

Last update 12/13

PDL DOSAGE CONSOLIDATION LIST

Tabs/Caps/Patches: Quantities in units

Shaded areas are non-preferred agents - Quantities of these

Sprays/Inhalers/Nebulizers: Quantities in GM, ML, OR MCG

non-preferred agents are available up the limit only with

Injectibles: Quantities in ML

prior authorization

Drug Name	Strength	Limit/Day	Limit/Days	Drug Name	Strength	Limit/Day	Limit/Days
ABILIFY	5MG	0.5	18/35	ATROVENT HFA	17MCG	12 INHALATIONS	25.8/34
ABILIFY	10MG	0.5	18/35	ATROVENT 30ML	0.03%	12 SPRAYS	30/30
ABILIFY	15MG	0.5	18/35	ATROVENT 15ML	0.06%	16 SPRAYS	45/30
ABILIFY	20MG	0.5	18/35	AVANDIA	2MG	1.5	53/35
ABILIFY	30MG	0.5	18/35	AVANDIA	4MG	1	35/35
ABILIFY SOLUTION	1MG/ML	30ML	1020/34	AVAPRO	75MG	1.5	53/35
ACCUPRIL	5MG	1	35/35	AVAPRO	150MG	1	35/35
ACCUPRIL	10MG	1	35/35	AXERT (Step 8)	6.25MG		12/30
ACCUPRIL	20MG	1	35/35	AXERT (Step 8)	12.5MG		12/30
ACEON	2MG	1	35/35	AZELEX	20%		1 TUBE/18
ACEON	4MG	1	35/35	AZILECT	All Strengths	1	35/35
ACTONEL	5MG	1	35/35	BACTROBAN CREAM			1 TUBE/30
ACTONEL	35MG	1/WK	5/35	BECONASE AQ	42MCG	8 INHALATIONS	50/30
ACTOS	All Strengths	1	35/35	BENZAEPRIIL	5MG	1	35/35
ADDERALL XR	All Strengths	1	35/35	BENZAEPRIIL	10MG	1.5	53/35
AEROBID	250MCG	8 INHALATIONS	21/35	BENZAEPRIIL	20MG	1	35/35
AEROBID-M	250MCG	8 INHALATIONS	21/35	BENZAEP/HCTZ	5-6.25	1	35/35
ALAVERT-NON DROW	TAB	1	96/96	BENZAEP/HCTZ	10/12.5	1	35/35
ALDARA	5%		12/30	BONIVA	2.5MG	1	35/35
ALENDRONATE	All Strengths	1/WK	35/35	BONIVA	150MG	1/MO	1/30
ALTABAX	5GM		1 TUBE/30	BOTOX (ADULTS)	100U/ML	1 session/90 days	600U/90
ALTABAX	15GM		1 TUBE/30	BOTOX (CHILDREN>12)	100U/ML	1 session/90 days	400U/90
ALTABAX	30GM		1 TUBE/30	BREO ELLIPTA	100/25MCG	1 INHALATIONS	28/28
ALTACE	1.25MG	1	35/35	BRILINTA	All Strengths	2	70/35
ALTACE	2.5MG	1	35/35	BUTRANS		1 patch/WK	4/28
ALTACE	5MG	1	35/35	BYETTA	5mcg inj	0.04ML	1.2ML/30
AMARYL	1MG	1	35/35	BYETTA	10mcg inj	0.08ML	2.4ML/30
AMARYL	2MG	1	35/35	CALAN SR	120MG	1	35/35
AMBIEN	5MG		12/34	CALAN SR	180MG	2	70/35
AMBIEN	10MG		12/34	CALAN SR	240MG	2	70/35
AMBIEN CR	6.25MG		12/34	CARDIZEM CD	120MG/24	1	35/35
AMBIEN CR	12.5MG		12/34	CARDIZEM CD	180MG/24	1	35/35
AMERGE (Step 8)	1MG		12/30	CARDIZEM CD	240MG/24	1	35/35
AMERGE (Step 8)	2.5MG	2.5MG	12/30	CARDIZEM CD	300MG/24	1	35/35
AMLODIPINE	2.5MG	1.5	53/35 DAYS	CARDIZEM CD	360MG/24	1	35/35
AMLODIPINE	5MG	1.5	53/35 DAYS	CARDIZEM LA	120MG/24	1	35/35
AMMONIUM LACTATE CREA	12%		1 TUBE/10	CARDIZEM LA	180MG/24	1	35/35
AMMONIUM LACTATE LOTN	12%		1TUBE/8	CARDIZEM LA	240MG/24	1	35/35
AMPHETAMINE SALT	5,10,15MG	3	105/35	CARDIZEM LA	300MG/24	1	35/35
AMPHETAMINE SALT	20MG	2	70/35	CARDIZEM LA	360MG/24	1	35/35
AMPHETAMINE SALT	30MG	1	35/35	CARDURA	1MG	1	35/35
ANDRODERM	2.5MG	2	60/30	CARDURA	2MG	1.5	53/35
ANDRODERM	5MG	1	30/30	CARDURA	4MG	1.5	53/35
ARAVAL	10MG	1	35/35	CARTIA XT	120MG	1	90/90
ARCAPTA	75MCG	1 INHALATION	35/35	CARTIA XT	180MG	1	90/90
ARICEPT	5MG	1	35/35	CARTIA XT	240MG	1	90/90
ARICEPT	10MG	1	35/35	CARTIA XT	300MG	1	90/90
ARIXTRA INJECTION	2.5MG/0.5ML		7/30	CATAPRES-TTS1	0.1 MG/24HR		5/35
ARIXTRA INJECTION	5MG/0.4ML		7/30	CATAPRES- TTS2	0.2 MG/24HR		5/35
ARIXTRA INJECTION	7.5MG/0.6ML		7/30	CATAPRES- TTS3	0.3 MG/24HR		5/35
ARIXTRA INJECTION	10MG/0.8ML		7/30	CELEBREX	100MG	1	35/35
ASMANEX 30 UNITS	220MCG	1 INHALATION	30U/30	CELEBREX	200MG	2	70/35
ASMANEX 60 UNITS	220MCG	2 INHALATIONS	60U/30	CELEXA	20mg	0.5	17/34
ASMANEX 120 UNITS	220MCG	4 INHALATIONS	120U/30	CELEXA	40mg	1	51/34
ATACAND	4MG	1.5	53/35	CITALOPRAM	20MG	0.5	90/90

ATACAND	8MG	1.5	53/35
ATACAND	16MG	1	35/35
ATRIPLA	600MG	1	35/35
Drug Name	Strength	Limit/Day	Limit/Days
COMETRIQ	80MG	1	35/35
COMETRIQ	20MG	3	105/35
CONCERTA	All Strengths	1	35/35
COPAXONE INJ	20MG		1/32
COPAXONE KIT	20MG/ML		1/30
COREG CR	All Strengths	1	34/34
CRESTOR	5MG	1	35/35
CRESTOR	10MG	1	35/35
CRESTOR	20MG	1	35/35
CRESTOR	40MG	1	35/35
CYMBALTA	All Strengths	1	35/35
DALMANE	15MG		10/30
DALMANE	30MG		10/30
DAYPRO	600MG	2	70/35
DAYTRANA	10mg/9hr (27.5mg)	1	34/34
DAYTRANA	15mg/9hr (41.3mg)	1	34/34
DAYTRANA	20mg/9hr (55.0mg)	1	34/34
DAYTRANA	30mg/9hr (82.5mg)	1	34/34
DDAVP	5ML		15/34
DENAVIR CREAM			2gm/30
DEPO-PROVERA	150MG/ML		1/90
DEPO-PROVERA	400MG/ML		2.5/90
DEPO-TESTOSTERONE	200MG/ML		20/90
DESMOPRESSIN	0.1MG	12	420/35
DESMOPRESSIN	0.2MG	6	210/35
DESONIDE	0.05%		2 TUBES/30
DESOWEN	0.05%		2 TUBES/30
DETROL LA	2MG	1	35/35
DEXEDRINE	All Strengths	3	90/30
DEXILANT	All Strengths	1	35/35
DEXTROAMPHETAMINE	All Strengths	3	90/30
DIFLUCAN	150MG		1/7
DILACOR XR	240MG/24	1	35/35
DILACOR XR	120MG/24	1	35/35
DILACOR XR	180MG/24	1	35/35
DILTIA - XT	120MG/24	1	90/90
DILTIA - XT	180MG	1	90/90
DILTIA - XT	240MG/24	1	90/90
DILTIAZEM CAP ER	120MG	1	90/90
DILTIAZEM CAP XR	120MG	1	90/90
DILTIAZEM CAP	120MG/24	1	90/90
DILTIAZEM CAP	180MG/24	1	90/90
DILTIAZEM CAP ER	240MG	1	90/90
DILTIAZEM CAP XR	240MG	1	90/90
DILTIAZEM XR CAP	240MG/24	1	90/90
DILTIAZEM CAP	240MG/24	1	90/90
DILTIAZEM CAP	300MG/24	1	90/90
DILTIAZEM CAP	360MG/24	1	90/90
DIOVAN	80MG	1	35/35
DIOVAN - HCT	80 - 12.5	1	35/35
DITROPAN XL	5MG	1	35/35
DITROPAN XL	10MG	2	70/35
DORAL	7.5MG		10/30
DORAL	15MG		10/30
DOXAZOSIN	1MG	1	90/90

CITALOPRAM	40MG	1	90/90
CLARINEX	REDI TAB	1	35/35
CLEOCIN-T		1 PACKAGE	1/30
CLINDAMYCIN PHOSPHATE		1 PACKAGE	1/30
COMBIVENT	103-18MCG	12 INHALATIONS	30/35
Drug Name	Strength	Limit/Day	Limit/Days
EFFEXOR XR	37.5MG	1	35/35
EFFEXOR XR	75MG	1	35/35
EMSAM	All Strengths	1	34/34
ENALAPRIL	2.5	1	90/90
ENALAPRIL	5MG	1.5	135/90
ENALAPRIL	10MG	1.5	135/90
ENALAPR/HCTZ	5-12.5	1	90/90
ENBREL	25MG/ML		8/28
ESTAZOLAM	1MG		10/30
ESTAZOLAM	2MG		10/30
ESTRING MIS	2MG		1/90
FELODIPINE	2.5MG	1	90/90
FELODIPINE	5MG	1.5	135/90
FENTANYL	25MCG/HR		11/33
FENTANYL	50MCG/HR		11/33
FENTANYL	75MCG/HR		11/33
FENTANYL	100MCG/HR		22/33
FINASTERIDE	5MG	1	90/90
FLONASE	50MCG	4 SPRAYS	32/34
FLOVENT HFA 44MCG	44MCG	4 INHALATIONS	10.6/30
FLOVENT HFA 110MCG	110MCG	4 INHALATIONS	12/30
FLOVENT HFA 220MCG	220MCG	8 INHALATIONS	24/30
FLUCONAZOLE	150MG		1/7
FLUNISOLIDE SOLN	0.025%	16 SPRAYS	75/30
FLUOXETINE	20MG	4	140/35
FLURAZEPAM	15MG		10/30
FLURAZEPAM	30MG		10/30
FLUTICASONE SPR		4 SPRAYS	32/34
FLUVOXAMINE	25MG	1	90/90
FLUVOXAMINE	50MG	1	90/90
FOCALIN	All Strengths	3	105/35
FOCALIN XR	All Strengths	1	35/35
FORFIVO XL	All Strengths	1	35/35
FOSAMAX	5MG	1	35/35
FOSAMAX	10MG	1	35/35
FOSAMAX	70MG	1/WK	5/35
FOSAMAX	40MG	2/WK	10/35
FOSINOPRIL	10MG	1.5	135/90
FOSINOPRIL	20MG	2	180/90
FRAGMIN INJ	10000U/ML	2ML	14/7
FRAGMIN INJ	2500U/.2ML	0.4ML	2.80/7
FRAGMIN INJ	25000U/ML	0.8ML	5.6/7
FRAGMIN INJ	5000U/.2ML	0.4ML	2.80/7
FRAGMIN INJ	7500U/.3ML	0.6ML	4.2/7
FROVA TAB (Step 8)	2.5MG		12/30
FULYZAQ	125MG	2	70/35
FUZEON	KIT	1	1/30
GABAPENTIN	300MG	6	540/90
GABAPENTIN	400MG	6	540/90
GEODON	20MG	2	70/35
GEODON	40MG	2	70/35
GEODON	60MG	2	70/35
GEODON	80MG	2	70/35
GEODON	INJ	2	70/35

DOXAZOSIN	2MG	1.5	135/90
DOXAZOSIN	4MG	1.5	135/90
DRYSOL SOL	20%		1 BOTTLE/30DAYS
DURAGESIC PATCHES	12.5MCG/HR		11/33
DURAGESIC PATCHES	25MCG/HR		11/33
DURAGESIC PATCHES	50MCG/HR		11/33
DURAGESIC PATCHES	75MCG/HR		11/33
DURAGESIC PATCHES	100MCG/HR		22/33
EDEX	All Strengths		1/30
Drug Name	Strength	Limit/Day	Limit/Days
ILARIS			2/28
HALCION	0.125MG		10/35
HALCION	0.25		10/35
HUMIRA	40mg/0.8ml		4/28
HYTRIN	1MG	1	35/35
HYTRIN	5MG	1	35/35
HYZAAR	50-12.5	1	35/35
IMDUR	30MG	1.5	53/35
IMDUR	60MG	1.5	53/35
IMITREX (step 8)	25MG		12/30
IMITREX (step 8)	100MG		12/30
IMITREX INJ	4MG/.5ML		6 boxes/30
IMITREX INJ	6MG/.5ML		6 boxes/30
IMITREX KIT	6MG/.5ML		6/30
IMITREX SPR	5MG		12/30
IMITREX SPR	20MG		12/30
IMIQUIMOD	5%		12/30
INTAL	800MCG	8 INHALATIONS	28.4/34
INVOKANA	All Strengths	1	35/35
IPRATROPIUM 30ML	0.03%	12 SPRAYS	90/90
IPRATROPIUM 15ML	0.06%	16 SPRAYS	135/90
ISOPTIN SR	180MG	2	70/35
ISOPTIN SR	240MG	2	70/35
ISOSORBIDE MONO	30MG	1.5	135/90
ISOSORBIDE MONO	60 MG	1.5	135/90
JANUMET	All Strengths	2	70/35
JANUVIA	All Strengths	1	35/35
JUVISYNC	All Strengths	1	35/35
KETOPROFEN	100MG	2	180/90
KETOPROFEN	200MG	1	90/90
KETOROLAC	10MG	4.8	24/30
LAC-HYDRIN CREAM	12%		1TUBE/30
LAMICTAL	25MG	6	210/35
LAMICTAL	25MG CHW	6	210/35
LAMICTAL	100MG	2	70/35
LAMISIL	250MG	1	35/35
LAMOTRIGINE	25MG	6	540/90
LAMOTRIGINE	100MG	2	180/90
LATUDA	80MG	1	30/30
LEFLUNOMIDE	10MG	1	90/90
LESCOL	20MG	1	35/35
LEVAQUIN	250MG	1	35/35
LEXAPRO	5MG	0.5	15/30
LEXAPRO	10MG	0.5	15/30
LEXAPRO	20MG	1	35/35
LIPITOR	10MG	1	35/35
LIPITOR	20MG	1	35/35
LIPITOR	40MG	1.5	53/35
LISINOP/HCTZ	10/12.5MG	1	90/90

GILENYA	0.5MG	1	30/30
GLIMEPIRIDE	1MG	1	90/90
GLIMEPIRIDE	2MG	1	90/90
GLUCOSE TES STRP		12	420/35
GLYCOLAX*	255GM		255GM/90
* Available for once daily dosing to members under the age of 18 years			
Drug Name	Strength	Limit/Day	Limit/Days
LUNESTA	2MG		12/34
LUNESTA	3MG		12/34
LUPRON DEPOT INJ	11.25MG	KIT	1/90
LUPRON DEPOT INJ	22.5	KIT	1/90
LUPRON DEPOT INJ	30MG		1/90
LUPRON DEPOT INJ	30MG	KIT	1/90
LYRICA	25,50,75MG	3	102/35
LYRICA	100,150,200MG	3	102/35
LYRICA	225,300MG	2	70/35
MAVIK	1MG	1	35/35
MAVIK	2MG	1	35/35
MAXAIR AUTO	200MCG	12 INHALATIONS	14/30
MAXALT (step 8)	5MG		12/30
MAXALT MLT (step 1)	5MG		12/30
MAXALT MLT (step 1)	10MG		12/30
MEDROXYPR AC	150MG/ML		1/90
MELOXICAM	7.5MG	1	35/35
MELOXICAM	15MG	1	35/35
METADATE ER	10,20MG	3	90/30
METFORMIN ER	500MG	4	360/90
METHYLIN	All Strengths	3	90/30
METHYLPHENIDATE ER	36mg	2	180/90
METHYLPHENIDATE	All Strengths	3	90/30
METROCREAM		1 PACKAGE	1/30
METROGEL		1 PACKAGE	1/30
METROLOTION		1 PACKAGE	1/30
METRONIDAZOLE CREAM		1 PACKAGE	1/30
METRONIDAZOLE GEL		1 PACKAGE	1/30
METRONIDAZOLE LOTION		1 PACKAGE	1/30
MEVACOR	10MG	1.5	53/35
MEVACOR	20MG	1.5	53/35
MIACALCIN		3.75ml	1 bottle/34
MICARDIS	40MG	1.5	53/35
MIRALAX	255G	8.5G	1 bottle/30
MIRALAX	17G/PACKET	0.5 packet	15 packets/30
MIRTAZAPINE	15mg	1.5	53/35
MOBIC	7.5 MG	1	35/35
MOBIC	15MG	1	35/35
MOEXIPRIL	7.5	1.5	135/90
MONOPRIL	10MG	1.5	53/35
MONOPRIL	20MG	2	70/35
MUPIROCIN			1 TUBE/30
NABUMETONE	500MG	2	180/90
NABUMETONE	750MG	2	180/90
NARATRIPTAN			12/30
NASACORT AERS	55 MCG	4 SPRAYS	9.3/25
NASACORT AQ	55MCG	4 SPRAYS	17/30
NASONEX	50MCG	4 SPRAYS	17/30
NATROBA		120ML	1 bottle/30
NEUPOGEN INJ	300MCG/ML		10/30
NEUPOGEN INJ	480MCG/1.6		16/30
NEUPOGEN INJ	300MCG/.5ML		5/30

LOTENSIN	5MG	1	35/35
LOTENSIN	10MG	1.5	35/35
LOTENSIN	20MG	1	53/35
LOTENSIN - HCT	5 - 6.25	1	35/35
LOTENSIN - HCT	10 - 12.5	1	35/35
LOVASTATIN	10MG	1.5	135/90
LOVASTATIN	20MG	1.5	135/90
LOVENOX INJ	30MG/.3ML	0.6	14 injections/7
LOVENOX INJ	40MG/.4ML	0.8	14 injections/7
LOVENOX INJ	60MG/.6ML	1.2	14 injections/7
LOVENOX INJ	80MG/.8ML	1.6	14 injections/7
LOVENOX INJ	100MG/ML	2	14 injections/7
LOVENOX INJ	120MG/.8ML	1.6	14 injections/7
LOVENOX INJ	150MG/ML	2	14 injections/7
LUNESTA	1MG		12/34
Drug Name	Strength	Limit/Day	Limit/Days
NIFEDIPINE ER	90MG	1	90/90
NIFEDIPINE ER,CR	30MG	1	90/90
NORVASC	2.5MG	1.5	53/35 DAYS
NORVASC	5MG	1.5	53/35 DAYS
NUVARING		1/MO	1/28
OMEPRAZOLE	10MG	1	30/30
OMEPRAZOLE	20MG	2	120/60
ONDANSETRON*	4MG	3	90/30
ONDANSETRON*	8MG	1.5	45/30
ONDANSETRON*	24MG	0.5	15/30
ONDANSETRON INJ*			
ONGLYZA	All Strengths	1	35/35
ORTHO-EVRA			3/28
ORUVAIL	100MG	2	70/35
ORUVAIL	200MG	1	35/35
OXAPROZIN	600MG	2	180/90
OXYCODONE ER	10,20,40MG	2	70/35
OXYCODONE ER	80MG	4	140/35
OXYCONTIN**	10,20,40MG	2	70/35
OXYCONTIN**	80MG	4	140/35
PAROXETINE	10MG	1.5	135/90
PAROXETINE	20MG	1	90/90
PAXIL	10MG	1.5	53/35
PAXIL	20MG	1	35/35
PEGASYS KIT		KIT	1/28
PLAN B			2/15 or 4/30
PLENDIL	2.5MG	1	35/35
PLENDIL	5MG	1.5	53/35
PRAVACHOL	10MG	1	35/35
PRAVACHOL	20MG	1	35/35
PRAVACHOL	40MG	1	35/35
PRAVACHOL	80MG	1	35/35
PRAVASTATIN	10MG	1	35/35
PRAVASTATIN	20MG	1	35/35
PRAVASTATIN	40MG	2	180/90
PRAVASTATIN	80MG	1	35/35
PREVPAC MIS	500MG-30MG		14/30
PRILOSEC OTC	20MG	2	168/84
PRINIVIL	2.5MG	1	35/35
PRINIVIL	5MG	1	35/35
PRINIVIL	10MG	1.5	53/35
PRINIVIL	20MG	1.5	53/35
PRINZIDE	10-12.5	1	35/35
PROAIR HFA	90mcg	12 INHALATIONS	17/34

NEUPOGEN INJ	480MCG/.8ML		8/30
NEURONTIN	300MG	3	105/35
NEURONTIN	600MG	3	105/35
NEXIUM	20MG	1	35/35
NEXIUM	40MG	2	70/35
NIFEDIPINE CR	90MG	1	90/90
NIFEDIPINE ER	60MG	1	90/90
NIFEDIPINE ER	30MG	1	90/90
NIFEDIPINE ER	60MG	1	90/90
Drug Name	Strength	Limit/Day	Limit/Days
RELPAX	All Strengths		12/30
REMODULIN	All Strengths		1 MDV/30
RESTORIL	7.5MG		10/30
RESTORIL	15MG		10/30
RESTORIL	30MG		10/30
RETIN-A		1 TUBE	1 TUBE/30
REVLIMID	All Strengths	1	35/35
RHINOCORT AQ	32MCG	8 SPRAYS	18/30
REFRESH PLUS		15 ML	1 bottle/30
REFRESH PLUS		30 ML	2 bottles/30
REFRESH TEARS		15 ML	1 bottle/30
REFRESH TEARS		30 ML	2 bottles/30
RESCULA			2 bottles/35
REYATAZ	All Strengths	1	35/35
RISPERDAL	0.5MG	1.5	53/35
RISPERDAL	0.25MG	1.5	53/35
RISPERDAL	1MG	1.5	53/35
RISPERDAL	2MG	1.5	53/35
RISPERDAL	3MG	2	70/35
RISPERDAL	4MG	2	70/35
RISPERDAL INJ	25MG		2/28
RISPERDAL INJ	37.5		2/28
RISPERDAL INJ	50MG		2/28
RISPERDAL M-TAB	0.5MG	1.5	53/35
RISPERDAL M-TAB	1MG	1.5	53/35
RISPERDAL M-TAB	2MG	4	140/35
RISPERDAL SOL.	1MG/ML	8ML	280/35
RISPERIDONE	0.5MG	1.5	53/35
RISPERIDONE	0.25MG	1.5	53/35
RISPERIDONE	1MG	1.5	53/35
RISPERIDONE	2MG	1.5	53/35
RISPERIDONE	3MG	2	70/35
RISPERIDONE	4MG	2	70/35
RISPERIDONE SOL.	1MG/ML	8ML	280/35
SAVELLA	All Strengths	2	70/35
SEREVENT DISKUS	50MCG	2 INHALATIONS	60/30
SEROQUEL	100MG		45/30
SEROQUEL XR	150MG	1	35/35
SEROQUEL XR	200MG	1	35/35
SEROQUEL XR	300MG	2	70/35
SEROQUEL XR	400MG	2	70/35
SERTRALINE	25MG	0.5	18/35
SERTRALINE	50MG	0.5	18/35
SERTRALINE	100MG	3	105/35
SIMVASTATIN	5MG	1	35/35
SIMVASTATIN	10MG	1.5	53/35
SIMVASTATIN	20MG	1.5	53/35
SIMVASTATIN	40MG	1.5	53/35
SIMVASTATIN	80MG	1	35/35
SINGULAIR	4MG	1	35/35

PROTONIX	20MG	2	70/35
PROTONIX	40MG	2	70/35
PROZAC	10MG	1.5	53/35
PULMICORT	200MCG	8 INHALATIONS	1/25
PULMICORT FLEX	All Strengths	8 Inhalations	2/30
QUETIAPINE	25MG	1.5	135/90
QUETIAPINE	50MG	1.5	135/90
QUETIAPINE	100MG	1.5	135/90
QUINAPRIL	5MG	1	90/90
QUINAPRIL	10MG	1	90/90
QUINAPRIL	20MG	1	90/90
QVAR AERS	All Strengths	8 Inhalations	14.6/25
RANITIDINE SYRUP***	15MG/ML	20ML	700ML/35
RELAFEN	500MG	2	70/35
RELAFEN	750MG	2	70/35
REMERON	15MG	1.5	53/35
Drug Name	Strength	Limit/Day	Limit/Days
SULAR	10MG	1.5	53/35
SULAR	20MG	1	35/35
SUMATRIPTAN (step 1)	All Strengths		12/30
SYMBICORT	All Strengths	4 Inhalations	10.2/30
SYNVISC INJ	8MG/ML		2/30
SYRINGES		10	1000/100
TAFINLAR	50MG	6	210/35
TAFINLAR	75MG	4	140/35
TAMIFLU CAPS	75MG		10/30
TAZTIA XT CAP	120MG/24	1	90/90
TAZTIA XT CAP	180MG/24	1	90/90
TAZTIA XT CAP	240MG/24	1	90/90
TAZTIA XT CAP	300MG/24	1	90/90
TAZTIA XT CAP	360MG/24	1	90/90
TEMAZEPAM	7.5MG		10/30
TEMAZEPAM	15MG		10/30
TEMAZEPAM	30MG		10/30
TEQUIN	200MG	1	35/35
TERAZOSIN	1MG	1	90/90
TERAZOSIN	5MG	1	90/90
TERBINAFINE	250MG	1	35/35
TEST STRIPS	Blood Glucose	12	420/35
TIAZAC	120MG/24	1	35/35
TIAZAC	180MG/24	1	35/35
TIAZAC	240MG/24	1	35/35
TIAZAC	300MG/24	1	35/35
TIAZAC	360MG/24	1	35/35
TIAZAC	420MG/24	1	35/35
TILADE	1.75MG	8 INHALATIONS	48.6/35
TOPAMAX SPRINKLES	All Strengths	400MG	35/35
TOPIRAMATE SPRINKLES	All Strengths	400MG	35/35
TOPROL XL	25MG	1.5	53/35
TOPROL XL	50MG	1.5	53/35
TRADJENTA	All Strengths	1	35/35
TRAMADOL	50MG	8	720/90
TRAMADOL/ APAP	37.5/325MG	8	720/90
TRETINOIN		1 TUBE	1 TUBE/30
TREXIMET	85/500	2.5	12/30
TRIAZOLAM	0.125MG		10/30
TRIAZOLAM	0.25MG		10/30
TROKENDI XR	25MG	1	35/35
TROKENDI XR	50MG	1	35/35
TROKENDI XR	100MG	1	35/35

SINGULAIR	5MG	1	35/35
SINGULAIR	10MG	1	35/35
SONATA	5MG		12/34
SONATA	10MG		12/34
SPIRIVA	HANDIHLR	1 INHALTION	30/30
SPORANOX SOL	10MG/ML	10ML/ML	300cc/30
SPORANOX PULSEPAK	100MG		30/30
SPORANOX	100MG		30/30
STADOL INJ	1MG/ML		9/35
STADOL INJ	2MG/ML		9/35
STRATTERA	All Strengths	1	35/35

Drug Name	Strength	Limit/Day	Limit/Days
XOPENEX HFA		12 INHALATIONS	2 INHALERS/34
XOPENEX NEB		12CC	408/34
ZALEPLON	All Strengths		30/30
ZESTORETIC	10-12.5	1	35/35
ZESTRIL	2.5MG	1	35/35
ZESTRIL	5MG	1	35/35
ZESTRIL	10MG	1.5	53/35
ZESTRIL	20MG	1.5	53/35
ZOCOR	5MG	1	35/35
ZOCOR	10MG	1.5	53/35
ZOCOR	20MG	1.5	53/35
ZOCOR	40MG	1.5	53/35
ZOFRAN*	4MG	3	90/30
ZOFRAN*	8MG	1.5	45/30
ZOFRAN*	24MG	0.5	15/30
ZOFRAN*	4MG/5ML	15ML	450/30
ZOLOFT	25MG	0.5	18/35
ZOLOFT	50MG	0.5	18/35
ZOLOFT	100MG	3	105/35
ZOLPIDEM (step 1)	5MG		30/30
ZOLPIDEM (step 1)	10MG		30/30
ZOMIG (Step 8)	5MG		12/30
ZYPREXA	2.5MG	1.5	53/35
ZYPREXA	5MG	1	35/35
ZYPREXA	7.5MG	1	35/35
ZYPREXA	10MG	1	35/35
ZYPREXA	15MG	1	35/35
ZYPREXA	20MG	1	35/35
ZYPREXA ZYDIS	5MG	1	35/35
ZYPREXA ZYDIS	10MG	1	35/35
ZYPREXA ZYDIS	15MG	1	35/35
ZYPREXA ZYDIS	20MG	1	35/35

*Cancer diagnosis with non-daily chemotherapy required

**Available without pa with CA and HO diag.

*** Ranitidine syrup available without PA to users less than 6 years old.

MDV=Multidose Vial

