

## 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	1 / DAY
ABSTRAL	4 / DAY
ACTIQ	4 / DAY
ACTONEL 150 MG TABLET	1 / 28 DAYS
ACTONEL 35 MG TABLET	4 / 28 DAYS
ADCIRCA	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	1 / DAY
ADDYI	1 / DAY
ADEMPAS	3 / 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	15.04 ML / DAY
ADZENYS XR-ODT	1 / DAY

## Medications with Quantity Limits

Drug	Quantity Limits
AEROSPAN	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 SYRINGES (2 ML) / 30 DAYS
AIMOVIG AUTOINJECTOR (2 PACK)	2 SYRINGES (2 ML) / 30 DAYS
AIRDUO RESPICLICK	1 INHALER / 30 DAYS
AJOVY AUTOINJECTOR	1 PEN (1.5ML) / 30 DAYS
AJOVY SYRINGE	1 SYRINGE (1.5 ML) / 30 DAYS
AKYNZEO 300-0.5 MG CAPSULE	2 / 30 DAYS
albuterol 2.5 mg/0.5 ml sol	150 VIALS / 30 DAYS
albuterol sul 2.5 mg/3 ml soln	180 VIALS (540 ML) / 30 DAYS
ALBUTEROL SUL HFA 90 MCG INH (18 GRAM PACKAGE SIZE)	2 INHALERS (36 G) / 30 DAYS
ALBUTEROL SULFATE (0.63 ML, 1.25 ML)	125 VIALS (375 ML) / 30 DAYS
ALBUTEROL SULFATE (5 MG/ML SOLUTION, 100 MG/20 ML SOLN)	150 ML / 30 DAYS
ALENDRONATE SODIUM (35 MG TAB, 70 MG TAB)	4 / 28 DAYS
almotriptan malate	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
alprazolam intensol	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

## Medications with Quantity Limits

Drug	Quantity Limits
ALUNBRIG 30 MG TABLET	4 / DAY
ALUNBRIG 90 MG-180 MG TAB PACK	1 PACKAGE (30 TABLETS) / 365 DAYS
ALVESCO	2 INHALERS (12.2 G) / 30 DAYS
alyq	2 / DAY
AMBIEN	1 / DAY
AMBIEN CR	1 / DAY
ambrisentan	1 / DAY
AMERGE	18 / 30 DAYS
AMITIZA	2 / DAY
amphetamine	15.04 ML / DAY
amphetamine sulfate	6 / DAY
AMPYRA	2 / DAY
ANORO ELLIPTA	1 INHALER (60 BLISTERS) / 30 DAYS
ANZEMET (50 MG TABLET, 100 MG TABLET)	2 / 30 DAYS
APOKYN	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	1 / DAY
ARCAPTA NEOHALER	4 CAPSULES / DAY
ARIKAYCE	30 VIALS / 30 DAYS
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	2 / DAY
ARMODAFINIL (150 MG TABLET, 200 MG TABLET, 250 MG TABLET)	1 / DAY
armodafinil 50 mg tablet	2 / DAY
ARMONAIR RESPICLICK	1 INHALER / 30 DAYS

## Medications with Quantity Limits

Drug	Quantity Limits
ARYMO ER	3 / DAY
asenapine maleate	2 / DAY
ASMANEX	1 INHALER / 30 DAYS
ASMANEX HFA	1 INHALER (13 G) / 30 DAYS
ASTEPRO	2 BOTTLES (60 ML) / 30 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	2 INHALERS (25.8 G) / 30 DAYS
AUBAGIO	1 / DAY
AUSTEDO	4 / DAY
AVONEX 30 MCG VIAL KIT	1 KIT (4 VIALS) / 28 DAYS
AVONEX PEN	1 KIT / 28 DAYS
AVONEX PREFILLED SYR 30 MCG KT	1 KIT / 28 DAYS
AXERT	18 / 30 DAYS
AZELASTINE HCL (0.1% (137 MCG) SPRY, 0.15% NASAL SPRAY)	2 BOTTLES (60 ML) / 30 DAYS
BAFIERTAM	4 / DAY
BARACLUDE 0.05 MG/ML SOLUTION	3 BOTTLES (630 ML) / 30 DAYS
BECONASE AQ	1 BOTTLE (25 G) / 25 DAYS
BELBUCA	2 / DAY
BELSOMRA	1 / DAY
BETASERON	1 KIT (15 VIALS) / 30 DAYS
BEVESPI AEROSPHERE	1 INHALER (10.7 G) / 30 DAYS
BEVYXXA	44 / 180 DAYS
bimatoprost 0.03% eye drops	2.5 ML / 25 DAYS
BONIVA 150 MG TABLET	1 / 28 DAYS
bosentan	2 / DAY

## Medications with Quantity Limits

Drug	Quantity Limits
BRINTELLIX	1 / DAY
bromfenac sodium	4 BOTTLES (6.8 ML) / YEAR
BROVANA	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	1 INHALER (10.2 G) / 30 DAYS
BUNAVAIL 2.1-0.3 MG FILM	6 / DAY
BUNAVAIL 4.2-0.7 MG FILM	3 / DAY
BUNAVAIL 6.3-1 MG FILM	2 / DAY
bupreno-nalox 2-0.5 mg sl film	12 / DAY
buprenor-nalox 12-3 mg sl film	2 / DAY
buprenorp-nalox 4-1 mg sl film	6 / DAY
buprenorp-nalox 8-2 mg sl film	3 / DAY
buprenorphin-naloxon 8-2 mg sl	3 / DAY
buprenorphine	4 / 28 DAYS
buprenorphine 2 mg tablet sl	12 / DAY
buprenorphine 8 mg tablet sl	3 / DAY
buprenorphn-naloxn 2-0.5 mg sl	12 / DAY
buproban	2 / DAY
BUPROPION HCL SR (100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	2 / DAY
BUPROPION HCL SR 150 MG TAB	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
BUTRANS	4 / 28 DAYS
BYDUREON	4 VIALS / 28 DAYS
BYDUREON BCISE	4 AUTO-INJECTOR (3.4 ML) / 28 DAYS

## Medications with Quantity Limits

Drug	Quantity Limits
BYDUREON PEN	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	1 KIT (11 MG) / DAY
calcitonin-salmon	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	2 / DAY
celecoxib	2 / DAY
CESAMET	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

## Medications with Quantity Limits

Drug	Quantity Limits
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
CLOZARIL 200 MG TABLET	4 / DAY
CLOZARIL 50 MG TABLET	6 / DAY
COMBIVENT RESPIMAT	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
CONZIP	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	15 APPLICATORS (16.9 G) / 30 DAYS
CYMBALTA (20 MG CAPSULE, 60 MG CAPSULE)	2 / DAY
CYMBALTA 30 MG CAPSULE	3 / DAY
CYSTADROPS	4 BOTTLES (20 ML) / 28 DAYS
CYSTARAN	4 BOTTLES (60 ML) / 28 DAYS
DAKLINZA	1 / DAY
dalfampridine er	2 / DAY
DAYTRANA	1 / DAY
DAYVIGO	1 / DAY
DESOXYN	5 / DAY
DESVENLAFAXINE SUCCINATE ER (ER 25 MG, ER 50 MG)	1 / DAY

## Medications with Quantity Limits

Drug	Quantity Limits
desvenlafaxine succnt er 100mg	4 / DAY
DEXEDRINE 10 MG TABLET	6 / DAY
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	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 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-amphet er	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	2 PACKAGES / RX
DIASSTAT ACUDIAL	2 PACKAGES / RX
DIAZEPAM (2.5 MG GEL SYS, 10 MG GEL SYST, 20 MG GEL SYST)	2 PACKAGES / RX
diclofenac sodium 1% gel	10 TUBES (1000 G) / 30 DAYS
diclofenac sodium 3% gel	3 TUBES (300G) / 30 DAYS
DIMETHYL FUMARATE (DR 120 MG, DR 240 MG)	2 / DAY
dimethyl fumarate 30d start pk	120 CAPSULES / 365 DAYS
DORAL	1 / DAY
dronabinol	2 / DAY



## Medications with Quantity Limits

Drug	Quantity Limits
DULERA	1 INHALER (13 G) / 30 DAYS
DULOXETINE HCL (DR 20 MG CAP, DR 60 MG CAP)	2 / DAY
duloxetine hcl dr 30 mg cap	3 / DAY
DUPIXENT 200 MG/1.14 ML SYRING	4 SYRINGES (4.6 ML) / 28 DAYS
DUPIXENT 300 MG/2 ML SYRINGE	4 SYRINGES (8 ML) / 28 DAYS
DUPIXENT PEN	4 PENS (8 ML) / 28 DAYS
DURAGESIC (12, 25, 50)	15 / 30 DAYS
DURAGESIC (75, 100)	30 (3 PATCHES EVERY 3 DAYS) / 30 DAYS
DYANAVEL XR	240 ML / 30 DAYS
EDEX	12 CARTRIDGES / 30 DAYS
EGRIFTA 1 MG VIAL	2 VIALS / DAY
EGRIFTA 2 MG VIAL	1 VIAL / DAY
EGRIFTA SV	1 VIAL / DAY
eletriptan hbr	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
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	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

## Medications with Quantity Limits

Drug	Quantity Limits
EMGALITY 300 MG (100 MG X3SYR)	3 SYRINGES / 30 DAYS
EMGALITY PEN	1 SYRINGE / 30 DAYS
EMSAM	1 / DAY
ENTRESTO	2 / DAY
EPCLUSA (200 MG-50 MG TABLET, 400 MG-100 MG TABLET)	1 / DAY
erlotinib hcl 25 mg tablet	3 / DAY
estazolam	1 / DAY
ESTRING	1 / 90 DAYS
eszopiclone	1 / DAY
EVEKEO	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)	1 / DAY
EVZIO 2 MG AUTO-INJECTOR	4 AUTO-INJECTORS (1.6 ML) / 30 DAYS
EXALGO	2 / DAY
EXTAVIA	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	1 / 84 DAYS
FENSOLVI	1 SYRINGE KIT / 168 DAYS
FENTANYL (12, 25, 50)	15 / 30 DAYS
FENTANYL (37.5, 62.5, 87.5)	15 / 30 DAYS
FENTANYL (75, 100)	30 (3 PATCHES EVERY 3 DAYS) / 30 DAYS

## Medications with Quantity Limits

Drug	Quantity Limits
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	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
FLOLIPID 20 MG/5 ML ORAL SUSP	10 ML (40 MG) / DAY
FLOLIPID 40 MG/5 ML ORAL SUSP	5 ML (40 MG) / DAY
fluoxetine dr	4 / 28 DAYS
flurazepam hcl	1 / DAY
fluvoxamine maleate er	2 / DAY
FOCALIN	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
FORTICAL	1 BOTTLE (3.7 ML) / 30 DAYS
FOSAMAX	4 / 28 DAYS
FROVA	18 / 30 DAYS
frovatriptan succinate	18 / 30 DAYS
FULYZAQ	2 / DAY
FUZEON	2 VIALS / DAY
GALAFOLD	14 CAPS (1 PACKAGE) / 28 DAYS
GAVRETO	4 / DAY
GEODON (20 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE, 80 MG CAPSULE)	2 / DAY
GILENYA	1 / DAY
GILOTRIF	1 / DAY

## Medications with Quantity Limits

Drug	Quantity Limits
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	1 / DAY
HALCION	2 / DAY
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	1 / DAY
HORIZANT	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 er 50 mg capsule	4 / DAY
hydromorphone er	2 / DAY
HYSINGLA ER	1 / DAY
ibandronate sodium 150 mg tab	1 / 28 DAYS
ICLUSIG 15 MG TABLET	2 / DAY
IDHIFA	1 / DAY
ILARIS	2 VIALS / 28 DAYS
ILEVRO	3.4 ML / 30 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

## Medications with Quantity Limits

Drug	Quantity Limits
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
INGREZZA 40 MG CAPSULE	2 / DAY
INGREZZA 80 MG CAPSULE	1 / DAY
INGREZZA INITIATION PACK	28 CAPSULES (1 PACK) / 365 DAYS
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	180 VIALS (540 ML) / 30 DAYS
JAKAFI 10 MG TABLET	2 / DAY
JUXTAPID	1 / DAY
JYNARQUE	2 TABS / DAY
KADIAN	2 / DAY
KEVEYIS	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
KORLYM	4 / DAY
KYNMOBI	5 / DAY
LAMISIL 250 MG TABLET	84 DAY SUPPLY / 180 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
LATUDA 80 MG TABLET	2 / DAY
LAZANDA	1 / DAY
ledipasvir-sofosbuvir	1 / DAY
LETAIRIS	1 / DAY
levalbuterol 1.25 mg/3 ml sol	90 VIALS (270 ML) / 30 DAYS

## Medications with Quantity Limits

Drug	Quantity Limits
levalbuterol concentrate	90 VIALS (45 ML) / 30 DAYS
LEVALBUTEROL HCL (0.31 ML, 0.63 ML)	180 VIALS (540 ML) / 30 DAYS
levalbuterol tartrate hfa	2 INHALERS (30 G) / 30 DAYS
LEVITRA	12 / 30 DAYS
linezolid 100 mg/5 ml susp	6 BOTTLES (900 ML) / 28 DAYS
linezolid 600 mg tablet	28 / 30 DAYS
LINZESS	1 / DAY
LONHALA MAGNAIR REFILL	2 ML (2 VIALS) / DAY
LONHALA MAGNAIR STARTER	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	5 BOTTLES (150 ML) / 30 DAYS
LUCEMYRA	16 TABLETS / DAY
LUMIGAN	2.5 ML / 30 DAYS
LUNESTA	1 / DAY
LUPANETA PK 11.25-5 MG 3MO KIT	1 KIT / 90 DAYS
LUPANETA PK 3.75-5 MG 1MO KIT	1 KIT / 30 DAYS
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)	3 / DAY
LYRICA CR 330 MG TABLET	2 / DAY
MARINOL	2 / DAY
MAVYRET	3 / DAY
MAXALT	18 / 30 DAYS
MAXALT MLT	18 / 30 DAYS
MAYZENT 0.25 MG TABLET	4 / DAY

## Medications with Quantity Limits

Drug	Quantity Limits
MAYZENT 2 MG TABLET	1 / DAY
memantine hcl er	1 / DAY
METADATE CD	1 / DAY
metadate er	3 / DAY
methamphetamine hcl	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
METHYLPHENIDATE ER (ER 18 MG TAB, ER 27 MG TAB, ER 54 MG TAB)	1 / DAY
methylphenidate er (la)	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	1 / DAY
methylphenidate hcl er (cd)	1 / DAY
METHYLPHENIDATE LA (10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP)	1 / DAY
methylphenidate la 60 mg cap	1 / DAY
MIACALCIN 200 UNIT NASAL SPRAY	1 BOTTLE (3.7 ML) / 30 DAYS
modafinil	1 / DAY
mometasone furoate 50 mcg spry	2 BOTTLES (34 G) / 30 DAYS
Morphine sulfate 30 mg cap er (generic for kadian)	2 / DAY
Morphine sulfate 30 mg cap er (not generic kadian)	1 / DAY

## Medications with Quantity Limits

Drug	Quantity Limits
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	1 / DAY
MOVANTIK	1 / DAY
MOZOBIL	8 VIALS (9.6 ML) / TRANSPLANT
MS CONTIN	3 / DAY
MUSE	12 / 30 DAYS
MYDAYIS	1 / DAY
MYTESI	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
naratriptan	18 / 30 DAYS
naratriptan hcl	18 / 30 DAYS
NARCAN	4 NASAL SPRAYS / 30 DAYS
NASONEX	2 BOTTLES (34 G) / 30 DAYS
NATPARA	2 CARTRIDGES / 28 DAYS
NERLYNX	6 / DAY
NEVANAC	2 BOTTLES (6 ML) / 30 DAYS
NEXLETOL	1 / DAY



## Medications with Quantity Limits

Drug	Quantity Limits
NEXLIZET	1 / DAY
NICOTROL	16 / DAY
NICOTROL NS	12 BOTTLES (120 ML) / 30 DAYS
NOURIANZ	30 TABLETS / 30 DAYS
NOVAREL 5,000 UNIT VIAL	1 VIAL / 30 DAYS
NUCYNTA ER	2 / DAY
NURTEC ODT	8 / 30 DAYS
NUVIGIL (150 MG TABLET, 200 MG TABLET, 250 MG TABLET)	1 / DAY
NUVIGIL 50 MG TABLET	2 / DAY
OCALIVA	1 / DAY
ODACTRA	1 TABLET / DAY
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	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	1 BOTTLE (12.5 G) / 30 DAYS
ondansetron 4 mg/5 ml solution	120 ML / 30 DAYS
ONDANSETRON HCL (4 ML AMP, 4 ML VIAL)	60 VIALS (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
ONZETRA XSAIL	1 BOX (16 UNITS) / 30 DAYS
OPANA ER	4 / DAY
OPSUMIT	1 / DAY
ORALAIR	1 / DAY
ORIAHNN	2 / DAY
ORILISSA 150 MG TABLET	1 / DAY
ORILISSA 200 MG TABLET	2 / DAY

## Medications with Quantity Limits

Drug	Quantity Limits
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	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	4 / DAY
OXERVATE	2 ML / DAY
oxycodone hcl er	4 / DAY
OXYCONTIN	4 / DAY
oxymorphone hcl er	4 / DAY
OXYTROL	8 / 28 DAYS
OZEMPIC 0.25-0.5 MG DOSE PEN	1 PEN (1.5 ML) / 28 DAYS
OZEMPIC 1 MG DOSE PEN	2 PENS (3 ML) / 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 MG/0.5 ML, 20 MG/ML)	1 / DAY
PALYNZIQ 10 MG/0.5 ML SYRINGE	1 SYRINGE (0.5 ML) / DAY
PATANASE	1 BOTTLE (30.5 G) / 30 DAYS
PERFOROMIST	2 VIALS (4 ML) / DAY
PEXEVA (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	1 / DAY
PEXEVA 30 MG TABLET	2 / DAY
PLEGRIDY	2 SYRINGES (1 ML) / 28 DAYS
PLEGRIDY PEN	2 PENS (1 ML) / 28 DAYS

## Medications with Quantity Limits

Drug	Quantity Limits
PRADAXA	2 / DAY
PRALUENT PEN	2 PENS (2 ML) / 28 DAYS
PRALUENT 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
PRISTIQ (ER 25 MG TABLET, ER 50 MG TABLET)	1 / DAY
PRISTIQ ER 100 MG TABLET	4 / DAY
PROAIR DIGIHALER	2 INHALERS / 30 DAYS
procentra	1800 ML / 30 DAYS
PROLIA	2 SYRINGES (2 ML) / 365 DAYS
PROVENTIL HFA	2 INHALERS (13.4 G) / 30 DAYS
PROVIGIL	1 / DAY
PROZAC WEEKLY	4 / 28 DAYS
PULMICORT	60 AMPULES (120 ML) / 30 DAYS
QBREXZA	1 CLOTH / DAY
QNASL	1 INHALER (8.7 G) / 30 DAYS
QNASL CHILDREN	1 INHALER (6.8 G / 30 DAYS)
quazepam	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	360 ML / 30 DAYS
RAGWITEK	1 / DAY

## Medications with Quantity Limits

Drug	Quantity Limits
ramelteon	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
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
RELENZA	2 INHALERS (40 DISKS) / 365 DAYS
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
RELPAX	18 / 30 DAYS
REPATHA PUSHTRONEX	1 CARTRIDGE (3.5 ML) / 28 DAYS
REPATHA SURECLICK	3 PENS (3 ML) / 28 DAYS
REPATHA SYRINGE	3 SYRINGES (3 ML) / 28 DAYS
RESCULA	5 ML (1 BOTTLE) / 25 DAYS
RESTORIL	1 / DAY
REVATIO 10 MG/ML ORAL SUSP	2 BOTTLES (224 ML) / 30 DAYS
REVATIO 20 MG TABLET	3 / DAY

## Medications with Quantity Limits

Drug	Quantity Limits
REXULTI	1 / DAY
REYVOW	4 / 30 DAYS
RHINOCORT AQUA	2 BOTTLES (17.2 G) / 30 DAYS
RILUTEK	2 / DAY
riluzole	2 / DAY
risedronate sodium 150 mg tab	1 / 28 DAYS
risedronate sodium 35 mg tab	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
RISPERDAL M-TAB	2 / DAY
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	2 / DAY
RITALIN	3 / DAY
RITALIN LA	1 / DAY
rizatriptan	18 / 30 DAYS
ROZEREM	1 / DAY
RYBELSUS (7 MG TABLET, 14 MG TABLET)	1 TABLET / DAY
RYBELSUS 3 MG TABLET	60 TABLETS / 365 DAYS
SAMSCA 15 MG TABLET	2 TABS / DAY
SAMSCA 30 MG TABLET	2 TABS / DAY
SANCUSO	2 / 30 DAYS
SAPHRIS	2 / DAY
SAVAYSA	1 / DAY
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	2 / DAY
SAVELLA TITRATION PACK	1 PACK (55 TABLETS) / 365 DAYS
SECUADO	1 PATCH / DAY

## Medications with Quantity Limits

Drug	Quantity Limits
SEEBRI NEOHALER	1 INHALER (60 CAPSULES) / 30 DAYS
SEREVENT DISKUS	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	2 AMPULES / DAY
SIGNIFOR LAR	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
SITAVIG	2 / 30 DAYS
SIVEXTRO 200 MG TABLET	6 / 30 DAYS
sofosbuvir-velpatasvir	1 / DAY
SOLIQUA 100-33	6 PENS (18 ML) / 30 DAYS
SONATA 10 MG CAPSULE	2 / DAY
SONATA 5 MG CAPSULE	1 / DAY
SOVALDI (150 MG PELLETT PACKET, 400 MG TABLET)	1 / DAY
SOVALDI 200 MG PELLETT PACKET	2 / DAY
SOVALDI 200 MG TABLET	2 TABLETS / DAY
STENDRA	12 / 30 DAYS
STIOLTO RESPIMAT	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	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

## Medications with Quantity Limits

Drug	Quantity Limits
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	16 / DAY
sumatriptan	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 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
SUNOSI	1 / DAY
SUPPRELIN LA	1 KIT / 365 DAYS
SUSTOL	3 SYRINGES (1.2 ML) / 30 DAYS
SYMBYAX (3-25 MG CAPSULE, 6-25 MG CAPSULE)	3 / DAY
SYMBYAX (6-50 MG CAPSULE, 12-50 MG CAPSULE, 12-25 MG CAPSULE)	1 / DAY
SYMDEKO	2 / DAY
SYMPROIC	1 / DAY
SYNDROS	4 BOTTLES (120 ML) / 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	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

## Medications with Quantity Limits

Drug	Quantity Limits
TARCEVA 25 MG TABLET	3 / DAY
TAZVERIK	8 / DAY
TECFIDERA (DR 120 MG CAPSULE, DR 240 MG CAPSULE)	2 / DAY
TECFIDERA STARTER PACK	2 PACK (120 CAPSULES) / 365 DAYS
temazepam	1 / DAY
terbinafine hcl	84 DAY SUPPLY / 180 DAYS
TIGLUTIK	2 BOTTLES (600 ML) / 30 DAYS
TOBI PODHALER	1 KIT (224 CAPSULES) / 56 DAYS
tolvaptan 15 mg tablet	2 TABS / DAY
tolvaptan 30 mg tablet	2 TABS / DAY
TOSYMRA	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 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	8 TABLETS / DAY
TRANXENE T-TAB 3.75 MG	24 / DAY
TRANXENE T-TAB 7.5 MG	12 / DAY
TRAVATAN Z	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	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



## Medications with Quantity Limits

Drug	Quantity Limits
triazolam	2 / DAY
TRIKAFTA	3 / DAY
TRINTELLIX	1 / DAY
TRIPTODUR	1 KIT / 168 DAYS
TRULANCE	1 / DAY
TRULICITY	4 PENS (2 ML) / 28 DAYS
TUDORZA PRESSAIR	1 INHALER / 30 DAYS
TYVASO	1 AMPULE (2.9 ML) / DAY
TYVASO INSTITUTIONAL START KIT	1 KIT / 28 DAYS
TYVASO REFILL KIT	1 KIT / 28 DAYS
TYVASO STARTER KIT	1 KIT / 28 DAYS
UBRELVY	10 / 30 DAYS
ULTRACET	8 TABLETS / DAY
ULTRAM	8 TABLETS / DAY
ULTRAM ER	1 / DAY
UPNEEQ	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	1 INHALER (60 CAPSULES) / 30 DAYS
valacyclovir	4 / DAY
VALTOCO	2 BLISTER PACKS (1 BOX) / FILL
VALTREX	4 / DAY
VANTAS	1 KIT / 365 DAYS
VARDENAFIL HCL (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	12 / 30 DAYS
VARUBI 90 MG TABLET	4 / 30 DAYS
VENTAVIS	9 AMPULES / DAY

## Medications with Quantity Limits

Drug	Quantity Limits
VERAMYST	1 BOTTLE (10 G) / 30 DAYS
VERSACLOZ	540 ML / 30 DAYS
VIAGRA	12 / 30 DAYS
VIBERZI	2 / DAY
VICTOZA 2-PAK	3 PENS (9 ML) / 30 DAYS
VICTOZA 3-PAK	3 PENS (9 ML) / 30 DAYS
VIEKIRA PAK	4 / DAY
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	1 / DAY
VIIBRYD 10-20 MG STARTER PACK	1 PACK (30 TABLETS) / 30 DAYS
VOSEVI	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	2 STARTER DOSE BOTTLES (212 CAPSULES) / 365 DAYS
VUMERITY DR 231 MG CAP	4 / DAY
VYLEESI	8 INJECTIONS (2.4ML) / 30 DAYS
VYNDAMAX	1 / DAY
VYNDAQEL	4 / DAY
VYVANSE	1 / DAY
WELLBUTRIN SR	2 / DAY
XADAGO	1 / DAY
XALATAN	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

## Medications with Quantity Limits

Drug	Quantity Limits
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	2.5 ML / 25 DAYS
XERMELO	3 / DAY
XOFLUZA	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	90 VIALS (45 ML) / 30 DAYS
XOPENEX HFA	2 INHALERS (30 G) / 30 DAYS
XTAMPZA ER	4 / DAY
XULTOPHY 100-3.6	5 PENS (15 ML) / 30 DAYS
XURIDEN	4 / DAY
YUPELRI	1 VIAL (3ML) / DAY
zaleplon 10 mg capsule	2 / DAY
zaleplon 5 mg capsule	1 / DAY
ZELNORM	2 / DAY
ZEMBRACE SYMTOUCH	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	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
ZERVIAE	2 VIALS / DAY
ZETONNA	1 INHALER (6.1 G) / 30 DAYS

## Medications with Quantity Limits

Drug	Quantity Limits
ZIOPTAN	30 / 30 DAYS
ziprasidone hcl	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	18 / 30 DAYS
zolmitriptan odt	18 / 30 DAYS
ZOLPIDEM TARTRATE (5 MG TABLET, 10 MG TABLET)	1 / DAY
zolpidem tartrate er	1 / DAY
ZOMIG (2.5 MG TABLET, 5 MG TABLET)	18 / 30 DAYS
ZOMIG (2.5 MG, 5 MG)	3 BOXES (18 UNITS) / 30 DAYS
ZOMIG ZMT	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
ZYBAN	2 / DAY
ZYKADIA	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	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](mailto: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 ကိုအိအိ, နမူနို ကိုအိအိမတေလ တလက်သိုလ်သးစု နိတမံဘိသိုလ်သးစု. 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).

