

Medications with
Quantity Limits

Drug Name	Tier	Quantity Limit	Quantity Limit Days Supply
AMBIEN TAB 5MG	Non-Preferred	60	30
AMBIEN CR TAB 6.25MG	Non-Preferred	30	30
AMERGE TAB 1MG	Non-Preferred	9	30
AMERGE TAB 2.5MG	Non-Preferred	9	30
APAP/CODEINE SOL 120-12/5	Generic	3240	30
APAP/CODEINE TAB 300-15MG	Generic	360	30
APAP/CODEINE TAB 300-30MG	Generic	360	30
APAP/CODEINE TAB 300-60MG	Generic	360	30
ASCOMP/COD CAP 30MG	Generic	180	30
AVINZA CAP 120MG	Non-Preferred	60	30
AVINZA CAP 30MG	Non-Preferred	60	30
AVINZA CAP 45MG	Non-Preferred	60	30
AVINZA CAP 60MG	Non-Preferred	60	30
AVINZA CAP 75MG	Non-Preferred	60	30
AVINZA CAP 90MG	Non-Preferred	60	30
AXERT TAB 12.5MG	Non-Preferred	8	30
AXERT TAB 6.25MG	Non-Preferred	16	30
BUNAVAIL MIS 2.1-03MG	Non-Preferred	180	30
BUNAVAIL MIS 4.2-0.7MG	Non-Preferred	120	30
BUNAVAIL MIS 6.3-1.0MG	Non-Preferred	90	30
BUPRENORPHIN SUB 2MG	Generic	360	30
BUPRENORPHIN SUB 8MG	Generic	90	30
BUT/APAP/CAF CAP CODEINE	Generic	180	30
BUTORPHANOL SOL 10MG/ML	Generic	5	28
BUTRANS DIS 10MCG/HR	Non-Preferred	4	28
BUTRANS DIS 15MCG/HR	Non-Preferred	4	28
BUTRANS DIS 20MCG/HR	Non-Preferred	4	28
BUTRANS DIS 5MCG/HR	Non-Preferred	4	28
BUTRANS DIS 7.5MCG/HR	Non-Preferred	4	28
BYETTA INJ 10MCG	Preferred	3	30
BYETTA INJ 5MCG	Preferred	2	30
CAPITAL/COD SUS 120-12/5	Non-Preferred	1660	30
DEMEROL INJ 50MG/ML	Non-Preferred	360	1
DEMEROL TAB 100MG	Non-Preferred	90	30
DEMEROL TAB 50MG	Non-Preferred	180	30
DETROL TAB 1MG	Non-Preferred	60	30
DETROL TAB 2MG	Non-Preferred	60	30
DETROL LA CAP 2MG	Non-Preferred	30	30
DETROL LA CAP 4MG	Non-Preferred	30	30
DIHYDROERGOTAMINE SPR 4MG/ML	Generic	8	30
DITROPAN XL TAB 10MG	Non-Preferred	60	30
DITROPAN XL TAB 5MG	Non-Preferred	60	30

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Drug Name	Tier	Quantity Limit	Quantity Limit Days Supply
DURAGESIC DIS 100MCG/H	Non-Preferred	15	30
DURAGESIC DIS 12MCG/HR	Non-Preferred	15	30
DURAGESIC DIS 25MCG/HR	Non-Preferred	15	30
DURAGESIC DIS 50MCG/HR	Non-Preferred	15	30
DURAGESIC DIS 75MCG/HR	Non-Preferred	15	30
EDLUAR SUB 5MG	Non-Preferred	30	30
ENABLEX TAB 15MG	Non-Preferred	30	30
ENABLEX TAB 7.5MG	Non-Preferred	30	30
EXALGO TAB 12MG	Non-Preferred	60	30
EXALGO TAB 16MG	Non-Preferred	60	30
EXALGO TAB 8MG	Non-Preferred	60	30
FARXIGA TAB 10MG	Non-Preferred	30	30
FARXIGA TAB 5MG	Non-Preferred	30	30
FENTANYL DIS 100MCG/H	Generic	15	30
FENTANYL DIS 12MCG/HR	Generic	15	30
FENTANYL DIS 25MCG/HR	Generic	15	30
FENTANYL DIS 50MCG/HR	Generic	15	30
FENTANYL DIS 75MCG/HR	Generic	15	30
FIORICET/COD CAP	Non-Preferred	180	30
FIORINAL/COD CAP 30MG	Non-Preferred	180	30
FROVA TAB 2.5MG	Non-Preferred	12	30
HYCET SOL 7.5-325	Non-Preferred	5400	30
HYDROCO/APAP SOL 7.5-325	Generic	5400	30
HYDROCO/APAP SOL 7.5-500	Generic	3600	30
HYDROCO/APAP TAB 10-300MG	Generic	180	30
HYDROCO/APAP TAB 10-325MG	Generic	180	30
HYDROCO/APAP TAB 10-500MG	Generic	180	30
HYDROCO/APAP TAB 10-650MG	Generic	180	30
HYDROCO/APAP TAB 10-660MG	Generic	180	30
HYDROCO/APAP TAB 10-750MG	Generic	150	30
HYDROCO/APAP TAB 2.5-500MG	Generic	240	30
HYDROCO/APAP TAB 5-300MG	Generic	360	30
HYDROCO/APAP TAB 5-325MG	Generic	360	30
HYDROCO/APAP TAB 5-500MG	Generic	240	30
HYDROCO/APAP TAB 7.5-300	Generic	360	30
HYDROCO/APAP TAB 7.5-325MG	Generic	360	30
HYDROCO/APAP TAB 7.5-500MG	Generic	240	30
HYDROCO/APAP TAB 7.5-650MG	Generic	180	30
HYDROCO/APAP TAB 7.5-750MG	Generic	150	30
HYDROMORPHONE HCL TAB ER 12MG	Generic	60	30
HYDROMORPHONE HCL TAB ER 16MG	Generic	60	30

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Drug Name	Tier	Quantity Limit	Quantity Limit Days Supply
HYDROMORPHONE HCL TAB ER 32MG	Generic	60	30
HYDROMORPHONE HCL TAB ER 8MG	Generic	60	30
IMITREX INJ 4MG/0.5	Non-Preferred	9	30
IMITREX INJ 6MG/0.5	Non-Preferred	4	30
IMITREX INJ 6MG/0.5	Non-Preferred	4	30
IMITREX SPR 20MG/ACT	Non-Preferred	6	30
IMITREX SPR 5MG/ACT	Non-Preferred	6	30
IMITREX TAB 100MG	Non-Preferred	9	30
IMITREX TAB 25MG	Non-Preferred	9	30
IMITREX TAB 50MG	Non-Preferred	9	30
INTERMEZZO SUB 1.75MG	Non-Preferred	30	30
INTERMEZZO SUB 3.5MG	Non-Preferred	30	30
INVOKANA TAB 100MG	Non-Preferred	30	30
INVOKANA TAB 300MG	Non-Preferred	30	30
JANUVIA TAB 100MG	Preferred	30	30
JANUVIA TAB 25MG	Preferred	30	30
JANUVIA TAB 50MG	Preferred	30	30
JARDIANCE TAB 10MG	Non-Preferred	30	30
JARDIANCE TAB 25MG	Non-Preferred	30	30
LANSOPRAZOLE CAP 15MG DR	Generic	60	30
LANSOPRAZOLE CAP 30MG DR	Generic	60	30
LORTAB TAB 10-500MG	Non-Preferred	180	30
LYRICA CAP 100MG	Preferred	90	30
LYRICA CAP 150MG	Preferred	90	30
LYRICA CAP 25MG	Preferred	90	30
LYRICA CAP 50MG	Preferred	90	30
LYRICA CAP 75MG	Preferred	90	30
MAGNACET TAB 10-400MG	Non-Preferred	240	30
MAGNACET TAB 5-400MG	Non-Preferred	240	30
MAGNACET TAB 7.5-400	Non-Preferred	240	30
MAXALT TAB 10MG	Non-Preferred	12	30
MAXALT TAB 5MG	Non-Preferred	12	30
MAXALT-MLT TAB 10MG	Non-Preferred	12	30
MAXALT-MLT TAB 5MG	Non-Preferred	12	30
MEPERIDINE INJ 100MG/ML	Generic	45	30
MEPERIDINE INJ 25MG/ML	Generic	180	30
MEPERIDINE INJ 50MG/ML	Generic	360	1
MEPERIDINE SOL 50MG/5ML	Generic	900	30
MEPERIDINE TAB 100MG	Generic	90	30
MEPERIDINE TAB 50MG	Generic	180	30
MIGRANAL SPR 4MG/ML	Non-Preferred	8	30

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Drug Name	Tier	Quantity Limit	Quantity Limit Days Supply
MORPHINE SUL CAP 120MG	Generic	60	30
MORPHINE SUL CAP 30MG	Generic	60	30
MORPHINE SUL CAP 45MG	Generic	60	30
MORPHINE SUL CAP 60MG	Generic	60	30
MORPHINE SUL CAP 75MG	Generic	60	30
MORPHINE SUL CAP 90MG	Generic	60	30
MORPHINE SUL TAB 100MG ER	Generic	120	30
MORPHINE SUL TAB 15MG ER	Generic	120	30
MORPHINE SUL TAB 200MG ER	Generic	120	30
MORPHINE SUL TAB 30MG ER	Generic	120	30
MORPHINE SUL TAB 60MG ER	Generic	120	30
MS CONTIN TAB 100MG CR	Non-Preferred	120	30
MS CONTIN TAB 15MG CR	Non-Preferred	120	30
MS CONTIN TAB 200MG CR	Non-Preferred	120	30
MS CONTIN TAB 30MG CR	Non-Preferred	120	30
MS CONTIN TAB 60MG CR	Non-Preferred	120	30
NARATRIPTAN TAB 1MG	Generic	9	30
NARATRIPTAN TAB 2.5MG	Generic	9	30
NESINA TAB 12.5MG	Non-Preferred	30	30
NESINA TAB 25MG	Non-Preferred	30	30
NESINA TAB 6.25MG	Non-Preferred	30	30
NORCO TAB 10-325MG	Non-Preferred	180	30
NORCO TAB 5-325MG	Non-Preferred	180	30
NORCO TAB 7.5-325MG	Non-Preferred	180	30
NUCYNTA TAB 50MG	Non-Preferred	180	30
NUCYNTA TAB 75MG	Non-Preferred	180	30
NUCYNTA TAB 100MG	Non-Preferred	180	30
NUCYNTA ER TAB 100MG	Non-Preferred	60	30
NUCYNTA ER TAB 150MG	Non-Preferred	60	30
NUCYNTA ER TAB 200MG	Non-Preferred	60	30
NUCYNTA ER TAB 250MG	Non-Preferred	60	30
NUCYNTA ER TAB 50MG	Non-Preferred	60	30
OMEPRAS/BICAR CAP 20-1100	Generic	60	30
OMEPRAS/BICAR CAP 40-1100	Generic	60	30
OMEPRASOLE CAP 10MG	Generic	60	30
OMEPRASOLE CAP 20MG	Generic	60	30
OMEPRASOLE CAP 40MG	Generic	60	30
ONGLYZA TAB 2.5MG	Non-Preferred	30	30
ONGLYZA TAB 5MG	Non-Preferred	30	30
ONZETRA XSAIL	Non-Preferred	9	30
OPANA ER TAB 10MG	Non-Preferred	120	30

Medications with
Quantity Limits

Drug Name	Tier	Quantity Limit	Quantity Limit Days Supply
OPANA ER TAB 20MG	Non-Preferred	120	30
OPANA ER TAB 30MG	Non-Preferred	120	30
OPANA ER TAB 40MG	Non-Preferred	120	30
OPANA ER TAB 5MG	Non-Preferred	120	30
OSENI TAB 12.5-15MG	Non-Preferred	30	30
OSENI TAB 12.5-30MG	Non-Preferred	30	30
OSENI TAB 12.5-45MG	Non-Preferred	30	30
OSENI TAB 25-15MG	Non-Preferred	30	30
OSENI TAB 25-30MG	Non-Preferred	30	30
OSENI TAB 25-45MG	Non-Preferred	30	30
OXYBUTYNIN TAB 10MG ER	Generic	60	30
OXYBUTYNIN TAB 5MG ER	Generic	60	30
OXYCODONE/APAP CAP 5-500MG	Generic	240	30
OXYCODONE/APAP TAB 10-325MG	Generic	360	30
OXYCODONE/APAP TAB 10-650MG	Generic	180	30
OXYCODONE/APAP TAB 2.5-325MG	Generic	360	30
OXYCODONE/APAP TAB 5-325MG	Generic	360	30
OXYCODONE/APAP TAB 7.5-325MG	Generic	360	30
OXYCODONE/APAP TAB 7.5-500MG	Generic	240	30
OXYCONTIN TAB 10MG CR	Preferred	90	30
OXYCONTIN TAB 15MG CR	Preferred	90	30
OXYCONTIN TAB 20MG CR	Preferred	90	30
OXYCONTIN TAB 30MG CR	Preferred	90	30
OXYCONTIN TAB 40MG CR	Preferred	90	30
OXYCONTIN TAB 60MG CR	Preferred	90	30
OXYCONTIN TAB 80MG CR	Preferred	90	30
OXYMORPHONE TAB 10MG ER	Generic	120	30
OXYMORPHONE TAB 15MG ER	Generic	60	30
OXYMORPHONE TAB 20MG ER	Generic	120	30
OXYMORPHONE TAB 30MG ER	Generic	120	30
OXYMORPHONE TAB 40MG ER	Generic	120	30
OXYMORPHONE TAB 5MG ER	Generic	120	30
OXYMORPHONE TAB 7.5MG ER	Generic	60	30
PANTOPRAZOLE TAB 20MG	Generic	60	30
PANTOPRAZOLE TAB 40MG	Generic	60	30
PREVACID CAP 15MG DR	Non-Preferred	60	30
PREVACID CAP 30MG DR	Non-Preferred	60	30
PREVACID SOLU-TAB 15MG	Non-Preferred	60	30
PREVACID SOLU-TAB 30MG	Non-Preferred	60	30
PRILOSEC CAP 10MG	Non-Preferred	60	30
PRILOSEC CAP 20MG	Non-Preferred	60	30

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Drug Name	Tier	Quantity Limit	Quantity Limit Days Supply
PRILOSEC CAP 40MG	Non-Preferred	60	30
PROTONIX TAB 20MG	Non-Preferred	60	30
PROTONIX TAB 40MG	Non-Preferred	60	30
RABEPRAZOLE TAB 20MG	Generic	60	30
RELPAK TAB 20MG	Non-Preferred	9	30
RELPAK TAB 40MG	Non-Preferred	9	30
RIZATRIPTAN TAB 10MG	Generic	12	30
RIZATRIPTAN TAB 5MG	Generic	12	30
RIZATRIPTAN-MLT TAB 10MG	Generic	12	30
RIZATRIPTAN-MLT TAB 5MG	Generic	12	30
ROXICET SOL 5-325/5	Non-Preferred	1800	30
RYZOLT TAB 100MG	Non-Preferred	30	30
SANCTURA TAB 20MG	Non-Preferred	60	30
SANCTURA XR CAP 60MG	Non-Preferred	30	30
SILENOR TAB 3MG	Non-Preferred	30	30
SUBOXONE MIS 2-0.5MG	Non-Preferred	360	30
SUBOXONE MIS 8-2MG	Non-Preferred	90	30
SUBOXONE SUB 2-0.5MG	Non-Preferred	360	30
SUBOXONE SUB 8-2MG	Non-Preferred	90	30
SUMATRIPTAN INJ 6MG/0.5	Generic	6	30
SUMATRIPTAN INJ 6MG/0.5	Generic	6	30
SUMATRIPTAN TAB 100MG	Generic	9	30
SUMATRIPTAN TAB 25MG	Generic	18	30
SUMATRIPTAN TAB 50MG	Generic	18	30
SUMATRIPTAN SPR 20MG/ACT	Generic	6	30
SUMATRIPTAN SPR 50MG/ACT	Generic	6	30
SUMAVEL DOSE INJ 4MG/0.5	Non-Preferred	6	30
SUMAVEL DOSE INJ 6MG/0.5	Non-Preferred	6	30
TOLTERODINE TARTRATE CAP 2MG	Generic	30	30
TOLTERODINE TARTRATE CAP 4MG	Generic	30	30
TOLTERODINE TARTRATE TAB 1MG	Generic	60	30
TOLTERODINE TARTRATE TAB 2MG	Generic	60	30
TOVIAZ TAB 4MG	Non-Preferred	30	30
TOVIAZ TAB 8MG	Non-Preferred	30	30
TRADJENTA TAB 5MG	Non-Preferred	30	30
TRAMADOL HCL TAB 100MG ER	Generic	30	30
TREXIMET TAB 85-500MG	Non-Preferred	10	30
TROSPIUM CL TAB 20MG	Generic	60	30
TROSPIUM CL CAP 60MG ER	Generic	30	30
TYLENOL/COD TAB #3	Non-Preferred	360	30
TYLENOL/COD TAB #4	Non-Preferred	360	30

Medications with
Quantity Limits

Drug Name	Tier	Quantity Limit	Quantity Limit Days Supply
ULTRAM ER TAB 100MG	Non-Preferred	30	30
VESICARE TAB 10MG	Non-Preferred	30	30
VESICARE TAB 5MG	Non-Preferred	30	30
VICODIN ES TAB 7.5-300MG	Non-Preferred	360	30
VICODIN HP TAB 10-300MG	Non-Preferred	180	30
VICODIN TAB 5-300MG	Non-Preferred	360	30
VICTOZA INJ 18MG/3ML	Preferred	9	30
XODOL TAB 10-300MG	Non-Preferred	180	30
XODOL TAB 7.5-300	Non-Preferred	360	30
ZAMICET SOL 10-325MG	Non-Preferred	5400	30
ZOLMITRIPAN TAB 2.5MG	Generic	6	30
ZOLMITRIPAN TAB 5MG	Generic	6	30
ZOLMITRIPAN ZMT TAB 2.5MG	Generic	6	30
ZOLMITRIPAN ZMT TAB 5MG	Generic	6	30
ZOLPIDEM TAB 5MG	Generic	60	30
ZOLPIDEM TAR TAB 6.25MG	Generic	30	30
ZOMIG SPR 5MG	Non-Preferred	6	30
ZOMIG TAB 2.5MG	Non-Preferred	6	30
ZOMIG TAB 5MG	Non-Preferred	6	30
ZOMIG ZMT TAB 2.5 MG	Non-Preferred	6	30
ZOMIG ZMT TAB 5MG	Non-Preferred	6	30
ZUBSOLV SL TABS 1.4-0.36MG	Non-Preferred	90	30
ZUBSOLV SL TABS 5.7-1.4MG	Non-Preferred	180	30
ZYDONE TAB 10-400MG	Non-Preferred	180	30
ZYDONE TAB 5-400MG	Non-Preferred	240	30
ZYDONE TAB 7.5-400	Non-Preferred	240	30