

## Quantity Limit

Quantity limit refers to the amount of a drug needed to take the daily dose, according to the recommendations of the U.S. Food and Drug Administration (FDA). Quantity limits promote safe, cost-effective drug use and reduce waste and overuse. These limits are designed to control the use of selected drugs for quality and safety reasons. Prior authorization is required to go beyond the quantity limit.

The following list is subject to change and does not guarantee coverage. Use the search box at the top of this PDF to locate a specific drug.

DRUG NAME	STRENGTH	DOSAGE FORM	QUANTITY LIMIT	PER DAY UNLESS OTHERWISE NOTED
ABACAVIR	300 MG	TABLET	2	
ABACAVIR-LAMIVUDINE-ZIDOV		TABLET	2	
ABILIFY	All Strengths	TABLET	1	
ABILIFY DISCMELT	All Strengths	TABLET	2	
ABSORICA	All Strengths	CAPSULE	2	
ABSTRAL	All Strengths	TABLET	4	
ACANYA	1.2-5%	TOPICAL	50 Grams	Per Fill
ACCOLATE	All Strengths	TABLET	2	
ACIPHEX / SPRINKLE	All Strengths	ALL FORMS	3	
ACTEMRA	162 MG	SYRINGE	4 Syringes	Per Fill
ACTIQ	All Strengths	LOZENGE ON A HANDLE	4	
ACTONEL	5 MG, 30 MG, 150 MG	TABLET	1	
ACTONEL	35 MG	TABLET	5	Monthly Limit
ACTOPLUS MET	All Strengths	TABLET	3	
ACTOPLUS MET XR	15-1000 MG	TABLET	2	
ACTOPLUS MET XR	30-1000 MG	TABLET	1	
ACTOS	All Strengths	TABLET	1	
ACYCLOVIR	5%	OINTMENT	15 Grams	Per Fill
ADCIRCA	20 MG	TABLET	2	

<b>DRUG NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>QUANTITY LIMIT</b>	<b>PER DAY UNLESS OTHERWISE NOTED</b>
ADDERALL	5 MG, 10 MG, 7.5MG, 12.5MG, 15 MG,	TABLET	3	
ADDERALL	20 MG, 30MG	TABLET	2	
ADDERALL XR	5 MG, 10 MG, 15 MG	CAPSULE	1	
ADDERALL XR	20 MG, 25 MG, 30 MG	CAPSULE	2	
ADRENACLICK	0.15/0.15	AUTO-INJECTOR	2 Pens	Per Fill
ADRENACLICK	0.3MG/0.3	AUTO-INJECTOR	2 Pens	Per Fill
ADVAIR INHALERS	All Strengths	INHALER	1	Monthly Limit
ADVICOR	1000-20MG AND 750MG - 20MG	TABLET	2	
ADVICOR	500MG-20MG	TABLET	1	
AFINITOR	All Strengths	TABLET	1	
AFINITOR DISPERZ	All Strengths	TABLET	1	
AFREZZA	30-4 UNIT + 60-8 UNIT	INHALER	1520	Per Fill
AFREZZA	4 UNITS CARTRIDGE INH	INHALER	2520	Per Fill
AFREZZA	60-4 UNIT + 30-8 UNIT	INHALER	1890	Per Fill
AFREZZA	60-8 UNIT + 30-12 UNIT	INHALER	1890	Per Fill
ALBUTEROL SULFATE HFA	90 MCG	INHALER	1	Monthly Limit
ALENDRONATE SODIUM	35 MG AND 70 MG	TABLET	5	Monthly Limit
ALENDRONATE SODIUM	70 MG/75ML	SOLUTION	375	Monthly Limit
ALENDRONATE SODIUM	5 MG, 10 MG, AND 40 MG	TABLET	1	
ALLEGRA ODT RX	30 MG	TABLET	2	
ALLEGRA RX	60 MG	TABLET	2	
ALLEGRA RX	180 MG	TABLET	1	
ALLEGRA-D RX	60MG-120MG	TABLET	2	
ALLEGRA-D RX	180-240MG	TABLET	1	



DRUG NAME	STRENGTH	DOSAGE FORM	QUANTITY LIMIT	PER DAY UNLESS OTHERWISE NOTED
ALORA	All Strengths	PATCH	10	Monthly Limit
ALSUMA	6 MG/0.5ML	INJECTION	8 Pens	Monthly Limit
ALTAVERA	0.15-0.03	TABLET	1	
ALTOPREV	All Strengths	TABLET	1	
ALVESCO	All Strengths	INHALER	1 Inhaler	Monthly Limit
ALYACEN	1 MG-35MCG	TABLET	1	
AMERGE	All Strengths	TABLET	18	Monthly Limit
AMETHIA	150-30(84)	TABLET	1	
AMETHIA LO	100-20(84)	TABLET	1	
AMETHYST	90-20MCG	TABLET	1	
AMLODIPINE-ATORVASTATIN	All Strengths	TABLET	1	
AMNESTEEM	All Strengths	CAPSULE	2	
AMPYRA ER	10mg	TABLET	2	
ANTARA	All Strengths	CAPSULE	1	
ANZEMET	50 MG	TABLET	3	Per Fill
ANZEMET	100 MG	TABLET	3	Per Fill
APEXICON E	0.05%	CREAM	30 Grams	Per Fill
APIDRA	100/ML	VIAL	3 Vials	Monthly Limit
APIDRA SOLOSTAR	100/ML	PEN	10 Pens	Monthly Limit
APLENZIN	All Strengths	TABLET	1	
APRI	0.15-0.03	TABLET	1	
APTIVUS	100 MG/ML	SOLUTION	285 Mls	Per Fill
APTIVUS	250 MG	CAPSULE	4	
ARANELLE	7-9-5	TABLET	1	
ARAVA	All Strengths	TABLET	1	
ARCAPTA NEOHALER	75 MCG	INHALER	1 Inhaler	Monthly Limit



DRUG NAME	STRENGTH	DOSAGE FORM	QUANTITY LIMIT	PER DAY UNLESS OTHERWISE NOTED
ASTELIN	137 MCG	NASAL SPRAY	1 Inhaler	Monthly Limit
ASMANEX	All Strengths	INHALER	1 Inhaler	Monthly Limit
ASTEPRO	205.5MCG	NASAL SPRAY	2 Inhaler	Monthly Limit
ASTEPRO	137 MCG	NASAL SPRAY	3 Inhaler	Monthly Limit
ATELVIA	35 MG	TABLET	5	Monthly Limit
ATORVASTATIN CALCIUM	All Strengths	TABLET	1	
ATOVAQUONE-PROGUANIL HCL	All Strengths	TABLET	1	
ATRALIN	0.05%	GEL	45 Grams	Per Fill
ATRIPLA	600-200-300 mg	TABLET	1	
ATROVENT	21 MCG	INHALER	1 Inhaler	Monthly Limit
AUBAGIO	All Strengths	TABLET	1	
AUBRA	0.1-0.02	TABLET	1	
AVANDAMET	All Strengths	TABLET	2	
AVANDARYL	All Strengths	TABLET	1	
AVANDIA	2 MG, 4 MG	TABLET	2	
AVANDIA	8 MG	TABLET	1	
AVIANE	0.1-0.02	TABLET	1	
AVITA	0.025%	CREAM	20	Per Fill
AVITA	0.025%	GEL	20	Per Fill
AVONEX	30 MCG	KIT	1 Kit	Monthly Limit
AXERT	All Strengths	TABLET	12	Monthly Limit
AZELASTINE HCL	137 MCG	NASAL SPRAY	1 Inhaler	Monthly Limit
AZELEX	20%	CREAM	30	Per Fill
AZURETTE	21-5	TABLET	1	
BALZIVA	0.4-0.035	TABLET	1	
BECONASE AQ	42MCG	NASAL SPRAY	1 Inhaler	Monthly Limit



<b>DRUG NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>QUANTITY LIMIT</b>	<b>PER DAY UNLESS OTHERWISE NOTED</b>
BEPREVE	1.5 %	DROPS	1 Bottle	Monthly Limit
BETASERON	0.3 MG	KIT	1 Kit	Monthly Limit
BEYAZ	3-0.02(24)	TABLET	1	
BINOSTO	70 MG	TABLET	5	Monthly Limit
BLOOD GLUCOSE METERS	N/A	METERS	1	Per Fill
BLOOD GLUCOSE TEST STRIPS	STR N/A	STRIPS	204	Monthly Limit
BONIVA	150 MG	TABLET	1	Monthly Limit
BREO ELLIPTA	All Strengths	INHALER	60	Monthly Limit
BREVICON	0.5-0.035	TABLET	1	
BRIELLYN	0.4-0.035	TABLET	1	
BROVANA	15MCG/2ML	VIAL	2 Vials	
BUDEPRION SR	All Strengths	TABLET	2	
BUDEPRION XL	All Strengths	TABLET	1	
BUDESONIDE	All Strengths	AMPUL	2 Ampules	
BUPRENORPHINE-NALOXONE	All Strengths	TABLET	3	
BUPROPION HCL XL	All Strengths	TABLET	1	
BUPROPION SR	All Strengths	TABLET	2	
BUTALBITAL/APAP/CAFFEINE	All Strengths	TABLET	6	
BUTORPHANOL TARTRATE	10 MG/ML	NASAL SPRAY	2 Bottles	Per Fill
BUTRANS	All Strengths	PATCH	4 Patches	Monthly Limit
BYDUREON	2 MG	VIAL	4 vials	Monthly Limit
BYETTA	All Strengths	PEN	1 Package	Monthly Limit
CABERGOLINE	0.5 MG	TABLET	10	Monthly Limit
CADUET	All Strengths	TABLET	1	
CALCIPOTRIENE	0.005%	CREAM	60 Grams	Monthly Limit
CALCIPOTRIENE	0.005%	OINTMENT	60 Grams	Monthly Limit



DRUG NAME	STRENGTH	DOSAGE FORM	QUANTITY LIMIT	PER DAY UNLESS OTHERWISE NOTED
CALCIPOTRIENE	0.005%	SOLUTION	60 Grams	Monthly Limit
CALCIPOTRIENE-BETAMETH DP	0.005% - 0.065%	OINTMENT	60 Grams	Monthly Limit
CAMBIA	50 MG	PACKET	9	Per Fill
CAMILA	0.35 MG	TABLET	1	
CAMRESE	150-30(84)	TABLET	1	
CAMRESE LO	100-20(84)	TABLET	1	
CANASA	1000 MG	SUPPOSITOR RECTAL	1 Box	Monthly Limit
CAPACET	50-325-40	CAPSULE	6	
CAPRELSA	100 MG	TABLET	3	
CAPRELSA	300 MG	TABLET	1	
CARAC	0.5%	CREAM	30 Grams	Per Fill
CARDURA	8 MG	TABLET	2	
CARDURA	1 MG, 2 MG, 4 MG	TABLET	1	
CARDURA XL	All Strengths	TABLET	1	
CATAPRES-TTS	All Strengths	PATCH	5 Patches	Monthly Limit
CAVERJECT	All Strengths	VIAL	6	Monthly Limit
CAYSTON	75 MG/ML	VIAL	84 Vials	Monthly Limit
CAZIAN	7 DAYS X 3	TABLET	1	
CELEBREX	50 MG, 100 MG, 200 MG	CAPSULE	2	
CELEBREX	400 MG	CAPSULE	1	
CELECOXIB	50 MG, 100 MG, 200 MG	CAPSULE	2	
CELECOXIB	400 MG	CAPSULE	1	
CELEXA	All Strengths	TABLET	1	
CESAMET	1 MG	CAPSULE	1	
CETIRIZINE HCL	All Strengths	TABLET	1	



<b>DRUG NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>QUANTITY LIMIT</b>	<b>PER DAY UNLESS OTHERWISE NOTED</b>
CETIRIZINE HCL-PSEUDOEPHED	5 MG-120MG	TABLET	2	
CHATEAL	0.15-0.03	TABLET	1	
CHORIONIC GONADOTROPIN	10000 UNIT	VIAL	3 vials	Monthly Limit
CIALIS	5 MG, 2.5 MG	TABLET	1	
CIALIS	10 MG, 20 MG	TABLET	6	Monthly Limit
CITALOPRAM	All Strengths	TABLET	1	
CITALOPRAM HBR	All Strengths	TABLET	1	
CLARAVIS	All Strengths	CAPSULE	2	
CLARINEX	All Strengths	TABLET	1	
CLARINEX-D 12 HOUR	2.5-120 MG	TABLET	2	
CLARITIN	All Strengths	CAPSULE	1	
CLARITIN-D	5 MG-120MG	TABLET	2	
CLARITIN-D	10MG-240MG	TABLET	1	
CLIMARA	All Strengths	PATCH	5 Patches	Monthly Limit
CLIMARA PRO	45-15/24H	PATCH	5 Patches	Monthly Limit
CLINDAMYCIN-BENZOYL PEROXIDE	1.2-5%	TOPICAL	45 Grams	Per Fill
CLOCORTOLONE	0.10%	CREAM	45 Grams	Per Fill
CLOCORTOLONE	0.10%	CREAM	1 Bottle	Per Fill
CLODERM	0.10%	CREAM	45 Grams	Per Fill
CLONIDINE HCL	All Strengths	PATCH	5 Patches	Monthly Limit
CLONIDINE HCL ER	0.1 MG	TABLET	4	
CLOPIDOGREL	All Strengths	TABLET	2	
COMBIVENT	18-103MCG	INHALER	1 Inhaler	Monthly Limit
COMBIVENT RESPIMAT	20-100 MCG	INHALER	1 Inhaler	Monthly Limit
COMETRIQ	All Strengths	CAPSULE	1	
COMPLERA	200-25-300 MG	TABLET	1	



<b>DRUG NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>QUANTITY LIMIT</b>	<b>PER DAY UNLESS OTHERWISE NOTED</b>
CONCERTA	18 MG, 27 MG, 54 MG	TABLET	1	
CONCERTA	36 MG	TABLET	2	
CONZIP	All Strengths	CAPSULE	1	
COPAXONE	20 MG/ML	KIT	1 Kit	Monthly Limit
CORDRAN	4MCG/SQ CM	TAPE	2 Boxes	Monthly Limit
COSENTYX	All Strengths	PEN	1 Pens	Monthly Limit
CRESTOR	All Strengths	TABLET	1	
CRIXIVAN	All Strengths	CAPSULE	1	
CRYSELLE	0.3-0.03MG	TABLET	1	
CYCLAFEM	All Strengths	TABLET	1	
CYCLESSA	7 DAYS X 3	TABLET	1	
CYCLOSET	0.8MG	TABLET	6	
CYMBALTA	20 MG, 60 MG	CAPSULE	2	
CYMBALTA	30 MG	CAPSULE	1	
DALIRESP	500 MCG	TABLET	1	
DARAPRIM	25 MG	TABLET	4	Monthly Limit
DASSETTA	All Strengths	TABLET	1	
DAYSEE	150-30(84)	TABLET	1	
DAYTRANA	All Strengths	PATCH	1 Patch	
DEPO-PROVERA	150 MG/ML	SYRINGE	1	Every 3 Months
DESLORATADINE	All Strengths	TABLET	1	
DESOGEN	0.15-0.03	TABLET	1	
DESOGESTREL-ETHINYL ESTRADIOL	0.15-0.03	TABLET	1	
DESONIDE	0.05%	CREAM	15 Grams	Per Fill
DESONIDE	0.05%	LOTION	60 Grams	Per Fill





DRUG NAME	STRENGTH	DOSAGE FORM	QUANTITY LIMIT	PER DAY UNLESS OTHERWISE NOTED
DESONIDE	0.05%	OINTMENT	15 Grams	Per Fill
DESOXIMETASONE	0.05%	CREAM	15 Grams	Per Fill
DESOXIMETASONE	0.05%	GEL	15 Grams	Per Fill
DESOXIMETASONE	0.05%	OINTMENT	15 Grams	Per Fill
DESOXIMETASONE	0.25%	CREAM	15 Grams	Per Fill
DESOXIMETASONE	0.25%	OINTMENT	15 Grams	Per Fill
DEXEDRINE	10 MG	TABLET	4	
DEXEDRINE	5 MG	TABLET	3	
DEXEDRINE SPANSULE	10 MG, 15 MG	CAPSULE	4	
DEXEDRINE SPANSULE	5 MG	CAPSULE	3	
DEXILANT	All Strengths	CAPSULE	3	
DEXMETHYLPHENIDATE	All Strengths	TABLET	2	
DEXMETHYLPHENIDATE ER	All Strengths	CAPSULE	1	
DEXTROAMP-AMPHET ER	5MG, 10 MG, 15 MG	CAPSULE	1	
DEXTROAMP-AMPHET ER	20 MG, 25 MG, 30 MG	CAPSULE	2	
DICLOFENAC	1%	GEL	200 Grams	Per Fill
DICLOFENAC	3%	GEL	200 Grams	Per Fill
DIDANOSINE DR	125 MG, 200 MG	CAPSULE	2	
DIDANOSINE DR	250 MG, 400 MG	CAPSULE	1	
DIFFERIN	0.10%	CREAM	45 Grams	Per Fill
DIFFERIN	0.10%	GEL	45 Grams	Per Fill
DIFFERIN	0.10%	LOTION	59 Grams	Per Fill
DIFFERIN	0.30%	GEL	45 Grams	Per Fill
DIFFERIN	0.30%	PUMP	45 Grams	Per Fill



DRUG NAME	STRENGTH	DOSAGE FORM	QUANTITY LIMIT	PER DAY UNLESS OTHERWISE NOTED
DIFLORASONE	0.05%	CREAM	30 Grams	Per Fill
DIFLORASONE	0.05%	OINTMENT	30 Grams	Per Fill
DIFLUCAN	150 MG	TABLET	3	Monthly Limit
DIHYDROERGOTAMINE MESYLATE	0.5MG/SPRY	NASAL SPRAY	1 Inhaler	Monthly Limit
DILAUDID	8 MG	TABLET	10	
DITROPAN XL	5 MG	TABLET	1	
DIVIGEL	All Strengths	GEL	1	
DOLGIC PLUS	50-750-40	TABLET	6	
DOXAZOSIN MESYLATE	8 MG	TABLET	2	
DOXAZOSIN MESYLATE	1 MG, 2 MG, 4 MG	TABLET	1	
DROSPIRENONE-ETHINYL ESTRADIOL	0.03-3MG	TABLET	1	
DUETACT	All Strengths	TABLET	1	
DUEXIS	800-26.6 MG	TABLET	3	
DULERA	All Strengths	INHALER	1 Inhaler	Monthly Limit
DULOXETINE HCL	20 MG, 60 MG	CAPSULE	2	
DULOXETINE HCL	30 MG	CAPSULE	1	
DYMISTA	137-50 MCG	NASAL SPRAY	1 Inhaler	Monthly Limit
EDEX	All Strengths	KIT	6	Monthly Limit
EDLUAR	All Strengths	TABLET	1	
EDURANT	25 MG	TABLET	1	
EFFEXOR XR	37.5 MG, 150 MG	CAPSULE	1	
EFFEXOR XR	75 MG	CAPSULE	3	
ELESTRIN	0.87G	GEL	1 Package	Monthly Limit
ELIDEL	1%	CREAM	30 Grams	Per Fill
ELIGARD	22.5 MG	SYRINGE	1 Syringe	Per Fill
ELINEST	0.3-0.03MG	TABLET	1	



<b>DRUG NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>QUANTITY LIMIT</b>	<b>PER DAY UNLESS OTHERWISE NOTED</b>
ELLA	30 MG	TABLET	1	Per Fill
EMEND	40 MG, 125 MG	CAPSULE	1	Per Fill
EMEND	80 MG	CAPSULE	2	Per Fill
EMEND	125MG-80MG	CAPSULE	1 Package	Per Fill
EMOQUETTE	0.15-0.03	TABLET	1	
EMSAM	All Strengths	PATCH	1 Patch	
EMTRIVA	10 MG/ML	SOLUTION	20 Mls	
EMTRIVA	200 MG	CAPSULE	1	
ENBREL	All Strengths	VIAL	1 Kit	Monthly Limit
ENPRESSE	6-5-10	TABLET	1	
ENSKYCE	0.15-0.03	TABLET	1	
EPIDUO	0.1 - 2.5%	GEL	45 Grams	Per Fill
EPIPEN	All Strengths	AUTO-INJECTOR	2 Pens	Per Fill
EPIVIR	All Strengths	TABLET	1	
EPZICOM		TABLET	1	
ERRIN	0.35 MG	TABLET	1	
ESCITALOPRAM	All Strengths	TABLET	1	
ESCITALOPRAM OXALATE	All Strengths	TABLET	1	
ESGIC	50-325-40	ALL FORMS	6	
ESGIC-PLUS	50-500-40	ALL FORMS	6	
ESOMEPRAZOLE STRONTIUM	All Strengths	CAPSULE	3	
ESTARYLLA	0.25-0.035	TABLET	1	
ESTRADERM	All Strengths	PATCH	10 Patches	Monthly Limit
ESTRADIOL	All Strengths	PATCH	5 Patches	Monthly Limit
ESTRING	7.5MCG/24H	RING, VAGINAL	1 Ring	Every 3 Months



DRUG NAME	STRENGTH	DOSAGE FORM	QUANTITY LIMIT	PER DAY UNLESS OTHERWISE NOTED
ESTROGEL	1.25 G	GEL	1 Package	Monthly Limit
ESTROSTEP FE	5-7-9-7	TABLET	1	
EVOTAZ	300 -150 MG	TABLET	1	
EXELON	All Strengths	CAPSULE	2	
EXELON	All Strengths	PATCH	1 PATCH	
EXTAVIA	0.3 MG	KIT	1 Kit	Monthly Limit
FABIOR	0.10%	FOAM	50 Grams	Per Fill
FACTIVE	320 MG	TABLET	7	Per Fill
FALMINA	0.1-0.02	TABLET	1	
FAMCICLOVIR	125 MG, 500MG	TABLET	21	Per Fill
FAMCICLOVIR	250 MG	TABLET	2	
FAMVIR	125 MG, 500MG	TABLET	21	Per Fill
FAMVIR	250 MG	TABLET	2	
FANAPT	1-2-4-6MG	TABLET	1 Package	Per Fill
FANAPT	All Strengths	TABLET	2	
FARXIGA	All Strengths	TABLET	1	
FEMCON FE	0.4-35(21)	TABLET - CHEWABLE	1	
FEMRING	All Strengths	RING, VAGINAL	1 Ring	Every 3 Months
FENOFIBRATE	All Strengths	TABLET	1	
FENOFIBRATE	All Strengths	CAPSULE	1	
FENOFIBRIC ACID	All Strengths	TABLET	1	
FENOFIBRIC ACID	All Strengths	CAPSULE	1	
FENOGLIDE	All Strengths	TABLET	1	
FENTANYL CITRATE	All Strengths	LOZENGE ON A HANDLE	4	
FENTORA	All Strengths	TABLET	4	



<b>DRUG NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>QUANTITY LIMIT</b>	<b>PER DAY UNLESS OTHERWISE NOTED</b>
FETZIMA ER	All Strengths	CAPSULE	1	
FEXOFENADINE HCL	30 MG, 60 MG	TABLET	2	
FEXOFENADINE HCL	180 MG	TABLET	1	
FEXOFENADINE-PSE ER	60MG-120MG	TABLET	2	
FEXOFENADINE-PSE ER	180-240MG	TABLET	1	
FIBRICOR	All Strengths	TABLET	1	
FIORICET	50-300-40	ALL FORMS	6	
FLECTOR	1.3 %	PATCH	70 Patches	Monthly Limit
FLECTOR	1.30%	PATCH	2 Patches	
FLONASE	50 MCG	NASAL SPRAY	1 Inhaler	Monthly Limit
FLOVENT DISKUS	All Strengths	INHALER	1 Inhaler	Monthly Limit
FLOVENT HFA	All Strengths	INHALER	1 Inhaler	Monthly Limit
FLUCONAZOLE	150 MG	TABLET	3	Monthly Limit
FLUNISOLIDE	25 MCG	NASAL SPRAY	1 Inhaler	Monthly Limit
FLUNISOLIDE	29 MCG	NASAL SPRAY	1 Inhaler	Monthly Limit
FLUOCINOLONE	All Strengths	ALL FORMS	15 Grams	Per Fill
FLUOROPLEX	1%	CREAM	30 Grams	Per Fill
FLUOROURACIL	2%	TOPICAL SOLUTION	1 Bottle	Per Fill
FLUOROURACIL	5%	TOPICAL SOLUTION	1 Bottle	Per Fill
FLUOXETINE DR	90 MG	CAPSULE	5	Monthly Limit
FLUOXETINE HCL	10 MG	CAPSULE	1	
FLUOXETINE HCL	20 MG	CAPSULE	4	
FLUOXETINE HCL	40 MG	CAPSULE	2	
FLUOXETINE HCL	10 MG	ALL FORMS	1	
FLUTICASONE PROPIONATE	50 MCG	NASAL SPRAY	1 Inhaler	Monthly Limit
FLUVASTATIN SODIUM	40 MG	CAPSULE	2	



DRUG NAME	STRENGTH	DOSAGE FORM	QUANTITY LIMIT	PER DAY UNLESS OTHERWISE NOTED
FLUVASTATIN SODIUM	20 MG	CAPSULE	1	
FLUVOXAMINE MALEATE	50 MG	TABLET	2	
FLUVOXAMINE MALEATE	100 MG, 150 MG	CAPSULE	2	
FLUVOXAMINE MALEATE	25 MG	TABLET	1	
FLUVOXAMINE MALEATE	100 MG	TABLET	3	
FOCALIN	2.5 MG, 5 MG, 10 MG	TABLET	2	
FOCALIN XR	All Strengths	CAPSULE	1	
FORADIL	12 MCG	INHALER	1 Box	Monthly Limit
FORFIVO XL	450 MG	TABLET	1	
FORTEO	20MCG/DOSE	PEN	1 Box	Monthly Limit
FOSAMAX	35 MG	TABLET	5	Monthly Limit
FOSAMAX	70 MG	TABLET	5	Monthly Limit
FOSAMAX	70 MG/75ML	SOLUTION	375	Monthly Limit
FOSAMAX	5 MG, 10mg	TABLET	1	
FOSAMAX PLUS D	All Strengths	TABLET	5	Monthly Limit
FROVA	2.5 MG	TABLET	9	Per Fill
FUZEON	90 MG	VIAL	2 Vials	Per Fill
GALANTAMINE	4MG/ML	SOLUTION	200 Mls	Monthly Limit
GALANTAMINE	8 MG, 16 MG, 24 MG	CAPSULE	1	
GALANTAMINE	5 MG, 8 MG	TABLET	2	
GELNIQUE	28MG/0.92G	GEL	1 Bottle	Monthly Limit
GEMFIBROZIL	600 MG	TABLET	1	
GENERESS FE	0.8-25(24)	TABLET - CHEWABLE	1	
GEODON	All Strengths	CAPSULE	2	
GIANVI	0.02-3(24)	TABLET	1	



<b>DRUG NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>QUANTITY LIMIT</b>	<b>PER DAY UNLESS OTHERWISE NOTED</b>
GILDAGIA	0.4-0.035	TABLET	1	
GILDESS	1.5-0.03MG	TABLET	1	
GILDESS	1MG-20MCG	TABLET	1	
GILDESS FE	1.5-0.03MG	TABLET	1	
GILDESS FE	1MG-20MCG	TABLET	1	
GILENYA	0.5 MG	CAPSULE	1	
GLEEVEC	100 MG	TABLET	8	
GLEEVEC	400 MG	TABLET	2	
GLUMETZA	1,000 MG	TABLET	2	
GLUMETZA	500 MG	TABLET	4	
GRALISE	300 MG	TABLET	1	
GRALISE	600 MG	TABLET	3	
GRANISETRON HCL	1 MG	TABLET	6	Monthly Limit
GYNAZOLE-1	2 %	CREAM	1 Package	Per Fill
HALOBETASOL	0.05%	ALL FORMS	30	Per Fill
HARVONI	90-400 MG	TABLET	28	Monthly Limit
HEATHER	0.35 MG	TABLET	1	
HORIZANT ER	All Strengths	TABLET	2	
HUMALOG	100/ML	CARTRIDGE	1 Box	Monthly Limit
HUMALOG	100/ML	VIAL	4 Vials	Monthly Limit
HUMALOG	100/ML	PEN	3 Boxes	Monthly Limit
HUMALOG MIX 50-50	50-50/ML	VIAL	4 Vials	Monthly Limit
HUMALOG MIX 50-50	50-50/ML	PEN	3 Boxes	Monthly Limit
HUMALOG MIX 75-25	75-25/ML	VIAL	4 Vials	Monthly Limit
HUMALOG MIX 75-25	75-25/ML	PEN	3 Boxes	Monthly Limit



<b>DRUG NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>QUANTITY LIMIT</b>	<b>PER DAY UNLESS OTHERWISE NOTED</b>
HUMIRA	40MG/0.8ML	KIT	2 Pens	Monthly Limit
HUMIRA	20MG/0.4ML	KIT	2 Pens	Monthly Limit
HUMULIN 70/30 KWIKPEN	70/30	KWIKPEN	3 Boxes	Monthly Limit
HUMULIN N	100 UNITS	KWIKPEN	3 Boxes	Monthly Limit
HUMULIN N	100 UNITS	PEN	3 Boxes	Monthly Limit
HUMULIN N	100 UNITS	VIAL	4 Vials	Monthly Limit
HUMULIN R	100 UNITS	VIAL	4 Vials	Monthly Limit
HUMULIN R	500 UNITS	VIAL	4 Vials	Monthly Limit
HYDROMORPHONE HCL	8 MG	TABLET	10	
IBANDRONATE SODIUM	150 MG	TABLET	1	Monthly Limit
ILARIS	180 MG	INJECTION	1 Vial	Per Fill
IMIQUIMOD	5%	PACKET	12 Packets	Monthly Limit
IMITREX	All Strengths	TABLET	9	Per Fill
IMITREX	All Strengths	PEN	8 Pens	Monthly Limit
INLYTA	All Strengths	TABLET	4	
INTELENCE	20 MG, 100 MG	TABLET	6	
INTELENCE	200 MG	TABLET	2	
INTERMEZZO	All Strengths	TABLET	1	
INTROVALE	0.15-0.03	TABLET	1	
INTUNIV ER 1	All Strengths	TABLET	1	
INVEGA	6 MG	TABLET	2	
INVEGA	1.5 MG, 3 MG, 9 MG	TABLET	1	
INVIRASE	200 MG	CAPSULE	10	
INVIRASE	500 MG	TABLET	4	
INVOKAMET	All Strengths	TABLET	2	





<b>DRUG NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>QUANTITY LIMIT</b>	<b>PER DAY UNLESS OTHERWISE NOTED</b>
INVOKANA	All Strengths	TABLET	1	
IPRATROPIUM BROMIDE	All Strengths	INHALER	1 Inhaler	Monthly Limit
IPRATROPIUM-ALBUTEROL	0.5-3MG/3	AMPUL	6 Vials	
ISENTRESS	100 MG	POWDER	2	
ISENTRESS	100 MG	TABLET - CHEWABLE	2	
ISENTRESS	25 MG	TABLET - CHEWABLE	4	
ISENTRESS	40 MG	TABLET	2	
ITRACONAZOLE	100 MG	CAPSULE	1	
JAKAFI	10 MG	TABLET	2	
JANUMET	All Strengths	TABLET	2	
JANUMET XR	50-1000 MG	TABLET	2	
JANUMET XR	All Strengths	TABLET	1	
JANUVIA	All Strengths	TABLET	1	
JARDIANCE	All Strengths	TABLET	1	
JENCYCLA	0.35 MG	TABLET	1	
JENTADUETO	All Strengths	TABLET	2	
JOLESSA	0.15-0.03	TABLET	1	
JOLIVETTE	0.35 MG	TABLET	1	
JUBLIA	10%	SOLUTION	1 Bottle	Per Fill
JUNEL	All Strengths	TABLET	1	
JUNEL FE	All Strengths	TABLET	1	
JUVISYNC	All Strengths	TABLET	1	
JUXTAPID	All Strengths	CAPSULE	1	
KALETRA	100-25 MG	TABLET	10	
KALETRA	200-50 MG	TABLET	4	



DRUG NAME	STRENGTH	DOSAGE FORM	QUANTITY LIMIT	PER DAY UNLESS OTHERWISE NOTED
KALETRA	400-100/5 ML	SOLUTION	480 Mls	Monthly Limit
KAPVAY ER	0.1 MG	TABLET	2	
KARIVA	21-5	TABLET	1	
KAZANO	All Strengths	TABLET	2	
KELNOR 1-35	1 MG-35MCG	TABLET	1	
KERYDIN	5%	SOLUTION	1 Bottle	Per Fill
KETOROLAC TROMETHAMINE	10 MG	TABLET	20	Per Fill
KHEDEZLA	50 MG, 100 MG	TABLET	1	
KINERET	100 MG	SYRINGE	28	Monthly Limit
KOMBIGLYZE XR	2.5-1000MG	TABLET	2	
KOMBIGLYZE XR	5 MG-500MG, 5MG-1000MG	TABLET	1	
KURVELO	0.15-0.03	TABLET	1	
KYNAMRO	200 MG	SYRINGE	4	Monthly Limit
LAMIVUDINE	All Strengths	TABLET	1	
LAMIVUDINE-ZIDOVUDINE	150-300 MG	TABLET	2	
LANSOPRAZOL-AMOXICIL-CLARITHRO	30-500-500	COMBINATIO N PACKAGE	1 Package	Per Fill
LANSOPRAZOLE	All Strengths	CAPSULE	3	
LANTUS	100/ML	VIAL	4 Vials	Monthly Limit
LANTUS	100/ML	CARTRIDGE	3 Boxes	Monthly Limit
LANTUS SOLOSTAR	100/ML	PEN	3 Boxes	Monthly Limit
LARIN FE	All Strengths	TABLET	1	
LATUDA	All Strengths	TABLET	1	
LEENA	7-9-5	TABLET	1	
LEFLUNOMIDE	All Strengths	TABLET	1	
LESCOL	40 MG	CAPSULE	2	



DRUG NAME	STRENGTH	DOSAGE FORM	QUANTITY LIMIT	PER DAY UNLESS OTHERWISE NOTED
LESCOL	20 MG	CAPSULE	1	
LESCOL XL	80 MG	TABLET	1	
LESSINA	0.1-0.02	TABLET	1	
LEVEMIR	100/ML	VIAL	4 Vials	Monthly Limit
LEVEMIR	100/ML	PEN	5 Pens	Monthly Limit
LEVITRA	All Strengths	TABLET	6	Monthly Limit
LEVOCETIRIZINE DIHYDROCHLORIDE	5 MG	TABLET	1	
LEVONEST	6-5-10	TABLET	1	
LEVONORGESTREL	0.75 MG	TABLET	2	Per Fill
LEVONORGESTREL	1.5 MG	TABLET	1	Per Fill
LEVONORGESTREL-ETH ESTRADIOL	0.15-0.03	TABLET	1	
LEVONORGESTREL-ETH ESTRADIOL	0.1-0.02	TABLET	1	
LEVONORGESTREL-ETH ESTRADIOL	0.15-0.03	TABLET	1	
LEVONORG-ETH ESTRAD ETH ESTRAD	100-20(84)	TABLET	1	
LEVORA	0.15-0.03	TABLET	1	
LEXAPRO	All Strengths	TABLET	1	
LEXIVA	50MG/ML	SUSPENSION	840 Mls	Monthly Limit
LEXIVA	700 MG	TABLET	4	
LINDANE	1%	LOTION	60 Grams	Per Fill
LIPITOR	All Strengths	TABLET	1	
LIPOFEN	All Strengths	CAPSULE	1	
LIPTRUZET	All Strengths	TABLET	1	
LIVALO	All Strengths	TABLET	1	
LO LOESTRIN FE	1MG-10(24)	TABLET	1	
LO MINASTRIN FE	1MG-10(24)	COMBINATIO N PACKAGE	1	



DRUG NAME	STRENGTH	DOSAGE FORM	QUANTITY LIMIT	PER DAY UNLESS OTHERWISE NOTED
LO/OVRAL	0.3-0.03MG	TABLET	1	
LOESTRIN	All Strengths	TABLET	1	
LOESTRIN 24 FE	1MG-20(24)	TABLET	1	
LOESTRIN FE	All Strengths	TABLET	1	
LOFIBRA	All Strengths	ALL FORMS	1	
LOMEDIA 24 FE	1MG-20(24)	TABLET	1	
LORADAMED	10 MG	TABLET	1	
LORATADINE	10 MG	TABLET	1	
LORATADINE D	5 MG-120MG	TABLET	2	
LORATADINE-D	10MG-240MG	TABLET	1	
LORYNA	0.02-3(24)	TABLET	1	
LOSEASONIQUE	100-20(84)	TABLET	1	
LOVASTATIN	20 MG, 40 MG	TABLET	2	
LOVASTATIN	10 MG	TABLET	1	
LOW-OGESTREL	0.3-0.03MG	TABLET	1	
LUPRON DEPOT	22.5 MG	KIT	1 Kit	Every 3 Months
LUPRON DEPOT	11.25 MG	KIT	1 Kit	Every 3 Months
LUPRON DEPOT-PED	11.25 MG	KIT	1 Kit	Every 3 Months
LUPRON DEPOT-PED	30 MG	KIT	1 Kit	Every 3 Months
LUTERA	0.1-0.02	TABLET	1	
LUVOX CR	100 MG, 150 MG	CAPSULE	2	
LUZU	1%	CREAM	2	
LYBREL	90-20MCG	TABLET	1	
LYZA	0.35 MG	TABLET	1	
MALARONE	All Strengths	TABLET	1	
MARGESIC	50-325-40	CAPSULE	6	



<b>DRUG NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>QUANTITY LIMIT</b>	<b>PER DAY UNLESS OTHERWISE NOTED</b>
MARLISSA	0.15-0.03	TABLET	1	
MAXAIR AUTOHALER	200 MCG	INHALER	1 Inhaler	Monthly Limit
MAXALT	All Strengths	TABLET	18	Monthly Limit
MAXALT MLT	All Strengths	TABLET	18	Monthly Limit
MEDROXYPROGESTERONE ACETATE	150 MG/ML	VIAL	1	Every 3 Months
MEFLOQUINE HCL	250 MG	TABLET	4	Monthly Limit
MELOXICAM	7.5 MG	TABLET	1	
MENOSTAR	14MCG/24HR	PATCH	5	Monthly Limit
METADATE CD	20 MG	CAPSULE	3	
METADATE ER	20 MG	TABLET	3	
METHAMPHETAMINE	5 MG	TABLET	5	
METHYLIN	10 MG	TABLET - CHEWABLE	6	
METHYLIN	2.5 MG, 5 MG	TABLET - CHEWABLE	5	
METHYLIN ER	20 MG	TABLET	3	
METHYLPHENIDATE	All Strengths	TABLET	3	
METHYLPHENIDATE	10 MG/5 ML	SOLUTION	900 Mls	Monthly Limit
METHYLPHENIDATE	5 MG/5 ML	SOLUTION	1800 Mls	Monthly Limit
METHYLPHENIDATE ER	20 MG	CAPSULE	3	
METHYLPHENIDATE ER	20 MG	TABLET	3	
METHYLPHENIDATE HCL CD	20 MG	CAPSULE	3	
MEVACOR	All Strengths	TABLET	2	
MICONAZOLE 1	1200MG-2%	KIT	1 Package	Per Fill
MICONAZOLE 3	200 MG	SUPPOSITOR Y, VAGINAL	1 Package	
MICROGESTIN	All Strengths	TABLET	1	
MICROGESTIN FE	All Strengths	TABLET	1	



DRUG NAME	STRENGTH	DOSAGE FORM	QUANTITY LIMIT	PER DAY UNLESS OTHERWISE NOTED
MIGRANAL	0.5MG/SPRY	NASAL SPRAY	8 Inhalers	Monthly Limit
MINASTRIN 24 FE	1MG-20(24)	TABLET - CHEWABLE	1	
MINIVELLE	All Strengths	PATCH	10	Monthly Limit
MINOCYCLINE HCL	45 MG, 90 MG, 135 MG	TABLET	1	
MIRCETTE	21-5	TABLET	1	
MIRTAZAPINE	All Strengths	TABLET	1	
MOBIC	7.5 MG	TABLET	1	
MODAFINIL	All Strengths	TABLET	1	
MODICON	0.5-0.035	TABLET	1	
MONISTAT 3	200 MG	SUPPOSITORY, VAGINAL	1 Package	Per Fill
MONO-LINYAH	0.25-0.035	TABLET	1	
MONONESSA	0.25-0.035	TABLET	1	
MONTELUKAST	All Strengths	TABLET	1	
MUSE	All Strengths	SUPPOSITORY, URETHRAL	6	Monthly Limit
MY WAY	1.5 MG	TABLET	1	Per Fill
MYZILRA	6-5-10	TABLET	1	
NAFTIN	All Strengths	ALL FORMS	60 Grams	Per Fill
NAMENDA XR	All Strengths	CAPSULE	1	
NARATRIPTAN HCL	All Strengths	TABLET	9	Per Fill
NASACORT AQ	55MCG	NASAL SPRAY	1 Inhaler	Monthly Limit
NASONEX	50 MCG	NASAL SPRAY	1 Inhaler	Monthly Limit
NATAZIA	3-2-1(28)	TABLET	1	
NATROBA	0.90%	SUSPENSION	1 Bottle	Per Fill
NEBUPENT	300 MG	VIAL	1	Per Fill
NECON	All Strengths	TABLET	1	



<b>DRUG NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>QUANTITY LIMIT</b>	<b>PER DAY UNLESS OTHERWISE NOTED</b>
NESINA	All Strengths	TABLET	1	
NEVIRAPINE	All Strengths	TABLET	2	
NEVIRAPINE	50 MG/ 5ML	SUSPENSION	1200 Mls	Monthly Limit
NEXAVAR	200 MG	TABLET	4	
NEXIUM	All Strengths	SUSPENSION	3	
NEXIUM	All Strengths	CAPSULE	3	
NEXT CHOICE	0.75 MG	TABLET	2	Per Fill
NEXT CHOICE ONE DOSE	1.5 MG	TABLET	1	Per Fill
NORA-BE	0.35 MG	TABLET	1	
NORDETTE	0.15-0.03	TABLET	1	
NORETHINDRONE ACETATE	0.35 MG	TABLET	1	
NORETHINDRONE-ETHIN ESTRADIOL	All Strengths	TABLET	1	
NORINYL	All Strengths	TABLET	1	
NOR-Q-D	0.35 MG	TABLET	1	
NORTREL	All Strengths	TABLET	1	
NORVIR	100 MG	SOFTGEL	12	
NORVIR	100 MG	TABLET	6	
NORVIR	80MG/ML	SOLUTION	480 Mls	Monthly Limit
NOVAREL	10000 UNIT	VIAL	3 Vials	Monthly Limit
NOVOLIN 70/30	100 UNITS	VIAL	4 Vials	Monthly Limit
NOVOLIN N	100 UNITS	VIAL	4 Vials	Monthly Limit
NOVOLIN R	100 UNITS	VIAL	4 Vials	Monthly Limit
NOVOLOG	100/ML	VIAL	4 Vials	Monthly Limit
NOVOLOG	100/ML	CARTRIDGE	3 Boxes	
NOVOLOG FLEXPEN	100/ML	PEN	5 Pens	Monthly Limit



<b>DRUG NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>QUANTITY LIMIT</b>	<b>PER DAY UNLESS OTHERWISE NOTED</b>
NOVOLOG MIX 70-30	70-30/ML	VIAL	4 Vials	
NOVOLOG MIX 70-30	70-30/ML	PEN	5 Pens	Monthly Limit
NUCYNTA	All Strengths	TABLET	181	Monthly Limit
NUVARING	0.12-0.015	RING, VAGINAL	1 Ring	Monthly Limit
OCELLA	0.03-3MG	TABLET	1	
OGESTREL	0.5 MG-50	TABLET	1	
OLANZAPINE	All Strengths	TABLET	1	
OLANZAPINE ODT	All Strengths	TABLET	1	
OLEPTRO ER	All Strengths	TABLET	1	
OMECLAMOX-PAK	20(20)-500	COMBINATIO N PACKAGE	1 Package	Monthly Limit
OMEPRAZOLE-SODIUM BICARBONATE	All Strengths	CAPSULE	3	
OMNARIS	50 MCG	NASAL SPRAY	1 Inhaler	Monthly Limit
ONDANSETRON / ODT	All Strengths	TABLET	9	Monthly Limit
ONGLYZA	All Strengths	TABLET	1	
ONMEL	200 MG	TABLET	1	
ONSOLIS	All Strengths	FILM	4	
ORBIVAN	50-300-40	CAPSULE	6	
ORSYTHIA	0.1-0.02	TABLET	1	
ORTHO EVRA	150-20/24H	PATCH	1 Box	Monthly Limit
ORTHO MICRONOR	0.35 MG	TABLET	1	
ORTHO TRI-CYCLEN	7DAYSX3 28	TABLET	1	
ORTHO TRI-CYCLEN LO	7DAYSX3 LO	TABLET	1	
ORTHO-CEPT	0.15-0.03	TABLET	1	
ORTHO-CYCLEN	0.25-0.035	TABLET	1	
ORTHO-NOVUM	All Strengths	TABLET	1	
OSENI	All Strengths	TABLET	1	





DRUG NAME	STRENGTH	DOSAGE FORM	QUANTITY LIMIT	PER DAY UNLESS OTHERWISE NOTED
OTEZLA	30 MG	TABLET	2	
OTREXUP	All Strengths	INJECTION	1 Box	Monthly Limit
OVCON	All Strengths	TABLET	1	
OXECTA	5 MG	TABLET	36	
OXISTAT	1%	ALL FORMS	30 Grams	Per Fill
OXYBUTYNIN CHLORIDE ER	5 MG	TABLET	1	
OXYCODONE HCL	20 MG/ML	SOLUTION	9 Mls	
OXYCODONE HCL	5 MG	ALL FORMS	36	
OXYCODONE HCL	30 MG	TABLET	6	
OXYCODONE HCL	15 MG	TABLET	12	
OXYCONTIN	All Strengths	TABLET	2	
OXYTROL	3.9MG/24HR	PATCH	10	Monthly Limit
PANTOPRAZOLE SODIUM	All Strengths	TABLET	3	
PAROXETINE HCL	12.5 MG; 20 MG; 25 MG; 30 MG; 37.5 MG	TABLET	2	
PAROXETINE HCL	10 MG; 40 MG	TABLET	1	
PATANASE	0.6 %	NASAL SPRAY	1 Inhaler	Monthly Limit
PAXIL	20 MG; 30 MG	TABLET	2	
PAXIL	10 MG; 40 MG	TABLET	1	
PAXIL CR	All Strengths	TABLET	2	
PEGASYS	180MCG/0.5	KIT	1 Kit	Monthly Limit
PEG-INTRON	All Strengths	KIT	1	Monthly Limit
PENNSAID	2%	SOLUTION	1 Bottle	Per Fill
PERFOROMIST	20 MCG/2ML	VIAL	60 Vials	Monthly Limit
PEXEVA	20 MG; 30 MG	TABLET	2	
PEXEVA	10 MG; 40 MG	TABLET	1	
PHILITH	0.4-0.035	TABLET	1	



<b>DRUG NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>QUANTITY LIMIT</b>	<b>PER DAY UNLESS OTHERWISE NOTED</b>
PICATO	All Strengths	ALL FORMS	1 Box	Per Fill
PIMTREA	21-5	TABLET	1	
PIOGLITAZONE HCL	All Strengths	TABLET	1	
PIOGLITAZONE-GLIMEPIRIDE	All Strengths	TABLET	1	
PIOGLITAZONE-METFORMIN	All Strengths	TABLET	3	
PIRMELLA	All Strengths	TABLET	1	
PLAN B ONE-STEP	1.5 MG	TABLET	1	Per Fill
PLAVIX	All Strengths	TABLET	1	
POMALYST	All Strengths	CAPSULE	21	Monthly Limit
PORTIA	0.15-0.03	TABLET	1	
PRANDIMET	1MG-500MG; 2 MG-500MG	TABLET	5	
PRAVACHOL	All Strengths	TABLET	1	
PRAVASTATIN SODIUM	All Strengths	TABLET	1	
PREGNYL	10000 UNIT	VIAL	3 Vials	Monthly Limit
PREVACID RX	All Strengths	CAPSULE	3	
PREVIFEM	0.25-0.035	TABLET	1	
PREVPAC	30-500-500	COMBINATION PACKAGE	1 Package	Per Fill
PREZISTA	100 MG / ML	SUSPENSION	240 Mls	Per Fill
PREZISTA	150 MG	TABLET	6	
PREZISTA	400 MG, 800 MG	TABLET	1	
PREZISTA	600 MG	TABLET	2	
PREZISTA	75 MG	TABLET	5	
PRILOSEC RX	2.5 MG; 20 MG; 10 MG; 40 MG	CAPSULE	3	
PRIMAQUINE	26.3 MG	TABLET	2	
PRISTIQ ER	50 MG; 100 MG	TABLET	1	



DRUG NAME	STRENGTH	DOSAGE FORM	QUANTITY LIMIT	PER DAY UNLESS OTHERWISE NOTED
PROAIR HFA	90 MCG	INHALER	1 Inhaler	Monthly Limit
PROCENTRA	5 MG/5 ML	SOLUTION	1800 Mls	Monthly Limit
PROTONIX	All Strengths	TABLET	3	
PROTOPIC	All Strengths	OINTMENT	30 Grams	Per Fill
PROVENTIL HFA	90 MCG	INHALER	1 Inhaler	Monthly Limit
PROVIGIL	All Strengths	TABLET	1	
PROZAC	40 MG	CAPSULE	2	
PROZAC	10 MG	CAPSULE	1	
PROZAC WEEKLY	90 MG	CAPSULE	5	Monthly Limit
PSORCON	0.05%	CREAM	60 Grams	Per Fill
PULMICORT	1 MG/2 ML	AMPUL	1 Ampule	
PULMICORT	0.5 MG/2ML	AMPUL	2 Ampules	
PULMICORT	0.25MG/2ML	AMPUL	2 Ampules	
PULMICORT FLEXHALER	All Strengths	INHALER	1 Inhaler	Monthly Limit
QNASL	80 MCG	INHALER	1 Inhaler	Monthly Limit
QUARTETTE	0.15MG(84)	TABLET	1	
QUASENSE	0.15-0.03	TABLET	1	
QUETIAPINE FUMARATE	25 MG; 50 MG; 100M MG; 200 MG	TABLET	3	
QUETIAPINE FUMARATE	300 MG; 400 MG	TABLET	2	
QUILLIVANT XR	25 MG / 5 ML	SUSPENSION	360 Mls	Monthly Limit
QVAR	40 MCG; 80 MCG	NASAL SPRAY	1 Inhaler	Monthly Limit
RABEPRAZOLE SODIUM	20 MG	TABLET	3	
REBIF	All Strengths	SYRINGE	1 Kit	Monthly Limit
RECLIPSEN	0.15-0.03	TABLET	1	
REGANEX	0.01 %	GEL	1 Tube	Monthly Limit
RELENZA	5 MG	INHALER	1 Inhaler	Per Flu Season



<b>DRUG NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>QUANTITY LIMIT</b>	<b>PER DAY UNLESS OTHERWISE NOTED</b>
RELPAK	All Strengths	TABLET	18	Monthly Limit
REMERON	All Strengths	TABLET	1	
REPAN	50-325-40	TABLET	6	
RESCRIPTOR	100 MG	TABLET	12	
RESCRIPTOR	200 MG	TABLET	6	
RESTASIS	0.05 %	VIAL	2 Vials	
RETROVIR	100 MG	CAPSULE	6	
RETROVIR	300 MG	TABLET	2	
RETROVIR	50 MG/5 ML	SYRUP	1800	Monthly Limit
REVATIO	20 MG	TABLET	3	
RHINOCORT AQUA	32MCG	NASAL SPRAY	1 Inhaler	Monthly Limit
RIOMET	500 MG/5 ML	SOLUTION	750 Mls	Monthly Limit
RISPERDAL	All Strengths	TABLET	2	
RISPERDAL M-TAB	All Strengths	TABLET	2	
RISPERIDONE / ODT	All Strengths	TABLET	2	
RITALIN	All Strengths	TABLET	3	
RITALIN LA	20 MG	CAPSULE	3	
RITALIN-SR	20 MG	TABLET	3	
RIVASTIGMINE	All Strengths	CAPSULE	2	
RIVASTIGMINE	All Strengths	PATCH	1 PATCH	
RIZATRIPTAN	All Strengths	TABLET	18	Monthly Limit
ROXICODONE	5 MG	TABLET	36	
ROXICODONE	30 MG	TABLET	6	
ROXICODONE	15 MG	TABLET	12	
ROZEREM	8 MG	TABLET	1	



<b>DRUG NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>QUANTITY LIMIT</b>	<b>PER DAY UNLESS OTHERWISE NOTED</b>
RYZOLT	All Strengths	TABLET	1	
SAFYRAL	3-0.03(21)	TABLET	1	
SAMSCA	30 MG	TABLET	2	
SAMSCA	15 MG	TABLET	1	
SANCUSO	3.1MG/24HR	PATCH	1 Patch	Per Fill
SAPHRIS	5 MG; 10 MG	TABLET	2	
SARAFEM	10 MG; 15 MG	TABLET	1	
SARAFEM	20 MG	TABLET	4	
SAVELLA	12.5-25-50	TABLET	1 Package	Monthly Limit
SAVELLA	12.5 MG; 25 MG; 50 MG; 100 MG	TABLET	2	
SEASONALE	0.15-0.03	TABLET	1	
SEASONIQUE	150-30(84)	TABLET	1	
SELFEMRA	10 MG	CAPSULE	1	
SELZENTRY	All Strengths	TABLET	2	
SEREVENT DISKUS	50 MCG	INHALER	1 Inhaler	Monthly Limit
SEROQUEL	25 MG; 50 MG; 100 MG; 200 MG	TABLET	3	
SEROQUEL	300 MG; 400 MG	TABLET	2	
SEROQUEL XR	50 MG; 300 MG; 400 MG	TABLET	2	
SEROQUEL XR	150 MG; 200 MG	TABLET	1	
SERTRALINE HCL	50 MG; 100 MG	TABLET	2	
SERTRALINE HCL	25 MG	TABLET	1	
SILDENAFIL CITRATE	20 MG	TABLET	3	
SILENOR	All Strengths	TABLET	1	
SIMCOR	1000-20MG; 750MG-20MG	TABLET	2	
SIMCOR	500-40MG, 500-20MG, 1000-40MG	TABLET	1	
SIMPONI	All Strengths	ALL FORMS	1	Monthly Limit



<b>DRUG NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>QUANTITY LIMIT</b>	<b>PER DAY UNLESS OTHERWISE NOTED</b>
SIMVASTATIN	All Strengths	TABLET	1	
SOLARAZE	3%	GEL	200 Grams	Per Fill
SOLIA	0.15-0.03	TABLET	1	
SOLODYN	All Strengths	TABLET	1	
SORILUX	0.005%	FOAM	120 Grams	Per Fill
SOVALDI	400 MG	TABLET	1	
SPINOSAD	0.90%	SUSPENSION	240 Mls	Monthly Limit
SPIRIVA	All Strengths	INHALER	1	Monthly Limit
SPORANOX	100 MG	CAPSULE	1	
SPRINTEC	0.25-0.035	TABLET	1	
SPRIX	15.75 MG	NASAL SPRAY	1 Inhaler	Monthly Limit
SPRYCEL	All Strengths	TABLET	1	
SRONYX	0.1-0.02	TABLET	1	
STAVUDINE	1 MG/ML	SOLUTION	2400 Mls	Monthly Limit
STAVUDINE	All Strengths	CAPSULE	2	
STAXYN	10 MG	TABLET	8	Monthly Limit
STRATTERA	40 MG, 60 MG, 80 MG, 100 MG	CAPSULE	1	
STRATTERA	10 MG, 18 MG, 25 MG	CAPSULE	4	
STRIBILD	STRIBILD TABLET	TABLET	1	
SUBOXONE	2 MG-0.5MG, 4MG-1MG, 8MG-2MG	FILM	3	
SUBOXONE	12 MG-3 MG	FILM	2	
SUMATRIPTAN SUCCINATE	All Strengths	TABLET	18	Monthly Limit
SUMATRIPTAN SUCCINATE	All Strengths	INJECTION	8 Pens	Monthly Limit
SUMAVEL DOSEPRO	6 MG/0.5ML	INJECTION	6 Injectors	Monthly Limit



DRUG NAME	STRENGTH	DOSAGE FORM	QUANTITY LIMIT	PER DAY UNLESS OTHERWISE NOTED
SUSTIVA	All Strengths	ALL FORMS	1	
SUTENT	12.5 MG	CAPSULE	4	
SUTENT	25 MG	CAPSULE	2	
SUTENT	37.5 MG, 50 MG	CAPSULE	1	
SYEDA	0.03-3MG	TABLET	1	
SYLATRON	All Strengths	KIT	1 Kit	Monthly Limit
SYMBICORT	All Strengths	INHALER	1 Inhaler	Monthly Limit
SYMLINPEN 120	2700/2.7ML	PEN	10 Pens	Monthly Limit
SYMLINPEN 60	1500/1.5ML	PEN	8 Pens	Monthly Limit
TAMIFLU	All Strengths	CAPSULE	20	Per Flu Season
TANZEUM	All Strengths	PEN	4 Pens	Per Fill
TARCEVA	All Strengths	TABLET	4	
TASIGNA	All Strengths	CAPSULE	4	
TAZORAC	All Strengths	ALL FORMS	30 Grams	Per Fill
TECFIDERA DR	120 MG	CAPSULE	14	Per Fill
TECFIDERA DR	240 MG	CAPSULE	2	
TERAZOSIN HCL	10 MG	CAPSULE	2	
TERAZOSIN HCL	1 MG; 2 MG; 5MG	CAPSULE	1	
TILIA FE	5-7-9-7	TABLET	1	
TIVICAY	50 MG	TABLET	1	
TOBI	300 MG/5ML	AMPUL	56 Ampules	Monthly Limit
TOBI PODHALER	28 MG	INHALER	1 Inhaler	Monthly Limit
TOBRAMYCIN SULFATE	300 MG/5ML	AMPUL	56 Ampules	Monthly Limit
TOLAK	4%	CREAM	40 Grams	Per Fill
TRADJENTA	5 MG	TABLET	1	



<b>DRUG NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>QUANTITY LIMIT</b>	<b>PER DAY UNLESS OTHERWISE NOTED</b>
TRAMADOL HCL	50 MG	TABLET	8	
TRAMADOL HCL ER	150 MG	CAPSULE	2	
TRAMADOL HCL ER	All Strengths	TABLET	1	
TRAMADOL HCL-ACETAMINOPHEN	37.5-325MG	TABLET	8	
TREXIMET	85MG-500MG	TABLET	18	Monthly Limit
TRIAMCINOLONE ACETONIDE	55MCG	NASAL SPRAY	1 Inhaler	Monthly Limit
TRI-ESTARYLLA	7DAYSX3 28	TABLET	1	
TRIGLIDE	160 MG	TABLET	1	
TRI-LEGEST FE	5-7-9-7	TABLET	1	
TRI-LINYAH	7DAYSX3 28	TABLET	1	
TRILIPIX DR	All Strengths	CAPSULE	1	
TRINESSA	7DAYSX3 28	TABLET	1	
TRI-NORINYL	7-9-5	TABLET	1	
TRI-PREVIFEM	7DAYSX3 28	TABLET	1	
TRI-SPRINTEC	7DAYSX3 28	TABLET	1	
TRIUMEQ	600-50-300 MG	TABLET	1	
TRIVORA	6-5-10	TABLET	1	
TRIZIVIR	300-150-300 MG	TABLET	2	
TRULICITY	All Strengths	PEN	4 Pens	Per Fill
TRUVADA	200-300MG	TABLET	1	
TUDORZA PRESSAIR	400 MCG	INHALER	1 Inhaler	Monthly Limit
TYBOST	150 MG	TABLET	1	
TYKER	250 MG	TABLET	6	
ULTRACET	37.5-325MG	TABLET	8	
ULTRAM	50 MG	TABLET	8	





<b>DRUG NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>QUANTITY LIMIT</b>	<b>PER DAY UNLESS OTHERWISE NOTED</b>
ULTRAM ER	All Strengths	TABLET	1	
VALACYCLOVIR	All Strengths	TABLET	1	
VALTREX	All Strengths	TABLET	1	
VECTICAL	3 MCG/G	OINTMENT	100 Grams	Per Fill
VELIVET	7 DAYS X 3	TABLET	1	
VENLAFAXINE HCL	All Strengths	TABLET	3	
VENLAFAXINE HCL ER	All Strengths	CAPSULE	1	
VENLAFAXINE HCL ER	All Strengths	TABLET	1	
VENLAFAXINE HCL ER	75 MG	CAPSULE	3	
VENLAFAXINE HCL ER BRAND	All Strengths	TABLET	1	
VENTOLIN HFA	90 MCG	INHALER	1 Inhaler	Monthly Limit
VENTOLIN HFA	90 MCG	INHALER	1	Monthly Limit
VERAMYST	27.5 MCG	NASAL SPRAY	1 Inhaler	Monthly Limit
VESTURA	0.02-3(24)	TABLET	1	
VIAGRA	All Strengths	TABLET	6	Monthly Limit
VICTOZA 2-PAK	18 MG / 3 ML	PEN	2 Pens	Monthly Limit
VICTOZA 3-PAK	18 MG / 3 ML	PEN	3 Pens	Monthly Limit
VIDEX EC	125 MG, 200 MG	CAPSULE	2	
VIDEX EC	250 MG, 400 MG	CAPSULE	1	
VIEKIRA PAK	250-12.5-75 MG	TABLET	112	Monthly Limit
VIIBRYD	10 MG	TABLET	1	
VIIBRYD	All Strengths	TABLET	1	
VIIBRYD STARTER PACK	10-20-40 MG	TABLET	1 Box	Per Fill
VIMOVO DR	All Strengths		2	
VIORELE	21-5	TABLET	1	



DRUG NAME	STRENGTH	DOSAGE FORM	QUANTITY LIMIT	PER DAY UNLESS OTHERWISE NOTED
VIRACEPT	250 MG	TABLET	6	
VIRACEPT	625 MG	TABLET	4	
VIRAMUNE	200 MG	TABLET	2	
VIRAMUNE	50 MG/5 ML	SUSPENSION	1200 MLS	Monthly Limit
VIRAMUNE XR	All Strengths	TABLET	3	
VIREAD	All Strengths	TABLET	1	
VIVELLE	All Strengths	PATCH	10	Monthly Limit
VIVELLE- DOT	All Strengths	PATCH	10	Monthly Limit
VOLTAREN	1%	GEL	200 Grams	Per Fill
VOTRIENT	200 MG	TABLET	4	
VYFEMLA	0.4-0.035	TABLET	1	
VYTORIN	All Strengths	TABLET	1	
VYVANSE	All Strengths	CAPSULE	1	
WELLBUTRIN SR	All Strengths	TABLET	2	
WERA	0.5-0.035	TABLET	1	
WYMZYA FE	0.4-35(21)	TABLET - CHEWABLE	1	
XALKORI	200 MG	CAPSULE	2	
XALKORI	250 MG	CAPSULE	1	
XELJANZ	5 MG	TABLET	2	
XIGDUO XR	10-1,000 MG, 10-500 MG, 5-500 MG	TABLET	1	
XIGDUO XR	5-1,000 MG	TABLET	2	
XOPENEX HFA	45 MCG	INHALER	1	Monthly Limit
XTANDI	40 MG	CAPSULE	4	
XYREM	500 MG/ML	SOLUTION	540 Mls	Monthly Limit



DRUG NAME	STRENGTH	DOSAGE FORM	QUANTITY LIMIT	PER DAY UNLESS OTHERWISE NOTED
XYZAL	5 MG	TABLET	1	
YASMIN	0.03-3MG	TABLET	1	
YAZ	0.02-3(24)	TABLET	1	
ZAFIRLUKAST	All Strengths	TABLET	2	
ZARAH	0.03-3MG	TABLET	1	
ZEBUTAL	All Strengths	CAPSULE	6	
ZEGERID RX	All Strengths	CAPSULE	3	
ZELBORAF	240 MG	TABLET	8	
ZENCHENT	0.4-0.035	TABLET	1	
ZENCHENT FE	0.4-35(21)	TABLET - CHEWABLE	1	
ZEOSA	0.4-35(21)	TABLET - CHEWABLE	1	
ZERIT	1 MG/ML	SOLUTION	2400 Mls	Monthly Limit
ZERIT	All Strengths	CAPSULE	2	
ZETONNA	37 MCG	INHALER	1 Inhaler	Monthly Limit
ZIAGEN	20 MG /ML	SOLUTION	900 Mls	Monthly Limit
ZIDOVUDINE	100 MG	CAPSULE	6	
ZIDOVUDINE	300 MG	TABLET	2	
ZIDOVUDINE	50 MG/5 ML	SYRUP	1800	Monthly Limit
ZIPRASIDONE HCL	All Strengths	CAPSULE	2	
ZIPSOR	25 MG	CAPSULE	4	
ZOCOR	All Strengths	TABLET	1	
ZOFRAN / ODT	All Strengths	TABLET	9	Per Fill
ZOLINZA	100 MG	CAPSULE	4	
ZOLMITRIPTAN/ ODT	2.5 MG	TABLET	6	Per Fill
ZOLOFT	50 MG	TABLET	2	



<b>DRUG NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>QUANTITY LIMIT</b>	<b>PER DAY UNLESS OTHERWISE NOTED</b>
ZOLOFT	100 MG	TABLET	2	
ZOLOFT	25 MG	TABLET	1	
ZOLPIMIST	5 MG/SPRAY	SOLUTION	1 Bottle	Monthly Limit
ZOMIG	All Strengths	TABLET	6	Per Fill
ZOMIG ZMT	All Strengths	TABLET	6	Per Fill
ZORVOLEX	All Strengths	CAPSULE	3	
ZOVIA	All Strengths	TABLET	1	
ZOVIRAX	5%	ALL FORMS	15 Grams	Per Fill
ZUPLENZ	All Strengths	FILM	9	Per Fill
ZYCLARA	All Strengths	CREAM	1 Bottle	Per Fill
ZYCLARA	3.75%	CREAM	28 Packets	Per Fill
ZYFLO CR	600 MG	TABLET	4	
ZYPREXA/ZYDIS	All Strengths	TABLET	1	
ZYRTEC RX	10 MG	TABLET	1	
ZYRTEC-D RX	5 MG-120MG	TABLET	2	
ZYTIGA	250 MG	TABLET	4	

