

BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days	Additional Information
<b>Opioids/Analgesics</b>			
Avinza®	30mg	30*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Avinza®	45mg	60*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Avinza®	60mg	30*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Avinza®	75mg	120*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Avinza®	90mg	120*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Avinza®	120mg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Butalbital / Acetaminophen / Caffeine	50-325-40 TAB	180	
Butalbital / Acetaminophen / Caffeine	50-300-40 CAP	180	
BUTORPHANOL NS	10mg/mL	5mL	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Celebrex®	50mg, 100mg, 200mg	60	REQUIRES PA
Celebrex®	400mg	30	REQUIRES PA
Codeine tablet	60mg	180*	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Codeine tablet sol	15mg	180*	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Codeine tablet sol	30mg	180*	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Codeine tablet sol	60mg	180*	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
CODEINE PHOS/ASA/CAFFEINE/BUTALBITAL	30/325	180	Therapeutic Duplication edits apply
CODEINE PHOSPHATE / Acetaminophen	12-120/5	960	Therapeutic Duplication edits apply
CODEINE PHOSPHATE/CARISOPRODOL/ASA	16-200-325	60	Therapeutic Duplication edits apply
CODEINE PHOSPHATE / Acetaminophen	30/650	90	Therapeutic Duplication edits apply
CODEINE PHOSPHATE / Acetaminophen	12/120/5	650	Therapeutic Duplication edits apply
CODEINE / Acetaminophen	30/325	180	Therapeutic Duplication edits apply
CODEINE / Acetaminophen	60/325	180	Therapeutic Duplication edits apply
CODEINE / Acetaminophen	12/120-5	180	Therapeutic Duplication edits apply
CODEINE / Acetaminophen	15/300	30	Therapeutic Duplication edits apply
CODEINE / Acetaminophen	30/300	180	Therapeutic Duplication edits apply
CODEINE / Acetaminophen	60/300	180	Therapeutic Duplication edits apply
CODEINE/ASA	30/325	180	Therapeutic Duplication edits apply
CODEINE/ASA	15/325	30	Therapeutic Duplication edits apply
CODEINE/ASA	60/325	180	Therapeutic Duplication edits apply
CODEINE/BUTALBITAL/Acetaminophen/CAFFEINE	50-300-40	60	Therapeutic Duplication edits apply
CODEINE/BUTALBITAL/Acetaminophen/CAFFEINE	30	60	Therapeutic Duplication edits apply
Conzip Extended-Release Capsules	100mg,200mg,300mg	30	
DIHY-COD APAP CAFFEINE	16-356-30	120	Therapeutic Duplication edits apply
Embeda®	20-0.8	60*	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Embeda®	30-1.2	60*	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Embeda®	50-2	60*	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Embeda®	60-2.4	60*	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Embeda®	80-3.2	60*	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Embeda®	100-4	60*	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Exalgo™ tab 24h	8mg	30*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Exalgo™ tab 24h	12mg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Exalgo™ tab 24h	16mg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Exalgo™ tab 24h	32mg	60*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
fentanyl lozenge	200mcg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
fentanyl lozenge	400mcg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Fentanyl lozenge	600mcg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
fentanyl lozenge	800mcg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
fentanyl lozenge	1200mcg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
fentanyl lozenge	1600mcg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
fentanyl buccal effer	100mcg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
fentanyl buccal effer	200mcg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.

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fentanyl buccal efferr	300mcg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
fentanyl buccal efferr	400mcg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
fentanyl buccal efferr	600mcg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
fentanyl buccal efferr	800mcg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Fentanyl film	200mcg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Fentanyl film	400mcg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Fentanyl film	600mcg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Fentanyl film	800mcg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Fentanyl film	1200mcg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
fentanyl buccal lozenge	100mcg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
fentanyl buccal lozenge	200mcg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
fentanyl buccal lozenge	300mcg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
fentanyl buccal lozenge	400mcg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Fentanyl patch	12.5mcg/hr	12 patches*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Fentanyl patch	25mcg/hr	12 patches*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Fentanyl patch	50mcg/hr	12 patches*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Fentanyl patch	75mcg/hr	24 patches*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Fentanyl patch	100mcg/hr	12 patches*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Flector patch	1.3%	60 patches	
HydroCODONE ER cap	All Strengths	30	REQUIRES PA - Therapeutic Duplication edits apply
HYDROCODONE BIT / Acetaminophen	5-300	180	Therapeutic Duplication edits apply
HYDROCODONE BIT / Acetaminophen	7.5-300	180	Therapeutic Duplication edits apply
HYDROCODONE BIT / Acetaminophen	10-300	180	Therapeutic Duplication edits apply
HYDROCODONE BIT / Acetaminophen	2.5/500	180	Therapeutic Duplication edits apply
HYDROCODONE BIT / Acetaminophen	5/500	180	Therapeutic Duplication edits apply
HYDROCODONE BIT / Acetaminophen	10/500	180	Therapeutic Duplication edits apply
HYDROCODONE BIT / Acetaminophen	7.5/650	150	Therapeutic Duplication edits apply
HYDROCODONE BIT / Acetaminophen	10/650	180	Therapeutic Duplication edits apply
HYDROCODONE BIT / Acetaminophen	7.5/750	150	Therapeutic Duplication edits apply
HYDROCODONE BIT / Acetaminophen	7.5/500	180	Therapeutic Duplication edits apply
HYDROCODONE BIT / Acetaminophen	10/325	180	Therapeutic Duplication edits apply
HYDROCODONE BIT / Acetaminophen	2.5-167 - 5	960	Therapeutic Duplication edits apply
HYDROCODONE BIT / Acetaminophen	10/660	180	Therapeutic Duplication edits apply
HYDROCODONE BITARTRATE/IBUPROFEN	7.5/200	180	Therapeutic Duplication edits apply
HYDROCODONE BIT / Acetaminophen	2.5/167/5cc	650	Therapeutic Duplication edits apply
HYDROCODONE BIT / Acetaminophen	2.5-325	180	Therapeutic Duplication edits apply
HYDROCODONE BIT / Acetaminophen	5-325	180	Therapeutic Duplication edits apply
HYDROCODONE BIT / Acetaminophen	7.5-325	180	Therapeutic Duplication edits apply
Hydromorphone tablet	1mg	180*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Hydromorphone tablet	2mg	180*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Hydromorphone tablet	3mg	180*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Hydromorphone tablet	4mg	180*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Hydromorphone tablet	8mg	180*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Hydromorphone cap	1.3mg	180*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Hydromorphone cap	2.6mg	180*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Hydromorphone sol	1mg/mL	1440mL*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Kadian®	10mg	60*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Kadian®	20mg	120*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Kadian®	30mg	60*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Kadian®	50mg	60*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.

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Kadian®	60mg	180*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Kadian®	80mg	120*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Kadian®	100mg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Kadian®	200mg	30*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Meperidine tablet	50mg	120*	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Meperidine tablet	100mg	120*	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Meperidine sol	50mg/5mL	600mL*	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Methadone sol	5mg/5mL	2400mL*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Methadone sol	10mg/5mL	1200mL*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Methadone sol	10mg/mL	240mL*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Methadone tab	5mg	240*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Methadone tab	10mg	240*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Methadone tab	40mg	60*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Morphine sol	10mg/5mL	1350mL*	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Morphine sol	20mg/5mL	1350mL*	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Morphine sol	20mg/mL	270mL*	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Morphine tablet	15mg	180*	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Morphine cap	15mg	180*	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Morphine tablet	30mg	180*	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Morphine tablet	30mg	180*	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Morphine cap	30mg	180*	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Morphine tab ER	15mg	180*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Morphine tablet ER	30mg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Morphine tablet ER	60mg	180*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Morphine tablet ER	100mg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Morphine tablet ER	200mg	30*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Nucynta®	50mg	180*	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Nucynta®	75mg	180*	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Nucynta®	100mg	180*	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Nucynta® ER	50mg	60*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Nucynta® ER	100mg	60*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Nucynta® ER	150mg	60*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Nucynta® ER	200mg	60*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Nucynta® ER	250mg	60*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Opana®	5mg	120*	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Opana®	10mg	120*	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Opana® ER	5mg	60*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Opana® ER	7.5mg	60*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Opana® ER	10mg	60*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Opana® ER	15mg	60*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Opana® ER	20mg	60*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.

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Opana® ER	30mg	120*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Opana® ER	40mg	60*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone sol	5mg/5mL	2400mL*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone sol	20mg/mL	240mL*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone tablet	5mg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone cap	5mg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone tablet	7.5mg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone tablet	10mg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone tab	15mg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone tab	20mg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone tab	30mg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone SR	10mg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone SR	15mg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone SR	20mg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone SR	30mg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone SR	40mg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone SR	60mg	120*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone SR	80mg	90*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone SR	160mg	30*	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
OXYCODONE / ACETAMINOPHEN	5/325-5	450	Therapeutic Duplication edits apply
OXYCODONE / ACETAMINOPHEN	2.5/300	180	Therapeutic Duplication edits apply
OXYCODONE / ACETAMINOPHEN	5/300	180	Therapeutic Duplication edits apply
OXYCODONE / ACETAMINOPHEN	7.5/300	120	Therapeutic Duplication edits apply
OXYCODONE / ACETAMINOPHEN	10/300	90	Therapeutic Duplication edits apply
OXYCODONE / ACETAMINOPHEN	5/500	180	Therapeutic Duplication edits apply
OXYCODONE / ACETAMINOPHEN	7.5/325MG	120	Therapeutic Duplication edits apply
OXYCODONE / ACETAMINOPHEN	10/325	90	Therapeutic Duplication edits apply
OXYCODONE / ACETAMINOPHEN	7.5/500	120	Therapeutic Duplication edits apply
OXYCODONE / ACETAMINOPHEN	10/650	90	Therapeutic Duplication edits apply
OXYCODONE / ACETAMINOPHEN	5/325	180	Therapeutic Duplication edits apply
OXYCODONE / ACETAMINOPHEN	2.5/325	180	Therapeutic Duplication edits apply
OXYCODONE / ACETAMINOPHEN	5/500	180	Therapeutic Duplication edits apply
OXYCODONE/ASPIRIN	4.88/325	180	Therapeutic Duplication edits apply
OXYCODONE/IBUPROFEN	5/400	28	Therapeutic Duplication edits apply
PENTAZOCINE NX	50	40	Therapeutic Duplication edits apply
PENTAZOCINE/APAP	25/650	40	Therapeutic Duplication edits apply
PROPOXYPHENE NAP/APAP	100/650	120	Therapeutic Duplication edits apply
PROPOXYPHENE/APAP	65/650	60	Therapeutic Duplication edits apply
PROPOXYPHENE/APAP	50/325	60	Therapeutic Duplication edits apply
Suboxone® SL Film	2/0.5mg, 4/1mg 8/2mg	90	REQUIRES PA - Therapeutic Duplication edits apply
Suboxone® SL Film	12mg/3mg	60	REQUIRES PA - Therapeutic Duplication edits apply
Suboxone® SL Tablets	All Strengths	90	REQUIRES PA - Therapeutic Duplication edits apply
Subutex® (Buprenorphine) SL Tablets	All Strengths	90	REQUIRES PA - Therapeutic Duplication edits apply
TRAMADOL	50 MG	240	Incluldes Rybix ODT
TRAMADOL/APAP	37.5-325	180	
TRAMADOL ER CAPSULES	150MG	60	INTERIM PA
TRAMADOL ER TABLET	100 mg	30	BOTH ULTRAM ER AND RYZOLT
TRAMADOL ER TABLET	200 mg	30	BOTH ULTRAM ER AND RYZOLT
TRAMADOL ER TABLET	300 mg	30	BOTH ULTRAM ER AND RYZOLT
Vimovo	500-20, 375-20	60	REQUIRES PA
Zipsor	25mg	120	REQUIRES PA
Zubsolv	All Strengths	90	REQUIRES PA - Therapeutic Duplication edits apply
<b>Allergy Medications, Ophthalmic</b>			
ALAMAST 0.1%		1 unit (10mL) per 19 days	
ALOCRIL 2%		1 unit (5mL) per 19 days	
ALOMIDE 0.1%		1 unit (10mL) per 19 days	
ALREX 0.2%		1 unit (5/10mL) per 19 days	
BEPREVE 1.5%		1 unit (5/10mL) per 19 days	
CROMOLYN 4%		1 unit (10mL) per 19 days	
ELESTAT 0.05%		1 unit (5mL) per 19 days	

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EMADINE 0.05%		1 unit (5mL) per 19 days	
LASTACAPT 0.25%		1 unit (3mL) per 19 days	
OPTIVAR 0.25%		1 unit (6mL) per 19 days	
PATADAY 0.2%		1 unit (2.5mL) per 19 days	
PATANOL 0.1%		1 unit (5mL) per 19 days	
<b>Allergy Medications, Intranasal</b>			
ASTELIN 137MCG		1 unit (30mL) per 19 days	
ASTEPRO 0.15% (NEW)		1 unit (30mL) per 19 days	
ASTEPRO 137MCG*		1 unit (30mL) per 19 days	
ATROVENT NS 0.03%		2 units (30mL) per 19 days	
ATROVENT NS 0.06%		1 unit (30mL) per 19 days	
BECONASE AQ 0.042%		1 unit (25gm) per 19 days	
DYMISTA		1 unit (23gm) per 19 days	
FLONASE		1 unit (16gm) per 19 days	
NASACORT AQ**		1 unit (16.5gm) per 19 days	
NASALIDE 25MCG/SPRAY*		1 unit (25mL) per 19 days	
NASAREL*		1 unit (25mL) per 19 days	
NASONEX 50MCG/SPRAY		1 unit (17gm) per 19 days	
OMNARIS 50MCG		1 unit (12.5gm) per 19 days	
PATANASE 0.6%		1 unit (30.5gm) per 19 days	
QNASL 80MCG/SPRAY		1 unit (8.7gm) per 19 days	
RHINOCORT AQ		2 units (17.2gm) per 19 days	
VERAMYST 27.5MCG/SPRAY		1 unit (10gm) per 19 days	
ZETONNA 37MCG		1 unit (6.1gm) per 19 days	
*Brand was discontinued, generic is available			
<b>Anti-emetics</b>			
Aloxi®	0.25 mg/ 5 ml Vial	4 Vials	4 vials of 5 ml
Anzemet® Tablets	50 & 100 mg	5	5 tablets per month
Anzemet® Injection	100 mg/5ml Vial	4 Vials	4 vials of 5 ml
Anzemet® Injection	12.5 mg/0.625ml Vial	8 Vials	8 vials of 0.625 ml per 30 days
Emend® Capsules	125 mg & 80 mg	12 Capsules	4 tripaks per 30 days
Kytril® Tablets	1 mg	8 Tablets	8 tablets per 30 days
Kytril® Liquid	1 mg/5 ml	30 ml	1 bottle of 30 ml per 30 days
Kytril® Injection	1 mg/ml Vials	8 Vials	8 vials of 1 ml per 30 days
Marino® Capsules	2.5, 5, 10mg	60	REQUIRES PA
Zofran® Tablets	4 mg & 8 mg	12 Tablets	12 tablets per month
Zofran ODT®:	4mg & 8 mg	12 Tablets	12 tablets per month
Zofran® Tablets	24 mg	4 Tablets	4 tablets per month
Zofran® Liquid	4 mg/5 ml	50 ml	50 ml per month
Zofran® Injection	2 mg/ml - 20 ml vials	4 Vials	4 vials of 20 ml (40 mg) or
Zofran® Injection	2 mg/ml - 2 ml vials	8 Vials	8 vials of 2 ml (4 mg) per month
<b>Serotonin Receptor Agonists (Triptans)</b>			
Amerge® Tablets	1 mg & 2.5 mg	9	9 tablets per 30 days
Axert® Tablets	6.25 mg and 12.5 mg	6	6 tablets per 30 days
Frova® Tablets	2.5 mg	9	9 tablets per 30 days
Imitrex® Tablets	25 mg, 50 mg, & 100 mg	9	9 tablets per 30 days
Imitrex® Nasal Spray	5 mg & 20 mg	6	6 unit dose sprays per 30 days
Imitrex® Injection	6 mg/0.5ml	4	4 injections per 30 days
Maxalt® Tablets	5 mg & 10 mg	9	9 tablets per 30 days
Maxalt MLT® Tablets	5 mg & 10 mg	9	9 tablets per 30 days
Relpax® Tablets	20 mg and 40 mg	6	6 tablets per 30 days
Zomig® Tablets	2.5 mg & 5 mg	6	6 tablets per 30 days
Zomig ZMT® Tablets	2.5 mg & 5 mg	6	6 tablets per 30 days
Zomig® Nasal Spray	5 mg	6	6 unit dose sprays per 30 days
<b>Miscellaneous</b>			
Adcirca® Tablets	20mg	60	REQUIRES PA
Ampyra™	10mg	60	REQUIRES PA
Amrix®	All Strengths	21 / 21 days	REQUIRES PA
Aubagio	7mg, 14mg	30	
Berinert Kit		12 per 30 days	REQUIRES PA
CARISOPRODOL	All Strengths	56 / 14 days	REQUIRES PA
Colcrys	0.6mg	21 per 30 days	For gout flares
		***	***For Familial Mediterranean Fever (FMF), up to 3 tablets per day for ages 4-12 and up to 4 tablets per day for ages >12 will be allowed. Documentation of FMF must be provided to substantiate.
Daliresp®	500mcg	30	REQUIRES PA
Delzicol DR	400mg	180	REQUIRES PA
Diclegis DR	10-10mg	120	REQUIRES PA
Doryx DR	200mg	30	
Eliquis	2.5mg, 5mg	60	REQUIRES PA
Fexmid®	7.5mg	63 / 21 days	REQUIRES PA
Firazyr®	30mg/3mL	3	REQUIRES PA

BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days	Additional Information
Giazo	1.1gram	180	REQUIRES PA
Gilenya	0.5mg	30	
Intuniv® (all strengths)	All Strengths	30	
Kalydeco™	150mg	2	REQUIRES PA
Ketoconazole (oral)	200mg	60	REQUIRES PA
Korlym™	300mg	120	REQUIRES PA
Lyrica®	50mg to 200mg	90	Therapeutic Duplication Edit
Lyrica®	225mg, 300mg	60	Therapeutic Duplication Edit
Lyrica®	20mg/mL	30mL/day	REQUIRES PA, Therapeutic Duplication Edit
Mitigare	0.6mg	60	Interim PA
Namenda XR	7mg 14mg 21mg 28mg	30	
Nuvigil® (all strengths)	All Strengths	30*	
Onmel	200mg	30	REQUIRES PA
Onfi™	5mg, 10mg, 20mg	60	REQUIRES PA
Osphena	60mg	30	
Oxtellar XR	150mg,300mg,600mg	120	REQUIRES PA
Potiga™	All Strengths	90	Interim PA
Promacta	All Strengths	30	
Provigil® (all strengths)	All Strengths	30*	
Revatio® Injection	10mg/12.5mL	90	REQUIRES PA
Revatio® Tablets	20mg	90	REQUIRES PA
Sirturo	100mg	120	
Tecfidera DR	120mg, 240mg	60	
Vancocin	All Strengths	80	REQUIRES PA
Vascepa	1gram	120	REQUIRES PA
Vecamyl	2.5mg	300	REQUIRES PA
Xanax® XR	0.5mg & 1mg	30	
Xanax® XR	2mg & 3mg	60	
Xifaxan®	200mg	9	REQUIRES PA
Xifaxan®	550mg	60	REQUIRES PA
Zyvox®	600mg tablet	28* or 56*	REQUIRES PA
Zyvox®	100mg/mL	900mL* or 1800mL*	REQUIRES PA
<b>Cancer and Specialty Medications</b>			
Bosulif	100mg	120	REQUIRES PA
Bosulif	500mg	30	REQUIRES PA
Cometriq	60mg, 100mg, 140mg	30	REQUIRES PA
Fulyzaq DR	125mg	60	REQUIRES PA
Juxtapid	5mg, 10mg	30	REQUIRES PA
Juxtapid	20mg	90	REQUIRES PA
Pomalyst	1mg, 2mg, 3mg, 4mg	30	REQUIRES PA
Stivarga	40mg	120	REQUIRES PA
Tafinlar	50mg 75mg	120	REQUIRES PA
Tobi Podhaler		224 per 56 day cycle	REQUIRES PA
Xeljanz	5mg	60	REQUIRES PA
Xtandi	40mg	120	REQUIRES PA
<b>Diabetic</b>			
Invokana	100mg, 300mg	30	
Janumet®	50-500,50-1000	60	
Janumet® XR	50-500,50-1000	60	
Janumet® XR	100-1000	30	
Januvia®	25mg,50mg,100mg	30	
Jentadueto®	2.5-500,2.5-850,2.5-1000	60	
Juvisync®	50mg and 100mg combo	30	
Kazano	12.5-500,12.5-1000	60	
Kombiglyze® XR	2.5-1000	60	
Kombiglyze® XR	5-500,5-1000	30	
Nesina	6.25mg,12.5mg,25mg	30	
Onglyza®	2.5mg, 5mg	30	
Oseni	All Strengths	30	
Tradjenta®	5mg	30	
<b>Helicobacter pylori (H.pylori) "Kits"</b>			
Helidac®		224 Per 14 days	REQUIRES PA
Pylera™		120 Per 10 days	REQUIRES PA
PrevPac®		112 Per 14 days	REQUIRES PA
Omeclamox-Pak™		80 Per 10 days	REQUIRES PA
<b>Insulin Products</b>			
APIDRA 100 UNITS/ML VIAL		30mL	
APIDRA SOLOSTAR		30mL	
HUMALOG 100 UNITS/ML CARTRIDGE		30mL	
HUMALOG 100UNITS/ML KWIKPEN		30mL	
HUMALOG 100UNITS/ML VIAL		30mL	
HUMALOG MIX 50-50		30mL	
HUMALOG MIX 50-50 INSULIN PEN		30mL	

BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days	Additional Information
HUMALOG MIX 75-25 INSULIN PEN		30mL	
HUMALOG MIX 75-25 VIAL		30mL	
HUMULIN 70-30 INSULIN PEN		30mL	
HUMULIN 70-30 VIAL		30mL	
HUMULIN N 100/ML		30mL	
HUMULIN N 100/ML INSULIN PEN		30mL	
HUMULIN R VIAL		30mL	
HUMULIN R VIAL 500UNITS/ML		40mL	
LANTUS 100UNIT/ML		30mL	
LANTUS SOLOSTAR 100U/ML		30mL	
LEVEMIR 100U/ML FLEXPEN		30mL	
LEVEMIR 100U/ML VIAL		30mL	
NOVALOG 100 UNITS/ML CARTRIDGE		30mL	
NOVALOG 100UNITS/ML VIAL		30mL	
NOVOLIN 70-30 VIAL		30mL	
NOVOLIN N 100/ML VIAL		30mL	
NOVOLIN R VIAL		30mL	
NOVOLOG 100/ML FLEXPEN		30mL	
NOVOLOG MIX 70-30 FLEXPEN		30mL	
NOVOLOG MIX 70-30 VIAL		30mL	
<b>Laxatives / Irritable Bowel Syndrome</b>			
Amitiza	8mcg & 24mcg	60	REQUIRES PA
Linzess	145mcg & 290mcg	30	REQUIRES PA
<b>Proton Pump Inhibitors</b>			
Aciphex	20mg	30	PA/Step-Edit Required
Dexilant	All Strengths	30	PA/Step-Edit Required
Nexium capsules and packets	All Strengths	30	PA/Step-Edit Required
Omeprazole capsule	10mg, 20mg, 40mg	30	
Omeprazole tablet	20mg	30	
Pantoprazole tablet	20mg, 40mg	30	
Prevacid capsules and Rap-Dis	All Strengths	30	PA/Step-Edit Required
Prilosec (Brand) capsule and packet	All Strengths	30	PA/Step-Edit Required
Prilosec (OTC) tablet	20mg	30	
Protonix (Brand) tablet and packet	All Strengths	30	PA/Step-Edit Required
Zegerid (RX) capsule and packet	All Strengths	30	PA/Step-Edit Required
<b>Statins</b>			
Advicor®	All Strengths	30	Step-edit required
Altoprev®	All Strengths	30	Step-edit required
Crestor®	All Strengths	30	Step-edit required
Lescol®	All Strengths	60	Step-edit required
Lescol® XL	All Strengths	30	Step-edit required
Lipitor®	All Strengths	30	
Liptruzet	All Strengths	30	REQUIRES PA
Livalo®	All Strengths	30	Step-edit required
Lovastatin	All Strengths	60	
Mevacor®	All Strengths	60	Step-edit required
Pravachol®	All Strengths	30	Step-edit required
Pravastatin	All Strengths	30	
Simcor®	All Strengths	30	Step-edit required
Simvastatin	All Strengths	30	
Vytorin®	All Strengths	30	Step-edit required
Zocor®	All Strengths	30	Step-edit required
<b>Sleep Aids</b>			
Ambien®	5mg & 10mg	30	
Ambien CR®	6.25mg & 12.5mg	30	
Edluar™	5mg & 10mg	30	
Intermezzo®	1.75mg, 3.5mg	30	Interim PA
Lunesta®	All Strengths	30	
Restoril®	All Strengths	30	
Rozerem®	8mg	30	
Sonata®	5mg & 10mg	30	
<b>SNRI's</b>			
Cymbalta	20mg, 60mg	60	
Cymbalta	30mg	90	
Desvenlafaxine ER, Khedezla, Pristiq	50mg, 100mg	30	
Fetzima ER	20mg 40mg 80mg 120mg	30	
Venlafaxine XR capsule	37.5mg, 75mg	90	
Venlafaxine XR capsule	150mg	60	
Venlafaxine XR tablet	37.5mg, 75mg	90	REQUIRES PA
Venlafaxine XR tablet	150mg	60	REQUIRES PA
Venlafaxine XR tablet	225mg	30	REQUIRES PA

BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days	Additional Information
<b>Atypical Antipsychotics</b>			
Abilify®	2mg	60	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Abilify®	5mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Abilify®	10mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Abilify®	15mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Abilify®	20mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Abilify®	30mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Abilify® Discmelt	10mg	60	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Abilify® Discmelt	15mg	60	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Abilify® Solution	1mg/mL	750	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Abilify® Maintena ER	300mg, 400mg	1 Kit	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Clozaril®	25mg	90	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Clozaril®	100mg	270	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Fanapt™	1mg	60	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Fanapt™	2mg	60	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Fanapt™	4mg	60	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Fanapt™	6mg	60	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Fanapt™	10mg	60	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Fanapt™	12mg	60	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Fanapt™ Titration pack		1 pack	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Geodon®	20mg	60	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Geodon®	40mg	60	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Geodon®	60mg	90	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Geodon®	80mg	90	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Invega®	1.5mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Invega®	3mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Invega®	6mg	60	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Invega®	9mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Invega® Sustenna	39mg/0.25mL	0.25mL	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Invega® Sustenna	78mg/0.5mL	0.5mL	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Invega® Sustenna	117mg/0.75mL	0.75mL	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Invega® Sustenna	156mg/mL	1 mL	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Invega® Sustenna	234mg/1.5mL	1.5mL	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Latuda®	20mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Latuda®	40mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Latuda®	80mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Latuda®	120mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Risperdal®	0.25mg	90	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Risperdal®	0.5mg	90	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Risperdal®	1mg	90	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Risperdal®	2mg	90	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Risperdal®	3mg	90	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Risperdal®	4mg	120	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Risperdal® Solution	1mg/mL	300mL	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Risperdal® M-TAB®	0.5MG	90	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Risperdal® M-TAB®	1MG	90	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Risperdal® M-TAB®	2MG	90	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Risperdal® M-TAB®	3MG	90	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Risperdal® M-TAB®	4MG	120	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Risperidone ODT	0.25mg	90	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Risperdal® Consta®	12.5mg	2 Kits per 28 days	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Risperdal® Consta®	25mg	2 Kits per 28 days	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Risperdal® Consta®	37.5mg	2 Kits per 28 days	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Risperdal® Consta®	50mg	2 Kits per 28 days	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Saphris®	5mg	60	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Saphris®	10mg	60	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Seroquel®	25mg	14/30*	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Seroquel®	50mg	14/30*	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Seroquel®	100mg	90	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Seroquel®	200mg	90	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Seroquel®	300mg	90	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Seroquel®	400mg	90	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Seroquel XR®	50mg	14/30*	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Seroquel XR®	150mg	90	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Seroquel XR®	200mg	90	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Seroquel XR®	300mg	90	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Seroquel XR®	400mg	90	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Symbax®	3mg-25mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Symbax®	6mg-25mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Symbax®	12mg-25mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Symbax®	6mg-50mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Symbax®	12mg-50mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Zyprexa®	2.5mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Zyprexa®	5mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Zyprexa®	7.5mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Zyprexa®	10mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Zyprexa®	15mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Zyprexa®	20mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)



BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days	Additional Information
Zyprexa® Zydys®	5mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Zyprexa® Zydys®	10mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Zyprexa® Zydys®	15mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Zyprexa® Zydys®	20mg	30	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Zyprexa® Relprevv®	210mg	2 Kits per 28 days	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Zyprexa® Relprevv®	300mg	2 Kits per 28 days	Therapeutic Duplication edits apply; PA Req (< 5 years old)
Zyprexa® Relprevv®	405mg	1 Kit	Therapeutic Duplication edits apply; PA Req (< 5 years old)
<b>CNS Stimulants (C-II's)</b>			
Adderall®	5mg	120	
Adderall®	7.5mg	120	
Adderall®	10mg	90	
Adderall®	12.5mg	90	
Adderall®	15mg	90	
Adderall®	20mg	90	
Adderall®	30mg	60	
Adderall XR®	5mg	60	
Adderall XR®	10mg	60	
Adderall XR®	15mg	30	
Adderall XR®	20mg	30	
Adderall XR®	25mg	30	
Adderall XR®	30mg	30	
Concerta®	18mg	30	
Concerta®	27mg	30	
Concerta®	36mg	60	
Concerta®	54mg	30	
Daytrana® Patch	10mg/9hr	30	
Daytrana® Patch	15mg/9hr	30	
Daytrana® Patch	20mg/9hr	30	
Daytrana® Patch	30mg/9hr	30	
Desoxyn®	5mg	150	
Dexedrine® Spansule®	5mg	90	
Dexedrine® Spansule®	10mg	90	
Dexedrine® Spansule®	15mg	90	
Dextroamphetamine Tablet	5mg	120	
Dextroamphetamine Tablet	10mg	90	
Focalin®	2.5mg	90	
Focalin®	5mg	90	
Focalin®	10mg	60	
Focalin XR®	5mg	60	
Focalin XR®	10mg	60	
Focalin XR®	15mg	30	
Focalin XR®	20mg	30	
Focalin XR®	25mg	30	
Focalin XR®	30mg	30	
Focalin XR®	35mg	30	
Focalin XR®	40mg	30	
Metadate CD®	10mg	30	
Metadate CD®	20mg	30	
Metadate CD®	30mg	30	
Metadate CD®	40mg	30	
Metadate CD®	50mg	30	
Metadate CD®	60mg	30	
Methylin™ ER Tablet	10mg	90	
Methylin™ ER, Ritalin®-SR, Methylphenidate ER Tablet	20mg	90	
Methylin™ Chewable, Methylphenidate Chewable	2.5mg	90	
Methylin™ Chewable, Methylphenidate Chewable	5mg	90	
Methylin™ Chewable, Methylphenidate Chewable	10mg	90	
Methylphenidate Solution	5mg/5mL	900mL	
Methylphenidate Solution	10mg/5mL	900mL	
ProCentra®, Liquadd™	5mg/5mL	600mL	
Quillivant XR		25mg/5mL susp	REQUIRES PA
Ritalin®, Methylin™, Methylphenidate	5mg	120	
Ritalin®, Methylin™, Methylphenidate	10mg	120	
Ritalin®, Methylin™, Methylphenidate	20mg	90	
Ritalin LA®	10mg	30	
Ritalin LA®	20mg	30	
Ritalin LA®	30mg	60	
Ritalin LA®	40mg	30	
Vyvanse®	20mg	30	
Vyvanse®	30mg	30	
Vyvanse®	40mg	30	
Vyvanse®	50mg	30	
Vyvanse®	60mg	30	

BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days	Additional Information
Vyvanse®	70mg	30	
Zenzedi	2.5mg 5mg	120	
Zenzedi	7.5mg 10mg	90	
<b>Urinary Tract Antispasmodics</b>			
Detrol	1mg, 2mg	60	
Detrol LA capsule	2mg, 4mg	30	
Ditropan tablet	5mg	120	
Ditropan syrup		600mL	
Ditropan XL	5mg	30	
Ditropan XL	10mg, 15mg	60	
Enablex ER	7.5mg, 15mg	30	
Gelnique 10% gel sachets (30)		30 sachets	
Gelnique 3% gel packet (92gm)		1 container	
Myrbetriq ER	25mg, 50mg	30	
Oxytrol patch 3.9mg/24hr box (8)		8 (1-box)	
Santura	20mg	60	
Santura XR capsule	60mg	30	
Toviaz ER	4mg, 8mg	30	
Urispas	100mg	240	
Vesicare	5mg, 10mg	30	
<b>Hepatitis C Direct Acting Antivirals</b>			
Harvoni™		1	REQUIRES PA
Olysio®		1	REQUIRES PA
Sovaldi®		1	REQUIRES PA
Viekira Pak™		4	REQUIRES PA

\*Requests to exceed the maximum quantity limit require medical justification, chart notes including documentation of previous treatments and consultations, and published peer reviewed medical literature supporting the doses requested. Requests will be reviewed on a case-by-case basis.