

Quantity Limits

The ClearScript Quantity Limits program promotes the effective use of prescription medications based on Food and Drug Administration guidelines, the manufacturer's labeling, and other factors.

What are Quantity Limits?

Quantity limits define the maximum amount of medication covered by your drug benefit for one prescription or copayment. This means your benefit covers a limited number of doses per prescription based on the medication's recommended dosing guidelines.

If you have questions about quantity limits for your medication, contact ClearScript Member Services at the number on the back of your ID Card.

Important Note: Your benefit plan determines coverage for all medications. Medications included on this list may not be covered by all benefit plans, and there may be quantity limits on medications not included on this list. Additional coverage restrictions may apply, and this list is subject to change throughout the year.

Drug	Quantity Limits
ABILIFY (TABLET)	1 / DAY
ABILIFY MYCITE (2 MG MAINT, 2 MG START, 5 MG START, 5 MG MAINT, 10 MG MAINT, 10 MG START, 15 MG START, 15 MG MAINT, 20 MG MAINT, 20 MG START, 30 MG MAINT, 30 MG START)	1 / DAY
ABILIFY MYCITE (2 MG, 5 MG, 10 MG, 15 MG, 20 MG, 30 MG)	1 TABLET / DAY
ABSTRAL (TAB SUBL)	4 / DAY
ACTIQ (LOZENGE HD)	4 / DAY
ACTONEL 150 MG TABLET	1 / 28 DAYS
ACTONEL 35 MG TABLET	4 / 28 DAYS
ADCIRCA (TABLET)	2 / DAY
ADDERALL (5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET, 12.5 MG TABLET, 15 MG TABLET, 20 MG TABLET)	3 / DAY
ADDERALL 30 MG TABLET	2 / DAY
ADDERALL XR (CAP ER 24H)	1 / DAY
ADDYI (TABLET)	1 / DAY
ADEMPAS (TABLET)	3 / DAY

Medications with Quantity Limits

Drug	Quantity Limits
ADHANSIA XR (35 MG CAPSULE, 45 MG CAPSULE, 55 MG CAPSULE, 70 MG CAPSULE, 85 MG CAPSULE)	1 / DAY
ADHANSIA XR 25 MG CAPSULE	4 / DAY
ADLYXIN 10-20 MCG STARTER PACK	2 PACKS (6 ML) / 365 DAYS
ADLYXIN 20 MCG MAINTENANCE PK	2 PENS (6 ML) / 28 DAYS
ADZENYS ER (SUS BP 24H)	15.04 ML / DAY
ADZENYS XR-ODT (TAB RAP BP)	1 / DAY
AEROSPAN (HFA AER AD)	2 INHALERS (17.8 G) / 30 DAYS
AFINITOR (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET)	1 / DAY
AFINITOR 10 MG TABLET	1 / DAY
AIMOVIG AUTOINJECTOR (2 PACK) (AUTO INJCT)	2 SYRINGES (2 ML) / 30 DAYS
AIMOVIG AUTOINJECTOR (AUTO INJCT)	2 SYRINGES (2 ML) / 30 DAYS
AIRDUO DIGIHALER (AER PW BAS)	1 INHALER / 30 DAYS
AIRDUO RESPICLICK (AER POW BA)	1 INHALER / 30 DAYS
AJOVY AUTOINJECTOR (AUTO INJCT)	1 PEN (1.5ML) / 30 DAYS
AJOVY SYRINGE (SYRINGE)	1 SYRINGE (1.5 ML) / 30 DAYS
AKYNZEO 300-0.5 MG CAPSULE	2 / 30 DAYS
albuterol 100 mg/20 ml soln	150 ML / 30 DAYS
albuterol 2.5 mg/0.5 ml sol	150 VIALS / 30 DAYS
albuterol 5 mg/ml solution	150 ML / 30 DAYS
albuterol sul 2.5 mg/3 ml soln	180 VIALS (540 ML) / 30 DAYS
ALBUTEROL SULFATE (0.63 ML, 1.25 ML)	125 VIALS (375 ML) / 30 DAYS
ALENDRONATE SODIUM (35 MG TAB, 70 MG TAB)	4 / 28 DAYS
almotriptan malate (TABLET)	18 / 30 DAYS
ALPRAZOLAM (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET)	4 / DAY
alprazolam 2 mg tablet	5 / DAY
ALPRAZOLAM ER (ER 0.5 MG TABLET, ER 1 MG TABLET)	1 / DAY
alprazolam er 2 mg tablet	5 / DAY
alprazolam er 3 mg tablet	3 / DAY

Medications with Quantity Limits

Drug	Quantity Limits
alprazolam intensol (ORAL CONC)	10 BOTTLES (300 ML) / 30 DAYS
ALPRAZOLAM ODT (ODT 0.25 MG TAB, ODT 0.5 MG TAB, ODT 1 MG TAB)	4 / DAY
alprazolam odt 2 mg tab	5 / DAY
ALPRAZOLAM XR (0.5 MG TABLET, 1 MG TABLET)	1 / DAY
alprazolam xr 2 mg tablet	5 / DAY
alprazolam xr 3 mg tablet	3 / DAY
ALUNBRIG (90 MG TABLET, 180 MG TABLET)	1 / DAY
ALUNBRIG 30 MG TABLET	4 / DAY
ALUNBRIG 90 MG-180 MG TAB PACK	1 PACKAGE (30 TABLETS) / 365 DAYS
ALVESCO (HFA AER AD)	2 INHALERS (12.2 G) / 30 DAYS
alyq (TABLET)	2 / DAY
AMBIEN (TABLET)	1 / DAY
AMBIEN CR (TAB MPHASE)	1 / DAY
ambrisentan (TABLET)	1 / DAY
AMERGE (TABLET)	18 / 30 DAYS
AMITIZA (CAPSULE)	2 / DAY
amphetamine (SUS BP 24H)	15.04 ML / DAY
amphetamine sulfate (TABLET)	6 / DAY
AMPYRA (TAB ER 12H)	2 / DAY
ANORO ELLIPTA (BLST W/DEV)	1 INHALER (60 BLISTERS) / 30 DAYS
ANZEMET (50 MG TABLET, 100 MG TABLET)	2 / 30 DAYS
APLENZIN (TAB ER 24H)	1 / DAY
APOKYN (CARTRIDGE)	20 CARTRIDGES (60 ML) / 30 DAYS
aprepitant 125 mg capsule	2 / 30 DAYS
aprepitant 125-80-80 mg pack	2 TRIPACKS (6 CAPSULES) / 30 DAYS
aprepitant 40 mg capsule	1 / 30 DAYS
aprepitant 80 mg capsule	4 / 30 DAYS
APTENSIO XR (CSBP 40-60)	1 / DAY

Medications with Quantity Limits

Drug	Quantity Limits
ARCAPTA NEOHALER (CAP W/DEV)	4 CAPSULES / DAY
arformoterol tartrate (VIAL-NEB)	60 VIALS (120 ML) / 30 DAYS
ARIKAYCE (VIAL-NEB)	1 VIAL (8.4 ML) / DAY
ARIPIPRAZOLE (2 MG TABLET, 5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)	1 / DAY
aripiprazole 1 mg/ml solution	5 BOTTLES (750 ML) / 30 DAYS
aripiprazole odt (TAB RAPDIS)	2 / DAY
ARMODAFINIL (150 MG TABLET, 200 MG TABLET, 250 MG TABLET)	1 / DAY
armodafinil 50 mg tablet	2 / DAY
ARMONAIR DIGIHALER (AER PW BAS)	1 INHALER / 30 DAYS
ARMONAIR RESPICLICK (AER POW BA)	1 INHALER / 30 DAYS
ARYMO ER (TAB PO ER)	3 / DAY
asenapine maleate (TAB SUBL)	2 / DAY
ASMANEX (AER POW BA)	1 INHALER / 30 DAYS
ASMANEX HFA (HFA AER AD)	1 INHALER (13 G) / 30 DAYS
aspirin-omeprazole (TAB IR DR)	1 / DAY
ASTEPRO (SPRAY/PUMP)	2 BOTTLES (60 ML) / 30 DAYS
ATELVIA (TABLET DR)	4 / 28 DAYS
ATIVAN (0.5 MG TABLET, 1 MG TABLET)	3 / DAY
ATIVAN 2 MG TABLET	5 / DAY
ATOMOXETINE HCL (10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE)	2 / DAY
ATOMOXETINE HCL (60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE)	1 / DAY
ATROVENT HFA (HFA AER AD)	2 INHALERS (25.8 G) / 30 DAYS
AUBAGIO (TABLET)	1 / DAY
AUSTEDO (TABLET)	4 / DAY
AUVI-Q 0.1 MG AUTO-INJECTOR	2 INJECTORS / FILL
AVONEX 30 MCG VIAL KIT	1 KIT (4 VIALS) / 28 DAYS
AVONEX PEN (PEN IJ KIT)	1 KIT / 28 DAYS

Medications with Quantity Limits

Drug	Quantity Limits
AVONEX PREFILLED SYR 30 MCG KT	1 KIT / 28 DAYS
AXERT (TABLET)	18 / 30 DAYS
AZELASTINE HCL (0.1% (137 MCG) SPRY, 0.15% NASAL SPRAY)	2 BOTTLES (60 ML) / 30 DAYS
azelastine-fluticasone (SPRAY/PUMP)	1 BOTTLE (23 G) / 30 DAYS
AZSTARYS (CAPSULE)	1 / DAY
BAFIERTAM (CAPSULE DR)	4 / DAY
BARACLUDE 0.05 MG/ML SOLUTION	3 BOTTLES (630 ML) / 30 DAYS
BECONASE AQ (SPRAY)	1 BOTTLE (25 G) / 25 DAYS
BELBUCA (FILM)	2 / DAY
BELSOMRA (TABLET)	1 / DAY
BETASERON (KIT)	1 KIT (15 VIALS) / 30 DAYS
BEVESPI AEROSPHERE (HFA AER AD)	1 INHALER (10.7 G) / 30 DAYS
BEVYXXA (CAPSULE)	44 / 180 DAYS
bimatoprost 0.03% eye drops	2.5 ML / 25 DAYS
BINOSTO (TABLET EFF)	4 / 28 DAYS
BONIVA 150 MG TABLET	1 / 28 DAYS
BONIVA 3 MG/3 ML SYRINGE	1 SYRINGE (3 ML) / 90 DAYS
BONJESTA (TAB IR DR)	2 / DAY
bosentan (TABLET)	2 / DAY
BREZTRI AEROSPHERE (HFA AER AD)	1 INHALER (10.7 G) / 30 DAYS
BRISDELLE (CAPSULE)	1 / DAY
bromfenac sodium (DROPS)	4 BOTTLES (6.8 ML) / YEAR
BROMSITE (DROPS)	4 BOTTLES (20 ML) / 365 DAYS
BROVANA (VIAL-NEB)	60 VIALS (120 ML) / 30 DAYS
BUDESONIDE (0.25 ML, 0.5 ML, 1 ML INH)	60 AMPULES (120 ML) / 30 DAYS
budesonide 32 mcg nasal spray	2 BOTTLES (17.2 G) / 30 DAYS
budesonide-formoterol fumarate (HFA AER AD)	1 INHALER (10.2 G) / 30 DAYS
BUNAVAIL 2.1-0.3 MG FILM	6 / DAY

Medications with Quantity Limits

Drug	Quantity Limits
BUNAVAIL 4.2-0.7 MG FILM	3 / DAY
BUNAVAIL 6.3-1 MG FILM	2 / DAY
buprenorphine (PATCH TDWK)	4 / 28 DAYS
buprenorphine 2 mg tablet sl	12 / DAY
buprenorphine 8 mg tablet sl	3 / DAY
BUPRENORPHINE HCL (75 MCG, 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG)	2 / DAY
buprenorphine-nalox 12-3mg flm	2 / DAY
buprenorphine-nalox 4-1mg film	6 / DAY
BUPRENORPHINE-NALOXONE (BUPRENORPHIN-NALOXON 8-2 MG SL, BUPRENORPHINE-NALOX 8-2MG FILM, BUPRENORPHINE-NALOX 8-2 MG TAB)	3 / DAY
BUPRENORPHINE-NALOXONE (BUPRENORPHINE-NALOX 2-0.5MG FM, BUPRENORPHINE-NALOX 2-0.5MG TB, BUPRENORPHIN-NALOXN 2-0.5 MG SL)	12 / DAY
BUPROPION HCL SR (100 MG TABLET, 200 MG TABLET)	2 / DAY
bupropion hcl sr 150 mg tablet	2 / DAY
BUPROPION HCL SR 150 MG TABLET (generic for wellbutrin sr)	2 / DAY
BUPROPION HCL SR 150 MG TABLET (GENERIC FOR zyban)	2 / DAY
bupropion hcl xl 150 mg tablet	3 / DAY
bupropion hcl xl 300 mg tablet	1 / DAY
bupropion hcl xl 450 mg tablet	1 / DAY
BUTRANS (PATCH TDWK)	4 / 28 DAYS
BYDUREON (VIAL)	4 VIALS / 28 DAYS
BYDUREON BCISE (AUTO INJCT)	4 AUTO-INJECTOR (3.4 ML) / 28 DAYS
BYDUREON PEN (PEN INJCTR)	4 PENS / 28 DAYS
BYETTA 10 MCG DOSE PEN INJ	1 PEN (2.4 ML) / 30 DAYS
BYETTA 5 MCG DOSE PEN INJ	1 PEN (1.2 ML) / 30 DAYS
CABLIVI (KIT)	1 KIT (11 MG) / DAY
calcipotriene-betamethasone (SUSPENSION)	120 G / 30 DAYS
calcipotriene-betamethasone dp (OINT. (G))	400 G / 30 DAYS

Medications with Quantity Limits

Drug	Quantity Limits
calcitonin-salmon 200 units sp	1 BOTTLE (3.7 ML) / 30 DAYS
CAPRELSA 100 MG TABLET	2 / DAY
CAVERJECT (IMPULSE 10 MCG KIT, 20 MCG VIAL, IMPULSE 20 MCG KIT, 40 MCG VIAL)	12 VIALS / 30 DAYS
CELEBREX (CAPSULE)	2 / DAY
celecoxib (CAPSULE)	2 / DAY
CESAMET (CAPSULE)	20 / RX
CHANTIX (0.5 MG TABLET, 1 MG CONT MONTH BOX, 1 MG TABLET)	2 / DAY
CHANTIX STARTING MONTH BOX	1 BOX (53 TABLETS) / 28 DAYS
chlordiazepoxide 10 mg capsule	30 / DAY
chlordiazepoxide 25 mg capsule	12 / DAY
chlordiazepoxide 5 mg capsule	4 / DAY
CIALIS (10 MG TABLET, 20 MG TABLET)	12 / 30 DAYS
CIALIS (2.5 MG TABLET, 5 MG TABLET)	1 / DAY
CLONAZEPAM (0.125 MG ODT, 0.125 MG DIS TAB, 0.25 MG ODT, 0.5 MG TABLET, 0.5 MG DIS TABLET, 0.5 MG ODT, 1 MG TABLET, 1 MG ODT, 1 MG DIS TABLET)	3 / DAY
CLONAZEPAM (2 MG ODT, 2 MG TABLET)	10 / DAY
clorazepate 15 mg tablet	6 / DAY
clorazepate 3.75 mg tablet	24 / DAY
clorazepate 7.5 mg tablet	12 / DAY
CLOZAPINE (25 MG TABLET, 100 MG TABLET)	9 / DAY
clozapine 200 mg tablet	4 / DAY
clozapine 50 mg tablet	6 / DAY
CLOZAPINE ODT (ODT 25 MG TABLET, ODT 100 MG TABLET)	9 / DAY
clozapine odt 12.5 mg tablet	3 / DAY
clozapine odt 150 mg tablet	6 / DAY
clozapine odt 200 mg tablet	4 / DAY
CLOZARIL (25 MG TABLET, 100 MG TABLET)	9 / DAY

Medications with Quantity Limits

Drug	Quantity Limits
CLOZARIL 200 MG TABLET	4 / DAY
CLOZARIL 50 MG TABLET	6 / DAY
COMBIVENT RESPIMAT (MIST INHAL)	2 INHALERS (8 G) / 30 DAYS
CONCERTA (ER 18 MG TABLET, ER 27 MG TABLET, ER 54 MG TABLET)	1 / DAY
CONCERTA ER 36 MG TABLET	2 / DAY
CONSENSI (TABLET)	1 TABLET / DAY
CONZIP (100 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)	1 / DAY
COPAXONE 20 MG/ML SYRINGE	1 KIT (30 SYRINGES) / 30 DAYS
COPAXONE 40 MG/ML SYRINGE	1 KIT (12 SYRINGES) / 28 DAYS
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	2 / DAY
CORLANOR 5 MG/5 ML ORAL SOLN	15 ML / DAY
COTEMPLA XR-ODT 17.3 MG TABLET	3 / DAY
COTEMPLA XR-ODT 25.9 MG TABLET	2 / DAY
COTEMPLA XR-ODT 8.6 MG TABLET	6 / DAY
CRINONE (GEL/PF APP)	15 APPLICATORS (16.9 G) / 30 DAYS
CYMBALTA (20 MG CAPSULE, 60 MG CAPSULE)	2 / DAY
CYMBALTA 30 MG CAPSULE	3 / DAY
CYSTADROPS (DROPS)	4 BOTTLES (20 ML) / 28 DAYS
CYSTARAN (DROPS)	4 BOTTLES (60 ML) / 28 DAYS
dalfampridine er (TAB ER 12H)	2 / DAY
DAYTRANA (PATCH TD24)	1 / DAY
DAYVIGO (TABLET)	1 / DAY
DESOXYN (TABLET)	5 / DAY
DESVENLAFAXINE ER (ER 50 MG TABLET, ER 50 MG TAB)	1 / DAY
desvenlafaxine er 100 mg tab	4 / DAY
DESVENLAFAXINE SUCCINATE ER (ER 25 MG, ER 50 MG)	1 / DAY
desvenlafaxine succnt er 100mg	4 / DAY
DEXEDRINE 10 MG TABLET	6 / DAY

Medications with Quantity Limits

Drug	Quantity Limits
DEXEDRINE SPANSULE 10 MG	6 / DAY
DEXEDRINE SPANSULE 15 MG	4 / DAY
DEXEDRINE SPANSULE 5 MG	3 / DAY
dexmethylphenidate er 20 mg cp	2 / DAY
dexmethylphenidate hcl (TABLET)	2 / DAY
DEXMETHYLPHENIDATE HCL ER (ER 5 MG CAP, ER 10 MG CP, ER 15 MG CP, ER 25 MG CP, ER 30 MG CP, ER 35 MG CP, ER 40 MG CP)	1 / DAY
dextroamp-amphetamin 30 mg tab	2 / DAY
dextroamphetamine 10 mg tab	6 / DAY
dextroamphetamine 30 mg tab	2 / DAY
dextroamphetamine 5 mg tab	3 / DAY
dextroamphetamine 5 mg/5 ml	1800 ML / 30 DAYS
dextroamphetamine er 10 mg cap	6 / DAY
dextroamphetamine er 15 mg cap	4 / DAY
dextroamphetamine er 5 mg cap	3 / DAY
DEXTROAMPHETAMINE SULFATE (15 MG TAB, 20 MG TAB)	3 / DAY
dextroamphetamine-amphet er (CAP ER 24H)	1 / DAY
DEXTROAMPHETAMINE-AMPHETAMINE (DEXTROAMP-AMPHETAM 7.5 MG TAB, DEXTROAMP-AMPHETAM 12.5 MG TAB, DEXTROAMP-AMPHETAMIN 10 MG TAB, DEXTROAMP-AMPHETAMIN 15 MG TAB, DEXTROAMP-AMPHETAMIN 20 MG TAB, DEXTROAMP-AMPHETAMINE 5 MG TAB)	3 / DAY
DIASSTAT (KIT)	2 PACKAGES / RX
DIASSTAT ACUDIAL (KIT)	2 PACKAGES / RX
DIAZEPAM (2.5 MG GEL SYS, 10 MG GEL SYST, 20 MG GEL SYST)	2 PACKAGES / RX
DICLEGIS (TABLET DR)	4 / DAY
diclofenac epolamine (PATCH TD12)	2 / DAY
diclofenac sodium 1% gel	10 TUBES (1000 G) / 30 DAYS
diclofenac sodium 3% gel	3 TUBES (300G) / 30 DAYS
dihydroergotamine 4 mg/ml sphy	1 BOX (8 UNITS) / 30 DAYS
DIMETHYL FUMARATE (DR 120 MG, DR 240 MG)	2 / DAY

Medications with Quantity Limits

Drug	Quantity Limits
dimethyl fumarate 30d start pk	120 CAPSULES / 365 DAYS
DORAL (TABLET)	1 / DAY
DOXEPIN HCL (3 MG TABLET, 6 MG TABLET)	1 / DAY
doxylamine succ-pyridoxine hcl (TABLET DR)	4 / DAY
DRIZALMA SPRINKLE (CAP DR SPR)	60 CAPSULES / 30 DAYS
dronabinol (CAPSULE)	2 / DAY
DUAKLIR PRESSAIR (AER POW BA)	1 INHALER / 30 DAYS
DUEXIS (TABLET)	3 / DAY
DULERA (HFA AER AD)	1 INHALER (13 G) / 30 DAYS
DULOXETINE HCL (DR 20 MG CAP, DR 40 MG CAP, DR 60 MG CAP)	2 / DAY
duloxetine hcl dr 30 mg cap	3 / DAY
DUPIXENT 200 MG/1.14 ML PEN	4 PENS (4.6 ML) / 28 DAYS
DUPIXENT 200 MG/1.14 ML SYRING	4 SYRINGES (4.6 ML) / 28 DAYS
DUPIXENT 300 MG/2 ML PEN	4 PENS (8 ML) / 28 DAYS
DUPIXENT 300 MG/2 ML SYRINGE	4 SYRINGES (8 ML) / 28 DAYS
DURAGESIC (12, 25, 50)	15 / 30 DAYS
DURAGESIC (75, 100)	30 (3 PATCHES EVERY 3 DAYS) / 30 DAYS
DYANAVEL XR (SUS BP 24H)	240 ML / 30 DAYS
DYMISTA (SPRAY/PUMP)	1 BOTTLE (23 G) / 30 DAYS
EDEX (KIT)	12 CARTRIDGES / 30 DAYS
EDLUAR (TAB SUBL)	1 / DAY
EGRIFTA 1 MG VIAL	2 VIALS / DAY
EGRIFTA 2 MG VIAL	1 VIAL / DAY
EGRIFTA SV (VIAL)	1 VIAL / DAY
eletriptan hbr (TABLET)	18 / 30 DAYS
ELIGARD 22.5 MG SYRINGE KIT	1 SYRINGE / 84 DAYS
ELIGARD 30 MG SYRINGE KIT	1 SYRINGE / 112 DAYS
ELIGARD 45 MG SYRINGE KIT	1 SYRINGE / 168 DAYS

Medications with Quantity Limits

Drug	Quantity Limits
ELIGARD 7.5 MG SYRINGE KIT	1 SYRINGE / 28 DAYS
ELIQUIS 2.5 MG TABLET	2 / DAY
ELIQUIS 5 MG TABLET	3 / DAY
ELIQUIS DVT-PE TREAT START 5MG	1 PACK (74 TABLETS) / 365 DAYS
EMBEDA (CAP ER PO)	2 / DAY
EMEND 125 MG CAPSULE	2 / 30 DAYS
EMEND 125 MG POWDER PACKET	3 / 30 DAYS
EMEND 40 MG CAPSULE	1 / 30 DAYS
EMEND 80 MG CAPSULE	4 / 30 DAYS
EMEND TRIPACK	2 TRIPACKS (6 CAPSULES) / 30 DAYS
EMGALITY 120 MG/ML SYRINGE	1 SYRINGE / 30 DAYS
EMGALITY 300 MG (100 MG X3SYR)	3 SYRINGES / 30 DAYS
EMGALITY PEN (PEN INJCTR)	1 SYRINGE / 30 DAYS
EMSAM (PATCH TD24)	1 / DAY
ENSTILAR (FOAM)	7 CANS (420 G) / 30 DAYS
ENTRESTO (TABLET)	2 / DAY
EPCLUSA (TABLET)	1 / DAY
erlotinib hcl 25 mg tablet	3 / DAY
estazolam (TABLET)	1 / DAY
ESTRING (VAG RING)	1 / 90 DAYS
eszopiclone (TABLET)	1 / DAY
EVEKEO (TABLET)	6 / DAY
EVEKEO ODT (ODT 15 MG, ODT 20 MG)	2 / DAY
EVEKEO ODT (ODT 5 MG, ODT 10 MG)	3 / DAY
EVEROLIMUS (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	1 / DAY
EVZIO 2 MG AUTO-INJECTOR	4 AUTO-INJECTORS (1.6 ML) / 30 DAYS
EXALGO (TAB ER 24H)	2 / DAY
EXSERVAN (FILM)	2 / DAY

Medications with Quantity Limits

Drug	Quantity Limits
EXTAVIA (0.3 MG VIAL, 0.3 MG KIT)	1 KIT (15 VIALS) / 30 DAYS
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	2 / DAY
FANAPT TITRATION PACK	1 PACK (8 TABLETS) / 180 DAYS
FAZACLO (25 MG ODT, 100 MG ODT)	9 / DAY
FAZACLO 12.5 MG ODT	3 / DAY
FAZACLO 150 MG ODT	6 / DAY
FAZACLO 200 MG ODT	4 / DAY
FEMRING (VAG RING)	1 / 84 DAYS
FENSOLVI (SYRINGE)	1 SYRINGE KIT / 168 DAYS
FENTANYL (12, 25, 37.5, 50, 62.5, 87.5)	15 / 30 DAYS
FENTANYL (75, 100)	30 (3 PATCHES EVERY 3 DAYS) / 30 DAYS
FENTANYL CITRATE (100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG)	4 / DAY
FENTANYL CITRATE (CIT 1,200 MCG, CIT 1,600 MCG, CITRATE 200 MCG, CITRATE 400 MCG, CITRATE 600 MCG, CITRATE 800 MCG)	4 / DAY
FENTORA (TABLET EFF)	4 / DAY
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	1 / DAY
FETZIMA 20-40 MG TITRATION PAK	1 PACK (28 CAPSULES) / 365 DAYS
FIRMAGON 2 X 120 MG KIT	2 VIALS / 365 DAYS
FIRMAGON 80 MG KIT	1 VIAL / 28 DAYS
FLECTOR (PATCH TD12)	2 / DAY
FLOLIPID 20 MG/5 ML ORAL SUSP	10 ML (40 MG) / DAY
FLOLIPID 40 MG/5 ML ORAL SUSP	5 ML (40 MG) / DAY
flunisolide (SPRAY)	1 BOTTLE (25 ML) / 30 DAYS
fluoxetine dr (CAPSULE DR)	4 / 28 DAYS
flurazepam hcl (CAPSULE)	1 / DAY
fluticasone prop 50 mcg spray	2 BOTTLES (32 G) / 30 DAYS
fluvoxamine maleate er (CAP ER 24H)	2 / DAY

Medications with Quantity Limits

Drug	Quantity Limits
FOCALIN (TABLET)	2 / DAY
FOCALIN XR (5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE, 25 MG CAPSULE, 30 MG CAPSULE, 35 MG CAPSULE, 40 MG CAPSULE)	1 / DAY
FOCALIN XR 20 MG CAPSULE	2 / DAY
FORFIVO XL (TAB ER 24H)	1 / DAY
formoterol fumarate (VIAL-NEB)	2 VIALS (4 ML) / DAY
FORTICAL (SPRAY/PUMP)	1 BOTTLE (3.7 ML) / 30 DAYS
FOSAMAX (TABLET)	4 / 28 DAYS
FOSAMAX PLUS D (TABLET)	4 / 28 DAYS
FROVA (TABLET)	18 / 30 DAYS
frovatriptan succinate (TABLET)	18 / 30 DAYS
FUZEON (VIAL)	2 VIALS / DAY
GALAFOLD (CAPSULE)	14 CAPS (1 PACKAGE) / 28 DAYS
GAVRETO (CAPSULE)	4 / DAY
GEODON (20 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE, 80 MG CAPSULE)	2 / DAY
GILENYA (CAPSULE)	1 / DAY
GILOTRIF (TABLET)	1 / DAY
GIMOTI (SPRAY/PUMP)	4 BOTTLES (39.2 ML) / 365 DAYS
glatiramer 20 mg/ml syringe	1 KIT (30 SYRINGES) / 30 DAYS
glatiramer 40 mg/ml syringe	1 KIT (12 SYRINGES) / 28 DAYS
glatopa 20 mg/ml syringe	1 KIT (30 SYRINGES) / 30 DAYS
glatopa 40 mg/ml syringe	1 KIT (12 SYRINGES) / 28 DAYS
GRALISE 30-DAY STARTER PACK	1 PACK (78 TABLETS) / RX
GRALISE ER 300 MG TABLET	6 / DAY
GRALISE ER 600 MG TABLET	3 / DAY
granisetron hcl 1 mg tablet	4 / 30 DAYS
GRASTEK (TAB SUBL)	1 / DAY
HALCION (TABLET)	2 / DAY

Medications with Quantity Limits

Drug	Quantity Limits
HARVONI (33.75-150 MG PELLETT PK, 90-400 MG TABLET)	1 / DAY
HARVONI 45-200 MG PELLETT PACKT	2 / DAY
HARVONI 45-200 MG TABLET	2 TABLETS / DAY
HETLIOZ (CAPSULE)	1 / DAY
HETLIOZ LQ (ORAL SUSP)	5 ML (20 MG) / DAY
HORIZANT (TABLET ER)	2 / DAY
HYDROCODONE BITARTRATE ER (ER 10 MG CAPSULE, ER 15 MG CAPSULE, ER 20 MG CAPSULE, ER 30 MG CAPSULE, ER 40 MG CAPSULE)	2 / DAY
HYDROCODONE BITARTRATE ER (ER 20 MG TABLET, ER 30 MG TABLET, ER 40 MG TABLET, ER 60 MG TABLET, ER 80 MG TABLET, ER 100 MG TABLET, ER 120 MG TABLET)	1 / DAY
hydrocodone er 50 mg capsule	4 / DAY
hydromorphone er (TAB ER 24H)	2 / DAY
HYSINGLA ER (TAB ER 24H)	1 / DAY
ibandronate 3 mg/3 ml syringe	1 SYRINGE (3 ML) / 90 DAYS
ibandronate 3 mg/3 ml vial	1 VIAL (3 ML) / 90 DAYS
ibandronate sodium 150 mg tab	1 / 28 DAYS
ibuprofen-famotidine (TABLET)	3 / DAY
ICLUSIG (10 MG TABLET, 15 MG TABLET)	1 / DAY
IDHIFA (TABLET)	1 / DAY
ILARIS (VIAL)	2 VIALS / 28 DAYS
ILEVRO (DROPS SUSP)	4 BOTTLES (12ML) / 365 DAYS
IMITREX (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	18 / 30 DAYS
IMITREX (4 ML, 6 ML)	18 CARTRIDGES (9 ML) / 30 DAYS
IMITREX (5 MG, 20 MG)	3 PACKS (18 UNITS) / 30 DAYS
IMITREX 4 MG/0.5 ML PEN INJECT	18 PENS (9 ML) / 30 DAYS
IMITREX 6 MG/0.5 ML PEN INJECT	18 SYRINGES (9 ML) / 30 DAYS
IMITREX 6 MG/0.5 ML VIAL	18 VIALS (9 ML) / 30 DAYS
INCRUSE ELLIPTA (BLST W/DEV)	1 INHALER (30 BLISTERS) / 30 DAYS

Medications with Quantity Limits

Drug	Quantity Limits
INGREZZA (60 MG CAPSULE, 80 MG CAPSULE)	1 / DAY
INGREZZA 40 MG CAPSULE	2 / DAY
INGREZZA INITIATION PACK (CAP DS PK)	28 CAPSULES (1 PACK) / 365 DAYS
INTERMEZZO (TAB SUBL)	1 / DAY
INVEGA (ER 1.5 MG TABLET, ER 3 MG TABLET, ER 9 MG TABLET)	1 / DAY
INVEGA ER 6 MG TABLET	2 / DAY
ipratropium br 0.02% soln	125 VIALS (312.5 ML) / 30 DAYS
ipratropium-albuterol (AMPUL-NEB)	180 VIALS (540 ML) / 30 DAYS
IRENKA (CAPSULE DR)	2 / DAY
JORNAY PM (CPDR ER SP)	1 / DAY
JUXTAPID (CAPSULE)	1 / DAY
JYNARQUE (15 MG-15 MG TABLET, 15 MG TABLET, 30 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)	2 TABS / DAY
KADIAN (CAP ER PEL)	2 / DAY
KESIMPTA PEN (PEN INJCTR)	1 SYRINGE (0.4 ML) / 28 DAYS
ketorolac 15.75 mg nasal spray	5 DAYS SUPPLY / 30 DAYS
KEVEYIS (TABLET)	4 / DAY
KHEDEZLA ER 100 MG TABLET	4 / DAY
KHEDEZLA ER 50 MG TABLET	1 / DAY
KLONOPIN (0.5 MG TABLET, 1 MG TABLET)	3 / DAY
KLONOPIN 2 MG TABLET	10 / DAY
KLOXXADO (SPRAY)	4 NASAL SPRAYS / 30 DAYS
KORLYM (TABLET)	4 / DAY
KYNMOBI (FILM)	5 / DAY
LAMISIL (TABLET)	84 DAY SUPPLY / 180 DAYS
latanoprost 0.005% eye drop	2.5 ML / 30 DAYS
latanoprost 0.005% eye drops	2.5 ML / 30 DAYS
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET)	1 / DAY

Medications with Quantity Limits

Drug	Quantity Limits
LATUDA 80 MG TABLET	2 / DAY
LAZANDA (SPRAY/PUMP)	1 / DAY
ledipasvir-sofosbuvir (TABLET)	1 / DAY
LETAIRIS (TABLET)	1 / DAY
levalbuterol 1.25 mg/3 ml sol	90 VIALS (270 ML) / 30 DAYS
levalbuterol concentrate (VIAL-NEB)	90 VIALS (45 ML) / 30 DAYS
LEVALBUTEROL HCL (0.31 ML, 0.63 ML)	180 VIALS (540 ML) / 30 DAYS
LEVITRA (TABLET)	12 / 30 DAYS
LICART (PATCH TD24)	1 / DAY
linezolid 100 mg/5 ml susp	6 BOTTLES (900 ML) / 28 DAYS
linezolid 600 mg tablet	28 / 30 DAYS
LINZESS (CAPSULE)	1 / DAY
LIVMARLI (SOLUTION)	3 ML / DAY
LONHALA MAGNAIR REFILL (VIAL-NEB)	2 ML (2 VIALS) / DAY
LONHALA MAGNAIR STARTER (VIAL-NEB)	2 ML (2 VIALS) / DAY
LORAZEPAM (0.5 MG TABLET, 1 MG TABLET)	3 / DAY
lorazepam 2 mg tablet	5 / DAY
lorazepam 2 mg/ml oral concent	5 BOTTLES (150 ML) / 30 DAYS
lorazepam intensol (ORAL CONC)	5 BOTTLES (150 ML) / 30 DAYS
LOREEV XR (CAP ER 24H)	1 / DAY
LOTEMAX 0.5% EYE OINTMENT	4 TUBES (14 G) / 365 DAYS
LOTEMAX 0.5% OPHTHALMIC GEL	4 BOTTLES (20 G) / 365 DAYS
LOTEMAX SM (DROPS GEL)	4 BOTTLES (20 G) / 365 DAYS
loteprednol 0.5% ophthalmc gel	4 BOTTLES (20 G) / 365 DAYS
lubiprostone (CAPSULE)	2 / DAY
LUCEMYRA (TABLET)	16 TABLETS / DAY
LUMIGAN (DROPS)	2.5 ML / 30 DAYS
LUNESTA (TABLET)	1 / DAY

Medications with Quantity Limits

Drug	Quantity Limits
LUPANETA PK 11.25-5 MG 3MO KIT	1 KIT / 90 DAYS
LUPANETA PK 3.75-5 MG 1MO KIT	1 KIT / 30 DAYS
LYBALVI (TABLET)	1 / DAY
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE, 225 MG CAPSULE)	3 / DAY
LYRICA 20 MG/ML ORAL SOLUTION	900 ML / 30 DAYS
LYRICA 300 MG CAPSULE	2 / DAY
LYRICA CR (82.5 MG TABLET, 165 MG TABLET)	1 / DAY
LYRICA CR 330 MG TABLET	2 / DAY
MARINOL (CAPSULE)	2 / DAY
MAVYRET (TABLET)	3 / DAY
MAXALT (TABLET)	18 / 30 DAYS
MAXALT MLT (TAB RAPDIS)	18 / 30 DAYS
MAYZENT 0.25 MG STARTER PACK	2 PACK (24 TABLETS) / 365 DAYS
MAYZENT 0.25 MG TABLET	4 / DAY
MAYZENT 2 MG TABLET	1 / DAY
memantine hcl er (CAP SPR 24)	1 / DAY
metadate er (TABLET ER)	3 / DAY
methamphetamine hcl (TABLET)	5 / DAY
METHYLIN (2.5 MG TAB, 5 MG TABLET)	3 / DAY
METHYLIN 10 MG CHEWABLE TABLET	6 / DAY
METHYLIN 10 MG/5 ML SOLUTION	900 ML / 30 DAYS
METHYLIN 5 MG/5 ML SOLUTION	1800 ML / 30 DAYS
methylphenidate 10 mg chew tab	6 / DAY
methylphenidate 10 mg/5 ml sol	900 ML / 30 DAYS
methylphenidate 5 mg/5 ml soln	1800 ML / 30 DAYS
METHYLPHENIDATE ER (ER 10 MG CAP, ER 15 MG CAP, ER 20 MG CAP, ER 30 MG CAP, ER 40 MG CAP, ER 50 MG CAP, ER 60 MG CAP)	1 / DAYS
METHYLPHENIDATE ER (ER 10 MG TAB, ER 36 MG TAB)	2 / DAY

Medications with Quantity Limits

Drug	Quantity Limits
METHYLPHENIDATE ER (ER 18 MG TAB, ER 27 MG TAB, ER 54 MG TAB, ER 72 MG TAB)	1 / DAY
methylphenidate er (la) (CPBP 50-50)	1 / DAY
methylphenidate er 20 mg tab	3 / DAY
METHYLPHENIDATE HCL (2.5 MG CHEW TB, 5 MG TABLET, 5 MG CHEW TAB, 10 MG TABLET, 20 MG TABLET)	3 / DAY
methylphenidate hcl cd (CPBP 30-70)	1 / DAY
methylphenidate hcl er (cd) (CPBP 30-70)	1 / DAY
methylphenidate la (CPBP 50-50)	1 / DAY
MIACALCIN 200 UNIT NASAL SPRAY	1 BOTTLE (3.7 ML) / 30 DAYS
MIGRANAL (SPRAY/PUMP)	1 BOX (8 UNITS) / 30 DAYS
modafinil (TABLET)	1 / DAY
mometasone furoate 50 mcg spry	2 BOTTLES (34 G) / 30 DAYS
MORPHABOND ER (TAB ER 12H)	2 / DAY
morphine sulfate 30 MG CAP ER (Generic for Kadian)	2 / DAY
Morphine sulfate 30 mg cap er (not generic kadian)	1 / DAY
Morphine sulfate 60 mg cap er (generic for kadian)	2 / DAY
Morphine sulfate 60 mg cap er (not generic kadian)	1 / DAY
MORPHINE SULFATE ER (ER 10 MG CAP, ER 20 MG CAP, ER 30 MG CAP, ER 40 MG CAP, ER 50 MG CAP, ER 60 MG CAP, ER 80 MG CAP, ER 100 MG CAP, ER 120 MG CAP)	2 / DAY
MORPHINE SULFATE ER (ER 15 MG TABLET, ER 30 MG TABLET, ER 60 MG TABLET, ER 100 MG TABLET, ER 200 MG TABLET)	3 / DAY
MORPHINE SULFATE ER (ER 45 MG CAP, ER 75 MG CAP, ER 90 MG CAP)	1 / DAY
MOTEGRITY (TABLET)	1 / DAY
MOVANTIK (TABLET)	1 / DAY
MOZOBIL (VIAL)	8 VIALS (9.6 ML) / TRANSPLANT
MS CONTIN (TABLET ER)	3 / DAY
MUSE (SUPP.URETH)	12 / 30 DAYS
MYDAYIS (CPTP 24HR)	1 / DAY

Medications with Quantity Limits

Drug	Quantity Limits
MYFEMBREE (TABLET)	1 / DAY
MYTESI (TABLET DR)	2 / DAY
naloxone 2 mg auto-injector	4 AUTO-INJECTORS (1.6 ML) / 30 DAYS
NAMENDA XR (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE)	1 / DAY
NAMENDA XR TITRATION PACK	56 / 365 DAYS
NAMZARIC (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE)	1 / DAY
NAMZARIC TITRATION PACK	2 PACKS (56 CAPSULES) / 365 DAYS
naproxen-esomeprazole mag (TAB IR DR)	2 / DAY
naratriptan (TABLET)	18 / 30 DAYS
naratriptan hcl (TABLET)	18 / 30 DAYS
NARCAN (SPRAY)	4 NASAL SPRAYS / 30 DAYS
NASONEX (SPRAY/PUMP)	2 BOTTLES (34 G) / 30 DAYS
NATPARA (CARTRIDGE)	2 CARTRIDGES / 28 DAYS
NERLYNX (TABLET)	6 / DAY
NEVANAC (DROPS SUSP)	2 BOTTLES (6 ML) / 30 DAYS
NEXLETOL (TABLET)	1 / DAY
NEXLIZET (TABLET)	1 / DAY
NICOTROL (CARTRIDGE)	16 / DAY
NICOTROL NS (SPRAY)	12 BOTTLES (120 ML) / 30 DAYS
NOURIANZ (TABLET)	30 TABLETS / 30 DAYS
NUCYNTA ER (TAB ER 12H)	2 / DAY
NUPLAZID (10 MG TABLET, 17 MG TABLET, 34 MG CAPSULE)	1 / DAY
NURTEC ODT (TAB RAPDIS)	16 / 30 DAYS
NUVIGIL (150 MG TABLET, 200 MG TABLET, 250 MG TABLET)	1 / DAY
NUVIGIL 50 MG TABLET	2 / DAY
OCALIVA (TABLET)	1 / DAY
ODACTRA (TAB SUBL)	1 TABLET / DAY

Medications with Quantity Limits

Drug	Quantity Limits
OLANZAPINE (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET)	1 / DAY
olanzapine odt (TAB RAPDIS)	1 / DAY
OLANZAPINE-FLUOXETINE HCL (3-25 MG, 6-25 MG)	3 / DAY
OLANZAPINE-FLUOXETINE HCL (6-50 MG, 12-25 MG, 12-50 MG)	1 / DAY
olopatadine 665 mcg nasal spry	1 BOTTLE (30.5 G) / 30 DAYS
OMNARIS (SPRAY/PUMP)	1 BOTTLE (12.5 G) / 30 DAYS
ondansetron 4 mg/5 ml solution	120 ML / 30 DAYS
ONDANSETRON HCL (4 ML ISECURE, HCL 4 ML SYR)	60 SYRINGES (120 ML) / 30 DAYS
ondansetron hcl 24 mg tablet	2 / 30 DAYS
ondansetron hcl 4 mg/2 ml vial	60 VIALS (120 ML) / 30 DAYS
ONZETRA XSAIL (AER POW BA)	1 BOX (16 UNITS) / 30 DAYS
OPANA ER (TAB ER 12H)	4 / DAY
OPSUMIT (TABLET)	1 / DAY
ORALAIR (TAB SUBL)	1 / DAY
ORIAHNN (CAP SEQ)	2 / DAY
ORILISSA 150 MG TABLET	1 / DAY
ORILISSA 200 MG TABLET	2 / DAY
ORKAMBI (100 MG TABLET, 200 MG TABLET)	4 / DAY
ORKAMBI (100-125 MG, 150-188 MG)	2 PACKETS / DAY
oseltamivir 6 mg/ml suspension	6 BOTTLES (360 ML) / 365 DAYS
oseltamivir phos 30 mg capsule	40 / 365 DAYS
OSELTAMIVIR PHOSPHATE (45 MG CAPSULE, 75 MG CAPSULE)	20 / 365 DAYS
OTREXUP (AUTO INJCT)	4 PENS (1.6 ML) / 28 DAYS
OXANDRIN 10 MG TABLET	2 / DAY
OXANDRIN 2.5 MG TABLET	8 / DAY
oxandrolone 10 mg tablet	2 / DAY
oxandrolone 2.5 mg tablet	8 / DAY
oxazepam (CAPSULE)	4 / DAY

Medications with Quantity Limits

Drug	Quantity Limits
OXERVATE (DROPS)	2 ML / DAY
oxycodone hcl er (TAB ER 12H)	4 / DAY
OXYCONTIN (TAB ER 12H)	4 / DAY
oxymorphone hcl er (TAB ER 12H)	4 / DAY
OXYTROL (PATCH TDSW)	8 / 28 DAYS
OZEMPIC 0.25-0.5 MG/DOSE PEN	1 PEN (1.5 ML) / 28 DAYS
OZEMPIC 1 MG/DOSE (2 MG/1.5ML)	2 PENS (3 ML) / 28 DAYS
OZEMPIC 1 MG/DOSE (4 MG/3 ML)	1 PEN (3ML) / 28 DAYS
PALIPERIDONE ER (ER 1.5 MG TABLET, ER 3 MG TABLET, ER 9 MG TABLET)	1 / DAY
paliperidone er 6 mg tablet	2 / DAY
PALYNZIQ (2.5 ML, 10 ML)	1 SYRINGE (0.5 ML) / DAY
PALYNZIQ 20 MG/ML SYRINGE	1 / DAY
paroxetine mesylate (CAPSULE)	1 / DAY
PATANASE (SPRAY/PUMP)	1 BOTTLE (30.5 G) / 30 DAYS
PERFOROMIST (VIAL-NEB)	2 VIALS (4 ML) / DAY
PEXEVA (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	1 / DAY
PEXEVA 30 MG TABLET	2 / DAY
PLEGRIDY (SYRINGE)	2 SYRINGES (1 ML) / 28 DAYS
PLEGRIDY PEN (PEN INJCTR)	2 PENS (1 ML) / 28 DAYS
PONVORY 14-DAY STARTER PACK	2 PACK (28 TABLETS) / 365 DAYS
PONVORY 20 MG TABLET	1 / DAY
PRADAXA (CAPSULE)	2 / DAY
PRALUENT PEN (PEN INJCTR)	2 PENS (2 ML) / 28 DAYS
PRALUENT SYRINGE (SYRINGE)	2 SYRINGES (2 ML) / 28 DAYS
PREGABALIN (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE, 225 MG CAPSULE)	3 / DAY
pregabalin 20 mg/ml solution	900 ML / 30 DAYS
pregabalin 300 mg capsule	2 / DAY
PREGABALIN ER (ER 82.5 MG TABLET, ER 165 MG TABLET)	1 / DAY

Medications with Quantity Limits

Drug	Quantity Limits
pregabalin er 330 mg tablet	2 / DAY
PRISTIQ (ER 25 MG TABLET, ER 50 MG TABLET)	1 / DAY
PRISTIQ ER 100 MG TABLET	4 / DAY
procentra (SOLUTION)	1800 ML / 30 DAYS
PROLENSA (DROPS)	4 BOTTLES (12 ML) / 365 DAYS
PROLIA (SYRINGE)	2 SYRINGES (2 ML) / 365 DAYS
PROVIGIL (TABLET)	1 / DAY
PULMICORT (AMPUL-NEB)	60 AMPULES (120 ML) / 30 DAYS
QBREXZA (TOWELETTE)	1 CLOTH / DAY
QDOLO (SOLUTION)	80 ML / DAY
QELBREE (ER 150 MG CAPSULE, ER 200 MG CAPSULE)	2 / DAY
QELBREE ER 100 MG CAPSULE	1 / DAY
QNASL (HFA AER AD)	1 INHALER (8.7 G) / 30 DAYS
QNASL CHILDREN (HFA AER AD)	1 INHALER (6.8 G / 30 DAYS)
quazepam (TABLET)	1 / DAY
quetiapine er 200 mg tablet	3 / DAY
QUETIAPINE FUMARATE (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB)	3 / DAY
QUETIAPINE FUMARATE (300 MG TAB, 400 MG TAB)	2 / DAY
QUETIAPINE FUMARATE ER (ER 50 MG TABLET, ER 150 MG TABLET, ER 300 MG TABLET, ER 400 MG TABLET)	2 / DAY
QUILLICHEW ER (ER 20 MG TAB, ER 40 MG TAB)	1 / DAY
QUILLICHEW ER 30 MG CHEW TAB	2 / DAY
QUILLIVANT XR (SU ER RC24)	360 ML / 30 DAYS
QULIPTA (TABLET)	1 / DAY
QUTENZA (KIT)	4 / 90 DAYS
RAGWITEK (TAB SUBL)	1 / DAY
ramelteon (TABLET)	1 / DAY
RASUVO 10 MG/0.2 ML AUTOINJ	4 PENS (0.8 ML) / 28 DAYS
RASUVO 12.5 MG/0.25 ML AUTOINJ	4 PENS (1 ML) / 28 DAYS

Medications with Quantity Limits

Drug	Quantity Limits
RASUVO 15 MG/0.3 ML AUTOINJ	4 PENS (1.2 ML) / 28 DAYS
RASUVO 17.5 MG/0.35 ML AUTOINJ	4 PENS (1.4 ML) / 28 DAYS
RASUVO 20 MG/0.4 ML AUTOINJ	4 PENS (1.6 ML) / 28 DAYS
RASUVO 22.5 MG/0.45 ML AUTOINJ	4 PENS (1.8 ML) / 28 DAYS
RASUVO 25 MG/0.5 ML AUTOINJ	4 PENS (2 ML) / 28 DAYS
RASUVO 27.5 MG/0.55 ML AUTOINJ	4 PENS (2.2 ML) / 28 DAYS
RASUVO 30 MG/0.6 ML AUTOINJ	4 PENS (2.4 ML) / 28 DAYS
RASUVO 7.5 MG/0.15 ML AUTOINJ	4 PENS (0.6 ML) / 28 DAYS
REBIF (22 ML, 44 ML)	1 KIT (6 ML) / 28 DAYS
REBIF REBIDOSE (22 ML, 44 ML)	1 KIT (6 ML) / 28 DAYS
REBIF REBIDOSE TITRATION PACK	1 KIT (4.2 ML) / 365 DAYS
REBIF TITRATION PACK	1 KIT (4.2 ML) / 365 DAYS
REDITREX 10 MG/0.4 ML SYRINGE	4 SYRINGES (1.6 ML) / 28 DAYS
REDITREX 12.5 MG/0.5 ML SYRING	4 SYRINGES (2.0 ML) / 28 DAYS
REDITREX 15 MG/0.6 ML SYRINGE	4 SYRINGES (2.4 ML) / 28 DAYS
REDITREX 17.5 MG/0.7 ML SYRING	4 SYRINGES (2.8 ML) / 28 DAYS
REDITREX 20 MG/0.8 ML SYRINGE	4 SYRINGES (3.2 ML) / 28 DAYS
REDITREX 22.5 MG/0.9 ML SYRING	4 SYRINGES (3.6 ML) / 28 DAYS
REDITREX 25 MG/ML SYRINGE	4 SYRINGES (4.0 ML) / 28 DAYS
REDITREX 7.5 MG/0.3 ML SYRINGE	4 SYRINGES (1.2 ML) / 28 DAYS
RELENZA (BLST W/DEV)	2 INHALERS (40 DISKS) / 365 DAYS
relexxii (TAB ER 24)	1 / DAY
RELISTOR 12 MG/0.6 ML SYRINGE	1 SYRINGE (0.6 ML) / DAY
RELISTOR 12 MG/0.6 ML VIAL	1 VIAL (0.6 ML) / DAY
RELISTOR 150 MG TABLET	3 / DAY
RELISTOR 8 MG/0.4 ML SYRINGE	1 SYRINGE (0.4 ML) / DAY
RELPAK (TABLET)	18 / 30 DAYS
REPATHA PUSHTRONEX (WEAR INJCT)	1 CARTRIDGE (3.5 ML) / 28 DAYS

Medications with Quantity Limits

Drug	Quantity Limits
REPATHA SURECLICK (PEN INJCTR)	3 PENS (3 ML) / 28 DAYS
REPATHA SYRINGE (SYRINGE)	3 SYRINGES (3 ML) / 28 DAYS
RESCULA (DROPS)	5 ML (1 BOTTLE) / 25 DAYS
RESTORIL (CAPSULE)	1 / DAY
REVATIO 10 MG/ML ORAL SUSP	2 BOTTLES (224 ML) / 30 DAYS
REVATIO 20 MG TABLET	3 / DAY
REXULTI (TABLET)	1 / DAY
REYVOW (TABLET)	4 / 30 DAYS
RHINOCORT AQUA (SPRAY/PUMP)	2 BOTTLES (17.2 G) / 30 DAYS
RILUTEK (TABLET)	2 / DAY
riluzole (TABLET)	2 / DAY
risedronate sodium 150 mg tab	1 / 28 DAYS
risedronate sodium 35 mg tab	4 / 28 DAYS
risedronate sodium dr (TABLET DR)	4 / 28 DAYS
RISPERDAL (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	2 / DAY
RISPERDAL 1 MG/ML SOLUTION	8 BOTTLES (240 ML) / 30 DAYS
RISPERIDONE (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	2 / DAY
risperidone 1 mg/ml solution	8 BOTTLES (240 ML) / 30 DAYS
risperidone odt (TAB RAPDIS)	2 / DAY
RITALIN (TABLET)	3 / DAY
RITALIN LA (CPBP 50-50)	1 / DAY
RIZATRIPTAN (5 MG TABLET, 5 MG ODT, 10 MG TABLET, 10 MG ODT)	18 / 30 DAYS
ROZEREM (TABLET)	1 / DAY
RYBELSUS (7 MG TABLET, 14 MG TABLET)	1 TABLET / DAY
RYBELSUS 3 MG TABLET	60 TABLETS / 365 DAYS
SAMSCA (TABLET)	2 TABS / DAY
SANCUSO (PATCH TDWK)	2 / 30 DAYS

Medications with Quantity Limits

Drug	Quantity Limits
SAPHRIS (TAB SUBL)	2 / DAY
SAVAYSA (TABLET)	1 / DAY
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	2 / DAY
SAVELLA TITRATION PACK	2 PACKS (110 TABLETS) / 365 DAYS
SECUADO (PATCH TD24)	1 PATCH / DAY
SEEBRI NEOHALER (CAP W/DEV)	1 INHALER (60 CAPSULES) / 30 DAYS
SEREVENT DISKUS (BLST W/DEV)	1 INHALER (60 BLISTERS) / 30 DAYS
SEROQUEL (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	3 / DAY
SEROQUEL (300 MG TABLET, 400 MG TABLET)	2 / DAY
SEROQUEL XR (50 MG TABLET, 150 MG TABLET, 300 MG TABLET, 400 MG TABLET)	2 / DAY
SEROQUEL XR 200 MG TABLET	3 / DAY
SIGNIFOR (AMPUL)	2 AMPULES / DAY
SIGNIFOR LAR (VIAL)	1 VIAL / 28 DAYS
sildenafil 10 mg/ml oral susp	2 BOTTLES (224 ML) / 30 DAYS
sildenafil 20 mg tablet	3 / DAY
SILDENAFIL CITRATE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	12 / 30 DAYS
SILENOR (TABLET)	1 / DAY
simvastatin 20 mg/5 ml susp	10 ML (40 MG) / DAY
SITAVIG (MA BUC TAB)	2 / 30 DAYS
SIVEXTRO 200 MG TABLET	6 / 30 DAYS
SIVEXTRO 200 MG VIAL	6 VIALS / 30 DAYS
SKYTROFA (3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 13.3 MG)	4 CARTRIDGES / 28 DAYS
SKYTROFA (7.6 MG, 9.1 MG, 11 MG)	8 CARTRIDGES / 28 DAYS
sofosbuvir-velpatasvir (TABLET)	1 / DAY
SOLARAZE (GEL (GRAM))	3 TUBES (300G) / 30 DAYS
SOLIQUA 100-33 (INSULN PEN)	6 PENS (18 ML) / 30 DAYS
SONATA 10 MG CAPSULE	2 / DAY
SONATA 5 MG CAPSULE	1 / DAY

Medications with Quantity Limits

Drug	Quantity Limits
SOVALDI (150 MG PELLETT PACKET, 400 MG TABLET)	1 / DAY
SOVALDI 200 MG PELLETT PACKET	2 / DAY
SOVALDI 200 MG TABLET	2 TABLETS / DAY
SPRIX (SPRAY)	5 DAY SUPPLY / 30 DAYS
STAXYN (TAB RAPDIS)	12 / 30 DAYS
STELARA 45 MG/0.5 ML SYRINGE	1 SYRINGE (0.5 ML) / 56 DAYS
STELARA 45 MG/0.5 ML VIAL	1 VIAL (0.5 ML) / 56 DAYS
STELARA 90 MG/ML SYRINGE	1 SYRINGE (1 ML) / 56 DAYS
STENDRA (TABLET)	12 / 30 DAYS
STIOLTO RESPIMAT (MIST INHAL)	1 INHALER (4 G) / 30 DAYS
STRATTERA (10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE)	2 / DAY
STRATTERA (60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE)	1 / DAY
STRIVERDI RESPIMAT (MIST INHAL)	1 INHALER (4 G) / 30 DAYS
SUBLOCADE 100 MG/0.5 ML SYRING	3 SYRINGES (1.5 ML) / 28 DAYS
SUBLOCADE 300 MG/1.5 ML SYRING	1 SYRINGE (1.5 ML) / 28 DAYS
SUBOXONE 12 MG-3 MG SL FILM	2 / DAY
SUBOXONE 2 MG-0.5 MG SL FILM	12 / DAY
SUBOXONE 4 MG-1 MG SL FILM	6 / DAY
SUBOXONE 8 MG-2 MG SL FILM	3 / DAY
SUBSYS (SPRAY)	16 / DAY
sumatriptan (SPRAY)	3 PACKS (18 UNITS) / 30 DAYS
sumatriptan 4 mg/0.5 ml inject	18 PENS (9 ML) / 30 DAYS
sumatriptan 6 mg/0.5 ml vial	18 VIALS (9 ML) / 30 DAYS
sumatriptan succ-naproxen sod (TABLET)	18 / 30 DAYS
SUMATRIPTAN SUCCINATE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	18 / 30 DAYS
SUMATRIPTAN SUCCINATE (4 ML, 6 ML)	18 CARTRIDGES (9 ML) / 30 DAYS
SUMATRIPTAN SUCCINATE (6 ML SYRNG, 6 ML INJECT)	18 SYRINGES (9 ML) / 30 DAYS
SUMAVEL DOSEPRO (NDL FR INJ)	18 PENS (9 ML) / 30 DAYS

Medications with Quantity Limits

Drug	Quantity Limits
SUNOSI (TABLET)	1 / DAY
SUPPRELIN LA (KIT)	1 KIT / 365 DAYS
SUSTOL (LIQ ER SYR)	2 SYRINGES (0.8 ML) / 30 DAYS
SYMBYAX (3-25 MG CAPSULE, 6-25 MG CAPSULE)	3 / DAY
SYMBYAX (6-50 MG CAPSULE, 12-50 MG CAPSULE)	1 / DAY
SYMDEKO (TABLET SEQ)	2 / DAY
SYMPROIC (TABLET)	1 / DAY
SYNDROS (SOLUTION)	4 BOTTLES (120 ML) / 30 DAYS
TACLONEX 0.005%-0.064% SUSPENS	120 G / 30 DAYS
TACLONEX OINTMENT	400 G / 30 DAYS
TADALAFIL (2.5 MG TABLET, 5 MG TABLET)	1 / DAY
tadalafil 10 mg tablet	12 / 30 DAYS
tadalafil 20 mg tablet (generic for adcirca)	2 / DAY
tadalafil 20 mg tablet (generic for cialis)	12 / 30 DAYS
TAGRISSO 40 MG TABLET	1 / DAY
TAKHZYRO (VIAL)	2 VIALS / 30 DAYS
TAMIFLU (45 MG CAPSULE, 75 MG CAPSULE)	20 / 365 DAYS
TAMIFLU 30 MG CAPSULE	40 / 365 DAYS
TAMIFLU 6 MG/ML SUSPENSION	6 BOTTLES (360 ML) / 365 DAYS
TARCEVA 25 MG TABLET	3 / DAY
TAVNEOS (CAPSULE)	6 / DAY
TAZVERIK (TABLET)	8 / DAY
TECFIDERA (DR 120 MG CAPSULE, DR 240 MG CAPSULE)	2 / DAY
TECFIDERA STARTER PACK	2 PACK (120 CAPSULES) / 365 DAYS
temazepam (CAPSULE)	1 / DAY
terbinafine hcl (TABLET)	84 DAY SUPPLY / 180 DAYS
TICANASE (KIT SPRSSP)	1 KIT / 30 DAYS
ticaspray (KIT SPRSSP)	1 KIT / 30 DAYS

Medications with Quantity Limits

Drug	Quantity Limits
TIGLUTIK (ORAL SUSP)	2 BOTTLES (600 ML) / 30 DAYS
TOBI PODHALER (CAP W/DEV, CAPSULE)	1 KIT (224 CAPSULES) / 56 DAYS
tolvaptan 15 mg tablet	2 TABS / DAY
tolvaptan 30 mg tablet	2 TABS / DAY
TOSYMRA (SPRAY)	12 SPRAY UNIT DEVICES / 30 DAYS
TRACLEER (62.5 MG TABLET, 125 MG TABLET)	2 / DAY
TRACLEER 32 MG TABLET FOR SUSP	4 TABLETS / DAY
tramadol hcl 100 mg tablet	4 / DAY
tramadol hcl 50 mg tablet	8 TABLETS / DAY
TRAMADOL HCL ER (ER 100 MG CAPSULE, ER 200 MG CAPSULE, ER 300 MG CAPSULE)	1 / DAY
TRAMADOL HCL ER (ER 100 MG TABLET, ER 200 MG TABLET, ER 300 MG TABLET, HCL ER 100 MG TABLET, HCL ER 150 MG CAPSULE, HCL ER 200 MG TABLET, HCL ER 300 MG TABLET)	1 / DAY
tramadol hcl-acetaminophen (TABLET)	8 TABLETS / DAY
TRANXENE T-TAB 3.75 MG	24 / DAY
TRANXENE T-TAB 7.5 MG	12 / DAY
TRAVATAN Z (DROPS)	5 ML / 25 DAYS
TRAVOPROST (BENZALKONIUM) 0.004% EYE DROP	5 ML / 25 DAYS
TRAVOPROST 0.004% EYE DROP (GENERIC FOR TRAVATAN Z)	5 ML / 25 DAYS
TRELEGY ELLIPTA (BLST W/DEV)	60 BLISTERS (1 PACK) / 30 DAYS
TRELSTAR 11.25 MG VIAL	1 VIAL / 84 DAYS
TRELSTAR 22.5 MG VIAL	1 VIAL / 168 DAYS
TRELSTAR 3.75 MG VIAL	1 VIAL / 28 DAYS
TREXIMET (TABLET)	18 / 30 DAYS
triazolam (TABLET)	2 / DAY
TRIKAFTA (TABLET SEQ)	3 / DAY
TRINTELLIX (TABLET)	1 / DAY
TRIPTODUR (VIAL)	1 KIT / 168 DAYS

Medications with Quantity Limits

Drug	Quantity Limits
TRUDHESA (SPRAY/PUMP)	2 BOXES (8 UNITS) / 30 DAYS
TRULANCE (TABLET)	1 / DAY
TRULICITY (PEN INJECTR)	4 PENS (2 ML) / 28 DAYS
TUDORZA PRESSAIR (AER POW BA)	1 INHALER / 30 DAYS
TYSABRI (VIAL)	1 VIAL (15 ML) / 28 DAYS
TYVASO (AMPUL-NEB)	1 AMPULE (2.9 ML) / DAY
TYVASO INSTITUTIONAL START KIT (AMPUL-NEB)	1 KIT / 28 DAYS
TYVASO REFILL KIT (AMPUL-NEB)	1 KIT / 28 DAYS
TYVASO STARTER KIT (AMPUL-NEB)	1 KIT / 28 DAYS
UBRELVY (TABLET)	10 / 30 DAYS
ULTRACET (TABLET)	8 TABLETS / DAY
ULTRAM (TABLET)	8 TABLETS / DAY
ULTRAM ER (TAB ER 24H)	1 / DAY
UPNEEQ (DROPERETTE)	1 / DAY
UPTRAVI (200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	2 / DAY
UPTRAVI 200-800 TITRATION PACK	2 PACKS (400 TABLETS) / 365 DAYS
UTIBRON NEOHALER (CAP W/DEV)	1 INHALER (60 CAPSULES) / 30 DAYS
VALTOCO (SPRAY)	2 BLISTER PACKS (1 BOX) / FILL
VANTAS (KIT)	1 KIT / 365 DAYS
VARDENAFIL HCL (2.5 MG TABLET, 5 MG TABLET, 10 MG ODT, 10 MG TABLET, 20 MG TABLET)	12 / 30 DAYS
VARENICLINE TARTRATE (0.5 MG TABLET, 1 MG TABLET)	2 / DAY
VARENICLINE TARTRATE (0.5 MG TABLET, 1 MG TABLET)	2 / DAY
VARUBI (90 MG TABLET, 180 MG DOSE(2X 90MG TB))	4 / 30 DAYS
VENTAVIS (AMPUL-NEB)	9 AMPULES / DAY
VERAMYST (SPRAY SUSP)	1 BOTTLE (10 G) / 30 DAYS
VERQUVO (TABLET)	1 / DAY

Medications with Quantity Limits

Drug	Quantity Limits
VERSACLOZ (ORAL SUSP)	540 ML / 30 DAYS
VIAGRA (TABLET)	12 / 30 DAYS
VIBERZI (TABLET)	2 / DAY
VICTOZA 2-PAK (PEN INJCTR)	3 PENS (9 ML) / 30 DAYS
VICTOZA 3-PAK (PEN INJCTR)	3 PENS (9 ML) / 30 DAYS
VIEKIRA PAK (TAB DS PK)	4 / DAY
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	1 / DAY
VIIBRYD 10-20 MG STARTER PACK	2 PACKS (60 TABLETS) / 365 DAYS
VIMOVO (TAB IR DR)	2 / DAY
VOLTAREN (GEL (GRAM))	10 TUBES (1000 G) / 30 DAYS
VOSEVI (TABLET)	1 / DAY
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	1 / DAY
VRAYLAR 1.5 MG-3 MG PACK	2 PACKS (14 TABLETS) / YEAR
VUMERITY (CAPSULE DR)	2 STARTER DOSE BOTTLES (212 CAPSULES) / 365 DAYS
VUMERITY DR 231 MG CAP	4 / DAY
VYLEESI (AUTO INJCT)	8 INJECTIONS (2.4ML) / 30 DAYS
VYNDAMAX (CAPSULE)	1 / DAY
VYNDAQEL (CAPSULE)	4 / DAY
VYVANSE (10 MG CHEWABLE TABLET, 10 MG CAPSULE, 20 MG CHEWABLE TABLET, 20 MG CAPSULE, 30 MG CHEWABLE TABLET, 30 MG CAPSULE, 40 MG CAPSULE, 40 MG CHEWABLE TABLET, 50 MG CAPSULE, 50 MG CHEWABLE TABLET, 60 MG CHEWABLE TABLET, 60 MG CAPSULE, 70 MG CAPSULE)	1 / DAY
VYZULTA (DROPS)	5 ML / 25 DAYS
WAKIX (TABLET)	60 TABLETS / 30 DAYS
WELLBUTRIN SR (TAB SR 12H)	2 / DAY
WELLBUTRIN XL 150 MG TABLET	3 / DAY
WELLBUTRIN XL 300 MG TABLET	1 / DAY
WYNZORA (CREAM (G))	7 TUBES (420 G) / 30 DAYS

Medications with Quantity Limits

Drug	Quantity Limits
XADAGO (TABLET)	1 / DAY
XALATAN (DROPS)	2.5 ML / 30 DAYS
XANAX (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET)	4 / DAY
XANAX 2 MG TABLET	5 / DAY
XANAX XR (0.5 MG TABLET, 1 MG TABLET)	1 / DAY
XANAX XR 2 MG TABLET	5 / DAY
XANAX XR 3 MG TABLET	3 / DAY
XARELTO (10 MG TABLET, 20 MG TABLET)	1 / DAY
XARELTO (2.5 MG TABLET, 15 MG TABLET)	2 / DAY
XARELTO DVT-PE TREAT START 30D	1 PACK (51 TABLETS) / 30 DAYS
XCOPRI (100 MG TABLET, 150 MG TABLET)	1 / DAY
XCOPRI (50 MG TABLET, 200 MG TABLET)	2 / DAY
XELPROS (DRPS EMULS)	2.5 ML / 25 DAYS
XERMELO (TABLET)	3 / DAY
XHANCE (AER BR.ACT)	2 BOTTLES (32 ML) / 30 DAYS
XOFLUZA (TABLET)	4 TABLETS / 365 DAYS
XOPENEX (0.31 ML, 0.63 ML)	180 VIALS (540 ML) / 30 DAYS
XOPENEX 1.25 MG/3 ML SOLUTION	90 VIALS (270 ML) / 30 DAYS
XOPENEX CONCENTRATE (VIAL-NEB)	90 VIALS (45 ML) / 30 DAYS
XTAMPZA ER (CAP SPR 12)	4 / DAY
XULTOPHY 100-3.6 (INSULN PEN)	5 PENS (15 ML) / 30 DAYS
XURIDEN (GRAN PACK)	4 / DAY
XYREM (SOLUTION)	3 BOTTLES (540 ML) / 30 DAYS
XYWAV (SOLUTION)	3 BOTTLES (540 ML) / 30 DAYS
YOSPRALA (TAB IR DR)	1 / DAY
YUPELRI (VIAL-NEB)	1 VIAL (3ML) / DAY
zaleplon 10 mg capsule	2 / DAY
zaleplon 5 mg capsule	1 / DAY

Medications with Quantity Limits

Drug	Quantity Limits
ZELNORM (TABLET)	2 / DAY
ZEMBRACE SYMTOUCH (PEN INJCTR)	16 PENS(8ML) / 30 DAYS
ZENZEDI (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 15 MG TABLET, 20 MG TABLET)	3 / DAY
zenzedi 10 mg tablet	6 / DAY
ZENZEDI 30 MG TABLET	2 / DAY
ZEPATIER (TABLET)	1 / DAY
ZEPOSIA 0.23-0.46 MG START PCK	2 PACKS (14 CAPS) / 365 DAYS
ZEPOSIA 0.23-0.46-0.92 MG KIT	2 PACKS (74 CAPS) / 365 DAYS
ZEPOSIA 0.92 MG CAPSULE	1 / DAY
ZERVIATE (DROPERETTE)	2 VIALS / DAY
ZETONNA (HFA AER AD)	1 INHALER (6.1 G) / 30 DAYS
ZIOPTAN (DROPERETTE)	30 / 30 DAYS
ziprasidone hcl (CAPSULE)	2 / DAY
ZOFRAN 4 MG/5 ML ORAL SOLN	120 ML / 30 DAYS
ZOXYDRO ER (ER 10 MG CAPSULE, ER 15 MG CAPSULE, ER 20 MG CAPSULE, ER 30 MG CAPSULE, ER 40 MG CAPSULE)	2 / DAY
ZOXYDRO ER 50 MG CAPSULE	4 / DAY
ZOLADEX 10.8 MG IMPLANT SYRN	1 IMPLANT / 84 DAYS
ZOLADEX 3.6 MG IMPLANT SYRN	1 IMPLANT / 28 DAYS
ZOLMITRIPTAN (2.5 MG SPRY, 5 MG SPRAY)	3 BOXES (18 UNITS) / 30 DAYS
ZOLMITRIPTAN (2.5 MG TABLET, 5 MG TABLET)	18 / 30 DAYS
zolmitriptan odt (TAB RAPDIS)	18 / 30 DAYS
ZOLPIDEM TARTRATE (TART 1.75 MG TAB SL, TART 3.5 MG TABLET SL, TARTRATE 5 MG TABLET, TARTRATE 10 MG TABLET)	1 / DAY
zolpidem tartrate er (TAB MPHASE)	1 / DAY
ZOLPIMIST (SPRAY/PUMP)	1 BOTTLE (7.7 ML) / 30 DAYS
ZOMIG (2.5 MG TABLET, 5 MG TABLET)	18 / 30 DAYS
ZOMIG (2.5 MG, 5 MG)	3 BOXES (18 UNITS) / 30 DAYS

Medications with Quantity Limits

Drug	Quantity Limits
ZOMIG ZMT (TAB RAPDIS)	18 / 30 DAYS
ZUBSOLV (0.7-0.18 MG TABLET, 5.7-1.4 MG TABLET)	3 / DAY
ZUBSOLV 1.4-0.36 MG TABLET SL	12 / DAY
ZUBSOLV 11.4-2.9 MG TABLET SL	1 / DAY
ZUBSOLV 2.9-0.71 MG TABLET SL	6 / DAY
ZUBSOLV 8.6-2.1 MG TABLET SL	2 / DAY
ZUPLENZ (FILM)	10 / 30 DAYS
ZYBAN (TAB ER 12H)	2 / DAY
ZYKADIA (150 MG CAPSULE, 150 MG TABLET)	5 / DAY
ZYPREXA (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET)	1 / DAY
ZYPREXA ZYDIS (TAB RAPDIS)	1 / DAY
ZYVOX 100 MG/5 ML SUSPENSION	6 BOTTLES (900 ML) / 28 DAYS
ZYVOX 600 MG TABLET	28 / 30 DAYS

PreferredOne Insurance Company Nondiscrimination Notice

PreferredOne Insurance Company (“PIC”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PIC:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PIC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Insurance Company
PO Box 59212
Minneapolis, MN 55459-0212
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
Email: customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Y: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂປດຊາບ: ຖ້າວ່າທ່ານບໍ່ເຂົ້າໃຈພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອອັດຕະໂນມາສາ, ໂດຍບໍ່ເສຍຄ່າ, ຄວນມາພົວພັນໃຫ້ທ່ານ. ໂທ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች: በነጻ ሊያግዝዎት ተዘጋጅተዋል: ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስመራት ለተሳናቸው: 763.847.4013) .

တံသိုလ်သး- နမူကတိ ကညီ ကိုဝ်ဆယ်, နမူနို ကိုဝ်ဆတ်မစာလော တလက်ဘူလ်လ်စု၊ နိုတမံဘိုသုနုလ်လီ. ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយភ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013) ។

ملحوظة: إذا كنت تتحدث أذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).

PreferredOne Community Health Plan Nondiscrimination Notice

PreferredOne Community Health Plan (“PCHP”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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ໂປດຊາວ: ຖ້າວ່າທ່ານບໍ່ເຂົ້າໃຈພາສາອັງກິດ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ຈະມີຮັບໃຫ້ທ່ານ. ໂທສ

1.800.940.5049 (TTY: 763.847.4013).

ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች: በነጻ ሊያገለግሉት ተዘጋጅተዋል: ወደ ሚኒሶታ ጽ/ቤት 1.800.940.5049

(መስመር ስተሳናቸው: 763.847.4013) .

တံသ့ၣ်တံသး- နမူကတိၣ် ကညီ ကိုၣ်အထိ, နမူနာ ကိုၣ်အတိၣ်မစၢလၢ တလၢဘၣ်သ့ၣ်လၢဘၣ်စၢ နီတံၣ်ဘၣ်သ့ၣ်န့ၣ်လီၤ. ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយភ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013) ។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).