

| Last update 9/10 | | | | 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/Da | 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 | AZILECT | All Strengths | 1 | 35/35 |
| ACEON | 4MG | 1 | 35/35 | AZMACORT | 100MCG | 16 INHALATIONS | 40/30 |
| ACTONEL | 5MG | 1 | 35/35 | BECONASE AQ | 42MCG | 8 INHALATIONS | 50/30 |
| ACTONEL | 35MG | 1/WK | 5/35 | BENZAEPRIIL | 5MG | 1 | 35/35 |
| ACTOS | 15MG | 3 | 105/35 | BENZAEPRIIL | 10MG | 1.5 | 53/35 |
| ACTOS | 45MG | 1 | 35/35 | BENZAEPRIIL | 20MG | 1 | 35/35 |
| ADDERALL XR | All Strengths | 1 | 35/35 | BENZAEP/HCTZ | 5-6.25 | 1 | 35/35 |
| AEROBID | 250MCG | 8 INHALATIONS | 21/35 | BENZAEP/HCTZ | 10/12.5 | 1 | 35/35 |
| AEROBID-M | 250MCG | 8 INHALATIONS | 21/35 | BONIVA | 2.5MG | 1 | 35/35 |
| ALAVERT-NON DROW | TAB | 1 | 96/96 | BONIVA | 150MG | 1/MO | 1/30 |
| ALDARA | 5% | | 12/30 | BOTOX (ADULTS) | 100U/ML | 1 session/90 days | 600U/90 |
| ALENDRONATE | All Strengths | 1/WK | 35/35 | BOTOX (CHILDREN > 12) | 100U/ML | 1 session/90 days | 400U/90 |
| ALTABAX | 5GM | | 1 TUBE/30 | BYETTA | 5mcg inj | 0.04ML | 1.2ML/30 |
| ALTABAX | 10GM | | 1 TUBE/30 | BYETTA | 10mcg inj | 0.08ML | 2.4ML/30 |
| ALTACE | 1.25MG | 1 | 35/35 | CALAN SR | 120MG | 1 | 35/35 |
| ALTACE | 2.5MG | 1 | 35/35 | CALAN SR | 180MG | 2 | 70/35 |
| ALTACE | 5MG | 1 | 35/35 | CALAN SR | 240MG | 2 | 70/35 |
| AMARYL | 1MG | 1 | 35/35 | CARDIZEM CD | 120MG/24 | 1 | 35/35 |
| AMARYL | 2MG | 1 | 35/35 | CARDIZEM CD | 180MG/24 | 1 | 35/35 |
| AMBIEN | 5MG | | 12/34 | CARDIZEM CD | 240MG/24 | 1 | 35/35 |
| AMBIEN | 10MG | | 12/34 | CARDIZEM CD | 300MG/24 | 1 | 35/35 |
| AMBIEN CR | 6.25MG | | 12/34 | CARDIZEM CD | 360MG/24 | 1 | 35/35 |
| AMBIEN CR | 12.5MG | | 12/34 | CARDIZEM LA | 120MG/24 | 1 | 35/35 |
| AMERGE (Step 8) | 1MG | | 12/30 | CARDIZEM LA | 180MG/24 | 1 | 35/35 |
| AMERGE (Step 8) | 2.5MG | 2.5MG | 12/30 | CARDIZEM LA | 240MG/24 | 1 | 35/35 |
| AMLODIPINE | 2.5MG | 1.5 | 53/35 DAYS | CARDIZEM LA | 300MG/24 | 1 | 35/35 |
| AMLODIPINE | 5MG | 1.5 | 53/35 DAYS | CARDIZEM LA | 360MG/24 | 1 | 35/35 |
| AMPHETAMINE SALT | 5,10,15MG | 3 | 105/35 | CARDURA | 1MG | 1 | 35/35 |
| AMPHETAMINE SALT | 20MG | 2 | 70/35 | CARDURA | 2MG | 1.5 | 53/35 |
| AMPHETAMINE SALT | 30MG | 1 | 35/35 | CARDURA | 4MG | 1.5 | 53/35 |
| ANDRODERM | 2.5MG | 2 | 60/30 | CARTIA XT | 120MG | 1 | 90/90 |
| ANDRODERM | 5MG | 1 | 30/30 | CARTIA XT | 180MG | 1 | 90/90 |
| ARAVA | 10MG | 1 | 35/35 | CARTIA XT | 240MG | 1 | 90/90 |
| ARICEPT | 5MG | 1 | 35/35 | CARTIA XT | 300MG | 1 | 90/90 |
| ARICEPT | 10MG | 1 | 35/35 | CATAPRES-TTS1 | 0.1 MG/24HR | | 5/35 |
| ARIXTRA INJECTION | 2.5MG/0.5ML | | 7/30 | CATAPRES- TTS2 | 0.2 MG/24HR | | 5/35 |
| ARIXTRA INJECTION | 5MG/0.4ML | | 7/30 | CATAPRES- TTS3 | 0.3 MG/24HR | | 5/35 |
| ARIXTRA INJECTION | 7.5MG/0.6ML | | 7/30 | CELEBREX | 100MG | 1 | 35/35 |
| ARIXTRA INJECTION | 10MG/0.8ML | | 7/30 | CELEBREX | 200MG | 1 | 35/35 |
| ASMANEX 30 UNITS | 220MCG | 1 INHALATION | 30U/30 | CELEXA | 20mg | 0.5 | 17/34 |
| ASMANEX 60 UNITS | 220MCG | 2 INHALATIONS | 60U/30 | CELEXA | 40mg | 1 | 51/34 |
| ASMANEX 120 UNITS | 220MCG | 4 INHALATIONS | 120U/30 | CITALOPRAM | 20MG | 0.5 | 90/90 |
| ATACAND | 4MG | 1.5 | 53/35 | CITALOPRAM | 40MG | 1 | 90/90 |
| ATACAND | 8MG | 1.5 | 53/35 | CLARINEX | REDI TAB | 1 | 35/35 |
| ATACAND | 16MG | 1 | 35/35 | CLEOCIN-T | | 1 PACKAGE | 1/30 |
| ATRIPLA | 600MG | 1 | 35/35 | | | | |
| Drug Name | Strength | Limit/Da | Limit/Days | Drug Name | Strength | Limit/Day | Limit/Days |
| CLINDAMYCIN PHOSPHATE | | 1 PACKAG | 1/30 | DURAGESIC PATCHES | 100MCG/HR | | 22/33 |

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|-------------------|-------------------|----------------|------------|
| COMBIVENT | 103-18MCG | 12 INHALATIONS | 30/35 |
| CONCERTA | All Strengths | 1 | 35/35 |
| COPAXONE INJ | 20MG | | 1/32 |
| COPAXONE KIT | 20MG/ML | | 1/30 |
| COREG CR | All Strengths | 1 | 34/34 |
| COZAAR | 25MG | 4 | 140/35 |
| 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 |
| 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 |
| 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 |
| DOXAZOSIN | 2MG | 1.5 | 135/90 |
| DOXAZOSIN | 4MG | 1.5 | 135/90 |
| 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 |
| Drug Name | Strength | Limit/Day | Limit/Days |
| GLYCOLAX* | 255GM | | 255GM/90 |
| HALCION | 0.125MG | | 10/35 |
| HALCION | 0.25 | | 10/35 |

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|--------------------|---------------|---------------|---------|
| EDEX | All Strengths | | 1/30 |
| 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 |
| ESTRANG 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 |
| FLOXANSE | 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 |
| 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 |
| FUZEON | KIT | 1 | 1/30 |
| GABAPENTIN | 300MG | 3 | 270/90 |
| GABAPENTIN | 600MG | 3 | 270/90 |
| 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 |
| GLIMEPIRIDE | 1MG | 1 | 90/90 |
| GLIMEPIRIDE | 2MG | 1 | 90/90 |
| GLUCOSE TES STRP | | 12 | 420/35 |

| Drug Name | Strength | Limit/Day | Limit/Days |
|-------------|------------|-----------|-----------------|
| 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 |

| 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) | 50MG | | 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 |
| INTAL | 800MCG | 8 INHALATIONS | 28.4/34 |
| 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 |
| KETOPROFEN | 100MG | 2 | 180/90 |
| KETOPROFEN | 200MG | 1 | 90/90 |
| KETOROLAC | 10MG | 4.8 | 24/30 |
| 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 |
| 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 |
| LISINOPRIL | 2.5MG | 1 | 90/90 |
| LISINOPRIL | 5MG | 1 | 90/90 |
| LISINOPRIL | 10MG | 1.5 | 135/90 |
| LISINOPRIL | 20MG | 1.5 | 135/90 |
| LISINOP/HCTZ | 10/12.5MG | 1 | 90/90 |
| 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 |
| Drug Name | Strength | Limit/Day | Limit/Days |
| 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 |

| LOVENOX INJ | 150MG/ML | 2 | 14 injections/7 |
|--|---------------|----------------|-----------------|
| LUNESTA | 1MG | | 12/34 |
| 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 (step 8) | 10MG | | 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 | 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 |
| NASACORT AERS | 55 MCG | 4 SPRAYS | 9.3/25 |
| NASACORT AQ | 55MCG | 4 SPRAYS | 17/30 |
| NASAREL | 0.025% | 16 SPRAYS | 75/35 |
| NASONEX | 50MCG | 4 SPRAYS | 17/30 |
| NEUPOGEN INJ | 300MCG/ML | | 10/30 |
| NEUPOGEN INJ | 480MCG/1.6 | | 16/30 |
| NEUPOGEN INJ | 300MCG/.5ML | | 5/30 |
| * Available for once daily dosing to members under the age of 18 years | | | |
| Drug Name | Strength | Limit/Day | Limit/Days |
| PULMICORT FLEX | All Strengths | 8 Inhalations | 2/30 |
| QUINAPRIL | 5MG | 1 | 90/90 |
| QUINAPRIL | 10MG | 1 | 90/90 |
| QUINAPRIL | 20MG | 1 | 90/90 |
| QVAR AERS | All Strengths | 8 Inhalations | 14.6/25 |

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|------------------|---------------|----------------|--------------|
| NIFEDIPINE CR | 90MG | 1 | 90/90 |
| NIFEDIPINE ER | 60MG | 1 | 90/90 |
| NIFEDIPINE ER | 30MG | 1 | 90/90 |
| NIFEDIPINE ER | 60MG | 1 | 90/90 |
| 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 | |
| OMEPRAZOLE | 20MG | 2 | |
| 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 |
| PROTONIX | 20MG | 2 | 70/35 |
| PROTONIX | 40MG | 2 | 70/35 |
| PROVENTIL | 90MCG | 12 INHALATIONS | 34/34 |
| PROVENTIL HFA | 90MCG | 12 INHALATIONS | 14/34 |
| PROZAC | 10MG | 1.5 | 53/35 |
| PULMICORT | 200MCG | 8 INHALATIONS | 1/25 |
| Drug Name | Strength | Limit/Da | Limit/Days |
| SINGULAIR | 4MG | 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 |

| | | | |
|----------------------|---------------|----------------|--------------|
| RANITIDINE SYRUP*** | 15MG/ML | 20ML | 700ML/35 |
| RELAFEN | 500MG | 2 | 70/35 |
| RELAFEN | 750MG | 2 | 70/35 |
| REMERON | 15MG | 1.5 | 53/35 |
| RELPAX | All Strengths | | 12/30 |
| REMERON | 15MG | 1.5 | 53/35 |
| 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 |
| REZINE | 10MG | 3 | 90/30 |
| 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 |
| 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 |
| Drug Name | Strength | Limit/Day | Limit/Days |
| VENLAFAXINE | 225 | 1 | 90/90 |
| VENTOLIN HFA | 90MCG | 12 INHALATIONS | 36/34 |
| VERAPAMIL ER, SR | 120MG | 1 | 90/90 |
| VERAPAMIL ER, CR, SR | 180MG | 2 | 90/90 |
| VERAPAMIL ER, CR, SR | 240MG | 2 | 90/90 |
| VERELAN | 180MG | 1 | 35/35 |
| VERELAN SR | 120MG | 1 | 35/35 |

