

AVMED 4 TIER AND 5 TIER FORMULARY QUANTITY LIMIT TABLE

Generic Name	Brand Name	Quantity Limit Description	Comments
ABACAIVR SOLN 20 MG/ML	ZIAGEN	900ml every 30 days	
ABACAIVR TAB 300 MG	ZIAGEN	60 every 30 days	
ABACAIVR -LAMIVUDINE TAB 600-300 MG	EPZICOM	30 every 30 days	
ABACAIVR -LAMIVUDINE-ZIDOVUDINE TAB 300-150-300 MG	TRIZIVIR	60 every 30 days	
ABACAIVR-DOLUTEGRAVIR-LAMIVUDINE TAB 600-50-300 MG	TRIUMEQ	30 every 30 days	
ACETAMINOPHEN W/ CODEINE SUSP 120-12 MG/5ML	CAPITAL/CODEINE	2700ml every 30 days	
ACETAMINOPHEN W/ CODEINE TAB 15MG/300MG	TYLENOL/CODEINE	400 every 30 days	
ACETAMINOPHEN W/ CODEINE TAB 30MG/300MG	TYLENOL/CODEINE	360 every 30 days	
ACETAMINOPHEN W/ CODEINE TAB 60MG/300MG	TYLENOL/CODEINE	180 every 30 days	
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE 320.5/30/16MG, 325/30/16MG, 356.4/30/16MG	APAP/CAFF/DIHYDROCODEINE	300 every 30 days	
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE 712.8/60/32MG	APAP/CAFF/DIHYDROCODEINE	150 every 30 days	
ACYCLOVIR OINT 5%	ZOVIRAX	15gm every 30 days	
ALBUTEROL SULFATE AER POW BA 108 MCG/ACT	PROAIR RESPICLICK	2 inhalers every 30 days	
ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT	PROAIR HFA	2 inhalers every 30 days	
ALBUTEROL SULFATE SOLN NEBU 0.083% (2.5 MG/3ML)	ALBUTEROL NEB 0.083%	375ml every 30 days	
ALBUTEROL SULFATE SOLN NEBU 0.5% (5 MG/ML)	ALBUTEROL NEB 0.5%	60ml every 30 days	
ALBUTEROL SULFATE SOLN NEBU-all strengths	ACCUNEB	375ml every 30 days	
ALMOTRIPTAN TABS-all strengths	AXERT	12 every 30 days	
ALPROSTADIL FOR INJ	EDEX	6 units every 30 days	
ALPROSTADIL INJ	CAVERJECT	6 units every 30 days	
ALPROSTADIL URETHRAL PELLETT	MUSE	6 units every 30 days	
AMPHETAMINE ER DISINTEGRATING TAB-12.5mg 15.7mg, 18.8mg	ADZENYS XR-ODT	30 every 30 days	
AMPHETAMINE ER DISINTEGRATING TAB-3.1mg, 6.3mg, 9.4mg	ADZENYS XR-ODT	60 every 30 days	
AMPHETAMINE ER ORAL SUSP -1.25MG/ML	ADZENYS ER ORAL SUSP	450ml every 30 days	
AMPHETAMINE EXTENDED RELEASE SUSP 2.5 MG/ML	DYANAVEL XR	240ml every 30 days	
AMPHETAMINE SULFATE TAB- all strengths	EVEKEO	120 every 30 days	
AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 12.5mg, 25mg	MYDAYIS	60 every 30 days	
AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 37.5mg, 50mg	MYDAYIS	30 every 30 days	
AMPHETAMINE-DEXTROAMPHETAMINE Ext Rel- all strengths	ADDERALL XR	30 every 30 days	
AMPHETAMINE-DEXTROAMPHETAMINE TAB- 15mg, 20mg	ADDERALL	60 every 30 days	
AMPHETAMINE-DEXTROAMPHETAMINE TAB- 30mg	ADDERALL	30 every 30 days	
AMPHETAMINE-DEXTROAMPHETAMINE TAB- 5mg, 7.5mg, 10mg,12.5mg	ADDERALL	90 every 30 days	
APREPITANT CAPSULE 125 MG	EMEND CAP 125MG	2 every 30 days	
APREPITANT CAPSULE 40 MG	EMEND CAP 40MG	3 every 6 months	
APREPITANT CAPSULE 80 MG	EMEND CAP 80MG	4 every 30 days	



APREPITANT CAPSULE THERAPY PACK 80 & 125 MG	EMEND PAK 80 & 125	2 packs (6) every 30 days	
APREPITANT FOR ORAL SUSP 125MG/5ML	EMEND 125MG SUSP	6 Kits every 30 days	
APREPITANT INJECTION 150MG	EMEND INJECTION	2 every 30 days	
APREPITANT IV EMULSION 130 MG/18ML	CINVANTI	2 vials every 28 days	
ARFORMOTEROL SOLN NEBU 15 MCG/2ML (BASE EQUIV)	BROVANA	120ml every 30 days	
ASPIRIN/CAFFEINE/DIHYDROCODEINE 356.4/30/16MG	ASPIRIN/CAFF/DIHYDROCODEINE	300 every 30 days	
ASPIRIN/OXYCODONE TABS	ASPIRIN/OXYCODONE	360 Every 30 days	
ASPIRIN-CAFFEINE-DIHYDROCODEINE CAP 356.4-30-16 MG	SYNALGOS-DC	300 every 30 days	
ATAZANAVIR -COBICISTAT TAB 300-150 MG	EVOTAZ	30 every 30 days	
ATAZANAVIR SULFATE CAP 200mg	REYATAZ 200mg	60 every 30 days	
ATAZANAVIR SULFATE CAP-except 200mg	REYATAZ	30 every 30 days	
ATOMOXETINE CAP-10mg, 18mg, 25mg	STRATTERA	120 every 30 days	
ATOMOXETINE CAP-40mg	STRATTERA	60 every 30 days	
ATOMOXETINE CAP-60mg, 80mg, 100mg	STRATTERA	30 every 30 days	
AZELASTINE HCL NASAL SPRAY 0.15% (205.5 MCG/SPRAY)	ASTEPRO	2 bottles every 30 days	
AZELASTINE HCL-FLUTICASONE NASAL SPRAY 137-50 MCG/ACT	DYMISTA	1 bottle every 30 days	
BECLOMETHASONE INHALER-all strengths	QVAR	2 inhalers every 30 days	
BECLOMETHASONE INHALER-all strengths	QVAR RediHaler	2 inhalers every 30 days	
BETAMETHASONE DIPROPIONATE OINT 0.05%	DIPROSONE	210gm every 30 days	
BUDESONIDE INHAL AERO POWD-180MCG	PULMICORT INH	2 inhalers every 30 days	
BUDESONIDE INHAL AERO POWD-90MCG	PULMICORT INH	3 inhalers every 30 days	
BUDESONIDE INHALATION SUSP-0.25MG	PULMICORT SUS	180ml every 30 days	
BUDESONIDE INHALATION SUSP-0.5MG	PULMICORT SUS	120ml every 30 days	
BUDESONIDE INHALATION SUSP-1MG	PULMICORT SUS	60ml every 30 days	
BUDESONIDE-FORMOTEROL AEROSOL-all strengths	SYMBICORT	1 inhaler every 30 days	
BUPRENORPHINE HCL BUCCAL FILM 75MCG, 150MCG,300MCG AND 450MCG ONLY	BELBUCA	60 Every 30 days	
BUPRENORPHINE HCL BUCCAL FILM 75MCG, 600MCG,750MCG AND 900MCG ONLY	BELBUCA	60 Every 30 days	Initial limit is 0, Post limit PA reqd
BUPRENORPHINE HCL-NALOXONE HCL SL FILM 12-3mg	SUBOXONE	60 every 30 days	
BUPRENORPHINE HCL-NALOXONE HCL SL FILM 2-0.5mg, 4-1mg,8-2mg	SUBOXONE	90 every 30 days	
BUPRENORPHINE HCL-NALOXONE HCL SL TAB - all other strengths	ZUBSOLV	90 every 30 days	
BUPRENORPHINE HCL-NALOXONE HCL SL TAB 11.4-2.9 MG	ZUBSOLV	30 every 30 days	
BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8.6-2.1 MG	ZUBSOLV	60 every 30 days	
BUPRENORPHINE TD PATCH WEEKLY-15MCG AND 20MCG	BUTRANS	4 patches every 28 days	Initial limit is 0, Post limit PA reqd
BUPRENORPHINE TD PATCH WEEKLY-5MCG, 7.5MCG AND 10MCG ONLY	BUTRANS	4 patches every 28 days	
BUPRENORPHINE-NALOXONE BUCCAL FILM 2.1-0.3mg, 4.2-0.7mg	BUNAVAIL	90 every 30 days	
BUPRENORPHINE-NALOXONE BUCCAL FILM 6.3-1mg	BUNAVAIL	60 every 30 days	
BUTALBITAL 25MG-ACETAMINOPHEN 325MG TAB	ALLZITAL	96 every 30 days	
BUTALBITAL-ACETAMINOPHEN TAB	BUTAL/APAP TAB	48 every 30 days	



BUTALBITAL-ACETAMINOPHEN-CAFF W/ CODEINE	BUTAL/APAP/CAFF/CODEINE	48 every 30 days	
BUTALBITAL-ACETAMINOPHEN-CAFFEINE SOLN 50-325-40 MG/15ML	VANATOL LQ	720ml every 30 days	
BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB	BUTAL/APAP/ CAFF TAB	48 every 30 days	
BUTALBITAL-ASPIRIN-CAFF W/ CODEINE	BUTAL/ASP/CAFF/CODEINE	48 every 30 days	
BUTALBITAL-ASPIRIN-CAFFEINE	BUTAL/ASP/CAFF	48 every 30 days	
BUTORPHANOL TARTRATE NASAL SOLN 10 MG/ML	BUTORPHANOL SOL 10MG/ML	2 bottles every 30 days	
CALCIPOTRIENE CREAM 0.005%	DOVONEX	60gm every 30days	
CLOBETASOL CREAM 0.05%	TEMOVATE	60gm every 30days	
COBICISTAT TAB 150 MG	TYBOST	30 every 30 days	
CODEINE SULFATE ORAL SOLN 30MG/5ML	CODEINE SULFATE ORAL SOLN	210ml every 30 days	
CODEINE SULFATE TAB- all strengths	CODEINE SULFATE TABLETS	42 every 30 days	
CROMOLYN SODIUM SOLN NEBU 20 MG/2ML	CROMOLYN SOD NEB 20MG/2ML	240ml every 30 days	
DARUNAVIR ETHANOLATE SUSP 100 MG/ML	PREZISTA SUS 100MG/ML	400ml every 30 days	
DARUNAVIR ETHANOLATE TAB 800 MG	PREZISTA TAB 800MG	30 every 30 days	
DARUNAVIR ETHANOLATE TAB -all strengths except 800mg	PREZISTA	60 every 30 days	
DARUNAVIR-COBICISTAT TAB 800-150 MG	PREZCOBIX	30 every 30 days	
DELAVIRDINE MESYLATE TAB -all strengths	RESCRIPTOR	180 every 30 days	
DEXMETHYLPHENIDATE HCL TAB -10mg	FOCALIN	60 every 30 days	
DEXMETHYLPHENIDATE HCL TAB -2.5mg 5mg	FOCALIN	120 every 30 days	
DEXMETHYLPHENIDATE HCL TAB -25mg, 30mg, 35mg, 40mg	FOCALIN XR	30 every 30 days	
DEXMETHYLPHENIDATE HCL XR TAB -5mg, 10mg, 15mg, 20mg	FOCALIN XR	60 every 30 days	
DEXTROAMPHETAMINE SULFATE CAP SR 24HR- 15mg	DEXEDRINE CR	60 every 30 days	
DEXTROAMPHETAMINE SULFATE CAP SR 24HR- 5mg, 10mg	DEXEDRINE CR	120 every 30 days	
DEXTROAMPHETAMINE SULFATE ORAL SOLUTION 5 MG/5ML	PROCENTRA	1200ml every 30 days	
DEXTROAMPHETAMINE SULFATE TAB 15mg, 20mg	ZENZEDI	60 every 30 days	
DEXTROAMPHETAMINE SULFATE TAB -15mg, 20mg	DEXEDRINE TAB	60 every 30 days	
DEXTROAMPHETAMINE SULFATE TAB 2.5mg, 5mg, 7.5mg, 10mg	ZENZEDI	120 every 30 days	
DEXTROAMPHETAMINE SULFATE TAB -2.5mg, 5mg, 7.5mg, 10mg	DEXEDRINE TAB	120 every 30 days	
DEXTROAMPHETAMINE SULFATE TAB 30mg	ZENZEDI	30 every 30 days	
DEXTROAMPHETAMINE SULFATE TAB -30mg	DEXEDRINE TAB	30 every 30 days	
DICLOFENAC SODIUM GEL 3%	SOLARAZE	100gm every 30days	
DICLOFENAC SODIUM GEL 1%	VOLTAREN	1000gm every 30 days	
DIHYDROERGOTAMINE MESYLATE NASAL SPRAY 4 MG/ML	MIGRANAL	8 units every 30 days	
DOLASETRON MESYLATE IV INJ 20 MG/ML	ANZEMET	15ml Every 6 months	
DOLASETRON MESYLATE TAB -all strengths	ANZEMET TAB	6 every 30 days	
DOLUTEGRAVIR SODIUM TAB 50 MG	TIVICAY	60 every 30 days	
DOXEPIN CREAM 5%	PRUDOXIN	60gm every 30days	
DRONABINOL CAP -all strengths	MARINOL	60 every 30 days	
DROSPIRENONE-ESTRADIOL TAB-all strengths	ANGELIQ	28 every 28 days	
EFAVIRENZ - all strengths	SUSTIVA	30 every 30 days	



EFAVIRENZ-EMTRICITABINE-TENOFOVIR DF TAB 600-200-300 MG	ATRIPLA	30 every 30 days	
ELETRIPTAN-all strengths	RELPAX	12 every 30 days	
ELVITEGRAV-COBICIS-EMTRICITAB-TENOFOV TAB 150-150-200-300 MG	STRIBILD	30 every 30 days	
ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR TABS	GENVOYA	30 every 30 days	
EMTRICITABINE CAPS 200 MG	EMTRIVA	30 every 30 days	
EMTRICITABINE SOLN 10 MG/ML	EMTRIVA SOLN	75ml every 30 days	
EMTRICITABINE-RILPIVIRINE-TENOFOVIR AF TAB 200-25-25 MG	ODEFSEY	30 every 30 days	
EMTRICITABINE-RILPIVIRINE-TENOFOVIR DF TAB 200-25-300 MG	COMPLERA	30 every 30 days	
EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TAB 200-25 MG	DESCOVY	30 every 30 days	
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG	TRUVADA	30 every 30 days	
ESTRADIOL & NORETHINDRONE TAB-all strengths	ACTIVELLA	28 every 28 days	
ESTRADIOL GEL 0.06%	ESTROGEL	100gm every 30 days	
ESTRADIOL GEL 0.06%	ELESTRIN	26gm every 30 days	
ESTRADIOL TD GEL 0.25 MG/0.25GM (0.1%)	Divigel		30
ESTRADIOL TD PATCH TWICE WEEKLY -all strengths	MINIVELLE	8 patches every 28 days	
ESTRADIOL TD PATCH TWICE WEEKLY -all strengths	VIVELLE-DOT	8 patches every 28 days	
ESTRADIOL TD PATCH TWICE WEEKLY-all strengths	ALORA	8 patches every 28 days	
ESTRADIOL TD PATCH WEEKLY -all strengths	CLIMARA	4 patches every 28 days	
ESTRADIOL TRANSDERMAL EMULSION 4.35 MG/1.74GM	ESTRASORB	98ml every 30 days	
ESTRADIOL TRANSDERMAL SPRAY 1.53 MG/SPRAY	Evamist	3 bottles every 90 days	
ESTRADIOL VAGINAL RING 2 MG (7.5 MCG/24HRS)	ESTRING	1 ring every 84 days	
ESTRADIOL-LEVONORGESTREL TD PATCH WKY 0.045-0.015 MG/DAY	CLIMARA PRO WEEKLY	4 patches every 28 days	
ESTRADIOL-NORETHINDRONE ACE TD PTTW -all strengths	COMBIPATCH	8 patches every 28 days	
ESTROGENS, CONJUGATED SYNTHETIC B TAB 0.3 MG	Enjuvia		30
ETRAVIRINE TAB 100 MG AND 200MG	INTELENCE 100MG AND 200MG	60 every 30 days	
ETRAVIRINE TAB 25 MG	INTELENCE TAB 25MG	120 every 30 days	
FENTANYL CITRATE BUCCAL SOLUBLE FILM- all strengths	ONSOLIS	120 every 30 days	
FENTANYL CITRATE BUCCAL TAB- all strengths	FENTORA	120 every 30 days	
FENTANYL CITRATE LOZENGE ON A HANDLE -all strengths	ACTIQ	120 every 30 days	
FENTANYL CITRATE NASAL SPRAY 100 MCG/ACT -all strengths	LAZANDA	30 doses every 30 days	
FENTANYL CITRATE SL TAB -all strengths	ABSTRAL	120 every 30 days	
FENTANYL SUBLINGUAL SPRAY - except 1200MCG and 1600MCG	SUBSYS	120 every 30 days	
FENTANYL SUBLINGUAL SPRAY 1200 MCG AND 1600MCG	SUBSYS	240 every 30 days	
FENTANYL TD PATCH 72HR-12MCG, 25MCG AND 37.5MCG	DURAGESIC	10 patches every 30 days	
FENTANYL TD PATCH 72HR-50MCG, 62.5MCG, 75MCG, 87.5MCG AND 100MCG	DURAGESIC	10 patches every 30 days	Initial limit is 0, Post limit PA reqd
FLUNISOLIDE NASAL SOLN 25 MCG/ACT (0.025%)	FLUNISOLIDE	3 bottles every 30 days	
FLUOCINONIDE CREAM 0.05%	LIDEX	150gm every 30 days	
FLUOCINONIDE CREAM 0.1%	VANOS	30gm every 30 days	

FLUTICASONE FUROATE AEROSOL -all strengths	ARNUIITY ELLIPTA	1 inhaler every 30 days	
FLUTICASONE FUROATE NASAL SUSP 27.5 MCG/SPRAY	VERAMYST	1 bottle every 30 days	
FLUTICASONE FUROATE/UMECLIDINIUM/VILANTEROL	TRELEGY ELLIPTA	1 pack (60 blisters) every 30 days	
FLUTICASONE FUROATE-VILANTEROL AERO-all strengths	BREO ELLIPTA	1 inhaler every 30 days	
FLUTICASONE PROPIONATE NASAL SPRAY -93MCG/SPRAY	XHANCE	2 packs(16ml) every 30 days	
FLUTICASONE PROPIONATE AEROSOL-100MCG AND 250MCG	FLOVENT DISKUS	4 inhalers every 30 days	
FLUTICASONE PROPIONATE AEROSOL-50MCG	FLOVENT DISKUS	3 inhalers every 30 days	
FLUTICASONE PROPIONATE HFA INHALER-all strengths	FLOVENT HFA	2 inhalers every 30 days	
FLUTICASONE PROPIONATE NASAL SUSP 50 MCG/ACT	FLONASE	1 bottle every 30 days	
FLUTICASONE-SALMETEROL AER POWDER BA- all strengths	AIRDUO RESPICLICK	1 inhaler every 30 days	
FLUTICASONE-SALMETEROL AEROSOL -all strengths	ADVAIR DISKUS	1 inhaler every 30 days	
FLUTICASONE-SALMETEROL INHALER-all strengths	ADVAIR HFA	1 inhaler every 30 days	
FORMOTEROL FUMARATE INHAL CAP 12 MCG	FORADIL AEROLIZER	60 every 30 days	
FORMOTEROL FUMARATE SOLN NEBU 20 MCG/2ML	PERFOROMIST	120ml every 30 days	
FOSAMPRENAVIR CALCIUM SUSP 50 MG/ML	LEXIVA	120ml every 30 days	
FOSAMPRENAVIR CALCIUM TAB 700 MG	LEXIVA	120 every 30 days	
FROVATRIPTAN 2.5MG TAB	FROVA	18 every 30 days	
GLUCOSE BLOOD TEST STRIP	ONE TOUCH	200 every 30 days	
GLYCOPYRROLATE INHAL CAP 15.6 MCG	SEEBRI NEOHALER	1 inhaler every 30 days	
GLYCOPYRROLATE-FORMOTEROL FUMARATE AEROSOL 9-4.8 MCG/ACT	BEVESPI AEROSPHERE	1 inhaler every 30 days	
GRANISETRON EXTENDED RELEASE INJ PREFILLED SYR 10 MG/0.4ML	SUSTOL	0.8ML every 30 days	
GRANISETRON HCL INJ 1 MG/ML and 0.1MG/ML	KYTRIL	2ml every 30 days	
GRANISETRON HCL TAB 1 MG	GRANISETRON	12 every 30 days	
GRANISETRON TD PATCH 3.1 MG/24HR	SANCUSO	2 patches every 30 days	
HYDROCODONE BITARTRATE CAP ER 12HR ABUSE-DETERRENT 10MG, 15MG, 20MG, 30MG AND 40MG	ZOHYDRO ER	60 Every 30 days	
HYDROCODONE BITARTRATE CAP ER 12HR ABUSE-DETERRENT 50MG	ZOHYDRO ER	60 Every 30 days	Initial limit is 0, Post limit PA reqd
HYDROCODONE BITARTRATE TAB ER 24HR DETER 100 MG	HYSINGLA ER	60 Every 30 days	Initial limit is 0, Post limit PA reqd
HYDROCODONE BITARTRATE TAB ER 24HR DETER 120 MG	HYSINGLA ER	30 Every 30 days	Initial limit is 0, Post limit PA reqd
HYDROCODONE BITARTRATE TAB ER 24HR DETER 20MG, 30MG, 40MG, 60MG AND 80MG	HYSINGLA ER	30 Every 30 days	
HYDROCODONE-ACETAMINOPHEN SOLN 10-300MG/15ML	HYRDOCODONE/ACETAMINOPHEN	2025ml every 30 days	
HYDROCODONE-ACETAMINOPHEN SOLN 7.5-325 MG/15ML, 10-325MG/15ML, 10-500MG/15ML	HYRDOCODONE/ACETAMINOPHEN	2700ml every 30 days	
HYDROCODONE-ACETAMINOPHEN SOLN 7.5-500 MG/15ML	HYRDOCODONE/ACETAMINOPHEN	2700ml every 30 days	
HYDROCODONE-ACETAMINOPHEN TAB -10-300MG, 10-325MG, 10-400MG, 10-500MG, 10-650MG	HYRDOCODONE/ACETAMINOPHEN	180 every 30 days	
HYDROCODONE-ACETAMINOPHEN TAB -2.5-325MG	HYRDOCODONE/ACETAMINOPHEN	360 every 30 days	



HYDROCODONE-ACETAMINOPHEN TAB -2.5-500MG, 5-300MG, 5-325MG, 5-400MG, 5-500MG	HYRDOCODONE/ACETAMINOPHEN	240 every 30 days	
HYDROCODONE-ACETAMINOPHEN TAB -7.5-300MG, 7.5-325MG, 7.5-400MG, 7.5-500MG, 7.5-650MG	HYRDOCODONE/ACETAMINOPHEN	180 every 30 days	
HYDROCODONE-ACETAMINOPHEN TAB -7.5-750MG, 10-660MG, 10-750MG	HYRDOCODONE/ACETAMINOPHEN	150 every 30 days	
HYDROCODONE-IBUPROFEN TAB-all strengths	VICOPROFEN	50 every 30 days	
HYDROMORPHONE HCL LIQD 1 MG/ML	DILAUDID	600ml every 30 days	
HYDROMORPHONE HCL TAB ER 24HR 32 MG	EXALGO 32MG	30 every 30 days	Initial limit is 0, Post limit PA reqd
HYDROMORPHONE HCL TAB ER 24HR 8MG, 12 MG and 16MG	EXALGO	30 every 30 days	
HYDROMORPHONE SUPPS 3MG	HYDROMORPHONE SUPPS	120 every 30 days	
HYDROMORPHONE TABS 2MG	HYDROMORPHONE TABS	180 every 30 days	
HYDROMORPHONE TABS 4MG	HYDROMORPHONE TABS	150 every 30 days	
HYDROMORPHONE TABS 8MG	HYDROMORPHONE TABS	60 every 30 days	
INDACATEROL MALEATE INHAL POWDER CAP 75 MCG	ARCAPTA	1 box (30) every 30 days	
INDACATEROL-GLYCOPYRROLATE INHAL CAP 27.5-15.6 MCG	UTIBRON NEOHALER	1 inhaler every 30 days	
INDINAVIR SULFATE CAP-all strengths	CRIXIVAN	150 every 30 days	
IPRATROPIUM BROMIDE HFA INHAL AEROSOL 17 MCG/ACT	ATROVENT HFA	2 inhalers every 30 days	
IPRATROPIUM BROMIDE INHAL SOLN 0.02%	IPRATROPIUM	375ml every 30 days	
IPRATROPIUM-ALBUTEROL INHAL SOLN 20-100 MCG/ACT	COMBIVENT RESPIMAT	2 inhalers every 30 days	
IPRATROPIUM-ALBUTEROL NEBU SOLN 0.5-2.5(3) MG/3ML	DUONEB	540ml every 30 days	
LAMIVUDINE TAB-all strengths	EPIVIR	60 every 30 days	
LEVALBUTEROL HCL SOLN NEBU CONC 1.25 MG/0.5ML	XOPENEX CONC NEB	45ml every 30 days	
LEVALBUTEROL HCL SOLN NEBU-all strengths	XOPENEX	288ml every 30 days	
LEVORPHANOL 2MG TAB	LEVO DROMORAN	120 every 30 days	
LIDOCAINE GEL 2%	LIDOTREX	30gm every 30 days	
LIDOCAINE GEL 4%	TOPICAINE	30gm every 30 days	
LIDOCAINE HCL SOLN 4%	LIDOCAINE HCL	50ml every 30 days	
LIDOCAINE OINT 5%	LIDOCAINE	50gm every 30 days	
LIDOCAINE-PRILOCAINE CREAM 2.5-2.5%	EMLA	30gm every 30 days	
LIDOCAINE-TETRACAINE CREAM 7-7%	PLIAGLIS	30gm every 30 days	
LIDOCAINE-TETRACAINE TOPICAL PATCH 70-70 MG	SYNERA	2 patches every 30 days	
LISDEXAMFETAMINE DIMESYLATE CAP - 10mg, 20mg, 30mg	VYVANSE	60 every 30 days	
LISDEXAMFETAMINE DIMESYLATE CAP- 40mg, 50mg, 60mg, 70mg	VYVANSE	30 every 30 days	
LOPINA VIR-RITONAVIR SOLN 400-100 MG/5ML	KALETRA	600ml every 30 days	
LOPINA VIR-RITONAVIR TAB-all strengths	KALETRA	120 every 30 days	
MEPERIDINE ORAL SOLN 50MG/5ML	MEPERIDINE ORAL SOLN	90ml for 3 days limit	
MEPERIDINE TABS- 50MG AND 100MG	MEPERIDINE TABS	18 tabs for 3 days limit	
METHADONE DISP TAB 40MG	METHADOSE 40MG	9 every 30 days	
METHADONE HCL CONC 10 MG/ML	METHADONE INTENSOL	90ml every 30 days	



METHADONE HCL TAB 5 MG AND 10MG	DOLOPHINE	90 Every 30 days	
METHADONE ORAL CONC 10MG/ML	METHADOSE ORAL CONC	30ml every 30 days	
METHADONE ORAL SOLN 5MG/5ML AND 10MG/5ML	METHADONE	450ml Every 30 days	
METHAMPHETAMINE HCL TAB 5 MG	DESOXYN	150 every 30 days	
METHYLPHENIDATE ER DISINTEGRATING TAB- all strengths	COTEMPLA XR-ODT	60 every 30 days	
METHYLPHENIDATE HCL CAP CR-10mg, 20mg, 30mg	METADATE CD	60 every 30 days	
METHYLPHENIDATE HCL CAP CR-40mg, 50mg, 60mg	METADATE CD	30 every 30 days	
METHYLPHENIDATE HCL CAP ER 24HR (XR)- 10mg, 15mg, 20mg 30mg	APTENSIO XR	60 every 30 days	
METHYLPHENIDATE HCL CAP ER 24HR (XR)- 40mg, 50mg, 60mg	APTENSIO XR	30 every 30 days	
METHYLPHENIDATE HCL CHEW TABS-all strengths	METHYLIN CHEW	180 every 30 days	
METHYLPHENIDATE HCL FOR ER SUSP 25 MG/5ML	QUILLIVANT	360ml every 30 days	
METHYLPHENIDATE HCL ORAL SOLN -10MG/5ML	METHYLIN SOLN	900ml every 30 days	
METHYLPHENIDATE HCL ORAL SOLN -5MG/5ML	METHYLIN SOLN	1800ml every 30 days	
METHYLPHENIDATE HCL TAB CR-10mg, 20mg	METADATE ER	90 every 30 days	
METHYLPHENIDATE HCL TAB ER 10mg, 20mg,30mg	RITALIN LA	60 every 30 days	
METHYLPHENIDATE HCL TAB ER 40mg, 60mg	RITALIN LA	30 every 30 days	
METHYLPHENIDATE HCL TAB SA OSM- 18mg, 27mg, 36mg	CONCERTA	60 every 30 days	
METHYLPHENIDATE HCL TAB SA OSM-54mg and 72mg	CONCERTA	30 every 30 days	
METHYLPHENIDATE HCL TAB-20mg	RITALIN	90 every 30 days	
METHYLPHENIDATE HCL TAB-5mg, 10mg	RITALIN	180 every 30 days	
METHYLPHENIDATE TD PATCH- all strengths	DAYTRANA	30 every 30 days	
MOMETASONE FUROATE INHAL POWD-all strengths	ASMANEX INH	2 inhaler every 30 days	
MOMETASONE FUROATE INHAL-all strengths	ASMANEX HFA	1 inhaler every 30 days	
MOMETASONE FUROATE NASAL SUSP 50 MCG/ACT	NASONEX	2 bottles every 30 days	
MORPHINE SULFATE BEADS CAP SR 24HR- 120mg	AVINZA	30 every 30 days	Initial limit is 0, Post limit PA reqd
MORPHINE SULFATE BEADS CAP SR 24HR-all strengths except 120mg	AVINZA	30 every 30 days	
MORPHINE SULFATE CAP SR 24HR-100MG	KADIAN	60 every 30 days	Initial limit is 0, Post limit PA reqd
MORPHINE SULFATE CAP SR 24HR-10MG, 20MG, 30MG AND 40MG	KADIAN	60 every 30 days	
MORPHINE SULFATE CAP SR 24HR-130MG, 150MG AND 200MG	KADIAN	30 every 30 days	Initial limit is 0, Post limit PA reqd
MORPHINE SULFATE CAP SR 24HR-50MG, 60MG, 70MG AND 80MG	KADIAN	30 every 30 days	
MORPHINE SULFATE CONC ORAL SOLN	MORPHINE SULFATE CONC SOLN	135ml every 30 days	
MORPHINE SULFATE IR TABS 15MG	MORPHINE SULFATE IR TABS	180 every 30 days	
MORPHINE SULFATE IR TABS 30MG	MORPHINE SULFATE IR TABS	90 every 30 days	
MORPHINE SULFATE ORAL SOLN 10 MG/5ML	MORPHINE SULFATE ORAL SOLN	900ml every 30 days	
MORPHINE SULFATE ORAL SOLN 20 MG/5ML	MORPHINE SULFATE ORAL SOLN	675ml every 30 days	
MORPHINE SULFATE SUPP 20MG	MORPHINE SULFATE SUPPS	120 every 30 days	
MORPHINE SULFATE SUPP 30MG	MORPHINE SULFATE SUPPS	90 every 30 days	
MORPHINE SULFATE SUPP 5MG AND 10MG	MORPHINE SULFATE SUPPS	180 every 30 days	
MORPHINE SULFATE TAB ER 12HR DETER 15MG AND 30MG	MORPHABOND ER	60 Every 30 days	
MORPHINE SULFATE TAB ER 12HR DETER 60MG AND 100MG	MORPHABOND ER	60 Every 30 days	Initial limit is 0, Post limit PA reqd



MORPHINE SULFATE TAB ER ABUSE-DETERRENT 15 MG and 30MG ONLY	ARYMO ER 15MG and 30MG	90 every 30 days	
MORPHINE SULFATE TAB ER ABUSE-DETERRENT 60MG	ARYMO ER 60MG	90 every 30 days	Initial limit is 0, Post limit PA reqd
MORPHINE SULFATE TAB SR 12HR 100MG AND 200MG	MS CONTIN	60 Every 30 days	Initial limit is 0, Post limit PA reqd
MORPHINE SULFATE TAB SR 12HR 15MG AND 30MG	MS CONTIN	90 every 30 days	
MORPHINE SULFATE TAB SR 12HR 60MG	MS CONTIN	90 every 30 days	Initial limit is 0, Post limit PA reqd
MORPHINE-NALTREXONE CAP CR 100-4MG	EMBEDA	60 Every 30 days	Initial limit is 0, Post limit PA reqd
MORPHINE-NALTREXONE CAP CR 20-0.8 MG AND 30-1.2MG	EMBEDA	60 Every 30 days	
MORPHINE-NALTREXONE CAP CR 50-2MG, 60-2.4MG, 80-3.2MG	EMBEDA	30 Every 30 days	
MUPIROCIN CREAM 2%	BACTROBAN	15gm every 30 days	
NABILONE CAP 1 MG	CESAMET	18 every 30 days	
NALOXONE NASAL SPRAY	NARCAN SPRAY	2 Cartons(4 sprays) every 180 days	
NARATRIPTAN HCL TAB 2.5 MG	AMERGE 2.5MG	12 every 30 days	
NELFINAVIR MESYLATE TAB-all strengths	VIRACEPT	120 every 30 days	
NETUPITANT-PALONOSETRON CAP 300-0.5 MG	AKYNZEO	2 every 30 days	
NEVIRAPINE TAB 200 MG	VIRAMUNE 200MG	60 every 30 days	
NEVIRAPINE TAB SR 24HR 100 MG	VIRAMUNE XR 100MG	120 every 30 days	
NEVIRAPINE TAB SR 24HR 400 MG	VIRAMUNE XR 400MG	30 every 30 days	
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG	JINTELI 1MG-5MCG	28 every 28 days	
OLODATEROL HCL INHAL SOLN 2.5 MCG/ACT	STRIVERDI RESPIMAT	1 inhaler every 30 days	
OLOPATADINE HCL NASAL SOLN 0.6%	PATANASE	1 bottle every 30 days	
OSELTAMIVIR PHOSPHATE CAP-30mg	TAMIFLU	40 every 90 days	
OSELTAMIVIR PHOSPHATE CAP-45mg and 75mg	TAMIFLU	20 every 90 days	
OSELTAMIVIR PHOSPHATE FOR SUSP 6 MG/ML	TAMIFLU SUSP	300ml every 90 days	
OXYCODONE CAP ER 12HR ABUSE-DETERRENT 36MG	XTAMPZA ER	90 Every 30 days	Initial limit is 0, Post limit PA reqd
OXYCODONE CAP ER 12HR ABUSE-DETERRENT 9MG, 13.5MG, 18MG AND 27MG	XTAMPZA ER	60 Every 30 days	
OXYCODONE HCL CAPS/TABS 5MG, 7.5MG, 10MG	OXYCODONE	180 every 30 days	
OXYCODONE HCL ORAL SOLN 5MG/5ML	OXYCODONE	900 every 30 days	
OXYCODONE HCL TABS 15MG	OXYCODONE	120 every 30 days	
OXYCODONE HCL TABS 20MG	OXYCODONE	90 every 30 days	
OXYCODONE HCL TABS 30MG	OXYCODONE	60 every 30 days	
OXYCODONE HCL CONC SOLN 20 MG/ML	OXYCODONE	90ml every 30 days	
OXYCODONE HCL TAB ER 12HR-10MG,15MG, 20MG AND 30MG	OXYCONTIN	60 every 30 days	
OXYCODONE HCL TAB ER 12HR-40MG	OXYCONTIN	90 every 30 days	Initial limit is 0, Post limit PA reqd
OXYCODONE HCL TAB ER 12HR-60MG AND 80MG	OXYCONTIN	60 every 30 days	Initial limit is 0, Post limit PA reqd
OXYCODONE W/ ACETAMINOPHEN ER TAB 7.5-325MG	XARTEMIS XR	120 every 30 days	
OXYCODONE W/ ACETAMINOPHEN SOLN 5-325 MG/5ML	ROXICET SOLN	1800ml every 30 days	
OXYCODONE W/ ACETAMINOPHEN TAB- 2.5-325MG, 5-300MG, 5-325 MG	PERCOCET 5-325MG	360 every 30days	



OXYCODONE W/ ACETAMINOPHEN TAB- 5-400MG	OXYCODONE/ ACETAMINOPHEN	300 every 30 days	
OXYCODONE W/ ACETAMINOPHEN TAB 7.5-300MG, 7.5-325 MG, 7.5-400MG,7.5-500MG	PERCOCET 7.5-325	240 every 28 days	
OXYCODONE W/ ACETAMINOPHEN TAB-10-300MG, 10-325 MG, 10-400MG, 10-500MG, 10-650MG	PERCOCET 10-325MG	180 every 28 days	
OXYCODONE-IBUPROFEN TAB 5-400 MG	OXYCODONE/IBUPROFEN	28 every 30 days	
OXYMORPHONE HCL TAB ER 12HR-20MG	OPANA ER	90 every 30 days	Initial limit is 0, Post limit PA reqd
OXYMORPHONE HCL TAB ER 12HR-30MG AND 40MG	OPANA ER	60 every 30 days	Initial limit is 0, Post limit PA reqd
OXYMORPHONE HCL TAB ER 12HR-5MG, 7.5MG, 10MG AND 15MG	OPANA ER	60 every 30 days	
OXYMORPHONE TAB 10MG	OXYMORPHONE	90 every 30 days	
OXYMORPHONE TAB 5MG	OXYMORPHONE	180 every 30 days	
PALONOSETRON HCL IV SOLN	ALOXI	10ml every 30 days	
PENTAZOCINE-ACETAMINOPHEN TAB 25-650 MG	PENTAZOCINE/APAP	180 every 30 days	
PENTAZOCINE-NALOXONE TAB 50-0.5MG	PENTAZOCINE/NALOXONE	120 every 30 days	
RALTEGRAVIR POTASSIUM TAB-all strengths	ISENTRESS	60 every 30 days	
RILPIVIRINE HCL TAB 25 MG (BASE EQUIVALENT)	EDURANT	30 every 30 days	
RIZATRIPTAN BENZOATE ODT-all strengths	MAXALT-MLT	18 every 30 days	
RIZATRIPTAN BENZOATE TAB-all strengths	MAXALT	18 every 30 days	
ROLAPITANT HCL INJ 166.5MG/92.5ML (BASE EQUIV)	VARUBI	2 vials every 30 days	
ROLAPITANT HCL TAB 90 MG (BASE EQUIV)	VARUBI	2 packs (4) every 30 days	
SALMETEROL XINAFOATE AER POW BA 50 MCG/DOSE	SEREVENT DISKUS	1 Diskus (60 doses) every 30 days	
SAQUINAVIR MESYLATE CAP 200 MG	INVIRASE 200MG	270 every 30 days	
SAQUINAVIR MESYLATE TAB 500 MG	INVIRASE 500MG	210 every 30 days	
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	XYREM	540ml Every 30 days	
STAVUDINE CAP-all strengths	ZERIT	60 every 30 days	
SUMATRIPTAN NASAL SPRAY-20MG	IMITREX SPRAY	12 sprays every 30 days	
SUMATRIPTAN NASAL SPRAY-5MG	IMITREX SPRAY	24 sprays every 30 days	
SUMATRIPTAN SUCCINATE EXHALER POWDER 11 MG/NOSEPIECE	ONZETRA XSAIL	1 kit (16 pcs) every 30 days	
SUMATRIPTAN SUCCINATE INJECTION 4MG	IMITREX INJ	18 Inj (9ml) every 30 days	
SUMATRIPTAN SUCCINATE INJECTION 6MG	IMITREX INJ	12 Inj (6ml) every 30 days	
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 3 MG/0.5ML	ZEMBRACE SYMTOUCH	24 Inj (12ml) every 30 days	
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML	ALSUMA	12 Inj every 30 days	
SUMATRIPTAN SUCCINATE TAB-all strengths	IMITREX TAB	12 every 30 days	
SUMATRIPTAN-NAPROXEN SODIUM TAB- all strengths	TREXIMET	9 every 30 days	
TADALAFIL TAB 10 MG AND 20MG	CIALIS	6 every 30 days	
TADALAFIL TAB 2.5MG AND 5MG	CIALIS	30 Every 30 days	
TAPENTADOL HCL TAB ER 12HR 150 MG	NUCYNTA ER	90 every 30 days	Initial limit is 0, Post limit PA reqd
TAPENTADOL HCL TAB ER 12HR 200MG AND 250MG	NUCYNTA ER	60 every 30 days	Initial limit is 0, Post limit PA reqd
TAPENTADOL HCL TAB ER 12HR 50MG AND 100MG	NUCYNTA ER	60 every 30 days	



TAPENTADOL TAB 100MG	NUCYNTA	60 every 30 days	
TAPENTADOL TAB 75MG	NUCYNTA	90 every 30 days	
TENOFOVIR DISOPROXIL FUMARATE POWDER 40 MG/GM	VIREAD POWDER	30 every 30 days	
TENOFOVIR DISOPROXIL FUMARATE TAB-all strengths	VIREAD	30 every 30 days	
TIOTROPIUM BR-OLODATEROL INHAL SOLN 2.5-2.5 MCG/ACT	STIOLTO RESPIMAT	1 inhaler every 30 days	
TIOTROPIUM BROMIDE MONOHYDRATE INHAL 2.5 MCG/ACT	SPIRIVA RESPIMAT	1 inhaler every 30 days	
TIOTROPIUM BROMIDE MONOHYDRATE INHAL CAP 18 MCG	SPIRIVA HANDIHLR	1 inhaler every 30 days	
TIPRANAIVIR CAP 250 MG	APTIVUS 250MG	120 every 30 days	
TIPRANAIVIR ORAL SOLN 100 MG/ML	APTIVUS SOLN	300ml every 30 days	
TRAMADOL HCL CAP ER 24HR BIPHASIC RELEASE 100 MG AND 150MG	CONZIP	30 every 30 days	
TRAMADOL HCL TAB 50 MG	ULTRAM	180 every 30 days	
TRAMADOL HCL TAB SR 24HR /BIPHASIC REL CAP 200MG and 300MG	CONZIP/ULTRAM ER	30 every 30 days	Initial limit is 0, Post limit PA reqd
TRAMADOL HCL TAB SR 24HR-100MG	ULTRAM ER	30 every 30 days	
TRAMADOL-ACETAMINOPHEN TAB 37.5-325 MG	ULTRACET	40 every 30 days	
TRIAMCINOLONE ACETONIDE NASAL INHAL 55 MCG/ACT	NASACORT AQ	1 bottle every 30 days	
UMECLIDINIUM	INCRUSE ELLIPTA	1 inhaler every 30 days	
UMECLIDINIUM-VILANTEROL AERO POWD BA 62.5-25 MCG/INH	ANORO ELLIPTA	1 inhaler every 30 days	
VARDENAFIL HCL ORALLY DISINTEGRATING TAB 10 MG	STAXYN	6 every 30 days	
VARDENAFIL HCL TAB 2.5 MG	LEVITRA	6 every 30 days	
ZANAMIVIR AERO POWDER BREATH ACT 5 MG/BLISTER	RELENZA DISKHALER	90 blisters every 90 days	
ZOLMITRIPTAN ODT-all strengths	ZOMIG ZMT	12 every 30 days	
ZOLMITRIPTAN TAB-all strengths	ZOMIG	12 every 30 days	