

\*Quantity limits vary based upon the formulary (drug list) used. Note that small employer groups/individuals and large employer groups have separate formularies.

## Specialty Medications

Contact True Health New Mexico Pharmacy Services at 1-866-341-8561 for quantity limits on specialty medications.

## Maximum Quantity

Members are allowed only the maximum quantity per-fill/day supply, as stated. \*The maximum daily dose may be included.

Drug Name	Max. Quantity	Max. Daily Dose
ABILIFY MAIN INJ	3 per 84 days	
ACUVAIL SOL 0.45%	30 per year	
ACYCLOVIR OIN 5%	15G per 30 days	
AKYNZEO CAP 300-0.5	6 per 90 days	
ALENDRONATE SOL 70/75ML	900 per 84 days	
ALMOTRIPTAN TAB	18 per 90 days	
ALORA DIS 0.025MG	24 per 84 days	
APREPITANT PAK 80 & 125	18 per 90 days	
ARIPIRAZOLE SOL 1MG/ML	2250 per 90 days	
BRIVIACT INJ 50MG/5ML	1800 per 90 days	
BRIVIACT SOL 10MG/ML	1800 per 90 days	
BUPRENORPHINE INJ 0.3MG/ML	801 per 90 days	
BUTORPHANOL SOL 10MG/ML	23 per 76 days	
CARISOPRODOL TAB	120 per year	
CIPROFLOXACIN TAB 1000MG	14 per 90 days	
CIPROFLOXACIN TAB 500MG ER	3 per 90 days	
CITALOPRAM TAB	135 per 90 days	
CLIMARA PRO DIS WEEKLY	12 per 84 days	
CLINDAMYCIN GEL 1%	120G per 30 days	
CLINDAMYCIN LOT 1%	120ML per 30 days	
CLINDAMYCIN SOL 1%	120ML per 30 days	
CLOBETASOL CRE 0.05%	100G per 14 days	
CLOBETASOL E CRE 0.05%	100G per 14 days	
CLOBETASOL GEL 0.05%	100G per 14 days	
CLOBETASOL OIN 0.05%	100G per 14 days	
CLOBETASOL SOL 0.05%	100G per 14 days	
COMBIPATCH DIS	24 per 84 days	
DENAVIR CRE 1%	5G per 30 days	
DEPO-PROVERA INJ 400/ML	7.5 per 90 days	

Drug Name	Max. Quantity	Max. Daily Dose
DEPO-SQ PROV INJ 104	1 per 90 days	
DESONIDE CRE 0.05%	60G per 30 days	
DESONIDE LOT 0.05%	118ML per 30 days	
DESONIDE OIN 0.05%	60G per 30 days	
DESOXIMETASONE CRE 0.05%	60G per 30 days	
DESOXIMETASONE CRE 0.025%	60G per 30 days	
DESOXIMETASONE GEL 0.05%	60G per 30 days	
DESOXIMETASONE OIN 0.05%	60G per 30 days	
DESOXIMETASONE OIN 0.025%	60G per 30 days	
DESVENLAFAXINE TAB 25MG ER	30 per year	
DIHYDROERGOT SPR 4MG/ML	8ML per 30 days	
ELIQUIS TAB 5MG	222 per 90 days	
EMEND CAP 125MG	6 per 90 days	
EMEND CAP 40MG	3 per 90 days	
EMEND CAP 80MG	12 per 90 days	
EMEND SOL 150MG	3 per 90 days	
ENTRESTO TAB 24-26MG	60 per year	
EPINEPHRINE INJ 0.15MG	2 pens per 30 days	
EPINEPHRINE INJ 0.3MG	2 pens per 30 days	
EPIPEN 2-PAK INJ 0.3MG	2 pens per 30 days	
EPIPEN-JR INJ 0.15MG	2 pens per 30 days	
ESCITALOPRAM SOL 5MG/5ML	1800 per 90 days	
ESCITALOPRAM TAB 10MG	135 per 90 days	
ESTRADIOL (Alora, Minivelle, Vivelle-dot) DIS 0.075MG	24 per 84 days	
ESTRADIOL (Climara) DIS 0.0375MG	12 per 84 days	
ESTRADIOL (Climara) DIS 0.075MG	12 per 84 days	
ESTRADIOL (Minivelle, Vivelle-dot) DIS 0.0375MG	24 per 84 days	
ESTRADIOL DIS 0.025MG	12 per 84 days	
ESTRADIOL DIS 0.05MG	12 per 84 days	
ESTRADIOL DIS 0.06MG	12 per 84 days	
ESTRADIOL DIS 0.1MG	12 per 84 days	
ESTROGEL GEL	150 per 90 days	

Drug Name	Max. Quantity	Max. Daily Dose
EVZIO INJ	0.8 per 180 days	
FAMCICLOVIR TAB 125MG	63 per 90 days	
FAMCICLOVIR TAB 250MG	210 per 90 days	
FAMCICLOVIR TAB 500MG	63 per 90 days	
FANAPT PAK	8 per year	
FARXIGA TAB	30 per 30 days	
FENTANYL DIS PATCH	30 per 90 days	
FETZIMA CAP TITRATIO	28	
FIASP FLEX INJ TOUCH	135 per 90 days	
FIASP INJ 100/ML	150 per 90 days	
FLUCONAZOLE TAB 100MG	30 per 90 days	
FLUCONAZOLE TAB 150MG	2 per 14 days	
FLUCONAZOLE TAB 200MG	30 per 90 days	
FLUCONAZOLE TAB 50MG	30 per 90 days	
FLUOXETINE CAP 90MG DR	12 per 90 days	
FROVA TAB 2.5MG	27 per 90 days	
FYCOMPA SUS 0.5MG/ML	2160 per 90 days	
GLATIRAMER INJ 20MG/ML	30ML per 30 days	
GLATIRAMER INJ 40MG/ML	12ML per 23 days	
GLATOPA INJ 20MG/ML	30ML per 30 days	
GLATOPA INJ 40MG/ML	12ML per 23 days	
GLUCAGEN INJ 1MG	6 per 90 days	
GLUCAGEN INJ HYPOKIT	6 per 90 days	
GLUCAGON INJ 1MG	6 per 90 days	
GLUCAGON KIT 1MG	6 per 90 days	
GRALISE STAR MIS 300/600	78	
GRANISETRON TAB 1MG	42 per 90 days	
HUMULIN R INJ U-500 VIAL	60 per 90 days	
HUMULIN R INJ U-500 KWIKPEN	54 per 90 days	
HYDROCODONE/IBUPROFEN TAB 7.5-200	150 per 90 days	
IBANDRONATE TAB 150MG	3 per 84 days	
IBUDONE TAB	150 per 90 days	
KETOROLAC TAB 10MG	60 per 16 days	
LAZANDA SPR	45 per 90 days	
LINEZOLID SUS 100/5ML	1650 per year	
LINEZOLID TAB 600MG	56 per year	
MEDROXYPROGESTERONE AC INJ 150MG/ML	1 per 90 days	
MENOSTAR DIS 14MCG	12 per 84 days	
METHYLPHENIDATE SOL 5MG/5ML	5400 per 90 days	
MINIVELLE DIS PATCH	24 per 84 days	
NARATRIPTAN TAB	27 per 90 days	
NARCAN SPR	2 per 180 days	

Drug Name	Max. Quantity	Max. Daily Dose
NOVOLIN INJ 70/30	150 per 90 days	
NOVOLIN N INJ U-100	150 per 90 days	
NOVOLIN R INJ U-100	150 per 90 days	
NOVOLOG INJ PENFILL	135 per 90 days	
NOVOLOG MIX INJ 70/30	150 per 90 days	
NOVOLOG MIX INJ FLEXPEN	135 per 90 days	
NUVARING MIS	1 per 28 days	
ONDANSETRON TAB 24MG	21 per 90 days	
ONETOUCH MIS LANC DEV	600 per 90 days	
ONETOUCH TES VERIO	450 per 90 days	
OSELTAMIVIR CAP 75MG	10 per 180 days	
OXYCODONE/IBUPROFEN TAB 5-400MG	84 per 90 days	
PROCTOFOAM AER HC 1%	10G per 30 days	
QTERN TAB10MG/5MG	30 per 30 days	
RELENZA MIS DISKHALE	20 per year	
RELPAK TAB	18 per 90 days	
RISEDRONATE SOD TAB 35MG DR	12 per 84 days	
RISEDRONATE TAB 150MG	3 per 84 days	
RISEDRONATE TAB 35MG	12 per 84 days	
RISPERDAL INJ	6 per 84 days	
RISPERIDONE SOL 1MG/ML	720 per 90 days	
RIZATRIPTAN TAB	27 per 90 days	
RIZATRIPTAN TAB ODT	27 per 90 days	
SANCUSO DIS 3.1MG	12 per 90 days	
SAVELLA MIS TITR PAK	55	2
SUMATRIPTAN INJ	12 per 90 days	
SUMATRIPTAN SPR	18 per 90 days	
SUMATRIPTAN TAB	27 per 90 days	
SYMLINPEN 120 INJ 1000MCG	12 per 90 days	
SYMLINPEN 60 INJ 1000MCG	12 per 90 days	
TAMIFLU CAP	10 per 180 days	
TAMIFLU SUS 6MG/ML	120 per 90 days	
TANZEUM INJ	12 per 84 days	
TERBINAFINE TAB 250MG	90 per year	
TRESIBA FLEX INJ 100UNIT	135 per 90 days	
TRESIBA FLEX INJ 200UNIT	81 per 90 days	
TRULICITY INJ	6 per 84 days	
UPTRAVI TAB 200/800	200 per 30 days	
VALACYCLOVIR TAB 1GM	90 per 90 days	
VALACYCLOVIR TAB 500MG	126 per 90 days	
VALGANCICLOVIR SOL 50MG/ML	200 per year	
VENTOLIN HFA AER	48 per 90 days	

Drug Name	Max. Quantity	Max. Daily Dose
VICTOZA INJ 18MG/3ML	18 per 90 days	
VIIBRYD KIT STARTER	30	
VOLTAREN GEL 1%	3000 per 90 days	
XARELTO STAR TAB 15/20MG	51 per year	
XARELTO TAB 10MG	60 per year	
XARELTO TAB 15MG	126 per 90 days	
XIFAXAN TAB 200MG	27 per 90 days	
XIGDUO XR TAB 2.5-1000 AND XIGDUO XR TAB 5-1000MG	60 per 30 days	
XIGDUO XR TAB 5-500MG	30 per 30 days	
XIGDUO XR TAB 10-500MG	30 per 30 days	
XIGDUO XR TAB 10-1000	30 per 30 days	
XOPENEX HFA AER	90 per 90 days	
ZMAX SUS 2GM	3 per 90 days	
ZOLMITRIPTAN TAB	18 per 90 days	
ZOMIG SPR	18 per 90 days	
ZYPREXA RELP INJ 210MG	6 per 84 days	
ZYPREXA RELP INJ 300MG	6 per 84 days	
ZYPREXA RELP INJ 405MG	3 per 84 days	

## Maximum Daily Dose

Members are allowed only the maximum daily dose. \*The maximum day supply per fill may be included.

Drug Name	Max. Daily Dose
ABACAV/LAMIV TAB /ZIDOVUD	2
ABACAVIR TAB 300MG	2
ABSTRAL SUB 100MCG	4
ABSTRAL SUB 200MCG	4
ABSTRAL SUB 300MCG	4
ABSTRAL SUB 400MCG	4
ABSTRAL SUB 600MCG	4
ABSTRAL SUB 800MCG	4
ADDERALL TAB 20MG	3
ALOSETRON TAB 0.5MG	2
ALOSETRON TAB 1MG	2
AMITIZA CAP 24MCG	2
AMITIZA CAP 8MCG	2
AMPHETAMINE/DEXTROAMPHETAMINE CAP 10MG ER	1
AMPHETAMINE/DEXTROAMPHETAMINE CAP 15MG ER	1
AMPHETAMINE/DEXTROAMPHETAMINE CAP 20MG ER	2
AMPHETAMINE/DEXTROAMPHETAMINE CAP 25MG ER	2

Drug Name	Max. Daily Dose
AMPHETAMINE/DEXTROAMPHETAMINE CAP 30MG ER	2
AMPHETAMINE/DEXTROAMPHETAMINE CAP 5MG ER	1
AMPHETAMINE/DEXTROAMPHETAMINE TAB 10MG	3
AMPHETAMINE/DEXTROAMPHETAMINE TAB 12.5MG	3
AMPHETAMINE/DEXTROAMPHETAMINE TAB 15MG	2
AMPHETAMINE/DEXTROAMPHETAMINE TAB 30MG	2
AMPHETAMINE/DEXTROAMPHETAMINE TAB 5MG	3
AMPHETAMINE/DEXTROAMPHETAMINE TAB 7.5MG	3
APTIOM TAB 200MG	1
APTIOM TAB 400MG	1
APTIOM TAB 600MG	2
APTIOM TAB 800MG	2
APTIVUS CAP 250MG	4
APTIVUS SOL	10
ARIPIRAZOLE TAB 10MG	1
ARIPIRAZOLE TAB 10MG ODT	2
ARIPIRAZOLE TAB 15MG	1
ARIPIRAZOLE TAB 15MG ODT	2
ARIPIRAZOLE TAB 20MG	1
ARIPIRAZOLE TAB 2MG	1
ARIPIRAZOLE TAB 30MG	1
ARIPIRAZOLE TAB 5MG	1
ARMODAFINIL TAB 150MG	1
ARMODAFINIL TAB 200MG	1
ARMODAFINIL TAB 250MG	1
ARMODAFINIL TAB 50MG	1
ATOMOXETINE CAP 100MG	1
ATOMOXETINE CAP 10MG	1
ATOMOXETINE CAP 18MG	2
ATOMOXETINE CAP 25MG	3
ATOMOXETINE CAP 40MG	1
ATOMOXETINE CAP 60MG	1
ATOMOXETINE CAP 80MG	1
ATRIPLA TAB	1
BRILINTA TAB 60MG	2
BRILINTA TAB 90MG	2
BRIVIACT TAB 100MG	2
BRIVIACT TAB 10MG	2
BRIVIACT TAB 25MG	2
BRIVIACT TAB 50MG	2

Drug Name	Max. Daily Dose
BRIVIACT TAB 75MG	2
BUNAVAIL MIS 2.1-0.3	3
BUNAVAIL MIS 4.2-0.7	3
BUNAVAIL MIS 6.3-1MG	3
BUPRENORPHINE/NALOXONE SUB 2-0.5MG	3
BUPRENORPHINE/NALOXONE SUB 8-2MG	3
BUPRENORPHINE SUB 2MG	3
BUPRENORPHINE SUB 8MG	2
CARDURA XL TAB 4MG	1
CARDURA XL TAB 8MG	1
CELECOXIB CAP 100MG	2
CELECOXIB CAP 200MG	2
CELECOXIB CAP 400MG	2
CITALOPRAM TAB 40MG	1
CLONIDINE TAB 0.1MG ER	4
CLOZAPINE TAB 100/ODT	9
CLOZAPINE TAB 12.5/ODT	2
CLOZAPINE TAB 150/ODT	6
CLOZAPINE TAB 200/ODT	4
CLOZAPINE TAB 25MG ODT	3
COMPLERA TAB	1
CORLANOR TAB 5MG	2
CORLANOR TAB 7.5MG	2
CRIXIVAN CAP 200MG	3
CRIXIVAN CAP 400MG	6
DESVENLAFAXINE TAB 100MG ER	1
DESVENLAFAXINE TAB 50MG ER	1
DESVENLAFAXINE TAB 50MG ER	1
DEXEDRINE CAP 10MG CR	4
DEXEDRINE CAP 15MG CR	4
DEXEDRINE CAP 5MG CR	1
DEXMETHYLPHENIDATE CAP 15MG ER	1
DEXMETHYLPHENIDATE CAP 30MG ER	1
DEXMETHYLPHENIDATE CAP 40MG ER	1
DEXMETHYLPHENIDATE TAB 10MG	2
DEXMETHYLPHENIDATE TAB 2.5MG	2
DEXMETHYLPHENIDATE TAB 5MG	2
DEXMETHYLPHENIDATE CAP 10MG ER	1
DEXMETHYLPHENIDATE CAP 20MG ER	1
DEXMETHYLPHENIDATE CAP 5MG ER	1
DEXMETHYLPHENIDATE CAP ER 25MG	1
DEXMETHYLPHENIDATE CAP ER 35MG	1
DEXTROAMPHETAMINE TAB 10MG	6
DEXTROAMPHETAMINE TAB 5MG	12

Drug Name	Max. Daily Dose
DIDANOSINE CAP 200MG	2
DIDANOSINE CAP 250MG	1
DIDANOSINE CAP 400MG	1
DULOXETINE CAP 20MG	2
DULOXETINE CAP 30MG	1
DULOXETINE CAP 60MG	2
EDURANT TAB 25MG	1
ELIQUIS TAB 2.5MG	2
EMTRIVA CAP 200MG	1
EMTRIVA SOL 10MG/ML	24
ENTRESTO TAB 49-51MG	2
ENTRESTO TAB 97-103MG	2
ESCITALOPRAM TAB 20MG	1
ESCITALOPRAM TAB 5MG	1
ESZOPICLONE TAB 1MG	1
ESZOPICLONE TAB 2MG	1
ESZOPICLONE TAB 3MG	1
EVOTAZ TAB 300-150	1
EZETIMIBE/SIMVASTATIN TAB 10-10MG	1
EZETIMIBE/SIMVASTATIN TAB 10-20MG	1
EZETIMIBE/SIMVASTATIN TAB 10-40MG	1
EZETIMIBE/SIMVASTATIN TAB 10-80MG	1
FANAPT TAB 10MG	2
FANAPT TAB 12MG	2
FANAPT TAB 1MG	2
FANAPT TAB 2MG	2
FANAPT TAB 4MG	2
FANAPT TAB 6MG	2
FANAPT TAB 8MG	2
FENTANYL DIS 100MCG/H	1
FENTANYL OT LOZ 1200MCG	4
FENTANYL OT LOZ 1600MCG	4
FENTANYL OT LOZ 200MCG	4
FENTANYL OT LOZ 400MCG	4
FENTANYL OT LOZ 600MCG	4
FENTANYL OT LOZ 800MCG	4
FENTORA TAB 100MCG	4
FENTORA TAB 200MCG	4
FENTORA TAB 400MCG	4
FENTORA TAB 600MCG	4
FENTORA TAB 800MCG	4
FETZIMA CAP 120MG	1
FETZIMA CAP 20MG	1
FETZIMA CAP 40MG	1
FETZIMA CAP 80MG	1

Drug Name	Max. Daily Dose
FUZEON INJ 90MG	2 per 30 days
FYCOMPA TAB 10MG	1
FYCOMPA TAB 12MG	1
FYCOMPA TAB 2MG	1
FYCOMPA TAB 4MG	1
FYCOMPA TAB 6MG	1
FYCOMPA TAB 8MG	1
GENVOYA TAB	1
GLYXAMBI TAB 10-5 MG	1
GLYXAMBI TAB 25-5 MG	1
GRALISE TAB 300MG	1
GRALISE TAB 600MG	3
GRANISETRON INJ 0.1MG/ML	3
GRANISETRON INJ 1MG/ML	3
GRANISETRON INJ 4MG/4ML	3
GUANFACINE TAB 1MG ER	1
GUANFACINE TAB 2MG ER	1
GUANFACINE TAB 3MG ER	1
GUANFACINE TAB 4MG ER	1
INTELENCE TAB 100MG	2
INTELENCE TAB 200MG	2
INTELENCE TAB 25MG	2
INVIRASE CAP 200MG	10
INVIRASE TAB 500MG	4
INVOKAMET TAB 150-1000	2
INVOKAMET TAB 150-500	2
INVOKAMET TAB 50-1000	2
INVOKAMET TAB 50-500MG	2
INVOKANA TAB 100MG	2
INVOKANA TAB 300MG	1
ISENTRESS CHW 100MG	4
ISENTRESS CHW 25MG	4
ISENTRESS HD TAB 600MG	2
ISENTRESS POW 100MG	4
ISENTRESS TAB 400MG	2
ITRACONAZOLE CAP 100MG	2
JARDIANCE TAB 10MG	2
JARDIANCE TAB 25MG	1
JENTADUETO TAB XR	1
JENTADUETO TAB XR	1
KALETRA SOL	16
KALETRA TAB 100-25MG	2
KALETRA TAB 200-50MG	4
KHEDEZLA TAB 100MG ER	1

Drug Name	Max. Daily Dose
LATUDA TAB 120MG	1
LATUDA TAB 20MG	1
LATUDA TAB 40MG	1
LATUDA TAB 60MG	1
LATUDA TAB 80MG	1
LEVETIRACETAM TAB 500MG ER	6
LEVETIRACETAM TAB 750MG ER	4
LEXIVA SUS 50MG/ML	56
LEXIVA TAB 700MG	4
LIDODERM DIS 5%	3
LINZESS CAP 145MCG	1
LINZESS CAP 290MCG	1
LINZESS CAP 72MCG	1
METHAMPHETAMINE TAB 5MG	5
METHYLPHENIDATE CHW 2.5MG	3
METHYLPHENIDATE CAP 10MG	1
METHYLPHENIDATE CAP 20MG	1
METHYLPHENIDATE CAP 20MG ER	1
METHYLPHENIDATE CAP 30MG	1
METHYLPHENIDATE CAP 30MG ER	1
METHYLPHENIDATE CAP 40MG	1
METHYLPHENIDATE CAP 40MG ER	1
METHYLPHENIDATE CAP 50MG	1
METHYLPHENIDATE CAP 60MG	1
METHYLPHENIDATE CHW 10MG	3
METHYLPHENIDATE CHW 5MG	3
METHYLPHENIDATE SOL 10MG/5ML	30
METHYLPHENIDATE TAB 10MG	3
METHYLPHENIDATE TAB 10MG ER	3
METHYLPHENIDATE TAB 18MG ER	1
METHYLPHENIDATE TAB 18MG ER	1
METHYLPHENIDATE TAB 20MG	3
METHYLPHENIDATE TAB 20MG ER	3
METHYLPHENIDATE TAB 27MG ER	1
METHYLPHENIDATE TAB 27MG ER	1
METHYLPHENIDATE TAB 36MG ER	2
METHYLPHENIDATE TAB 36MG ER	2
METHYLPHENIDATE TAB 54MG ER	1
METHYLPHENIDATE TAB 54MG ER	1
METHYLPHENIDATE TAB 5MG	3
MODAFINIL TAB 100MG	1
MODAFINIL TAB 200MG	2
MONTELUKAST CHW 4MG	1
MONTELUKAST CHW 5MG	1

Drug Name	Max. Daily Dose
MONTELUKAST GRA 4MG	1
MONTELUKAST TAB 10MG	1
MORPHINE SUL TAB 100MG ER	3
MORPHINE SUL TAB 15MG	3
MORPHINE SUL TAB 15MG ER	3
MORPHINE SUL TAB 200MG ER	3
MORPHINE SUL TAB 30MG ER	3
MORPHINE SUL TAB 60MG ER	3
MOVANTIK TAB 12.5MG	1
MOVANTIK TAB 25MG	1
MYRBETRIQ TAB 25MG	1
MYRBETRIQ TAB 50MG	1
NEVIRAPINE TAB 100MG	3
NEVIRAPINE TAB 200MG	2
NEVIRAPINE TAB 400MG ER	1
NORVIR CAP 100MG	12
NORVIR SOL 80MG/ML	16
NORVIR TAB 100MG	12
OLANZAPINE TAB 10MG	1
OLANZAPINE TAB 10MG ODT	1
OLANZAPINE TAB 15MG	1
OLANZAPINE TAB ODT	1
OLANZAPINE TAB	1
ONDANSETRON TAB	3
ONDANSETRON TAB ODT	3
ONMEL TAB 200MG	1
OPANA ER TAB	2
OXYMORPHONE TAB ER	2
PALIPERIDONE TAB ER 1.5MG	1
PALIPERIDONE TAB ER 3MG	1
PALIPERIDONE TAB ER 6MG	2
PALIPERIDONE TAB ER 9MG	1
PAROXETINE ER TAB 12.5MG	1
PAROXETINE ER TAB 37.5MG	2
PAROXETINE TAB 10MG	1
PAROXETINE TAB 20MG	1
PAROXETINE TAB 25MG ER	2
PAROXETINE TAB 30MG	2
PAROXETINE TAB 40MG	1
PAXIL SUS 10MG/5ML	25
PRASUGREL TAB	1
PREGABALIN CAP 100MG	3
PREGABALIN CAP 150MG	3
PREGABALIN CAP 200MG	3

Drug Name	Max. Daily Dose
PREGABALIN CAP 225MG	2
PREGABALIN CAP 25MG	3
PREGABALIN CAP 300MG	2
PREGABALIN CAP 50MG	3
PREGABALIN CAP 75MG	3
PREGABALIN SOL 20MG/ML	30
PREZCOBIX TAB 800-150	1
PREZISTA SUS 100MG/ML	2
PREZISTA TAB	2
QUETIAPINE TAB	3
RELION LANCE MIS THIN 26G	7
RESCRIPTOR TAB	6
RESTASIS MUL EMU 0.05%	2
REYATAZ CAP 150MG	1
REYATAZ CAP 200MG	2
REYATAZ CAP 300MG	1
REYATAZ POW 50MG	5
RISEDRONATE TAB	1
RISPERIDONE TAB 0.25 ODT	1
RISPERIDONE TAB 0.25MG	2
RISPERIDONE TAB 0.5MG	2
RISPERIDONE TAB 0.5MG OD	1
RISPERIDONE TAB 1MG	2
RISPERIDONE TAB 1MG ODT	1
RISPERIDONE TAB 2MG	2
RISPERIDONE TAB 2MG ODT	1
RISPERIDONE TAB 3MG	2
RISPERIDONE TAB 3MG ODT	1
RISPERIDONE TAB 4MG	2
RISPERIDONE TAB 4MG ODT	1
SAPHRIS SUB	2
SAVELLA TAB	2
SELZENTRY SOL 20MG/ML	31
SELZENTRY TAB 150MG	2
SELZENTRY TAB 300MG	4
SEROQUEL XR TAB 150MG	1
SEROQUEL XR TAB 200MG	1
SEROQUEL XR TAB 300MG	2
SEROQUEL XR TAB 400MG	2
SEROQUEL XR TAB 50MG	2
SPORANOX SOL 10MG/ML	40
STAVUDINE CAP	2
STRIBILD TAB	1
SUBOXONE MIS 12-3MG	3

Drug Name	Max. Daily Dose
SUBOXONE MIS 2-0.5MG	3
SUBOXONE MIS 4-1MG	3
SUBOXONE MIS 8-2MG	3
SUSTIVA CAP 200MG	2
SUSTIVA CAP 50MG	3
SUSTIVA TAB 600MG	1
TACROLIMUS OIN	2
TETRABENAZINE TAB 25MG	4 per 30 days
TIVICAY TAB 10MG	2
TIVICAY TAB 25MG	2
TIVICAY TAB 50MG	1
TOPIRAMATE CAP	6
TRADJENTA TAB 5MG	1
TRAMADOL HCL TAB 100MG ER	1
TRAMADOL HCL TAB 200MG ER	1
TRAMADOL HCL TAB 300MG ER	1
TRAMADOL HCL TAB 50MG	8
TRANEXAMIC ACID TAB 650MG	1
TRINTELLIX TAB	1
TRIUMEQ TAB	1
TRUVADA TAB	1
TYBOST TAB 150MG	1
ULORIC TAB 40MG	1
VIDEX SOL	40
VIIIBRYD TAB	1
VIRACEPT TAB 250MG	9
VIRACEPT TAB 625MG	4
VIREAD TAB	1
VORICONAZOLE SUS 40MG/ML	2
VORICONAZOLE TAB	2
VYVANSE CAP	1
XARELTO TAB 20MG	1
ZALEPLON CAP	1
ZIDOVDINE CAP 100MG	6
ZIDOVDINE SYP 50MG/5ML	60
ZIDOVDINE TAB 300MG	2
ZIPRASIDONE CAP	2
ZOLPIDEM TAB	1
ZONTIVITY TAB 2.08MG	1
ZUBSOLV SUB 0.7-0.18	2
ZUBSOLV SUB 1.4-0.36	3
ZUBSOLV SUB 11.4-2.9	3

Drug Name	Max. Daily Dose
ZUBSOLV SUB 2.9-0.71	2
ZUBSOLV SUB 5.7-1.4	2
ZUBSOLV SUB 8.6-2.1	3

## Maximum Day Supply

Members are allowed only the following maximum day supply at a time.

Drug Name	Max. Day Supply
AVEED INJ 750/3ML	30
BUPHENYL TAB 500MG	30
CEPROTIN INJ 1000UNIT	30
DAYSEE TAB	91 (min. 84-day supply)
DECITABINE INJ 50MG	30
DEFEROXAMINE INJ	30
EPIVIR HBV SOL 5MG/ML	30
KETOROLAC INJ	5
LAMIVUDINE TAB 100MG	30
LEVONORGESTREL/ETHINYL TAB ESTRADIOL	91 (min. 84-day supply)
OBIZUR INJ 500 UNIT	30
PHENYLBUTYRATE POW SODIUM	30
SENSIPAR TAB	30
TIKOSYN CAP	30
BUPROPION TAB 150MG	168 per year
CRESEMBA CAP 186 MG	100 per year
CRESEMBA INJ 372MG	100 per year
CVS NICOTINE DIS 21MG/24H	168 per year
CVS NICOTINE GUM 2MG ORIG	168 per year
CVS NICOTINE GUM 4MG ORIG	168 per year
GNP NICOTINE LOZ 2MG MINT	168 per year
GNP NICOTINE LOZ 4MG MINT	168 per year
NICOTINE TD DIS 14MG/24H	168 per year
NICOTINE TD DIS 7MG/24HR	168 per year
NICOTROL INH	168 per year
NICOTROL NS SPR 10MG/ML	168 per year

## Maximum Fills

Members are allowed to fill only the listed amount.

Drug Name	Max. Fills
KETOROLAC SOL 0.4%	1 fill per year
KETOROLAC SOL 0.5%	1 fill per year