

Max Units (Updated 4/19/2024)

Opioids/Analgesics

BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days	MME per Day	Additional Information
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	N/A	REQUIRES PA after initial 28 days - Therapeutic Duplication edits apply
Bunavail strip	6.3/1mg	60	N/A	REQUIRES PA after initial 28 days - Therapeutic Duplication edits apply
Butalbital / Acetaminophen / Caffeine	50-325-40 TAB	90	N/A	N/A
Butalbital / Acetaminophen / Caffeine	50-300-40 CAP	90	N/A	N/A
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	N/A	REQUIRES PA
Celebrex®	400mg	30	N/A	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.
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	N/A	N/A
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.
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.
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	N/A	REQUIRES PA after initial 28 days - Therapeutic Duplication edits apply
Suboxone® SL Film	12mg/3mg	60	N/A	REQUIRES PA after initial 28 days- Therapeutic Duplication edits apply
Suboxone® SL Tablets	All Strengths	90	N/A	REQUIRES PA after initial 28 days - Therapeutic Duplication edits apply
Subutex® (Buprenorphine) SL Tablets	All Strengths	90	N/A	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	N/A	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.
Xtampza ER®	36mg	60*	108	REQUIRES PA - Therapeutic Duplication edits apply Overrides available for LTC, hospice and cancer pts.
Zipsor	25mg	120	N/A	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	N/A	REQUIRES PA after initial 28 days- Therapeutic Duplication edits apply
Zubsolv SL Tablet	8.6/2.1mg	60	N/A	REQUIRES PA after initial 28 days- Therapeutic Duplication edits apply
Zubsolv SL Tablet	11.4/2.9mg	30	N/A	REQUIRES PA after initial 28 days- Therapeutic Duplication edits apply

Benzodiazepines

BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days	Additional Information
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

Allergy Medications, Ophthalmic

BRAND NAME AND ALL GENERIC EQUIVALENTS	Max units/30 days
ALAMAST 0.1%	1 unit (10mL) per 19 days
ALOCRI 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
LASTACAF 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

BRAND NAME AND ALL GENERIC EQUIVALENTS	Max units/30 days
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

Anti-emetics

BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days	Additional Information
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	60 Tablets	60 tablets per month
Zofran ODT®:	4 mg & 8 mg	60 Tablets	60 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

BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days	Additional Information
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

BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days	Additional Information
Adcirca® Tablets	20mg	60	REQUIRES PA
Ampyra™	10mg	60	REQUIRES PA
Amrix®	All Strengths	21 / 21 days	REQUIRES PA
Aubagio	7mg, 14mg	30	N/A
Beriner Kit	N/A	12 per 30 days	REQUIRES PA
Bystolic	2.5mg,5mg,10mg,20mg	30	N/A
CARISOPRODOL	All Strengths	56 / 14 days	REQUIRES PA
cefixime capsule	400mg	14	N/A
colchicine	0.6mg	60 per 30 days	N/A
Daliresp®	500mcg	30	REQUIRES PA
Delzicol DR	400mg	180	REQUIRES PA
Diclegis DR	10-10mg	120	REQUIRES PA
Doryx DR	200mg	30	N/A
Eliquis	2.5mg, 5mg	60	REQUIRES PA
Ergocalciferol capsule	50,000 unit	4 / 28 days	N/A
Fexmid®	7.5mg	63 / 21 days	REQUIRES PA
Firazyr®	30mg/3mL	3	REQUIRES PA
Giazo	1.1gram	180	REQUIRES PA
Gilenya	0.5mg	30	N/A
Intuniv® (all strengths)	All Strengths	30	N/A
Kalydeco™	150mg	2	REQUIRES PA
Ketoconazole (oral)	200mg	60	REQUIRES PA
Korlym™	300mg	120	REQUIRES PA
lidocaine ointment	All Strengths	120 grams	N/A
lidocaine-prilocaine cream	2.5%-2.5%	120 grams	N/A
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	N/A
Namenda XR	7mg 14mg 21mg 28mg	30	N/A
Nuvigil® (all strengths)	All Strengths	30*	N/A
Onmel	200mg	30	REQUIRES PA
Onfi™	5mg, 10mg, 20mg	60	REQUIRES PA
Osphena	60mg	30	N/A
Oxtellar XR	150mg,300mg,600mg	120	REQUIRES PA
Potiga™	All Strengths	90	Interim PA
Promacta	All Strengths	30	N/A
Provigil® (all strengths)	All Strengths	30*	N/A
Qelbree	100mg,150mg,200mg	60	N/A
Revatio® Injection	10mg/12.5mL	90	REQUIRES PA
Revatio® Tablets	20mg	90	REQUIRES PA
Sirturo	100mg	120	N/A
Tecfidera DR	120mg, 240mg	60	N/A
Vancocin	All Strengths	80	REQUIRES PA
Vascepa	1gram	120	REQUIRES PA
Vecamyl	2.5mg	300	REQUIRES PA
Viiibryd	10mg,20,mg,40mg	30	N/A
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 Medication

BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days	Additional Information
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	N/A	224 per 56 day cycle	REQUIRES PA
Xeljanz	5mg	60	REQUIRES PA
Xtandi	40mg	120	REQUIRES PA

Diabetic

BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days
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"

BRAND NAME AND ALL GENERIC EQUIVALENTS	Max units/30 days	Additional Information
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

BRAND NAME AND ALL GENERIC EQUIVALENTS	Max units/30 days
ADMELOG SOLOSTAR	30mL
APIDRA 100 UNITS/ML VIAL	30mL
APIDRA SOLOSTAR	30mL
BASAGLAR KWIKPEN U-100	30mL
HUMALOG 100 UNITS/ML CARTRIDGE	30mL
HUMALOG 100UNITS/ML KWIKPEN	30mL
HUMALOG 100UNITS/ML VIAL	30mL
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 U-500 KWIKPEN	12mL
INSULIN ASPART FLEXPEN	30mL
INSULIN ASPART PROT-INSULN ASP	30mL
INSULIN ASPART PENFILL	30mL
INSULIN LISPRO KWIKPEN U-100	30mL
INSULIN LISPRO PROTAMINE MIX	30mL
LANTUS 100UNIT/ML	30mL
LANTUS SOLOSTAR 100U/ML	30mL
LEVEMIR 100U/ML FLEXPEN	30mL
LEVEMIR 100U/ML VIAL	30mL
NOVOLOG 100 UNITS/ML CARTRIDGE	30mL
NOVOLOG 100UNITS/ML VIAL	30mL
NOVOLIN 70-30 VIAL	30mL
NOVOLIN 70-30 FLEXPEN	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
OZEMPIC 2mg/1.5ml	1.5mL
OZEMPIC 4mg/3ml	3mL
SEMGLEE 100UNITS/ML	30mL

Laxatives/Irritable Bowel Syndrome

BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days	Additional Information
Amitiza	8mcg & 24mcg	60	REQUIRES PA
Linzess	145mcg & 290mcg	30	REQUIRES PA

Proton Pump Inhibitors

BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days	Additional Information
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	N/A
Omeprazole tablet	20mg	30	N/A
Pantoprazole tablet	20mg, 40mg	30	N/A
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	N/A
Protonix (Brand) tablet and packet	All Strengths	30	PA/Step-Edit Required
Zegerid (RX) capsule and packet	All Strengths	30	PA/Step-Edit Required

Statins

BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days	Additional Information
Advicor®	All Strengths	30	Step-edit required
Altprev®	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	N/A
Liptruzet	All Strengths	30	REQUIRES PA
Livalo®	All Strengths	30	Step-edit required
Lovastatin	All Strengths	60	N/A
Mevacor®	All Strengths	60	Step-edit required
Pravachol®	All Strengths	30	Step-edit required
Pravastatin	All Strengths	30	N/A
Simcor®	All Strengths	30	Step-edit required
Simvastatin	All Strengths	30	N/A
Vytorin®	All Strengths	30	Step-edit required
Zocor®	All Strengths	30	Step-edit required

Sleep Aids

BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days	Additional Information
Ambien®	5mg & 10mg	30	N/A
Ambien CR®	6.25mg & 12.5mg	30	N/A
Eduar™	5mg & 10mg	30	N/A
Intermezzo®	1.75mg, 3.5mg	30	Interim PA
Lunesta®	All Strengths	30	N/A
Restoril®	All Strengths	30	N/A
Rozerem®	8mg	30	N/A

Sonata®	5mg & 10mg	30	N/A
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SNRI's

BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days	Additional Information
Cymbalta	20mg, 60mg	60	N/A
Cymbalta	30mg	90	N/A
Desvenlafaxine ER, Khedezla, Pristiq	50mg, 100mg	30	N/A
Fetzima ER	20mg 40mg 80mg 120mg	30	N/A
Venlafaxine XR capsule	37.5mg, 75mg	90	N/A
Venlafaxine XR capsule	150mg	60	N/A
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

BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days	Additional Information
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)
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® 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)

CNS Stimulants (C-II's)

BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days	Additional Information
Adderall®	5mg	120	N/A
Adderall®	7.5mg	120	N/A
Adderall®	10mg	90	N/A
Adderall®	12.5mg	90	N/A
Adderall®	15mg	90	N/A
Adderall®	20mg	90	N/A
Adderall®	30mg	60	N/A
Adderall XR®	5mg	60	N/A
Adderall XR®	10mg	60	N/A
Adderall XR®	15mg	30	N/A
Adderall XR®	20mg	30	N/A
Adderall XR®	25mg	30	N/A
Adderall XR®	30mg	30	N/A
Adhansia XR	25mg, 35mg, 45mg	30	N/A
Adhansia XR	55mg, 70mg, 85mg	30	N/A
Adzenys XR	3.1mg, 6.3mg, 9.4mg	30	N/A
Adzenys XR	12.5mg, 15.7mg, 18.8mg	30	N/A
Aptensio XR	10mg, 15mg, 20mg, 30mg	30	N/A
Aptensio XR	40mg, 50mg, 60mg	30	N/A
Azstarys	26.1mg/5.2mg	30	N/A
Azstarys	39.2mg/7.8mg	30	N/A
Azstarys	52.3mg/10.4mg	30	N/A
Concerta®	18mg	30	N/A
Concerta®	27mg	30	N/A
Concerta®	36mg	60	N/A
Concerta®	54mg	30	N/A
Daytrana® Patch	10mg/9hr	30	N/A
Daytrana® Patch	15mg/9hr	30	N/A
Daytrana® Patch	20mg/9hr	30	N/A
Daytrana® Patch	30mg/9hr	30	N/A
Desoxyn®	5mg	150	N/A

Dexedrine® Spansule®	5mg	90	N/A
Dexedrine® Spansule®	10mg	90	N/A
Dexedrine® Spansule®	15mg	90	N/A
Dextroamphetamine Tablet	5mg	120	N/A
Dextroamphetamine Tablet	10mg	90	N/A
Focalin®	2.5mg	90	N/A
Focalin®	5mg	90	N/A
Focalin®	10mg	60	N/A
Focalin XR®	5mg	60	N/A
Focalin XR®	10mg	60	N/A
Focalin XR®	15mg	30	N/A
Focalin XR®	20mg	30	N/A
Focalin XR®	25mg	30	N/A
Focalin XR®	30mg	30	N/A
Focalin XR®	35mg	30	N/A
Focalin XR®	40mg	30	N/A
Jornay PM	20mg,40mg,60mg	30	N/A
Jornay PM	80mg, 100mg	30	N/A
Metadate CD®	10mg	30	N/A
Metadate CD®	20mg	30	N/A
Metadate CD®	30mg	30	N/A
Metadate CD®	40mg	30	N/A
Metadate CD®	50mg	30	N/A
Metadate CD®	60mg	30	N/A
Methylin™ ER Tablet	10mg	90	N/A
Methylin™ ER, Ritalin®-SR, Methylphenidate ER Tablet	20mg	90	N/A
Methylin™ Chewable, Methylphenidate Chewable	2.5mg	90	N/A
Methylin™ Chewable, Methylphenidate Chewable	5mg	90	N/A
Methylin™ Chewable, Methylphenidate Chewable	10mg	90	N/A
Methylphenidate Solution	5mg/5mL	900mL	N/A
Methylphenidate Solution	10mg/5mL	900mL	N/A
Mydayis capsule	All Strengths	30	N/A
ProCentra®, Liquadd™	5mg/5mL	600mL	N/A
Quillivant XR	N/A	25mg/5mL susp	REQUIRES PA
Ritalin®, Methylin™, Methylphenidate	5mg	120	N/A
Ritalin®, Methylin™, Methylphenidate	10mg	120	N/A
Ritalin®, Methylin™, Methylphenidate	20mg	90	N/A
Ritalin LA®	10mg	30	N/A
Ritalin LA®	20mg	30	N/A
Ritalin LA®	30mg	60	N/A
Ritalin LA®	40mg	30	N/A

Vyvanse®	20mg	30	N/A
Vyvanse®	30mg	30	N/A
Vyvanse®	40mg	30	N/A
Vyvanse®	50mg	30	N/A
Vyvanse®	60mg	30	N/A
Vyvanse®	70mg	30	N/A
Zenzedi	2.5mg 5mg	120	N/A
Zenzedi	7.5mg 10mg	90	N/A

Urinary Tract Antispasmodics

BRAND NAME AND ALL GENERIC EQUIVALENTS	Strength	Max units/30 days
Detrol	1mg, 2mg	60
Detrol LA capsule	2mg, 4mg	30
Ditropan tablet	5mg	120
Ditropan syrup	N/A	600mL
Ditropan XL	5mg	30
Ditropan XL	10mg, 15mg	60
Enablex ER	7.5mg, 15mg	30
Gelnique 10% gel sachets (30)	N/A	30 sachets
Gelnique 3% gel packet (92gm)		1 container
Myrbetriq ER	25mg, 50mg	30
Oxytrol patch 3.9mg/24hr box (8)	N/A	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

BRAND NAME AND ALL GENERIC EQUIVALENTS	Max units/30 days	Additional Information
Mavyret	3	REQUIRES PA
Eplclusa	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.