

## 2020 Simply Quantity Limit Document

### 1st Tier Unifine Pentips

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|--------------------------|---------------------------------|
| 1ST TIER UNIFINE PENTIPS | Quantity Limit: 200 Per 30 Days |
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### Abacavir Sulfate

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|---------------------------------------|---------------------------------|
| <i>abacavir sulfate oral solution</i> | Quantity Limit: 960 Per 30 Days |
| <i>abacavir sulfate oral tablet</i>   | Quantity Limit: 60 Per 30 Days  |

### Abacavir Sulfate-lamivudine

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|------------------------------------|--------------------------------|
| <i>abacavir sulfate-lamivudine</i> | Quantity Limit: 30 Per 30 Days |
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### Abacavir-Lamivudine-Zidovudine

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| <i>abacavir-lamivudine-zidovudine</i> | Quantity Limit: 60 Per 30 Days |
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### Abilify Maintena

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| ABILIFY MAINTENA | Quantity Limit: 1 Per 28 Days |
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### Abilify MyCite

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| ABILIFY MYCITE | Quantity Limit: 30 Per 30 Days |
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### Abilify

|                                  |                                 |
|----------------------------------|---------------------------------|
| ABILIFY ORAL TABLET 10 MG        | Quantity Limit: 90 Per 30 Days  |
| ABILIFY ORAL TABLET 15 MG        | Quantity Limit: 60 Per 30 Days  |
| ABILIFY ORAL TABLET 2 MG         | Quantity Limit: 450 Per 30 Days |
| ABILIFY ORAL TABLET 20 MG, 30 MG | Quantity Limit: 30 Per 30 Days  |
| ABILIFY ORAL TABLET 5 MG         | Quantity Limit: 180 Per 30 Days |

### Abiraterone Acetate

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|----------------------------|---------------------------------|
| <i>abiraterone acetate</i> | Quantity Limit: 120 Per 30 Days |
|----------------------------|---------------------------------|

**Abstral**

|         |                                 |
|---------|---------------------------------|
| ABSTRAL | Quantity Limit: 120 Per 30 Days |
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**Acanya**

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|--------|--------------------------------|
| ACANYA | Quantity Limit: 50 Per 30 Days |
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**Acarbose**

|                                    |                                 |
|------------------------------------|---------------------------------|
| <i>acarbose oral tablet 100 mg</i> | Quantity Limit: 90 Per 30 Days  |
| <i>acarbose oral tablet 25 mg</i>  | Quantity Limit: 360 Per 30 Days |
| <i>acarbose oral tablet 50 mg</i>  | Quantity Limit: 180 Per 30 Days |

**Acetaminophen-Codeine #2**

|                                 |                                 |
|---------------------------------|---------------------------------|
| <i>acetaminophen-codeine #2</i> | Quantity Limit: 180 Per 30 Days |
|---------------------------------|---------------------------------|

**Acetaminophen-Codeine #3**

|                                 |                                 |
|---------------------------------|---------------------------------|
| <i>acetaminophen-codeine #3</i> | Quantity Limit: 180 Per 30 Days |
|---------------------------------|---------------------------------|

**Acetaminophen-Codeine #4**

|                                 |                                 |
|---------------------------------|---------------------------------|
| <i>acetaminophen-codeine #4</i> | Quantity Limit: 180 Per 30 Days |
|---------------------------------|---------------------------------|

**Acetaminophen-Codeine**

|                                            |                                 |
|--------------------------------------------|---------------------------------|
| <i>acetaminophen-codeine oral solution</i> | Quantity Limit: 900 Per 30 Days |
| <i>acetaminophen-codeine oral tablet</i>   | Quantity Limit: 180 Per 30 Days |

**Aciphex**

|         |                                |
|---------|--------------------------------|
| ACIPHEX | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**AcipHex Sprinkle**

|                  |                                |
|------------------|--------------------------------|
| ACIPHEX SPRINKLE | Quantity Limit: 30 Per 30 Days |
|------------------|--------------------------------|

**Actiq**

|       |                                 |
|-------|---------------------------------|
| ACTIQ | Quantity Limit: 120 Per 30 Days |
|-------|---------------------------------|

**Actonel**

|                                 |                                |
|---------------------------------|--------------------------------|
| ACTONEL ORAL TABLET 150 MG      | Quantity Limit: 1 Per 28 Days  |
| ACTONEL ORAL TABLET 30 MG, 5 MG | Quantity Limit: 30 Per 30 Days |
| ACTONEL ORAL TABLET 35 MG       | Quantity Limit: 4 Per 28 Days  |

**Actoplus Met**

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|--------------|--------------------------------|
| ACTOPLUS MET | Quantity Limit: 90 Per 30 Days |
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**Actos**

|                         |                                |
|-------------------------|--------------------------------|
| ACTOS ORAL TABLET 15 MG | Quantity Limit: 90 Per 30 Days |
| ACTOS ORAL TABLET 30 MG | Quantity Limit: 45 Per 30 Days |
| ACTOS ORAL TABLET 45 MG | Quantity Limit: 30 Per 30 Days |

**Acyclovir**

|                                    |                                |
|------------------------------------|--------------------------------|
| <i>acyclovir external cream</i>    | Quantity Limit: 5 Per 30 Days  |
| <i>acyclovir external ointment</i> | Quantity Limit: 30 Per 30 Days |

**Adasuve**

|         |                                |
|---------|--------------------------------|
| ADASUVE | Quantity Limit: 30 Per 30 Days |
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**Adcirca**

|         |                                |
|---------|--------------------------------|
| ADCIRCA | Quantity Limit: 60 Per 30 Days |
|---------|--------------------------------|

**Adderall**

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|-----------------------------------------------------------------|--------------------------------|
| ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG | Quantity Limit: 90 Per 30 Days |
|-----------------------------------------------------------------|--------------------------------|

**Adderall**

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|----------------------------|--------------------------------|
| ADDERALL ORAL TABLET 30 MG | Quantity Limit: 60 Per 30 Days |
|----------------------------|--------------------------------|

**Adderall XR**

|             |                                |
|-------------|--------------------------------|
| ADDERALL XR | Quantity Limit: 30 Per 30 Days |
|-------------|--------------------------------|

**Addyi**

|       |                                |
|-------|--------------------------------|
| ADDYI | Quantity Limit: 30 Per 30 Days |
|-------|--------------------------------|

**Adhansia XR**

|             |                                |
|-------------|--------------------------------|
| ADHANSIA XR | Quantity Limit: 30 Per 30 Days |
|-------------|--------------------------------|

**Advair Diskus**

|               |                                |
|---------------|--------------------------------|
| ADVAIR DISKUS | Quantity Limit: 60 Per 30 Days |
|---------------|--------------------------------|

**Advair HFA**

|            |                                |
|------------|--------------------------------|
| ADVAIR HFA | Quantity Limit: 12 Per 30 Days |
|------------|--------------------------------|

**Aemcolo**

|         |                               |
|---------|-------------------------------|
| AEMCOLO | Quantity Limit: 12 Per 3 Days |
|---------|-------------------------------|

**Afrezza**

|                                                            |                                  |
|------------------------------------------------------------|----------------------------------|
| AFREZZA INHALATION POWDER 12 UNIT                          | Quantity Limit: 270 Per 30 Days  |
| AFREZZA INHALATION POWDER 4 & 8 & 12 UNIT                  | Quantity Limit: 360 Per 365 Days |
| AFREZZA INHALATION POWDER 4 UNIT, 90 X 4 UNIT & 90X8 UNIT  | Quantity Limit: 540 Per 30 Days  |
| AFREZZA INHALATION POWDER 8 UNIT, 90 X 8 UNIT & 90X12 UNIT | Quantity Limit: 360 Per 30 Days  |

**Aggrenox**

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|----------|--------------------------------|
| AGGRENOX | Quantity Limit: 60 Per 30 Days |
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**Aimovig (140 MG Dose)**

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|-----------------------|-------------------------------|
| AIMOVIG (140 MG DOSE) | Quantity Limit: 2 Per 30 Days |
|-----------------------|-------------------------------|

**Aimovig**

|                                                       |                               |
|-------------------------------------------------------|-------------------------------|
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | Quantity Limit: 1 Per 30 Days |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML  | Quantity Limit: 2 Per 30 Days |

**AirDuo Digihaler**

|                  |                               |
|------------------|-------------------------------|
| AIRDUO DIGIHALER | Quantity Limit: 1 Per 30 Days |
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**AirDuo RespiClick 113/14**

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|--------------------------|-------------------------------|
| AIRDUO RESPICLICK 113/14 | Quantity Limit: 1 Per 30 Days |
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**AirDuo RespiClick 232/14**

|                          |                               |
|--------------------------|-------------------------------|
| AIRDUO RESPICLICK 232/14 | Quantity Limit: 1 Per 30 Days |
|--------------------------|-------------------------------|

**AirDuo RespiClick 55/14**

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|-------------------------|-------------------------------|
| AIRDUO RESPICLICK 55/14 | Quantity Limit: 1 Per 30 Days |
|-------------------------|-------------------------------|

**Ajovy**

|       |                                 |
|-------|---------------------------------|
| AJOVY | Quantity Limit: 1.5 Per 30 Days |
|-------|---------------------------------|

**Akynzeo**

|              |                               |
|--------------|-------------------------------|
| AKYNZEO ORAL | Quantity Limit: 5 Per 30 Days |
|--------------|-------------------------------|

**Albuterol Sulfate**

|                                                                                                         |                                 |
|---------------------------------------------------------------------------------------------------------|---------------------------------|
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i> | Quantity Limit: 360 Per 30 Days |
| <i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i>                  | Quantity Limit: 60 Per 30 Days  |

**Alecensa**

|          |                                 |
|----------|---------------------------------|
| ALECENSA | Quantity Limit: 240 Per 30 Days |
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**Alendronate Sodium**

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|----------------------------------------------------------|---------------------------------|
| <i>alendronate sodium oral solution</i>                  | Quantity Limit: 300 Per 28 Days |
| <i>alendronate sodium oral tablet 10 mg, 40 mg, 5 mg</i> | Quantity Limit: 30 Per 30 Days  |
| <i>alendronate sodium oral tablet 35 mg, 70 mg</i>       | Quantity Limit: 4 Per 28 Days   |

**Alinia**

|                                      |                                 |
|--------------------------------------|---------------------------------|
| ALINIA ORAL SUSPENSION RECONSTITUTED | Quantity Limit: 180 Per 30 Days |
| ALINIA ORAL TABLET                   | Quantity Limit: 6 Per 30 Days   |

**Allzital**

|          |                                 |
|----------|---------------------------------|
| ALLZITAL | Quantity Limit: 180 Per 30 Days |
|----------|---------------------------------|

**Almotriptan Malate**

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|---------------------------|-------------------------------|
| <i>almotriptan malate</i> | Quantity Limit: 9 Per 30 Days |
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**Alogliptin Benzoate**

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|------------------------------------------------|---------------------------------|
| <i>alogliptin benzoate oral tablet 12.5 mg</i> | Quantity Limit: 60 Per 30 Days  |
| <i>alogliptin benzoate oral tablet 25 mg</i>   | Quantity Limit: 30 Per 30 Days  |
| <i>alogliptin benzoate oral tablet 6.25 mg</i> | Quantity Limit: 120 Per 30 Days |

**Alogliptin-Metformin HCl**

|                                 |                                |
|---------------------------------|--------------------------------|
| <i>alogliptin-metformin hcl</i> | Quantity Limit: 60 Per 30 Days |
|---------------------------------|--------------------------------|

**Alogliptin-Pioglitazone**

|                                                                                                 |                                |
|-------------------------------------------------------------------------------------------------|--------------------------------|
| <i>alogliptin-pioglitazone oral tablet 12.5-15 mg</i>                                           | Quantity Limit: 60 Per 30 Days |
| <i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i> | Quantity Limit: 30 Per 30 Days |

**Alora**

|       |                               |
|-------|-------------------------------|
| ALORA | Quantity Limit: 8 Per 28 Days |
|-------|-------------------------------|

**Alosetron HCl**

|                      |                                |
|----------------------|--------------------------------|
| <i>alosetron hcl</i> | Quantity Limit: 60 Per 30 Days |
|----------------------|--------------------------------|

**ALPRAZolam ER**

|                      |                                 |
|----------------------|---------------------------------|
| <i>alprazolam er</i> | Quantity Limit: 120 Per 30 Days |
|----------------------|---------------------------------|

**ALPRAZolam Intensol**

|                     |                                 |
|---------------------|---------------------------------|
| ALPRAZOLAM INTENSOL | Quantity Limit: 300 Per 30 Days |
|---------------------|---------------------------------|

**ALPRAZolam**

|                                                |                                 |
|------------------------------------------------|---------------------------------|
| <i>alprazolam oral tablet</i>                  | Quantity Limit: 120 Per 30 Days |
| <i>alprazolam oral tablet dispersible 2 mg</i> | Quantity Limit: 120 Per 30 Days |

**ALPRAZolam XR**

|                      |                                 |
|----------------------|---------------------------------|
| <i>alprazolam xr</i> | Quantity Limit: 120 Per 30 Days |
|----------------------|---------------------------------|

**Altreno**

|         |                                |
|---------|--------------------------------|
| ALTRENO | Quantity Limit: 45 Per 30 Days |
|---------|--------------------------------|

**Alunbrig**

|                                   |                                 |
|-----------------------------------|---------------------------------|
| ALUNBRIG ORAL TABLET 180 MG       | Quantity Limit: 30 Per 30 Days  |
| ALUNBRIG ORAL TABLET 30 MG        | Quantity Limit: 180 Per 30 Days |
| ALUNBRIG ORAL TABLET 90 MG        | Quantity Limit: 60 Per 30 Days  |
| ALUNBRIG ORAL TABLET THERAPY PACK | Quantity Limit: 30 Per 180 Days |

**Alvesco**

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|----------------------------------------------------|--------------------------------|
| ALVESCO INHALATION AEROSOL SOLUTION<br>160 MCG/ACT | Quantity Limit: 14 Per 30 Days |
| ALVESCO INHALATION AEROSOL SOLUTION<br>80 MCG/ACT  | Quantity Limit: 7 Per 30 Days  |

**Alyq**

|             |                                |
|-------------|--------------------------------|
| <i>alyq</i> | Quantity Limit: 60 Per 30 Days |
|-------------|--------------------------------|

**Amaryl**

|                         |                                 |
|-------------------------|---------------------------------|
| AMARYL ORAL TABLET 1 MG | Quantity Limit: 240 Per 30 Days |
| AMARYL ORAL TABLET 2 MG | Quantity Limit: 120 Per 30 Days |
| AMARYL ORAL TABLET 4 MG | Quantity Limit: 60 Per 30 Days  |

**Ambien**

|        |                                |
|--------|--------------------------------|
| AMBIEN | Quantity Limit: 30 Per 30 Days |
|--------|--------------------------------|

**Ambien CR**

|           |                                |
|-----------|--------------------------------|
| AMBIEN CR | Quantity Limit: 30 Per 30 Days |
|-----------|--------------------------------|

**Ambrisentan**

|                    |                                |
|--------------------|--------------------------------|
| <i>ambrisentan</i> | Quantity Limit: 30 Per 30 Days |
|--------------------|--------------------------------|



**Amerge**

|        |                               |
|--------|-------------------------------|
| AMERGE | Quantity Limit: 9 Per 30 Days |
|--------|-------------------------------|

**Amitiza**

|         |                                |
|---------|--------------------------------|
| AMITIZA | Quantity Limit: 60 Per 30 Days |
|---------|--------------------------------|

**Amphetamine Sulfate**

|                                              |                                 |
|----------------------------------------------|---------------------------------|
| <i>amphetamine sulfate oral tablet 10 mg</i> | Quantity Limit: 180 Per 30 Days |
| <i>amphetamine sulfate oral tablet 5 mg</i>  | Quantity Limit: 90 Per 30 Days  |

**Amphetamine-Dextroamphet ER**

|                                    |                                |
|------------------------------------|--------------------------------|
| <i>amphetamine-dextroamphet er</i> | Quantity Limit: 30 Per 30 Days |
|------------------------------------|--------------------------------|

**Amphetamine-Dextroamphetamine**

|                                                                                             |                                |
|---------------------------------------------------------------------------------------------|--------------------------------|
| <i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i> | Quantity Limit: 90 Per 30 Days |
| <i>amphetamine-dextroamphetamine oral tablet 30 mg</i>                                      | Quantity Limit: 60 Per 30 Days |

**Ampyra**

|        |                                |
|--------|--------------------------------|
| AMPYRA | Quantity Limit: 60 Per 30 Days |
|--------|--------------------------------|

**Anastrozole**

|                    |                                |
|--------------------|--------------------------------|
| <i>anastrozole</i> | Quantity Limit: 30 Per 30 Days |
|--------------------|--------------------------------|

**Androderm**

|           |                                |
|-----------|--------------------------------|
| ANDRODERM | Quantity Limit: 30 Per 30 Days |
|-----------|--------------------------------|

**AndroGel Pump**

|               |                                 |
|---------------|---------------------------------|
| ANDROGEL PUMP | Quantity Limit: 150 Per 30 Days |
|---------------|---------------------------------|

**AndroGel**

|                                                           |                                   |
|-----------------------------------------------------------|-----------------------------------|
| ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%)          | Quantity Limit: 112.5 Per 30 Days |
| ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%) | Quantity Limit: 300 Per 30 Days   |
| ANDROGEL TRANSDERMAL GEL 40.5 MG/2.5GM (1.62%)            | Quantity Limit: 150 Per 30 Days   |

**Anoro Ellipta**

|               |                                |
|---------------|--------------------------------|
| ANORO ELLIPTA | Quantity Limit: 60 Per 30 Days |
|---------------|--------------------------------|

**Anzemet**

|         |                               |
|---------|-------------------------------|
| ANZEMET | Quantity Limit: 5 Per 30 Days |
|---------|-------------------------------|

**Apadaz**

|        |                                 |
|--------|---------------------------------|
| APADAZ | Quantity Limit: 180 Per 30 Days |
|--------|---------------------------------|

**APAP-Caff-Dihydrocodeine**

|                                              |                                 |
|----------------------------------------------|---------------------------------|
| <i>apap-caff-dihydrocodeine oral capsule</i> | Quantity Limit: 180 Per 30 Days |
|----------------------------------------------|---------------------------------|

**Aplenzin**

|                                                      |                                |
|------------------------------------------------------|--------------------------------|
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG | Quantity Limit: 90 Per 30 Days |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG | Quantity Limit: 45 Per 30 Days |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG | Quantity Limit: 30 Per 30 Days |

**Aprepitant**

|                                       |                               |
|---------------------------------------|-------------------------------|
| <i>aprepitant oral capsule 125 mg</i> | Quantity Limit: 5 Per 30 Days |
| <i>aprepitant oral capsule 40 mg</i>  | Quantity Limit: 1 Per 28 Days |

**Aprepitant**

|                                                |                                |
|------------------------------------------------|--------------------------------|
| <i>aprepitant oral capsule 80 &amp; 125 mg</i> | Quantity Limit: 15 Per 30 Days |
| <i>aprepitant oral capsule 80 mg</i>           | Quantity Limit: 10 Per 30 Days |

**Aptensio XR**

|             |                                |
|-------------|--------------------------------|
| APTENSIO XR | Quantity Limit: 30 Per 30 Days |
|-------------|--------------------------------|

**Aptivus**

|                       |                                 |
|-----------------------|---------------------------------|
| APTIVUS ORAL CAPSULE  | Quantity Limit: 120 Per 30 Days |
| APTIVUS ORAL SOLUTION | Quantity Limit: 380 Per 30 Days |

**Arcapta Neohaler**

|                  |                                |
|------------------|--------------------------------|
| ARCAPTA NEOHALER | Quantity Limit: 30 Per 30 Days |
|------------------|--------------------------------|

**Aricept**

|         |                                |
|---------|--------------------------------|
| ARICEPT | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Arimidex**

|          |                                |
|----------|--------------------------------|
| ARIMIDEX | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**ARIPiprazole**

|                                                   |                                 |
|---------------------------------------------------|---------------------------------|
| <i>aripiprazole oral solution</i>                 | Quantity Limit: 900 Per 30 Days |
| <i>aripiprazole oral tablet 10 mg</i>             | Quantity Limit: 90 Per 30 Days  |
| <i>aripiprazole oral tablet 15 mg</i>             | Quantity Limit: 60 Per 30 Days  |
| <i>aripiprazole oral tablet 2 mg</i>              | Quantity Limit: 450 Per 30 Days |
| <i>aripiprazole oral tablet 20 mg, 30 mg</i>      | Quantity Limit: 30 Per 30 Days  |
| <i>aripiprazole oral tablet 5 mg</i>              | Quantity Limit: 180 Per 30 Days |
| <i>aripiprazole oral tablet dispersible 10 mg</i> | Quantity Limit: 90 Per 30 Days  |

**ARIPiprazole**

|                                                   |                                |
|---------------------------------------------------|--------------------------------|
| <i>aripiprazole oral tablet dispersible 15 mg</i> | Quantity Limit: 60 Per 30 Days |
|---------------------------------------------------|--------------------------------|

**Aristada Initio**

|                 |                                  |
|-----------------|----------------------------------|
| ARISTADA INITIO | Quantity Limit: 4.8 Per 365 Days |
|-----------------|----------------------------------|

**Aristada**

|                                                        |                                 |
|--------------------------------------------------------|---------------------------------|
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML | Quantity Limit: 3.9 Per 60 Days |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML  | Quantity Limit: 1.6 Per 30 Days |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML  | Quantity Limit: 2.4 Per 30 Days |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML  | Quantity Limit: 3.2 Per 30 Days |

**Arixtra**

|                                            |                                |
|--------------------------------------------|--------------------------------|
| ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML  | Quantity Limit: 24 Per 30 Days |
| ARIXTRA SUBCUTANEOUS SOLUTION 2.5 MG/0.5ML | Quantity Limit: 15 Per 30 Days |
| ARIXTRA SUBCUTANEOUS SOLUTION 5 MG/0.4ML   | Quantity Limit: 12 Per 30 Days |
| ARIXTRA SUBCUTANEOUS SOLUTION 7.5 MG/0.6ML | Quantity Limit: 18 Per 30 Days |

**Armodafinil**

|                                                       |                                |
|-------------------------------------------------------|--------------------------------|
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> | Quantity Limit: 30 Per 30 Days |
| <i>armodafinil oral tablet 50 mg</i>                  | Quantity Limit: 60 Per 30 Days |

**ArmonAir Digihaler**

|                    |                               |
|--------------------|-------------------------------|
| ARMONAIR DIGIHALER | Quantity Limit: 1 Per 30 Days |
|--------------------|-------------------------------|

**Arnuity Ellipta**

|                 |                                |
|-----------------|--------------------------------|
| ARNUITY ELLIPTA | Quantity Limit: 30 Per 30 Days |
|-----------------|--------------------------------|

**Aromasin**

|          |                                |
|----------|--------------------------------|
| AROMASIN | Quantity Limit: 60 Per 30 Days |
|----------|--------------------------------|

**Arymo ER**

|          |                                |
|----------|--------------------------------|
| ARYMO ER | Quantity Limit: 90 Per 30 Days |
|----------|--------------------------------|

**Ascomp-Codeine**

|                       |                                 |
|-----------------------|---------------------------------|
| <i>ascomp-codeine</i> | Quantity Limit: 180 Per 30 Days |
|-----------------------|---------------------------------|

**Asmanex (120 Metered Doses)**

|                             |                               |
|-----------------------------|-------------------------------|
| ASMANEX (120 METERED DOSES) | Quantity Limit: 1 Per 30 Days |
|-----------------------------|-------------------------------|

**Asmanex (14 Metered Doses)**

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|----------------------------|-------------------------------|
| ASMANEX (14 METERED DOSES) | Quantity Limit: 2 Per 30 Days |
|----------------------------|-------------------------------|

**Asmanex (30 Metered Doses)**

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|----------------------------|-------------------------------|
| ASMANEX (30 METERED DOSES) | Quantity Limit: 1 Per 30 Days |
|----------------------------|-------------------------------|

**Asmanex (60 Metered Doses)**

|                            |                               |
|----------------------------|-------------------------------|
| ASMANEX (60 METERED DOSES) | Quantity Limit: 1 Per 30 Days |
|----------------------------|-------------------------------|

**Asmanex (7 Metered Doses)**

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|---------------------------|-------------------------------|
| ASMANEX (7 METERED DOSES) | Quantity Limit: 4 Per 30 Days |
|---------------------------|-------------------------------|

**Asmanex HFA**

|             |                                |
|-------------|--------------------------------|
| ASMANEX HFA | Quantity Limit: 13 Per 30 Days |
|-------------|--------------------------------|

**Aspirin-Dipyridamole ER**

|                                |                                |
|--------------------------------|--------------------------------|
| <i>aspirin-dipyridamole er</i> | Quantity Limit: 60 Per 30 Days |
|--------------------------------|--------------------------------|

**Assure ID Insulin Safety Syr**

|                              |                                 |
|------------------------------|---------------------------------|
| ASSURE ID INSULIN SAFETY SYR | Quantity Limit: 200 Per 30 Days |
|------------------------------|---------------------------------|

**Astepro**

|         |                                |
|---------|--------------------------------|
| ASTEPRO | Quantity Limit: 30 Per 25 Days |
|---------|--------------------------------|

**Atazanavir Sulfate**

|                                                       |                                |
|-------------------------------------------------------|--------------------------------|
| <i>atazanavir sulfate oral capsule 150 mg, 200 mg</i> | Quantity Limit: 60 Per 30 Days |
| <i>atazanavir sulfate oral capsule 300 mg</i>         | Quantity Limit: 30 Per 30 Days |

**Atelvia**

|        |                               |
|--------|-------------------------------|
| AELVIA | Quantity Limit: 4 Per 28 Days |
|--------|-------------------------------|

**Ativan**

|                                 |                                 |
|---------------------------------|---------------------------------|
| ATIVAN ORAL TABLET 0.5 MG, 1 MG | Quantity Limit: 90 Per 30 Days  |
| ATIVAN ORAL TABLET 2 MG         | Quantity Limit: 150 Per 30 Days |

**Atomoxetine HCl**

|                                                                |                                |
|----------------------------------------------------------------|--------------------------------|
| <i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> | Quantity Limit: 60 Per 30 Days |
| <i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>       | Quantity Limit: 30 Per 30 Days |

**Atralin**

|         |                                |
|---------|--------------------------------|
| ATRALIN | Quantity Limit: 45 Per 30 Days |
|---------|--------------------------------|

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**Atripla**

|         |                                |
|---------|--------------------------------|
| ATRIPLA | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Atrovent HFA**

|              |                                |
|--------------|--------------------------------|
| ATROVENT HFA | Quantity Limit: 26 Per 30 Days |
|--------------|--------------------------------|

**Aubagio**

|         |                                |
|---------|--------------------------------|
| AUBAGIO | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Austedo**

|         |                                 |
|---------|---------------------------------|
| AUSTEDO | Quantity Limit: 120 Per 30 Days |
|---------|---------------------------------|

**Auvi-Q**

|        |                               |
|--------|-------------------------------|
| AUVI-Q | Quantity Limit: 2 Per 28 Days |
|--------|-------------------------------|

**Avandia**

|                          |                                 |
|--------------------------|---------------------------------|
| AVANDIA ORAL TABLET 2 MG | Quantity Limit: 120 Per 30 Days |
| AVANDIA ORAL TABLET 4 MG | Quantity Limit: 60 Per 30 Days  |

**Avita**

|              |                                |
|--------------|--------------------------------|
| <i>avita</i> | Quantity Limit: 45 Per 30 Days |
|--------------|--------------------------------|

**Avodart**

|         |                                |
|---------|--------------------------------|
| AVODART | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Avonex**

|        |                               |
|--------|-------------------------------|
| AVONEX | Quantity Limit: 4 Per 28 Days |
|--------|-------------------------------|

**Avonex Pen**

|            |                               |
|------------|-------------------------------|
| AVONEX PEN | Quantity Limit: 4 Per 28 Days |
|------------|-------------------------------|

**Avonex Prefilled**

|                  |                               |
|------------------|-------------------------------|
| AVONEX PREFILLED | Quantity Limit: 4 Per 28 Days |
|------------------|-------------------------------|

**Ayvakit**

|         |                                |
|---------|--------------------------------|
| AYVAKIT | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Azelastine HCl**

|                             |                                |
|-----------------------------|--------------------------------|
| <i>azelastine hcl nasal</i> | Quantity Limit: 30 Per 25 Days |
|-----------------------------|--------------------------------|

**Azelastine-Fluticasone**

|                               |                                |
|-------------------------------|--------------------------------|
| <i>azelastine-fluticasone</i> | Quantity Limit: 23 Per 28 Days |
|-------------------------------|--------------------------------|

**Balversa**

|                           |                                |
|---------------------------|--------------------------------|
| BALVERSA ORAL TABLET 3 MG | Quantity Limit: 90 Per 30 Days |
| BALVERSA ORAL TABLET 4 MG | Quantity Limit: 60 Per 30 Days |
| BALVERSA ORAL TABLET 5 MG | Quantity Limit: 30 Per 30 Days |

**Banzel**

|                           |                                  |
|---------------------------|----------------------------------|
| BANZEL ORAL SUSPENSION    | Quantity Limit: 2400 Per 30 Days |
| BANZEL ORAL TABLET 200 MG | Quantity Limit: 480 Per 30 Days  |
| BANZEL ORAL TABLET 400 MG | Quantity Limit: 240 Per 30 Days  |

**BD Insulin Syr Ultrafine II**

|                             |                                 |
|-----------------------------|---------------------------------|
| BD INSULIN SYR ULTRAFINE II | Quantity Limit: 200 Per 30 Days |
|-----------------------------|---------------------------------|

**Beconase AQ**

|             |                                |
|-------------|--------------------------------|
| BECONASE AQ | Quantity Limit: 50 Per 30 Days |
|-------------|--------------------------------|

**Belbuca**

|         |                                |
|---------|--------------------------------|
| BELBUCA | Quantity Limit: 60 Per 30 Days |
|---------|--------------------------------|

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**Belsomra**

|          |                                |
|----------|--------------------------------|
| BELSOMRA | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**Benzhydrocodone-Acetaminophen**

|                                      |                                 |
|--------------------------------------|---------------------------------|
| <i>benzhydrocodone-acetaminophen</i> | Quantity Limit: 180 Per 30 Days |
|--------------------------------------|---------------------------------|

**Betaseron**

|           |                                |
|-----------|--------------------------------|
| BETASERON | Quantity Limit: 15 Per 30 Days |
|-----------|--------------------------------|

**Bethkis**

|         |                                 |
|---------|---------------------------------|
| BETHKIS | Quantity Limit: 224 Per 28 Days |
|---------|---------------------------------|

**Bevespi Aerosphere**

|                    |                                |
|--------------------|--------------------------------|
| BEVESPI AEROSPHERE | Quantity Limit: 11 Per 30 Days |
|--------------------|--------------------------------|

**Bevyxxa**

|         |                                 |
|---------|---------------------------------|
| BEVYXXA | Quantity Limit: 43 Per 365 Days |
|---------|---------------------------------|

**Bexarotene**

|                   |                                 |
|-------------------|---------------------------------|
| <i>bexarotene</i> | Quantity Limit: 300 Per 30 Days |
|-------------------|---------------------------------|

**Bicalutamide**

|                     |                                |
|---------------------|--------------------------------|
| <i>bicalutamide</i> | Quantity Limit: 30 Per 30 Days |
|---------------------|--------------------------------|

**BiDil**

|       |                                 |
|-------|---------------------------------|
| BIDIL | Quantity Limit: 180 Per 30 Days |
|-------|---------------------------------|

**Biktarvy**

|          |                                |
|----------|--------------------------------|
| BIKTARVY | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**Binosto**

|         |                               |
|---------|-------------------------------|
| BINOSTO | Quantity Limit: 4 Per 28 Days |
|---------|-------------------------------|

**Boniva**

|             |                               |
|-------------|-------------------------------|
| BONIVA ORAL | Quantity Limit: 1 Per 28 Days |
|-------------|-------------------------------|

**Bonjesta**

|          |                                |
|----------|--------------------------------|
| BONJESTA | Quantity Limit: 60 Per 30 Days |
|----------|--------------------------------|

**Bosentan**

|                 |                                |
|-----------------|--------------------------------|
| <i>bosentan</i> | Quantity Limit: 60 Per 30 Days |
|-----------------|--------------------------------|

**Bosulif**

|                                    |                                 |
|------------------------------------|---------------------------------|
| BOSULIF ORAL TABLET 100 MG         | Quantity Limit: 120 Per 30 Days |
| BOSULIF ORAL TABLET 400 MG, 500 MG | Quantity Limit: 30 Per 30 Days  |

**Braftovi**

|                             |                                 |
|-----------------------------|---------------------------------|
| BRAFTOVI ORAL CAPSULE 50 MG | Quantity Limit: 120 Per 30 Days |
| BRAFTOVI ORAL CAPSULE 75 MG | Quantity Limit: 180 Per 30 Days |

**Breo Ellipta**

|              |                                |
|--------------|--------------------------------|
| BREO ELLIPTA | Quantity Limit: 60 Per 30 Days |
|--------------|--------------------------------|

**Brilinta**

|          |                                |
|----------|--------------------------------|
| BRILINTA | Quantity Limit: 60 Per 30 Days |
|----------|--------------------------------|

**Briviact**

|                                    |                                 |
|------------------------------------|---------------------------------|
| BRIVIACT ORAL SOLUTION             | Quantity Limit: 600 Per 30 Days |
| BRIVIACT ORAL TABLET 10 MG         | Quantity Limit: 600 Per 30 Days |
| BRIVIACT ORAL TABLET 100 MG, 75 MG | Quantity Limit: 60 Per 30 Days  |

**Briviact**

|                            |                                 |
|----------------------------|---------------------------------|
| BRIVIACT ORAL TABLET 25 MG | Quantity Limit: 240 Per 30 Days |
| BRIVIACT ORAL TABLET 50 MG | Quantity Limit: 120 Per 30 Days |

**Brovana**

|         |                                 |
|---------|---------------------------------|
| BROVANA | Quantity Limit: 120 Per 30 Days |
|---------|---------------------------------|

**Brukinsa**

|          |                                 |
|----------|---------------------------------|
| BRUKINSA | Quantity Limit: 120 Per 30 Days |
|----------|---------------------------------|

**Budesonide**

|                                                                 |                                 |
|-----------------------------------------------------------------|---------------------------------|
| <i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i> | Quantity Limit: 120 Per 30 Days |
| <i>budesonide inhalation suspension 1 mg/2ml</i>                | Quantity Limit: 60 Per 30 Days  |
| <i>budesonide nasal</i>                                         | Quantity Limit: 18 Per 30 Days  |

**Budesonide-Formoterol Fumarate**

|                                       |                                |
|---------------------------------------|--------------------------------|
| <i>budesonide-formoterol fumarate</i> | Quantity Limit: 11 Per 30 Days |
|---------------------------------------|--------------------------------|

**Bunavail**

|                                 |                                 |
|---------------------------------|---------------------------------|
| BUNAVAIL BUCCAL FILM 2.1-0.3 MG | Quantity Limit: 180 Per 30 Days |
| BUNAVAIL BUCCAL FILM 4.2-0.7 MG | Quantity Limit: 90 Per 30 Days  |
| BUNAVAIL BUCCAL FILM 6.3-1 MG   | Quantity Limit: 60 Per 30 Days  |

**Bupap**

|       |                                 |
|-------|---------------------------------|
| BUPAP | Quantity Limit: 180 Per 30 Days |
|-------|---------------------------------|

**Buprenex**

|          |                                |
|----------|--------------------------------|
| BUPRENEX | Quantity Limit: 90 Per 30 Days |
|----------|--------------------------------|

**Buprenorphine HCl**

|                                                            |                                 |
|------------------------------------------------------------|---------------------------------|
| <i>buprenorphine hcl injection</i>                         | Quantity Limit: 90 Per 30 Days  |
| <i>buprenorphine hcl sublingual tablet sublingual 2 mg</i> | Quantity Limit: 240 Per 30 Days |
| <i>buprenorphine hcl sublingual tablet sublingual 8 mg</i> | Quantity Limit: 60 Per 30 Days  |

**Buprenorphine HCl-Naloxone HCl**

|                                                                             |                                 |
|-----------------------------------------------------------------------------|---------------------------------|
| <i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>               | Quantity Limit: 60 Per 30 Days  |
| <i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>              | Quantity Limit: 360 Per 30 Days |
| <i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>                | Quantity Limit: 180 Per 30 Days |
| <i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>                | Quantity Limit: 90 Per 30 Days  |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i> | Quantity Limit: 360 Per 30 Days |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>   | Quantity Limit: 90 Per 30 Days  |

**Buprenorphine**

|                                                                                         |                               |
|-----------------------------------------------------------------------------------------|-------------------------------|
| <i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr</i> | Quantity Limit: 4 Per 28 Days |
|-----------------------------------------------------------------------------------------|-------------------------------|

**BuPROPion HCl ER (Smoking Det)**

|                                       |                                |
|---------------------------------------|--------------------------------|
| <i>bupropion hcl er (smoking det)</i> | Quantity Limit: 60 Per 30 Days |
|---------------------------------------|--------------------------------|

**buPROPion HCl ER (SR)**

|                                                                          |                                 |
|--------------------------------------------------------------------------|---------------------------------|
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i> | Quantity Limit: 120 Per 30 Days |
|--------------------------------------------------------------------------|---------------------------------|

**BuPROPion HCl ER (SR)**

|                                                                                  |                                |
|----------------------------------------------------------------------------------|--------------------------------|
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i> | Quantity Limit: 60 Per 30 Days |
|----------------------------------------------------------------------------------|--------------------------------|

**buPROPion HCl ER (XL)**

|                                                                          |                                |
|--------------------------------------------------------------------------|--------------------------------|
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i> | Quantity Limit: 90 Per 30 Days |
|--------------------------------------------------------------------------|--------------------------------|

**BuPROPion HCl ER (XL)**

|                                                                                  |                                |
|----------------------------------------------------------------------------------|--------------------------------|
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg</i> | Quantity Limit: 30 Per 30 Days |
|----------------------------------------------------------------------------------|--------------------------------|

**buPROPion HCl**

|                                         |                                 |
|-----------------------------------------|---------------------------------|
| <i>bupropion hcl oral tablet 100 mg</i> | Quantity Limit: 135 Per 30 Days |
|-----------------------------------------|---------------------------------|

**BuPROPion HCl**

|                                        |                                 |
|----------------------------------------|---------------------------------|
| <i>bupropion hcl oral tablet 75 mg</i> | Quantity Limit: 180 Per 30 Days |
|----------------------------------------|---------------------------------|

**Butalbital-Acetaminophen**

|                                 |                                 |
|---------------------------------|---------------------------------|
| <i>butalbital-acetaminophen</i> | Quantity Limit: 180 Per 30 Days |
|---------------------------------|---------------------------------|

**Butalbital-APAP-Caff-Cod**

|                                 |                                 |
|---------------------------------|---------------------------------|
| <i>butalbital-apap-caff-cod</i> | Quantity Limit: 180 Per 30 Days |
|---------------------------------|---------------------------------|

**Butalbital-APAP-Caffeine**

|                                 |                                 |
|---------------------------------|---------------------------------|
| <i>butalbital-apap-caffeine</i> | Quantity Limit: 180 Per 30 Days |
|---------------------------------|---------------------------------|

**Butalbital-ASA-Caff-Codeine**

|                                    |                                 |
|------------------------------------|---------------------------------|
| <i>butalbital-asa-caff-codeine</i> | Quantity Limit: 180 Per 30 Days |
|------------------------------------|---------------------------------|

**Butalbital-ASA-Caffeine**

|                                |                                 |
|--------------------------------|---------------------------------|
| <i>butalbital-asa-caffeine</i> | Quantity Limit: 180 Per 30 Days |
|--------------------------------|---------------------------------|

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**Butalbital-Aspirin-Caffeine**

|                                    |                                 |
|------------------------------------|---------------------------------|
| <i>butalbital-aspirin-caffeine</i> | Quantity Limit: 180 Per 30 Days |
|------------------------------------|---------------------------------|

**Butisol Sodium**

|                |                                |
|----------------|--------------------------------|
| BUTISOL SODIUM | Quantity Limit: 42 Per 30 Days |
|----------------|--------------------------------|

**Butorphanol Tartrate**

|                                                        |                                 |
|--------------------------------------------------------|---------------------------------|
| <i>butorphanol tartrate injection solution 1 mg/ml</i> | Quantity Limit: 240 Per 30 Days |
| <i>butorphanol tartrate injection solution 2 mg/ml</i> | Quantity Limit: 120 Per 30 Days |
| <i>butorphanol tartrate nasal</i>                      | Quantity Limit: 5 Per 28 Days   |

**Butrans**

|                                                                            |                               |
|----------------------------------------------------------------------------|-------------------------------|
| BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR | Quantity Limit: 4 Per 28 Days |
|----------------------------------------------------------------------------|-------------------------------|

**Bydureon**

|          |                               |
|----------|-------------------------------|
| BYDUREON | Quantity Limit: 4 Per 28 Days |
|----------|-------------------------------|

**Bydureon BCise**

|                |                               |
|----------------|-------------------------------|
| BYDUREON BCISE | Quantity Limit: 4 Per 28 Days |
|----------------|-------------------------------|

**Byetta 10 MCG Pen**

|                   |                                 |
|-------------------|---------------------------------|
| BYETTA 10 MCG PEN | Quantity Limit: 2.4 Per 30 Days |
|-------------------|---------------------------------|

**Byetta 5 MCG Pen**

|                  |                                 |
|------------------|---------------------------------|
| BYETTA 5 MCG PEN | Quantity Limit: 1.2 Per 30 Days |
|------------------|---------------------------------|

**Byvalson**

|          |                                |
|----------|--------------------------------|
| BYVALSON | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**Cabometyx**

|           |                                |
|-----------|--------------------------------|
| CABOMETYX | Quantity Limit: 30 Per 30 Days |
|-----------|--------------------------------|

**Calcipotriene**

|                                        |                                 |
|----------------------------------------|---------------------------------|
| <i>calcipotriene external cream</i>    | Quantity Limit: 120 Per 30 Days |
| <i>calcipotriene external ointment</i> | Quantity Limit: 120 Per 30 Days |
| <i>calcipotriene external solution</i> | Quantity Limit: 60 Per 30 Days  |

**Calcitonin (Salmon)**

|                            |                               |
|----------------------------|-------------------------------|
| <i>calcitonin (salmon)</i> | Quantity Limit: 4 Per 30 Days |
|----------------------------|-------------------------------|

**Calcitrene**

|                   |                                 |
|-------------------|---------------------------------|
| <i>calcitrene</i> | Quantity Limit: 120 Per 30 Days |
|-------------------|---------------------------------|

**Cambia**

|        |                               |
|--------|-------------------------------|
| CAMBIA | Quantity Limit: 9 Per 30 Days |
|--------|-------------------------------|

**Caplyta**

|         |                                |
|---------|--------------------------------|
| CAPLYTA | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Caprelsa**

|                             |                                |
|-----------------------------|--------------------------------|
| CAPRELSA ORAL TABLET 100 MG | Quantity Limit: 90 Per 30 Days |
| CAPRELSA ORAL TABLET 300 MG | Quantity Limit: 30 Per 30 Days |

**CareOne Unifine Pentips Plus**

|                              |                                 |
|------------------------------|---------------------------------|
| CAREONE UNIFINE PENTIPS PLUS | Quantity Limit: 200 Per 30 Days |
|------------------------------|---------------------------------|

**Casodex**

|         |                                |
|---------|--------------------------------|
| CASODEX | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Catapres-TTS-1**

|                |                               |
|----------------|-------------------------------|
| CATAPRES-TTS-1 | Quantity Limit: 4 Per 28 Days |
|----------------|-------------------------------|

**Catapres-TTS-2**

|                |                               |
|----------------|-------------------------------|
| CATAPRES-TTS-2 | Quantity Limit: 4 Per 28 Days |
|----------------|-------------------------------|

**Catapres-TTS-3**

|                |                               |
|----------------|-------------------------------|
| CATAPRES-TTS-3 | Quantity Limit: 4 Per 28 Days |
|----------------|-------------------------------|

**CeleXA**

|                          |                                 |
|--------------------------|---------------------------------|
| CELEXA ORAL TABLET 10 MG | Quantity Limit: 120 Per 30 Days |
| CELEXA ORAL TABLET 20 MG | Quantity Limit: 60 Per 30 Days  |
| CELEXA ORAL TABLET 40 MG | Quantity Limit: 30 Per 30 Days  |

**Chantix Continuing Month Pak**

|                              |                                |
|------------------------------|--------------------------------|
| CHANTIX CONTINUING MONTH PAK | Quantity Limit: 56 Per 28 Days |
|------------------------------|--------------------------------|

**Chantix**

|                            |                                |
|----------------------------|--------------------------------|
| CHANTIX ORAL TABLET 0.5 MG | Quantity Limit: 60 Per 30 Days |
| CHANTIX ORAL TABLET 1 MG   | Quantity Limit: 56 Per 28 Days |

**ChlordiazePOXIDE HCl**

|                             |                                 |
|-----------------------------|---------------------------------|
| <i>chlordiazepoxide hcl</i> | Quantity Limit: 120 Per 30 Days |
|-----------------------------|---------------------------------|

**Cholbam**

|         |                                 |
|---------|---------------------------------|
| CHOLBAM | Quantity Limit: 120 Per 30 Days |
|---------|---------------------------------|

**Cialis**

|                                 |                                |
|---------------------------------|--------------------------------|
| CIALIS ORAL TABLET 2.5 MG, 5 MG | Quantity Limit: 30 Per 30 Days |
|---------------------------------|--------------------------------|



**Cimduo**

|        |                                |
|--------|--------------------------------|
| CIMDUO | Quantity Limit: 30 Per 30 Days |
|--------|--------------------------------|

**Cimzia**

|        |                               |
|--------|-------------------------------|
| CIMZIA | Quantity Limit: 6 Per 28 Days |
|--------|-------------------------------|

**Cimzia Prefilled**

|                  |                               |
|------------------|-------------------------------|
| CIMZIA PREFILLED | Quantity Limit: 6 Per 28 Days |
|------------------|-------------------------------|

**Cimzia Starter Kit**

|                    |                                |
|--------------------|--------------------------------|
| CIMZIA STARTER KIT | Quantity Limit: 6 Per 365 Days |
|--------------------|--------------------------------|

**Cinacalcet HCl**

|                                                |                                 |
|------------------------------------------------|---------------------------------|
| <i>cinacalcet hcl oral tablet 30 mg, 60 mg</i> | Quantity Limit: 60 Per 30 Days  |
| <i>cinacalcet hcl oral tablet 90 mg</i>        | Quantity Limit: 120 Per 30 Days |

**Citalopram Hydrobromide**

|                                                  |                                 |
|--------------------------------------------------|---------------------------------|
| <i>citalopram hydrobromide oral solution</i>     | Quantity Limit: 600 Per 30 Days |
| <i>citalopram hydrobromide oral tablet 10 mg</i> | Quantity Limit: 120 Per 30 Days |
| <i>citalopram hydrobromide oral tablet 20 mg</i> | Quantity Limit: 60 Per 30 Days  |
| <i>citalopram hydrobromide oral tablet 40 mg</i> | Quantity Limit: 30 Per 30 Days  |

**Clever Choice Comfort EZ**

|                          |                                 |
|--------------------------|---------------------------------|
| CLEVER CHOICE COMFORT EZ | Quantity Limit: 200 Per 30 Days |
|--------------------------|---------------------------------|

**Climara**

|         |                               |
|---------|-------------------------------|
| CLIMARA | Quantity Limit: 4 Per 28 Days |
|---------|-------------------------------|

**Climara Pro**

|             |                               |
|-------------|-------------------------------|
| CLIMARA PRO | Quantity Limit: 4 Per 28 Days |
|-------------|-------------------------------|

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**Clindamycin Phos-Benzoyl Perox**

|                                                              |                                |
|--------------------------------------------------------------|--------------------------------|
| <i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i> | Quantity Limit: 50 Per 30 Days |
|--------------------------------------------------------------|--------------------------------|

**CloBAZam**

|                                   |                                 |
|-----------------------------------|---------------------------------|
| <i>clobazam oral suspension</i>   | Quantity Limit: 480 Per 30 Days |
| <i>clobazam oral tablet 10 mg</i> | Quantity Limit: 120 Per 30 Days |
| <i>clobazam oral tablet 20 mg</i> | Quantity Limit: 60 Per 30 Days  |

**Clobetasol Prop Emollient Base**

|                                       |                                 |
|---------------------------------------|---------------------------------|
| <i>clobetasol prop emollient base</i> | Quantity Limit: 120 Per 30 Days |
|---------------------------------------|---------------------------------|

**Clobetasol Propionate E**

|                                |                                 |
|--------------------------------|---------------------------------|
| <i>clobetasol propionate e</i> | Quantity Limit: 120 Per 30 Days |
|--------------------------------|---------------------------------|

**Clobetasol Propionate Emulsion**

|                                       |                                 |
|---------------------------------------|---------------------------------|
| <i>clobetasol propionate emulsion</i> | Quantity Limit: 100 Per 30 Days |
|---------------------------------------|---------------------------------|

**Clobetasol Propionate**

|                                                |                                 |
|------------------------------------------------|---------------------------------|
| <i>clobetasol propionate external cream</i>    | Quantity Limit: 120 Per 30 Days |
| <i>clobetasol propionate external foam</i>     | Quantity Limit: 100 Per 30 Days |
| <i>clobetasol propionate external ointment</i> | Quantity Limit: 120 Per 30 Days |

**clonazePAM**

|                                      |                                  |
|--------------------------------------|----------------------------------|
| <i>clonazepam oral tablet 0.5 mg</i> | Quantity Limit: 1200 Per 30 Days |
| <i>clonazepam oral tablet 1 mg</i>   | Quantity Limit: 600 Per 30 Days  |
| <i>clonazepam oral tablet 2 mg</i>   | Quantity Limit: 300 Per 30 Days  |

**ClonazePAM**

|                                                    |                                  |
|----------------------------------------------------|----------------------------------|
| <i>clonazepam oral tablet dispersible 0.125 mg</i> | Quantity Limit: 4800 Per 30 Days |
|----------------------------------------------------|----------------------------------|

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**Clonazepam**

|                                                   |                                  |
|---------------------------------------------------|----------------------------------|
| <i>clonazepam oral tablet dispersible 0.25 mg</i> | Quantity Limit: 2400 Per 30 Days |
| <i>clonazepam oral tablet dispersible 0.5 mg</i>  | Quantity Limit: 1200 Per 30 Days |
| <i>clonazepam oral tablet dispersible 1 mg</i>    | Quantity Limit: 600 Per 30 Days  |
| <i>clonazepam oral tablet dispersible 2 mg</i>    | Quantity Limit: 300 Per 30 Days  |

**CloNIDine**

|                  |                               |
|------------------|-------------------------------|
| <i>clonidine</i> | Quantity Limit: 4 Per 28 Days |
|------------------|-------------------------------|

**Clopidogrel Bisulfate**

|                                                 |                                |
|-------------------------------------------------|--------------------------------|
| <i>clopidogrel bisulfate oral tablet 300 mg</i> | Quantity Limit: 1 Per 30 Days  |
| <i>clopidogrel bisulfate oral tablet 75 mg</i>  | Quantity Limit: 30 Per 30 Days |

**CloZAPine**

|                                                 |                                  |
|-------------------------------------------------|----------------------------------|
| <i>clozapine oral tablet 100 mg</i>             | Quantity Limit: 270 Per 30 Days  |
| <i>clozapine oral tablet 200 mg</i>             | Quantity Limit: 120 Per 30 Days  |
| <i>clozapine oral tablet 25 mg</i>              | Quantity Limit: 1080 Per 30 Days |
| <i>clozapine oral tablet 50 mg</i>              | Quantity Limit: 540 Per 30 Days  |
| <i>clozapine oral tablet dispersible 100 mg</i> | Quantity Limit: 270 Per 30 Days  |
| <i>clozapine oral tablet dispersible 25 mg</i>  | Quantity Limit: 1080 Per 30 Days |

**cloZAPine**

|                                                  |                                  |
|--------------------------------------------------|----------------------------------|
| <i>clozapine oral tablet dispersible 12.5 mg</i> | Quantity Limit: 2160 Per 30 Days |
| <i>clozapine oral tablet dispersible 150 mg</i>  | Quantity Limit: 180 Per 30 Days  |
| <i>clozapine oral tablet dispersible 200 mg</i>  | Quantity Limit: 120 Per 30 Days  |

**Clozaril**

|                             |                                 |
|-----------------------------|---------------------------------|
| CLOZARIL ORAL TABLET 100 MG | Quantity Limit: 270 Per 30 Days |
|-----------------------------|---------------------------------|

**Clozaril**

|                             |                                  |
|-----------------------------|----------------------------------|
| CLOZARIL ORAL TABLET 200 MG | Quantity Limit: 120 Per 30 Days  |
| CLOZARIL ORAL TABLET 25 MG  | Quantity Limit: 1080 Per 30 Days |
| CLOZARIL ORAL TABLET 50 MG  | Quantity Limit: 540 Per 30 Days  |

**Codeine Sulfate**

|                 |                                 |
|-----------------|---------------------------------|
| CODEINE SULFATE | Quantity Limit: 180 Per 30 Days |
|-----------------|---------------------------------|

**CombiPatch**

|            |                               |
|------------|-------------------------------|
| COMBIPATCH | Quantity Limit: 8 Per 28 Days |
|------------|-------------------------------|

**Combivent Respimat**

|                    |                               |
|--------------------|-------------------------------|
| COMBIVENT RESPIMAT | Quantity Limit: 8 Per 30 Days |
|--------------------|-------------------------------|

**Combivir**

|          |                                |
|----------|--------------------------------|
| COMBIVIR | Quantity Limit: 60 Per 30 Days |
|----------|--------------------------------|

**Cometriq (100 MG Daily Dose)**

|                              |                                |
|------------------------------|--------------------------------|
| COMETRIQ (100 MG DAILY DOSE) | Quantity Limit: 56 Per 28 Days |
|------------------------------|--------------------------------|

**Cometriq (140 MG Daily Dose)**

|                              |                                 |
|------------------------------|---------------------------------|
| COMETRIQ (140 MG DAILY DOSE) | Quantity Limit: 112 Per 28 Days |
|------------------------------|---------------------------------|

**Cometriq (60 mg Daily Dose)**

|                             |                                |
|-----------------------------|--------------------------------|
| COMETRIQ (60 MG DAILY DOSE) | Quantity Limit: 84 Per 28 Days |
|-----------------------------|--------------------------------|

**Comfort Assist Insulin Syringe**

|                                |                                 |
|--------------------------------|---------------------------------|
| COMFORT ASSIST INSULIN SYRINGE | Quantity Limit: 200 Per 30 Days |
|--------------------------------|---------------------------------|

**Complera**

|          |                                |
|----------|--------------------------------|
| COMPLERA | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**Concerta**

|                                                              |                                |
|--------------------------------------------------------------|--------------------------------|
| CONCERTA ORAL TABLET EXTENDED RELEASE<br>18 MG, 27 MG, 54 MG | Quantity Limit: 30 Per 30 Days |
| CONCERTA ORAL TABLET EXTENDED RELEASE<br>36 MG               | Quantity Limit: 60 Per 30 Days |

**ConZip**

|        |                                |
|--------|--------------------------------|
| CONZIP | Quantity Limit: 30 Per 30 Days |
|--------|--------------------------------|

**Copaxone**

|                                                              |                                |
|--------------------------------------------------------------|--------------------------------|
| COPAXONE SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 20 MG/ML | Quantity Limit: 30 Per 30 Days |
| COPAXONE SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 40 MG/ML | Quantity Limit: 12 Per 28 Days |

**Copiktra**

|          |                                |
|----------|--------------------------------|
| COPIKTRA | Quantity Limit: 60 Per 30 Days |
|----------|--------------------------------|

**Corlanor**

|                        |                                 |
|------------------------|---------------------------------|
| CORLANOR ORAL SOLUTION | Quantity Limit: 560 Per 28 Days |
| CORLANOR ORAL TABLET   | Quantity Limit: 60 Per 30 Days  |

**Cosentyx**

|          |                               |
|----------|-------------------------------|
| COSENTYX | Quantity Limit: 8 Per 28 Days |
|----------|-------------------------------|

**Cosentyx (300 MG Dose)**

|                        |                               |
|------------------------|-------------------------------|
| COSENTYX (300 MG DOSE) | Quantity Limit: 8 Per 28 Days |
|------------------------|-------------------------------|

**Cosentyx Sensoready (300 MG)**

|                              |                               |
|------------------------------|-------------------------------|
| COSENTYX SENSOREADY (300 MG) | Quantity Limit: 8 Per 28 Days |
|------------------------------|-------------------------------|

**Cosentyx Sensoready Pen**

|                         |                               |
|-------------------------|-------------------------------|
| COSENTYX SENSOREADY PEN | Quantity Limit: 8 Per 28 Days |
|-------------------------|-------------------------------|

**Cotellic**

|          |                                |
|----------|--------------------------------|
| COTELLIC | Quantity Limit: 90 Per 30 Days |
|----------|--------------------------------|

**Cotempla XR-ODT**

|                 |                                |
|-----------------|--------------------------------|
| COTEMPLA XR-ODT | Quantity Limit: 60 Per 30 Days |
|-----------------|--------------------------------|

**Crixivan**

|                              |                                 |
|------------------------------|---------------------------------|
| CRIXIVAN ORAL CAPSULE 200 MG | Quantity Limit: 360 Per 30 Days |
| CRIXIVAN ORAL CAPSULE 400 MG | Quantity Limit: 180 Per 30 Days |

**Cromolyn Sodium**

|                                   |                                 |
|-----------------------------------|---------------------------------|
| <i>cromolyn sodium inhalation</i> | Quantity Limit: 240 Per 30 Days |
|-----------------------------------|---------------------------------|

**CVS Gauze Sterile**

|                   |                                 |
|-------------------|---------------------------------|
| CVS GAUZE STERILE | Quantity Limit: 200 Per 30 Days |
|-------------------|---------------------------------|

**Cycloset**

|          |                                 |
|----------|---------------------------------|
| CYCLOSET | Quantity Limit: 180 Per 30 Days |
|----------|---------------------------------|

**Cymbalta**

|                                                       |                                 |
|-------------------------------------------------------|---------------------------------|
| CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG | Quantity Limit: 180 Per 30 Days |
| CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG | Quantity Limit: 120 Per 30 Days |

**Cymbalta**

|                                                       |                                |
|-------------------------------------------------------|--------------------------------|
| CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 60 MG | Quantity Limit: 60 Per 30 Days |
|-------------------------------------------------------|--------------------------------|

**Daklinza**

|          |                                |
|----------|--------------------------------|
| DAKLINZA | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**Dalfampridine ER**

|                         |                                |
|-------------------------|--------------------------------|
| <i>dalfampridine er</i> | Quantity Limit: 60 Per 30 Days |
|-------------------------|--------------------------------|

**Daliresp**

|          |                                |
|----------|--------------------------------|
| DALIRESP | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**Darifenacin Hydrobromide ER**

|                                    |                                |
|------------------------------------|--------------------------------|
| <i>darifenacin hydrobromide er</i> | Quantity Limit: 30 Per 30 Days |
|------------------------------------|--------------------------------|

**Daurismo**

|                             |                                |
|-----------------------------|--------------------------------|
| DAURISMO ORAL TABLET 100 MG | Quantity Limit: 30 Per 30 Days |
| DAURISMO ORAL TABLET 25 MG  | Quantity Limit: 60 Per 30 Days |

**Daytrana**

|          |                                |
|----------|--------------------------------|
| DAYTRANA | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**DayVigo**

|         |                                |
|---------|--------------------------------|
| DAYVIGO | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Delstrigo**

|           |                                |
|-----------|--------------------------------|
| DELSTRIGO | Quantity Limit: 30 Per 30 Days |
|-----------|--------------------------------|

**Demerol**

|         |                                 |
|---------|---------------------------------|
| DEMEROL | Quantity Limit: 120 Per 30 Days |
|---------|---------------------------------|

**Denavir**

|         |                               |
|---------|-------------------------------|
| DENAVIR | Quantity Limit: 5 Per 30 Days |
|---------|-------------------------------|

**Derma-Smoothe/FS Body**

|                        |                                 |
|------------------------|---------------------------------|
| DERMA-SMOOTHIE/FS BODY | Quantity Limit: 120 Per 30 Days |
|------------------------|---------------------------------|

**Derma-Smoothe/FS Scalp**

|                         |                                 |
|-------------------------|---------------------------------|
| DERMA-SMOOTHIE/FS SCALP | Quantity Limit: 120 Per 30 Days |
|-------------------------|---------------------------------|

**Descovy**

|         |                                |
|---------|--------------------------------|
| DESCOVY | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Desoxyn**

|         |                                 |
|---------|---------------------------------|
| DESOXYN | Quantity Limit: 150 Per 30 Days |
|---------|---------------------------------|

**Desvenlafaxine ER**

|                                                                          |                                 |
|--------------------------------------------------------------------------|---------------------------------|
| <i>desvenlafaxine er oral tablet extended release<br/>24 hour 100 mg</i> | Quantity Limit: 120 Per 30 Days |
| <i>desvenlafaxine er oral tablet extended release<br/>24 hour 50 mg</i>  | Quantity Limit: 240 Per 30 Days |

**Desvenlafaxine Succinate ER**

|                                                                                    |                                 |
|------------------------------------------------------------------------------------|---------------------------------|
| <i>desvenlafaxine succinate er oral tablet<br/>extended release 24 hour 100 mg</i> | Quantity Limit: 120 Per 30 Days |
| <i>desvenlafaxine succinate er oral tablet<br/>extended release 24 hour 25 mg</i>  | Quantity Limit: 480 Per 30 Days |
| <i>desvenlafaxine succinate er oral tablet<br/>extended release 24 hour 50 mg</i>  | Quantity Limit: 240 Per 30 Days |

**Detrol**

|        |                                |
|--------|--------------------------------|
| DETROL | Quantity Limit: 60 Per 30 Days |
|--------|--------------------------------|



**Detrol LA**

|           |                                |
|-----------|--------------------------------|
| DETROL LA | Quantity Limit: 30 Per 30 Days |
|-----------|--------------------------------|

**Dexedrine**

|                                                             |                                 |
|-------------------------------------------------------------|---------------------------------|
| DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 5 MG | Quantity Limit: 60 Per 30 Days  |
| DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG       | Quantity Limit: 120 Per 30 Days |

**Dexilant**

|          |                                |
|----------|--------------------------------|
| DEXILANT | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**Dexmethylphenidate HCl**

|                               |                                |
|-------------------------------|--------------------------------|
| <i>dexmethylphenidate hcl</i> | Quantity Limit: 60 Per 30 Days |
|-------------------------------|--------------------------------|

**Dexmethylphenidate HCl ER**

|                                                                                                                       |                                |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> | Quantity Limit: 30 Per 30 Days |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour 20 mg</i>                                          | Quantity Limit: 60 Per 30 Days |

**Dextroamphetamine Sulfate ER**

|                                                                                       |                                 |
|---------------------------------------------------------------------------------------|---------------------------------|
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i> | Quantity Limit: 60 Per 30 Days  |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>       | Quantity Limit: 120 Per 30 Days |

**Dextroamphetamine Sulfate**

|                                                    |                                  |
|----------------------------------------------------|----------------------------------|
| <i>dextroamphetamine sulfate oral solution</i>     | Quantity Limit: 1920 Per 30 Days |
| <i>dextroamphetamine sulfate oral tablet 10 mg</i> | Quantity Limit: 180 Per 30 Days  |

**Dextroamphetamine Sulfate**

|                                                   |                                |
|---------------------------------------------------|--------------------------------|
| <i>dextroamphetamine sulfate oral tablet 5 mg</i> | Quantity Limit: 90 Per 30 Days |
|---------------------------------------------------|--------------------------------|

**Diathrive Pen Needle**

|                      |                                 |
|----------------------|---------------------------------|
| DIATHRIVE PEN NEEDLE | Quantity Limit: 200 Per 30 Days |
|----------------------|---------------------------------|

**Diazepam Intensol**

|                   |                                 |
|-------------------|---------------------------------|
| DIAZEPAM INTENSOL | Quantity Limit: 240 Per 30 Days |
|-------------------|---------------------------------|

**Diazepam**

|                                  |                                 |
|----------------------------------|---------------------------------|
| <i>diazepam oral concentrate</i> | Quantity Limit: 240 Per 30 Days |
|----------------------------------|---------------------------------|

**DiazePAM**

|                                  |                                  |
|----------------------------------|----------------------------------|
| <i>diazepam oral solution</i>    | Quantity Limit: 1200 Per 30 Days |
| <i>diazepam oral tablet 2 mg</i> | Quantity Limit: 600 Per 30 Days  |

**diazePAM**

|                                   |                                 |
|-----------------------------------|---------------------------------|
| <i>diazepam oral tablet 10 mg</i> | Quantity Limit: 120 Per 30 Days |
| <i>diazepam oral tablet 5 mg</i>  | Quantity Limit: 240 Per 30 Days |

**Diclegis**

|          |                                 |
|----------|---------------------------------|
| DICLEGIS | Quantity Limit: 120 Per 30 Days |
|----------|---------------------------------|

**Diclofenac Epolamine**

|                      |                                |
|----------------------|--------------------------------|
| DICLOFENAC EPOLAMINE | Quantity Limit: 60 Per 30 Days |
|----------------------|--------------------------------|

**Diclofenac Sodium**

|                                               |                                  |
|-----------------------------------------------|----------------------------------|
| <i>diclofenac sodium transdermal gel 1 %</i>  | Quantity Limit: 1000 Per 30 Days |
| <i>diclofenac sodium transdermal gel 3 %</i>  | Quantity Limit: 100 Per 30 Days  |
| <i>diclofenac sodium transdermal solution</i> | Quantity Limit: 300 Per 30 Days  |

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**Didanosine**

|                                                               |                                |
|---------------------------------------------------------------|--------------------------------|
| <i>didanosine oral capsule delayed release 200 mg</i>         | Quantity Limit: 60 Per 30 Days |
| <i>didanosine oral capsule delayed release 250 mg, 400 mg</i> | Quantity Limit: 30 Per 30 Days |

**Dihydroergotamine Mesylate**

|                                         |                               |
|-----------------------------------------|-------------------------------|
| <i>dihydroergotamine mesylate nasal</i> | Quantity Limit: 8 Per 28 Days |
|-----------------------------------------|-------------------------------|

**Dilaudid**

|                                              |                                 |
|----------------------------------------------|---------------------------------|
| DILAUDID INJECTION SOLUTION 1 MG/ML, 2 MG/ML | Quantity Limit: 180 Per 30 Days |
| DILAUDID ORAL LIQUID                         | Quantity Limit: 720 Per 30 Days |
| DILAUDID ORAL TABLET                         | Quantity Limit: 180 Per 30 Days |

**Ditropan XL**

|                                                        |                                |
|--------------------------------------------------------|--------------------------------|
| DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG | Quantity Limit: 60 Per 30 Days |
| DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG  | Quantity Limit: 30 Per 30 Days |

**Dolophine**

|           |                                 |
|-----------|---------------------------------|
| DOLOPHINE | Quantity Limit: 180 Per 30 Days |
|-----------|---------------------------------|

**Donepezil HCl**

|                      |                                |
|----------------------|--------------------------------|
| <i>donepezil hcl</i> | Quantity Limit: 30 Per 30 Days |
|----------------------|--------------------------------|

**Doptelet**

|          |                                |
|----------|--------------------------------|
| DOPTELET | Quantity Limit: 60 Per 30 Days |
|----------|--------------------------------|

**Dotti**

|       |                               |
|-------|-------------------------------|
| DOTTI | Quantity Limit: 8 Per 28 Days |
|-------|-------------------------------|

**Dovato**

|        |                                |
|--------|--------------------------------|
| DOVATO | Quantity Limit: 30 Per 30 Days |
|--------|--------------------------------|

**Dovonex**

|         |                                 |
|---------|---------------------------------|
| DOVONEX | Quantity Limit: 120 Per 30 Days |
|---------|---------------------------------|

**Doxepin HCl**

|                                |                                |
|--------------------------------|--------------------------------|
| <i>doxepin hcl oral tablet</i> | Quantity Limit: 30 Per 30 Days |
|--------------------------------|--------------------------------|

**Doxylamine-Pyridoxine**

|                              |                                 |
|------------------------------|---------------------------------|
| <i>doxylamine-pyridoxine</i> | Quantity Limit: 120 Per 30 Days |
|------------------------------|---------------------------------|

**Drizalma Sprinkle**

|                                                               |                                 |
|---------------------------------------------------------------|---------------------------------|
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG | Quantity Limit: 180 Per 30 Days |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG | Quantity Limit: 120 Per 30 Days |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG | Quantity Limit: 90 Per 30 Days  |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG | Quantity Limit: 60 Per 30 Days  |

**Dronabinol**

|                   |                                 |
|-------------------|---------------------------------|
| <i>dronabinol</i> | Quantity Limit: 120 Per 30 Days |
|-------------------|---------------------------------|

**Droplet Pen Needles**

|                     |                                 |
|---------------------|---------------------------------|
| DROPLET PEN NEEDLES | Quantity Limit: 200 Per 30 Days |
|---------------------|---------------------------------|

**Duaklir Pressair**

|                  |                               |
|------------------|-------------------------------|
| DUAKLIR PRESSAIR | Quantity Limit: 1 Per 30 Days |
|------------------|-------------------------------|

**Duavee**

|        |                                |
|--------|--------------------------------|
| DUAVEE | Quantity Limit: 30 Per 30 Days |
|--------|--------------------------------|

**Duetact**

|         |                                |
|---------|--------------------------------|
| DUETACT | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Duexis**

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|--------|--------------------------------|
| DUEXIS | Quantity Limit: 90 Per 30 Days |
|--------|--------------------------------|

**Dulera**

|        |                                |
|--------|--------------------------------|
| DULERA | Quantity Limit: 13 Per 30 Days |
|--------|--------------------------------|

**DULoxetine HCl**

|                                                                    |                                 |
|--------------------------------------------------------------------|---------------------------------|
| <i>duloxetine hcl oral capsule delayed release particles 20 mg</i> | Quantity Limit: 180 Per 30 Days |
| <i>duloxetine hcl oral capsule delayed release particles 30 mg</i> | Quantity Limit: 120 Per 30 Days |
| <i>duloxetine hcl oral capsule delayed release particles 40 mg</i> | Quantity Limit: 90 Per 30 Days  |
| <i>duloxetine hcl oral capsule delayed release particles 60 mg</i> | Quantity Limit: 60 Per 30 Days  |

**Dupixent**

|                                                                |                                  |
|----------------------------------------------------------------|----------------------------------|
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR                    | Quantity Limit: 4 Per 28 Days    |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML | Quantity Limit: 4.56 Per 28 Days |

**Dupixent**

|                                                                |                               |
|----------------------------------------------------------------|-------------------------------|
| DUPIXENT SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 300 MG/2ML | Quantity Limit: 4 Per 28 Days |
|----------------------------------------------------------------|-------------------------------|

**Duragesic-100**

|               |                                |
|---------------|--------------------------------|
| DURAGESIC-100 | Quantity Limit: 15 Per 30 Days |
|---------------|--------------------------------|

**Duragesic-12**

|              |                                |
|--------------|--------------------------------|
| DURAGESIC-12 | Quantity Limit: 15 Per 30 Days |
|--------------|--------------------------------|

**Duragesic-25**

|              |                                |
|--------------|--------------------------------|
| DURAGESIC-25 | Quantity Limit: 15 Per 30 Days |
|--------------|--------------------------------|

**Duragesic-50**

|              |                                |
|--------------|--------------------------------|
| DURAGESIC-50 | Quantity Limit: 15 Per 30 Days |
|--------------|--------------------------------|

**Duragesic-75**

|              |                                |
|--------------|--------------------------------|
| DURAGESIC-75 | Quantity Limit: 15 Per 30 Days |
|--------------|--------------------------------|

**Duramorph**

|                  |                                 |
|------------------|---------------------------------|
| <i>duramorph</i> | Quantity Limit: 180 Per 30 Days |
|------------------|---------------------------------|

**Durlaza**

|         |                                |
|---------|--------------------------------|
| DURLAZA | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Dutasteride**

|                    |                                |
|--------------------|--------------------------------|
| <i>dutasteride</i> | Quantity Limit: 30 Per 30 Days |
|--------------------|--------------------------------|

**Dutasteride-Tamsulosin HCl**

|                                   |                                |
|-----------------------------------|--------------------------------|
| <i>dutasteride-tamsulosin hcl</i> | Quantity Limit: 30 Per 30 Days |
|-----------------------------------|--------------------------------|

**Dvorah**

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|--------|---------------------------------|
| DVORAH | Quantity Limit: 180 Per 30 Days |
|--------|---------------------------------|

**Dymista**

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|---------|--------------------------------|
| DYMISTA | Quantity Limit: 23 Per 28 Days |
|---------|--------------------------------|

**Easy Touch Pen Needles**

|                        |                                 |
|------------------------|---------------------------------|
| EASY TOUCH PEN NEEDLES | Quantity Limit: 200 Per 30 Days |
|------------------------|---------------------------------|

**Easy Touch Safety Pen Needles**

|                               |                                 |
|-------------------------------|---------------------------------|
| EASY TOUCH SAFETY PEN NEEDLES | Quantity Limit: 200 Per 30 Days |
|-------------------------------|---------------------------------|

**Edluar**

|        |                                |
|--------|--------------------------------|
| EDLUAR | Quantity Limit: 30 Per 30 Days |
|--------|--------------------------------|

**Edurant**

|         |                                |
|---------|--------------------------------|
| EDURANT | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Efavirenz**

|                                      |                                 |
|--------------------------------------|---------------------------------|
| <i>efavirenz oral capsule 200 mg</i> | Quantity Limit: 120 Per 30 Days |
| <i>efavirenz oral capsule 50 mg</i>  | Quantity Limit: 360 Per 30 Days |
| <i>efavirenz oral tablet</i>         | Quantity Limit: 30 Per 30 Days  |

**Efavirenz-lamiVUDine-Tenofovir**

|                                       |                                |
|---------------------------------------|--------------------------------|
| <i>efavirenz-lamivudine-tenofovir</i> | Quantity Limit: 30 Per 30 Days |
|---------------------------------------|--------------------------------|

**Effexor XR**

|                                                         |                                |
|---------------------------------------------------------|--------------------------------|
| EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG | Quantity Limit: 60 Per 30 Days |
|---------------------------------------------------------|--------------------------------|

**Effexor XR**

|                                                          |                                 |
|----------------------------------------------------------|---------------------------------|
| EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG | Quantity Limit: 180 Per 30 Days |
| EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 75 MG   | Quantity Limit: 90 Per 30 Days  |

**Effient**

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|---------|--------------------------------|
| EFFIENT | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Eletriptan Hydrobromide**

|                                |                               |
|--------------------------------|-------------------------------|
| <i>eletriptan hydrobromide</i> | Quantity Limit: 9 Per 30 Days |
|--------------------------------|-------------------------------|

**Elidel**

|        |                                 |
|--------|---------------------------------|
| ELIDEL | Quantity Limit: 100 Per 90 Days |
|--------|---------------------------------|

**Eligard**

|                                  |                                |
|----------------------------------|--------------------------------|
| ELIGARD SUBCUTANEOUS KIT 22.5 MG | Quantity Limit: 1 Per 84 Days  |
| ELIGARD SUBCUTANEOUS KIT 30 MG   | Quantity Limit: 1 Per 112 Days |
| ELIGARD SUBCUTANEOUS KIT 45 MG   | Quantity Limit: 1 Per 168 Days |
| ELIGARD SUBCUTANEOUS KIT 7.5 MG  | Quantity Limit: 1 Per 28 Days  |

**Eliquis**

|         |                                |
|---------|--------------------------------|
| ELIQUIS | Quantity Limit: 60 Per 30 Days |
|---------|--------------------------------|

**Eliquis DVT/PE Starter Pack**

|                             |                                 |
|-----------------------------|---------------------------------|
| ELIQUIS DVT/PE STARTER PACK | Quantity Limit: 74 Per 180 Days |
|-----------------------------|---------------------------------|

**Embeda**

|        |                                |
|--------|--------------------------------|
| EMBEDA | Quantity Limit: 60 Per 30 Days |
|--------|--------------------------------|



**Emend**

|                                     |                                |
|-------------------------------------|--------------------------------|
| EMEND ORAL CAPSULE 125 MG           | Quantity Limit: 5 Per 30 Days  |
| EMEND ORAL CAPSULE 40 MG            | Quantity Limit: 1 Per 28 Days  |
| EMEND ORAL CAPSULE 80 MG            | Quantity Limit: 10 Per 30 Days |
| EMEND ORAL SUSPENSION RECONSTITUTED | Quantity Limit: 15 Per 30 Days |

**Emend Tri-Pack**

|                |                                |
|----------------|--------------------------------|
| EMEND TRI-PACK | Quantity Limit: 15 Per 30 Days |
|----------------|--------------------------------|

**Emgality**

|          |                               |
|----------|-------------------------------|
| EMGALITY | Quantity Limit: 2 Per 30 Days |
|----------|-------------------------------|

**Emgality (300 MG Dose)**

|                        |                               |
|------------------------|-------------------------------|
| EMGALITY (300 MG DOSE) | Quantity Limit: 3 Per 30 Days |
|------------------------|-------------------------------|

**Emsam**

|       |                                |
|-------|--------------------------------|
| EMSAM | Quantity Limit: 30 Per 30 Days |
|-------|--------------------------------|

**Emtricitabine**

|                      |                                |
|----------------------|--------------------------------|
| <i>emtricitabine</i> | Quantity Limit: 30 Per 30 Days |
|----------------------|--------------------------------|

**Emtricitabine-Tenofovir DF**

|                                   |                                |
|-----------------------------------|--------------------------------|
| <i>emtricitabine-tenofovir df</i> | Quantity Limit: 30 Per 30 Days |
|-----------------------------------|--------------------------------|

**Emtriva**

|                       |                                 |
|-----------------------|---------------------------------|
| EMTRIVA ORAL CAPSULE  | Quantity Limit: 30 Per 30 Days  |
| EMTRIVA ORAL SOLUTION | Quantity Limit: 850 Per 30 Days |

**Enablex**

|         |                                |
|---------|--------------------------------|
| ENABLEX | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Enbrel Mini**

|             |                               |
|-------------|-------------------------------|
| ENBREL MINI | Quantity Limit: 8 Per 28 Days |
|-------------|-------------------------------|

**Enbrel**

|                                                               |                                  |
|---------------------------------------------------------------|----------------------------------|
| ENBREL SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 25 MG/0.5ML | Quantity Limit: 4.08 Per 28 Days |
| ENBREL SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 50 MG/ML    | Quantity Limit: 8 Per 28 Days    |
| ENBREL SUBCUTANEOUS SOLUTION<br>RECONSTITUTED                 | Quantity Limit: 8 Per 28 Days    |

**Enbrel SureClick**

|                  |                               |
|------------------|-------------------------------|
| ENBREL SURECLICK | Quantity Limit: 8 Per 28 Days |
|------------------|-------------------------------|

**Endocet**

|                |                                 |
|----------------|---------------------------------|
| <i>endocet</i> | Quantity Limit: 180 Per 30 Days |
|----------------|---------------------------------|

**Enoxaparin Sodium**

|                                                                              |                                  |
|------------------------------------------------------------------------------|----------------------------------|
| <i>enoxaparin sodium injection</i>                                           | Quantity Limit: 168 Per 28 Days  |
| <i>enoxaparin sodium subcutaneous solution 100<br/>mg/ml, 150 mg/ml</i>      | Quantity Limit: 56 Per 28 Days   |
| <i>enoxaparin sodium subcutaneous solution 120<br/>mg/0.8ml, 80 mg/0.8ml</i> | Quantity Limit: 44.8 Per 28 Days |
| <i>enoxaparin sodium subcutaneous solution 30<br/>mg/0.3ml</i>               | Quantity Limit: 16.8 Per 28 Days |
| <i>enoxaparin sodium subcutaneous solution 40<br/>mg/0.4ml</i>               | Quantity Limit: 22.4 Per 28 Days |
| <i>enoxaparin sodium subcutaneous solution 60<br/>mg/0.6ml</i>               | Quantity Limit: 33.6 Per 28 Days |

**Entyvio**

|         |                               |
|---------|-------------------------------|
| ENTYVIO | Quantity Limit: 4 Per 56 Days |
|---------|-------------------------------|

**Epclusa**

|         |                                |
|---------|--------------------------------|
| EPCLUSA | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**EPINEPHrine**

|                                                     |                               |
|-----------------------------------------------------|-------------------------------|
| <i>epinephrine injection solution auto-injector</i> | Quantity Limit: 2 Per 28 Days |
|-----------------------------------------------------|-------------------------------|

**EpiPen 2-Pak**

|             |                               |
|-------------|-------------------------------|
| EIPEN 2-PAK | Quantity Limit: 2 Per 28 Days |
|-------------|-------------------------------|

**EpiPen Jr 2-Pak**

|                |                               |
|----------------|-------------------------------|
| EIPEN JR 2-PAK | Quantity Limit: 2 Per 28 Days |
|----------------|-------------------------------|

**Epivir**

|                           |                                 |
|---------------------------|---------------------------------|
| EPIVIR ORAL SOLUTION      | Quantity Limit: 960 Per 30 Days |
| EPIVIR ORAL TABLET 150 MG | Quantity Limit: 60 Per 30 Days  |
| EPIVIR ORAL TABLET 300 MG | Quantity Limit: 30 Per 30 Days  |

**Epzicom**

|         |                                |
|---------|--------------------------------|
| EPZICOM | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Equetro**

|                                                         |                                 |
|---------------------------------------------------------|---------------------------------|
| EQUETRO ORAL CAPSULE EXTENDED RELEASE<br>12 HOUR 100 MG | Quantity Limit: 480 Per 30 Days |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE<br>12 HOUR 200 MG | Quantity Limit: 240 Per 30 Days |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE<br>12 HOUR 300 MG | Quantity Limit: 180 Per 30 Days |

**Erivedge**

|          |                                |
|----------|--------------------------------|
| ERIVEDGE | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**Erlotinib HCl**

|                                                 |                                |
|-------------------------------------------------|--------------------------------|
| <i>erlotinib hcl oral tablet 100 mg, 150 mg</i> | Quantity Limit: 30 Per 30 Days |
| <i>erlotinib hcl oral tablet 25 mg</i>          | Quantity Limit: 90 Per 30 Days |

**Esbriet**

|                            |                                 |
|----------------------------|---------------------------------|
| ESBRIET ORAL CAPSULE       | Quantity Limit: 270 Per 30 Days |
| ESBRIET ORAL TABLET 267 MG | Quantity Limit: 270 Per 30 Days |
| ESBRIET ORAL TABLET 801 MG | Quantity Limit: 90 Per 30 Days  |

**Escitalopram Oxalate**

|                                               |                                 |
|-----------------------------------------------|---------------------------------|
| <i>escitalopram oxalate oral solution</i>     | Quantity Limit: 600 Per 30 Days |
| <i>escitalopram oxalate oral tablet 10 mg</i> | Quantity Limit: 60 Per 30 Days  |
| <i>escitalopram oxalate oral tablet 20 mg</i> | Quantity Limit: 30 Per 30 Days  |
| <i>escitalopram oxalate oral tablet 5 mg</i>  | Quantity Limit: 120 Per 30 Days |

**Esgic**

|       |                                 |
|-------|---------------------------------|
| ESGIC | Quantity Limit: 180 Per 30 Days |
|-------|---------------------------------|

**Esomeprazole Magnesium**

|                               |                                |
|-------------------------------|--------------------------------|
| <i>esomeprazole magnesium</i> | Quantity Limit: 30 Per 30 Days |
|-------------------------------|--------------------------------|

**Esomeprazole Strontium**

|                               |                                |
|-------------------------------|--------------------------------|
| <i>esomeprazole strontium</i> | Quantity Limit: 30 Per 30 Days |
|-------------------------------|--------------------------------|

**Estazolam**

|                  |                                |
|------------------|--------------------------------|
| <i>estazolam</i> | Quantity Limit: 30 Per 30 Days |
|------------------|--------------------------------|

**Estradiol**

|                                                 |                               |
|-------------------------------------------------|-------------------------------|
| <i>estradiol transdermal patch twice weekly</i> | Quantity Limit: 8 Per 28 Days |
| <i>estradiol transdermal patch weekly</i>       | Quantity Limit: 4 Per 28 Days |

**Estring**

|         |                               |
|---------|-------------------------------|
| ESTRING | Quantity Limit: 1 Per 90 Days |
|---------|-------------------------------|

**Eszopiclone**

|                    |                                |
|--------------------|--------------------------------|
| <i>eszopiclone</i> | Quantity Limit: 30 Per 30 Days |
|--------------------|--------------------------------|

**Evekeo ODT**

|                                                 |                                |
|-------------------------------------------------|--------------------------------|
| EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG        | Quantity Limit: 30 Per 30 Days |
| EVEKEO ODT ORAL TABLET DISPERSIBLE 15 MG, 20 MG | Quantity Limit: 90 Per 30 Days |
| EVEKEO ODT ORAL TABLET DISPERSIBLE 5 MG         | Quantity Limit: 60 Per 30 Days |

**Evekeo**

|                          |                                 |
|--------------------------|---------------------------------|
| EVEKEO ORAL TABLET 10 MG | Quantity Limit: 180 Per 30 Days |
| EVEKEO ORAL TABLET 5 MG  | Quantity Limit: 90 Per 30 Days  |

**Evenity**

|         |                                  |
|---------|----------------------------------|
| EVENITY | Quantity Limit: 2.34 Per 28 Days |
|---------|----------------------------------|

**Evista**

|        |                                |
|--------|--------------------------------|
| EVISTA | Quantity Limit: 30 Per 30 Days |
|--------|--------------------------------|

**Evotaz**

|        |                                |
|--------|--------------------------------|
| EVOTAZ | Quantity Limit: 30 Per 30 Days |
|--------|--------------------------------|

**Evrysdi**

|         |                                 |
|---------|---------------------------------|
| EVRYSDI | Quantity Limit: 160 Per 24 Days |
|---------|---------------------------------|

**Evzio**

|       |                                 |
|-------|---------------------------------|
| EVZIO | Quantity Limit: 0.8 Per 30 Days |
|-------|---------------------------------|

**Exel Comfort Point Pen Needle**

|                               |                                 |
|-------------------------------|---------------------------------|
| EXEL COMFORT POINT PEN NEEDLE | Quantity Limit: 200 Per 30 Days |
|-------------------------------|---------------------------------|

**Exelon**

|        |                                |
|--------|--------------------------------|
| EXELON | Quantity Limit: 30 Per 30 Days |
|--------|--------------------------------|

**Exemestane**

|                   |                                |
|-------------------|--------------------------------|
| <i>exemestane</i> | Quantity Limit: 60 Per 30 Days |
|-------------------|--------------------------------|

**Extavia**

|         |                                |
|---------|--------------------------------|
| EXTAVIA | Quantity Limit: 15 Per 30 Days |
|---------|--------------------------------|

**Ezetimibe-Simvastatin**

|                              |                                |
|------------------------------|--------------------------------|
| <i>ezetimibe-simvastatin</i> | Quantity Limit: 30 Per 30 Days |
|------------------------------|--------------------------------|

**Famciclovir**

|                                               |                                |
|-----------------------------------------------|--------------------------------|
| <i>famciclovir oral tablet 125 mg, 250 mg</i> | Quantity Limit: 60 Per 30 Days |
| <i>famciclovir oral tablet 500 mg</i>         | Quantity Limit: 21 Per 7 Days  |

**Fanapt**

|                                 |                                 |
|---------------------------------|---------------------------------|
| FANAPT ORAL TABLET 1 MG         | Quantity Limit: 720 Per 30 Days |
| FANAPT ORAL TABLET 10 MG, 12 MG | Quantity Limit: 60 Per 30 Days  |
| FANAPT ORAL TABLET 2 MG         | Quantity Limit: 360 Per 30 Days |
| FANAPT ORAL TABLET 4 MG         | Quantity Limit: 180 Per 30 Days |

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**Fanapt**

|                         |                                 |
|-------------------------|---------------------------------|
| FANAPT ORAL TABLET 6 MG | Quantity Limit: 120 Per 30 Days |
| FANAPT ORAL TABLET 8 MG | Quantity Limit: 90 Per 30 Days  |

**Fareston**

|          |                                |
|----------|--------------------------------|
| FARESTON | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**Farxiga**

|         |                                |
|---------|--------------------------------|
| FARXIGA | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Farydak**

|                                   |                                |
|-----------------------------------|--------------------------------|
| FARYDAK ORAL CAPSULE 10 MG        | Quantity Limit: 60 Per 30 Days |
| FARYDAK ORAL CAPSULE 15 MG, 20 MG | Quantity Limit: 30 Per 30 Days |

**FazaClo**

|                                         |                                  |
|-----------------------------------------|----------------------------------|
| FAZACLO ORAL TABLET DISPERSIBLE 100 MG  | Quantity Limit: 270 Per 30 Days  |
| FAZACLO ORAL TABLET DISPERSIBLE 12.5 MG | Quantity Limit: 2160 Per 30 Days |
| FAZACLO ORAL TABLET DISPERSIBLE 150 MG  | Quantity Limit: 180 Per 30 Days  |
| FAZACLO ORAL TABLET DISPERSIBLE 200 MG  | Quantity Limit: 120 Per 30 Days  |
| FAZACLO ORAL TABLET DISPERSIBLE 25 MG   | Quantity Limit: 1080 Per 30 Days |

**Femara**

|        |                                |
|--------|--------------------------------|
| FEMARA | Quantity Limit: 30 Per 30 Days |
|--------|--------------------------------|

**Femring**

|         |                               |
|---------|-------------------------------|
| FEMRING | Quantity Limit: 1 Per 90 Days |
|---------|-------------------------------|

**Fensolvi (6 Month)**

|                    |                                |
|--------------------|--------------------------------|
| FENSOLVI (6 MONTH) | Quantity Limit: 1 Per 168 Days |
|--------------------|--------------------------------|

**FentaNYL**

|                 |                                |
|-----------------|--------------------------------|
| <i>fentanyl</i> | Quantity Limit: 15 Per 30 Days |
|-----------------|--------------------------------|

**FentaNYL Citrate**

|                                |                                 |
|--------------------------------|---------------------------------|
| <i>fentanyl citrate buccal</i> | Quantity Limit: 120 Per 30 Days |
|--------------------------------|---------------------------------|

**Fentora**

|         |                                 |
|---------|---------------------------------|
| FENTORA | Quantity Limit: 120 Per 30 Days |
|---------|---------------------------------|

**Fetzima**

|                                                                |                                 |
|----------------------------------------------------------------|---------------------------------|
| FETZIMA ORAL CAPSULE EXTENDED RELEASE<br>24 HOUR 120 MG, 80 MG | Quantity Limit: 30 Per 30 Days  |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE<br>24 HOUR 20 MG         | Quantity Limit: 180 Per 30 Days |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE<br>24 HOUR 40 MG         | Quantity Limit: 90 Per 30 Days  |

**Fioricet**

|          |                                 |
|----------|---------------------------------|
| FIORICET | Quantity Limit: 180 Per 30 Days |
|----------|---------------------------------|

**Fioricet/Codeine**

|                  |                                 |
|------------------|---------------------------------|
| FIORICET/CODEINE | Quantity Limit: 180 Per 30 Days |
|------------------|---------------------------------|

**Fiorinal**

|          |                                 |
|----------|---------------------------------|
| FIORINAL | Quantity Limit: 180 Per 30 Days |
|----------|---------------------------------|

**Fiorinal/Codeine #3**

|                     |                                 |
|---------------------|---------------------------------|
| FIORINAL/CODEINE #3 | Quantity Limit: 180 Per 30 Days |
|---------------------|---------------------------------|

**Firdapse**

|          |                                 |
|----------|---------------------------------|
| FIRDAPSE | Quantity Limit: 240 Per 30 Days |
|----------|---------------------------------|



**Firmagon (240 MG Dose)**

|                        |                                |
|------------------------|--------------------------------|
| FIRMAGON (240 MG DOSE) | Quantity Limit: 4 Per 365 Days |
|------------------------|--------------------------------|

**Firmagon**

|                                                        |                                |
|--------------------------------------------------------|--------------------------------|
| FIRMAGON SUBCUTANEOUS SOLUTION<br>RECONSTITUTED 120 MG | Quantity Limit: 4 Per 365 Days |
| FIRMAGON SUBCUTANEOUS SOLUTION<br>RECONSTITUTED 80 MG  | Quantity Limit: 1 Per 28 Days  |

**Flector**

|         |                                |
|---------|--------------------------------|
| FLECTOR | Quantity Limit: 60 Per 30 Days |
|---------|--------------------------------|

**FloLipid**

|                 |                                 |
|-----------------|---------------------------------|
| <i>flolipid</i> | Quantity Limit: 150 Per 30 Days |
|-----------------|---------------------------------|

**Flovent Diskus**

|                                                                                             |                                 |
|---------------------------------------------------------------------------------------------|---------------------------------|
| FLOVENT DISKUS INHALATION AEROSOL<br>POWDER BREATH ACTIVATED 100<br>MCG/BLIST, 50 MCG/BLIST | Quantity Limit: 60 Per 30 Days  |
| FLOVENT DISKUS INHALATION AEROSOL<br>POWDER BREATH ACTIVATED 250 MCG/BLIST                  | Quantity Limit: 240 Per 30 Days |

**Flovent HFA**

|                                               |                                |
|-----------------------------------------------|--------------------------------|
| FLOVENT HFA INHALATION AEROSOL 110<br>MCG/ACT | Quantity Limit: 12 Per 30 Days |
| FLOVENT HFA INHALATION AEROSOL 220<br>MCG/ACT | Quantity Limit: 24 Per 30 Days |
| FLOVENT HFA INHALATION AEROSOL 44<br>MCG/ACT  | Quantity Limit: 11 Per 30 Days |

**Flunisolide**

|                    |                                |
|--------------------|--------------------------------|
| <i>flunisolide</i> | Quantity Limit: 75 Per 30 Days |
|--------------------|--------------------------------|

**Fluocinolone Acetonide Body**

|                                    |                                 |
|------------------------------------|---------------------------------|
| <i>fluocinolone acetonide body</i> | Quantity Limit: 120 Per 30 Days |
|------------------------------------|---------------------------------|

**Fluocinolone Acetonide**

|                                        |                                 |
|----------------------------------------|---------------------------------|
| <i>fluocinolone acetonide external</i> | Quantity Limit: 120 Per 30 Days |
|----------------------------------------|---------------------------------|

**Fluocinolone Acetonide Scalp**

|                                     |                                 |
|-------------------------------------|---------------------------------|
| <i>fluocinolone acetonide scalp</i> | Quantity Limit: 120 Per 30 Days |
|-------------------------------------|---------------------------------|

**Fluocinonide Emulsified Base**

|                                     |                                 |
|-------------------------------------|---------------------------------|
| <i>fluocinonide emulsified base</i> | Quantity Limit: 240 Per 30 Days |
|-------------------------------------|---------------------------------|

**Fluocinonide**

|                                           |                                 |
|-------------------------------------------|---------------------------------|
| <i>fluocinonide external cream 0.05 %</i> | Quantity Limit: 240 Per 30 Days |
| <i>fluocinonide external cream 0.1 %</i>  | Quantity Limit: 120 Per 30 Days |
| <i>fluocinonide external gel</i>          | Quantity Limit: 240 Per 30 Days |
| <i>fluocinonide external ointment</i>     | Quantity Limit: 240 Per 30 Days |
| <i>fluocinonide external solution</i>     | Quantity Limit: 240 Per 30 Days |

**FLUoxetine HCl (PMDD)**

|                                                 |                                 |
|-------------------------------------------------|---------------------------------|
| <i>fluoxetine hcl (pmdd) oral capsule 10 mg</i> | Quantity Limit: 240 Per 30 Days |
| <i>fluoxetine hcl (pmdd) oral capsule 20 mg</i> | Quantity Limit: 120 Per 30 Days |
| <i>fluoxetine hcl (pmdd) oral tablet 10 mg</i>  | Quantity Limit: 240 Per 30 Days |
| <i>fluoxetine hcl (pmdd) oral tablet 20 mg</i>  | Quantity Limit: 120 Per 30 Days |

**FLUoxetine HCl**

|                                          |                                 |
|------------------------------------------|---------------------------------|
| <i>fluoxetine hcl oral capsule 10 mg</i> | Quantity Limit: 240 Per 30 Days |
| <i>fluoxetine hcl oral capsule 20 mg</i> | Quantity Limit: 120 Per 30 Days |

**FLUoxetine HCl**

|                                                    |                                 |
|----------------------------------------------------|---------------------------------|
| <i>fluoxetine hcl oral capsule 40 mg</i>           | Quantity Limit: 60 Per 30 Days  |
| <i>fluoxetine hcl oral capsule delayed release</i> | Quantity Limit: 4 Per 28 Days   |
| <i>fluoxetine hcl oral solution</i>                | Quantity Limit: 600 Per 30 Days |
| <i>fluoxetine hcl oral tablet 10 mg</i>            | Quantity Limit: 240 Per 30 Days |
| <i>fluoxetine hcl oral tablet 20 mg</i>            | Quantity Limit: 120 Per 30 Days |
| <i>fluoxetine hcl oral tablet 60 mg</i>            | Quantity Limit: 30 Per 30 Days  |

**Flurazepam HCl**

|                       |                                |
|-----------------------|--------------------------------|
| <i>flurazepam hcl</i> | Quantity Limit: 30 Per 30 Days |
|-----------------------|--------------------------------|

**Fluticasone Propionate**

|                                     |                                |
|-------------------------------------|--------------------------------|
| <i>fluticasone propionate nasal</i> | Quantity Limit: 16 Per 30 Days |
|-------------------------------------|--------------------------------|

**Fluticasone-Salmeterol**

|                                                                                                                            |                                |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> | Quantity Limit: 60 Per 30 Days |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>     | Quantity Limit: 1 Per 30 Days  |

**Fluvoxamine Maleate ER**

|                                                                            |                                |
|----------------------------------------------------------------------------|--------------------------------|
| <i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i> | Quantity Limit: 90 Per 30 Days |
| <i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i> | Quantity Limit: 60 Per 30 Days |

**Fluvoxamine Maleate**

|                                               |                                |
|-----------------------------------------------|--------------------------------|
| <i>fluvoxamine maleate oral tablet 100 mg</i> | Quantity Limit: 90 Per 30 Days |
|-----------------------------------------------|--------------------------------|

**Fluvoxamine Maleate**

|                                              |                                 |
|----------------------------------------------|---------------------------------|
| <i>fluvoxamine maleate oral tablet 25 mg</i> | Quantity Limit: 360 Per 30 Days |
| <i>fluvoxamine maleate oral tablet 50 mg</i> | Quantity Limit: 180 Per 30 Days |

**Focalin**

|         |                                |
|---------|--------------------------------|
| FOCALIN | Quantity Limit: 60 Per 30 Days |
|---------|--------------------------------|

**Focalin XR**

|                                                                                                 |                                |
|-------------------------------------------------------------------------------------------------|--------------------------------|
| FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG | Quantity Limit: 30 Per 30 Days |
| FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG                                          | Quantity Limit: 60 Per 30 Days |

**Fondaparinux Sodium**

|                                                               |                                |
|---------------------------------------------------------------|--------------------------------|
| <i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>  | Quantity Limit: 24 Per 30 Days |
| <i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i> | Quantity Limit: 15 Per 30 Days |
| <i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>   | Quantity Limit: 12 Per 30 Days |
| <i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i> | Quantity Limit: 18 Per 30 Days |

**Forfivo XL**

|            |                                |
|------------|--------------------------------|
| FORFIVO XL | Quantity Limit: 30 Per 30 Days |
|------------|--------------------------------|

**Fortamet**

|                                                       |                                 |
|-------------------------------------------------------|---------------------------------|
| FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG | Quantity Limit: 60 Per 30 Days  |
| FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG  | Quantity Limit: 120 Per 30 Days |

**Forteo**

|        |                               |
|--------|-------------------------------|
| FORTEO | Quantity Limit: 3 Per 28 Days |
|--------|-------------------------------|

**Fortesta**

|          |                                 |
|----------|---------------------------------|
| FORTESTA | Quantity Limit: 120 Per 30 Days |
|----------|---------------------------------|

**Fosamax**

|         |                               |
|---------|-------------------------------|
| FOSAMAX | Quantity Limit: 4 Per 28 Days |
|---------|-------------------------------|

**Fosamax Plus D**

|                |                               |
|----------------|-------------------------------|
| FOSAMAX PLUS D | Quantity Limit: 4 Per 28 Days |
|----------------|-------------------------------|

**Fosamprenavir Calcium**

|                              |                                 |
|------------------------------|---------------------------------|
| <i>fosamprenavir calcium</i> | Quantity Limit: 120 Per 30 Days |
|------------------------------|---------------------------------|

**Frova**

|       |                                |
|-------|--------------------------------|
| FROVA | Quantity Limit: 12 Per 30 Days |
|-------|--------------------------------|

**Frovatriptan Succinate**

|                               |                                |
|-------------------------------|--------------------------------|
| <i>frovatriptan succinate</i> | Quantity Limit: 12 Per 30 Days |
|-------------------------------|--------------------------------|

**Fulphila**

|          |                                 |
|----------|---------------------------------|
| FULPHILA | Quantity Limit: 1.2 Per 28 Days |
|----------|---------------------------------|

**Fuzeon**

|        |                                |
|--------|--------------------------------|
| FUZEON | Quantity Limit: 60 Per 30 Days |
|--------|--------------------------------|

**Fycompa**

|                                  |                                 |
|----------------------------------|---------------------------------|
| FYCOMPA ORAL SUSPENSION          | Quantity Limit: 720 Per 30 Days |
| FYCOMPA ORAL TABLET 10 MG, 12 MG | Quantity Limit: 30 Per 30 Days  |

**Fycompa**

|                          |                                 |
|--------------------------|---------------------------------|
| FYCOMPA ORAL TABLET 2 MG | Quantity Limit: 180 Per 30 Days |
| FYCOMPA ORAL TABLET 4 MG | Quantity Limit: 90 Per 30 Days  |
| FYCOMPA ORAL TABLET 6 MG | Quantity Limit: 60 Per 30 Days  |
| FYCOMPA ORAL TABLET 8 MG | Quantity Limit: 45 Per 30 Days  |

**Gabapentin**

|                                       |                                  |
|---------------------------------------|----------------------------------|
| <i>gabapentin oral capsule 100 mg</i> | Quantity Limit: 1080 Per 30 Days |
| <i>gabapentin oral capsule 300 mg</i> | Quantity Limit: 360 Per 30 Days  |
| <i>gabapentin oral capsule 400 mg</i> | Quantity Limit: 270 Per 30 Days  |
| <i>gabapentin oral solution</i>       | Quantity Limit: 2160 Per 30 Days |
| <i>gabapentin oral tablet 600 mg</i>  | Quantity Limit: 180 Per 30 Days  |
| <i>gabapentin oral tablet 800 mg</i>  | Quantity Limit: 120 Per 30 Days  |

**Galantamine Hydrobromide ER**

|                                    |                                |
|------------------------------------|--------------------------------|
| <i>galantamine hydrobromide er</i> | Quantity Limit: 30 Per 30 Days |
|------------------------------------|--------------------------------|

**Galantamine Hydrobromide**

|                                               |                                 |
|-----------------------------------------------|---------------------------------|
| <i>galantamine hydrobromide oral solution</i> | Quantity Limit: 200 Per 30 Days |
| <i>galantamine hydrobromide oral tablet</i>   | Quantity Limit: 60 Per 30 Days  |

**Gavreto**

|         |                                 |
|---------|---------------------------------|
| GAVRETO | Quantity Limit: 120 Per 30 Days |
|---------|---------------------------------|

**Gelnique**

|          |                                |
|----------|--------------------------------|
| GELNIQUE | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**Gelnique Pump**

|               |                                |
|---------------|--------------------------------|
| GELNIQUE PUMP | Quantity Limit: 30 Per 30 Days |
|---------------|--------------------------------|

**Genvoya**

|         |                                |
|---------|--------------------------------|
| GENVOYA | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Geodon**

|                                  |                                 |
|----------------------------------|---------------------------------|
| GEODON ORAL CAPSULE 20 MG        | Quantity Limit: 240 Per 30 Days |
| GEODON ORAL CAPSULE 40 MG        | Quantity Limit: 120 Per 30 Days |
| GEODON ORAL CAPSULE 60 MG, 80 MG | Quantity Limit: 60 Per 30 Days  |

**Gilenya**

|         |                                |
|---------|--------------------------------|
| GILENYA | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Gilotrif**

|          |                                |
|----------|--------------------------------|
| GILOTRIF | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**Glatiramer Acetate**

|                                                                                |                                |
|--------------------------------------------------------------------------------|--------------------------------|
| <i>glatiramer acetate subcutaneous solution<br/>prefilled syringe 20 mg/ml</i> | Quantity Limit: 30 Per 30 Days |
| <i>glatiramer acetate subcutaneous solution<br/>prefilled syringe 40 mg/ml</i> | Quantity Limit: 12 Per 28 Days |

**Glatopa**

|                                                                     |                                |
|---------------------------------------------------------------------|--------------------------------|
| <i>glatopa subcutaneous solution prefilled syringe<br/>20 mg/ml</i> | Quantity Limit: 30 Per 30 Days |
| <i>glatopa subcutaneous solution prefilled syringe<br/>40 mg/ml</i> | Quantity Limit: 12 Per 28 Days |

**Gleevec**

|                            |                                 |
|----------------------------|---------------------------------|
| GLEEVEC ORAL TABLET 100 MG | Quantity Limit: 240 Per 30 Days |
|----------------------------|---------------------------------|

**Gleevec**

|                            |                                |
|----------------------------|--------------------------------|
| GLEEVEC ORAL TABLET 400 MG | Quantity Limit: 60 Per 30 Days |
|----------------------------|--------------------------------|

**Glimepiride**

|                                     |                                 |
|-------------------------------------|---------------------------------|
| <i>glimepiride oral tablet 1 mg</i> | Quantity Limit: 240 Per 30 Days |
| <i>glimepiride oral tablet 2 mg</i> | Quantity Limit: 120 Per 30 Days |
| <i>glimepiride oral tablet 4 mg</i> | Quantity Limit: 60 Per 30 Days  |

**glipiZIDE ER**

|                                                                 |                                 |
|-----------------------------------------------------------------|---------------------------------|
| <i>glipizide er oral tablet extended release 24 hour 10 mg</i>  | Quantity Limit: 60 Per 30 Days  |
| <i>glipizide er oral tablet extended release 24 hour 2.5 mg</i> | Quantity Limit: 240 Per 30 Days |
| <i>glipizide er oral tablet extended release 24 hour 5 mg</i>   | Quantity Limit: 120 Per 30 Days |

**glipiZIDE**

|                                    |                                 |
|------------------------------------|---------------------------------|
| <i>glipizide oral tablet 10 mg</i> | Quantity Limit: 120 Per 30 Days |
| <i>glipizide oral tablet 5 mg</i>  | Quantity Limit: 240 Per 30 Days |

**GlipiZIDE XL**

|                                                                 |                                 |
|-----------------------------------------------------------------|---------------------------------|
| <i>glipizide xl oral tablet extended release 24 hour 10 mg</i>  | Quantity Limit: 60 Per 30 Days  |
| <i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i> | Quantity Limit: 240 Per 30 Days |
| <i>glipizide xl oral tablet extended release 24 hour 5 mg</i>   | Quantity Limit: 120 Per 30 Days |

**GlipiZIDE-MetFORMIN HCl**

|                                                       |                                 |
|-------------------------------------------------------|---------------------------------|
| <i>glipizide-metformin hcl oral tablet 2.5-250 mg</i> | Quantity Limit: 240 Per 30 Days |
|-------------------------------------------------------|---------------------------------|



**GlipiZIDE-MetFORMIN HCl**

|                                                                 |                                 |
|-----------------------------------------------------------------|---------------------------------|
| <i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i> | Quantity Limit: 120 Per 30 Days |
|-----------------------------------------------------------------|---------------------------------|

**Global Easy Glide Insulin Syr**

|                               |                                 |
|-------------------------------|---------------------------------|
| GLOBAL EASY GLIDE INSULIN SYR | Quantity Limit: 200 Per 30 Days |
|-------------------------------|---------------------------------|

**Glucophage**

|                                |                                 |
|--------------------------------|---------------------------------|
| GLUCOPHAGE ORAL TABLET 1000 MG | Quantity Limit: 60 Per 30 Days  |
| GLUCOPHAGE ORAL TABLET 500 MG  | Quantity Limit: 150 Per 30 Days |
| GLUCOPHAGE ORAL TABLET 850 MG  | Quantity Limit: 90 Per 30 Days  |

**Glucophage XR**

|                                                           |                                 |
|-----------------------------------------------------------|---------------------------------|
| GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG | Quantity Limit: 120 Per 30 Days |
| GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG | Quantity Limit: 60 Per 30 Days  |

**Glucotrol**

|                             |                                 |
|-----------------------------|---------------------------------|
| GLUCOTROL ORAL TABLET 10 MG | Quantity Limit: 120 Per 30 Days |
| GLUCOTROL ORAL TABLET 5 MG  | Quantity Limit: 240 Per 30 Days |

**Glucotrol XL**

|                                                          |                                 |
|----------------------------------------------------------|---------------------------------|
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG  | Quantity Limit: 60 Per 30 Days  |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5 MG | Quantity Limit: 240 Per 30 Days |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG   | Quantity Limit: 120 Per 30 Days |

**Glumetza**

|                                                          |                                 |
|----------------------------------------------------------|---------------------------------|
| GLUMETZA ORAL TABLET EXTENDED RELEASE<br>24 HOUR 1000 MG | Quantity Limit: 60 Per 30 Days  |
| GLUMETZA ORAL TABLET EXTENDED RELEASE<br>24 HOUR 500 MG  | Quantity Limit: 120 Per 30 Days |

**GlyBURIDE Micronized**

|                                                |                                 |
|------------------------------------------------|---------------------------------|
| <i>glyburide micronized oral tablet 1.5 mg</i> | Quantity Limit: 240 Per 30 Days |
| <i>glyburide micronized oral tablet 3 mg</i>   | Quantity Limit: 120 Per 30 Days |
| <i>glyburide micronized oral tablet 6 mg</i>   | Quantity Limit: 60 Per 30 Days  |

**GlyBURIDE**

|                                      |                                 |
|--------------------------------------|---------------------------------|
| <i>glyburide oral tablet 1.25 mg</i> | Quantity Limit: 480 Per 30 Days |
| <i>glyburide oral tablet 2.5 mg</i>  | Quantity Limit: 240 Per 30 Days |
| <i>glyburide oral tablet 5 mg</i>    | Quantity Limit: 120 Per 30 Days |

**GlyBURIDE-MetFORMIN**

|                                                             |                                 |
|-------------------------------------------------------------|---------------------------------|
| <i>glyburide-metformin oral tablet 1.25-250 mg</i>          | Quantity Limit: 240 Per 30 Days |
| <i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> | Quantity Limit: 120 Per 30 Days |

**Glynase**

|                            |                                 |
|----------------------------|---------------------------------|
| GLYNASE ORAL TABLET 1.5 MG | Quantity Limit: 240 Per 30 Days |
| GLYNASE ORAL TABLET 3 MG   | Quantity Limit: 120 Per 30 Days |
| GLYNASE ORAL TABLET 6 MG   | Quantity Limit: 60 Per 30 Days  |

**Glyset**

|                           |                                 |
|---------------------------|---------------------------------|
| GLYSET ORAL TABLET 100 MG | Quantity Limit: 90 Per 30 Days  |
| GLYSET ORAL TABLET 25 MG  | Quantity Limit: 360 Per 30 Days |

**Glyset**

|                          |                                 |
|--------------------------|---------------------------------|
| GLYSET ORAL TABLET 50 MG | Quantity Limit: 180 Per 30 Days |
|--------------------------|---------------------------------|

**Glyxambi**

|          |                                |
|----------|--------------------------------|
| GLYXAMBI | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**Gralise**

|                            |                                |
|----------------------------|--------------------------------|
| GRALISE ORAL TABLET 300 MG | Quantity Limit: 30 Per 30 Days |
| GRALISE ORAL TABLET 600 MG | Quantity Limit: 90 Per 30 Days |

**Granisetron HCl**

|                             |                                |
|-----------------------------|--------------------------------|
| <i>granisetron hcl oral</i> | Quantity Limit: 30 Per 30 Days |
|-----------------------------|--------------------------------|

**Grastek**

|         |                                |
|---------|--------------------------------|
| GRASTEK | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**guanFACINE HCl ER**

|                          |                                |
|--------------------------|--------------------------------|
| <i>guanfacine hcl er</i> | Quantity Limit: 30 Per 30 Days |
|--------------------------|--------------------------------|

**Halcion**

|         |                                |
|---------|--------------------------------|
| HALCION | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Harvoni**

|         |                                |
|---------|--------------------------------|
| HARVONI | Quantity Limit: 28 Per 28 Days |
|---------|--------------------------------|

**H-E-B inControl Pen Needles**

|                             |                                 |
|-----------------------------|---------------------------------|
| H-E-B INCONTROL PEN NEEDLES | Quantity Limit: 200 Per 30 Days |
|-----------------------------|---------------------------------|

**Hetlioz**

|         |                                |
|---------|--------------------------------|
| HETLIOZ | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Horizant**

|                                                 |                                 |
|-------------------------------------------------|---------------------------------|
| HORIZANT ORAL TABLET EXTENDED RELEASE<br>300 MG | Quantity Limit: 120 Per 30 Days |
| HORIZANT ORAL TABLET EXTENDED RELEASE<br>600 MG | Quantity Limit: 60 Per 30 Days  |

**Humira Pediatric Crohns Start**

|                                                                                                                          |                                 |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| HUMIRA PEDIATRIC CROHNS START<br>SUBCUTANEOUS PREFILLED SYRINGE KIT 40<br>MG/0.8ML, 40 MG/0.8ML (6 PACK), 80<br>MG/0.8ML | Quantity Limit: 6 Per 365 Days  |
| HUMIRA PEDIATRIC CROHNS START<br>SUBCUTANEOUS PREFILLED SYRINGE KIT 80<br>MG/0.8ML & 40MG/0.4ML                          | Quantity Limit: 12 Per 365 Days |

**Humira Pen**

|            |                               |
|------------|-------------------------------|
| HUMIRA PEN | Quantity Limit: 4 Per 28 Days |
|------------|-------------------------------|

**Humira Pen-CD/UC/HS Starter**

|                                                                             |                                 |
|-----------------------------------------------------------------------------|---------------------------------|
| HUMIRA PEN-CD/UC/HS STARTER<br>SUBCUTANEOUS PEN-INJECTOR KIT 40<br>MG/0.8ML | Quantity Limit: 12 Per 365 Days |
| HUMIRA PEN-CD/UC/HS STARTER<br>SUBCUTANEOUS PEN-INJECTOR KIT 80<br>MG/0.8ML | Quantity Limit: 6 Per 365 Days  |

**Humira Pen-Ps/UV/Adol HS Start**

|                                                                                             |                                |
|---------------------------------------------------------------------------------------------|--------------------------------|
| HUMIRA PEN-PS/UV/ADOL HS START<br>SUBCUTANEOUS PEN-INJECTOR KIT 40<br>MG/0.8ML              | Quantity Limit: 8 Per 365 Days |
| HUMIRA PEN-PS/UV/ADOL HS START<br>SUBCUTANEOUS PEN-INJECTOR KIT 80<br>MG/0.8ML & 40MG/0.4ML | Quantity Limit: 6 Per 365 Days |

**Humira**

|                                                                                              |                               |
|----------------------------------------------------------------------------------------------|-------------------------------|
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML | Quantity Limit: 2 Per 28 Days |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML                           | Quantity Limit: 4 Per 28 Days |

**HYDROcodone Bitartrate ER**

|                                  |                                |
|----------------------------------|--------------------------------|
| <i>hydrocodone bitartrate er</i> | Quantity Limit: 60 Per 30 Days |
|----------------------------------|--------------------------------|

**HYDROcodone-Acetaminophen**

|                                                |                                  |
|------------------------------------------------|----------------------------------|
| <i>hydrocodone-acetaminophen oral solution</i> | Quantity Limit: 2700 Per 30 Days |
| <i>hydrocodone-acetaminophen oral tablet</i>   | Quantity Limit: 180 Per 30 Days  |

**Hydrocodone-Ibuprofen**

|                              |                                |
|------------------------------|--------------------------------|
| <i>hydrocodone-ibuprofen</i> | Quantity Limit: 50 Per 10 Days |
|------------------------------|--------------------------------|

**HYDROmorphine HCl ER**

|                             |                                |
|-----------------------------|--------------------------------|
| <i>hydromorphone hcl er</i> | Quantity Limit: 30 Per 30 Days |
|-----------------------------|--------------------------------|

**HYDROmorphine HCl**

|                                                              |                                 |
|--------------------------------------------------------------|---------------------------------|
| <i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml</i> | Quantity Limit: 180 Per 30 Days |
| <i>hydromorphone hcl injection solution 4 mg/ml</i>          | Quantity Limit: 60 Per 30 Days  |
| <i>hydromorphone hcl oral liquid</i>                         | Quantity Limit: 720 Per 30 Days |
| <i>hydromorphone hcl oral tablet</i>                         | Quantity Limit: 180 Per 30 Days |
| <i>hydromorphone hcl rectal</i>                              | Quantity Limit: 120 Per 30 Days |

**HYDROmorphine HCl PF**

|                                                        |                                 |
|--------------------------------------------------------|---------------------------------|
| <i>hydromorphone hcl pf injection solution 1 mg/ml</i> | Quantity Limit: 180 Per 30 Days |
|--------------------------------------------------------|---------------------------------|

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**HYDROmorphone HCl PF**

|                                                            |                                 |
|------------------------------------------------------------|---------------------------------|
| HYDROMORPHONE HCL PF INJECTION SOLUTION 10 MG/ML           | Quantity Limit: 120 Per 30 Days |
| HYDROMORPHONE HCL PF INJECTION SOLUTION 2 MG/ML            | Quantity Limit: 180 Per 30 Days |
| <i>hydromorphone hcl pf injection solution 4 mg/ml</i>     | Quantity Limit: 60 Per 30 Days  |
| <i>hydromorphone hcl pf injection solution 50 mg/5ml</i>   | Quantity Limit: 120 Per 30 Days |
| <i>hydromorphone hcl pf injection solution 500 mg/50ml</i> | Quantity Limit: 1 Per 30 Days   |

**Hydroxyprogesterone Caproate**

|                                     |                                 |
|-------------------------------------|---------------------------------|
| <i>hydroxyprogesterone caproate</i> | Quantity Limit: 25 Per 147 Days |
|-------------------------------------|---------------------------------|

**Hysingla ER**

|             |                                |
|-------------|--------------------------------|
| HYSINGLA ER | Quantity Limit: 30 Per 30 Days |
|-------------|--------------------------------|

**Ibandronate Sodium**

|                                |                               |
|--------------------------------|-------------------------------|
| <i>ibandronate sodium oral</i> | Quantity Limit: 1 Per 28 Days |
|--------------------------------|-------------------------------|

**Ibrance**

|         |                                |
|---------|--------------------------------|
| IBRANCE | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Ibudone**

|                |                                |
|----------------|--------------------------------|
| <i>ibudone</i> | Quantity Limit: 50 Per 10 Days |
|----------------|--------------------------------|

**Iclusig**

|                           |                                |
|---------------------------|--------------------------------|
| ICLUSIG ORAL TABLET 15 MG | Quantity Limit: 60 Per 30 Days |
| ICLUSIG ORAL TABLET 45 MG | Quantity Limit: 30 Per 30 Days |

**IDHIFA**

|                           |                                |
|---------------------------|--------------------------------|
| IDHIFA ORAL TABLET 100 MG | Quantity Limit: 30 Per 30 Days |
| IDHIFA ORAL TABLET 50 MG  | Quantity Limit: 60 Per 30 Days |

**Ilumya**

|        |                               |
|--------|-------------------------------|
| ILUMYA | Quantity Limit: 1 Per 84 Days |
|--------|-------------------------------|

**Imatinib Mesylate**

|                                             |                                 |
|---------------------------------------------|---------------------------------|
| <i>imatinib mesylate oral tablet 100 mg</i> | Quantity Limit: 240 Per 30 Days |
| <i>imatinib mesylate oral tablet 400 mg</i> | Quantity Limit: 60 Per 30 Days  |

**Imbruvica**

|                                              |                                |
|----------------------------------------------|--------------------------------|
| IMBRUVICA ORAL CAPSULE 140 MG                | Quantity Limit: 90 Per 30 Days |
| IMBRUVICA ORAL CAPSULE 70 MG                 | Quantity Limit: 30 Per 30 Days |
| IMBRUVICA ORAL TABLET 140 MG                 | Quantity Limit: 90 Per 30 Days |
| IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG | Quantity Limit: 30 Per 30 Days |

**Imitrex**

|              |                               |
|--------------|-------------------------------|
| IMITREX ORAL | Quantity Limit: 9 Per 30 Days |
|--------------|-------------------------------|

**Imvexxy Maintenance Pack**

|                          |                                |
|--------------------------|--------------------------------|
| IMVEXXY MAINTENANCE PACK | Quantity Limit: 18 Per 28 Days |
|--------------------------|--------------------------------|

**Incruse Ellipta**

|                 |                                |
|-----------------|--------------------------------|
| INCRUSE ELLIPTA | Quantity Limit: 30 Per 30 Days |
|-----------------|--------------------------------|

**Infumorph 200**

|               |                                |
|---------------|--------------------------------|
| INFUMORPH 200 | Quantity Limit: 40 Per 30 Days |
|---------------|--------------------------------|

**Infumorph 500**

|               |                                |
|---------------|--------------------------------|
| INFUMORPH 500 | Quantity Limit: 40 Per 30 Days |
|---------------|--------------------------------|

**Ingrezza**

|                                    |                                 |
|------------------------------------|---------------------------------|
| INGREZZA ORAL CAPSULE 40 MG        | Quantity Limit: 60 Per 30 Days  |
| INGREZZA ORAL CAPSULE 80 MG        | Quantity Limit: 30 Per 30 Days  |
| INGREZZA ORAL CAPSULE THERAPY PACK | Quantity Limit: 28 Per 365 Days |

**Inlyta**

|                         |                                 |
|-------------------------|---------------------------------|
| INLYTA ORAL TABLET 1 MG | Quantity Limit: 240 Per 30 Days |
| INLYTA ORAL TABLET 5 MG | Quantity Limit: 120 Per 30 Days |

**Inqovi**

|        |                               |
|--------|-------------------------------|
| INQOVI | Quantity Limit: 5 Per 28 Days |
|--------|-------------------------------|

**Inrebic**

|         |                                 |
|---------|---------------------------------|
| INREBIC | Quantity Limit: 120 Per 30 Days |
|---------|---------------------------------|

**Insupen Pen Needles**

|                     |                                 |
|---------------------|---------------------------------|
| INSUPEN PEN NEEDLES | Quantity Limit: 200 Per 30 Days |
|---------------------|---------------------------------|

**Insupen Ultrafin**

|                  |                                 |
|------------------|---------------------------------|
| INSUPEN ULTRAFIN | Quantity Limit: 200 Per 30 Days |
|------------------|---------------------------------|

**Intelence**

|                              |                                 |
|------------------------------|---------------------------------|
| INTELENCE ORAL TABLET 100 MG | Quantity Limit: 120 Per 30 Days |
| INTELENCE ORAL TABLET 200 MG | Quantity Limit: 60 Per 30 Days  |
| INTELENCE ORAL TABLET 25 MG  | Quantity Limit: 480 Per 30 Days |



**Intermezzo**

|            |                                |
|------------|--------------------------------|
| INTERMEZZO | Quantity Limit: 30 Per 30 Days |
|------------|--------------------------------|

**Intrarosa**

|           |                                |
|-----------|--------------------------------|
| INTRAROSA | Quantity Limit: 30 Per 30 Days |
|-----------|--------------------------------|

**Intuniv**

|         |                                |
|---------|--------------------------------|
| INTUNIV | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Invega**

|                                                    |                                 |
|----------------------------------------------------|---------------------------------|
| INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG | Quantity Limit: 240 Per 30 Days |
| INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG   | Quantity Limit: 120 Per 30 Days |
| INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG   | Quantity Limit: 60 Per 30 Days  |
| INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG   | Quantity Limit: 30 Per 30 Days  |

**Invega Sustenna**

|                                                                          |                                  |
|--------------------------------------------------------------------------|----------------------------------|
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML | Quantity Limit: 0.75 Per 28 Days |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML     | Quantity Limit: 1 Per 28 Days    |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML  | Quantity Limit: 1.5 Per 28 Days  |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML  | Quantity Limit: 0.25 Per 28 Days |

**Invega Sustenna**

|                                                                              |                                 |
|------------------------------------------------------------------------------|---------------------------------|
| INVEGA SUSTENNA INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 78<br>MG/0.5ML | Quantity Limit: 0.5 Per 28 Days |
|------------------------------------------------------------------------------|---------------------------------|

**Invega Trinza**

|                                                                               |                                   |
|-------------------------------------------------------------------------------|-----------------------------------|
| INVEGA TRINZA INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 273<br>MG/0.875ML | Quantity Limit: 0.875 Per 90 Days |
| INVEGA TRINZA INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 410<br>MG/1.315ML | Quantity Limit: 1.315 Per 90 Days |
| INVEGA TRINZA INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 546<br>MG/1.75ML  | Quantity Limit: 1.75 Per 90 Days  |
| INVEGA TRINZA INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 819<br>MG/2.625ML | Quantity Limit: 2.625 Per 90 Days |

**Invirase**

|          |                                 |
|----------|---------------------------------|
| INVIRASE | Quantity Limit: 120 Per 30 Days |
|----------|---------------------------------|

**Invokamet**

|           |                                |
|-----------|--------------------------------|
| INVOKAMET | Quantity Limit: 60 Per 30 Days |
|-----------|--------------------------------|

**Invokamet XR**

|              |                                |
|--------------|--------------------------------|
| INVOKAMET XR | Quantity Limit: 60 Per 30 Days |
|--------------|--------------------------------|

**Invokana**

|                             |                                |
|-----------------------------|--------------------------------|
| INVOKANA ORAL TABLET 100 MG | Quantity Limit: 90 Per 30 Days |
| INVOKANA ORAL TABLET 300 MG | Quantity Limit: 30 Per 30 Days |

**Ipratropium Bromide**

|                                  |                                |
|----------------------------------|--------------------------------|
| <i>ipratropium bromide nasal</i> | Quantity Limit: 30 Per 30 Days |
|----------------------------------|--------------------------------|

**Ipratropium-Albuterol**

|                              |                                 |
|------------------------------|---------------------------------|
| <i>ipratropium-albuterol</i> | Quantity Limit: 540 Per 30 Days |
|------------------------------|---------------------------------|

**Isentress HD**

|              |                                |
|--------------|--------------------------------|
| ISENTRESS HD | Quantity Limit: 60 Per 30 Days |
|--------------|--------------------------------|

**Isentress**

|                                       |                                 |
|---------------------------------------|---------------------------------|
| ISENTRESS ORAL PACKET                 | Quantity Limit: 180 Per 30 Days |
| ISENTRESS ORAL TABLET                 | Quantity Limit: 120 Per 30 Days |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG | Quantity Limit: 180 Per 30 Days |
| ISENTRESS ORAL TABLET CHEWABLE 25 MG  | Quantity Limit: 720 Per 30 Days |

**Isturisa**

|                                 |                                 |
|---------------------------------|---------------------------------|
| ISTURISA ORAL TABLET 1 MG, 5 MG | Quantity Limit: 120 Per 30 Days |
| ISTURISA ORAL TABLET 10 MG      | Quantity Limit: 180 Per 30 Days |

**Jakafi**

|                          |                                 |
|--------------------------|---------------------------------|
| JAKAFI ORAL TABLET 10 MG | Quantity Limit: 150 Per 30 Days |
| JAKAFI ORAL TABLET 15 MG | Quantity Limit: 100 Per 30 Days |
| JAKAFI ORAL TABLET 20 MG | Quantity Limit: 75 Per 30 Days  |
| JAKAFI ORAL TABLET 25 MG | Quantity Limit: 60 Per 30 Days  |
| JAKAFI ORAL TABLET 5 MG  | Quantity Limit: 300 Per 30 Days |

**Jalyn**

|       |                                |
|-------|--------------------------------|
| JALYN | Quantity Limit: 30 Per 30 Days |
|-------|--------------------------------|

**Janumet**

|         |                                |
|---------|--------------------------------|
| JANUMET | Quantity Limit: 60 Per 30 Days |
|---------|--------------------------------|

**Janumet XR**

|                                                                       |                                |
|-----------------------------------------------------------------------|--------------------------------|
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG           | Quantity Limit: 30 Per 30 Days |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG | Quantity Limit: 60 Per 30 Days |

**Januvia**

|                            |                                 |
|----------------------------|---------------------------------|
| JANUVIA ORAL TABLET 100 MG | Quantity Limit: 30 Per 30 Days  |
| JANUVIA ORAL TABLET 25 MG  | Quantity Limit: 120 Per 30 Days |
| JANUVIA ORAL TABLET 50 MG  | Quantity Limit: 60 Per 30 Days  |

**Jardiance**

|           |                                |
|-----------|--------------------------------|
| JARDIANCE | Quantity Limit: 30 Per 30 Days |
|-----------|--------------------------------|

**Jentadueto**

|            |                                |
|------------|--------------------------------|
| JENTADUETO | Quantity Limit: 60 Per 30 Days |
|------------|--------------------------------|

**Jentadueto XR**

|                                                                |                                |
|----------------------------------------------------------------|--------------------------------|
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG | Quantity Limit: 60 Per 30 Days |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG   | Quantity Limit: 30 Per 30 Days |

**Jornay PM**

|           |                                |
|-----------|--------------------------------|
| JORNAY PM | Quantity Limit: 30 Per 30 Days |
|-----------|--------------------------------|

**Juluca**

|        |                                |
|--------|--------------------------------|
| JULUCA | Quantity Limit: 30 Per 30 Days |
|--------|--------------------------------|

**Juxtapid**

|                                           |                                |
|-------------------------------------------|--------------------------------|
| JUXTAPID ORAL CAPSULE 30 MG, 40 MG, 60 MG | Quantity Limit: 30 Per 30 Days |
|-------------------------------------------|--------------------------------|

**Jynarque**

|                                   |                                 |
|-----------------------------------|---------------------------------|
| JYNARQUE ORAL TABLET              | Quantity Limit: 120 Per 30 Days |
| JYNARQUE ORAL TABLET THERAPY PACK | Quantity Limit: 56 Per 28 Days  |

**Kadian**

|        |                                |
|--------|--------------------------------|
| KADIAN | Quantity Limit: 60 Per 30 Days |
|--------|--------------------------------|

**Kaletra**

|                               |                                 |
|-------------------------------|---------------------------------|
| KALETRA ORAL SOLUTION         | Quantity Limit: 480 Per 30 Days |
| KALETRA ORAL TABLET 100-25 MG | Quantity Limit: 300 Per 30 Days |
| KALETRA ORAL TABLET 200-50 MG | Quantity Limit: 120 Per 30 Days |

**Kalydeco**

|                      |                                |
|----------------------|--------------------------------|
| KALYDECO ORAL PACKET | Quantity Limit: 56 Per 28 Days |
| KALYDECO ORAL TABLET | Quantity Limit: 60 Per 30 Days |

**Kazano**

|        |                                |
|--------|--------------------------------|
| KAZANO | Quantity Limit: 60 Per 30 Days |
|--------|--------------------------------|

**Keppra XR**

|                                                       |                                 |
|-------------------------------------------------------|---------------------------------|
| KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG | Quantity Limit: 180 Per 30 Days |
| KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG | Quantity Limit: 120 Per 30 Days |

**Kerydin**

|         |                               |
|---------|-------------------------------|
| KERYDIN | Quantity Limit: 4 Per 30 Days |
|---------|-------------------------------|

**Ketorolac Tromethamine**

|                                     |                               |
|-------------------------------------|-------------------------------|
| <i>ketorolac tromethamine nasal</i> | Quantity Limit: 5 Per 30 Days |
|-------------------------------------|-------------------------------|

**Keveyis**

|         |                                 |
|---------|---------------------------------|
| KEVEYIS | Quantity Limit: 120 Per 30 Days |
|---------|---------------------------------|

**Kevzara**

|         |                                  |
|---------|----------------------------------|
| KEVZARA | Quantity Limit: 2.28 Per 28 Days |
|---------|----------------------------------|

**Khedeza**

|                                                         |                                 |
|---------------------------------------------------------|---------------------------------|
| KHEDEZLA ORAL TABLET EXTENDED RELEASE<br>24 HOUR 100 MG | Quantity Limit: 120 Per 30 Days |
| KHEDEZLA ORAL TABLET EXTENDED RELEASE<br>24 HOUR 50 MG  | Quantity Limit: 240 Per 30 Days |

**Kineret**

|         |                                   |
|---------|-----------------------------------|
| KINERET | Quantity Limit: 18.76 Per 28 Days |
|---------|-----------------------------------|

**Kisqali (200 MG Dose)**

|                       |                                |
|-----------------------|--------------------------------|
| KISQALI (200 MG DOSE) | Quantity Limit: 21 Per 21 Days |
|-----------------------|--------------------------------|

**Kisqali (400 MG Dose)**

|                       |                                |
|-----------------------|--------------------------------|
| KISQALI (400 MG DOSE) | Quantity Limit: 42 Per 21 Days |
|-----------------------|--------------------------------|

**Kisqali (600 MG Dose)**

|                       |                                |
|-----------------------|--------------------------------|
| KISQALI (600 MG DOSE) | Quantity Limit: 63 Per 21 Days |
|-----------------------|--------------------------------|

**Kisqali Femara (400 MG Dose)**

|                              |                                |
|------------------------------|--------------------------------|
| KISQALI FEMARA (400 MG DOSE) | Quantity Limit: 70 Per 28 Days |
|------------------------------|--------------------------------|

**Kisqali Femara (600 MG Dose)**

|                              |                                |
|------------------------------|--------------------------------|
| KISQALI FEMARA (600 MG DOSE) | Quantity Limit: 91 Per 28 Days |
|------------------------------|--------------------------------|

**Kisqali Femara(200 MG Dose)**

|                             |                                |
|-----------------------------|--------------------------------|
| KISQALI FEMARA(200 MG DOSE) | Quantity Limit: 49 Per 28 Days |
|-----------------------------|--------------------------------|

**Kitabis Pak**

|             |                                 |
|-------------|---------------------------------|
| KITABIS PAK | Quantity Limit: 280 Per 28 Days |
|-------------|---------------------------------|

**KlonoPIN**

|                             |                                  |
|-----------------------------|----------------------------------|
| KLONOPIN ORAL TABLET 0.5 MG | Quantity Limit: 1200 Per 30 Days |
| KLONOPIN ORAL TABLET 1 MG   | Quantity Limit: 600 Per 30 Days  |
| KLONOPIN ORAL TABLET 2 MG   | Quantity Limit: 300 Per 30 Days  |

**Kombiglyze XR**

|                                                                        |                                |
|------------------------------------------------------------------------|--------------------------------|
| KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG         | Quantity Limit: 60 Per 30 Days |
| KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG | Quantity Limit: 30 Per 30 Days |

**Kroger Pen Needles**

|                    |                                 |
|--------------------|---------------------------------|
| KROGER PEN NEEDLES | Quantity Limit: 200 Per 30 Days |
|--------------------|---------------------------------|

**Krystexxa**

|           |                               |
|-----------|-------------------------------|
| KRYSTEXXA | Quantity Limit: 2 Per 28 Days |
|-----------|-------------------------------|

**Kynamro**

|         |                               |
|---------|-------------------------------|
| KYNAMRO | Quantity Limit: 4 Per 28 Days |
|---------|-------------------------------|

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**Kynmobi**

|         |                                 |
|---------|---------------------------------|
| KYNMOBI | Quantity Limit: 150 Per 30 Days |
|---------|---------------------------------|

**Lacrisert**

|           |                                |
|-----------|--------------------------------|
| LACRISERT | Quantity Limit: 60 Per 30 Days |
|-----------|--------------------------------|

**LamiVUDine**

|                                      |                                 |
|--------------------------------------|---------------------------------|
| <i>lamivudine oral solution</i>      | Quantity Limit: 960 Per 30 Days |
| <i>lamivudine oral tablet 150 mg</i> | Quantity Limit: 60 Per 30 Days  |
| <i>lamivudine oral tablet 300 mg</i> | Quantity Limit: 30 Per 30 Days  |

**lamiVUDine-Zidovudine**

|                              |                                |
|------------------------------|--------------------------------|
| <i>lamivudine-zidovudine</i> | Quantity Limit: 60 Per 30 Days |
|------------------------------|--------------------------------|

**Lansoprazole**

|                                                                   |                                |
|-------------------------------------------------------------------|--------------------------------|
| <i>lansoprazole oral capsule delayed release 30 mg</i>            | Quantity Limit: 30 Per 30 Days |
| <i>lansoprazole oral tablet delayed release dispersible 30 mg</i> | Quantity Limit: 30 Per 30 Days |
| <i>lansoprazole oral tablet dispersible 30 mg</i>                 | Quantity Limit: 30 Per 30 Days |

**Lapatinib Ditosylate**

|                             |                                 |
|-----------------------------|---------------------------------|
| <i>lapatinib ditosylate</i> | Quantity Limit: 180 Per 30 Days |
|-----------------------------|---------------------------------|

**Latuda**

|                                  |                                 |
|----------------------------------|---------------------------------|
| LATUDA ORAL TABLET 120 MG, 60 MG | Quantity Limit: 30 Per 30 Days  |
| LATUDA ORAL TABLET 20 MG         | Quantity Limit: 240 Per 30 Days |
| LATUDA ORAL TABLET 40 MG         | Quantity Limit: 120 Per 30 Days |
| LATUDA ORAL TABLET 80 MG         | Quantity Limit: 60 Per 30 Days  |



**Lazanda**

|         |                                |
|---------|--------------------------------|
| LAZANDA | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Ledipasvir-Sofosbuvir**

|                              |                                |
|------------------------------|--------------------------------|
| <i>ledipasvir-sofosbuvir</i> | Quantity Limit: 28 Per 28 Days |
|------------------------------|--------------------------------|

**Lemtrada**

|          |                                |
|----------|--------------------------------|
| LEMTRADA | Quantity Limit: 6 Per 365 Days |
|----------|--------------------------------|

**Lenvima (10 MG Daily Dose)**

|                            |                                |
|----------------------------|--------------------------------|
| LENVIMA (10 MG DAILY DOSE) | Quantity Limit: 30 Per 30 Days |
|----------------------------|--------------------------------|

**Lenvima (12 MG Daily Dose)**

|                            |                                |
|----------------------------|--------------------------------|
| LENVIMA (12 MG DAILY DOSE) | Quantity Limit: 90 Per 30 Days |
|----------------------------|--------------------------------|

**Lenvima (14 MG Daily Dose)**

|                            |                                |
|----------------------------|--------------------------------|
| LENVIMA (14 MG DAILY DOSE) | Quantity Limit: 60 Per 30 Days |
|----------------------------|--------------------------------|

**Lenvima (18 MG Daily Dose)**

|                            |                                |
|----------------------------|--------------------------------|
| LENVIMA (18 MG DAILY DOSE) | Quantity Limit: 90 Per 30 Days |
|----------------------------|--------------------------------|

**Lenvima (20 MG Daily Dose)**

|                            |                                |
|----------------------------|--------------------------------|
| LENVIMA (20 MG DAILY DOSE) | Quantity Limit: 60 Per 30 Days |
|----------------------------|--------------------------------|

**Lenvima (24 MG Daily Dose)**

|                            |                                |
|----------------------------|--------------------------------|
| LENVIMA (24 MG DAILY DOSE) | Quantity Limit: 90 Per 30 Days |
|----------------------------|--------------------------------|

**Lenvima (4 MG Daily Dose)**

|                           |                                |
|---------------------------|--------------------------------|
| LENVIMA (4 MG DAILY DOSE) | Quantity Limit: 30 Per 30 Days |
|---------------------------|--------------------------------|

**Lenvima (8 MG Daily Dose)**

|                           |                                |
|---------------------------|--------------------------------|
| LENVIMA (8 MG DAILY DOSE) | Quantity Limit: 60 Per 30 Days |
|---------------------------|--------------------------------|

**Letairis**

|          |                                |
|----------|--------------------------------|
| LETAIRIS | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**Letrozole**

|                  |                                |
|------------------|--------------------------------|
| <i>letrozole</i> | Quantity Limit: 30 Per 30 Days |
|------------------|--------------------------------|

**Levalbuterol HCl**

|                                                                                                      |                                 |
|------------------------------------------------------------------------------------------------------|---------------------------------|
| <i>levalbuterol hcl inhalation nebulization solution<br/>0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i> | Quantity Limit: 270 Per 30 Days |
| <i>levalbuterol hcl inhalation nebulization solution<br/>0.63 mg/3ml</i>                             | Quantity Limit: 540 Per 30 Days |

**Levalbuterol Tartrate**

|                              |                                |
|------------------------------|--------------------------------|
| <i>levalbuterol tartrate</i> | Quantity Limit: 45 Per 30 Days |
|------------------------------|--------------------------------|

**LevETIRAcetam ER**

|                                                                         |                                 |
|-------------------------------------------------------------------------|---------------------------------|
| <i>levetiracetam er oral tablet extended release<br/>24 hour 500 mg</i> | Quantity Limit: 180 Per 30 Days |
| <i>levetiracetam er oral tablet extended release<br/>24 hour 750 mg</i> | Quantity Limit: 120 Per 30 Days |

**Levorphanol Tartrate**

|                             |                                 |
|-----------------------------|---------------------------------|
| <i>levorphanol tartrate</i> | Quantity Limit: 180 Per 30 Days |
|-----------------------------|---------------------------------|

**Lexapro**

|                           |                                 |
|---------------------------|---------------------------------|
| LEXAPRO ORAL TABLET 10 MG | Quantity Limit: 60 Per 30 Days  |
| LEXAPRO ORAL TABLET 20 MG | Quantity Limit: 30 Per 30 Days  |
| LEXAPRO ORAL TABLET 5 MG  | Quantity Limit: 120 Per 30 Days |

**Lexiva**

|                        |                                  |
|------------------------|----------------------------------|
| LEXIVA ORAL SUSPENSION | Quantity Limit: 1800 Per 30 Days |
| LEXIVA ORAL TABLET     | Quantity Limit: 120 Per 30 Days  |

**Licart**

|        |                                |
|--------|--------------------------------|
| LICART | Quantity Limit: 30 Per 30 Days |
|--------|--------------------------------|

**Lidocaine**

|                                    |                                 |
|------------------------------------|---------------------------------|
| <i>lidocaine external ointment</i> | Quantity Limit: 150 Per 30 Days |
| <i>lidocaine external patch</i>    | Quantity Limit: 90 Per 30 Days  |

**Lidocaine HCl**

|                                        |                                 |
|----------------------------------------|---------------------------------|
| <i>lidocaine hcl external solution</i> | Quantity Limit: 300 Per 30 Days |
| <i>lidocaine hcl mouth/throat</i>      | Quantity Limit: 300 Per 30 Days |

**Lidocaine PAK**

|                      |                                 |
|----------------------|---------------------------------|
| <i>lidocaine pak</i> | Quantity Limit: 150 Per 30 Days |
|----------------------|---------------------------------|

**Lidocaine-Prilocaine**

|                                            |                                |
|--------------------------------------------|--------------------------------|
| <i>lidocaine-prilocaine external cream</i> | Quantity Limit: 30 Per 30 Days |
|--------------------------------------------|--------------------------------|

**Lidoderm**

|          |                                |
|----------|--------------------------------|
| LIDODERM | Quantity Limit: 90 Per 30 Days |
|----------|--------------------------------|

**Linezolid**

|                                                |                                  |
|------------------------------------------------|----------------------------------|
| <i>linezolid oral suspension reconstituted</i> | Quantity Limit: 1800 Per 30 Days |
| <i>linezolid oral tablet</i>                   | Quantity Limit: 56 Per 28 Days   |

**Linzess**

|         |                                |
|---------|--------------------------------|
| LINZESS | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

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December 2020

**Lopinavir-Ritonavir**

|                            |                                 |
|----------------------------|---------------------------------|
| <i>lopinavir-ritonavir</i> | Quantity Limit: 480 Per 30 Days |
|----------------------------|---------------------------------|

**LORazepam Intensol**

|                           |                                 |
|---------------------------|---------------------------------|
| <i>lorazepam intensol</i> | Quantity Limit: 150 Per 30 Days |
|---------------------------|---------------------------------|

**LORazepam**

|                                              |                                 |
|----------------------------------------------|---------------------------------|
| <i>lorazepam oral concentrate 1 mg/0.5ml</i> | Quantity Limit: 300 Per 30 Days |
| <i>lorazepam oral concentrate 2 mg/ml</i>    | Quantity Limit: 150 Per 30 Days |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i>    | Quantity Limit: 90 Per 30 Days  |
| <i>lorazepam oral tablet 2 mg</i>            | Quantity Limit: 150 Per 30 Days |

**Lorbrena**

|                             |                                |
|-----------------------------|--------------------------------|
| LORBRENA ORAL TABLET 100 MG | Quantity Limit: 30 Per 30 Days |
| LORBRENA ORAL TABLET 25 MG  | Quantity Limit: 90 Per 30 Days |

**Lorcet**

|               |                                 |
|---------------|---------------------------------|
| <i>lorcet</i> | Quantity Limit: 180 Per 30 Days |
|---------------|---------------------------------|

**Lorcet HD**

|                  |                                 |
|------------------|---------------------------------|
| <i>lorcet hd</i> | Quantity Limit: 180 Per 30 Days |
|------------------|---------------------------------|

**Lorcet Plus**

|                    |                                 |
|--------------------|---------------------------------|
| <i>lorcet plus</i> | Quantity Limit: 180 Per 30 Days |
|--------------------|---------------------------------|

**Lortab**

|        |                                  |
|--------|----------------------------------|
| LORTAB | Quantity Limit: 2025 Per 30 Days |
|--------|----------------------------------|

**Lotronex**

|          |                                |
|----------|--------------------------------|
| LOTRONEX | Quantity Limit: 60 Per 30 Days |
|----------|--------------------------------|

**Lovenox**

|                                                         |                                  |
|---------------------------------------------------------|----------------------------------|
| LOVENOX INJECTION                                       | Quantity Limit: 168 Per 28 Days  |
| LOVENOX SUBCUTANEOUS SOLUTION 100 MG/ML, 150 MG/ML      | Quantity Limit: 56 Per 28 Days   |
| LOVENOX SUBCUTANEOUS SOLUTION 120 MG/0.8ML, 80 MG/0.8ML | Quantity Limit: 44.8 Per 28 Days |
| LOVENOX SUBCUTANEOUS SOLUTION 30 MG/0.3ML               | Quantity Limit: 16.8 Per 28 Days |
| LOVENOX SUBCUTANEOUS SOLUTION 40 MG/0.4ML               | Quantity Limit: 22.4 Per 28 Days |
| LOVENOX SUBCUTANEOUS SOLUTION 60 MG/0.6ML               | Quantity Limit: 33.6 Per 28 Days |

**Lucemyra**

|          |                                 |
|----------|---------------------------------|
| LUCEMYRA | Quantity Limit: 224 Per 14 Days |
|----------|---------------------------------|

**Lunesta**

|         |                                |
|---------|--------------------------------|
| LUNESTA | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Lupaneta Pack**

|                                            |                               |
|--------------------------------------------|-------------------------------|
| LUPANETA PACK COMBINATION KIT 11.25 & 5 MG | Quantity Limit: 1 Per 84 Days |
| LUPANETA PACK COMBINATION KIT 3.75 & 5 MG  | Quantity Limit: 1 Per 28 Days |

**Lupron Depot (1-Month)**

|                        |                               |
|------------------------|-------------------------------|
| LUPRON DEPOT (1-MONTH) | Quantity Limit: 1 Per 28 Days |
|------------------------|-------------------------------|

**Lupron Depot (3-Month)**

|                        |                               |
|------------------------|-------------------------------|
| LUPRON DEPOT (3-MONTH) | Quantity Limit: 1 Per 84 Days |
|------------------------|-------------------------------|

**Lupron Depot (4-Month)**

|                        |                                |
|------------------------|--------------------------------|
| LUPRON DEPOT (4-MONTH) | Quantity Limit: 1 Per 112 Days |
|------------------------|--------------------------------|

**Lupron Depot (6-Month)**

|                        |                                |
|------------------------|--------------------------------|
| LUPRON DEPOT (6-MONTH) | Quantity Limit: 1 Per 168 Days |
|------------------------|--------------------------------|

**Lupron Depot-Ped (1-Month)**

|                            |                               |
|----------------------------|-------------------------------|
| LUPRON DEPOT-PED (1-MONTH) | Quantity Limit: 1 Per 28 Days |
|----------------------------|-------------------------------|

**Lupron Depot-Ped (3-Month)**

|                            |                               |
|----------------------------|-------------------------------|
| LUPRON DEPOT-PED (3-MONTH) | Quantity Limit: 1 Per 84 Days |
|----------------------------|-------------------------------|

**Lynparza**

|          |                                 |
|----------|---------------------------------|
| LYNPARZA | Quantity Limit: 120 Per 30 Days |
|----------|---------------------------------|

**Lyrica CR**

|           |                                |
|-----------|--------------------------------|
| LYRICA CR | Quantity Limit: 30 Per 30 Days |
|-----------|--------------------------------|

**Lyrica**

|                                    |                                 |
|------------------------------------|---------------------------------|
| LYRICA ORAL CAPSULE 100 MG         | Quantity Limit: 180 Per 30 Days |
| LYRICA ORAL CAPSULE 150 MG         | Quantity Limit: 120 Per 30 Days |
| LYRICA ORAL CAPSULE 200 MG         | Quantity Limit: 90 Per 30 Days  |
| LYRICA ORAL CAPSULE 225 MG, 300 MG | Quantity Limit: 60 Per 30 Days  |
| LYRICA ORAL CAPSULE 25 MG          | Quantity Limit: 720 Per 30 Days |
| LYRICA ORAL CAPSULE 50 MG          | Quantity Limit: 360 Per 30 Days |
| LYRICA ORAL CAPSULE 75 MG          | Quantity Limit: 240 Per 30 Days |
| LYRICA ORAL SOLUTION               | Quantity Limit: 900 Per 30 Days |

**Makena**

|                      |                                 |
|----------------------|---------------------------------|
| MAKENA INTRAMUSCULAR | Quantity Limit: 25 Per 147 Days |
| MAKENA SUBCUTANEOUS  | Quantity Limit: 4.4 Per 28 Days |

**Maprotiline HCl**

|                                          |                                 |
|------------------------------------------|---------------------------------|
| <i>maprotiline hcl oral tablet 25 mg</i> | Quantity Limit: 270 Per 30 Days |
| <i>maprotiline hcl oral tablet 50 mg</i> | Quantity Limit: 135 Per 30 Days |

**Marathon Medical Pentips**

|                          |                                 |
|--------------------------|---------------------------------|
| MARATHON MEDICAL PENTIPS | Quantity Limit: 200 Per 30 Days |
|--------------------------|---------------------------------|

**Marinol**

|         |                                 |
|---------|---------------------------------|
| MARINOL | Quantity Limit: 120 Per 30 Days |
|---------|---------------------------------|

**Mavenclad (10 Tabs)**

|                     |                                 |
|---------------------|---------------------------------|
| MAVENCLAD (10 TABS) | Quantity Limit: 20 Per 322 Days |
|---------------------|---------------------------------|

**Mavenclad (4 Tabs)**

|                    |                                |
|--------------------|--------------------------------|
| MAVENCLAD (4 TABS) | Quantity Limit: 8 Per 322 Days |
|--------------------|--------------------------------|

**Mavenclad (5 Tabs)**

|                    |                                 |
|--------------------|---------------------------------|
| MAVENCLAD (5 TABS) | Quantity Limit: 10 Per 322 Days |
|--------------------|---------------------------------|

**Mavenclad (6 Tabs)**

|                    |                                 |
|--------------------|---------------------------------|
| MAVENCLAD (6 TABS) | Quantity Limit: 12 Per 322 Days |
|--------------------|---------------------------------|

**Mavenclad (7 Tabs)**

|                    |                                 |
|--------------------|---------------------------------|
| MAVENCLAD (7 TABS) | Quantity Limit: 14 Per 322 Days |
|--------------------|---------------------------------|

**Mavenclad (8 Tabs)**

|                    |                                 |
|--------------------|---------------------------------|
| MAVENCLAD (8 TABS) | Quantity Limit: 16 Per 322 Days |
|--------------------|---------------------------------|

**Mavenclad (9 Tabs)**

|                    |                                 |
|--------------------|---------------------------------|
| MAVENCLAD (9 TABS) | Quantity Limit: 18 Per 322 Days |
|--------------------|---------------------------------|

**Mavyret**

|         |                                |
|---------|--------------------------------|
| MAVYRET | Quantity Limit: 90 Per 30 Days |
|---------|--------------------------------|

**Maxalt**

|        |                                |
|--------|--------------------------------|
| MAXALT | Quantity Limit: 12 Per 30 Days |
|--------|--------------------------------|

**Maxalt-MLT**

|            |                                |
|------------|--------------------------------|
| MAXALT-MLT | Quantity Limit: 12 Per 30 Days |
|------------|--------------------------------|

**Mayzent**

|                             |                                 |
|-----------------------------|---------------------------------|
| MAYZENT ORAL TABLET 0.25 MG | Quantity Limit: 120 Per 30 Days |
| MAYZENT ORAL TABLET 2 MG    | Quantity Limit: 30 Per 30 Days  |

**Mekinist**

|                             |                                |
|-----------------------------|--------------------------------|
| MEKINIST ORAL TABLET 0.5 MG | Quantity Limit: 90 Per 30 Days |
| MEKINIST ORAL TABLET 2 MG   | Quantity Limit: 30 Per 30 Days |

**Mektovi**

|         |                                 |
|---------|---------------------------------|
| MEKTOVI | Quantity Limit: 180 Per 30 Days |
|---------|---------------------------------|

**Memantine HCl ER**

|                         |                                |
|-------------------------|--------------------------------|
| <i>memantine hcl er</i> | Quantity Limit: 30 Per 30 Days |
|-------------------------|--------------------------------|



**Memantine HCl**

|                                                                    |                                 |
|--------------------------------------------------------------------|---------------------------------|
| <i>memantine hcl oral solution</i>                                 | Quantity Limit: 300 Per 30 Days |
| <i>memantine hcl oral tablet 10 mg, 28 x 5 mg &amp; 21 x 10 mg</i> | Quantity Limit: 60 Per 30 Days  |
| <i>memantine hcl oral tablet 5 mg</i>                              | Quantity Limit: 90 Per 30 Days  |

**Menostar**

|          |                               |
|----------|-------------------------------|
| MENOSTAR | Quantity Limit: 4 Per 28 Days |
|----------|-------------------------------|

**Meperidine HCl**

|                                     |                                 |
|-------------------------------------|---------------------------------|
| <i>meperidine hcl injection</i>     | Quantity Limit: 120 Per 30 Days |
| <i>meperidine hcl oral solution</i> | Quantity Limit: 900 Per 30 Days |
| <i>meperidine hcl oral tablet</i>   | Quantity Limit: 180 Per 30 Days |

**Metadate ER**

|                    |                                |
|--------------------|--------------------------------|
| <i>metadate er</i> | Quantity Limit: 90 Per 30 Days |
|--------------------|--------------------------------|

**MetFORMIN HCl ER (MOD)**

|                                                                            |                                 |
|----------------------------------------------------------------------------|---------------------------------|
| <i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i> | Quantity Limit: 60 Per 30 Days  |
| <i>metformin hcl er (mod) oral tablet extended release 24 hour 500 mg</i>  | Quantity Limit: 120 Per 30 Days |

**metFORMIN HCl ER (OSM)**

|                                                                            |                                |
|----------------------------------------------------------------------------|--------------------------------|
| <i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i> | Quantity Limit: 60 Per 30 Days |
|----------------------------------------------------------------------------|--------------------------------|

**MetFORMIN HCl ER (OSM)**

|                                                                           |                                 |
|---------------------------------------------------------------------------|---------------------------------|
| <i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i> | Quantity Limit: 120 Per 30 Days |
|---------------------------------------------------------------------------|---------------------------------|

**metFORMIN HCl ER**

|                                                                     |                                 |
|---------------------------------------------------------------------|---------------------------------|
| <i>metformin hcl er oral tablet extended release 24 hour 500 mg</i> | Quantity Limit: 120 Per 30 Days |
| <i>metformin hcl er oral tablet extended release 24 hour 750 mg</i> | Quantity Limit: 60 Per 30 Days  |

**metFORMIN HCl**

|                                    |                                 |
|------------------------------------|---------------------------------|
| <i>metformin hcl oral solution</i> | Quantity Limit: 780 Per 30 Days |
|------------------------------------|---------------------------------|

**MetFORMIN HCl**

|                                          |                                 |
|------------------------------------------|---------------------------------|
| <i>metformin hcl oral tablet 1000 mg</i> | Quantity Limit: 60 Per 30 Days  |
| <i>metformin hcl oral tablet 500 mg</i>  | Quantity Limit: 150 Per 30 Days |
| <i>metformin hcl oral tablet 850 mg</i>  | Quantity Limit: 90 Per 30 Days  |

**Methadone HCl**

|                                          |                                 |
|------------------------------------------|---------------------------------|
| METHADONE HCL INJECTION                  | Quantity Limit: 20 Per 30 Days  |
| <i>methadone hcl oral concentrate</i>    | Quantity Limit: 180 Per 30 Days |
| <i>methadone hcl oral solution</i>       | Quantity Limit: 900 Per 30 Days |
| <i>methadone hcl oral tablet</i>         | Quantity Limit: 180 Per 30 Days |
| <i>methadone hcl oral tablet soluble</i> | Quantity Limit: 30 Per 30 Days  |

**Methadone HCl Intensol**

|                        |                                 |
|------------------------|---------------------------------|
| METHADONE HCL INTENSOL | Quantity Limit: 180 Per 30 Days |
|------------------------|---------------------------------|

**Methadose**

|                               |                                 |
|-------------------------------|---------------------------------|
| METHADOSE ORAL CONCENTRATE    | Quantity Limit: 180 Per 30 Days |
| METHADOSE ORAL TABLET SOLUBLE | Quantity Limit: 30 Per 30 Days  |

**Methadose Sugar-Free**

|                      |                                 |
|----------------------|---------------------------------|
| METHADOSE SUGAR-FREE | Quantity Limit: 180 Per 30 Days |
|----------------------|---------------------------------|

**Methamphetamine HCl**

|                            |                                 |
|----------------------------|---------------------------------|
| <i>methamphetamine hcl</i> | Quantity Limit: 150 Per 30 Days |
|----------------------------|---------------------------------|

**Methylin**

|                                  |                                  |
|----------------------------------|----------------------------------|
| METHYLIN ORAL SOLUTION 10 MG/5ML | Quantity Limit: 900 Per 30 Days  |
| METHYLIN ORAL SOLUTION 5 MG/5ML  | Quantity Limit: 1800 Per 30 Days |

**Methylphenidate HCl ER (CD)**

|                                    |                                |
|------------------------------------|--------------------------------|
| <i>methylphenidate hcl er (cd)</i> | Quantity Limit: 30 Per 30 Days |
|------------------------------------|--------------------------------|

**Methylphenidate HCl ER (LA)**

|                                                                                                             |                                |
|-------------------------------------------------------------------------------------------------------------|--------------------------------|
| <i>methylphenidate hcl er (la) oral capsule<br/>extended release 24 hour 10 mg, 20 mg, 40<br/>mg, 60 mg</i> | Quantity Limit: 30 Per 30 Days |
| <i>methylphenidate hcl er (la) oral capsule<br/>extended release 24 hour 30 mg</i>                          | Quantity Limit: 60 Per 30 Days |

**Methylphenidate HCl ER (XR)**

|                                    |                                |
|------------------------------------|--------------------------------|
| <i>methylphenidate hcl er (xr)</i> | Quantity Limit: 30 Per 30 Days |
|------------------------------------|--------------------------------|

**Methylphenidate HCl ER**

|                                                                                            |                                |
|--------------------------------------------------------------------------------------------|--------------------------------|
| <i>methylphenidate hcl er oral tablet extended<br/>release 10 mg, 20 mg</i>                | Quantity Limit: 90 Per 30 Days |
| <i>methylphenidate hcl er oral tablet extended<br/>release 18 mg, 27 mg, 54 mg, 72 mg</i>  | Quantity Limit: 30 Per 30 Days |
| <i>methylphenidate hcl er oral tablet extended<br/>release 24 hour 18 mg, 27 mg, 54 mg</i> | Quantity Limit: 30 Per 30 Days |

**Methylphenidate HCl ER**

|                                                                          |                                |
|--------------------------------------------------------------------------|--------------------------------|
| <i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i> | Quantity Limit: 60 Per 30 Days |
| <i>methylphenidate hcl er oral tablet extended release 36 mg</i>         | Quantity Limit: 60 Per 30 Days |

**Methylphenidate HCl**

|                                                              |                                  |
|--------------------------------------------------------------|----------------------------------|
| <i>methylphenidate hcl oral solution 10 mg/5ml</i>           | Quantity Limit: 900 Per 30 Days  |
| <i>methylphenidate hcl oral solution 5 mg/5ml</i>            | Quantity Limit: 1800 Per 30 Days |
| <i>methylphenidate hcl oral tablet</i>                       | Quantity Limit: 90 Per 30 Days   |
| <i>methylphenidate hcl oral tablet chewable 10 mg</i>        | Quantity Limit: 180 Per 30 Days  |
| <i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i> | Quantity Limit: 90 Per 30 Days   |

**Miacalcin**

|                 |                               |
|-----------------|-------------------------------|
| MIACALCIN NASAL | Quantity Limit: 4 Per 30 Days |
|-----------------|-------------------------------|

**Miglitol**

|                                    |                                 |
|------------------------------------|---------------------------------|
| <i>miglitol oral tablet 100 mg</i> | Quantity Limit: 90 Per 30 Days  |
| <i>miglitol oral tablet 25 mg</i>  | Quantity Limit: 360 Per 30 Days |
| <i>miglitol oral tablet 50 mg</i>  | Quantity Limit: 180 Per 30 Days |

**Migranal**

|          |                               |
|----------|-------------------------------|
| MIGRANAL | Quantity Limit: 8 Per 28 Days |
|----------|-------------------------------|

**Minivelle**

|           |                               |
|-----------|-------------------------------|
| MINIVELLE | Quantity Limit: 8 Per 28 Days |
|-----------|-------------------------------|

**Mircera**

|         |                                 |
|---------|---------------------------------|
| MIRCERA | Quantity Limit: 0.6 Per 28 Days |
|---------|---------------------------------|

**Mirtazapine**

|                                                  |                                 |
|--------------------------------------------------|---------------------------------|
| <i>mirtazapine oral tablet 15 mg</i>             | Quantity Limit: 90 Per 30 Days  |
| <i>mirtazapine oral tablet 30 mg</i>             | Quantity Limit: 45 Per 30 Days  |
| <i>mirtazapine oral tablet 45 mg</i>             | Quantity Limit: 30 Per 30 Days  |
| <i>mirtazapine oral tablet 7.5 mg</i>            | Quantity Limit: 180 Per 30 Days |
| <i>mirtazapine oral tablet dispersible 15 mg</i> | Quantity Limit: 90 Per 30 Days  |
| <i>mirtazapine oral tablet dispersible 30 mg</i> | Quantity Limit: 45 Per 30 Days  |
| <i>mirtazapine oral tablet dispersible 45 mg</i> | Quantity Limit: 30 Per 30 Days  |

**Mitigo**

|        |                                |
|--------|--------------------------------|
| MITIGO | Quantity Limit: 40 Per 30 Days |
|--------|--------------------------------|

**Modafinil**

|                                     |                                |
|-------------------------------------|--------------------------------|
| <i>modafinil oral tablet 200 mg</i> | Quantity Limit: 60 Per 30 Days |
|-------------------------------------|--------------------------------|

**MorphaBond ER**

|               |                                |
|---------------|--------------------------------|
| MORPHABOND ER | Quantity Limit: 60 Per 30 Days |
|---------------|--------------------------------|

**Morphine Sulfate (Concentrate)**

|                                       |                                 |
|---------------------------------------|---------------------------------|
| <i>morphine sulfate (concentrate)</i> | Quantity Limit: 180 Per 30 Days |
|---------------------------------------|---------------------------------|

**Morphine Sulfate (PF)**

|                              |                                 |
|------------------------------|---------------------------------|
| <i>morphine sulfate (pf)</i> | Quantity Limit: 180 Per 30 Days |
|------------------------------|---------------------------------|

**Morphine Sulfate ER Beads**

|                                  |                                |
|----------------------------------|--------------------------------|
| <i>morphine sulfate er beads</i> | Quantity Limit: 30 Per 30 Days |
|----------------------------------|--------------------------------|

**Morphine Sulfate ER**

|                                                                             |                                |
|-----------------------------------------------------------------------------|--------------------------------|
| <i>morphine sulfate er oral capsule extended release 24 hour</i>            | Quantity Limit: 60 Per 30 Days |
| <i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>      | Quantity Limit: 60 Per 30 Days |
| <i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i> | Quantity Limit: 90 Per 30 Days |

**Morphine Sulfate**

|                                                          |                                 |
|----------------------------------------------------------|---------------------------------|
| <i>morphine sulfate injection</i>                        | Quantity Limit: 180 Per 30 Days |
| <i>morphine sulfate intramuscular</i>                    | Quantity Limit: 126 Per 30 Days |
| <i>morphine sulfate intravenous solution 1 mg/ml</i>     | Quantity Limit: 180 Per 30 Days |
| <i>morphine sulfate intravenous solution 150 mg/30ml</i> | Quantity Limit: 30 Per 30 Days  |
| <i>morphine sulfate intravenous solution 25 mg/ml</i>    | Quantity Limit: 120 Per 30 Days |
| <i>morphine sulfate intravenous solution 50 mg/ml</i>    | Quantity Limit: 60 Per 30 Days  |
| <i>morphine sulfate oral solution</i>                    | Quantity Limit: 900 Per 30 Days |
| <i>morphine sulfate oral tablet</i>                      | Quantity Limit: 180 Per 30 Days |
| <i>morphine sulfate rectal</i>                           | Quantity Limit: 180 Per 30 Days |

**Motegrity**

|            |                                |
|------------|--------------------------------|
| MOTTEGRITY | Quantity Limit: 30 Per 30 Days |
|------------|--------------------------------|

**Movantik**

|          |                                |
|----------|--------------------------------|
| MOVANTIK | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**MS Contin**

|                                                            |                                |
|------------------------------------------------------------|--------------------------------|
| MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG      | Quantity Limit: 60 Per 30 Days |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG | Quantity Limit: 90 Per 30 Days |

**Mulpleta**

|          |                               |
|----------|-------------------------------|
| MULPLETA | Quantity Limit: 7 Per 30 Days |
|----------|-------------------------------|

**Multaq**

|        |                                |
|--------|--------------------------------|
| MULTAQ | Quantity Limit: 60 Per 30 Days |
|--------|--------------------------------|

**Mycapssa**

|          |                                 |
|----------|---------------------------------|
| MYCAPSSA | Quantity Limit: 112 Per 28 Days |
|----------|---------------------------------|

**Mydayis**

|         |                                |
|---------|--------------------------------|
| MYDAYIS | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Myrbetriq**

|           |                                |
|-----------|--------------------------------|
| MYRBETRIQ | Quantity Limit: 30 Per 30 Days |
|-----------|--------------------------------|

**Nalbuphine HCl**

|                                                   |                                |
|---------------------------------------------------|--------------------------------|
| <i>nalbuphine hcl injection solution 10 mg/ml</i> | Quantity Limit: 60 Per 30 Days |
| <i>nalbuphine hcl injection solution 20 mg/ml</i> | Quantity Limit: 90 Per 30 Days |

**Nalocet**

|                |                                 |
|----------------|---------------------------------|
| <i>nalocet</i> | Quantity Limit: 360 Per 30 Days |
|----------------|---------------------------------|

**Naloxone HCl**

|                                                      |                                 |
|------------------------------------------------------|---------------------------------|
| <i>naloxone hcl injection solution auto-injector</i> | Quantity Limit: 0.8 Per 30 Days |
|------------------------------------------------------|---------------------------------|

**Namenda**

|                           |                                |
|---------------------------|--------------------------------|
| NAMENDA ORAL TABLET 10 MG | Quantity Limit: 60 Per 30 Days |
| NAMENDA ORAL TABLET 5 MG  | Quantity Limit: 90 Per 30 Days |

**Namenda Titration Pak**

|                       |                                |
|-----------------------|--------------------------------|
| NAMENDA TITRATION PAK | Quantity Limit: 60 Per 30 Days |
|-----------------------|--------------------------------|

**Namenda XR**

|            |                                |
|------------|--------------------------------|
| NAMENDA XR | Quantity Limit: 30 Per 30 Days |
|------------|--------------------------------|

**Naproxen-Esomeprazole**

|                              |                                |
|------------------------------|--------------------------------|
| <i>naproxen-esomeprazole</i> | Quantity Limit: 60 Per 30 Days |
|------------------------------|--------------------------------|

**Naratriptan HCl**

|                        |                               |
|------------------------|-------------------------------|
| <i>naratriptan hcl</i> | Quantity Limit: 9 Per 30 Days |
|------------------------|-------------------------------|

**Nateglinide**

|                                       |                                 |
|---------------------------------------|---------------------------------|
| <i>nateglinide oral tablet 120 mg</i> | Quantity Limit: 90 Per 30 Days  |
| <i>nateglinide oral tablet 60 mg</i>  | Quantity Limit: 180 Per 30 Days |

**Natesto**

|         |                                   |
|---------|-----------------------------------|
| NATESTO | Quantity Limit: 21.96 Per 30 Days |
|---------|-----------------------------------|

**Natpara**

|         |                               |
|---------|-------------------------------|
| NATPARA | Quantity Limit: 2 Per 28 Days |
|---------|-------------------------------|

**Nefazodone HCl**

|                                          |                                 |
|------------------------------------------|---------------------------------|
| <i>nefazodone hcl oral tablet 100 mg</i> | Quantity Limit: 180 Per 30 Days |
| <i>nefazodone hcl oral tablet 150 mg</i> | Quantity Limit: 120 Per 30 Days |
| <i>nefazodone hcl oral tablet 200 mg</i> | Quantity Limit: 90 Per 30 Days  |



**Nefazodone HCl**

|                                          |                                 |
|------------------------------------------|---------------------------------|
| <i>nefazodone hcl oral tablet 250 mg</i> | Quantity Limit: 72 Per 30 Days  |
| <i>nefazodone hcl oral tablet 50 mg</i>  | Quantity Limit: 360 Per 30 Days |

**Nerlynx**

|         |                                 |
|---------|---------------------------------|
| NERLYNX | Quantity Limit: 180 Per 30 Days |
|---------|---------------------------------|

**Nesina**

|                            |                                 |
|----------------------------|---------------------------------|
| NESINA ORAL TABLET 12.5 MG | Quantity Limit: 60 Per 30 Days  |
| NESINA ORAL TABLET 25 MG   | Quantity Limit: 30 Per 30 Days  |
| NESINA ORAL TABLET 6.25 MG | Quantity Limit: 120 Per 30 Days |

**Neulasta**

|          |                                 |
|----------|---------------------------------|
| NEULASTA | Quantity Limit: 1.2 Per 28 Days |
|----------|---------------------------------|

**Neulasta Onpro**

|                |                                 |
|----------------|---------------------------------|
| NEULASTA ONPRO | Quantity Limit: 1.2 Per 28 Days |
|----------------|---------------------------------|

**Neupro**

|        |                                |
|--------|--------------------------------|
| NEUPRO | Quantity Limit: 30 Per 30 Days |
|--------|--------------------------------|

**Neurontin**

|                               |                                  |
|-------------------------------|----------------------------------|
| NEURONTIN ORAL CAPSULE 100 MG | Quantity Limit: 1080 Per 30 Days |
| NEURONTIN ORAL CAPSULE 300 MG | Quantity Limit: 360 Per 30 Days  |
| NEURONTIN ORAL CAPSULE 400 MG | Quantity Limit: 270 Per 30 Days  |
| NEURONTIN ORAL SOLUTION       | Quantity Limit: 2160 Per 30 Days |
| NEURONTIN ORAL TABLET 600 MG  | Quantity Limit: 180 Per 30 Days  |
| NEURONTIN ORAL TABLET 800 MG  | Quantity Limit: 120 Per 30 Days  |

**Nevirapine ER**

|                                                                  |                                |
|------------------------------------------------------------------|--------------------------------|
| <i>nevirapine er oral tablet extended release 24 hour 100 mg</i> | Quantity Limit: 90 Per 30 Days |
| <i>nevirapine er oral tablet extended release 24 hour 400 mg</i> | Quantity Limit: 30 Per 30 Days |

**Nevirapine**

|                                   |                                  |
|-----------------------------------|----------------------------------|
| <i>nevirapine oral suspension</i> | Quantity Limit: 1200 Per 30 Days |
| <i>nevirapine oral tablet</i>     | Quantity Limit: 60 Per 30 Days   |

**NexAVAR**

|         |                                 |
|---------|---------------------------------|
| NEXAVAR | Quantity Limit: 120 Per 30 Days |
|---------|---------------------------------|

**NexIUM**

|        |                                |
|--------|--------------------------------|
| NEXIUM | Quantity Limit: 30 Per 30 Days |
|--------|--------------------------------|

**Nexletol**

|          |                                |
|----------|--------------------------------|
| NEXLETOL | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**Nexlizet**

|          |                                |
|----------|--------------------------------|
| NEXLIZET | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**Nicotrol NS**

|             |                                 |
|-------------|---------------------------------|
| NICOTROL NS | Quantity Limit: 120 Per 30 Days |
|-------------|---------------------------------|

**Nilandron**

|           |                                |
|-----------|--------------------------------|
| NILANDRON | Quantity Limit: 30 Per 30 Days |
|-----------|--------------------------------|

**Nilutamide**

|                   |                                |
|-------------------|--------------------------------|
| <i>nilutamide</i> | Quantity Limit: 30 Per 30 Days |
|-------------------|--------------------------------|

**Ninlaro**

|         |                               |
|---------|-------------------------------|
| NINLARO | Quantity Limit: 3 Per 28 Days |
|---------|-------------------------------|

**Norco**

|       |                                 |
|-------|---------------------------------|
| NORCO | Quantity Limit: 180 Per 30 Days |
|-------|---------------------------------|

**Northera**

|                              |                                 |
|------------------------------|---------------------------------|
| NORTHERA ORAL CAPSULE 100 MG | Quantity Limit: 540 Per 30 Days |
| NORTHERA ORAL CAPSULE 200 MG | Quantity Limit: 270 Per 30 Days |
| NORTHERA ORAL CAPSULE 300 MG | Quantity Limit: 180 Per 30 Days |

**Norvir**

|                      |                                 |
|----------------------|---------------------------------|
| NORVIR ORAL PACKET   | Quantity Limit: 360 Per 30 Days |
| NORVIR ORAL SOLUTION | Quantity Limit: 480 Per 30 Days |
| NORVIR ORAL TABLET   | Quantity Limit: 360 Per 30 Days |

**Nourianz**

|                            |                                |
|----------------------------|--------------------------------|
| NOURIANZ ORAL TABLET 20 MG | Quantity Limit: 60 Per 30 Days |
| NOURIANZ ORAL TABLET 40 MG | Quantity Limit: 30 Per 30 Days |

**Nubeqa**

|        |                                 |
|--------|---------------------------------|
| NUBEQA | Quantity Limit: 120 Per 30 Days |
|--------|---------------------------------|

**Nucynta ER**

|            |                                |
|------------|--------------------------------|
| NUCYNTA ER | Quantity Limit: 60 Per 30 Days |
|------------|--------------------------------|

**Nucynta**

|                                   |                                 |
|-----------------------------------|---------------------------------|
| NUCYNTA ORAL TABLET 100 MG, 50 MG | Quantity Limit: 181 Per 30 Days |
| NUCYNTA ORAL TABLET 75 MG         | Quantity Limit: 242 Per 30 Days |

**Nuedexta**

|          |                                |
|----------|--------------------------------|
| NUEDEXTA | Quantity Limit: 60 Per 30 Days |
|----------|--------------------------------|

**Nuplazid**

|          |                                |
|----------|--------------------------------|
| NUPLAZID | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**Nurtec**

|        |                                |
|--------|--------------------------------|
| NURTEC | Quantity Limit: 15 Per 30 Days |
|--------|--------------------------------|

**Nuvigil**

|                                            |                                |
|--------------------------------------------|--------------------------------|
| NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG | Quantity Limit: 30 Per 30 Days |
| NUVIGIL ORAL TABLET 50 MG                  | Quantity Limit: 60 Per 30 Days |

**Ocaliva**

|         |                                |
|---------|--------------------------------|
| OCALIVA | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Odactra**

|         |                                |
|---------|--------------------------------|
| ODACTRA | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Odefsey**

|         |                                |
|---------|--------------------------------|
| ODEFSEY | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Odomzo**

|        |                                |
|--------|--------------------------------|
| ODOMZO | Quantity Limit: 30 Per 30 Days |
|--------|--------------------------------|

**Ofev**

|      |                                |
|------|--------------------------------|
| OFEV | Quantity Limit: 60 Per 30 Days |
|------|--------------------------------|

**OLANZapine**

|                                 |                                |
|---------------------------------|--------------------------------|
| <i>olanzapine intramuscular</i> | Quantity Limit: 90 Per 30 Days |
|---------------------------------|--------------------------------|

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**OLANZapine**

|                                                 |                                 |
|-------------------------------------------------|---------------------------------|
| <i>olanzapine oral tablet 10 mg</i>             | Quantity Limit: 60 Per 30 Days  |
| <i>olanzapine oral tablet 15 mg</i>             | Quantity Limit: 40 Per 30 Days  |
| <i>olanzapine oral tablet 2.5 mg</i>            | Quantity Limit: 240 Per 30 Days |
| <i>olanzapine oral tablet 20 mg</i>             | Quantity Limit: 30 Per 30 Days  |
| <i>olanzapine oral tablet 5 mg</i>              | Quantity Limit: 120 Per 30 Days |
| <i>olanzapine oral tablet 7.5 mg</i>            | Quantity Limit: 80 Per 30 Days  |
| <i>olanzapine oral tablet dispersible 10 mg</i> | Quantity Limit: 60 Per 30 Days  |
| <i>olanzapine oral tablet dispersible 15 mg</i> | Quantity Limit: 40 Per 30 Days  |
| <i>olanzapine oral tablet dispersible 20 mg</i> | Quantity Limit: 30 Per 30 Days  |
| <i>olanzapine oral tablet dispersible 5 mg</i>  | Quantity Limit: 120 Per 30 Days |

**OLANZapine-FLUoxetine HCl**

|                                                                           |                                |
|---------------------------------------------------------------------------|--------------------------------|
| <i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i> | Quantity Limit: 30 Per 30 Days |
| <i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>            | Quantity Limit: 90 Per 30 Days |

**Olopatadine HCl**

|                              |                                |
|------------------------------|--------------------------------|
| <i>olopatadine hcl nasal</i> | Quantity Limit: 31 Per 30 Days |
|------------------------------|--------------------------------|

**Olumiant**

|          |                                |
|----------|--------------------------------|
| OLUMIANT | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**Olux**

|      |                                 |
|------|---------------------------------|
| OLUX | Quantity Limit: 100 Per 30 Days |
|------|---------------------------------|

**Olux-E**

|        |                                 |
|--------|---------------------------------|
| OLUX-E | Quantity Limit: 100 Per 30 Days |
|--------|---------------------------------|

**OmePPI**

|        |                                |
|--------|--------------------------------|
| OMEPPi | Quantity Limit: 30 Per 30 Days |
|--------|--------------------------------|

**Omeprazole-Sodium Bicarbonate**

|                                      |                                |
|--------------------------------------|--------------------------------|
| <i>omeprazole-sodium bicarbonate</i> | Quantity Limit: 30 Per 30 Days |
|--------------------------------------|--------------------------------|

**Omnaris**

|         |                                |
|---------|--------------------------------|
| OMNARIS | Quantity Limit: 13 Per 30 Days |
|---------|--------------------------------|

**Ondansetron**

|                    |                                |
|--------------------|--------------------------------|
| <i>ondansetron</i> | Quantity Limit: 90 Per 30 Days |
|--------------------|--------------------------------|

**Ondansetron HCl**

|                                               |                                 |
|-----------------------------------------------|---------------------------------|
| <i>ondansetron hcl oral solution</i>          | Quantity Limit: 450 Per 30 Days |
| <i>ondansetron hcl oral tablet 24 mg</i>      | Quantity Limit: 30 Per 30 Days  |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | Quantity Limit: 90 Per 30 Days  |

**Onfi**

|                        |                                 |
|------------------------|---------------------------------|
| ONFI ORAL SUSPENSION   | Quantity Limit: 480 Per 30 Days |
| ONFI ORAL TABLET 10 MG | Quantity Limit: 120 Per 30 Days |
| ONFI ORAL TABLET 20 MG | Quantity Limit: 60 Per 30 Days  |

**Onglyza**

|                            |                                |
|----------------------------|--------------------------------|
| ONGLYZA ORAL TABLET 2.5 MG | Quantity Limit: 60 Per 30 Days |
| ONGLYZA ORAL TABLET 5 MG   | Quantity Limit: 30 Per 30 Days |

**Onzetra Xsail**

|               |                               |
|---------------|-------------------------------|
| ONZETRA XSAIL | Quantity Limit: 8 Per 30 Days |
|---------------|-------------------------------|

**Opana**

|       |                                 |
|-------|---------------------------------|
| OPANA | Quantity Limit: 180 Per 30 Days |
|-------|---------------------------------|

**Opsumit**

|         |                                |
|---------|--------------------------------|
| OPSUMIT | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Oralair**

|         |                                |
|---------|--------------------------------|
| ORALAIR | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Oralair Childrens Starter Pack**

|                                |                              |
|--------------------------------|------------------------------|
| ORALAIR CHILDRENS STARTER PACK | Quantity Limit: 3 Per 2 Days |
|--------------------------------|------------------------------|

**Orencia ClickJect**

|                   |                               |
|-------------------|-------------------------------|
| ORENCIA CLICKJECT | Quantity Limit: 4 Per 28 Days |
|-------------------|-------------------------------|

**Orencia**

|                                                                  |                                 |
|------------------------------------------------------------------|---------------------------------|
| ORENCIA INTRAVENOUS                                              | Quantity Limit: 8 Per 28 Days   |
| ORENCIA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 125 MG/ML     | Quantity Limit: 4 Per 28 Days   |
| ORENCIA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 50 MG/0.4ML   | Quantity Limit: 1.6 Per 28 Days |
| ORENCIA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 87.5 MG/0.7ML | Quantity Limit: 2.8 Per 28 Days |

**Orilissa**

|                             |                                |
|-----------------------------|--------------------------------|
| ORILISSA ORAL TABLET 150 MG | Quantity Limit: 30 Per 30 Days |
| ORILISSA ORAL TABLET 200 MG | Quantity Limit: 60 Per 30 Days |

**Orkambi**

|                     |                                |
|---------------------|--------------------------------|
| ORKAMBI ORAL PACKET | Quantity Limit: 60 Per 30 Days |
|---------------------|--------------------------------|

**Orkambi**

|                     |                                 |
|---------------------|---------------------------------|
| ORKAMBI ORAL TABLET | Quantity Limit: 120 Per 30 Days |
|---------------------|---------------------------------|

**Oseni**

|                                                                        |                                |
|------------------------------------------------------------------------|--------------------------------|
| OSENI ORAL TABLET 12.5-15 MG                                           | Quantity Limit: 60 Per 30 Days |
| OSENI ORAL TABLET 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG | Quantity Limit: 30 Per 30 Days |

**Otezla**

|                    |                                |
|--------------------|--------------------------------|
| OTEZLA ORAL TABLET | Quantity Limit: 60 Per 30 Days |
|--------------------|--------------------------------|

**Oxandrolone**

|                                       |                                 |
|---------------------------------------|---------------------------------|
| <i>oxandrolone oral tablet 10 mg</i>  | Quantity Limit: 60 Per 30 Days  |
| <i>oxandrolone oral tablet 2.5 mg</i> | Quantity Limit: 240 Per 30 Days |

**Oxaydo**

|        |                                 |
|--------|---------------------------------|
| OXAYDO | Quantity Limit: 180 Per 30 Days |
|--------|---------------------------------|

**Oxazepam**

|                 |                                 |
|-----------------|---------------------------------|
| <i>oxazepam</i> | Quantity Limit: 120 Per 30 Days |
|-----------------|---------------------------------|

**Oxtellar XR**

|                                                         |                                 |
|---------------------------------------------------------|---------------------------------|
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG | Quantity Limit: 480 Per 30 Days |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG | Quantity Limit: 240 Per 30 Days |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG | Quantity Limit: 120 Per 30 Days |



**Oxybutynin Chloride ER**

|                                                                                 |                                |
|---------------------------------------------------------------------------------|--------------------------------|
| <i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i> | Quantity Limit: 60 Per 30 Days |
| <i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>         | Quantity Limit: 30 Per 30 Days |

**Oxybutynin Chloride**

|                                        |                                 |
|----------------------------------------|---------------------------------|
| <i>oxybutynin chloride oral syrup</i>  | Quantity Limit: 600 Per 30 Days |
| <i>oxybutynin chloride oral tablet</i> | Quantity Limit: 120 Per 30 Days |

**OxyCODONE HCl ER**

|                         |                                |
|-------------------------|--------------------------------|
| <i>oxycodone hcl er</i> | Quantity Limit: 60 Per 30 Days |
|-------------------------|--------------------------------|

**OxyCODONE HCl**

|                                       |                                 |
|---------------------------------------|---------------------------------|
| <i>oxycodone hcl oral capsule</i>     | Quantity Limit: 180 Per 30 Days |
| <i>oxycodone hcl oral concentrate</i> | Quantity Limit: 180 Per 30 Days |
| <i>oxycodone hcl oral solution</i>    | Quantity Limit: 900 Per 30 Days |

**oxyCODONE HCl**

|                                  |                                 |
|----------------------------------|---------------------------------|
| <i>oxycodone hcl oral tablet</i> | Quantity Limit: 180 Per 30 Days |
|----------------------------------|---------------------------------|

**Oxycodone-Acetaminophen**

|                                                                                                             |                                 |
|-------------------------------------------------------------------------------------------------------------|---------------------------------|
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 300-10 mg, 300-5 mg, 5-325 mg, 7.5-325 mg</i> | Quantity Limit: 180 Per 30 Days |
|-------------------------------------------------------------------------------------------------------------|---------------------------------|

**oxyCODONE-Acetaminophen**

|                                                       |                                 |
|-------------------------------------------------------|---------------------------------|
| <i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i> | Quantity Limit: 360 Per 30 Days |
|-------------------------------------------------------|---------------------------------|

**oxyCODONE-Aspirin**

|                          |                                 |
|--------------------------|---------------------------------|
| <i>oxycodone-aspirin</i> | Quantity Limit: 180 Per 30 Days |
|--------------------------|---------------------------------|

**oxyCODONE-Ibuprofen**

|                            |                               |
|----------------------------|-------------------------------|
| <i>oxycodone-ibuprofen</i> | Quantity Limit: 28 Per 7 Days |
|----------------------------|-------------------------------|

**OxyCONTIN**

|           |                                |
|-----------|--------------------------------|
| OXYCONTIN | Quantity Limit: 60 Per 30 Days |
|-----------|--------------------------------|

**Oxymorphone HCl**

|                        |                                 |
|------------------------|---------------------------------|
| <i>oxymorphone hcl</i> | Quantity Limit: 180 Per 30 Days |
|------------------------|---------------------------------|

**oxyMORphone HCl ER**

|                           |                                |
|---------------------------|--------------------------------|
| <i>oxymorphone hcl er</i> | Quantity Limit: 60 Per 30 Days |
|---------------------------|--------------------------------|

**Oxytrol**

|         |                               |
|---------|-------------------------------|
| OXYTROL | Quantity Limit: 8 Per 28 Days |
|---------|-------------------------------|

**Paliperidone ER**

|                                                                    |                                 |
|--------------------------------------------------------------------|---------------------------------|
| <i>paliperidone er oral tablet extended release 24 hour 1.5 mg</i> | Quantity Limit: 240 Per 30 Days |
| <i>paliperidone er oral tablet extended release 24 hour 3 mg</i>   | Quantity Limit: 120 Per 30 Days |
| <i>paliperidone er oral tablet extended release 24 hour 6 mg</i>   | Quantity Limit: 60 Per 30 Days  |
| <i>paliperidone er oral tablet extended release 24 hour 9 mg</i>   | Quantity Limit: 30 Per 30 Days  |

**PARoxetine HCl ER**

|                                                                       |                                 |
|-----------------------------------------------------------------------|---------------------------------|
| <i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i> | Quantity Limit: 180 Per 30 Days |
|-----------------------------------------------------------------------|---------------------------------|

**PARoxetine HCl ER**

|                                                                           |                                |
|---------------------------------------------------------------------------|--------------------------------|
| <i>paroxetine hcl er oral tablet extended release<br/>24 hour 25 mg</i>   | Quantity Limit: 90 Per 30 Days |
| <i>paroxetine hcl er oral tablet extended release<br/>24 hour 37.5 mg</i> | Quantity Limit: 60 Per 30 Days |

**PARoxetine HCl**

|                                         |                                 |
|-----------------------------------------|---------------------------------|
| <i>paroxetine hcl oral tablet 10 mg</i> | Quantity Limit: 180 Per 30 Days |
| <i>paroxetine hcl oral tablet 20 mg</i> | Quantity Limit: 90 Per 30 Days  |
| <i>paroxetine hcl oral tablet 30 mg</i> | Quantity Limit: 60 Per 30 Days  |
| <i>paroxetine hcl oral tablet 40 mg</i> | Quantity Limit: 45 Per 30 Days  |

**Patanase**

|          |                                |
|----------|--------------------------------|
| PATANASE | Quantity Limit: 31 Per 30 Days |
|----------|--------------------------------|

**Paxil CR**

|                                                          |                                 |
|----------------------------------------------------------|---------------------------------|
| PAXIL CR ORAL TABLET EXTENDED RELEASE<br>24 HOUR 12.5 MG | Quantity Limit: 180 Per 30 Days |
| PAXIL CR ORAL TABLET EXTENDED RELEASE<br>24 HOUR 25 MG   | Quantity Limit: 90 Per 30 Days  |
| PAXIL CR ORAL TABLET EXTENDED RELEASE<br>24 HOUR 37.5 MG | Quantity Limit: 60 Per 30 Days  |

**Paxil**

|                         |                                 |
|-------------------------|---------------------------------|
| PAXIL ORAL SUSPENSION   | Quantity Limit: 900 Per 30 Days |
| PAXIL ORAL TABLET 10 MG | Quantity Limit: 180 Per 30 Days |
| PAXIL ORAL TABLET 20 MG | Quantity Limit: 90 Per 30 Days  |
| PAXIL ORAL TABLET 30 MG | Quantity Limit: 60 Per 30 Days  |
| PAXIL ORAL TABLET 40 MG | Quantity Limit: 45 Per 30 Days  |

**PC Unifine Pentips**

|                    |                                 |
|--------------------|---------------------------------|
| PC UNIFINE PENTIPS | Quantity Limit: 200 Per 30 Days |
|--------------------|---------------------------------|

**Pemazyre**

|          |                                |
|----------|--------------------------------|
| PEMAZYRE | Quantity Limit: 14 Per 21 Days |
|----------|--------------------------------|

**Pennsaid**

|          |                                 |
|----------|---------------------------------|
| PENNSAID | Quantity Limit: 300 Per 30 Days |
|----------|---------------------------------|

**Pentazocine-Naloxone HCl**

|                                 |                                 |
|---------------------------------|---------------------------------|
| <i>pentazocine-naloxone hcl</i> | Quantity Limit: 360 Per 30 Days |
|---------------------------------|---------------------------------|

**Percocet**

|          |                                 |
|----------|---------------------------------|
| PERCOCET | Quantity Limit: 180 Per 30 Days |
|----------|---------------------------------|

**Perforomist**

|             |                                 |
|-------------|---------------------------------|
| PERFOROMIST | Quantity Limit: 120 Per 30 Days |
|-------------|---------------------------------|

**Perseris**

|          |                               |
|----------|-------------------------------|
| PERSERIS | Quantity Limit: 1 Per 28 Days |
|----------|-------------------------------|

**Pexeva**

|                          |                                 |
|--------------------------|---------------------------------|
| PEXEVA ORAL TABLET 10 MG | Quantity Limit: 180 Per 30 Days |
| PEXEVA ORAL TABLET 20 MG | Quantity Limit: 90 Per 30 Days  |
| PEXEVA ORAL TABLET 30 MG | Quantity Limit: 60 Per 30 Days  |
| PEXEVA ORAL TABLET 40 MG | Quantity Limit: 45 Per 30 Days  |

**PHENobarbital**

|                                    |                                  |
|------------------------------------|----------------------------------|
| <i>phenobarbital oral elixir</i>   | Quantity Limit: 3000 Per 30 Days |
| <i>phenobarbital oral solution</i> | Quantity Limit: 3000 Per 30 Days |

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**PHENobarbital**

|                                          |                                 |
|------------------------------------------|---------------------------------|
| <i>phenobarbital oral tablet 100 mg</i>  | Quantity Limit: 120 Per 30 Days |
| <i>phenobarbital oral tablet 15 mg</i>   | Quantity Limit: 800 Per 30 Days |
| <i>phenobarbital oral tablet 16.2 mg</i> | Quantity Limit: 741 Per 30 Days |
| <i>phenobarbital oral tablet 30 mg</i>   | Quantity Limit: 400 Per 30 Days |
| <i>phenobarbital oral tablet 32.4 mg</i> | Quantity Limit: 370 Per 30 Days |
| <i>phenobarbital oral tablet 60 mg</i>   | Quantity Limit: 200 Per 30 Days |
| <i>phenobarbital oral tablet 64.8 mg</i> | Quantity Limit: 185 Per 30 Days |
| <i>phenobarbital oral tablet 97.2 mg</i> | Quantity Limit: 123 Per 30 Days |

**Phrenilin Forte**

|                 |                                 |
|-----------------|---------------------------------|
| PHRENILIN FORTE | Quantity Limit: 180 Per 30 Days |
|-----------------|---------------------------------|

**Pifeltro**

|          |                                |
|----------|--------------------------------|
| PIFELTRO | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**Pimecrolimus**

|                     |                                 |
|---------------------|---------------------------------|
| <i>pimecrolimus</i> | Quantity Limit: 100 Per 90 Days |
|---------------------|---------------------------------|

**Pioglitazone HCl**

|                                           |                                |
|-------------------------------------------|--------------------------------|
| <i>pioglitazone hcl oral tablet 15 mg</i> | Quantity Limit: 90 Per 30 Days |
| <i>pioglitazone hcl oral tablet 30 mg</i> | Quantity Limit: 45 Per 30 Days |
| <i>pioglitazone hcl oral tablet 45 mg</i> | Quantity Limit: 30 Per 30 Days |

**Pioglitazone HCl-Glimepiride**

|                                     |                                |
|-------------------------------------|--------------------------------|
| <i>pioglitazone hcl-glimepiride</i> | Quantity Limit: 30 Per 30 Days |
|-------------------------------------|--------------------------------|

**Pioglitazone HCl-Metformin HCl**

|                                       |                                |
|---------------------------------------|--------------------------------|
| <i>pioglitazone hcl-metformin hcl</i> | Quantity Limit: 90 Per 30 Days |
|---------------------------------------|--------------------------------|

**Piqray (200 MG Daily Dose)**

|                            |                                |
|----------------------------|--------------------------------|
| PIQRAY (200 MG DAILY DOSE) | Quantity Limit: 28 Per 28 Days |
|----------------------------|--------------------------------|

**Piqray (250 MG Daily Dose)**

|                            |                                |
|----------------------------|--------------------------------|
| PIQRAY (250 MG DAILY DOSE) | Quantity Limit: 56 Per 28 Days |
|----------------------------|--------------------------------|

**Piqray (300 MG Daily Dose)**

|                            |                                |
|----------------------------|--------------------------------|
| PIQRAY (300 MG DAILY DOSE) | Quantity Limit: 56 Per 28 Days |
|----------------------------|--------------------------------|

**Plavix**

|        |                                |
|--------|--------------------------------|
| PLAVIX | Quantity Limit: 30 Per 30 Days |
|--------|--------------------------------|

**Plegridy**

|          |                               |
|----------|-------------------------------|
| PLEGRIDY | Quantity Limit: 1 Per 28 Days |
|----------|-------------------------------|

**Pomalyst**

|                                  |                                 |
|----------------------------------|---------------------------------|
| POMALYST ORAL CAPSULE 1 MG       | Quantity Limit: 120 Per 30 Days |
| POMALYST ORAL CAPSULE 2 MG       | Quantity Limit: 60 Per 30 Days  |
| POMALYST ORAL CAPSULE 3 MG, 4 MG | Quantity Limit: 30 Per 30 Days  |

**Pradaxa**

|         |                                |
|---------|--------------------------------|
| PRADAXA | Quantity Limit: 60 Per 30 Days |
|---------|--------------------------------|

**Praluent**

|          |                               |
|----------|-------------------------------|
| PRALUENT | Quantity Limit: 2 Per 28 Days |
|----------|-------------------------------|

**Prandin**

|                          |                                 |
|--------------------------|---------------------------------|
| PRANDIN ORAL TABLET 1 MG | Quantity Limit: 480 Per 30 Days |
| PRANDIN ORAL TABLET 2 MG | Quantity Limit: 240 Per 30 Days |

**Prasugrel HCl**

|                      |                                |
|----------------------|--------------------------------|
| <i>prasugrel hcl</i> | Quantity Limit: 30 Per 30 Days |
|----------------------|--------------------------------|

**Precose**

|                            |                                 |
|----------------------------|---------------------------------|
| PRECOSE ORAL TABLET 100 MG | Quantity Limit: 90 Per 30 Days  |
| PRECOSE ORAL TABLET 25 MG  | Quantity Limit: 360 Per 30 Days |
| PRECOSE ORAL TABLET 50 MG  | Quantity Limit: 180 Per 30 Days |

**Preferred Plus Insulin Syringe**

|                                |                                 |
|--------------------------------|---------------------------------|
| PREFERRED PLUS INSULIN SYRINGE | Quantity Limit: 200 Per 30 Days |
|--------------------------------|---------------------------------|

**Pregabalin**

|                                               |                                 |
|-----------------------------------------------|---------------------------------|
| <i>pregabalin oral capsule 100 mg</i>         | Quantity Limit: 180 Per 30 Days |
| <i>pregabalin oral capsule 150 mg</i>         | Quantity Limit: 120 Per 30 Days |
| <i>pregabalin oral capsule 200 mg</i>         | Quantity Limit: 90 Per 30 Days  |
| <i>pregabalin oral capsule 225 mg, 300 mg</i> | Quantity Limit: 60 Per 30 Days  |
| <i>pregabalin oral capsule 25 mg</i>          | Quantity Limit: 720 Per 30 Days |
| <i>pregabalin oral capsule 50 mg</i>          | Quantity Limit: 360 Per 30 Days |
| <i>pregabalin oral capsule 75 mg</i>          | Quantity Limit: 240 Per 30 Days |
| <i>pregabalin oral solution</i>               | Quantity Limit: 900 Per 30 Days |

**Prevacid**

|                                             |                                |
|---------------------------------------------|--------------------------------|
| PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG | Quantity Limit: 30 Per 30 Days |
|---------------------------------------------|--------------------------------|

**Prevacid SoluTab**

|                                                                |                                |
|----------------------------------------------------------------|--------------------------------|
| PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG | Quantity Limit: 30 Per 30 Days |
| PREVACID SOLUTAB ORAL TABLET DISPERSIBLE 30 MG                 | Quantity Limit: 30 Per 30 Days |

**Prezcobix**

|           |                                |
|-----------|--------------------------------|
| PREZCOBIX | Quantity Limit: 30 Per 30 Days |
|-----------|--------------------------------|

**Prezista**

|                                     |                                 |
|-------------------------------------|---------------------------------|
| PREZISTA ORAL SUSPENSION            | Quantity Limit: 400 Per 30 Days |
| PREZISTA ORAL TABLET 150 MG         | Quantity Limit: 180 Per 30 Days |
| PREZISTA ORAL TABLET 600 MG, 800 MG | Quantity Limit: 60 Per 30 Days  |
| PREZISTA ORAL TABLET 75 MG          | Quantity Limit: 300 Per 30 Days |

**Primlev**

|         |                                 |
|---------|---------------------------------|
| PRIMLEV | Quantity Limit: 180 Per 30 Days |
|---------|---------------------------------|

**Pristiq**

|                                                     |                                 |
|-----------------------------------------------------|---------------------------------|
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG | Quantity Limit: 120 Per 30 Days |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG  | Quantity Limit: 480 Per 30 Days |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG  | Quantity Limit: 240 Per 30 Days |

**ProCentra**

|                  |                                  |
|------------------|----------------------------------|
| <i>procentra</i> | Quantity Limit: 1920 Per 30 Days |
|------------------|----------------------------------|

**Prolate**

|         |                                 |
|---------|---------------------------------|
| PROLATE | Quantity Limit: 180 Per 30 Days |
|---------|---------------------------------|

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**Prolia**

|        |                                |
|--------|--------------------------------|
| PROLIA | Quantity Limit: 2 Per 365 Days |
|--------|--------------------------------|

**Promacta**

|                                            |                                 |
|--------------------------------------------|---------------------------------|
| PROMACTA ORAL PACKET 12.5 MG               | Quantity Limit: 360 Per 30 Days |
| PROMACTA ORAL PACKET 25 MG                 | Quantity Limit: 180 Per 30 Days |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG | Quantity Limit: 30 Per 30 Days  |
| PROMACTA ORAL TABLET 50 MG                 | Quantity Limit: 90 Per 30 Days  |

**Promethazine-Codeine**

|                                                          |                                 |
|----------------------------------------------------------|---------------------------------|
| <i>promethazine-codeine oral solution 6.25-10 mg/5ml</i> | Quantity Limit: 180 Per 30 Days |
|----------------------------------------------------------|---------------------------------|

**Promethazine-DM**

|                                                  |                                 |
|--------------------------------------------------|---------------------------------|
| <i>promethazine-dm oral syrup 6.25-15 mg/5ml</i> | Quantity Limit: 180 Per 30 Days |
|--------------------------------------------------|---------------------------------|

**Promethazine-Phenyleph-Codeine**

|                                       |                                 |
|---------------------------------------|---------------------------------|
| <i>promethazine-phenyleph-codeine</i> | Quantity Limit: 180 Per 30 Days |
|---------------------------------------|---------------------------------|

**Protopic**

|          |                                 |
|----------|---------------------------------|
| PROTOPIC | Quantity Limit: 100 Per 90 Days |
|----------|---------------------------------|

**Provigil**

|                             |                                |
|-----------------------------|--------------------------------|
| PROVIGIL ORAL TABLET 200 MG | Quantity Limit: 60 Per 30 Days |
|-----------------------------|--------------------------------|

**PROzac**

|                           |                                 |
|---------------------------|---------------------------------|
| PROZAC ORAL CAPSULE 10 MG | Quantity Limit: 240 Per 30 Days |
| PROZAC ORAL CAPSULE 20 MG | Quantity Limit: 120 Per 30 Days |
| PROZAC ORAL CAPSULE 40 MG | Quantity Limit: 60 Per 30 Days  |

**Pulmicort Flexhaler**

|                     |                               |
|---------------------|-------------------------------|
| PULMICORT FLEXHALER | Quantity Limit: 2 Per 30 Days |
|---------------------|-------------------------------|

**Pulmicort**

|                                                         |                                 |
|---------------------------------------------------------|---------------------------------|
| PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML | Quantity Limit: 120 Per 30 Days |
| PULMICORT INHALATION SUSPENSION 1 MG/2ML                | Quantity Limit: 60 Per 30 Days  |

**Qbrexelis**

|         |                                  |
|---------|----------------------------------|
| QBRELIS | Quantity Limit: 1200 Per 30 Days |
|---------|----------------------------------|

**Qinlock**

|         |                                |
|---------|--------------------------------|
| QINLOCK | Quantity Limit: 90 Per 30 Days |
|---------|--------------------------------|

**Qnasl**

|       |                                |
|-------|--------------------------------|
| QNASL | Quantity Limit: 11 Per 30 Days |
|-------|--------------------------------|

**Qnasl Childrens**

|                 |                               |
|-----------------|-------------------------------|
| QNASL CHILDRENS | Quantity Limit: 7 Per 30 Days |
|-----------------|-------------------------------|

**Qtern**

|       |                                |
|-------|--------------------------------|
| QTERN | Quantity Limit: 30 Per 30 Days |
|-------|--------------------------------|

**QUetiapine Fumarate ER**

|                                                                           |                                 |
|---------------------------------------------------------------------------|---------------------------------|
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg</i> | Quantity Limit: 150 Per 30 Days |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i> | Quantity Limit: 120 Per 30 Days |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg</i> | Quantity Limit: 80 Per 30 Days  |

**QUetiapine Fumarate ER**

|                                                                           |                                 |
|---------------------------------------------------------------------------|---------------------------------|
| <i>quetiapine fumarate er oral tablet extended release 24 hour 400 mg</i> | Quantity Limit: 60 Per 30 Days  |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 50 mg</i>  | Quantity Limit: 480 Per 30 Days |

**QUetiapine Fumarate**

|                                               |                                 |
|-----------------------------------------------|---------------------------------|
| <i>quetiapine fumarate oral tablet 100 mg</i> | Quantity Limit: 240 Per 30 Days |
| <i>quetiapine fumarate oral tablet 200 mg</i> | Quantity Limit: 120 Per 30 Days |
| <i>quetiapine fumarate oral tablet 25 mg</i>  | Quantity Limit: 960 Per 30 Days |
| <i>quetiapine fumarate oral tablet 300 mg</i> | Quantity Limit: 80 Per 30 Days  |
| <i>quetiapine fumarate oral tablet 400 mg</i> | Quantity Limit: 60 Per 30 Days  |
| <i>quetiapine fumarate oral tablet 50 mg</i>  | Quantity Limit: 480 Per 30 Days |

**QuilliChew ER**

|                                                                  |                                |
|------------------------------------------------------------------|--------------------------------|
| QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 40 MG | Quantity Limit: 30 Per 30 Days |
| QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG        | Quantity Limit: 60 Per 30 Days |

**Quillivant XR**

|               |                                 |
|---------------|---------------------------------|
| QUILLIVANT XR | Quantity Limit: 360 Per 30 Days |
|---------------|---------------------------------|

**Qvar RediHaler**

|                                                               |                                |
|---------------------------------------------------------------|--------------------------------|
| QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT | Quantity Limit: 11 Per 30 Days |
| QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT | Quantity Limit: 22 Per 30 Days |

**RABEprazole Sodium**

|                           |                                |
|---------------------------|--------------------------------|
| <i>rabeprazole sodium</i> | Quantity Limit: 30 Per 30 Days |
|---------------------------|--------------------------------|

**Ragwitek**

|          |                                |
|----------|--------------------------------|
| RAGWITEK | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**Raloxifene HCl**

|                       |                                |
|-----------------------|--------------------------------|
| <i>raloxifene hcl</i> | Quantity Limit: 30 Per 30 Days |
|-----------------------|--------------------------------|

**Ramelteon**

|                  |                                |
|------------------|--------------------------------|
| <i>ramelteon</i> | Quantity Limit: 30 Per 30 Days |
|------------------|--------------------------------|

**Ravicti**

|         |                                 |
|---------|---------------------------------|
| RAVICTI | Quantity Limit: 525 Per 30 Days |
|---------|---------------------------------|

**Razadyne**

|          |                                |
|----------|--------------------------------|
| RAZADYNE | Quantity Limit: 60 Per 30 Days |
|----------|--------------------------------|

**Razadyne ER**

|             |                                |
|-------------|--------------------------------|
| RAZADYNE ER | Quantity Limit: 30 Per 30 Days |
|-------------|--------------------------------|

**Rebif**

|       |                               |
|-------|-------------------------------|
| REBIF | Quantity Limit: 6 Per 28 Days |
|-------|-------------------------------|

**Rebif Rebidose**

|                |                               |
|----------------|-------------------------------|
| REBIF REBIDOSE | Quantity Limit: 6 Per 28 Days |
|----------------|-------------------------------|

**Rebif Rebidose Titration Pack**

|                               |                                  |
|-------------------------------|----------------------------------|
| REBIF REBIDOSE TITRATION PACK | Quantity Limit: 8.4 Per 365 Days |
|-------------------------------|----------------------------------|

**Rebif Titration Pack**

|                      |                                  |
|----------------------|----------------------------------|
| REBIF TITRATION PACK | Quantity Limit: 8.4 Per 365 Days |
|----------------------|----------------------------------|

**Rectiv**

|        |                                |
|--------|--------------------------------|
| RECTIV | Quantity Limit: 30 Per 30 Days |
|--------|--------------------------------|

**Refissa**

|         |                                |
|---------|--------------------------------|
| REFISSA | Quantity Limit: 40 Per 30 Days |
|---------|--------------------------------|

**Relenza Diskhaler**

|                   |                                 |
|-------------------|---------------------------------|
| RELENZA DISKHALER | Quantity Limit: 60 Per 180 Days |
|-------------------|---------------------------------|

**Relexxii**

|          |                                |
|----------|--------------------------------|
| RELEXXII | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**Reli-On Insulin Syringe**

|                         |                                 |
|-------------------------|---------------------------------|
| RELI-ON INSULIN SYRINGE | Quantity Limit: 200 Per 30 Days |
|-------------------------|---------------------------------|

**ReliOn Pen Needles**

|                    |                                 |
|--------------------|---------------------------------|
| RELION PEN NEEDLES | Quantity Limit: 200 Per 30 Days |
|--------------------|---------------------------------|

**Relistor**

|                                                                         |                                |
|-------------------------------------------------------------------------|--------------------------------|
| RELISTOR ORAL                                                           | Quantity Limit: 90 Per 30 Days |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE) | Quantity Limit: 18 Per 30 Days |
| RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML                               | Quantity Limit: 12 Per 30 Days |

**Relpax**

|        |                               |
|--------|-------------------------------|
| RELPAK | Quantity Limit: 9 Per 30 Days |
|--------|-------------------------------|

**Remeron**

|                           |                                |
|---------------------------|--------------------------------|
| REMERON ORAL TABLET 15 MG | Quantity Limit: 90 Per 30 Days |
| REMERON ORAL TABLET 30 MG | Quantity Limit: 45 Per 30 Days |

**Remeron SolTab**

|                                              |                                |
|----------------------------------------------|--------------------------------|
| REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG | Quantity Limit: 90 Per 30 Days |
| REMERON SOLTAB ORAL TABLET DISPERSIBLE 30 MG | Quantity Limit: 45 Per 30 Days |
| REMERON SOLTAB ORAL TABLET DISPERSIBLE 45 MG | Quantity Limit: 30 Per 30 Days |

**Renova**

|        |                                |
|--------|--------------------------------|
| RENOVA | Quantity Limit: 60 Per 30 Days |
|--------|--------------------------------|

**Renvela**

|                            |                                 |
|----------------------------|---------------------------------|
| RENVELA ORAL PACKET 0.8 GM | Quantity Limit: 540 Per 30 Days |
| RENVELA ORAL PACKET 2.4 GM | Quantity Limit: 180 Per 30 Days |
| RENVELA ORAL TABLET        | Quantity Limit: 540 Per 30 Days |

**Repaglinide**

|                                       |                                 |
|---------------------------------------|---------------------------------|
| <i>repaglinide oral tablet 0.5 mg</i> | Quantity Limit: 960 Per 30 Days |
| <i>repaglinide oral tablet 1 mg</i>   | Quantity Limit: 480 Per 30 Days |
| <i>repaglinide oral tablet 2 mg</i>   | Quantity Limit: 240 Per 30 Days |

**Repaglinide-metFORMIN HCl**

|                                  |                                 |
|----------------------------------|---------------------------------|
| <i>repaglinide-metformin hcl</i> | Quantity Limit: 150 Per 30 Days |
|----------------------------------|---------------------------------|

**Repatha**

|         |                               |
|---------|-------------------------------|
| REPATHA | Quantity Limit: 3 Per 28 Days |
|---------|-------------------------------|

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**Repatha Pushtronex System**

|                           |                                 |
|---------------------------|---------------------------------|
| REPATHA PUSHTRONEX SYSTEM | Quantity Limit: 3.5 Per 28 Days |
|---------------------------|---------------------------------|

**Repatha SureClick**

|                   |                               |
|-------------------|-------------------------------|
| REPATHA SURECLICK | Quantity Limit: 3 Per 28 Days |
|-------------------|-------------------------------|

**Rescriptor**

|            |                                 |
|------------|---------------------------------|
| RESCRIPTOR | Quantity Limit: 180 Per 30 Days |
|------------|---------------------------------|

**Restasis**

|          |                                |
|----------|--------------------------------|
| RESTASIS | Quantity Limit: 60 Per 30 Days |
|----------|--------------------------------|

**Restasis MultiDose**

|                    |                                 |
|--------------------|---------------------------------|
| RESTASIS MULTIDOSE | Quantity Limit: 5.5 Per 28 Days |
|--------------------|---------------------------------|

**Restoril**

|          |                                |
|----------|--------------------------------|
| RESTORIL | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**Retacrit**

|          |                                |
|----------|--------------------------------|
| RETACRIT | Quantity Limit: 12 Per 28 Days |
|----------|--------------------------------|

**Retevmo**

|                            |                                 |
|----------------------------|---------------------------------|
| RETEVMO ORAL CAPSULE 40 MG | Quantity Limit: 180 Per 30 Days |
| RETEVMO ORAL CAPSULE 80 MG | Quantity Limit: 120 Per 30 Days |

**Retin-A**

|         |                                |
|---------|--------------------------------|
| RETIN-A | Quantity Limit: 45 Per 30 Days |
|---------|--------------------------------|

**Retin-A Micro**

|               |                                |
|---------------|--------------------------------|
| RETIN-A MICRO | Quantity Limit: 50 Per 30 Days |
|---------------|--------------------------------|

**Retin-A Micro Pump**

|                    |                                |
|--------------------|--------------------------------|
| RETIN-A MICRO PUMP | Quantity Limit: 50 Per 30 Days |
|--------------------|--------------------------------|

**Retrovir**

|                       |                                  |
|-----------------------|----------------------------------|
| RETROVIR ORAL CAPSULE | Quantity Limit: 180 Per 30 Days  |
| RETROVIR ORAL SYRUP   | Quantity Limit: 1920 Per 30 Days |

**Revatio**

|                                       |                                  |
|---------------------------------------|----------------------------------|
| REVATIO INTRAVENOUS                   | Quantity Limit: 1125 Per 30 Days |
| REVATIO ORAL SUSPENSION RECONSTITUTED | Quantity Limit: 224 Per 30 Days  |
| REVATIO ORAL TABLET                   | Quantity Limit: 90 Per 30 Days   |

**Revlimid**

|                                                   |                                 |
|---------------------------------------------------|---------------------------------|
| REVLIMID ORAL CAPSULE 10 MG                       | Quantity Limit: 60 Per 30 Days  |
| REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG | Quantity Limit: 30 Per 30 Days  |
| REVLIMID ORAL CAPSULE 5 MG                        | Quantity Limit: 150 Per 30 Days |

**Rexulti**

|                                                 |                                |
|-------------------------------------------------|--------------------------------|
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG | Quantity Limit: 60 Per 30 Days |
| REXULTI ORAL TABLET 3 MG, 4 MG                  | Quantity Limit: 30 Per 30 Days |

**Reyataz**

|                                     |                                 |
|-------------------------------------|---------------------------------|
| REYATAZ ORAL CAPSULE 150 MG, 200 MG | Quantity Limit: 60 Per 30 Days  |
| REYATAZ ORAL CAPSULE 300 MG         | Quantity Limit: 30 Per 30 Days  |
| REYATAZ ORAL PACKET                 | Quantity Limit: 240 Per 30 Days |



**Reyvow**

|                           |                               |
|---------------------------|-------------------------------|
| REYVOW ORAL TABLET 100 MG | Quantity Limit: 8 Per 30 Days |
| REYVOW ORAL TABLET 50 MG  | Quantity Limit: 4 Per 30 Days |

**Rinvoq**

|        |                                |
|--------|--------------------------------|
| RINVOQ | Quantity Limit: 30 Per 30 Days |
|--------|--------------------------------|

**Riomet**

|        |                                 |
|--------|---------------------------------|
| RIOMET | Quantity Limit: 780 Per 30 Days |
|--------|---------------------------------|

**Riomet ER**

|           |                                 |
|-----------|---------------------------------|
| RIOMET ER | Quantity Limit: 780 Per 30 Days |
|-----------|---------------------------------|

**Risedronate Sodium**

|                                                                              |                                |
|------------------------------------------------------------------------------|--------------------------------|
| <i>risedronate sodium oral tablet 150 mg</i>                                 | Quantity Limit: 1 Per 28 Days  |
| <i>risedronate sodium oral tablet 30 mg, 5 mg</i>                            | Quantity Limit: 30 Per 30 Days |
| <i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i> | Quantity Limit: 4 Per 28 Days  |
| <i>risedronate sodium oral tablet delayed release</i>                        | Quantity Limit: 4 Per 28 Days  |

**RisperDAL Consta**

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|------------------|-------------------------------|
| RISPERDAL CONSTA | Quantity Limit: 2 Per 28 Days |
|------------------|-------------------------------|

**RisperDAL**

|                               |                                  |
|-------------------------------|----------------------------------|
| RISPERDAL ORAL SOLUTION       | Quantity Limit: 480 Per 30 Days  |
| RISPERDAL ORAL TABLET 0.25 MG | Quantity Limit: 1920 Per 30 Days |
| RISPERDAL ORAL TABLET 0.5 MG  | Quantity Limit: 960 Per 30 Days  |
| RISPERDAL ORAL TABLET 1 MG    | Quantity Limit: 480 Per 30 Days  |
| RISPERDAL ORAL TABLET 2 MG    | Quantity Limit: 240 Per 30 Days  |

**RisperDAL**

|                            |                                 |
|----------------------------|---------------------------------|
| RISPERDAL ORAL TABLET 3 MG | Quantity Limit: 150 Per 30 Days |
| RISPERDAL ORAL TABLET 4 MG | Quantity Limit: 120 Per 30 Days |

**RisperiDONE**

|                                                    |                                  |
|----------------------------------------------------|----------------------------------|
| <i>risperidone oral solution</i>                   | Quantity Limit: 480 Per 30 Days  |
| <i>risperidone oral tablet 0.25 mg</i>             | Quantity Limit: 1920 Per 30 Days |
| <i>risperidone oral tablet 0.5 mg</i>              | Quantity Limit: 960 Per 30 Days  |
| <i>risperidone oral tablet 1 mg</i>                | Quantity Limit: 480 Per 30 Days  |
| <i>risperidone oral tablet 3 mg</i>                | Quantity Limit: 150 Per 30 Days  |
| <i>risperidone oral tablet dispersible 0.25 mg</i> | Quantity Limit: 1920 Per 30 Days |
| <i>risperidone oral tablet dispersible 0.5 mg</i>  | Quantity Limit: 960 Per 30 Days  |
| <i>risperidone oral tablet dispersible 1 mg</i>    | Quantity Limit: 480 Per 30 Days  |
| <i>risperidone oral tablet dispersible 2 mg</i>    | Quantity Limit: 240 Per 30 Days  |
| <i>risperidone oral tablet dispersible 3 mg</i>    | Quantity Limit: 150 Per 30 Days  |
| <i>risperidone oral tablet dispersible 4 mg</i>    | Quantity Limit: 120 Per 30 Days  |

**risperiDONE**

|                                     |                                 |
|-------------------------------------|---------------------------------|
| <i>risperidone oral tablet 2 mg</i> | Quantity Limit: 240 Per 30 Days |
| <i>risperidone oral tablet 4 mg</i> | Quantity Limit: 120 Per 30 Days |

**Ritalin**

|         |                                |
|---------|--------------------------------|
| RITALIN | Quantity Limit: 90 Per 30 Days |
|---------|--------------------------------|

**Ritalin LA**

|                                                                      |                                |
|----------------------------------------------------------------------|--------------------------------|
| RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG | Quantity Limit: 30 Per 30 Days |
|----------------------------------------------------------------------|--------------------------------|

**Ritalin LA**

|                                                        |                                |
|--------------------------------------------------------|--------------------------------|
| RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG | Quantity Limit: 60 Per 30 Days |
|--------------------------------------------------------|--------------------------------|

**Ritonavir**

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|------------------|---------------------------------|
| <i>ritonavir</i> | Quantity Limit: 360 Per 30 Days |
|------------------|---------------------------------|

**Rivastigmine**

|                     |                                |
|---------------------|--------------------------------|
| <i>rivastigmine</i> | Quantity Limit: 30 Per 30 Days |
|---------------------|--------------------------------|

**Rivastigmine Tartrate**

|                              |                                |
|------------------------------|--------------------------------|
| <i>rivastigmine tartrate</i> | Quantity Limit: 60 Per 30 Days |
|------------------------------|--------------------------------|

**Rizatriptan Benzoate**

|                             |                                |
|-----------------------------|--------------------------------|
| <i>rizatriptan benzoate</i> | Quantity Limit: 12 Per 30 Days |
|-----------------------------|--------------------------------|

**Roweepra XR**

|                                                                |                                 |
|----------------------------------------------------------------|---------------------------------|
| <i>roweepra xr oral tablet extended release 24 hour 500 mg</i> | Quantity Limit: 180 Per 30 Days |
| <i>roweepra xr oral tablet extended release 24 hour 750 mg</i> | Quantity Limit: 120 Per 30 Days |

**Roxicodone**

|            |                                 |
|------------|---------------------------------|
| ROXICODONE | Quantity Limit: 180 Per 30 Days |
|------------|---------------------------------|

**RoxyBond**

|          |                                 |
|----------|---------------------------------|
| ROXYBOND | Quantity Limit: 180 Per 30 Days |
|----------|---------------------------------|

**Rozerem**

|         |                                |
|---------|--------------------------------|
| ROZEREM | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Rozlytrek**

|                               |                                |
|-------------------------------|--------------------------------|
| ROZLYTREK ORAL CAPSULE 100 MG | Quantity Limit: 30 Per 30 Days |
| ROZLYTREK ORAL CAPSULE 200 MG | Quantity Limit: 90 Per 30 Days |

**Rubraca**

|                                    |                                 |
|------------------------------------|---------------------------------|
| RUBRACA ORAL TABLET 200 MG         | Quantity Limit: 180 Per 30 Days |
| RUBRACA ORAL TABLET 250 MG, 300 MG | Quantity Limit: 120 Per 30 Days |

**Rukobia**

|         |                                |
|---------|--------------------------------|
| RUKOBIA | Quantity Limit: 60 Per 30 Days |
|---------|--------------------------------|

**Ruzurgi**

|         |                                 |
|---------|---------------------------------|
| RUZURGI | Quantity Limit: 300 Per 30 Days |
|---------|---------------------------------|

**Rybelsus**

|                                  |                                 |
|----------------------------------|---------------------------------|
| RYBELSUS ORAL TABLET 14 MG, 7 MG | Quantity Limit: 30 Per 30 Days  |
| RYBELSUS ORAL TABLET 3 MG        | Quantity Limit: 30 Per 180 Days |

**Rydapt**

|        |                                 |
|--------|---------------------------------|
| RYDAPT | Quantity Limit: 240 Per 30 Days |
|--------|---------------------------------|

**Sabril**

|        |                                 |
|--------|---------------------------------|
| SABRIL | Quantity Limit: 180 Per 30 Days |
|--------|---------------------------------|

**Samsca**

|                          |                                |
|--------------------------|--------------------------------|
| SAMSCA ORAL TABLET 15 MG | Quantity Limit: 30 Per 30 Days |
| SAMSCA ORAL TABLET 30 MG | Quantity Limit: 60 Per 30 Days |

**Sancuso**

|         |                               |
|---------|-------------------------------|
| SANCUSO | Quantity Limit: 4 Per 28 Days |
|---------|-------------------------------|

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**Santyl**

|        |                                |
|--------|--------------------------------|
| SANTYL | Quantity Limit: 30 Per 30 Days |
|--------|--------------------------------|

**Saphris**

|                                             |                                 |
|---------------------------------------------|---------------------------------|
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG  | Quantity Limit: 60 Per 30 Days  |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG | Quantity Limit: 240 Per 30 Days |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 5 MG   | Quantity Limit: 120 Per 30 Days |

**Sarafem**

|                           |                                 |
|---------------------------|---------------------------------|
| SARAFEM ORAL TABLET 10 MG | Quantity Limit: 240 Per 30 Days |
| SARAFEM ORAL TABLET 20 MG | Quantity Limit: 120 Per 30 Days |

**Savaysa**

|         |                                |
|---------|--------------------------------|
| SAVAYSA | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Savella**

|                             |                                 |
|-----------------------------|---------------------------------|
| SAVELLA ORAL TABLET 100 MG  | Quantity Limit: 60 Per 30 Days  |
| SAVELLA ORAL TABLET 12.5 MG | Quantity Limit: 480 Per 30 Days |
| SAVELLA ORAL TABLET 25 MG   | Quantity Limit: 240 Per 30 Days |
| SAVELLA ORAL TABLET 50 MG   | Quantity Limit: 120 Per 30 Days |

**Scopolamine**

|                    |                                |
|--------------------|--------------------------------|
| <i>scopolamine</i> | Quantity Limit: 10 Per 28 Days |
|--------------------|--------------------------------|

**Seconal**

|         |                                |
|---------|--------------------------------|
| SECONAL | Quantity Limit: 14 Per 30 Days |
|---------|--------------------------------|

**Secuado**

|         |                                |
|---------|--------------------------------|
| SECUADO | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Seebri Neohaler**

|                 |                                |
|-----------------|--------------------------------|
| SEEBRI NEOHALER | Quantity Limit: 60 Per 30 Days |
|-----------------|--------------------------------|

**Segluromet**

|            |                                |
|------------|--------------------------------|
| SEGLUROMET | Quantity Limit: 60 Per 30 Days |
|------------|--------------------------------|

**Selzentry**

|                                             |                                  |
|---------------------------------------------|----------------------------------|
| SELZENTRY ORAL SOLUTION                     | Quantity Limit: 1840 Per 30 Days |
| SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG | Quantity Limit: 120 Per 30 Days  |
| SELZENTRY ORAL TABLET 75 MG                 | Quantity Limit: 60 Per 30 Days   |

**Sensipar**

|                                   |                                 |
|-----------------------------------|---------------------------------|
| SENSIPAR ORAL TABLET 30 MG, 60 MG | Quantity Limit: 60 Per 30 Days  |
| SENSIPAR ORAL TABLET 90 MG        | Quantity Limit: 120 Per 30 Days |

**Serevent Diskus**

|                 |                                |
|-----------------|--------------------------------|
| SEREVENT DISKUS | Quantity Limit: 60 Per 30 Days |
|-----------------|--------------------------------|

**SEROquel**

|                             |                                 |
|-----------------------------|---------------------------------|
| SEROQUEL ORAL TABLET 100 MG | Quantity Limit: 240 Per 30 Days |
| SEROQUEL ORAL TABLET 200 MG | Quantity Limit: 120 Per 30 Days |
| SEROQUEL ORAL TABLET 25 MG  | Quantity Limit: 960 Per 30 Days |
| SEROQUEL ORAL TABLET 300 MG | Quantity Limit: 80 Per 30 Days  |
| SEROQUEL ORAL TABLET 400 MG | Quantity Limit: 60 Per 30 Days  |
| SEROQUEL ORAL TABLET 50 MG  | Quantity Limit: 480 Per 30 Days |

**SEROquel XR**

|                                                         |                                 |
|---------------------------------------------------------|---------------------------------|
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG | Quantity Limit: 150 Per 30 Days |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG | Quantity Limit: 120 Per 30 Days |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG | Quantity Limit: 80 Per 30 Days  |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG | Quantity Limit: 60 Per 30 Days  |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG  | Quantity Limit: 480 Per 30 Days |

**Sertraline HCl**

|                                          |                                 |
|------------------------------------------|---------------------------------|
| <i>sertraline hcl oral concentrate</i>   | Quantity Limit: 300 Per 30 Days |
| <i>sertraline hcl oral tablet 100 mg</i> | Quantity Limit: 60 Per 30 Days  |
| <i>sertraline hcl oral tablet 25 mg</i>  | Quantity Limit: 240 Per 30 Days |
| <i>sertraline hcl oral tablet 50 mg</i>  | Quantity Limit: 120 Per 30 Days |

**Sevelamer Carbonate**

|                                               |                                 |
|-----------------------------------------------|---------------------------------|
| <i>sevelamer carbonate oral packet 0.8 gm</i> | Quantity Limit: 540 Per 30 Days |
| <i>sevelamer carbonate oral packet 2.4 gm</i> | Quantity Limit: 180 Per 30 Days |
| <i>sevelamer carbonate oral tablet</i>        | Quantity Limit: 540 Per 30 Days |

**Signifor LAR**

|              |                               |
|--------------|-------------------------------|
| SIGNIFOR LAR | Quantity Limit: 1 Per 28 Days |
|--------------|-------------------------------|

**Sildenafil Citrate**

|                                                         |                                  |
|---------------------------------------------------------|----------------------------------|
| <i>sildenafil citrate intravenous</i>                   | Quantity Limit: 1125 Per 30 Days |
| <i>sildenafil citrate oral suspension reconstituted</i> | Quantity Limit: 224 Per 30 Days  |

**Sildenafil Citrate**

|                                                            |                                |
|------------------------------------------------------------|--------------------------------|
| <i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i> | Quantity Limit: 4 Per 30 Days  |
| <i>sildenafil citrate oral tablet 20 mg</i>                | Quantity Limit: 90 Per 30 Days |

**Silenor**

|         |                                |
|---------|--------------------------------|
| SILENOR | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Siliq**

|       |                                 |
|-------|---------------------------------|
| SILIQ | Quantity Limit: 4.5 Per 28 Days |
|-------|---------------------------------|

**Simponi**

|                                                             |                               |
|-------------------------------------------------------------|-------------------------------|
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML       | Quantity Limit: 4 Per 28 Days |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML     | Quantity Limit: 1 Per 28 Days |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML   | Quantity Limit: 4 Per 28 Days |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML | Quantity Limit: 1 Per 28 Days |

**Sivextro**

|               |                               |
|---------------|-------------------------------|
| SIVEXTRO ORAL | Quantity Limit: 6 Per 30 Days |
|---------------|-------------------------------|

**Skyrizi (150 MG Dose)**

|                       |                                  |
|-----------------------|----------------------------------|
| SKYRIZI (150 MG DOSE) | Quantity Limit: 1.66 Per 84 Days |
|-----------------------|----------------------------------|

**Sofosbuvir-Velpatasvir**

|                               |                                |
|-------------------------------|--------------------------------|
| <i>sofosbuvir-velpatasvir</i> | Quantity Limit: 30 Per 30 Days |
|-------------------------------|--------------------------------|



**Solifenacin Succinate**

|                              |                                |
|------------------------------|--------------------------------|
| <i>solifenacin succinate</i> | Quantity Limit: 30 Per 30 Days |
|------------------------------|--------------------------------|

**Sorilux**

|         |                                 |
|---------|---------------------------------|
| SORILUX | Quantity Limit: 120 Per 30 Days |
|---------|---------------------------------|

**Sovaldi**

|         |                                |
|---------|--------------------------------|
| SOVALDI | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Spiriva HandiHaler**

|                    |                                |
|--------------------|--------------------------------|
| SPIRIVA HANDIHALER | Quantity Limit: 30 Per 30 Days |
|--------------------|--------------------------------|

**Spiriva Respimat**

|                  |                               |
|------------------|-------------------------------|
| SPIRIVA RESPIMAT | Quantity Limit: 4 Per 30 Days |
|------------------|-------------------------------|

**Spravato (56 MG Dose)**

|                       |                                |
|-----------------------|--------------------------------|
| SPRAVATO (56 MG DOSE) | Quantity Limit: 16 Per 30 Days |
|-----------------------|--------------------------------|

**Spravato (84 MG Dose)**

|                       |                                |
|-----------------------|--------------------------------|
| SPRAVATO (84 MG DOSE) | Quantity Limit: 24 Per 30 Days |
|-----------------------|--------------------------------|

**Spritam**

|                                                                    |                                 |
|--------------------------------------------------------------------|---------------------------------|
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG | Quantity Limit: 60 Per 30 Days  |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG                  | Quantity Limit: 120 Per 30 Days |

**Sprix**

|       |                               |
|-------|-------------------------------|
| SPRIX | Quantity Limit: 5 Per 30 Days |
|-------|-------------------------------|

**Sprycel**

|         |                                |
|---------|--------------------------------|
| SPRYCEL | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Starlix**

|                            |                                 |
|----------------------------|---------------------------------|
| STARLIX ORAL TABLET 120 MG | Quantity Limit: 90 Per 30 Days  |
| STARLIX ORAL TABLET 60 MG  | Quantity Limit: 180 Per 30 Days |

**Stavudine**

|                                            |                                 |
|--------------------------------------------|---------------------------------|
| <i>stavudine oral capsule 15 mg, 20 mg</i> | Quantity Limit: 120 Per 30 Days |
| <i>stavudine oral capsule 30 mg, 40 mg</i> | Quantity Limit: 60 Per 30 Days  |

**Steglatro**

|           |                                |
|-----------|--------------------------------|
| STEGLATRO | Quantity Limit: 30 Per 30 Days |
|-----------|--------------------------------|

**Steglujan**

|           |                                |
|-----------|--------------------------------|
| STEGLUJAN | Quantity Limit: 30 Per 30 Days |
|-----------|--------------------------------|

**Stelara**

|                      |                               |
|----------------------|-------------------------------|
| STELARA SUBCUTANEOUS | Quantity Limit: 1 Per 28 Days |
|----------------------|-------------------------------|

**Stiolto Respimat**

|                  |                               |
|------------------|-------------------------------|
| STIOLTO RESPIMAT | Quantity Limit: 4 Per 30 Days |
|------------------|-------------------------------|

**Stivarga**

|          |                                 |
|----------|---------------------------------|
| STIVARGA | Quantity Limit: 120 Per 30 Days |
|----------|---------------------------------|

**Strattera**

|                                                   |                                |
|---------------------------------------------------|--------------------------------|
| STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG | Quantity Limit: 60 Per 30 Days |
|---------------------------------------------------|--------------------------------|

**Strattera**

|                                             |                                |
|---------------------------------------------|--------------------------------|
| STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG | Quantity Limit: 30 Per 30 Days |
|---------------------------------------------|--------------------------------|

**Stribild**

|          |                                |
|----------|--------------------------------|
| STRIBILD | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**Striverdi Respimat**

|                    |                               |
|--------------------|-------------------------------|
| STRIVERDI RESPIMAT | Quantity Limit: 4 Per 30 Days |
|--------------------|-------------------------------|

**Suboxone**

|                                   |                                 |
|-----------------------------------|---------------------------------|
| SUBOXONE SUBLINGUAL FILM 12-3 MG  | Quantity Limit: 60 Per 30 Days  |
| SUBOXONE SUBLINGUAL FILM 2-0.5 MG | Quantity Limit: 360 Per 30 Days |
| SUBOXONE SUBLINGUAL FILM 4-1 MG   | Quantity Limit: 180 Per 30 Days |
| SUBOXONE SUBLINGUAL FILM 8-2 MG   | Quantity Limit: 90 Per 30 Days  |

**Subsys**

|        |                                 |
|--------|---------------------------------|
| SUBSYS | Quantity Limit: 120 Per 30 Days |
|--------|---------------------------------|

**SUMatriptan Succinate**

|                                   |                               |
|-----------------------------------|-------------------------------|
| <i>sumatriptan succinate oral</i> | Quantity Limit: 9 Per 30 Days |
|-----------------------------------|-------------------------------|

**Sumatriptan-Naproxen Sodium**

|                                    |                               |
|------------------------------------|-------------------------------|
| <i>sumatriptan-naproxen sodium</i> | Quantity Limit: 9 Per 30 Days |
|------------------------------------|-------------------------------|

**Sunosi**

|        |                                |
|--------|--------------------------------|
| SUNOSI | Quantity Limit: 30 Per 30 Days |
|--------|--------------------------------|

**Sustiva**

|                             |                                 |
|-----------------------------|---------------------------------|
| SUSTIVA ORAL CAPSULE 200 MG | Quantity Limit: 120 Per 30 Days |
|-----------------------------|---------------------------------|

**Sustiva**

|                            |                                 |
|----------------------------|---------------------------------|
| SUSTIVA ORAL CAPSULE 50 MG | Quantity Limit: 360 Per 30 Days |
| SUSTIVA ORAL TABLET        | Quantity Limit: 30 Per 30 Days  |

**Sutent**

|                                           |                                |
|-------------------------------------------|--------------------------------|
| SUTENT ORAL CAPSULE 12.5 MG               | Quantity Limit: 90 Per 30 Days |
| SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG | Quantity Limit: 30 Per 30 Days |

**Symbicort**

|           |                                |
|-----------|--------------------------------|
| SYMBICORT | Quantity Limit: 11 Per 30 Days |
|-----------|--------------------------------|

**Symbyax**

|                                        |                                |
|----------------------------------------|--------------------------------|
| SYMBYAX ORAL CAPSULE 12-50 MG, 6-50 MG | Quantity Limit: 30 Per 30 Days |
| SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG  | Quantity Limit: 90 Per 30 Days |

**Symdeko**

|         |                                |
|---------|--------------------------------|
| SYMDEKO | Quantity Limit: 56 Per 28 Days |
|---------|--------------------------------|

**Symfi**

|       |                                |
|-------|--------------------------------|
| SYMFI | Quantity Limit: 30 Per 30 Days |
|-------|--------------------------------|

**Symfi Lo**

|          |                                |
|----------|--------------------------------|
| SYMFI LO | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**Symjepi**

|         |                               |
|---------|-------------------------------|
| SYMJEPI | Quantity Limit: 2 Per 28 Days |
|---------|-------------------------------|

**SymlinPen 120**

|               |                                |
|---------------|--------------------------------|
| SYMLINPEN 120 | Quantity Limit: 11 Per 30 Days |
|---------------|--------------------------------|

**SymlinPen 60**

|              |                               |
|--------------|-------------------------------|
| SYMLINPEN 60 | Quantity Limit: 6 Per 30 Days |
|--------------|-------------------------------|

**Sympazan**

|                                 |                                |
|---------------------------------|--------------------------------|
| SYMPAZAN ORAL FILM 10 MG, 20 MG | Quantity Limit: 60 Per 30 Days |
| SYMPAZAN ORAL FILM 5 MG         | Quantity Limit: 30 Per 30 Days |

**Symtuza**

|         |                                |
|---------|--------------------------------|
| SYMTUZA | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Synalar**

|         |                                 |
|---------|---------------------------------|
| SYNALAR | Quantity Limit: 120 Per 30 Days |
|---------|---------------------------------|

**Synalar (Cream)**

|                 |                                 |
|-----------------|---------------------------------|
| SYNALAR (CREAM) | Quantity Limit: 375 Per 30 Days |
|-----------------|---------------------------------|

**Synalar (Ointment)**

|                    |                                 |
|--------------------|---------------------------------|
| SYNALAR (OINTMENT) | Quantity Limit: 375 Per 30 Days |
|--------------------|---------------------------------|

**Synjardy**

|          |                                |
|----------|--------------------------------|
| SYNJARDY | Quantity Limit: 60 Per 30 Days |
|----------|--------------------------------|

**Synjardy XR**

|                                                                                      |                                |
|--------------------------------------------------------------------------------------|--------------------------------|
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG | Quantity Limit: 60 Per 30 Days |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG                          | Quantity Limit: 30 Per 30 Days |

**Tabrecta**

|          |                                 |
|----------|---------------------------------|
| TABRECTA | Quantity Limit: 120 Per 30 Days |
|----------|---------------------------------|

**Tacrolimus**

|                            |                                 |
|----------------------------|---------------------------------|
| <i>tacrolimus external</i> | Quantity Limit: 100 Per 90 Days |
|----------------------------|---------------------------------|

**Tadalafil (PAH)**

|                        |                                |
|------------------------|--------------------------------|
| <i>tadalafil (pah)</i> | Quantity Limit: 60 Per 30 Days |
|------------------------|--------------------------------|

**Tadalafil**

|                                           |                                |
|-------------------------------------------|--------------------------------|
| <i>tadalafil oral tablet 10 mg, 20 mg</i> | Quantity Limit: 4 Per 30 Days  |
| <i>tadalafil oral tablet 2.5 mg, 5 mg</i> | Quantity Limit: 30 Per 30 Days |

**Tafinlar**

|          |                                 |
|----------|---------------------------------|
| TAFINLAR | Quantity Limit: 120 Per 30 Days |
|----------|---------------------------------|

**Tagrisso**

|                            |                                |
|----------------------------|--------------------------------|
| TAGRISSO ORAL TABLET 40 MG | Quantity Limit: 60 Per 30 Days |
| TAGRISSO ORAL TABLET 80 MG | Quantity Limit: 30 Per 30 Days |

**Taltz**

|       |                               |
|-------|-------------------------------|
| TALTZ | Quantity Limit: 4 Per 28 Days |
|-------|-------------------------------|

**Talzenna**

|                               |                                 |
|-------------------------------|---------------------------------|
| TALZENNA ORAL CAPSULE 0.25 MG | Quantity Limit: 180 Per 30 Days |
| TALZENNA ORAL CAPSULE 1 MG    | Quantity Limit: 60 Per 30 Days  |

**Tarceva**

|                                    |                                |
|------------------------------------|--------------------------------|
| TARCEVA ORAL TABLET 100 MG, 150 MG | Quantity Limit: 30 Per 30 Days |
| TARCEVA ORAL TABLET 25 MG          | Quantity Limit: 90 Per 30 Days |

**Targretin**

|                    |                                |
|--------------------|--------------------------------|
| TARGRETIN EXTERNAL | Quantity Limit: 60 Per 30 Days |
|--------------------|--------------------------------|

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**Targretin**

|                |                                 |
|----------------|---------------------------------|
| TARGRETIN ORAL | Quantity Limit: 300 Per 30 Days |
|----------------|---------------------------------|

**Tasigna**

|         |                                 |
|---------|---------------------------------|
| TASIGNA | Quantity Limit: 112 Per 28 Days |
|---------|---------------------------------|

**Tasmar**

|        |                                 |
|--------|---------------------------------|
| TASMAR | Quantity Limit: 180 Per 30 Days |
|--------|---------------------------------|

**Tavaborole**

|                   |                                |
|-------------------|--------------------------------|
| <i>tavaborole</i> | Quantity Limit: 10 Per 30 Days |
|-------------------|--------------------------------|

**Tavalisse**

|           |                                |
|-----------|--------------------------------|
| TAVALISSE | Quantity Limit: 60 Per 30 Days |
|-----------|--------------------------------|

**Tazverik**

|          |                                 |
|----------|---------------------------------|
| TAZVERIK | Quantity Limit: 240 Per 30 Days |
|----------|---------------------------------|

**Tecentriq**

|                                             |                                |
|---------------------------------------------|--------------------------------|
| TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML | Quantity Limit: 20 Per 21 Days |
| TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML  | Quantity Limit: 28 Per 30 Days |

**TechLite Pen Needles**

|                      |                                 |
|----------------------|---------------------------------|
| TECHLITE PEN NEEDLES | Quantity Limit: 200 Per 30 Days |
|----------------------|---------------------------------|

**Tegsedi**

|         |                               |
|---------|-------------------------------|
| TEGSEDI | Quantity Limit: 6 Per 28 Days |
|---------|-------------------------------|

**Temazepam**

|                  |                                |
|------------------|--------------------------------|
| <i>temazepam</i> | Quantity Limit: 30 Per 30 Days |
|------------------|--------------------------------|

**Temixys**

|         |                                |
|---------|--------------------------------|
| TEMIXYS | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Temovate**

|          |                                 |
|----------|---------------------------------|
| TEMOVATE | Quantity Limit: 120 Per 30 Days |
|----------|---------------------------------|

**Tencon**

|               |                                 |
|---------------|---------------------------------|
| <i>tencon</i> | Quantity Limit: 180 Per 30 Days |
|---------------|---------------------------------|

**Tenofovir Disoproxil Fumarate**

|                                      |                                |
|--------------------------------------|--------------------------------|
| <i>tenofovir disoproxil fumarate</i> | Quantity Limit: 30 Per 30 Days |
|--------------------------------------|--------------------------------|

**Teriparatide (Recombinant)**

|                                   |                               |
|-----------------------------------|-------------------------------|
| <i>teriparatide (recombinant)</i> | Quantity Limit: 3 Per 28 Days |
|-----------------------------------|-------------------------------|

**Testim**

|        |                                 |
|--------|---------------------------------|
| TESTIM | Quantity Limit: 300 Per 30 Days |
|--------|---------------------------------|

**Testosterone**

|                                                                                         |                                   |
|-----------------------------------------------------------------------------------------|-----------------------------------|
| <i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i> | Quantity Limit: 150 Per 30 Days   |
| <i>testosterone transdermal gel 10 mg/act (2%)</i>                                      | Quantity Limit: 120 Per 30 Days   |
| <i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>  | Quantity Limit: 300 Per 30 Days   |
| <i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i>                             | Quantity Limit: 112.5 Per 30 Days |
| <i>testosterone transdermal solution</i>                                                | Quantity Limit: 180 Per 30 Days   |



**Tetrabenazine**

|                                          |                                 |
|------------------------------------------|---------------------------------|
| <i>tetrabenazine oral tablet 12.5 mg</i> | Quantity Limit: 240 Per 30 Days |
| <i>tetrabenazine oral tablet 25 mg</i>   | Quantity Limit: 120 Per 30 Days |

**Thalomid**

|                                      |                                |
|--------------------------------------|--------------------------------|
| THALOMID ORAL CAPSULE 100 MG, 50 MG  | Quantity Limit: 30 Per 30 Days |
| THALOMID ORAL CAPSULE 150 MG, 200 MG | Quantity Limit: 60 Per 30 Days |

**Tibsovo**

|         |                                |
|---------|--------------------------------|
| TIBSOVO | Quantity Limit: 60 Per 30 Days |
|---------|--------------------------------|

**Tivicay**

|         |                                |
|---------|--------------------------------|
| TIVICAY | Quantity Limit: 60 Per 30 Days |
|---------|--------------------------------|

**Tivicay PD**

|            |                                 |
|------------|---------------------------------|
| TIVICAY PD | Quantity Limit: 180 Per 30 Days |
|------------|---------------------------------|

**Tobi**

|      |                                 |
|------|---------------------------------|
| TOBI | Quantity Limit: 280 Per 28 Days |
|------|---------------------------------|

**Tobi Podhaler**

|               |                                 |
|---------------|---------------------------------|
| TOBI PODHALER | Quantity Limit: 224 Per 28 Days |
|---------------|---------------------------------|

**Tobramycin**

|                                                               |                                 |
|---------------------------------------------------------------|---------------------------------|
| <i>tobramycin inhalation nebulization solution 300 mg/4ml</i> | Quantity Limit: 224 Per 28 Days |
| <i>tobramycin inhalation nebulization solution 300 mg/5ml</i> | Quantity Limit: 280 Per 28 Days |

**TOLAZamide**

|                                      |                                 |
|--------------------------------------|---------------------------------|
| <i>tolazamide oral tablet 250 mg</i> | Quantity Limit: 120 Per 30 Days |
|--------------------------------------|---------------------------------|

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**TOLAZamide**

|                                      |                                |
|--------------------------------------|--------------------------------|
| <i>tolazamide oral tablet 500 mg</i> | Quantity Limit: 60 Per 30 Days |
|--------------------------------------|--------------------------------|

**TOLBUTamide**

|                    |                                 |
|--------------------|---------------------------------|
| <i>tolbutamide</i> | Quantity Limit: 180 Per 30 Days |
|--------------------|---------------------------------|

**Tolcapone**

|                  |                                 |
|------------------|---------------------------------|
| <i>tolcapone</i> | Quantity Limit: 180 Per 30 Days |
|------------------|---------------------------------|

**Tolterodine Tartrate**

|                             |                                |
|-----------------------------|--------------------------------|
| <i>tolterodine tartrate</i> | Quantity Limit: 60 Per 30 Days |
|-----------------------------|--------------------------------|

**Tolterodine Tartrate ER**

|                                |                                |
|--------------------------------|--------------------------------|
| <i>tolterodine tartrate er</i> | Quantity Limit: 30 Per 30 Days |
|--------------------------------|--------------------------------|

**Tolvaptan**

|                  |                                |
|------------------|--------------------------------|
| <i>tolvaptan</i> | Quantity Limit: 60 Per 30 Days |
|------------------|--------------------------------|

**Topamax**

|                            |                                  |
|----------------------------|----------------------------------|
| TOPAMAX ORAL TABLET 100 MG | Quantity Limit: 480 Per 30 Days  |
| TOPAMAX ORAL TABLET 200 MG | Quantity Limit: 240 Per 30 Days  |
| TOPAMAX ORAL TABLET 25 MG  | Quantity Limit: 1920 Per 30 Days |
| TOPAMAX ORAL TABLET 50 MG  | Quantity Limit: 960 Per 30 Days  |

**Topiramate**

|                                      |                                  |
|--------------------------------------|----------------------------------|
| <i>topiramate oral tablet 100 mg</i> | Quantity Limit: 480 Per 30 Days  |
| <i>topiramate oral tablet 200 mg</i> | Quantity Limit: 240 Per 30 Days  |
| <i>topiramate oral tablet 25 mg</i>  | Quantity Limit: 1920 Per 30 Days |
| <i>topiramate oral tablet 50 mg</i>  | Quantity Limit: 960 Per 30 Days  |

**Toremifene Citrate**

|                           |                                |
|---------------------------|--------------------------------|
| <i>toremifene citrate</i> | Quantity Limit: 30 Per 30 Days |
|---------------------------|--------------------------------|

**Tovet**

|       |                                 |
|-------|---------------------------------|
| TOVET | Quantity Limit: 100 Per 30 Days |
|-------|---------------------------------|

**Toviaz**

|        |                                |
|--------|--------------------------------|
| TOVIAZ | Quantity Limit: 30 Per 30 Days |
|--------|--------------------------------|

**Tracleer**

|                              |                                 |
|------------------------------|---------------------------------|
| TRACLEER ORAL TABLET         | Quantity Limit: 60 Per 30 Days  |
| TRACLEER ORAL TABLET SOLUBLE | Quantity Limit: 120 Per 30 Days |

**Tradjenta**

|           |                                |
|-----------|--------------------------------|
| TRADJENTA | Quantity Limit: 30 Per 30 Days |
|-----------|--------------------------------|

**TraMADol HCl ER**

|                        |                                |
|------------------------|--------------------------------|
| <i>tramadol hcl er</i> | Quantity Limit: 30 Per 30 Days |
|------------------------|--------------------------------|

**TraMADol HCl ER (Biphasic)**

|                                   |                                |
|-----------------------------------|--------------------------------|
| <i>tramadol hcl er (biphasic)</i> | Quantity Limit: 30 Per 30 Days |
|-----------------------------------|--------------------------------|

**traMADol HCl**

|                                        |                                 |
|----------------------------------------|---------------------------------|
| <i>tramadol hcl oral tablet 100 mg</i> | Quantity Limit: 120 Per 30 Days |
| <i>tramadol hcl oral tablet 50 mg</i>  | Quantity Limit: 240 Per 30 Days |

**Tramadol-Acetaminophen**

|                               |                               |
|-------------------------------|-------------------------------|
| <i>tramadol-acetaminophen</i> | Quantity Limit: 40 Per 5 Days |
|-------------------------------|-------------------------------|

**Transderm Scop (1.5 MG)**

|                         |                                |
|-------------------------|--------------------------------|
| TRANSDERM SCOP (1.5 MG) | Quantity Limit: 10 Per 28 Days |
|-------------------------|--------------------------------|

**Transderm-Scop (1.5 MG)**

|                         |                                |
|-------------------------|--------------------------------|
| TRANSDERM-SCOP (1.5 MG) | Quantity Limit: 10 Per 28 Days |
|-------------------------|--------------------------------|

**Trelegy Ellipta**

|                 |                                |
|-----------------|--------------------------------|
| TRELEGY ELLIPTA | Quantity Limit: 60 Per 30 Days |
|-----------------|--------------------------------|

**Trelstar Mixject**

|                                                                     |                                |
|---------------------------------------------------------------------|--------------------------------|
| TRELSTAR MIXJECT INTRAMUSCULAR<br>SUSPENSION RECONSTITUTED 11.25 MG | Quantity Limit: 1 Per 84 Days  |
| TRELSTAR MIXJECT INTRAMUSCULAR<br>SUSPENSION RECONSTITUTED 22.5 MG  | Quantity Limit: 1 Per 168 Days |
| TRELSTAR MIXJECT INTRAMUSCULAR<br>SUSPENSION RECONSTITUTED 3.75 MG  | Quantity Limit: 1 Per 28 Days  |

**Tremfya**

|         |                               |
|---------|-------------------------------|
| TREMFYA | Quantity Limit: 2 Per 28 Days |
|---------|-------------------------------|

**Tresiba**

|         |                                |
|---------|--------------------------------|
| TRESIBA | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Tresiba FlexTouch**

|                                                                     |                                |
|---------------------------------------------------------------------|--------------------------------|
| TRESIBA FLEXTouch SUBCUTANEOUS<br>SOLUTION PEN-INJECTOR 100 UNIT/ML | Quantity Limit: 30 Per 30 Days |
| TRESIBA FLEXTouch SUBCUTANEOUS<br>SOLUTION PEN-INJECTOR 200 UNIT/ML | Quantity Limit: 18 Per 30 Days |

**Tretinoin (Emollient)**

|                              |                                |
|------------------------------|--------------------------------|
| <i>tretinoin (emollient)</i> | Quantity Limit: 40 Per 30 Days |
|------------------------------|--------------------------------|

**Tretinoin**

|                           |                                |
|---------------------------|--------------------------------|
| <i>tretinoin external</i> | Quantity Limit: 45 Per 30 Days |
|---------------------------|--------------------------------|

**Tretinoin Microsphere**

|                              |                                |
|------------------------------|--------------------------------|
| <i>tretinoin microsphere</i> | Quantity Limit: 50 Per 30 Days |
|------------------------------|--------------------------------|

**Tretinoin Microsphere Pump**

|                                   |                                |
|-----------------------------------|--------------------------------|
| <i>tretinoin microsphere pump</i> | Quantity Limit: 50 Per 30 Days |
|-----------------------------------|--------------------------------|

**Treximet**

|                                                 |                               |
|-------------------------------------------------|-------------------------------|
| <i>treximet oral tablet 10-60 mg, 85-500 mg</i> | Quantity Limit: 9 Per 30 Days |
| TREXIMET ORAL TABLET 85-500 MG                  | Quantity Limit: 9 Per 30 Days |

**Trezix**

|        |                                 |
|--------|---------------------------------|
| TREZIX | Quantity Limit: 180 Per 30 Days |
|--------|---------------------------------|

**Triamcinolone Acetonide**

|                                      |                                |
|--------------------------------------|--------------------------------|
| <i>triamcinolone acetonide nasal</i> | Quantity Limit: 34 Per 30 Days |
|--------------------------------------|--------------------------------|

**Triazolam**

|                  |                                |
|------------------|--------------------------------|
| <i>triazolam</i> | Quantity Limit: 30 Per 30 Days |
|------------------|--------------------------------|

**Trijardy XR**

|                                                                                  |                                |
|----------------------------------------------------------------------------------|--------------------------------|
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG      | Quantity Limit: 30 Per 30 Days |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG | Quantity Limit: 60 Per 30 Days |

**Trikafta**

|          |                                |
|----------|--------------------------------|
| TRIKAFTA | Quantity Limit: 84 Per 28 Days |
|----------|--------------------------------|

**Trintellix**

|                              |                                 |
|------------------------------|---------------------------------|
| TRINTELLIX ORAL TABLET 10 MG | Quantity Limit: 60 Per 30 Days  |
| TRINTELLIX ORAL TABLET 20 MG | Quantity Limit: 30 Per 30 Days  |
| TRINTELLIX ORAL TABLET 5 MG  | Quantity Limit: 120 Per 30 Days |

**Triumeq**

|         |                                |
|---------|--------------------------------|
| TRIUMEQ | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Trizivir**

|          |                                |
|----------|--------------------------------|
| TRIZIVIR | Quantity Limit: 60 Per 30 Days |
|----------|--------------------------------|

**Trogarzo**

|          |                                   |
|----------|-----------------------------------|
| TROGARZO | Quantity Limit: 23.94 Per 28 Days |
|----------|-----------------------------------|

**Trokendi XR**

|                                                                        |                                |
|------------------------------------------------------------------------|--------------------------------|
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG | Quantity Limit: 30 Per 30 Days |
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG               | Quantity Limit: 60 Per 30 Days |

**Trospium Chloride**

|                          |                                |
|--------------------------|--------------------------------|
| <i>trospium chloride</i> | Quantity Limit: 60 Per 30 Days |
|--------------------------|--------------------------------|

**Trospium Chloride ER**

|                             |                                |
|-----------------------------|--------------------------------|
| <i>trospium chloride er</i> | Quantity Limit: 30 Per 30 Days |
|-----------------------------|--------------------------------|

**Trulance**

|          |                                |
|----------|--------------------------------|
| TRULANCE | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

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**Trulicity**

|           |                               |
|-----------|-------------------------------|
| TRULICITY | Quantity Limit: 2 Per 28 Days |
|-----------|-------------------------------|

**Truvada**

|         |                                |
|---------|--------------------------------|
| TRUVADA | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Tudorza Pressair**

|                  |                               |
|------------------|-------------------------------|
| TUDORZA PRESSAIR | Quantity Limit: 1 Per 30 Days |
|------------------|-------------------------------|

**Tukysa**

|        |                                 |
|--------|---------------------------------|
| TUKYSA | Quantity Limit: 120 Per 30 Days |
|--------|---------------------------------|

**Turalio**

|         |                                 |
|---------|---------------------------------|
| TURALIO | Quantity Limit: 120 Per 30 Days |
|---------|---------------------------------|

**Tybost**

|        |                                |
|--------|--------------------------------|
| TYBOST | Quantity Limit: 30 Per 30 Days |
|--------|--------------------------------|

**Tykerb**

|        |                                 |
|--------|---------------------------------|
| TYKERB | Quantity Limit: 180 Per 30 Days |
|--------|---------------------------------|

**Tylenol with Codeine #3**

|                         |                                 |
|-------------------------|---------------------------------|
| TYLENOL WITH CODEINE #3 | Quantity Limit: 180 Per 30 Days |
|-------------------------|---------------------------------|

**Tylenol with Codeine #4**

|                         |                                 |
|-------------------------|---------------------------------|
| TYLENOL WITH CODEINE #4 | Quantity Limit: 180 Per 30 Days |
|-------------------------|---------------------------------|

**Tymlos**

|        |                                  |
|--------|----------------------------------|
| TYMLOS | Quantity Limit: 1.56 Per 28 Days |
|--------|----------------------------------|

**Tyvaso**

|        |                                  |
|--------|----------------------------------|
| TYVASO | Quantity Limit: 81.2 Per 30 Days |
|--------|----------------------------------|

**Tyvaso Refill**

|               |                                  |
|---------------|----------------------------------|
| TYVASO REFILL | Quantity Limit: 81.2 Per 30 Days |
|---------------|----------------------------------|

**Tyvaso Starter**

|                |                                   |
|----------------|-----------------------------------|
| TYVASO STARTER | Quantity Limit: 81.2 Per 365 Days |
|----------------|-----------------------------------|

**Ubrelvy**

|         |                                |
|---------|--------------------------------|
| UBRELVY | Quantity Limit: 16 Per 30 Days |
|---------|--------------------------------|

**Udenyca**

|         |                                 |
|---------|---------------------------------|
| UDENYCA | Quantity Limit: 1.2 Per 28 Days |
|---------|---------------------------------|

**UltiCare Pen Needles**

|                      |                                 |
|----------------------|---------------------------------|
| ULTICARE PEN NEEDLES | Quantity Limit: 200 Per 30 Days |
|----------------------|---------------------------------|

**Ultracet**

|          |                               |
|----------|-------------------------------|
| ULTRACET | Quantity Limit: 40 Per 5 Days |
|----------|-------------------------------|

**Ultram**

|        |                                 |
|--------|---------------------------------|
| ULTRAM | Quantity Limit: 240 Per 30 Days |
|--------|---------------------------------|

**Unifine Pentips**

|                 |                                 |
|-----------------|---------------------------------|
| UNIFINE PENTIPS | Quantity Limit: 200 Per 30 Days |
|-----------------|---------------------------------|

**Uptravi**

|                     |                                |
|---------------------|--------------------------------|
| UPTRAVI ORAL TABLET | Quantity Limit: 60 Per 30 Days |
|---------------------|--------------------------------|



**Utibron Neohaler**

|                  |                                |
|------------------|--------------------------------|
| UTIBRON NEOHALER | Quantity Limit: 60 Per 30 Days |
|------------------|--------------------------------|

**valACYclovir HCl**

|                                          |                                |
|------------------------------------------|--------------------------------|
| <i>valacyclovir hcl oral tablet 1 gm</i> | Quantity Limit: 90 Per 30 Days |
|------------------------------------------|--------------------------------|

**ValACYclovir HCl**

|                                            |                                |
|--------------------------------------------|--------------------------------|
| <i>valacyclovir hcl oral tablet 500 mg</i> | Quantity Limit: 60 Per 30 Days |
|--------------------------------------------|--------------------------------|

**Valium**

|                          |                                 |
|--------------------------|---------------------------------|
| VALIUM ORAL TABLET 10 MG | Quantity Limit: 120 Per 30 Days |
| VALIUM ORAL TABLET 2 MG  | Quantity Limit: 600 Per 30 Days |
| VALIUM ORAL TABLET 5 MG  | Quantity Limit: 240 Per 30 Days |

**Valtrex**

|                            |                                |
|----------------------------|--------------------------------|
| VALTREX ORAL TABLET 1 GM   | Quantity Limit: 90 Per 30 Days |
| VALTREX ORAL TABLET 500 MG | Quantity Limit: 60 Per 30 Days |

**Vanatol LQ**

|            |                                  |
|------------|----------------------------------|
| VANATOL LQ | Quantity Limit: 2700 Per 30 Days |
|------------|----------------------------------|

**Vanatol S**

|           |                                  |
|-----------|----------------------------------|
| VANATOL S | Quantity Limit: 2700 Per 30 Days |
|-----------|----------------------------------|

**Vancocin**

|          |                                |
|----------|--------------------------------|
| VANCOCIN | Quantity Limit: 80 Per 10 Days |
|----------|--------------------------------|

**Vancocin HCl**

|                                  |                                |
|----------------------------------|--------------------------------|
| VANCOCIN HCL ORAL CAPSULE 125 MG | Quantity Limit: 40 Per 10 Days |
| VANCOCIN HCL ORAL CAPSULE 250 MG | Quantity Limit: 80 Per 10 Days |

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**Vancomycin HCl**

|                                           |                                |
|-------------------------------------------|--------------------------------|
| <i>vancomycin hcl oral capsule 125 mg</i> | Quantity Limit: 40 Per 10 Days |
| <i>vancomycin hcl oral capsule 250 mg</i> | Quantity Limit: 80 Per 10 Days |

**Vanos**

|       |                                 |
|-------|---------------------------------|
| VANOS | Quantity Limit: 120 Per 30 Days |
|-------|---------------------------------|

**Varubi (180 MG Dose)**

|                      |                               |
|----------------------|-------------------------------|
| VARUBI (180 MG DOSE) | Quantity Limit: 4 Per 28 Days |
|----------------------|-------------------------------|

**Varubi**

|                    |                                 |
|--------------------|---------------------------------|
| VARUBI INTRAVENOUS | Quantity Limit: 185 Per 28 Days |
| VARUBI ORAL        | Quantity Limit: 4 Per 28 Days   |

**Velphoro**

|          |                                 |
|----------|---------------------------------|
| VELPHORO | Quantity Limit: 180 Per 30 Days |
|----------|---------------------------------|

**Vemlidy**

|         |                                |
|---------|--------------------------------|
| VEMLIDY | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Venclexta**

|                              |                                 |
|------------------------------|---------------------------------|
| VENCLEXTA ORAL TABLET 10 MG  | Quantity Limit: 60 Per 30 Days  |
| VENCLEXTA ORAL TABLET 100 MG | Quantity Limit: 180 Per 30 Days |
| VENCLEXTA ORAL TABLET 50 MG  | Quantity Limit: 30 Per 30 Days  |

**Venlafaxine HCl ER**

|                                                                         |                                 |
|-------------------------------------------------------------------------|---------------------------------|
| <i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>  | Quantity Limit: 60 Per 30 Days  |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i> | Quantity Limit: 180 Per 30 Days |

**Venlafaxine HCl ER**

|                                                                        |                                 |
|------------------------------------------------------------------------|---------------------------------|
| <i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>  | Quantity Limit: 90 Per 30 Days  |
| <i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg</i>  | Quantity Limit: 60 Per 30 Days  |
| <i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>  | Quantity Limit: 30 Per 30 Days  |
| <i>venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg</i> | Quantity Limit: 180 Per 30 Days |
| <i>venlafaxine hcl er oral tablet extended release 24 hour 75 mg</i>   | Quantity Limit: 90 Per 30 Days  |

**Venlafaxine HCl**

|                                            |                                 |
|--------------------------------------------|---------------------------------|
| <i>venlafaxine hcl oral tablet 100 mg</i>  | Quantity Limit: 113 Per 30 Days |
| <i>venlafaxine hcl oral tablet 25 mg</i>   | Quantity Limit: 450 Per 30 Days |
| <i>venlafaxine hcl oral tablet 37.5 mg</i> | Quantity Limit: 300 Per 30 Days |
| <i>venlafaxine hcl oral tablet 50 mg</i>   | Quantity Limit: 225 Per 30 Days |
| <i>venlafaxine hcl oral tablet 75 mg</i>   | Quantity Limit: 150 Per 30 Days |

**Ventavis**

|          |                                 |
|----------|---------------------------------|
| VENTAVIS | Quantity Limit: 270 Per 30 Days |
|----------|---------------------------------|

**Versacloz**

|           |                                 |
|-----------|---------------------------------|
| VERSACLOZ | Quantity Limit: 600 Per 30 Days |
|-----------|---------------------------------|

**Verzenio**

|          |                                |
|----------|--------------------------------|
| VERZENIO | Quantity Limit: 60 Per 30 Days |
|----------|--------------------------------|

**VESIcare**

|          |                                |
|----------|--------------------------------|
| VESICARE | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**Vicodin**

|                |                                 |
|----------------|---------------------------------|
| <i>vicodin</i> | Quantity Limit: 180 Per 30 Days |
|----------------|---------------------------------|

**Vicodin ES**

|                   |                                 |
|-------------------|---------------------------------|
| <i>vicodin es</i> | Quantity Limit: 180 Per 30 Days |
|-------------------|---------------------------------|

**Vicodin HP**

|                   |                                 |
|-------------------|---------------------------------|
| <i>vicodin hp</i> | Quantity Limit: 180 Per 30 Days |
|-------------------|---------------------------------|

**Victoza**

|         |                               |
|---------|-------------------------------|
| VICTOZA | Quantity Limit: 9 Per 30 Days |
|---------|-------------------------------|

**Videx**

|       |                                  |
|-------|----------------------------------|
| VIDEX | Quantity Limit: 1200 Per 30 Days |
|-------|----------------------------------|

**Videx EC**

|                                                         |                                |
|---------------------------------------------------------|--------------------------------|
| VIDEX EC ORAL CAPSULE DELAYED RELEASE<br>125 MG         | Quantity Limit: 90 Per 30 Days |
| VIDEX EC ORAL CAPSULE DELAYED RELEASE<br>200 MG         | Quantity Limit: 60 Per 30 Days |
| VIDEX EC ORAL CAPSULE DELAYED RELEASE<br>250 MG, 400 MG | Quantity Limit: 30 Per 30 Days |

**Viekira Pak**

|             |                                 |
|-------------|---------------------------------|
| VIEKIRA PAK | Quantity Limit: 112 Per 28 Days |
|-------------|---------------------------------|

**Vigabatrin**

|                   |                                 |
|-------------------|---------------------------------|
| <i>vigabatrin</i> | Quantity Limit: 180 Per 30 Days |
|-------------------|---------------------------------|

**Vigadrone**

|                  |                                 |
|------------------|---------------------------------|
| <i>vigadrone</i> | Quantity Limit: 180 Per 30 Days |
|------------------|---------------------------------|

**Viibryd**

|                           |                                 |
|---------------------------|---------------------------------|
| VIIBRYD ORAL TABLET 10 MG | Quantity Limit: 120 Per 30 Days |
| VIIBRYD ORAL TABLET 20 MG | Quantity Limit: 60 Per 30 Days  |
| VIIBRYD ORAL TABLET 40 MG | Quantity Limit: 30 Per 30 Days  |

**Vimovo**

|        |                                |
|--------|--------------------------------|
| VIMOVO | Quantity Limit: 60 Per 30 Days |
|--------|--------------------------------|

**Vimpat**

|                                   |                                  |
|-----------------------------------|----------------------------------|
| VIMPAT INTRAVENOUS                | Quantity Limit: 1200 Per 30 Days |
| VIMPAT ORAL SOLUTION              | Quantity Limit: 1200 Per 30 Days |
| VIMPAT ORAL TABLET 100 MG         | Quantity Limit: 120 Per 30 Days  |
| VIMPAT ORAL TABLET 150 MG, 200 MG | Quantity Limit: 60 Per 30 Days   |
| VIMPAT ORAL TABLET 50 MG          | Quantity Limit: 240 Per 30 Days  |

**Viracept**

|                             |                                 |
|-----------------------------|---------------------------------|
| VIRACEPT ORAL TABLET 250 MG | Quantity Limit: 300 Per 30 Days |
| VIRACEPT ORAL TABLET 625 MG | Quantity Limit: 120 Per 30 Days |

**Viramune**

|                          |                                  |
|--------------------------|----------------------------------|
| VIRAMUNE ORAL SUSPENSION | Quantity Limit: 1200 Per 30 Days |
| VIRAMUNE ORAL TABLET     | Quantity Limit: 60 Per 30 Days   |

**Viramune XR**

|             |                                |
|-------------|--------------------------------|
| VIRAMUNE XR | Quantity Limit: 30 Per 30 Days |
|-------------|--------------------------------|

**Viread**

|                    |                                 |
|--------------------|---------------------------------|
| VIREAD ORAL POWDER | Quantity Limit: 240 Per 30 Days |
|--------------------|---------------------------------|

**Viread**

|                    |                                |
|--------------------|--------------------------------|
| VIREAD ORAL TABLET | Quantity Limit: 30 Per 30 Days |
|--------------------|--------------------------------|

**Vitrakvi**

|                              |                                 |
|------------------------------|---------------------------------|
| VITRAKVI ORAL CAPSULE 100 MG | Quantity Limit: 60 Per 30 Days  |
| VITRAKVI ORAL CAPSULE 25 MG  | Quantity Limit: 180 Per 30 Days |
| VITRAKVI ORAL SOLUTION       | Quantity Limit: 300 Per 30 Days |

**Vivelle-Dot**

|             |                               |
|-------------|-------------------------------|
| VIVELLE-DOT | Quantity Limit: 8 Per 28 Days |
|-------------|-------------------------------|

**Vizimpro**

|                                   |                                |
|-----------------------------------|--------------------------------|
| VIZIMPRO ORAL TABLET 15 MG        | Quantity Limit: 90 Per 30 Days |
| VIZIMPRO ORAL TABLET 30 MG, 45 MG | Quantity Limit: 30 Per 30 Days |

**Vogelxo**

|         |                                 |
|---------|---------------------------------|
| VOGELXO | Quantity Limit: 300 Per 30 Days |
|---------|---------------------------------|

**Vogelxo Pump**

|              |                                 |
|--------------|---------------------------------|
| VOGELXO PUMP | Quantity Limit: 300 Per 30 Days |
|--------------|---------------------------------|

**Voltaren**

|          |                                  |
|----------|----------------------------------|
| VOLTAREN | Quantity Limit: 1000 Per 30 Days |
|----------|----------------------------------|

**Vosevi**

|        |                                |
|--------|--------------------------------|
| VOSEVI | Quantity Limit: 30 Per 30 Days |
|--------|--------------------------------|

**Votrient**

|          |                                 |
|----------|---------------------------------|
| VOTRIENT | Quantity Limit: 120 Per 30 Days |
|----------|---------------------------------|

**Vraylar**

|                      |                                |
|----------------------|--------------------------------|
| VRAYLAR ORAL CAPSULE | Quantity Limit: 30 Per 30 Days |
|----------------------|--------------------------------|

**Vtol LQ**

|         |                                  |
|---------|----------------------------------|
| VTOL LQ | Quantity Limit: 2700 Per 30 Days |
|---------|----------------------------------|

**Vumerity**

|          |                                 |
|----------|---------------------------------|
| VUMERITY | Quantity Limit: 120 Per 30 Days |
|----------|---------------------------------|

**Vumerity (Starter)**

|                    |                                 |
|--------------------|---------------------------------|
| VUMERITY (STARTER) | Quantity Limit: 120 Per 30 Days |
|--------------------|---------------------------------|

**Vyleesi**

|         |                                 |
|---------|---------------------------------|
| VYLEESI | Quantity Limit: 1.2 Per 30 Days |
|---------|---------------------------------|

**Vyndamax**

|          |                                |
|----------|--------------------------------|
| VYNDAMAX | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**Vyndaqel**

|          |                                 |
|----------|---------------------------------|
| VYNDAQEL | Quantity Limit: 120 Per 30 Days |
|----------|---------------------------------|

**Vytorin**

|         |                                |
|---------|--------------------------------|
| VYTORIN | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Vyvanse**

|         |                                |
|---------|--------------------------------|
| VYVANSE | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Wakix**

|       |                                |
|-------|--------------------------------|
| WAKIX | Quantity Limit: 60 Per 30 Days |
|-------|--------------------------------|

**Wellbutrin SR**

|                                                                   |                                 |
|-------------------------------------------------------------------|---------------------------------|
| WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG         | Quantity Limit: 120 Per 30 Days |
| WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG | Quantity Limit: 60 Per 30 Days  |

**Wellbutrin XL**

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG | Quantity Limit: 90 Per 30 Days |
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG | Quantity Limit: 30 Per 30 Days |

**Wixela Inhub**

|                     |                                |
|---------------------|--------------------------------|
| <i>wixela inhub</i> | Quantity Limit: 60 Per 30 Days |
|---------------------|--------------------------------|

**Xalkori**

|         |                                |
|---------|--------------------------------|
| XALKORI | Quantity Limit: 60 Per 30 Days |
|---------|--------------------------------|

**Xanax**

|       |                                 |
|-------|---------------------------------|
| XANAX | Quantity Limit: 120 Per 30 Days |
|-------|---------------------------------|

**Xanax XR**

|          |                                 |
|----------|---------------------------------|
| XANAX XR | Quantity Limit: 120 Per 30 Days |
|----------|---------------------------------|

**Xarelto**

|                                   |                                |
|-----------------------------------|--------------------------------|
| XARELTO ORAL TABLET 10 MG, 20 MG  | Quantity Limit: 30 Per 30 Days |
| XARELTO ORAL TABLET 15 MG, 2.5 MG | Quantity Limit: 60 Per 30 Days |

**Xcopri (250 MG Daily Dose)**

|                            |                                |
|----------------------------|--------------------------------|
| XCOPRI (250 MG DAILY DOSE) | Quantity Limit: 56 Per 28 Days |
|----------------------------|--------------------------------|



**Xcopri (350 MG Daily Dose)**

|                            |                                |
|----------------------------|--------------------------------|
| XCOPRI (350 MG DAILY DOSE) | Quantity Limit: 56 Per 28 Days |
|----------------------------|--------------------------------|

**Xcopri**

|                                   |                                 |
|-----------------------------------|---------------------------------|
| XCOPRI ORAL TABLET 100 MG, 50 MG  | Quantity Limit: 30 Per 30 Days  |
| XCOPRI ORAL TABLET 150 MG, 200 MG | Quantity Limit: 60 Per 30 Days  |
| XCOPRI ORAL TABLET THERAPY PACK   | Quantity Limit: 56 Per 365 Days |

**Xeljanz**

|         |                                |
|---------|--------------------------------|
| XELJANZ | Quantity Limit: 60 Per 30 Days |
|---------|--------------------------------|

**Xeljanz XR**

|            |                                |
|------------|--------------------------------|
| XELJANZ XR | Quantity Limit: 30 Per 30 Days |
|------------|--------------------------------|

**Xenazine**

|                              |                                 |
|------------------------------|---------------------------------|
| XENAZINE ORAL TABLET 12.5 MG | Quantity Limit: 240 Per 30 Days |
| XENAZINE ORAL TABLET 25 MG   | Quantity Limit: 120 Per 30 Days |

**Xerese**

|        |                               |
|--------|-------------------------------|
| XERESE | Quantity Limit: 5 Per 30 Days |
|--------|-------------------------------|

**Xermelo**

|         |                                |
|---------|--------------------------------|
| XERMELO | Quantity Limit: 90 Per 30 Days |
|---------|--------------------------------|

**Xgeva**

|       |                                 |
|-------|---------------------------------|
| XGEVA | Quantity Limit: 5.1 Per 28 Days |
|-------|---------------------------------|

**Xhance**

|        |                                |
|--------|--------------------------------|
| XHANCE | Quantity Limit: 32 Per 30 Days |
|--------|--------------------------------|

**Xifaxan**

|                            |                                |
|----------------------------|--------------------------------|
| XIFAXAN ORAL TABLET 200 MG | Quantity Limit: 9 Per 3 Days   |
| XIFAXAN ORAL TABLET 550 MG | Quantity Limit: 84 Per 28 Days |

**Xigduo XR**

|                                                                                |                                |
|--------------------------------------------------------------------------------|--------------------------------|
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG | Quantity Limit: 30 Per 30 Days |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG          | Quantity Limit: 60 Per 30 Days |

**Xiidra**

|        |                                |
|--------|--------------------------------|
| XIIDRA | Quantity Limit: 60 Per 30 Days |
|--------|--------------------------------|

**Xodol**

|       |                                 |
|-------|---------------------------------|
| XODOL | Quantity Limit: 180 Per 30 Days |
|-------|---------------------------------|

**Xolair**

|                                                |                               |
|------------------------------------------------|-------------------------------|
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Quantity Limit: 4 Per 28 Days |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED     | Quantity Limit: 6 Per 28 Days |

**Xopenex Concentrate**

|                     |                                 |
|---------------------|---------------------------------|
| XOPENEX CONCENTRATE | Quantity Limit: 270 Per 30 Days |
|---------------------|---------------------------------|

**Xopenex HFA**

|             |                                |
|-------------|--------------------------------|
| XOPENEX HFA | Quantity Limit: 45 Per 30 Days |
|-------------|--------------------------------|

**Xopenex**

|                                                                   |                                 |
|-------------------------------------------------------------------|---------------------------------|
| XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 1.25 MG/3ML | Quantity Limit: 270 Per 30 Days |
|-------------------------------------------------------------------|---------------------------------|

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**Xopenex**

|                                                      |                                 |
|------------------------------------------------------|---------------------------------|
| XOPENEX INHALATION NEBULIZATION SOLUTION 0.63 MG/3ML | Quantity Limit: 540 Per 30 Days |
|------------------------------------------------------|---------------------------------|

**Xospata**

|         |                                |
|---------|--------------------------------|
| XOSPATA | Quantity Limit: 90 Per 30 Days |
|---------|--------------------------------|

**Xpovio (100 MG Once Weekly)**

|                             |                                |
|-----------------------------|--------------------------------|
| XPOVIO (100 MG ONCE WEEKLY) | Quantity Limit: 20 Per 28 Days |
|-----------------------------|--------------------------------|

**Xpovio (40 MG Once Weekly)**

|                            |                               |
|----------------------------|-------------------------------|
| XPOVIO (40 MG ONCE WEEKLY) | Quantity Limit: 8 Per 28 Days |
|----------------------------|-------------------------------|

**Xpovio (40 MG Twice Weekly)**

|                             |                                |
|-----------------------------|--------------------------------|
| XPOVIO (40 MG TWICE WEEKLY) | Quantity Limit: 16 Per 28 Days |
|-----------------------------|--------------------------------|

**Xpovio (60 MG Once Weekly)**

|                            |                                |
|----------------------------|--------------------------------|
| XPOVIO (60 MG ONCE WEEKLY) | Quantity Limit: 12 Per 28 Days |
|----------------------------|--------------------------------|

**Xpovio (60 MG Twice Weekly)**

|                             |                                |
|-----------------------------|--------------------------------|
| XPOVIO (60 MG TWICE WEEKLY) | Quantity Limit: 24 Per 28 Days |
|-----------------------------|--------------------------------|

**Xpovio (80 MG Once Weekly)**

|                            |                                |
|----------------------------|--------------------------------|
| XPOVIO (80 MG ONCE WEEKLY) | Quantity Limit: 16 Per 28 Days |
|----------------------------|--------------------------------|

**Xpovio (80 MG Twice Weekly)**

|                             |                                |
|-----------------------------|--------------------------------|
| XPOVIO (80 MG TWICE WEEKLY) | Quantity Limit: 32 Per 28 Days |
|-----------------------------|--------------------------------|

**Xtampza ER**

|            |                                |
|------------|--------------------------------|
| XTAMPZA ER | Quantity Limit: 60 Per 30 Days |
|------------|--------------------------------|

**Xtandi**

|        |                                 |
|--------|---------------------------------|
| XTANDI | Quantity Limit: 120 Per 30 Days |
|--------|---------------------------------|

**Xuriden**

|         |                                 |
|---------|---------------------------------|
| XURIDEN | Quantity Limit: 120 Per 30 Days |
|---------|---------------------------------|

**Xyrem**

|       |                                 |
|-------|---------------------------------|
| XYREM | Quantity Limit: 540 Per 30 Days |
|-------|---------------------------------|

**Xywav**

|       |                                 |
|-------|---------------------------------|
| XYWAV | Quantity Limit: 540 Per 30 Days |
|-------|---------------------------------|

**Yonsa**

|       |                                 |
|-------|---------------------------------|
| YONSA | Quantity Limit: 120 Per 30 Days |
|-------|---------------------------------|

**Yupelri**

|         |                                |
|---------|--------------------------------|
| YUPELRI | Quantity Limit: 90 Per 30 Days |
|---------|--------------------------------|

**Zaleplon**

|                                    |                                |
|------------------------------------|--------------------------------|
| <i>zaleplon oral capsule 10 mg</i> | Quantity Limit: 60 Per 30 Days |
| <i>zaleplon oral capsule 5 mg</i>  | Quantity Limit: 30 Per 30 Days |

**Zebutal**

|                |                                 |
|----------------|---------------------------------|
| <i>zebutal</i> | Quantity Limit: 180 Per 30 Days |
|----------------|---------------------------------|

**Zegerid**

|         |                                |
|---------|--------------------------------|
| ZEGERID | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Zejula**

|        |                                |
|--------|--------------------------------|
| ZEJULA | Quantity Limit: 90 Per 30 Days |
|--------|--------------------------------|

**Zelboraf**

|          |                                 |
|----------|---------------------------------|
| ZELBORAF | Quantity Limit: 240 Per 30 Days |
|----------|---------------------------------|

**Zembrace SymTouch**

|                   |                               |
|-------------------|-------------------------------|
| ZEMBRACE SYMTOUCH | Quantity Limit: 4 Per 30 Days |
|-------------------|-------------------------------|

**Zenzedi**

|                                   |                                 |
|-----------------------------------|---------------------------------|
| <i>zenzedi oral tablet 10 mg</i>  | Quantity Limit: 180 Per 30 Days |
| ZENZEDI ORAL TABLET 15 MG, 2.5 MG | Quantity Limit: 90 Per 30 Days  |
| ZENZEDI ORAL TABLET 20 MG, 30 MG  | Quantity Limit: 60 Per 30 Days  |
| <i>zenzedi oral tablet 5 mg</i>   | Quantity Limit: 90 Per 30 Days  |
| ZENZEDI ORAL TABLET 7.5 MG        | Quantity Limit: 180 Per 30 Days |

**Zepatier**

|          |                                |
|----------|--------------------------------|
| ZEPATIER | Quantity Limit: 30 Per 30 Days |
|----------|--------------------------------|

**Zeposia**

|         |                                |
|---------|--------------------------------|
| ZEPOSIA | Quantity Limit: 30 Per 30 Days |
|---------|--------------------------------|

**Zerit**

|       |                                |
|-------|--------------------------------|
| ZERIT | Quantity Limit: 60 Per 30 Days |
|-------|--------------------------------|

**Zetonna**

|         |                                 |
|---------|---------------------------------|
| ZETONNA | Quantity Limit: 6.1 Per 30 Days |
|---------|---------------------------------|

**Ziagen**

|                      |                                 |
|----------------------|---------------------------------|
| ZIAGEN ORAL SOLUTION | Quantity Limit: 960 Per 30 Days |
| ZIAGEN ORAL TABLET   | Quantity Limit: 60 Per 30 Days  |

**Zidovudine**

|                                |                                  |
|--------------------------------|----------------------------------|
| <i>zidovudine oral capsule</i> | Quantity Limit: 180 Per 30 Days  |
| <i>zidovudine oral syrup</i>   | Quantity Limit: 1920 Per 30 Days |
| <i>zidovudine oral tablet</i>  | Quantity Limit: 60 Per 30 Days   |

**Ziprasidone HCl**

|                                                  |                                 |
|--------------------------------------------------|---------------------------------|
| <i>ziprasidone hcl oral capsule 20 mg</i>        | Quantity Limit: 240 Per 30 Days |
| <i>ziprasidone hcl oral capsule 40 mg</i>        | Quantity Limit: 120 Per 30 Days |
| <i>ziprasidone hcl oral capsule 60 mg, 80 mg</i> | Quantity Limit: 60 Per 30 Days  |

**Zofran**

|        |                                |
|--------|--------------------------------|
| ZOFRAN | Quantity Limit: 90 Per 30 Days |
|--------|--------------------------------|

**Zohydro ER**

|            |                                |
|------------|--------------------------------|
| ZOHYDRO ER | Quantity Limit: 60 Per 30 Days |
|------------|--------------------------------|

**Zoladex**

|                                      |                               |
|--------------------------------------|-------------------------------|
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG | Quantity Limit: 1 Per 84 Days |
| ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG  | Quantity Limit: 1 Per 28 Days |

**Zolinza**

|         |                                 |
|---------|---------------------------------|
| ZOLINZA | Quantity Limit: 120 Per 30 Days |
|---------|---------------------------------|

**ZOLMitriptan**

|                     |                               |
|---------------------|-------------------------------|
| <i>zolmitriptan</i> | Quantity Limit: 9 Per 30 Days |
|---------------------|-------------------------------|

**Zoloft**

|                           |                                 |
|---------------------------|---------------------------------|
| ZOLOFT ORAL TABLET 100 MG | Quantity Limit: 60 Per 30 Days  |
| ZOLOFT ORAL TABLET 25 MG  | Quantity Limit: 240 Per 30 Days |

**Zoloft**

|                          |                                 |
|--------------------------|---------------------------------|
| ZOLOFT ORAL TABLET 50 MG | Quantity Limit: 120 Per 30 Days |
|--------------------------|---------------------------------|

**Zolpidem Tartrate**

|                          |                                |
|--------------------------|--------------------------------|
| <i>zolpidem tartrate</i> | Quantity Limit: 30 Per 30 Days |
|--------------------------|--------------------------------|

**Zolpidem Tartrate ER**

|                             |                                |
|-----------------------------|--------------------------------|
| <i>zolpidem tartrate er</i> | Quantity Limit: 30 Per 30 Days |
|-----------------------------|--------------------------------|

**Zolpimist**

|           |                               |
|-----------|-------------------------------|
| ZOLPIMIST | Quantity Limit: 8 Per 30 Days |
|-----------|-------------------------------|

**Zomig**

|            |                               |
|------------|-------------------------------|
| ZOMIG ORAL | Quantity Limit: 9 Per 30 Days |
|------------|-------------------------------|

**Zomig ZMT**

|           |                               |
|-----------|-------------------------------|
| ZOMIG ZMT | Quantity Limit: 9 Per 30 Days |
|-----------|-------------------------------|

**Zontivity**

|           |                                |
|-----------|--------------------------------|
| ZONTIVITY | Quantity Limit: 30 Per 30 Days |
|-----------|--------------------------------|

**Zovirax**

|                           |                                |
|---------------------------|--------------------------------|
| ZOVIRAX EXTERNAL CREAM    | Quantity Limit: 5 Per 30 Days  |
| ZOVIRAX EXTERNAL OINTMENT | Quantity Limit: 30 Per 30 Days |

**ZTlido**

|        |                                |
|--------|--------------------------------|
| ZTLIDO | Quantity Limit: 90 Per 30 Days |
|--------|--------------------------------|

**Zubsolv**

|                                                     |                                 |
|-----------------------------------------------------|---------------------------------|
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL<br>0.7-0.18 MG | Quantity Limit: 690 Per 30 Days |
|-----------------------------------------------------|---------------------------------|

**Zubsolv**

|                                                     |                                 |
|-----------------------------------------------------|---------------------------------|
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL<br>1.4-0.36 MG | Quantity Limit: 360 Per 30 Days |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL<br>11.4-2.9 MG | Quantity Limit: 30 Per 30 Days  |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL<br>2.9-0.71 MG | Quantity Limit: 120 Per 30 Days |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL<br>5.7-1.4 MG  | Quantity Limit: 90 Per 30 Days  |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL<br>8.6-2.1 MG  | Quantity Limit: 60 Per 30 Days  |

**Zyban**

|       |                                |
|-------|--------------------------------|
| ZYBAN | Quantity Limit: 60 Per 30 Days |
|-------|--------------------------------|

**Zydelig**

|         |                                |
|---------|--------------------------------|
| ZYDELIG | Quantity Limit: 60 Per 30 Days |
|---------|--------------------------------|

**Zykadia**

|         |                                |
|---------|--------------------------------|
| ZYKADIA | Quantity Limit: 90 Per 30 Days |
|---------|--------------------------------|

**ZyPREXA**

|                            |                                 |
|----------------------------|---------------------------------|
| ZYPREXA INTRAMUSCULAR      | Quantity Limit: 90 Per 30 Days  |
| ZYPREXA ORAL TABLET 10 MG  | Quantity Limit: 60 Per 30 Days  |
| ZYPREXA ORAL TABLET 15 MG  | Quantity Limit: 40 Per 30 Days  |
| ZYPREXA ORAL TABLET 2.5 MG | Quantity Limit: 240 Per 30 Days |
| ZYPREXA ORAL TABLET 20 MG  | Quantity Limit: 30 Per 30 Days  |
| ZYPREXA ORAL TABLET 5 MG   | Quantity Limit: 120 Per 30 Days |
| ZYPREXA ORAL TABLET 7.5 MG | Quantity Limit: 80 Per 30 Days  |



**ZyPREXA Relprevv**

|                  |                               |
|------------------|-------------------------------|
| ZYPREXA RELPREVV | Quantity Limit: 2 Per 28 Days |
|------------------|-------------------------------|

**ZyPREXA Zydys**

|                                             |                                 |
|---------------------------------------------|---------------------------------|
| ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG | Quantity Limit: 60 Per 30 Days  |
| ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 15 MG | Quantity Limit: 40 Per 30 Days  |
| ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 20 MG | Quantity Limit: 30 Per 30 Days  |
| ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 5 MG  | Quantity Limit: 120 Per 30 Days |

**Zytiga**

|                           |                                 |
|---------------------------|---------------------------------|
| ZYTIGA ORAL TABLET 250 MG | Quantity Limit: 120 Per 30 Days |
| ZYTIGA ORAL TABLET 500 MG | Quantity Limit: 60 Per 30 Days  |

**Zyvox**

|                                     |                                  |
|-------------------------------------|----------------------------------|
| ZYVOX ORAL SUSPENSION RECONSTITUTED | Quantity Limit: 1800 Per 30 Days |
| ZYVOX ORAL TABLET                   | Quantity Limit: 56 Per 28 Days   |



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