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| PROTON PUMP INHIBITORS | PROTONIX (PANTOPRAZOLE SODIUM) TBEC OR 20 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| PROTON PUMP INHIBITORS | PROTONIX (PANTOPRAZOLE SODIUM) TBEC OR 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 CAPS 267MG | DAYS SUPPLY LIMIT PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| PULMONARY FIBROSIS AGENTS | ESBRIET CAPS 267MG | DAILY DOSAGE | 6 CAPSULES PER DAY |
| PULMONARY FIBROSIS AGENTS | ESBRIET TABS 267MG | DAYS SUPPLY LIMIT PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| PULMONARY FIBROSIS AGENTS | ESBRIET TABS 267MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| PULMONARY FIBROSIS AGENTS | ESBRIET TABS 801MG | DAYS SUPPLY LIMIT PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| PULMONARY FIBROSIS AGENTS | ESBRIET TABS 801MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| PULMONARY FIBROSIS AGENTS | OFEV CAPS 100 MG | DAYS SUPPLY LIMIT PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| PULMONARY FIBROSIS AGENTS | OFEV CAPS 100 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| PULMONARY FIBROSIS AGENTS | OFEV CAPS 150 MG | DAYS SUPPLY LIMIT PER FILL | 15 DAYS OF THERAPY PER FILL FOR FIRST 6 FILLS |
| PULMONARY FIBROSIS AGENTS | OFEV CAPS 150 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS | LETAIRIS (AMBRISENTAN) TABS 10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS | LETAIRIS (AMBRISENTAN) TABS 5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS | TRACLEER (BOSENTAN) TABS 125 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS | TRACLEER (BOSENTAN) TABS 62.5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS | TRACLEER TAB FOR ORAL SUSP 32 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS | ADCIRCA (TADALAFIL) 20MG TABS | DAILY DOSAGE | 2 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 1000 MCG | DAILY DOSAGE | 2 TABLETS PER DAY |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST | UPTRAVI TABS 1200 MCG | DAILY DOSAGE | 2 TABLETS PER DAY |

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| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST | UPTRAVI TABS 1400 MCG | DAILY DOSAGE | 2 TABLETS PER DAY |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST | UPTRAVI TABS 1600 MCG | DAILY DOSAGE | 2 TABLETS PER DAY |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST | UPTRAVI TABS 200 MCG | DAILY DOSAGE | 2 TABLETS PER DAY |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST | UPTRAVI TABS 400 MCG | DAILY DOSAGE | 2 TABLETS PER DAY |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST | UPTRAVI TABS 600 MCG | DAILY DOSAGE | 2 TABLETS PER DAY |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST | UPTRAVI TABS 800 MCG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SOL GUANYLATE CYCLASE STIMULATOR | ADEMPAS TABS 0.5 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| SOL GUANYLATE CYCLASE STIMULATOR | ADEMPAS TABS 1 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| SOL GUANYLATE CYCLASE STIMULATOR | ADEMPAS TABS 1.5 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| SOL GUANYLATE CYCLASE STIMULATOR | ADEMPAS TABS 2 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| SOL GUANYLATE CYCLASE STIMULATOR | ADEMPAS TABS 2.5 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| PYRIMIDINE SYNTHESIS INHIBITORS | ARAVA (LEFLUNOMIDE) TABLETS 10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| PYRIMIDINE SYNTHESIS INHIBITORS | ARAVA (LEFLUNOMIDE) TABLETS 20 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| PYRUVATE KINASE ACTIVATORS | PYRUKYND TABS 20 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| PYRUVATE KINASE ACTIVATORS | PYRUKYND TABS 5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| PYRUVATE KINASE ACTIVATORS | PYRUKYND TABS 50 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| PYRUVATE KINASE ACTIVATORS | PYRUKYND TAPER PACK 5 MG | FILL FREQUENCY | 1 FILL PER 180 DAYS |
| PYRUVATE KINASE ACTIVATORS | PYRUKYND TAPER PACK 7 X 20 MG & 7 X 5 MG | FILL FREQUENCY | 1 FILL PER 180 DAYS |
| PYRUVATE KINASE ACTIVATORS | PYRUKYND TAPER PACK 7 X 50 MG & 7 X 20 MG | FILL FREQUENCY | 1 FILL PER 180 DAYS |
| QUINOLINONE DERIVATIVES | ABILIFY (ARIPIPIRAZOLE) ORAL SOLUTION 1 MG/ML | DAILY DOSAGE | 25 ML PER DAY |
| QUINOLINONE DERIVATIVES | ABILIFY (ARIPIPIRAZOLE) TABS 10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| QUINOLINONE DERIVATIVES | ABILIFY (ARIPIPIRAZOLE) TABS 15 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| QUINOLINONE DERIVATIVES | ABILIFY (ARIPIPIRAZOLE) TABS 2 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| QUINOLINONE DERIVATIVES | ABILIFY (ARIPIPIRAZOLE) TABS 20 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| QUINOLINONE DERIVATIVES | ABILIFY (ARIPIPIRAZOLE) TABS 30 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| QUINOLINONE DERIVATIVES | ABILIFY (ARIPIPIRAZOLE) TABS 5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| QUINOLINONE DERIVATIVES | ABILIFY DISCMELT (ARIPIPIRAZOLE) ORAL DISINTEGRATING TABS 10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| QUINOLINONE DERIVATIVES | ABILIFY DISCMELT (ARIPIPIRAZOLE) ORAL DISINTEGRATING TABS 15 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| QUINOLINONE DERIVATIVES | ABILIFY MAINTENA ER PREFILLED SYRINGE 300 MG | FILL FREQUENCY | 1 FILL PER 25 DAYS |
| QUINOLINONE DERIVATIVES | ABILIFY MAINTENA ER PREFILLED SYRINGE 400 MG | FILL FREQUENCY | 1 FILL PER 25 DAYS |
| QUINOLINONE DERIVATIVES | ABILIFY MAINTENA ER SUSP 300 MG | FILL FREQUENCY | 1 FILL PER 25 DAYS |
| QUINOLINONE DERIVATIVES | ABILIFY MAINTENA ER SUSP 400 MG | FILL FREQUENCY | 1 FILL PER 25 DAYS |
| QUINOLINONE DERIVATIVES | ABILIFY MYCITE TABS 10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| QUINOLINONE DERIVATIVES | ABILIFY MYCITE TABS 15 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| QUINOLINONE DERIVATIVES | ABILIFY MYCITE TABS 2 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| QUINOLINONE DERIVATIVES | ABILIFY MYCITE TABS 20 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| QUINOLINONE DERIVATIVES | ABILIFY MYCITE TABS 30 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| QUINOLINONE DERIVATIVES | ABILIFY MYCITE TABS 5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| QUINOLINONE DERIVATIVES | ARISTADA IM ER SUSP 1064 MG | FILL FREQUENCY | 1 FILL PER 56 DAYS |
| QUINOLINONE DERIVATIVES | ARISTADA IM ER SUSP 441 MG | FILL FREQUENCY | 1 FILL PER 28 DAYS |
| QUINOLINONE DERIVATIVES | ARISTADA IM ER SUSP 662 MG | FILL FREQUENCY | 1 FILL PER 28 DAYS |
| QUINOLINONE DERIVATIVES | ARISTADA IM ER SUSP 882 MG | FILL FREQUENCY | 1 FILL PER 28 DAYS |
| QUINOLINONE DERIVATIVES | ARISTADA INITIO ER SUSP 675 MG | FILL FREQUENCY | 1 FILL PER 365 DAYS |
| QUINOLINONE DERIVATIVES | REXULTI TABS 0.25 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| QUINOLINONE DERIVATIVES | REXULTI TABS 0.5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| QUINOLINONE DERIVATIVES | REXULTI TABS 1 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| QUINOLINONE DERIVATIVES | REXULTI TABS 2 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| QUINOLINONE DERIVATIVES | REXULTI TABS 3 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| QUINOLINONE DERIVATIVES | REXULTI TABS 4 MG | 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 |
| RETT SYNDROME AGENTS | DAYBUE 200 MG/ML SOLUTION | DAILY DOSAGE | 120 ML PER DAY |
| 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 | ORACEA (DOXYCYCLINE) 40MG DELAYED RELEASE CAPSULES | DAILY DOSAGE | 1 CAPSULE PER DAY |
| ROSACEA AGENTS | RHOFADE 1% CREAM | MAX FILLS VS TIME | 16 WEEKS PER YEAR |
| ROSACEA AGENTS | SOOLANTRA (IVERMECTIN) 1% CREAM | TOPICAL DOSE LIMIT | 30 GRAMS PER 30 DAYS |
| SALINE LAXATIVES | FLEET (SODIUM PHOSPHATE) ENEMA | TOPICAL DOSE LIMIT | 1.5 GRAMS PER DAY |
| SALINE LAXATIVES | MILK OF MAGNESIA (MAGNESIUM HYDROXIDE) SUSP | QUANTITY LIMIT PER TIME | 4 UNITS PER 28 DAYS |
| SCABICIDES & PEDICULICIDES | ELIMITIE (PERMETHRIN) CREAM 5 % | DAILY DOSAGE | 60 ML PER DAY |
| SCABICIDES & PEDICULICIDES | EURAX CREAM | TOPICAL DOSE LIMIT | 1 TUBE (60 GRAMS) PER 7 DAYS |
| SCABICIDES & PEDICULICIDES | NATROBA SUSP | TOPICAL DOSE LIMIT | 60 GRAMS PER 30 DAYS |
| SCABICIDES & PEDICULICIDES | OVIDE (MALATHION) LOTN | TOPICAL DOSE LIMIT | 120 ML PER 7 DAYS |
| SCABICIDES & PEDICULICIDES | SKLICE LOTN | TOPICAL DOSE LIMIT | 59 ML PER 9 DAYS |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) | INSPIRA (EPLERENONE) TABS 25 MG | TOPICAL DOSE LIMIT | 120 GRAMS PER 14 DAYS |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) | INSPIRA (EPLERENONE) TABS 50 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SELECTIVE COSTIMULATION MODULATORS | ORENCIA CLICKJECT 125 MG/ML | DAILY DOSAGE | 2 TABLETS PER DAY |
| SELECTIVE COSTIMULATION MODULATORS | ORENCIA PFS 125 MG/ML | INJECTABLE DOSE LIMIT | 4 SYRINGES PER 28 DAYS |
| SELECTIVE COSTIMULATION MODULATORS | ORENCIA PFS 50 MG/0.4 ML | INJECTABLE DOSE LIMIT | 4 SYRINGES PER 28 DAYS |
| SELECTIVE COSTIMULATION MODULATORS | ORENCIA PFS 87.5 MG/0.7 ML | INJECTABLE DOSE LIMIT | 4 SYRINGES PER 28 DAYS |
| SELECTIVE MELATONIN RECEPTOR AGONISTS | HETLIOZ CAPS | INJECTABLE DOSE LIMIT | 4 SYRINGES PER 28 DAYS |
| SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | DALIRESP TABS 250 MCG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | DALIRESP TABS 500 MCG | DAILY DOSAGE | 1 TABLET PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | CELEXA (CITALOPRAM HYDROBROMIDE) SOLN 10 MG/5 ML | DAILY DOSAGE | 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/5 ML | DAILY DOSAGE | 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 | DAILY DOSAGE | 2 CAPSULES PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | LUVOX (FLUVOXAMINE MALEATE) CP24 150 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | LUVOX (FLUVOXAMINE MALEATE) TABS 100 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | LUVOX (FLUVOXAMINE MALEATE) TABS 25 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | LUVOX (FLUVOXAMINE MALEATE) TABS 50 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | PAXIL (PAROXETINE) SUSPENSION 10MG/5ML | DAILY DOSAGE | 30 ML PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | PAXIL CR TABS 12.5 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | PAXIL CR TABS 25 MG | DAILY DOSAGE | 3 TABLETS PER DAY |

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| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | PAXIL CR TABS 37.5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | PAXIL TABS 10 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | PAXIL TABS 20 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | PAXIL TABS 30 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | PAXIL TABS 40 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | PROZAC WEEKLY (FLUOXETINE HCL) DELAYED RELEASE CAPS 90 MG | QUANTITY LIMIT PER TIME | 4 CAPSULES PER 28 DAYS |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | ZOLOFT (SERTRALINE HCL) CONC 20 MG/ML LIQUID | DAILY DOSAGE | 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 |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | ZOLOFT (SERTRALINE HCL) TABS 50 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| SEROTONIN - NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | CYMBALTA (DULOXETINE HCL) CAPS 20 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| SEROTONIN - NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | CYMBALTA (DULOXETINE HCL) CAPS 30 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| SEROTONIN - NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | CYMBALTA (DULOXETINE HCL) CAPS 60 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| SEROTONIN - NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | DULOXETINE HCL CAPS 40MG | DAILY DOSAGE | 2 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) 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) TABS 100 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| SEROTONIN - NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | EFFEXOR (VENLAFAXINE HCL) TABS 25 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| SEROTONIN - NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | EFFEXOR (VENLAFAXINE HCL) TABS 37.5 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| SEROTONIN - NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | EFFEXOR (VENLAFAXINE HCL) TABS 50 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| SEROTONIN - NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | EFFEXOR (VENLAFAXINE HCL) TABS 75 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| SEROTONIN - NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | FETZIMA CAPS 120MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| SEROTONIN - NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | FETZIMA CAPS 20MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| SEROTONIN - NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | FETZIMA CAPS 40MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| SEROTONIN - NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | FETZIMA CAPS 80MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| SEROTONIN - NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI) | FETZIMA TITRATION PACK | QUANTITY LIMIT PER TIME | 1 PACK PER 180 DAYS |
| 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 AGONISTS | AMERGE (NARATRIPTAN HCL) TABS 1 MG | QUANTITY LIMIT PER TIME | 9 TABLETS PER 30 DAYS |
| SEROTONIN AGONISTS | AMERGE (NARATRIPTAN HCL) TABS 2.5 MG | QUANTITY LIMIT PER TIME | 9 TABLETS PER 30 DAYS |
| SEROTONIN AGONISTS | AXERT (ALMOTRIPTAN MALATE) TABS 12.5 MG | QUANTITY LIMIT PER TIME | 6 TABLETS PER 30 DAYS |
| SEROTONIN AGONISTS | AXERT (ALMOTRIPTAN MALATE) TABS 6.25 MG | QUANTITY LIMIT PER TIME | 6 TABLETS PER 30 DAYS |
| SEROTONIN AGONISTS | FROVA (FROVATRIPTAN SUCCINATE) TABS | QUANTITY LIMIT PER TIME | 6 TABLETS PER 30 DAYS |
| SEROTONIN AGONISTS | IMITREX (SUMATRIPTAN SUCCINATE) NASAL SOLN 20 MG/ACT | QUANTITY LIMIT PER TIME | 6 DOSES PER 30 DAYS |
| SEROTONIN AGONISTS | IMITREX (SUMATRIPTAN SUCCINATE) NASAL SOLN 5 MG/ACT | QUANTITY LIMIT PER TIME | 6 DOSES PER 30 DAYS |
| SEROTONIN AGONISTS | IMITREX (SUMATRIPTAN SUCCINATE) SOLN CARTRIDGE SC 4 MG/0.5 ML | INJECTABLE DOSE LIMIT | 4 ML PER 30 DAYS |
| SEROTONIN AGONISTS | IMITREX (SUMATRIPTAN SUCCINATE) SOLN CARTRIDGE SC 6 MG/0.5 ML | INJECTABLE DOSE LIMIT | 4 ML PER 30 DAYS |
| SEROTONIN AGONISTS | IMITREX (SUMATRIPTAN SUCCINATE) SOLN SYRINGE SC 6 MG/0.5ML | INJECTABLE DOSE LIMIT | 4 ML PER 30 DAYS |
| SEROTONIN AGONISTS | IMITREX (SUMATRIPTAN SUCCINATE) STATDOSE SOLN AUTO INJECTOR SC 4 MG/0.5 ML | INJECTABLE DOSE LIMIT | 4 ML PER 30 DAYS |
| SEROTONIN AGONISTS | IMITREX (SUMATRIPTAN SUCCINATE) STATDOSE SOLN AUTO INJECTOR SC 6 MG/0.5 ML | INJECTABLE DOSE LIMIT | 4 ML PER 30 DAYS |
| SEROTONIN AGONISTS | IMITREX (SUMATRIPTAN SUCCINATE) TABS OR 100 MG | QUANTITY LIMIT PER TIME | 9 TABLETS PER 30 DAYS |
| SEROTONIN AGONISTS | IMITREX (SUMATRIPTAN SUCCINATE) TABS OR 25 MG | QUANTITY LIMIT PER TIME | 9 TABLETS PER 30 DAYS |
| SEROTONIN AGONISTS | IMITREX (SUMATRIPTAN SUCCINATE) TABS OR 50 MG | QUANTITY LIMIT PER TIME | 9 TABLETS PER 30 DAYS |
| SEROTONIN AGONISTS | MAXALT (RIZATRIPTAN BENZOATE) ORAL TABS 10 MG | QUANTITY LIMIT PER TIME | 18 TABLETS PER 30 DAYS |
| SEROTONIN AGONISTS | MAXALT (RIZATRIPTAN BENZOATE) ORAL TABS 5 MG | QUANTITY LIMIT PER TIME | 18 TABLETS PER 30 DAYS |
| SEROTONIN AGONISTS | MAXALT MLT (RIZATRIPTAN BENZOATE) ORAL DISINTEGRATING TABS 10 MG | QUANTITY LIMIT PER TIME | 18 TABLETS PER 30 DAYS |
| SEROTONIN AGONISTS | MAXALT MLT (RIZATRIPTAN BENZOATE) ORAL DISINTEGRATING TABS 5 MG | QUANTITY LIMIT PER TIME | 18 TABLETS PER 30 DAYS |
| SEROTONIN AGONISTS | ONZETRA XSAIL (SUMATRIPTAN SUCCINATE) EXHALER POWDER | QUANTITY LIMIT PER TIME | 8 DOSES PER 30 DAYS |
| SEROTONIN AGONISTS | RELPAK (ELETRIPTAN HYDROBROMIDE TABS) 40 MG | QUANTITY LIMIT PER TIME | 6 TABLETS PER 30 DAYS |
| SEROTONIN AGONISTS | RELPAK (ELETRIPTAN HYDROBROMIDE TABS) 20 MG | QUANTITY LIMIT PER TIME | 6 TABLETS 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 2.5 MG | QUANTITY LIMIT PER TIME | 6 DOSES PER 30 DAYS |
| SEROTONIN AGONISTS | ZOMIG (ZOLMITRIPTAN) NASAL SOLUTION 5 MG | QUANTITY LIMIT PER TIME | 6 DOSES PER 30 DAYS |
| SEROTONIN AGONISTS | ZOMIG (ZOLMITRIPTAN) TABS 2.5 MG | QUANTITY LIMIT PER TIME | 6 TABLETS PER 30 DAYS |
| SEROTONIN AGONISTS | ZOMIG (ZOLMITRIPTAN) TABS 5 MG | QUANTITY LIMIT PER TIME | 6 TABLETS PER 30 DAYS |
| SEROTONIN AGONISTS | ZOMIG ZMT (ZOLMITRIPTAN) TABLETS DISPERSABLE 2.5 MG | QUANTITY LIMIT PER TIME | 6 TABLETS PER 30 DAYS |
| SEROTONIN AGONISTS | ZOMIG ZMT (ZOLMITRIPTAN) TABLETS DISPERSABLE 5 MG | QUANTITY LIMIT PER TIME | 6 TABLETS PER 30 DAYS |
| SEROTONIN MODULATORS | DESYREL (TRAZODONE HCL) TABS 50 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SEROTONIN MODULATORS | SERZONE (NEFAZODONE HCL) TABS 100 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SEROTONIN MODULATORS | SERZONE (NEFAZODONE HCL) TABS 150 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SEROTONIN MODULATORS | SERZONE (NEFAZODONE HCL) TABS 200 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SEROTONIN MODULATORS | SERZONE (NEFAZODONE HCL) TABS 250 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SEROTONIN MODULATORS | SERZONE (NEFAZODONE HCL) TABS 50 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SEROTONIN MODULATORS | TRINTELLIX TABS 10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| SEROTONIN MODULATORS | TRINTELLIX TABS 20 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| SEROTONIN MODULATORS | TRINTELLIX TABS 5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| SEROTONIN MODULATORS | VIIBRYD (VILAZODONE) TABS 10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| SEROTONIN MODULATORS | VIIBRYD (VILAZODONE) TABS 20 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| SEROTONIN MODULATORS | VIIBRYD (VILAZODONE) TABS 40 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| SINUS NODE INHIBITORS | CORLANOR SOLN 5 MG/5 ML | DAILY DOSAGE | 15 ML PER DAY |
| SINUS NODE INHIBITORS | CORLANOR TABS 5 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SMOKING DETERRENTS | CHANTIX CONTINUING MONTHPAK TABS | QUANTITY LIMIT FILL FREQUENCY | 24 WEEKS OF THERAPY PER YEAR |
| SMOKING DETERRENTS | CHANTIX STARTING MONTH PAK TABS | DAILY DOSAGE | 2 TABLETS PER DAY |
| SMOKING DETERRENTS | CHANTIX TABS 0.5 MG | QUANTITY LIMIT FILL FREQUENCY | 1 STARTING PAK EVERY 12 WEEKS |
| SMOKING DETERRENTS | CHANTIX TABS 1 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SMOKING DETERRENTS | CHANTIX TABS 1 MG | MAX FILLS VS TIME | 24 WEEKS OF THERAPY PER YEAR |
| SMOKING DETERRENTS | CHANTIX TABS 1 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| SMOKING DETERRENTS | CHANTIX TABS 1 MG | MAX FILLS VS TIME | 24 WEEKS OF THERAPY PER YEAR |
| SMOKING DETERRENTS | CHANTIX TABS 1 MG | DAILY DOSAGE | 24 PIECES PER DAY |
| SMOKING DETERRENTS | NICORETTE (NICOTINE POLACRILEX) GUM 2 MG | MAX FILLS VS TIME | 12 WEEKS PER YEAR |
| SMOKING DETERRENTS | NICORETTE (NICOTINE POLACRILEX) GUM 4 MG | DAILY DOSAGE | 24 PIECES PER DAY |
| SMOKING DETERRENTS | NICORETTE (NICOTINE POLACRILEX) GUM 4 MG | MAX FILLS VS TIME | 12 WEEKS PER YEAR |
| SMOKING DETERRENTS | NICORETTE (NICOTINE POLACRILEX) LOZG 2 MG | DAILY DOSAGE | 20 PIECES PER DAY |
| SMOKING DETERRENTS | NICORETTE (NICOTINE POLACRILEX) LOZG 2 MG | MAX FILLS VS TIME | 12 WEEKS PER YEAR |
| SMOKING DETERRENTS | NICORETTE (NICOTINE POLACRILEX) LOZG 4 MG | DAILY DOSAGE | 20 PIECES PER DAY |
| SMOKING DETERRENTS | NICOTINE TRANSDERMAL PATCHES 14 MCG/24 HR | MAX FILLS VS TIME | 12 WEEKS PER YEAR |
| SMOKING DETERRENTS | NICOTINE TRANSDERMAL PATCHES 21 MCG/24 HR | TOPICAL DOSE LIMIT | 84 PATCHES PER 365 DAYS |
| SMOKING DETERRENTS | NICOTINE TRANSDERMAL PATCHES 7 MCG/24 HR | TOPICAL DOSE LIMIT | 84 PATCHES PER 365 DAYS |

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| SMOKING DETERRENTS | NICOTROL INHALER 10 MG (4 MG DELIVERED) | DAILY DOSAGE | 16 CARTRIDGES PER DAY |
| SMOKING DETERRENTS | NICOTROL NASAL SPRAY 10 MG/ML (0.5 MG/SPRAY) | MAX FILLS VS TIME | 24 WEEKS PER YEAR |
| SMOKING DETERRENTS | ZYBAN (BUPROPION HCL) (SMOKING DETERRENT) 12 HOUR TAB | QUANTITY LIMIT PER TIME | 120 ML PER 28 DAYS |
| SODIUM - GLUCOSE CO-TRANSPORTER 2 (SGLT-2) INHIBITORS | FARXIGA TABS 10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| SODIUM - GLUCOSE CO-TRANSPORTER 2 (SGLT-2) INHIBITORS | FARXIGA TABS 5 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| SODIUM - GLUCOSE CO-TRANSPORTER 2 (SGLT-2) INHIBITORS | JARDIANCE TABS 10 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| SODIUM - GLUCOSE CO-TRANSPORTER 2 (SGLT-2) INHIBITORS | JARDIANCE TABS 25 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS | ENBREL MINI SOLN CARTRIDGE 50 MG | INJECTABLE | DOSE LIMIT |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS | ENBREL POWDER FOR INJ 25 MG | INJECTABLE | 8 DOSES PER 28 DAYS |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS | ENBREL SOLN FOR INJ 25 MG | INJECTABLE | DOSE LIMIT |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS | ENBREL SOLN PREFILLED SYRINGE 25 MG | INJECTABLE | 8 DOSES PER 28 DAYS |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS | ENBREL SOLN PREFILLED SYRINGE 50 MG | INJECTABLE | DOSE LIMIT |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS | ENBREL SURECLICK AUTO INJECTOR 50 MG | INJECTABLE | DOSE LIMIT |
| SOMATOSTATIC AGENTS | MYCAPSSA CAPS 20 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| SOMATOSTATIC AGENTS | SIGNIFOR INJECTION 0.3 MG/ML | INJECTABLE | FILL LIMIT |
| SOMATOSTATIC AGENTS | SIGNIFOR INJECTION 0.6 MG/ML | INJECTABLE | FILL LIMIT |
| SOMATOSTATIC AGENTS | SIGNIFOR INJECTION 0.9 MG/ML | INJECTABLE | FILL LIMIT |
| SOMATOSTATIC AGENTS | SIGNIFOR LAR IM SUSP 10 MG | INJECTABLE | FILL LIMIT |
| SOMATOSTATIC AGENTS | SIGNIFOR LAR IM SUSP 20 MG | INJECTABLE | FILL LIMIT |
| SOMATOSTATIC AGENTS | SIGNIFOR LAR IM SUSP 30 MG | INJECTABLE | FILL LIMIT |
| SOMATOSTATIC AGENTS | SIGNIFOR LAR IM SUSP 40 MG | INJECTABLE | FILL LIMIT |
| SOMATOSTATIC AGENTS | SIGNIFOR LAR IM SUSP 60 MG | INJECTABLE | FILL LIMIT |
| SOMATOSTATIC AGENTS | SOMATULINE DEPOT SYRINGE 120 MG/0.5 ML | INJECTABLE | FILL LIMIT |
| SOMATOSTATIC AGENTS | SOMATULINE DEPOT SYRINGE 60 MG/0.2 ML | INJECTABLE | FILL LIMIT |
| SOMATOSTATIC AGENTS | SOMATULINE DEPOT SYRINGE 90 MG/0.3 ML | INJECTABLE | FILL LIMIT |
| STEROID INHALANTS | ALVESCO (CICLESONIDE) METERED DOSE INHALER 160 MCG/ACT | FILL FREQUENCY | 1 INHALER PER 30 DAYS |
| STEROID INHALANTS | ALVESCO (CICLESONIDE) METERED DOSE INHALER 80 MCG/ACT | FILL FREQUENCY | 1 INHALER PER 30 DAYS |
| STEROID INHALANTS | ARMONAIR DIGIHALER | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS |
| STEROID INHALANTS | ARNUIITY ELLIPTA 100 MCG/ACT | INHALATION DOSE LIMIT | 1 DOSE PER DAY |
| STEROID INHALANTS | ARNUIITY ELLIPTA 200 MCG/ACT | INHALATION DOSE LIMIT | 1 DOSE PER DAY |
| STEROID INHALANTS | ARNUIITY ELLIPTA 50 MCG/ACT | INHALATION DOSE LIMIT | 1 DOSE PER DAY |
| STEROID INHALANTS | ASMANEX TWISTHALER 110 MCG/INH | FILL FREQUENCY | 1 INHALER PER 30 DAYS |
| STEROID INHALANTS | ASMANEX TWISTHALER 220 MCG/INH | FILL FREQUENCY | 1 INHALER PER 30 DAYS |
| STEROID INHALANTS | FLOVENT DISKUS AEPB 100 MCG/BLIST | DAILY DOSAGE | 2 INHALATIONS PER DAY |
| STEROID INHALANTS | FLOVENT DISKUS AEPB 250 MCG/BLIST | DAILY DOSAGE | 2 INHALATIONS PER DAY |
| STEROID INHALANTS | FLOVENT DISKUS AEPB 50 MCG/BLIST | DAILY DOSAGE | 2 INHALATIONS PER DAY |
| STEROID INHALANTS | FLOVENT HFA AERO 110 MCG/ACT | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS |
| STEROID INHALANTS | FLOVENT HFA AERO 220 MCG/ACT | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS |
| STEROID INHALANTS | FLOVENT HFA AERO 44 MCG/ACT | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS |
| STEROID INHALANTS | PULMICORT (BUDESONIDE) (INHALATION) SUSP 0.25 MG/2 ML | INHALATION DOSE LIMIT | 2 DOSES PER DAY |
| STEROID INHALANTS | PULMICORT (BUDESONIDE) (INHALATION) SUSP 0.5 MG/2 ML | INHALATION DOSE LIMIT | 2 DOSES PER DAY |
| STEROID INHALANTS | PULMICORT (BUDESONIDE) (INHALATION) SUSP 1 MG/2 ML | INHALATION DOSE LIMIT | 2 DOSES PER DAY |
| STEROID INHALANTS | PULMICORT FLEXHALER (BUDESONIDE) INHALER 1800 MCG/ACT | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS |
| STEROID INHALANTS | PULMICORT FLEXHALER (BUDESONIDE) INHALER 90 MCG/ACT | INHALATION DOSE LIMIT | 1 INHALER PER 30 DAYS |
| STEROID INHALANTS | QVAR REDIHALER 40 MCG/ACT | INHALATION DOSE LIMIT | 2 INHALER PER 30 DAYS |
| STEROID INHALANTS | QVAR REDIHALER 80 MCG/ACT | INHALATION DOSE LIMIT | 2 INHALER PER 30 DAYS |
| STIMULANT LAXATIVES | DULCOLAX (BISACODYL) 10 MG SUPPOSITORIES | DAILY DOSAGE | 1 SUPPOSITORY PER DAY |
| STIMULANT LAXATIVES | DULCOLAX (BISACODYL) 5 MG TABS | DAILY DOSAGE | 4 TABLETS PER DAY |
| STIMULANT LAXATIVES | SENNA (SENNOSIDES) SYRUP 8.8 MG/5 ML | DAILY DOSAGE | 30 ML PER DAY |
| STIMULANT LAXATIVES | SENNA-LAX (SENNOSIDES) TABS 8.6MG | DAILY DOSAGE | 8 TABLETS PER DAY |
| STIMULANTS - MISC. | ADHANSIA XR CAPS 25 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| STIMULANTS - MISC. | ADHANSIA XR CAPS 35 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| STIMULANTS - MISC. | ADHANSIA XR CAPS 45 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| STIMULANTS - MISC. | ADHANSIA XR CAPS 55 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| STIMULANTS - MISC. | ADHANSIA XR CAPS 70 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| STIMULANTS - MISC. | ADHANSIA XR CAPS 85 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| STIMULANTS - MISC. | AZSTARYS TABS 26.1-5.2 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| STIMULANTS - MISC. | AZSTARYS TABS 39.2-7.8 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| STIMULANTS - MISC. | AZSTARYS TABS 52.3-10.4 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| STIMULANTS - MISC. | CONCERTA (METHYLPHENIDATE HCL) TABS CR 18 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| STIMULANTS - MISC. | CONCERTA (METHYLPHENIDATE HCL) TABS CR 27 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| STIMULANTS - MISC. | CONCERTA (METHYLPHENIDATE HCL) TABS CR 36 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| STIMULANTS - MISC. | CONCERTA (METHYLPHENIDATE HCL) TABS CR 54 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| STIMULANTS - MISC. | DAYTRANA PATCH 10 MCG/9 HR | TOPICAL DOSE LIMIT | 30 PATCHES PER 30 DAYS |
| STIMULANTS - MISC. | DAYTRANA PATCH 15 MCG/9 HR | TOPICAL DOSE LIMIT | 30 PATCHES PER 30 DAYS |
| STIMULANTS - MISC. | DAYTRANA PATCH 20 MCG/9 HR | TOPICAL DOSE LIMIT | 30 PATCHES PER 30 DAYS |
| STIMULANTS - MISC. | DAYTRANA PATCH 30 MCG/9 HR | TOPICAL DOSE LIMIT | 30 PATCHES PER 30 DAYS |
| STIMULANTS - MISC. | FOCALIN (DEXMETHYLPHENIDATE HCL) TABS 10 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| STIMULANTS - MISC. | FOCALIN (DEXMETHYLPHENIDATE HCL) TABS 2.5 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| STIMULANTS - MISC. | FOCALIN (DEXMETHYLPHENIDATE HCL) TABS 5 MG | DAILY DOSAGE | 4 TABLETS PER DAY |
| STIMULANTS - MISC. | FOCALIN XR (DEXMETHYLPHENIDATE HCL) CAPS 24 HOUR 10 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| STIMULANTS - MISC. | FOCALIN XR (DEXMETHYLPHENIDATE HCL) CAPS 24 HOUR 15 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| STIMULANTS - MISC. | FOCALIN XR (DEXMETHYLPHENIDATE HCL) CAPS 24 HOUR 20 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| STIMULANTS - MISC. | FOCALIN XR (DEXMETHYLPHENIDATE HCL) CAPS 24 HOUR 25 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| STIMULANTS - MISC. | FOCALIN XR (DEXMETHYLPHENIDATE HCL) CAPS 24 HOUR 30 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| STIMULANTS - MISC. | FOCALIN XR (DEXMETHYLPHENIDATE HCL) CAPS 24 HOUR 35 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| STIMULANTS - MISC. | FOCALIN XR (DEXMETHYLPHENIDATE HCL) CAPS 24 HOUR 40 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| STIMULANTS - MISC. | FOCALIN XR (DEXMETHYLPHENIDATE HCL) CAPS 24 HOUR 5 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| STIMULANTS - MISC. | METADATE (METHYLPHENIDATE HCL) CD CAPS CR 10 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| STIMULANTS - MISC. | METADATE (METHYLPHENIDATE HCL) CD CAPS CR 20 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| STIMULANTS - MISC. | METADATE (METHYLPHENIDATE HCL) CD CAPS CR 30 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| STIMULANTS - MISC. | METADATE (METHYLPHENIDATE HCL) CD CAPS CR 40 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| STIMULANTS - MISC. | METADATE (METHYLPHENIDATE HCL) CD CAPS CR 50 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| STIMULANTS - MISC. | METADATE (METHYLPHENIDATE HCL) CD CAPS CR 60 MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| STIMULANTS - MISC. | METADATE ER (METHYLPHENIDATE HCL) TABS ER 20 MG | DAILY DOSAGE | 3 TABLETS PER DAY |
| STIMULANTS - MISC. | METHYLIN ER (METHYLPHENIDATE HCL) TABS ER 10 MG | DAILY DOSAGE | 7 TABLETS PER DAY |
| STIMULANTS - MISC. | NUVIGIL (ARMODAFINIL) TABS 150 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| STIMULANTS - MISC. | NUVIGIL (ARMODAFINIL) TABS 200 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| STIMULANTS - MISC. | NUVIGIL (ARMODAFINIL) TABS 250 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| STIMULANTS - MISC. | NUVIGIL (ARMODAFINIL) TABS 50 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| STIMULANTS - MISC. | PROVIGIL (MODAFINIL) TABS 100 MG | DAILY DOSAGE | 1 TABLET PER DAY |
| STIMULANTS - MISC. | PROVIGIL (MODAFINIL) TABS 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 |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS | EMEND CAPSULE 40 MG | QUANTITY LIMIT PER TIME | 8 CAPS PER 28 DAYS |

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| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS | EMEND CAPSULE 80 MG | QUANTITY LIMIT PER TIME | 8 CAPS PER 28 DAYS |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS | EMEND SUSPENSION 125MG | QUANTITY LIMIT PER TIME | 12 PACKS PER 28 DAYS |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS | EMEND TRIPACK | QUANTITY LIMIT PER TIME | 4 PACKS PER 28 DAYS |
| SUCCINIMIDES | ZARONTIN (ETHOSUXIMIDE) CAPSULES 250 MG | DAILY DOSAGE | 6 CAPSULES PER DAY |
| SUCCINIMIDES | ZARONTIN (ETHOSUXIMIDE) SOLN 250 MG/5 ML | DAILY DOSAGE | 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) CAPS 100 MG | DAILY DOSAGE | 4 CAPSULES PER DAY |
| SURFACTANT LAXATIVES | DOK (DOCUSATE SODIUM) TABS 100 MG | DAILY DOSAGE | 4 TABLETS 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 |
| SYMPATHOMIMETICS | ADVAIR DISKUS (FLUTICASONE-SALMETEROL) INHALED POWDER 100-50 MCG/DOSE | QUANTITY LIMIT PER TIME | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | ADVAIR DISKUS (FLUTICASONE-SALMETEROL) INHALED POWDER 250-50 MCG/DOSE | QUANTITY LIMIT PER TIME | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | ADVAIR DISKUS (FLUTICASONE-SALMETEROL) INHALED POWDER 500-50 MCG/DOSE | QUANTITY LIMIT PER TIME | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | ADVAIR HFA AERO 115-21 MCG/ACT | QUANTITY LIMIT PER TIME | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | ADVAIR HFA AERO 230-21 MCG/ACT | QUANTITY LIMIT PER TIME | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | ADVAIR HFA AERO 45-21 MCG/ACT | QUANTITY LIMIT PER TIME | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | AIRDUO DIGIHALER 113-14 MCG/ACT | QUANTITY LIMIT PER TIME | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | AIRDUO DIGIHALER 232-14 MCG/ACT | QUANTITY LIMIT PER TIME | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | AIRDUO DIGIHALER 55-14 MCG/ACT | QUANTITY LIMIT PER TIME | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | ALBUTEROL SULFATE NEBU IN 0.63 MG/3 ML | INHALATION DOSE LIMIT | 375 ML (125 DOSES) PER 30 DAYS |
| SYMPATHOMIMETICS | ALBUTEROL SULFATE NEBU IN 1.25 MG/3 ML | INHALATION DOSE LIMIT | 375 ML (125 DOSES) PER 30 DAYS |
| SYMPATHOMIMETICS | ALBUTEROL SULFATE NEBU IN 2.5 MG/3 ML | INHALATION DOSE LIMIT | 375 ML PER 30 DAYS |
| SYMPATHOMIMETICS | ALBUTEROL SULFATE NEBULIZER SOLUTION CONCENTRATE 0.5 % | INHALATION DOSE LIMIT | 2 ML PER DAY |
| SYMPATHOMIMETICS | ANORO ELLIPTA (UMECLIDINIUM- VILANTEROL) 62.5-25MCG/INH | QUANTITY LIMIT PER TIME | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | ARCAPTA (INDACATEROL MALEATE) POWDER FOR INHALATION CAPS 75 MCG | INHALATION DOSE LIMIT | 1 DOSE PER DAY |
| SYMPATHOMIMETICS | BEVESPI AEROSPHERE | QUANTITY LIMIT PER TIME | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | BREO ELLIPTA INHALER 100-25 MCG/INH | QUANTITY LIMIT PER TIME | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | BREO ELLIPTA INHALER 200-25 MCG/INH | QUANTITY LIMIT PER TIME | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | BREZTRI AEROSPHERE (budesonide/glycopyrrolate/formoterol) | QUANTITY LIMIT PER TIME | 10.7 GRAMS PER 30 DAYS |
| SYMPATHOMIMETICS | BROVANA (ARFORMOTEROL TARTRATE) SOLN FOR INHALATION, 15 MCG/2 ML | INHALATION DOSE LIMIT | 2 DOSES PER DAY |
| SYMPATHOMIMETICS | COMBIVENT RESPIMAT AERS | QUANTITY LIMIT PER TIME | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | DUAKLIR PRESSAIR | QUANTITY LIMIT PER TIME | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | DULERA AERO 100-5 MCG/ACT | QUANTITY LIMIT PER TIME | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | DULERA AERO 200-5 MCG/ACT | QUANTITY LIMIT PER TIME | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | DULERA AERO 50-5 MCG/ACT | QUANTITY LIMIT PER TIME | 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 | DAILY DOSAGE | 30 ML PER DAY |
| SYMPATHOMIMETICS | PERFORMIST (FORMOTEROL FUMARATE) SOLUTION FOR NEBULIZER | DAILY DOSAGE | 2 DOSES PER DAY |
| SYMPATHOMIMETICS | PROAIR (ALBUTEROL 108MCG/ACTION) DIGIHALER | QUANTITY LIMIT PER TIME | 2 INHALERS PER 30 DAYS |
| SYMPATHOMIMETICS | PROAIR (ALBUTEROL 108MCG/ACTION) RESPICLICK INHALER | QUANTITY LIMIT PER TIME | 2 INHALERS PER 30 DAYS |
| SYMPATHOMIMETICS | PROAIR HFA (ALBUTEROL 108MCG/ACTION) AERS INHALER | QUANTITY LIMIT PER TIME | 2 INHALERS PER 30 DAYS |
| SYMPATHOMIMETICS | PROVENTIL HFA (ALBUTEROL 108MCG/ACTION) AERS | QUANTITY LIMIT PER TIME | 2 INHALERS PER 30 DAYS |
| SYMPATHOMIMETICS | SEREVENT (SALMETEROL XINAFOATE) DISKUS 50 MCG/DOSE | INHALATION DOSE LIMIT | 2 DOSES PER DAY |
| SYMPATHOMIMETICS | STIOLTO RESPIMAT | QUANTITY LIMIT PER TIME | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | SYMBICORT AERO 160-4.5MCG/ACT | QUANTITY LIMIT PER TIME | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | SYMBICORT AERO 80-4.5 MCG/ACT | QUANTITY LIMIT PER TIME | 1 INHALER PER 30 DAYS |
| SYMPATHOMIMETICS | TRELEGY ELLIPTA 100-62.5-25MCG/INH | INHALATION DOSE LIMIT | 2 INHALATIONS PER DAY |
| SYMPATHOMIMETICS | VENTOLIN (ALBUTEROL 108MCG/ACTION) HFA AERS | QUANTITY LIMIT PER TIME | 2 INHALERS PER 30 DAYS |
| SYMPATHOMIMETICS | XOPENEX (LEVALBUTEROL HCL) NEBULIZER SOLN CONC 1.25 MG/0.5 ML | INHALATION DOSE LIMIT | 2 ML PER DAY |
| SYMPATHOMIMETICS | XOPENEX (LEVALBUTEROL HCL) SOLN FOR NEBULIZER 0.31 MG/3 ML | INHALATION DOSE LIMIT | 3 DOSES PER DAY |
| SYMPATHOMIMETICS | XOPENEX (LEVALBUTEROL HCL) SOLN FOR NEBULIZER 0.63 MG/3 ML | INHALATION DOSE LIMIT | 3 DOSES PER DAY |
| SYMPATHOMIMETICS | XOPENEX (LEVALBUTEROL HCL) SOLN FOR NEBULIZER 1.25 MG/3 ML | INHALATION DOSE LIMIT | 3 DOSES PER DAY |
| SYMPATHOMIMETICS | XOPENEX (LEVALBUTEROL TARTRATE) 45 MCG/DOSE INHALER | QUANTITY LIMIT PER TIME | 2 INHALERS PER 30 DAYS |
| THIOXANTHENES | THIOTHIXENE CAPS 1 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| THIOXANTHENES | THIOTHIXENE CAPS 10 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| THIOXANTHENES | THIOTHIXENE CAPS 2 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| THIOXANTHENES | THIOTHIXENE CAPS 5 MG | DAILY DOSAGE | 3 CAPSULES PER DAY |
| THROAT PRODUCTS - MISC. | SALAGEN (PILOCARPINE HCL) TABS 5 MG | DAILY DOSAGE | 6 TABLETS PER DAY |
| THROMBIN INHIBITORS | PRADAXA CAPS 150MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| THROMBIN INHIBITORS | PRADAXA CAPS 75 MG | DAILY DOSAGE | 2 CAPSULES PER DAY |
| TRANSTHYRETIN STABILIZERS | VYNDAMAX CAPS | DAILY DOSAGE | 1 CAPSULE PER DAY |
| TRANSTHYRETIN STABILIZERS | VYNDAQEL 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 10 MG/5 ML | DAILY DOSAGE | 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 | DAILY DOSAGE | 40 ML PER DAY |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (/DETROL (TOLTERODINE TARTRATE) TABS 1 MG | | DAILY DOSAGE | 2 TABLETS PER DAY |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (/DETROL (TOLTERODINE TARTRATE) TABS 2 MG | | DAILY DOSAGE | 2 TABLETS PER DAY |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (/DETROL LA (TOLTERODINE TARTRATE) CAPS 24 HOUR 2 MG | | DAILY DOSAGE | 1 CAPSULE PER DAY |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (/DETROL LA (TOLTERODINE TARTRATE) CAPS 24 HOUR 4 MG | | DAILY DOSAGE | 1 CAPSULE PER DAY |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (/DITROPAN (OXYBUTYNYN CHLORIDE) SYRUP 5 MG/5 ML | | QUANTITY LIMIT PER TIME | 480 ML PER 30 DAYS |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (/DITROPAN (OXYBUTYNYN CHLORIDE) TABS 5 MG | | DAILY DOSAGE | 4 TABLETS PER DAY |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (/ENABLEX (DARIFENACIN HYDROBROMIDE) 24 HOUR TABS 7.5MG | | DAILY DOSAGE | 2 TABLETS PER DAY |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (/SANCTURA (TROSPIMUM CHLORIDE) TABS 20 MG | | DAILY DOSAGE | 2 TABLETS PER DAY |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (/TOVIAZ TABS 4 MG | | DAILY DOSAGE | 1 TABLET PER DAY |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (/TOVIAZ TABS 8 MG | | DAILY DOSAGE | 1 TABLET PER DAY |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (/VESICARE (SOLIFENACIN SUCCINATE) TABS 10MG | | DAILY DOSAGE | 1 TABLET PER DAY |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (/VESICARE (SOLIFENACIN SUCCINATE) TABS 5 MG | | DAILY DOSAGE | 1 TABLET PER DAY |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (/VESICARE LS (SOLIFENACIN SUCCINATE) SUSP 5 MG/5 ML | | DAILY DOSAGE | 10 ML PER DAY |
| URINARY ANTISPASMODIC - BETA-3 ADRENERGICMYRBETRIQ TABS 25 MG | | DAILY DOSAGE | 1 TABLET PER DAY |
| URINARY ANTISPASMODIC - BETA-3 ADRENERGICMYRBETRIQ TABS 50 MG | | DAILY DOSAGE | 1 TABLET 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 |
| VAGINAL ESTROGENS | VAGIFEM | QUANTITY LIMIT PER TIME | 36 TABLETS PER 28 DAYS |
| VALPROIC ACID | DEPAKOTE ER (DIVALPROEX SODIUM) TB24 250 MG | DAILY DOSAGE | 2 TABLETS PER DAY |
| VASODILATING AGENTS | RECTIV OINT 0.4% | TOPICAL DOSE LIMIT | 60 GRAMS PER 20 DAYS |
| VASOMOTOR SYMPTOM AGENTS | BRISDELLE CAPS 7.5MG | DAILY DOSAGE | 1 CAPSULE PER DAY |
| VITAMINS W/ LIPOTROPICS | VITAMINS W/ LIPOTROPICS CAPS | DAILY DOSAGE | 1 CAPSULE PER DAY |
| WATER SOLUBLE VITAMINS | VITAMIN B1 (THIAMINE HCL) TABS 100 MG | QUANTITY LIMIT PER TIME | 100 TABLETS PER 34 DAYS |
| WATER SOLUBLE VITAMINS | VITAMIN B1 (THIAMINE HCL) TABS 250 MG | QUANTITY LIMIT PER TIME | 100 TABLETS PER 34 DAYS |
| WATER SOLUBLE VITAMINS | VITAMIN B1 (THIAMINE HCL) TABS 50 MG | QUANTITY LIMIT PER TIME | 100 TABLETS PER 34 DAYS |
| WATER SOLUBLE VITAMINS | VITAMIN B2 (RIBOFLAVIN) TABS 100 MG | QUANTITY LIMIT PER TIME | 100 TABLETS PER 34 DAYS |
| WATER SOLUBLE VITAMINS | VITAMIN B2 (RIBOFLAVIN) TABS 25 MG | QUANTITY LIMIT PER TIME | 100 TABLETS PER 34 DAYS |
| WATER SOLUBLE VITAMINS | VITAMIN B2 (RIBOFLAVIN) TABS 50 MG | QUANTITY LIMIT PER TIME | 100 TABLETS PER 34 DAYS |
| WATER SOLUBLE VITAMINS | VITAMIN C (ASCORBIC ACID) TABS 1000 MG | QUANTITY LIMIT PER TIME | 100 TABLETS PER 34 DAYS |
| WATER SOLUBLE VITAMINS | VITAMIN C (ASCORBIC ACID) TABS 250 MG | QUANTITY LIMIT PER TIME | 100 TABLETS PER 34 DAYS |
| WATER SOLUBLE VITAMINS | VITAMIN C (ASCORBIC ACID) TABS 500 MG | QUANTITY LIMIT PER TIME | 100 TABLETS PER 34 DAYS |
| WOUND CARE PRODUCTS-TOPICAL | REGREANEX GEL | TOPICAL DOSE LIMIT | 15 GRAMS PER 30 DAYS |
| XANTHINES | THEOPHYLLINE SOLN 80 MG/15 ML | QUANTITY LIMIT PER FILL | 475 ML PER FILL |
| CALCITONIN GENE RELATED PEPTIDE RECEPTOR ZAVZPRET 10MG/ACT NASAL SPRAY | | QUANTITY LIMIT PER TIME | 8 UNITS PER 30 DAYS |
| HAIR GROWTH AGENTS | LITFULO CAPS 50MG | DAILY DOSAGE | 1 CAPSULE PER DAY |