

Drugs Subject To Quantity Limitations

TIER	C	BRAND NAME	GENERIC NAME	LIMITATIONS OR COMMENTS
2		ABILIFY TABLETS / SOLUTION (QL)	Aripiprazole	MAX. 1 PER DAY
2		ACCU-CHEK ACTIVE TEST STRIPS	Blood Glucose Test Strips	MAX. 200 PER MONTH WITHOUT PRIOR AUTHORIZATION
2		ACCU-CHEK ADVANTAGE TEST STRIPS	Blood Glucose Test Strips	MAX. 200 PER MONTH WITHOUT PRIOR AUTHORIZATION
2		ACCU-CHEK AVIVA TEST STRIPS	Blood Glucose Test Strips	MAX. 200 PER MONTH WITHOUT PRIOR AUTHORIZATION
2		ACCU-CHEK COMFORT CURVE TEST STRIPS	Blood Glucose Test Strips	MAX. 200 PER MONTH WITHOUT PRIOR AUTHORIZATION
2		ACCU-CHEK COMPACT TEST STRIPS	Blood Glucose Test Strips	MAX. 153 PER MONTH WITHOUT PRIOR AUTHORIZATION
1	*	ACCUTANE	Isotretinoin	MAX. 5 MONTHS CONTINUOUS THERAPY
2		ACIPHEX	Rabeprazole	MAX. 12 WEEKS & 1 PER DAY WITHOUT PRIOR AUTHORIZATION
1	*	ACTICIN	Permethrin cream	AGE LIMIT 2 MONTHS; MAX. 60 GMS
2		ACTONEL	Risedronate	5 MG: MAX. 1 PER DAY; 35 MG MAX. 1 PER WEEK
2		ACTONEL 75 mg	Risedronate	MAX. 2 TABLETS PER MONTH
2		ACTONEL WITH CALCIUM	Risedronate / Calcium	MAX. 1 PACKAGE 28-DAY SUPPLY PER MONTH
3		ADDERALL XR TABLETS	Amphetamine Salt Combo	MAX. 1 PER DAY
2		ADVAIR	Salmeterol / Fluticasone Powder Diskus	MAX. 1 INHALER PER MONTH
2		ADVAIR HFA	Salmeterol / Fluticasone Powder Diskus	MAX. 1 INHALER PER MONTH
2		ADVICOR	Niacin ER/ Lovastatin Tablet	MAX. 1 PER DAY
3		AEROBID INHALER	Triamcinolone Inhaler	MAX. 2 INHALERS PER MONTH
3		AEROBID-M INHALER	Triamcinolone Inhaler	MAX. 2 INHALERS PER MONTH
3		ALORA PATCHES	Estradiol Transdermal - Bi-Weekly	MAX. 8 PATCHES PER MONTH
1	*	ALTACE	Ramipril	MAX. 1 PER DAY
1	*	AMBIEN	Zolpidem – For Short Term Use Only	MAX. 1 PER DAY
3		AMBIEN CR	Zolpidem Extended-Release	MAX. 1 PER DAY
2		AMERGE	Naratriptan	MAX. 9 TABLETS PER MONTH
3		ANZEMET	Dolasetron Mesylate	MAX. 2 TABLETS PER COURSE OF THERAPY
2		ASACOL TABLETS	Mesalamine (5-ASA)	MAX. 6 PER DAY
2		ASMANEX TWISTHALER	Mometasone Furoate	MAX. 1 INHALER PER MONTH
2		ATRIPLA TABLETS	Efavirenz-emtricitabine-tenofovir df tab 600-200-300 MG	MAX. 1 PER DAY
2		AVELOX TABLETS	Moxifloxacin	MAX. 14 TABLETS IN 3 MONTHS
2		AVINZA ER CAPS	Morphine Sulfate ER Caps	MAX. 1 PER DAY
3		AXERT	Almotriptan	MAX. 6 TABLETS PER MONTH
2		AZMACORT AEROSOL	Triamcinolone	MAX. 2 INHALERS PER MONTH
2		BARACLUDE TABLETS (PA)	Entecavir	MAX. 1 TABLET OR 10 ML PER DAY
3		BECONASE AQ	Beclomethasone Inhaler	MAX. 2 INHALERS PER MONTH
2		BENICAR	Olmesartan Medoxomil	MAX. 1 PER DAY
2		BENICAR HCT	Olmesartan Medoxomil / HCTZ	MAX. 1 PER DAY
1	*	BIAXIN XL	Clarithromycin XL	MAX. 14 TABLETS PER PRESCRIPTION
3		BONIVA	Ibandronate	MAX. 1 PER MONTH
3		CELEBREX	Celecoxib	PA REQUIRED: 1 PER DAY
1	*	CELEXA	Citalopram	MAX. 1 PER DAY
3		CESAMET CAPSULES (PA)	Nabilone	MAX. 60 CAPSULES PER MONTH
3		CIALIS (PA)	Tadalafil	CHECK SPECIFIC PLAN FOR COVERAGE, QUANTITY AND COINSURANCE
1	*	CIPRO XR 1000 MG	Ciprofloxacin XR 1000 MG	MAX. 14 DAYS PER PRESCRIPTION
1	*	CIPRO XR 500 MG	Ciprofloxacin XR 500 MG	MAX. 3 TABLETS PER PRESCRIPTION
1	*	CLIMARA PATCHES	Estradiol Transdermal - Weekly	MAX. 4 PATCHES PER MONTH
1	*	CLOMID	Clomiphene	NOT COVERED BY ALL PLANS – MAX. 15 TABLETS
1	*	COLAZAL	Balsalazide disodium	MAX. 280 PER MONTH
3		COMBUNOX	Oxycodone and Ibuprofen	MAX. 4 PER DAY
2		CONCERTA	Methylphenidate Extended Release Tablets	MAX. 1 PER DAY - 36 MG MAX. 2 PER DAY
2		COREG	Carvedilol	MAX. 2 PER DAY
3		CRESTOR	Rosuvastatin	MAX. 1 PER DAY
2		CYMBALTA	Duloxetine	MAX. 2 PER DAY for 15 MG and 30 MG: 1 DAILY for 60 MG
1	*	DALMANE	Flurazepam	MAX. 1 PER DAY
3		DENAVIR CREAM	Penciclovir	MAX. 1.5 GM PER PRESCRIPTION
2		DETROL	Tolterodine Tartrate	MAX. 2 PER DAY
2		DETROL LA	Tolterodine Tartrate Long Acting	MAX. 1 PER DAY
2		DIFFERIN GEL / CR / SOL / PADS	Adapalene	QTY MAX. 45 GM, 30 ML or 60 PADS PER PRESCRIPTION
1	*	DIFLUCAN 150 MG TAB ONLY	Fluconazole 150 MG Tablet	MAX. 1 TABLET (FEMALES ONLY) PER PRESCRIPTION
1	*	DIFLUCAN TABLETS (EXCEPT 150MG)	Fluconazole Tablet	QTY MAX. 28 PER MONTH
2		DIOVAN	Valsartan	MAX. 2 PER DAY
2		DIOVAN HCT	Valsartan / Hydrochlorothiazide	MAX. 2 PER DAY
1	*	DOLOPHINE	Methadone Tablets	5 MG, 10 MG, 40 MG TABLETS ONLY
3	*	DOSTINEX TABLETS (QL)	Cabergoline	MAX. 8 PER 30 DAYS
2		DOVONEX	Calcipotriene	MAX. 120 GMS PER MONTH
2		DRITHOCREME 0.25%	Anthralin	AGE > 2 MONTHS. MAX. = 50 GMS PER PRESCRIPTION
2		DUAC GEL	Benzoyl Peroxide 5%/ Clindamycin 1%	QTY MAX. 45 GM PER PRESCRIPTION
2		DUETACT TABLETS	Pioglitazone / Glimepiride	MAX. 1 PER DAY
1	*	DURAGESIC PATCHES	Fentanyl Transdermal Patch	QTY MAX. 10 PATCHES PER MONTH

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2		EFFEXOR XR	Venlafaxine Extended Release	37.5 MG and 75 MG MAX. 1 PER DAY WITHOUT PRIOR AUTHORIZATION
2		ELIMITE CREAM	Permethrin cream	AGE LIMIT 2 MONTHS; MAX. TO 60 GM PER PRESCRIPTION
3		EMEND CAPSULES	Aprepitant	MAX. A 3-DAY TRIPACK PER COURSE OF THERAPY
2		EMTRIVA	Emtricitabine Capsules	MAX. 1 PER DAY
2		ESTRADERM	Estradiol Transdermal - Bi-Weekly	MAX. 8 PATCHES PER MONTH
3		ESTROGEL	Estradiol Gel	QTY MAX. 50 GM PER MONTH
2		EVISTA	Raloxifene	MAX. 1 PER DAY
3		FACTIVE	Gemifloxacin Mesylate	MAX. 7 DAYS PER COURSE OF THERAPY
3		FENTORA BUCCAL TABLETS	Fentanyl Citrate	MAX. 3 PER DAY
3		FLECTOR PATCHES (QL)	Diclofenac Epolamine Patch 1.3%	MAX. 1 PER DAY
2		FLOMAX CAPSULES	Tamsulosin	MAX. 2 PER DAY
1	*	FLOXINASE NASAL SPRAY	Fluticasone Nasal Inhaler	MAX. 2 SPRAYERS PER MONTH
2		FLOVENT HFA AEROSOL	Fluticasone Inhaler	MAX. 2 INHALERS PER MONTH
3		FOCALIN	Dexmethylphenidate	MAX. 2 PER DAY
2		FORADIL AEROLIZER	Formoterol Fumarate	MAX. 2 CAPSULES PER DAY
2		FOSAMAX	Alendronate	5 MG & 10 MG MAX. 1 PER DAY; 70 MG MAX. 1 PER WEEK
2		FOSAMAX-D	Alendronate / Vitamin D	MAX. 4 PER MONTH
2		FREESTYLE TEST STRIPS	Blood Glucose Test Strips	MAX. 150 PER MONTH WITHOUT PRIOR AUTHORIZATION
3		FROVA TABETS	Frovatriptan Succinate	MAX. 9 TABLETS PER MONTH
2		GEODON CAPSULES	Ziprasidone	MAX. 2 PER DAY
1	*	HALCION	Triazolam	MAX. 1 PER DAY
2		HUMALOG INSULIN	Insulin, Lispro	MAX. 40 ML PER PRESCRIPTION
2		HUMALOG INSULIN PENS	Insulin, Lispro	MAX. 45 ML PER PRESCRIPTION
2		HUMULIN INSULIN	Insulin, Human mfg Lilly	MAX. 40 ML PER PRESCRIPTION
2		HUMULIN INSULIN PENS	Insulin, Human mfg Lilly	MAX. 45 ML PER PRESCRIPTION
2		IMITREX	Sumatriptan Tablets	MAX. 9 TABLETS PER MONTH
2		IMITREX NASAL SPRAY	Sumatriptan Nasal Spray	MAX. 1 PKG OF 6 DOSES PER MONTH
2		JANUMET TABLETS	Sitagliptin-Metformin	MAX. 2 PER DAY
2		JANUVIA TABLETS	Sitagliptin	MAX. 1 PER DAY
2		KADIAN	Morphine Sulfate Sustained Release Capsules	MAX. 2 PER DAY
1	*	Ketoconazole 2% Cream (QL)	Ketoconazole 2% Cream (QL)	MAX. 60 GM PER MONTH
2		KETOSTIX		MAX. 150 PER MONTH
3		KYTRIL	Granisetron	MAX. 2 TABLETS COURSE OF THERAPY
2		LANTUS	Insulin Glargine	MAX. 45 ML PER MONTH
1	*	LARIAM	Mefloquine	MAX. 6 TABLETS PER MONTH
3		LESCOL	Fluvastatin	MAX. 1 PER DAY
3		LESCOL XL	Fluvastatin Extended Release Capsules	MAX. 1 PER DAY
3		LEVAQUIN	Levofloxacin	MAX. 14 TABLETS IN 3 MONTHS
2		LEVEMIR	Insulin, Detemir	MAX. 45 ML PER MONTH
2		LEXAPRO	Escitalopram Oxalate	MAX. 1 PER DAY FOR 10 MG - 2 PER DAY FOR 20MG
3		LIPITOR	Atorvastatin	MAX. 1 PER DAY
2		LOTEMAX (QL)	Loteprednol etabonate ophth susp 0.5%	MAX. 5 ML PER MONTH
1	*	LOTREL	Amlodipine / Benazepril	MAX. 1 PER DAY
1	*	LOTRISONE	Clotrimazole / Betamethasone	MAX. 45 GM PER MONTH
3		LOVAZA	Omega-3 Ethyl Esters	MAX. 1 PER DAY
2		LUMIGAN	Bimatoprost	MAX. 2.5 ML PER MONTH
3		LUNESTA	Eszopiclone	MAX. 1 PER DAY
3		LYRICA	Pregabalin Capsules	MAX. 1 PER DAY
2		MAXAIR AUTOHALER	Pirbuterol	MAX. 2 INHALERS PER MONTH
3		MAXALT	Rizatriptan	MAX. 6 TABLETS PER MONTH
3		MAXALT MLT	Rizatriptan Orally Disintegrating Tablet	MAX. 6 TABLETS PER MONTH
2		METHERGINE	Methylergonovine	MAX. 28 TABLETS PER PRESCRIPTION
1	*	MEVACOR	Lovastatin	MAX. 1 PER DAY
3		MIGRANAL NASAL SPRAY	Dihydroergotamine	MAX. 4 UNITS PER MONTH
1	*	MIRALAX POWDER	Polyethylene Glycol 3350	MAX. 527 GM. PER DAY
1	*	MOBIC TABLETS	Meloxicam Tablets	MAX. 1 PER DAY
1	*	MS CONTIN TABLETS	Morphine Sulfate Sustained Release Tablets	MAX. 3 PER DAY
2		NASACORT AQ NASAL INHALATION	Triamcinolone Nasal Inhalation	MAX. 2 INHALERS PER MONTH
2		NASONEX NASAL SUSPENSION	Mometasone Furoate NASAL SUSPENSION	MAX. 2 SPRAYERS PER MONTH
3		NEUPRO PATCHES	Rotigotine Patch	2 MG-MAX. 3 PER DAY; 4 MG, 6 MG-MAX. 1 PATCH PER DAY
3		NEXIUM	Esomeprazole	PA REQUIRED: MAX. 12 WEEKS & 1 PER DAY
1	*	Nitroglycerin Patches	Nitroglycerin Patches	MAX. 30 PATCHES PER MONTH
1	*	NIZORAL 2% CREAM	Nizoral Cream 2%	MAX. 60 GM PER MONTH
1	*	NORVASC	Amlodipine	MAX. 1 PER DAY
1	*	(QL)	Ofloxacin	MAX 5 ML PER PRESCRIPTION
1	*	OMEPRAZOLE 10MG, 20MG	Omeprazole Capules	MAX. 1 PER DAY
3		ONE TOUCH TEST STRIPS (QL)	Blood Glucose Test Strips	MAX. 150 PER MONTH WITHOUT PRIOR AUTHORIZATION
3		OPANA ER	Oxymorphone Extended Release	MAX. 2 PER DAY
3		OXYCONTIN	Oxycodone Extended Release Tablet	MAX. 3 PER DAY

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2		PATADAY OPTHALMIC SOLUTION (QL)	Olopatadine 0.2%	MAX 2.5 ML PER MONTH
2		PAXIL CR	Paroxetine CR	MAX. 1 PER DAY
2		PLAVIX	Clopidogrel	MAX. 2 PER DAY
1	*	PLETAL TABLETS	Cilostazol	MAX. 2 PER DAY
1	*	POLY-VI-FLOR	Fluoride / Polyvitamins (Without Iron; Drops & Tablets)	MAX. 5 YEARS OF AGE OR YOUNGER
1	*	PRAVACHOL	Pravastatin	MAX. 1 PER DAY
2		PRECISION Q.I.D. TEST STRIPS	Blood Glucose Test Strips	MAX. 200 PER MONTH WITHOUT PRIOR AUTHORIZATION
2		PRECISION XTRA TEST STRIPS	Blood Glucose Test Strips	MAX. 200 PER MONTH WITHOUT PRIOR AUTHORIZATION
Not Covered		PREVACID CAPSULES	Lansoprazole Tablets	TABLETS NOT COVERED- USE SOLUTABS - PA REQUIRED
3		PREVACID NAPRAPAC	Lansoprazole + Naproxen	PA REQUIRED: MAX. 2 CAPSULES PER DAY
3		PREVACID SOLUTABS	Lansoprazole	PA REQUIRED: MAX. 12 WEEKS & 1 PER DAY
2		PREZISTA	Darunavir	MAX. 4 PER DAY
1	*	PRILOSEC 10 MG & 20 MG	Omeprazole	PA REQUIRED: MAX. 12 WEEKS & 1 PER DAY
3		PROMETRIUM	Progesterone Micronized	MAX. 2 PER DAY
1	*	PROSCAR TABLETS	Finasteride 5mg Tablets	MAX. 1 PER DAY
3		PROTONIX	Pantoprazole	MAX. 12 WEEKS & 1 PER DAY WITHOUT PRIOR AUTHORIZATION
1	*	PROVENTIL	Albuterol	MAX. 2 INHALERS PER MONTH
2		PROVENTIL HFA	Albuterol	QTY. LIMIT UP TO 1 INHALER / 30 DAYS SUPPLY
3		PROVIGIL	Modafinil Tablets	MAX. 1 PER DAY
1	*	PROZAC 10 MG & 20 MG	Fluoxetine Capsules	40 MG NOT COVERED-USE TWO 20 MG CAPSULES
2		PULMICORT FLEXHALER	Budesonide Turbuhaler	MAX. 1 INHALER PER MONTH
2		PULMICORT RESPULES	Budesonide Respules	MAX. 8 YEARS OF AGE OR YOUNGER
2		PULMOZYME	Dornase Alfa	MAX. 30 AMPS PER MONTH
3		QUININE	Quinine Capsules	MAX. 1 CAPSULE PER DAY
2		QVAR	Beclomethasone Dipronate Aerosol	MAX. 2 INHALERS PER MONTH
3		RAZADYNE	Galantamine ER capsules	MAX. 1 CAPSULE PER DAY
3		RAZADYNE ER	Galantamine ER capsules	MAX. 1 CAPSULE PER DAY
1	*	RELAFEN TABLETS	Nabumetone Tablets	MAX. 4 PER DAY FOR 500MG; MAX. 3 PER DAY FOR 750MG
3		RELPAK	Eletriptan	MAX. 6 TABLETS PER MONTH
1	*	RESTORIL	Temazepam	MAX. 1 PER DAY
2		REYATAZ	Atazanavir	MAX. 400 MG PER DAY
3		RHINOCORT AQUA SUSPENSION	Budesonide Nasal Suspension	MAX. 2 INHALERS PER MONTH
3		RANEXA	Ranolazine	MAX. 4 PER DAY FOR 500MG
3		ROZEREM (EST)	Ramelteon	MAX. 1 PER DAY
2		SELZENTRY TABLETS	Maraviroc	MAX. 60 TABLETS PER MONTH
2		SEREVENT DISKUS	Salmeterol	MAX. TO 2 BLISTERS PER DAY
1	*	SEROPHENE	Clomiphene	NOT COVERED BY ALL PLANS – MAX. 15 TABLETS
2		SEROQUEL TABLETS (QL)	Quetiapine	MAX. 1 PER DAY
2		SEROQUEL XR TABLETS (QL)	Quetiapine Extended Release	MAX. 1 PER DAY FOR 200MG; MAX. 2 PER DAY for 300MG & 400MG
3		SONATA (EST)	Zaleplon	MAX. 1 PER DAY
2		SPIRIVA INHALER	Tiotropium	MAX. 1 CAPSULE PER DAY
3	*	STADOL NASAL SPRAY	Butorphanol nasal spray	MAX. 3 CANNISTERS PER MONTH
3		STRATTERA	Atomoxetine Tablets	MAX. 1 PER DAY
1	*	SULFACET-R LOTION	Sulfacetamide 10%/ Sulfur 5% Lotion	MAX. 25 ML PER PRESCRIPTION
2		TAZORAC CREAM / GEL	Tazarotene	MAX. 30 GM PER PRESCRIPTION
2		TEMODAR	Temozolomide	MAX. 15 PER MONTH
3		TEVETEN	Eprosartan Mesylate	MAX. 1 PER DAY
3		TEVETEN HCT	Eprosartan Mesylate / HCT	MAX. 1 PER DAY
2		TOBRADEX	Tobramycin / Dexamethasone	MAX. 5 ML PER PRESCRIPTION
1	*	TORADOL	Ketorolac Oral Tablets	MAX. 20 TABLETS PER PRESCRIPTION
2		TRAVATAN OPTHALMIC SOLUTION	Travoprost	MAX. 2.5 ML PER MONTH
2		TRAVATAN Z OPTHALMIC SOLUTION	Travoprost	MAX. 2.5 ML PER MONTH
1	*	TRI-VI-FLOR	Fluoride / Vitamins A,D,C (Without Iron; Drops & Tablets)	MAX. 5 YEARS OF AGE OR YOUNGER
1	*	ULTRAM 50MG	Tramadol 50 MG Tablets	MAX. 8 PER DAY
3		UROXATRAL TABLETS	Alfuzosin	MAX. 1 PER DAY
2		VALCYTE	Valganciclovir	MAX. 4 PER DAY
2		VALTREX	Valacyclovir	MAX. 30 PER MONTH
3		VEREGEN OINT	Sinecatechins	MAX. 15 GM PER MONTH
1	*	VERMOX	Mebendazole	MAX. 6 TABLETS PER PRESCRIPTION
3		VIAGRA (PA)	Sildenafil	CHECK SPECIFIC PLAN FOR COVERAGE, QUANTITY AND COINSURANCE
1	*	VI-DAYLIN/F	Fluoride / Polyvitamins (Without Iron; Drops & Tablets)	AGE LIMIT 5 YEARS OR YOUNGER
2		VIGAMOX	Moxifloxacin	MAX. 3 ML PER PRESCRIPTION
2		VIREAD	Tenofovir Disoproxil Fumarate (PMPA))	MAX. 1 PER DAY
2		VYTORIN	Simvastatin / Ezetimibe	MAX. 1 PER DAY
2		VYVANSE	Lisdexamfetamine	MAX. 1 PER DAY
1	*	WELLBUTRIN XL	Bupropion Extended Release	MAX. 1 PER DAY

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TIER	C	BRAND NAME	GENERIC NAME	LIMITATIONS OR COMMENTS
3		XIFAXAN	Rifaximin	MAX. 9 TABLETS PER PRESCRIPTION
2		XOPENEX HFA AEROSOL	Levalbuterol	QTY. LIMIT UP TO 1 INHALER / 30 DAYS SUPPLY
3		XYREM ORAL SOLUTION (PA)	Sodium Oxybate	
3		XYZAL TABLETS	Levocetirizine	MAX. 1 PER DAY
1	*	ZITHROMAX	Azithromycin	MAX. 6 TABLETS PER PRESCRIPTION
2		ZMAX SUSPENSION	Azithromycin Extended release for oral susp 2 gm	MAX. 1 PER DAY (Equals 2 Gm dose Per day)
1	*	ZOCOR	Simvastatin	MAX. 1 PER DAY
1	*	ZOFRAN	Ondansetron	MAX. 9 TABLETS PER COURSE OF THERAPY
1	*	ZOFRAN ODT	Ondansetron ODT	MAX. 9 TABLETS PER COURSE OF THERAPY
3		ZOMIG / NASAL SPRAY	Zolmitriptan	MAX. 1 PKG OF 6 DOSES PER MONTH
3		ZOMIG ZMT	Zolmitriptan	MAX. 6 TABLETS PER MONTH
2		ZOVIRAX OINTMENT	Acyclovir Ointment	MAX. 15 GM PER PRESCRIPTION
2		ZYLET OPHTHALMIC SUSPENSION	loteprednol etabonate	MAX. 5 ML PER PRESCRIPTION