

Max Units List

Updated 09/15/2023

| 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. |
| 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. |

Max Units List

Updated 09/15/2023

| | | | | |
|----------------------------------|--------------|-------------|-----|---|
| 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. |
| 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. |

Max Units List

Updated 09/15/2023

| | | | | |
|--------------------|----------|---------|-----|--|
| 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. |

Max Units List

Updated 09/15/2023

| | | | | |
|-------------------------------------|---|---------|-------|--|
| 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. |
| 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 | | | | |

Max Units List

Updated 09/15/2023

| | | | | |
|--|-----------|-----------------------------|--|-------------------------------------|
| 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 | | | | |
| ALAMAST 0.1% | | 1 unit (10mL) per 19 days | | |
| ALOCRIL 2% | | 1 unit (5mL) per 19 days | | |
| ALOMIDE 0.1% | | 1 unit (10mL) per 19 days | | |
| ALREX 0.2% | | 1 unit (5/10mL) per 19 days | | |
| BEPREVE 1.5% | | 1 unit (5/10mL) per 19 days | | |
| CROMOLYN 4% | | 1 unit (10mL) per 19 days | | |
| ELESTAT 0.05% | | 1 unit (5mL) per 19 days | | |
| 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 | | |

Max Units List

Updated 09/15/2023

| | | | |
|---|------------------------|------------------------------|---|
| 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 |
| Ubrelvy | 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 |
| 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 |
| Miltigare | 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 |
| Ospheña | 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 | |

Max Units List

Updated 09/15/2023

| | | | | |
|--|--------------------------|----------------------|--|-------------|
| Tecfidera DR | 120mg, 240mg | 60 | | |
| Vancocin | All Strengths | 80 | | REQUIRES PA |
| Vascepa | 1gram | 120 | | REQUIRES PA |
| Vecamyl | 2.5mg | 300 | | REQUIRES PA |
| Vibryd | 10mg,20mg,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 | | | | |
| 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 2mg/3mL | | 3mL | | |

Max Units List

Updated 09/15/2023

| | | | | |
|---|----------------------|--------|--|---|
| OZEMPIC 4mg/3mL | | 3mL | | |
| OZEMPIC 8mg/3mL | | 3mL | | |
| SEMGLEE 100UNITS/ML | | 30mL | | |
| Laxatives / Irritable Bowel Syndrome | | | | |
| Amitiza | 8mcg & 24mcg | 60 | | REQUIRES PA |
| Linzess | 145mcg & 290mcg | 30 | | REQUIRES PA |
| Proton Pump Inhibitors | | | | |
| Aciphex | 20mg | 30 | | PA/Step-Edit Required |
| Dexilant | All Strengths | 30 | | PA/Step-Edit Required |
| Nexium capsules and packets | All Strengths | 30 | | PA/Step-Edit Required |
| Omeprazole capsule | 10mg, 20mg, 40mg | 30 | | |
| Omeprazole tablet | 20mg | 30 | | |
| Pantoprazole tablet | 20mg, 40mg | 30 | | |
| Prevacid capsules and Rap-Dis | All Strengths | 30 | | PA/Step-Edit Required |
| PriLOSEC (Brand) capsule and packet | All Strengths | 30 | | PA/Step-Edit Required |
| PriLOSEC (OTC) tablet | 20mg | 30 | | |
| Protonix (Brand) tablet and packet | All Strengths | 30 | | PA/Step-Edit Required |
| Zegerid (RX) capsule and packet | All Strengths | 30 | | PA/Step-Edit Required |
| Statins | | | | |
| Advicor® | All Strengths | 30 | | Step-edit required |
| Altoprev® | All Strengths | 30 | | Step-edit required |
| Crestor® | All Strengths | 30 | | Step-edit required |
| Lescol® | All Strengths | 60 | | Step-edit required |
| Lescol® XL | All Strengths | 30 | | Step-edit required |
| Lipitor® | All Strengths | 30 | | |
| Liptruzet | All Strengths | 30 | | REQUIRES PA |
| Livalo® | All Strengths | 30 | | Step-edit required |
| Lovastatin | All Strengths | 60 | | |
| Mevacor® | All Strengths | 60 | | Step-edit required |
| Pravachol® | All Strengths | 30 | | Step-edit required |
| Pravastatin | All Strengths | 30 | | |
| Simcor® | All Strengths | 30 | | Step-edit required |
| Simvastatin | All Strengths | 30 | | |
| Vytorin® | All Strengths | 30 | | Step-edit required |
| Zocor® | All Strengths | 30 | | Step-edit required |
| 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) |

Max Units List

Updated 09/15/2023

| | | | | |
|--------------------------------|--------------------|--------------------|--|---|
| 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) | | | | |
| 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 | | |

Max Units List

Updated 09/15/2023

| | | | | |
|--|------------------------|---------------|--|-------------|
| 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 | | |
| 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 | | |
| Enablex ER | 7.5mg, 15mg | 30 | | |
| Gelnique 10% gel sachets (30) | | 30 sachets | | |
| Gelnique 3% gel packet (92gm) | | 1 container | | |
| Myrbetriq ER | 25mg, 50mg | 30 | | |
| Oxytrol patch 3.9mg/24hr box (8) | | 8 (1-box) | | |
| Santura | 20mg | 60 | | |
| Santura XR capsule | 60mg | 30 | | |

Max Units List

Updated 09/15/2023

| | | | | |
|--|-----------|-----|--|-------------|
| 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 |
| <p>*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.</p> | | | | |