

Drugs Subject To Quantity Limitations

TIER	GENERIC	BRAND NAME	GENERIC NAME	LIMITATIONS OR COMMENTS
3		ACCU-CHEK ACTIVE TEST STRIPS (PA)	Non-preferred Blood Glucose Test Strips	MAXIMUM 200 PER MONTH WITHOUT PRIOR AUTHORIZATION
3		ACCU-CHEK ADVANTAGE TEST STRIPS (PA)	Non-preferred Blood Glucose Test Strips	MAXIMUM 200 PER MONTH WITHOUT PRIOR AUTHORIZATION
3		ACCU-CHEK AVIVA PLUS TEST STRIPS (PA)	Non-preferred Blood Glucose Test Strips	MAXIMUM 200 PER MONTH WITHOUT PRIOR AUTHORIZATION
3		ACCU-CHEK AVIVA TEST STRIPS	Non-preferred Blood Glucose Test Strips	MAXIMUM 200 PER MONTH WITHOUT PRIOR AUTHORIZATION
3		ACCU-CHEK COMFORT CURVE TEST STRIPS (PA)	Non-preferred Blood Glucose Test Strips	MAXIMUM 200 PER MONTH WITHOUT PRIOR AUTHORIZATION
3		ACCU-CHEK COMPACT PLUS TEST STRIPS	Non-preferred Blood Glucose Test Strips	MAXIMUM 153 PER MONTH WITHOUT PRIOR AUTHORIZATION
3		ACCU-CHEK SMARTVIEW TEST STRIPS	Non-preferred Blood Glucose Test Strips	MAXIMUM 200 PER MONTH WITHOUT PRIOR AUTHORIZATION
1	*	ACUTANE	Isotretinoin	MAXIMUM 5 MONTHS CONTINUOUS THERAPY
3		ACETASOL HC OTIC SOLUTION	Acetic Acid / Hydrocortison Solution	MAXIMUM 10 ML PER SCRIPT
3	*	ACIPHEX	Rabeprazole	MAXIMUM 2 PER DAY WITHOUT PRIOR AUTHORIZATION
1	*	ACTICIN	Permethrin Cream	MAXIMUM 60 GMS/ MONTH
3	*	ACTONEL 5 MG, 35 MG	Risedronate	5 MG: MAXIMUM 1 PER DAY; 35 MG MAXIMUM 1 PER WEEK
3	*	ACTONEL 150 MG	Risedronate	MAXIMUM 1 PER MONTH
3		ACTONEL 75 MG	Risedronate	MAXIMUM 2 PER MONTH
1	*	ADDERALL XR CAPSULES	Amphetamine-Dextroamphetamine SR 24 hr Capsule (QL)	MAXIMUM 1 PER DAY
2		ADVAIR HFA	Salmeterol / Fluticasone	MAXIMUM 1 INHALER PER MONTH
2		ADVICOR	Niacin ER / Lovastatin Tablet	MAXIMUM 1 PER DAY
3		AEROSPAN AEROSOL (QL)	Flunisolide HFA	MAXIMUM 1 INHALER PER MONTH
3		AFREZZA INHALATION POWDER (QL)	Insulin regular (human)	MAXIMUM 3 CARTRIDGES PER DAY
3		AKYNZEO CAPSULE	Netupitant-palonosetron	MAXIMUM 2 CAPSULES PER 28 DAYS
3		ALORA PATCHES	Estradiol Transdermal - Bi-Weekly	MAXIMUM 8 PATCHES PER MONTH
1	*	ALTACE CAPSULES	Ramipril Capsules	1.25 MG, 2.5 MG, 5 MG: MAXIMUM 1 PER DAY; 10 MG: MAXIMUM 2 PER DAY
3	*	AMBIEN CR TABLETS 6.25 MG, 12.5MG	Zolpidem Extended-Release	MAXIMUM 1 PER DAY
1	*	AMBIEN TABLETS	Zolpidem – For Short Term Use Only	MAXIMUM 1 PER DAY
1	*	AMERGE	Naratriptan	MAXIMUM 9 TABLETS PER MONTH
1	*	AMNESTEEM CAPSULES	Isotretinoin	MAXIMUM 5 MONTHS CONTINUOUS THERAPY
3	*	Amphetamine-Dextroamphetamine 24 HR Capsules	Amphetamine-Dextroamphetamine 24 HR Capsules	MAXIMUM 1 PER DAY
2		AMPYRA TABLETS	Dalfampridine tab SR 12hr 10 mg	MAXIMUM 2 PER DAY
3		AMRIX CAPSULES	Cyclobenzaprine SR Capsules	MAXIMUM 1 PER DAY
2		ANDROGEL	Testosterone Gel	MAXIMUM 300 GM PER MONTH
2		ANORO ELLIPTA INHALER	Umeclidinium-Vilanterol	MAXIMUM 1 INHALER PER MONTH
3		ANZEMET	Dolasetron Mesylate	MAXIMUM 2 TABLETS PER COURSE OF THERAPY
3		APIDRA INSULIN	Insulin glulisine	MAXIMUM 45 ML PER MONTH
3		APLENZIN	Bupropion HBr Tab SR 24HR 348 MG	MAXIMUM 1 PER DAY
3		APTENSIO XR CAPSULES (QL)	Methylphenidate hcl Capsules ER 24hr	
3		APTIOM TABLETS (QL)	eslicarbazepine	MAXIMUM 2 PER DAY - 800 MG MAXIMUM 1 PER DAY
2	*	ARAVA	Leflunomide	MAXIMUM 1 PER DAY
1	*	ARICEPT 23 MG	Donepezil	MAXIMUM 1 PER DAY
2		ARNUITY ELLIPTA AEROSOL	Fluticasone Furoate Aerosol Powder	MAXIMUM 1 INHALER PER MONTH
2		ASACOL TABLETS	Mesalamine (5-ASA)	MAXIMUM 6 PER DAY
2		ASMANEX AEROSOL	Mometasone Furoate	MAXIMUM 1 INHALER PER MONTH
1	*	ASTELIN NASAL SPRAY	Azelastine	MAXIMUM 1 INHALER PER MONTH
1	*	ASTEPRO 0.15% NASAL SPRAY	Azelastine	MAXIMUM 1 INHALER PER MONTH
3	*	ATELVIA TABLETS (EST)	Risedronate Delayed Release	MAXIMUM 1 PER WEEK
3		ATRALIN GEL (QL)	Tretinoin 0.05%	MAXIMUM 45 GM PER MONTH
2		ATROVENT NASAL SPRAY	Ipratropium	MAXIMUM 2 INHALERS PER MONTH- DAILY DOSE 0.86 PER DAY
1	*	AVELOX TABLETS	Moxifloxacin	MAXIMUM 14 TABLETS IN 3 MONTHS
1	*	AVINZA SR CAPS	Morphine Sulfate SR Caps	MAXIMUM 1 PER DAY

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TIER	GENERIC	BRAND NAME	GENERIC NAME	LIMITATIONS OR COMMENTS
3	*	AXERT	Almotriptan	MAXIMUM 6 TABLETS PER MONTH
3		AXIRON SOLUTION	Testosterone TD Soln 30 MG/ACT	MAXIMUM 3ML PER DAY
3		AZASITE OPHTHALMIC SOLUTION	Azithromycin Ophthalmic Solution	MAXIMUM 6 ML PER MONTH
3		BECONASE AQ	Beclomethasone Inhaler	MAXIMUM 2 INHALERS PER MONTH
3		BEPREVE OPHTHALMIC SOLUTION	Bepotastine Besilate	MAXIMUM 10ML PER MONTH
1	*	BIAVIN XL	Clarithromycin XL	MAXIMUM 14 TABLETS PER PRESCRIPTION
3	*	BONIVA	Ibandronate	MAXIMUM 1 PER MONTH
2		BREO ELLIPTA INHALER	(Fluticasone Furoate-Vilanterol Aero Powder)	MAXIMUM 1 INHALER PER MONTH
3		BRILINTA TABLETS	Ticagrelor Tab 90 MG	MAXIMUM 2 PER DAY
3		BUTRANS PATCH	Buprenorphine TD Patch Weekly	MAXIMUM 4 PATCHES PER PRESCRIPTION EVERY 28 DAYS
1	*	Calcitriol Ointment	Calcitriol	MAXIMUM 100 GM PER 30 DAY SCRIPT
3		CAMBIA PACKETS	Diclofenac Potassium Packet 50 MG	MAXIMUM 9 PER 30 DAYS
1	*	CARDIZEM CD	Diltiazem Capsule 24 HR	MAXIMUM 1 PER DAY
SP		CAVERJECT INJECTION	Alprostadil Injection	MAXIMUM 6 PER 30 DAYS
3		CAYSTON INHALATION SOLUTION	Aztreonam for Inhalation Solution	MAXIMUM DAYS SUPPLY 28
1	*	CELEBREX	Celecoxib	MAXIMUM 1 PER DAY
1	*	CELEXA	Citalopram	MAXIMUM 1 PER DAY FOR 40 MG; 2 PER DAY 10MG AND 20MG; 20ML FOR ORAL SOLUTION
3		CESAMET CAPSULES	Nabilone	MAXIMUM 60 CAPSULES PER MONTH
SP		CIALIS	Tadalafil	MAXIMUM 8 PER MONTH - CHECK SPECIFIC PLAN FOR COVERAGE, QUANTITY AND COINSURANCE
1	*	CIPRO XR 1000 MG	Ciprofloxacin XR 1000 MG	MAXIMUM 14 DAYS PER PRESCRIPTION
1	*	CIPRO XR 500 MG	Ciprofloxacin XR 500 MG	MAXIMUM 3 TABLETS PER PRESCRIPTION
2		CIPRODEX OTIC SUSPENSION	Ciprofloxacin/Dexamethasone	MAXIMUM 8 ML PER PRESCRIPTION
3	*	CLARINEX TABLETS / REDI-TABS	desloratadine	MAXIMUM 1 TABLET PER DAY
1	*	CLIMARA PATCHES	Estradiol Transdermal - Weekly	MAXIMUM 4 PATCHES PER MONTH
1	*	CLOMID	Clomiphene	NOT COVERED BY ALL PLANS – MAXIMUM 15 TABLETS PER SCRIPT
2		COARTEM	Artemether/lumefantrine	MAXIMUM 3 DAYS TREATMENT
1	*	COLAZAL	Balsalazide disodium	MAXIMUM 280 PER MONTH
3		COMBIVENT RESPIMAT	Ipratropium-Albuterol Inhal Aerosol Soln	MAXIMUM 1 INHALER PER MONTH
3	*	COMBUNOX	Oxycodone and Ibuprofen	MAXIMUM 4 PER DAY
1	*	CONCERTA SA TABLET	Methylphenidate Extended Release Tablets	MAXIMUM 1 PER DAY - 36 MG MAXIMUM 2 PER DAY
1	*	COREG	Carvedilol	MAXIMUM 2 PER DAY
3		CRESTOR (QL) (EST)	Rosuvastatin	MAXIMUM 1 PER DAY
1	*	CYMBALTA (EST)	Duloxetine EC Capsules	MAXIMUM 2 PER DAY
3		CYSTARAN OPHTHALMIC SOLUTION	Cysteamine	MAXIMUM 2.15 MLs PER DAY
3		DALIRESP TABLETS	Roflumilast	MAXIMUM 1 PER DAY
3		DENAVIR CREAM	Penciclovir	MAXIMUM 1.5 GM PER PRESCRIPTION
3		Desvenlafaxine Tab SR 24HR	Desvenlafaxine Tab SR 24HR	MAXIMUM 1 PER DAY
1	*	DETROL	Tolterodine Tartrate	MAXIMUM 2 PER DAY
2	*	DETROL LA	Tolterodine Tartrate Long Acting	MAXIMUM 1 PER DAY
3		DICLEGIS	Doxylamine-Pyridoxine Tab Delayed Release	MAXIMUM 4 PER DAY
1	*	DIFFERIN 0.3% GEL	Adapalene	QTY MAXIMUM 45 GM, 30 ML or 60 PADS PER PRESCRIPTION
1	*	DIFFERIN 0.1% CREAM	Adapalene	QTY MAXIMUM 45 GM

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3		DIFFERIN LOTION	Adapalene	QTY MAXIMUM 60 ML PER PRESCRIPTION
1	*	DOLOPHINE	Methadone Tablets	5 MG, 10 MG, 40 MG TABLETS ONLY
3	*	DOSTINEX TABLETS	Cabergoline	MAXIMUM 8 PER 30 DAYS
1	*	DOVONEX	Calcipotriene	MAXIMUM 120 GMS PER MONTH
1	*	DUAC GEL	Benzoyl Peroxide 5% / Clindamycin 1%	QTY MAXIMUM 1 KIT PER MONTH
2		DULERA AEROSOL	Mometasone furoate-formoterol fumarate	MAXIMUM 1 INHALER PER MONTH
1	*	DURAGESIC PATCHES	Fentanyl Transdermal Patch	QTY MAXIMUM 10 PATCHES PER MONTH
3		DYMISTA NASAL SPRAY (QL)	Azelastine Hcl-Fluticasone Propionate	MAXIMUM 1 SPRAYER PER MONTH
3		EDLUAR SUBLINGUAL TABLETS	Zolpidem Tartrate Sublingual	MAXIMUM 1 PER DAY
1	*	EFFEXOR XR	Venlafaxine Extended Release	37.5 MG and 75 MG MAXIMUM 1 PER DAY; 150 MG MAX 2 PER DAY WITHOUT PRIOR AUTHORIZATION
2		ELIMITE CREAM	Permethrin cream	AGE LIMIT 2 MONTHS; MAXIMUM TO 60 GM PER PRESCRIPTION
3		ELLA TABLETS	Ulipristal	LIMITED TO 5 DAY COURSE OF THERAPY
3		EMEND	Aprepitant	MAXIMUM ONE 3-DAY TRIPACK / ONE 80, 125 MG TABLET OR 2 TABLETS 40 MG PER COURSE OF THERAPY
3		EPIDUO GEL (QL)	Adapalene-Benzoyl Peroxide Gel	MAXIMUM 30 GM PER MONTH
3		EPIDUO FORTE GEL (QL)	Adapalene-Benzoyl Peroxide Gel	MAXIMUM 30 GM PER MONTH
2		ESTRADERM	Estradiol Transdermal - Bi-Weekly	MAXIMUM 8 PATCHES PER MONTH
1	*	Estradiol Transdermal Patches- Bi-weekly	Estradiol Transdermal - Bi-Weekly	MAXIMUM 8 PATCHES PER MONTH
3		ESTROGEL	Estradiol Gel	QTY MAXIMUM 50 GM PER MONTH
1	*	EVISTA	Raloxifene	MAXIMUM 1 PER DAY
2	*	EXALGO TABLETS	Hydromorphone SR Tablets	MAXIMUM 4 PER DAY
3		FABIOR FOAM	Tazarotene	MAXIMUM 50 GM PER MONTH
3		FACTIVE	Gemifloxacin Mesylate	MAXIMUM 7 DAYS PER COURSE OF THERAPY
3		FASTTAKE TEST STRIPS	Blood Glucose Test Strips	MAXIMUM 150 PER MONTH
3		FENTORA BUCCAL TABLETS	Fentanyl Citrate	MAXIMUM 3 PER DAY
3		FETZIMA	Levomilnacipran	20 MG=MAXIMUM 2 PER DAY, 40 MG=1 PER DAY
3		FLECTOR PATCHES	Diclofenac Epolamine Patch 1.3%	MAXIMUM 1 PER DAY
1	*	FLOMAX CAPSULES	Tamsulosin	MAXIMUM 2 PER DAY
1	*	FLONASE NASAL SPRAY	Fluticasone Nasal Inaler	MAXIMUM 2 BOTTLES PER MONTH
2		FLOVENT DISKUS	Fluticasone	MAXIMUM DAILY DOSE 40 FOR 50MG; 20 FOR 100MG; 8 FOR 250MG
2		FLOVENT HFA AEROSOL	Fluticasone Inhaler	MAXIMUM 2 INHALERS PER MONTH
1	*	FOCALIN	Dexmethylphenidate	MAXIMUM 2 PER DAY
3		FORADIL AEROLIZER	Formoterol Fumarate	MAXIMUM 2 CAPSULES PER DAY
3		FORTESTA GEL	Testosterone Gel	MAXIMUM 2.4 GM PER DAY
1	*	FOSAMAX	Alendronate	5 MG & 10 MG MAXIMUM 1 PER DAY; 70 MG MAXIMUM 1 PER WEEK
3		FOSAMAX-D	Alendronate / Vitamin D	MAXIMUM 4 PER MONTH
2		FREESTYLE INSULINX TEST STRIPS	Preferred Blood Glucose Test Strips	MAXIMUM 200 PER MONTH WITHOUT PRIOR AUTHORIZATION
2		FREESTYLE LITE TEST STRIPS	Preferred Blood Glucose Test Strips	MAXIMUM 200 PER MONTH WITHOUT PRIOR AUTHORIZATION
2		FREESTYLE TEST STRIPS	Preferred Blood Glucose Test Strips	MAXIMUM 200 PER MONTH WITHOUT PRIOR AUTHORIZATION
3		FROVA TABETS	Frovatriptan Succinate	MAXIMUM 9 TABLETS PER MONTH
3		FULYZAQ DELAYED RELEASE TABLETS	Crofelemer Tab Delayed Release	MAXIMUM 2 PER DAY
3		GELNIQUE GEL	Oxybutynin Chloride Gel	MAXIMUM 1 PKG PER DAY
3		HORIZANT SR TABLETS	Gabapentin Enacarbil Tab SR 24HR 600 MG	MAXIMUM 1 PER DAY
2		HUMALOG INSULIN	Insulin, Lispro	MAXIMUM 40 ML PER PRESCRIPTION
2		HUMALOG INSULIN PENS	Insulin, Lispro	MAXIMUM 45 ML PER PRESCRIPTION

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2		HUMULIN INSULIN	Insulin, Human mfg Lilly	MAXIMUM 40 ML PER PRESCRIPTION
2		HUMULIN INSULIN PENS	Insulin, Human mfg Lilly	MAXIMUM 45 ML PER PRESCRIPTION
1	*	IMITREX	Sumatriptan Tablets	MAXIMUM 9 TABLETS PER MONTH
1	*	IMITREX NASAL SPRAY	Sumatriptan Nasal Spray	MAXIMUM 1 PKG OF 6 DOSES PER MONTH
3		INTERMEZZO SL TABLETS (EST)	Zolpidem Tartrate SL Tab	MAXIMUM 20 PER MONTH - MAXIMUM AGE=64
3	*	INTUNIV TABLETS	Guanfacine 24 HR Tablets	MAXIMUM 1 PER DAY
3	*	JOLESSA	Levonorgestrel and ethinyl estradiol	MAXIMUM 3 MONTH SUPPLY
2		JUVISYNC TABLETS	Sitagliptin-Simvastatin	MAXIMUM 1 PER DAY
3		KADIAN CR CAPSULES 40MG, 70MG, 130MG, 150MG, 200MG	Morphine Sulfate Sustained Release Capsules	MAXIMUM 2 PER DAY
1	*	KADIAN CR CAPSULES 10MG, 20MG, 30MG, 50MG, 80MG, 100MG ONLY	Morphine Sulfate Sustained Release Capsules	MAXIMUM 2 PER DAY
3	*	KAPVAY	Clonidine HCl Tab SR 12HR	MAXIMUM 1 PER DAY
3		KERYDIN SOLUTION	Tavaborole	MAXIMUM 10 ML PER MONTH
1	*	Ketoconazole 2% Cream	Ketoconazole 2% Cream	MAXIMUM 60 GM PER MONTH
2		KETONE TEST STRIPS	Ketone Test Strips	MAXIMUM 150 PER MONTH
3	*	KYTRIL	Granisetron	MAXIMUM 2 TABLETS COURSE OF THERAPY
3		LAMICTAL XR TABLET	Lamotrigine Tab SR 24HR	MAXIMUM 1 PER DAY
1	*	LAMASIL TABLETS	Terbinafine HCl	MAXIMUM 90 PER YEAR
2		LANTUS	Insulin Glargine	MAXIMUM 45 ML PER MONTH
1	*	LARIAM	Mefloquine	MAXIMUM 6 TABLETS PER MONTH
2		LASTACAPT OPTHALMIC SOLUTION	Alcaftadine Ophth Soln 0.25%	MAXIMUM 3 MLS PER MONTH
3	*	LESCOL	Fluvastatin	MAXIMUM 1 PER DAY
3	*	LESCOL XL	Fluvastatin Extended Release Capsules	MAXIMUM 1 PER DAY
1	*	LEVAQUIN	Levofloxacin	MAXIMUM 14 TABLETS PER FILL
2		LEVEMIR	Insulin, Detemir	MAXIMUM 45 ML PER MONTH
SP		LEVITRA	Vardenafil	MAXIMUM 8 PER MONTH - CHECK SPECIFIC PLAN FOR COVERAGE, QUANTITY AND COINSURANCE
1	*	LIDODERM PATCHES	Lidocaine 5%	MAXIMUM 3 PER DAY
1	*	LIPITOR	Atorvastatin	MAXIMUM 1 PER DAY
2		LIPTRUZET TABLETS	Ezetimibe-Atorvastatin	MAXIMUM 1 PER DAY
3		LIVALO	Pitavastatin Calcium	MAXIMUM 1 PER DAY
1	*	LOSEASONIQUE TABLETS	Levonorgestrel-Ethinyl Estradiol Tablet	MAXIMUM 1 PER DAY
3		LOTEMAX	Loteprednol etabonate ophth susp 0.5%	MAXIMUM 5 ML PER MONTH
1	*	LOTRISONE	Clotrimazole / Betamethasone	MAXIMUM 45 GM PER MONTH
1	*	LUMIGAN	Bimatoprost	MAXIMUM 2.5 ML PER MONTH
3	*	LUNESTA	Eszopiclone	MAXIMUM 1 PER DAY
3		LYRICA TABLETS / SOLUTION	Pregabalin Capsules	MAXIMUM 3 PER DAY; 150MG, 225MG, 300MG MAXIMUM 2 PER DAY
3	*	LYSTEDA TABLETS	Tranexamic Acid	MAXIMUM 6 PER DAY FOR 5 DAYS
1	*	MAXALT	Rizatriptan	MAXIMUM 12 TABLETS PER MONTH
1	*	MAXALT MLT	Rizatriptan Orally Disintegrating Tablet	MAXIMUM 12 TABLETS PER MONTH
3		MENOSTAR	Estradiol Patch Weekly	MAXIMUM 4 PATCHES PER MONTH
1	*	METADATE ER TABLETS (QL)	Methylphenidate Extended Release Tablets	MAXIMUM 1 PER DAY
2		METHERGINE	Methyletergonovine	MAXIMUM 28 TABLETS PER PRESCRIPTION
1	*	MEVACOR	Lovastatin	MAXIMUM 1 PER DAY
3		MIGRANAL NASAL SPRAY	Dihydroergotamine	MAXIMUM 4 UNITS PER MONTH
1	*	MIRALAX POWDER	Polyethylene Glycol 3350	MAXIMUM 527 GM. PER MONTH
1	*	MOBIC TABLETS	Meloxicam Tablets	15 MG: MAXIMUM 1 PER DAY; 7.5 MG: MAXIMUM 2 PER DAY
3		MOXATAG TABLETS	Amoxicillin Extended Release Tablets	MAXIMUM 1 PER DAY X 10 DAYS
1	*	MS CONTIN TABLETS	Morphine Sulfate Sustained Release Tablets	MAXIMUM 3 PER DAY
3		MUSE INSERTS	Alprostadil suppositories	MAXIMUM 6 SUPPOSITORIES PER MONTH-CHECK BENEFITS FOR COVERAGE

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3		MYRBETRIQ TABLETS	Mirabegron	MAXIMUM 1 PER DAY
3	*	NASACORT AQ NASAL INHALATION	Triamcinolone Nasal Inhalation	MAXIMUM 2 INHALERS PER MONTH
2		NASONEX NASAL SPRAY	Mometasone Furoate Nasal Suspension	MAXIMUM 2 INHALERS PER MONTH
3		NATESTO NASAL GEL	Testosterone Nasal Gel	DAILY DOSE= 0.74 GM
3	*	NEXIUM CAPSULES	Esomeprazole	PA REQUIRED: MAXIMUM 1 PER DAY
1	*	Nitroglycerin Patches	Nitroglycerin Patches	MAXIMUM 30 PATCHES PER MONTH
1	*	NIZORAL 2% CREAM	Nizoral Cream 2%	MAXIMUM 60 GM PER MONTH
1	*	NORVASC	Amlodipine	MAXIMUM 2 PER DAY
3		NOVOLIN INSULIN N	Insulin, Human	MAXIMUM 45 ML PER PRESCRIPTION
3		NOVOLIN INSULIN R	Insulin, Human	MAXIMUM 45 ML PER PRESCRIPTION
3		NOVOLOG INSULIN	Insulin Aspartame	MAXIMUM 45 ML PER PRESCRIPTION
3		NOVOLOG INSULIN MIX	Insulin Aspartame	MAXIMUM 45 ML PER PRESCRIPTION
2		NUCYNTA ER TABLETS		MAXIMUM 2 PER DAY
2		NUCYNTA TABLETS	Tapentadol	MAXIMUM 6 PER DAY
1	*	OCUFLOX OPHTHALMIC SOLUTION	Ofloxacin	MAXIMUM 5 ML PER PRESCRIPTION
3		OMNARIS NASAL SUSPENSION	CICLESONIDE NASAL SUSP	MAXIMUM 1 INHALER PER MONTH
3		ONE TOUCH TEST STRIPS	Non-preferred Blood Glucose Test Strips	MAXIMUM 150 PER MONTH
2		ONETOUCH ULTRA TEST STRIPS	Preferred Blood Glucose Test Strips	MAXIMUM 200 PER MONTH
2		ONE TOUCH VERIO IQ TEST STRIPS	Preferred Blood Glucose Test Strips	MAXIMUM 200 PER MONTH
3		ONSOLIS FILM	Fentanyl Citrate Buccal Soluble Film	MAXIMUM 3 PER DAY
2		OPANA ER	Oxymorphone Extended Release	MAXIMUM 2 PER DAY
3		OXECTA TABLETS	Oxycodone HCl Tab (Abuse Deterrent)	MAXIMUM 3 PER DAY
3		OXYCONTIN TABLETS	Oxycodone Extended Release Tablet	MAXIMUM 3 PER DAY
2		PATADAY OPHTHALMIC SOLUTION	Olopatadine 0.2%	MAX 2.5 ML PER MONTH
3	*	PENNSAID SOLUTION	Diclofenac Sodium	MAXIMUM 5 ML PER DAY
3		PERFOROMIST NEBULIZER SOLUTION 20MCG (QL)	Formoterol fumarate	MAXIMUM 4 ML PER DAY
1	*	PLAVIX	Clopidogrel	MAXIMUM 2 PER DAY
1	*	PLETAL TABLETS	Cilostazol	MAXIMUM 2 PER DAY
1	*	POLY-VI-FLOR	Fluoride / Polyvitamins (Without Iron; Drops & Tablets)	MAXIMUM 5 YEARS OF AGE OR YOUNGER
1	*	PRAVACHOL	Pravastatin	10 MG, 20 MG, 80 MG: MAXIMUM 1 PER DAY; 40 MG: MAXIMUM 2 PER DAY
2		PRECISION Q.I.D. TEST STRIPS	Preferred Blood Glucose Test Strips	MAXIMUM 200 PER MONTH
2		PRECISION XTRA TEST STRIPS	Preferred Blood Glucose Test Strips	MAXIMUM 200 PER MONTH
3		PREVACID NAPRAPAC	Lansoprazole + Naproxen	PA REQUIRED: MAXIMUM 2 CAPSULES PER DAY
3		PREVACID SOLUTABS	Lansoprazole	PA REQUIRED:MAXIMUM 1 PER DAY
3		PRISTIQ TABLETS (EST)	Desvenlafaxine 24HR Tablets	MAXIMUM 1 PER DAY
3		PROAIR RESPICLICK (QL)	Albuterol Sulfate Aer Pow BA 108 MCG/ACT (90 MCG Base Equiv)	QTY. LIMIT UP TO 2 INHALERS / 30 DAYS SUPPLY
3		PROMACTA TABLETS	Eltrombopag Olamine	MAXIMUM 1 PER DAY
3		PROMETRIUM CAPSULES	Progesterone Micronized	MAXIMUM 2 PER DAY
1	*	PROTONIX TABLETS	Pantoprazole	MAXIMUM 1 PER DAY
1	*	PROTOPIC OINTMENT	Tacrolimus Ointment 0.3%, 1%	MAXIMUM 60 GMS PER FILL; 2 FILLS IN 6 MONTHS
2		PROVENTIL HFA	Albuterol	MAXIMUM 2 INHALERS PER MONTH
3	*	PROVIGIL TABLETS	Modafinil Tablets	MAXIMUM 1 PER DAY
2		PULMICORT FLEXHALER	Budesonide Turbuhaler	MAXIMUM 2 INHALERS PER MONTH
1	*	PULMICORT RESPULES	Budesonide Respules	MAXIMUM 8 YEARS OF AGE OR YOUNGER: MAXIMUM 120 MLS / MONTH
2		PULMOZYME INHALED SOLUTION	Dornase Alfa	MAXIMUM 30 AMPS PER MONTH
3		QUALAQUIN CAPSULES	Quinine Capsules	MAXIMUM 2 CAPSULES PER DAY
3		QNASL CHILDRENS NASAL AEORSOL	Beclomethasone Dipropionate	MAXIMUM 1 PER MONTH
2		QVAR	Beclomethasone Dipronate Aerosol	MAXIMUM 2 INHALERS PER MONTH
3		RANEXA	Ranolazine	MAXIMUM 4 PER DAY FOR 500MG
3		RAZADYNE ER	Galantamine ER Capsules	MAXIMUM 1 CAPSULE PER DAY

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3		REGRANEX	Becaplermin Gel	MAXIMUM 15 GMS PER FILL
1	*	RELAFEN TABLETS	Nabumetone Tablets	MAXIMUM 4 PER DAY FOR 500MG; MAXIMUM 3 PER DAY FOR 750MG
2		RELENZA	Zanamivir	MAXIMUM 10 DAYS
3		RELPAX	Eletriptan	MAXIMUM 6 TABLETS PER MONTH
3		RESCULA OPHTHALMIC SOLUTION	Unoprostone Isopropyl	MAXIMUM 1 BOTTLE PER MONTH
3		RESTASIS OPHTHALMIC EMULSION	Cyclosporin Ophthalmic Emulsion	MAXIMUM 2 VIALS PER DAY
2		RETIN A MICRO	Tretinoin 0.05%	MAXIMUM 20 GM PER MONTH
3		REXAPHENAC CREAM (QL)	Diclofenac	MAXIMUM 120 GM PER MONTH
3	*	RHINOCORT AQUA SUSPENSION	Budesonide Nasal Suspension	MAXIMUM 2 INHALERS PER MONTH
3		ROZEREM	Ramelteon	MAXIMUM 1 PER DAY
1	*	RYTHMOL TABLETS	Propafenone	150 MG: MAXIMUM 6 PER DAY; 225 MG, 300 MG: MAXIMUM 3 PER DAY
2		SAMSCA TABLETS	Tolvaptan Tablets	MAXIMUM 1 PER DAY
3		SANCUSO PATCHES	Granisetron	MAXIMUM 1 PER 21 DAYS
3		SAVELLA TABLETS	Milnacipran	MAXIMUM 2 PER DAY
1	*	SEASONIQUE TABLETS	Levonorgestrel-Ethinyl Estradiol Tablet	MAXIMUM 1 PER DAY
2		SEREVENT DISKUS	Salmeterol	MAXIMUM TO 2 BLISTERS PER DAY
1	*	SEROPHENE	Clomiphene	NOT COVERED BY ALL PLANS – MAXIMUM 15 TABLETS
2		SIVEXTRO TABLETS	Tedizolid Phosphate	MAXIMUM 6 PER 90 DAYS
1	*	SONATA	Zaleplon	MAXIMUM 1 PER DAY
3		SORIATANE CK KIT	Acitretin Capsules plus Moisturizer	MAXIMUM 1 KIT PER MONTH
3		SORILUX AEROSOL (QL)	Calcipotriene	MAXIMUM 4 GM PER DAY
2		SPIRIVA INHALER	Tiotropium	MAXIMUM 1 CAPSULE PER DAY
3		SPRIX NASAL SPRAY	Ketorolac Tromethamine Nasal Spray 15.75 MG/SPRAY	MAXIMUM 5 DAYS TREATMENT
3	*	STADOL NASAL SPRAY	Butorphanol nasal spray	MAXIMUM 3 CANNISTERS PER MONTH
SP		STAXYN TABLETS (PA)	Vardenafil HCl Orally Disintegrating Tab 10 MG	MAXIMUM 8 TABLETS PER MONTH
SP		STENDRA TABLETS (PA)	Avanafil	MAXIMUM 8 TABLETS PER MONTH
3		STRATTERA	Atomoxetine Tablets	60 MG, 80 MG, 100 MG: MAXIMUM 1 PER DAY; 10 MG, 18 MG, 25 MG, 40 MG: MAXIMUM 2 PER DAY
3		STRIVERDI RESPIMAT	Olodaterol HCl Inhal Aerosol Soln	MAXIMUM 1 INHALER PER MONTH
1	*	SULFACET-R LOTION	Sulfacetamide 10%/ Sulfur 5% Lotion	MAXIMUM 25 ML PER PRESCRIPTION
2		SYMBICORT AEROSOL	Budesonide / Formoterol fumarate dihydrate	MAXIMUM 1 PER MONTH
3		TAMIFLU	Oseltamivir	MAXIMUM 10 CAPSULES
3	*	TACLONEX OINTMENT (QL)	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE	MAXIMUM 60GM PER MONTH
2		TAZORAC CREAM / GEL	Tazarotene	MAXIMUM 30 GM PER MONTH
1	*	TEMODAR	Temozolomide	MAXIMUM 15 PER MONTH
1	*	TOBRADEX	Tobramycin / Dexamethasone	MAXIMUM 5 ML PER PRESCRIPTION
1	*	TORADOL	Ketorolac Oral Tablets	MAXIMUM 20 TABLETS PER PRESCRIPTION
2		TOUJEO SOLOSTAR	Insulin Glargine Soln Pen-Injector	MAXIMUM 45 ML PER PRESCRIPTION
2		TOVIAZ 24 HR TABLET	Fesoterodine Fumarate Tab SR 24HR	MAXIMUM 1 PER DAY
2		TRAVATAN Z OPHTHALMIC SOLUTION	Travoprost	MAXIMUM 2.5 ML PER MONTH
3		TREXIMET TABLETS	Sumatriptan / Naproxen	MAXIMUM 9 TABLETS PER MONTH
1	*	TRI-VI-FLOR	Fluoride / Vitamins A,D,C (Without Iron; Drops & Tablets)	MAXIMUM 5 YEARS OF AGE OR YOUNGER
3		TRUETRACK TEST STRIPS (PA)	Non-preferred Blood Glucose Test Strips	MAXIMUM 150 PER MONTH
2		TUDORZA PRESSAIR	Acidinium Bromide	MAXIMUM 1 PER MONTH
1	*	TUSSIONEX SUSPENSION	Hydrocodone polistirex and chlorpheniramine polistirex Liquid	MAXIMUM 10 ML PER DAY
1	*	ULTRAM 50MG	Tramadol 50 MG Tablets	MAXIMUM 8 PER DAY
3	*	UROXATRAL TABLETS	Alfuzosin SR 24 Hr Tabs	MAXIMUM 1 PER DAY
2		VALCYTE	Valganciclovir	MAXIMUM 4 PER DAY: 21 MLs PER DAY
1	*	VALTREX	Valacyclovir	MAXIMUM 30 PER MONTH
1	*	VECTICAL OINTMENT	Calcitriol Ointment	MAXIMUM 200 GMS PER PRESCRIPTION

* = AVAILABLE AS A GENERIC

SP - Specialty Drug- not covered by all plans

Drugs Subject To Quantity Limitations

TIER	GENERIC	BRAND NAME	GENERIC NAME	LIMITATIONS OR COMMENTS
3		VERAMYST NASAL SPRAY	Fluticasone Furoate	MAXIMUM 1 INHALER PER MONTH
3		VEREGEN OINT	Sinecatechins	MAXIMUM 15 GM PER MONTH
1	*	VERMOX	Mebendazole	MAXIMUM 6 TABLETS PER PRESCRIPTION
1	*	VFEND TABLETS	Voriconazole	MAXIMUM 2 TABLETS PER DAY
SP		VIAGRA	Sildenafil	MAXIMUM 8 PER MONTH - CHECK SPECIFIC PLAN FOR COVERAGE, QUANTITY AND COINSURANCE
1	*	VI-DAYLIN/F	Fluoride / Polyvitamins (Without Iron; Drops & Tablets)	AGE LIMIT 5 YEARS OR YOUNGER
3/SP		VIEKIRA PAK	Ombitasvir-paritaprevir-ritonavir-dasabuvir	
2		VIGAMOX	Moxifloxacin	MAXIMUM 3 ML PER PRESCRIPTION
3		VOGELXO GEL	Testosterone Gel	MAXIMUM 10 GM PER DAY
1	*	VOSPIRE ER	Albuterol sulfate ER tablets	MAXIMUM 2 PER DAY
2		VYTORIN (EST)	Simvastatin / Ezetimibe	MAXIMUM 1 PER DAY
2		VYVANSE	Lisdexamfetamine	MAXIMUM 1 PER DAY
1	*	WELLBUTRIN XL	Bupropion Extended Release	MAXIMUM 1 PER DAY
1	*	XALATAN	Latanoprost	MAXIMUM 2.5 ML PER MONTH
3		XELJANZ TABLETS	Tofacitinib Citrate	MAXIMUM 2 PER DAY
3		XERESE CREAM	Acyclovir-Hydrocortisone Cream	MAXIMUM 5 GM TUBE PER PRESCRIPTION
3		XIFAXAN 200mg	Rifaximin	MAXIMUM 9 TABLETS PER PRESCRIPTION
3		XIFAXAN 550mg	Rifaximin	MAXIMUM 2 PER DAY
2		XOPENEX HFA AEROSOL	Levalbuterol	QTY. LIMIT UP TO 1 INHALER / 30 DAYS SUPPLY
3	*	XYZAL TABLETS	Levocetirizine	MAXIMUM 1 PER DAY
1	*	ZENATANE CAPSULES	Isotretinoin	MAXIMUM 5 MONTHS CONTINUOUS THERAPY
3		ZETONNA NASAL AEROSOL	Ciclesonide	MAXIMUM 0.3 GM PER DAY
3		ZIANA GEL	Clindamycin- Tretinoin Gel	MAXIMUM 1.0 GM PER DAY
3		ZIOPATAN OPHTHALMIC SOLUTION (QL)	Tafuprost ophthalmic solution	MAXIMUM 1 PER CONTAINER DAY
3		ZIPSOR CAPSULES	Diclofenac Potassium	MAXIMUM 4 TABLETS PER DAY - MAXIMUM 7 DAYS
1	*	ZITHROMAX	Azithromycin	MAXIMUM 6 TABLETS PER PRESCRIPTION
2		ZMAX SUSPENSION	Azithromycin Extended release for oral susp 2 gm	MAXIMUM 1 PER DAY (Equals 2 Gm dose Per day)
1	*	ZOCOR 10 MG, 20 MG, 40 MG	Simvastatin	MAXIMUM 1 PER DAY
1	*	ZOCOR 80 MG (PA)	Simvastatin	MAXIMUM 1 PER DAY
1	*	ZOFRAN	Ondansetron	MAXIMUM 20 TABLETS PER MONTH
1	*	ZOFRAN ODT	Ondansetron ODT	MAXIMUM 20 TABLETS PER MONTH
3		ZOMIG NASAL SPRAY	Zolmitriptan	MAXIMUM 1 PKG OF 6 DOSES PER MONTH
3	*	ZOMIG TABLETS, ZMT	Zolmitriptan	MAXIMUM 6 TABLETS PER MONTH
3		ZOVIRAX CREAM	Acyclovir Cream	MAXIMUM 15 GM PER PRESCRIPTION
1	*	ZOVIRAX OINTMENT	Acyclovir Ointment	MAXIMUM 30 GM PER PRESCRIPTION
3		ZUPLENZ ORAL FILM	Ondansetron Oral Film	MAXIMUM 20 PER PRESCRIPTION
3		ZYCLARA CREAM	Imiquimod Cream	MAXIMUM 28 PER 28 DAYS