

Max Units List

Updated 04/21/2023

BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days	MME per Day	Additional Information
Opioids/Analgesics				
Avinza®	30mg	60*	60	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Avinza®	45mg	60*	90	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Avinza®	60mg	60*	120	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Avinza®	75mg	60*	150	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Avinza®	90mg	60*	180	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Avinza®	120mg	30*	120	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Bunavail strip	2.1/0.3mg, 4.2/0.7mg,	90		REQUIRES PA after initial 28 days - Therapeutic Duplication edits apply
Bunavail strip	6.3/1mg	60		REQUIRES PA after initial 28 days - Therapeutic Duplication edits apply
Butalbital / Acetaminophen / Caffeine	50-325-40 TAB	90		
Butalbital / Acetaminophen / Caffeine	50-300-40 CAP	90		
BUTORPHANOL NS	10mg/mL	5mL	70	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	15mg	180*	13.5	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Codeine tablet	30mg	180*	27	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Codeine tablet	60mg	180*	54	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
CODEINE PHOSPHATE / Acetaminophen	12-120/5	960	11.5	Therapeutic Duplication edits apply
CODEINE PHOSPHATE/CARISOPRODOL/ASA	16-200-325	60	4.8	Therapeutic Duplication edits apply
CODEINE / Acetaminophen	30/325	180	27	Therapeutic Duplication edits apply
CODEINE / Acetaminophen	60/325	180	54	Therapeutic Duplication edits apply
CODEINE / Acetaminophen	15/300	30	2.3	Therapeutic Duplication edits apply
CODEINE / Acetaminophen	30/300	180	27	Therapeutic Duplication edits apply
CODEINE / Acetaminophen	60/300	180	54	Therapeutic Duplication edits apply
CODEINE/ASA	30/325	180	27	Therapeutic Duplication edits apply
CODEINE/ASA	15/325	30	2.3	Therapeutic Duplication edits apply
CODEINE/ASA	60/325	180	54	Therapeutic Duplication edits apply
CODEINE/BUTALBITAL/Aspirin/CAFFEINE	30-50-325-40	60	9	Therapeutic Duplication edits apply
CODEINE/BUTALBITAL/Acetaminophen/CAFFEINE	30-50-325-40	60	9	Therapeutic Duplication edits apply
Conzip Extended-Release Capsules	100mg,200mg,300mg	30	10,20,30	Therapeutic Duplication edits apply
DIHY-COD APAP CAFFEINE	16-356-30	120	16	Therapeutic Duplication edits apply
Embeda®	20-0.8	60*	40	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Embeda®	30-1.2	60*	60	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Embeda®	50-2	60*	100	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Embeda®	60-2.4	60*	120	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Embeda®	80-3.2	60*	160	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Embeda®	100-4	60*	200	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Exalgo™ tab 24h	8mg	30*	32	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Exalgo™ tab 24h	12mg	90*	144	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Exalgo™ tab 24h	16mg	60*	128	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Exalgo™ tab 24h	32mg	30*	128	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Fentanyl lozenge^	200mcg	90*	78	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts. ^Oral Fentanyl Products are restricted to oncology and hospice only.
Fentanyl lozenge^	400mcg	90*	156	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts. ^Oral Fentanyl Products are restricted to oncology and hospice only.
Fentanyl lozenge^	600mcg	90*	234	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts. ^Oral Fentanyl Products are restricted to oncology and hospice only.
Fentanyl lozenge^	800mcg	90*	312	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts. ^Oral Fentanyl Products are restricted to oncology and hospice only.
Fentanyl lozenge^	1200mcg	90*	468	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts. ^Oral Fentanyl Products are restricted to oncology and hospice only.
Fentanyl lozenge^	1600mcg	90*	624	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts. ^Oral Fentanyl Products are restricted to oncology and hospice only.
Fentanyl buccal effer^	100mcg	90*	39	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts. ^Oral Fentanyl Products are restricted to oncology and hospice only.

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Fentanyl buccal effer^	200mcg	90*	78	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts. ^Oral Fentanyl Products are restricted to oncology and hospice only.
Fentanyl buccal effer^	300mcg	90*	117	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts. ^Oral Fentanyl Products are restricted to oncology and hospice only.
Fentanyl buccal effer^	400mcg	90*	156	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts. ^Oral Fentanyl Products are restricted to oncology and hospice only.
Fentanyl buccal effer^	600mcg	90*	234	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts. ^Oral Fentanyl Products are restricted to oncology and hospice only.
Fentanyl buccal effer^	800mcg	90*	312	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts. ^Oral Fentanyl Products are restricted to oncology and hospice only.
Fentanyl film^	200mcg	90*	108	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts. ^Oral Fentanyl Products are restricted to oncology and hospice only.
Fentanyl film^	400mcg	90*	216	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts. ^Oral Fentanyl Products are restricted to oncology and hospice only.
Fentanyl film^	600mcg	90*	324	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts. ^Oral Fentanyl Products are restricted to oncology and hospice only.
Fentanyl film^	800mcg	90*	432	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts. ^Oral Fentanyl Products are restricted to oncology and hospice only.
Fentanyl film^	1200mcg	90*	648	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts. ^Oral Fentanyl Products are restricted to oncology and hospice only.
Fentanyl buccal lozenge^	100mcg	90*	39	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts. ^Oral Fentanyl Products are restricted to oncology and hospice only.
Fentanyl buccal lozenge^	200mcg	90*	78	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts. ^Oral Fentanyl Products are restricted to oncology and hospice only.
Fentanyl buccal lozenge^	300mcg	90*	117	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts. ^Oral Fentanyl Products are restricted to oncology and hospice only.
Fentanyl buccal lozenge^	400mcg	90*	234	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts. ^Oral Fentanyl Products are restricted to oncology and hospice only.
Fentanyl patch	12.5mcg/hr	10 patches*	30	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Fentanyl patch	25mcg/hr	10 patches*	60	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Fentanyl patch	37.5mcg/hr	10 patches*	90	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Fentanyl patch	50mcg/hr	10 patches*	120	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Fentanyl patch	62.5mcg/hr	10 patches*	150	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Fentanyl patch	75mcg/hr	10 patches*	180	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Fentanyl patch	87.5mcg/hr	10 patches*	210	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Fentanyl patch	100mcg/hr	10 patches*	240	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Flector patch	1.3%	60 patches		
HYDROCODONE BIT / Acetaminophen	2.5/300	180	15	Therapeutic Duplication edits apply
HYDROCODONE BIT / Acetaminophen	5-300	180	30	Therapeutic Duplication edits apply
HYDROCODONE BIT / Acetaminophen	7.5-300	180	45	Therapeutic Duplication edits apply
HYDROCODONE BIT / Acetaminophen	10-300	180	60	Therapeutic Duplication edits apply
HYDROCODONE BIT / Acetaminophen	2.5-325	180	15	Therapeutic Duplication edits apply
HYDROCODONE BIT / Acetaminophen	5-325	180	30	Therapeutic Duplication edits apply
HYDROCODONE BIT / Acetaminophen	7.5-325	180	45	Therapeutic Duplication edits apply
HYDROCODONE BIT / Acetaminophen	10/325	180	60	Therapeutic Duplication edits apply
HYDROCODONE BIT / Acetaminophen	7.5/325/15ml	960	45	Therapeutic Duplication edits apply
HYDROCODONE BIT / Acetaminophen	10/325/15ml	960	60	Therapeutic Duplication edits apply
HYDROCODONE BITARTRATE/IBUPROFEN	2.5/200	180	15	Therapeutic Duplication edits apply
HYDROCODONE BITARTRATE/IBUPROFEN	5/200	180	30	Therapeutic Duplication edits apply
HYDROCODONE BITARTRATE/IBUPROFEN	7.5/200	180	45	Therapeutic Duplication edits apply
HYDROCODONE BITARTRATE/IBUPROFEN	10/200	180	60	Therapeutic Duplication edits apply
Hydromorphone tablet	2mg	180*	48	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Hydromorphone supp.	3mg	180*	72	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Hydromorphone tablet	4mg	180*	96	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Hydromorphone tablet	8mg	90*	96	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Hydromorphone sol	1mg/mL	720mL*	96	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Hysingla ER	20mg	30*	20	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.

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Hysingla ER	30mg	30*	30	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Hysingla ER	40mg	30*	40	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Hysingla ER	60mg	30*	60	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Hysingla ER	80mg	30*	80	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Hysingla ER	100mg	30*	100	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Hysingla ER	120mg	30*	120	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Kadian®	10mg	60*	20	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Kadian®	20mg	60*	40	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Kadian®	30mg	60*	60	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Kadian®	40mg	60*	80	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Kadian®	50mg	60*	100	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Kadian®	60mg	60*	120	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Kadian®	80mg	60*	160	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Kadian®	100mg	60*	200	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Kadian®	200mg	30*	200	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Meperidine tablet	50mg	120*	20	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Meperidine tablet	100mg	120*	40	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Meperidine sol	50mg/5mL	600mL*	20	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Methadone sol ^	5mg/5mL	900mL*	240	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts. ^Methadone solution is restricted to oncology and hospice only.
Methadone sol ^	10mg/5mL	450mL*	240	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts. ^Methadone solution is restricted to oncology and hospice only.
Methadone sol ^	10mg/mL	90mL*	240	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts. ^Methadone solution is restricted to oncology and hospice only.
Methadone tab	5mg	150*	200	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Methadone tab	10mg	90*	240	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Morphine sol	10mg/5mL	1350mL*	90	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Morphine sol	20mg/5mL	1350mL*	180	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Morphine sol	20mg/mL	270mL*	180	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Morphine tablet	15mg	180*	90	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Morphine cap	15mg	180*	90	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Morphine tablet	30mg	180*	180	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Morphine cap	30mg	180*	180	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Morphine tab ER	15mg	180*	90	Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Morphine tablet ER	30mg	90*	90	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Morphine tablet ER	60mg	90*	180	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Morphine tablet ER	100mg	60*	200	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Morphine tablet ER	200mg	30*	200	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Nucynta®	50mg	90*	60	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Nucynta®	75mg	90*	90	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Nucynta®	100mg	90*	120	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Nucynta® ER	50mg	60*	40	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Nucynta® ER	100mg	60*	80	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Nucynta® ER	150mg	60*	120	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Nucynta® ER	200mg	60*	160	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.

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BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days	MME per Day	Additional Information
Nucynta® ER	250mg	60*	200	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Opana®	5mg	120*	60	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Opana®	10mg	90*	90	Therapeutic Duplication edits apply. Overrides available for LTC, hospice and cancer pts.
Opana® ER	5mg	60*	30	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Opana® ER	7.5mg	60*	45	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Opana® ER	10mg	60*	60	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Opana® ER	15mg	60*	90	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Opana® ER	20mg	60*	120	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Opana® ER	30mg	60*	180	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Opana® ER	40mg	30*	120	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone sol	5mg/5mL	1200mL*	60	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone sol	20mg/mL	180mL*	180	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone tablet	5mg	90*	22.5	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone cap	5mg	90*	22.5	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone tablet	7.5mg	90*	33.75	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone tablet	10mg	90*	45	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone tab	15mg	90*	67.5	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone tab	20mg	90*	90	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone tab	30mg	90*	135	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone SR	10mg	90*	45	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone SR	15mg	90*	67.5	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone SR	20mg	90*	90	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone SR	30mg	90*	135	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone SR	40mg	90*	180	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone SR	60mg	60*	180	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Oxycodone SR	80mg	60*	240	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
OXYCODONE / ACETAMINOPHEN	5/325-5ml	450	45	Therapeutic Duplication edits apply
OXYCODONE / ACETAMINOPHEN	2.5/300	180	22.5	Therapeutic Duplication edits apply
OXYCODONE / ACETAMINOPHEN	5/300	180	45	Therapeutic Duplication edits apply
OXYCODONE / ACETAMINOPHEN	7.5/300	120	45	Therapeutic Duplication edits apply
OXYCODONE / ACETAMINOPHEN	10/300	90	45	Therapeutic Duplication edits apply
OXYCODONE / ACETAMINOPHEN	2.5/325	180	22.5	Therapeutic Duplication edits apply
OXYCODONE / ACETAMINOPHEN	5/325	180	45	Therapeutic Duplication edits apply
OXYCODONE / ACETAMINOPHEN	7.5/325	120	45	Therapeutic Duplication edits apply
OXYCODONE / ACETAMINOPHEN	10/325	90	45	Therapeutic Duplication edits apply
OXYCODONE/ASPIRIN	4.8/325	180	45	Therapeutic Duplication edits apply
OXYCODONE/IBUPROFEN	5/400	28	7.5	Therapeutic Duplication edits apply
PENTAZOCINE NX	50	40	37	Therapeutic Duplication edits apply
Suboxone® SL Film	2/0.5mg, 4/1mg 8/2mg	90		REQUIRES PA after initial 28 days - Therapeutic Duplication edits apply
Suboxone® SL Film	12mg/3mg	60		REQUIRES PA after initial 28 days- Therapeutic Duplication edits apply
Suboxone® SL Tablets	All Strengths	90		REQUIRES PA after initial 28 days - Therapeutic Duplication edits apply
Subutex® (Buprenorphine) SL Tablets	All Strengths	90		REQUIRES PA - Therapeutic Duplication edits apply
TRAMADOL	50 MG	240	40	Therapeutic Duplication edits apply
TRAMADOL/APAP	37.5-325	180	22.5	Therapeutic Duplication edits apply
TRAMADOL ER CAPSULES	150MG	60	30	Therapeutic Duplication edits apply
TRAMADOL ER TABLET	100 mg	30	10	Therapeutic Duplication edits apply
TRAMADOL ER TABLET	200 mg	30	20	Therapeutic Duplication edits apply
TRAMADOL ER TABLET	300 mg	30	30	Therapeutic Duplication edits apply
Vimovo	500-20, 375-20	60		REQUIRES PA
Xtampza ER®	9mg	60*	27	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Xtampza ER®	13.5mg	60*	39	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Xtampza ER®	18mg	60*	54	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Xtampza ER®	27mg	60*	81	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.

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Xtampza ER®	36mg	60*	108	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Zipsor	25mg	120		REQUIRES PA
Zohydro ER®	10mg	60*	20	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Zohydro ER®	15mg	60*	30	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Zohydro ER®	20mg	60*	40	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Zohydro ER®	30mg	60*	60	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Zohydro ER®	40mg	60*	80	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Zohydro ER®	50mg	60*	100	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Zubsolv SL Tablet	0.7/0.18mg, 1.4/0.36mg, 2.9/0.71mg, 5.7/1.4mg	90		REQUIRES PA after initial 28 days- Therapeutic Duplication edits apply
Zubsolv SL Tablet	8.6/2.1mg	60		REQUIRES PA after initial 28 days- Therapeutic Duplication edits apply
Zubsolv SL Tablet	11.4/2.9mg	30		REQUIRES PA after initial 28 days- Therapeutic Duplication edits apply
Benzodiazepines				
ALPRAZOLAM	0.25 MG	120		Therapeutic Duplication edits apply
ALPRAZOLAM	0.5 MG	120		Therapeutic Duplication edits apply
ALPRAZOLAM	1 MG	120		Therapeutic Duplication edits apply
ALPRAZOLAM	2 MG	90		Therapeutic Duplication edits apply
ALPRAZOLAM	1 MG/ML	90ML		Therapeutic Duplication edits apply
ALPRAZOLAM ER	0.5 MG	60		Therapeutic Duplication edits apply
ALPRAZOLAM ER	1 MG	60		Therapeutic Duplication edits apply
ALPRAZOLAM ER	2 MG	60		Therapeutic Duplication edits apply
ALPRAZOLAM ER	3 MG	60		Therapeutic Duplication edits apply
ALPRAZOLAM ODT	0.25 MG	120		Therapeutic Duplication edits apply
ALPRAZOLAM ODT	0.5 MG	120		Therapeutic Duplication edits apply
ALPRAZOLAM ODT	1 MG	90		Therapeutic Duplication edits apply
ALPRAZOLAM ODT	2 MG	60		Therapeutic Duplication edits apply
CHLORDIAZEPOXIDE HCL	10 MG	120		Therapeutic Duplication edits apply
CHLORDIAZEPOXIDE HCL	25 MG	180		Therapeutic Duplication edits apply
CHLORDIAZEPOXIDE HCL	5 MG	120		Therapeutic Duplication edits apply
CLONAZEPAM	0.5 MG	120		Therapeutic Duplication edits apply
CLONAZEPAM	1 MG	120		Therapeutic Duplication edits apply
CLONAZEPAM	2 MG	90		Therapeutic Duplication edits apply
CLONAZEPAM ODT	0.125 MG	90		Therapeutic Duplication edits apply
CLONAZEPAM ODT	0.25 MG	90		Therapeutic Duplication edits apply
CLONAZEPAM ODT	0.5 MG	90		Therapeutic Duplication edits apply
CLONAZEPAM ODT	1 MG	90		Therapeutic Duplication edits apply
CLONAZEPAM ODT	2 MG	60		Therapeutic Duplication edits apply
CLORAZEPATE	3.75MG	90		Therapeutic Duplication edits apply
CLORAZEPATE	7.5MG	90		Therapeutic Duplication edits apply
CLORAZEPATE	15MG	120		Therapeutic Duplication edits apply
DIAZEPAM	5 MG/5 ML	900ML		Therapeutic Duplication edits apply
DIAZEPAM	5 MG/ML	180ML		Therapeutic Duplication edits apply
DIAZEPAM	10 MG	90		Therapeutic Duplication edits apply
DIAZEPAM	2 MG	120		Therapeutic Duplication edits apply
DIAZEPAM	5 MG	120		Therapeutic Duplication edits apply
DIAZEPAM	5 MG/5 ML	900ML		Therapeutic Duplication edits apply
ESTAZOLAM	1 MG	30		Therapeutic Duplication edits apply
ESTAZOLAM	2 MG	30		Therapeutic Duplication edits apply
FLURAZEPAM HCL	15 MG	30		Therapeutic Duplication edits apply
FLURAZEPAM HCL	30 MG	30		Therapeutic Duplication edits apply
LORAZEPAM	0.5 MG	120		Therapeutic Duplication edits apply
LORAZEPAM	1 MG	120		Therapeutic Duplication edits apply
LORAZEPAM	2 MG	90		Therapeutic Duplication edits apply
LORAZEPAM	2 MG/ML	90ML		Therapeutic Duplication edits apply
OXAZEPAM	10 MG	90		Therapeutic Duplication edits apply
OXAZEPAM	15 MG	90		Therapeutic Duplication edits apply
OXAZEPAM	30 MG	120		Therapeutic Duplication edits apply
QUAZEPAM	15 MG	30		Therapeutic Duplication edits apply
TEMAZEPAM	15 MG	30		Therapeutic Duplication edits apply
TEMAZEPAM	30 MG	30		Therapeutic Duplication edits apply
TEMAZEPAM	7.5 MG	30		Therapeutic Duplication edits apply
TEMAZEPAM	22.5 MG	30		Therapeutic Duplication edits apply
TRIAZOLAM	0.125 MG	30		Therapeutic Duplication edits apply
TRIAZOLAM	0.25 MG	30		Therapeutic Duplication edits apply

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BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days	MME per Day	Additional Information
Allergy Medications, Ophthalmic				
ALAMAST 0.1%		1 unit (10mL) per 19 days		
ALOCRIAL 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		
EMADINE 0.05%		1 unit (5mL) per 19 days		
LASTACAFT 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		
Allergy Medications, Intranasal				
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				
Anti-emetics				
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
Marinol® Capsules	2.5, 5, 10mg	60		REQUIRES PA
Zofran® Tablets	4 mg & 8 mg	30 Tablets		30 tablets per month
Zofran ODT®:	4 mg & 8 mg	30 Tablets		30 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
Headaches Migraine				
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
Nurtec ODT	75mg	16		16 tablets 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
Reyvow	50mg, 100mg	8		8 tablets per 30 days
Relpax® Tablets	20 mg and 40 mg	6		6 tablets per 30 days
Ubrelyv	50mg, 100mg	16		16 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
Miscellaneous				
Adcirca® Tablets	20mg	60		REQUIRES PA
Ampyra™	10mg	60		REQUIRES PA
Amrix®	All Strengths	21 / 21 days		REQUIRES PA
Aubagio	7mg, 14mg	30		
Beriner Kit		12 per 30 days		REQUIRES PA
Bystolic	2.5mg,5mg,10mg,20mg	30		
CARISOPRODOL	All Strengths	56 / 14 days		REQUIRES PA
colchicine	0.6mg	60 per 30 days		
Daliresp®	500mcg	30		REQUIRES PA
Delzicol DR	400mg	180		REQUIRES PA
Diclegis DR	10-10mg	120		REQUIRES PA

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BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days	MME per Day	Additional Information
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
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
lidocaine ointment	All Strengths	120 grams		
lidocaine-prilocaine cream	2.5%-2.5%	120 grams		
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
Mupirocin ointment	2%	88 grams		
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*		
Qelbree	100mg,150mg,200mg	60		
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
Viiibryd	10mg,20,mg,40mg	30		
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
Cancer and Specialty Medications				
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
Diabetic				
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		
Jardiance	10mg,25mg	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		
Helicobacter pylori (H.pylori) "Kits"				
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
Insulin Products				
AMELOG SOLOSTAR		30mL		
APIDRA 100 UNITS/ML VIAL		30mL		
APIDRA SOLOSTAR		30mL		

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BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days	MME per Day	Additional Information
Vytorin®	All Strengths	30		Step-edit required
Zocor®	All Strengths	30		Step-edit required
Sleep Aids				
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		
SNRI's				
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
Atypical Antipsychotics				
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®	60mg	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)
Rexulti	0.25mg, 0.5mg, 1mg	30		Therapeutic Duplication edits apply; PA Req (< 5 years old)
Rexulti	2mg, 3mg, 4mg	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)

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BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days	MME per Day	Additional Information
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	30		Therapeutic Duplication edits apply; PA Req (< 5 years old)
Seroquel®	50mg	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)
Vraylar	1.5mg	30		Therapeutic Duplication edits apply; PA Req (< 5 years old)
Vraylar	3mg	30		Therapeutic Duplication edits apply; PA Req (< 5 years old)
Vraylar	4.5mg	30		Therapeutic Duplication edits apply; PA Req (< 5 years old)
Vraylar	6mg	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)
Zyprexa® Zydis®	5mg	30		Therapeutic Duplication edits apply; PA Req (< 5 years old)
Zyprexa® Zydis®	10mg	30		Therapeutic Duplication edits apply; PA Req (< 5 years old)
Zyprexa® Zydis®	15mg	30		Therapeutic Duplication edits apply; PA Req (< 5 years old)
Zyprexa® Zydis®	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)
CNS Stimulants (C-II's)				
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		
Adhansia XR	25mg, 35mg, 45mg	30		
Adhansia XR	55mg, 70mg, 85mg	30		
Adzenys XR	3.1mg, 6.3mg, 9.4mg	30		
Adzenys XR	12.5mg, 15.7mg, 18.8mg	30		
Aptensio XR	10mg, 15mg, 20mg, 30mg	30		
Aptensio XR	40mg, 50mg, 60mg	30		
Azstarys	26.1mg/5.2mg	30		
Azstarys	39.2mg/7.8mg	30		
Azstarys	52.3mg/10.4mg	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		

Max Units List

Updated 04/21/2023

BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days	MME per Day	Additional Information
Focalin XR®	35mg	30		
Focalin XR®	40mg	30		
Jornay PM	20mg,40mg,60mg	30		
Jornay PM	80mg, 100mg	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		
Vyvanse®	70mg	30		
Zenzedi	2.5mg 5mg	120		
Zenzedi	7.5mg 10mg	90		
Urinary Tract Antispasmodics				
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		
Enblex 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		
Hepatitis C Direct Acting Antivirals				
Mavyret		3		REQUIRES PA
Epclusa		1		REQUIRES PA
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.				