

## QUANTITY LIMITS

This list is current as of 11/01/2017 and pertains to the following formularies:

2017 Pharmacy Benefit Dimensions Prescription Drug Plan (PDP) Part D Formulary	Version 20
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Pharmacy Benefit Dimensions has established quantity limits on certain drugs contained in our Pharmacy Benefit Dimensions Prescription Drug Plan (PDP) Part D Formulary. These drugs are listed with a “QL” in the Requirements/Notes column of the formularies. This means that we will provide coverage only up to the limits specified on these drugs. If you require a greater quantity than what is specified, then you, your designated representative, or your prescriber can request a review.

If you have any questions, please contact Medicare Member Services Department at 1-800-665-1502 or, for TTY users, 1-800-432-1110, October 1<sup>st</sup> – February 14<sup>th</sup>: Monday through Sunday from 8 a.m. to 8 p.m., February 15<sup>th</sup> – September 30<sup>th</sup>: Monday through Friday from 8 a.m. to 8 p.m.

*Pharmacy Benefit Dimensions is a subsidiary of Independent Health. Independent Health is a PDP plan with a Medicare contract. Enrollment in Pharmacy Benefit Dimensions PDP depends on contract renewal between Independent Health and CMS.*

*The Formulary may change at any time. You will receive notice when necessary.*

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-665-1502 (TTY: 1-800-432-1110).

Independent Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-1502 (TTY: 1-800-432-1110).

Independent Health cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-665-1502 (TTY: 1-800-432-1110)。

Independent Health 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

**Abstral**

ABSTRAL	Quantity Limit: 120 EA Per 30 Days
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**Arava**

ARAVA	Quantity Limit: 30 EA Per 30 Days
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**ARIPiprazole**

<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Quantity Limit: 30 EA Per 30 Days
<i>aripiprazole oral tablet 2 mg</i>	Quantity Limit: 60 EA Per 30 Days
<i>aripiprazole oral tablet dispersible</i>	Quantity Limit: 60 EA Per 30 Days

**Arnuity Ellipta**

ARNUITY ELLIPTA	Quantity Limit: 30 EA Per 30 Days
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**Atrovent**

ATROVENT	Quantity Limit: 30 ML Per 30 Days
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**Avonex**

AVONEX	Quantity Limit: 4 EA Per 28 Days
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**Avonex Pen**

AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	Quantity Limit: 4 EA Per 28 Days
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**Avonex Prefilled**

AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Quantity Limit: 4 EA Per 28 Days
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**Budesonide**

<i>budesonide nasal</i>	Quantity Limit: 17.2 GM Per 30 Days
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**BuPROPion HCl ER (SR)**

<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 200 mg</i>	Quantity Limit: 60 EA Per 30 Days
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	Quantity Limit: 90 EA Per 30 Days

**Butrans**

BUTRANS	Quantity Limit: 4 EA Per 28 Days
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**Cardura**

CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	Quantity Limit: 30 EA Per 30 Days
CARDURA ORAL TABLET 8 MG	Quantity Limit: 60 EA Per 30 Days

**Catapres-TTS-1**

CATAPRES-TTS-1	Quantity Limit: 4 EA Per 28 Days
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**Catapres-TTS-2**

CATAPRES-TTS-2	Quantity Limit: 4 EA Per 28 Days
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**Catapres-TTS-3**

CATAPRES-TTS-3	Quantity Limit: 4 EA Per 28 Days
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**Clarinex**

CLARINEX ORAL TABLET	Quantity Limit: 30 EA Per 30 Days
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**CloNIDine HCl**

<i>clonidine hcl transdermal</i>	Quantity Limit: 4 EA Per 28 Days
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**Coartem**

COARTEM	Quantity Limit: 24 EA Per 30 Days
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**ConZip**

CONZIP	Quantity Limit: 30 EA Per 30 Days
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**Copaxone**

COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Quantity Limit: 30 ML Per 30 Days
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Quantity Limit: 12 ML Per 28 Days

**Desloratadine**

<i>desloratadine</i>	Quantity Limit: 30 EA Per 30 Days
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**Digitek**

<i>digitek oral tablet 125 mcg</i>	Quantity Limit: 30 EA Per 30 Days
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**Digoxin**

<i>digoxin oral tablet 125 mcg</i>	Quantity Limit: 30 EA Per 30 Days
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**Dilaudid**

DILAUDID ORAL LIQUID	Quantity Limit: 2400 ML Per 30 Days
DILAUDID ORAL TABLET	Quantity Limit: 180 EA Per 30 Days

**Dolophine**

DOLOPHINE ORAL TABLET 10 MG	Quantity Limit: 90 EA Per 30 Days
DOLOPHINE ORAL TABLET 5 MG	Quantity Limit: 180 EA Per 30 Days

**Duragesic-100**

DURAGESIC-100	Quantity Limit: 30 EA Per 30 Days
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**Duragesic-12**

DURAGESIC-12	Quantity Limit: 15 EA Per 30 Days
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**Duragesic-25**

DURAGESIC-25	Quantity Limit: 15 EA Per 30 Days
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**Duragesic-50**

DURAGESIC-50	Quantity Limit: 15 EA Per 30 Days
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**Duragesic-75**

DURAGESIC-75	Quantity Limit: 30 EA Per 30 Days
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**Dymista**

DYMISTA	Quantity Limit: 23 GM Per 30 Days
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**Emflaza**

EMFLAZA ORAL TABLET 18 MG, 30 MG	Quantity Limit: 30 EA Per 30 Days
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EMFLAZA ORAL TABLET 36 MG, 6 MG	Quantity Limit: 60 EA Per 30 Days
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**Exalgo**

EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	Quantity Limit: 30 EA Per 30 Days
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**Famciclovir**

<i>famciclovir oral tablet 125 mg, 250 mg</i>	Quantity Limit: 60 EA Per 30 Days
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<i>famciclovir oral tablet 500 mg</i>	Quantity Limit: 90 EA Per 30 Days
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**Famvir**

FAMVIR ORAL TABLET 125 MG, 250 MG	Quantity Limit: 60 EA Per 30 Days
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FAMVIR ORAL TABLET 500 MG	Quantity Limit: 90 EA Per 30 Days
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**Fanapt**

FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Quantity Limit: 90 EA Per 30 Days
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**Fanapt**

FANAPT ORAL TABLET 10 MG, 12 MG	Quantity Limit: 60 EA Per 30 Days
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**Fanapt Titration Pack**

FANAPT TITRATION PACK	Quantity Limit: 8 EA Per 28 Days
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**FentaNYL Citrate**

<i>fentanyl citrate buccal</i>	Quantity Limit: 120 EA Per 30 Days
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**FentaNYL**

<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr</i>	Quantity Limit: 30 EA Per 30 Days
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<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr</i>	Quantity Limit: 15 EA Per 30 Days
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**Fentora**

FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Quantity Limit: 120 EA Per 30 Days
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**Flovent Diskus**

FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	Quantity Limit: 60 EA Per 30 Days
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FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	Quantity Limit: 240 EA Per 30 Days
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**Flovent HFA**

FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	Quantity Limit: 12 GM Per 30 Days
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FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	Quantity Limit: 24 GM Per 30 Days
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**Flovent HFA**

FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	Quantity Limit: 10.6 GM Per 30 Days
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**Flunisolide**

<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Quantity Limit: 50 ML Per 25 Days
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**Fluticasone Propionate**

<i>fluticasone propionate nasal</i>	Quantity Limit: 16 GM Per 30 Days
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**FluvoxaMINE Maleate**

<i>fluvoxamine maleate</i>	Quantity Limit: 90 EA Per 30 Days
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**FluvoxaMINE Maleate ER**

<i>fluvoxamine maleate er</i>	Quantity Limit: 60 EA Per 30 Days
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**Glatopa**

<i>glatopa</i>	Quantity Limit: 30 ML Per 30 Days
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**HYDRoMorphone HCl ER**

<i>hydromorphone hcl er</i>	Quantity Limit: 30 EA Per 30 Days
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**HYDRoMorphone HCl**

<i>hydromorphone hcl oral liquid</i>	Quantity Limit: 2400 ML Per 30 Days
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<i>hydromorphone hcl oral tablet</i>	Quantity Limit: 180 EA Per 30 Days
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**Hysingla ER**

HYSINGLA ER	Quantity Limit: 60 EA Per 30 Days
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**Invega**

INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG	Quantity Limit: 40 EA Per 30 Days
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**Ipratropium Bromide**

<i>ipratropium bromide nasal</i>	Quantity Limit: 30 ML Per 30 Days
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**Janumet**

JANUMET ORAL TABLET 50-1000 MG	Quantity Limit: 60 EA Per 30 Days
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**Janumet XR**

JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG	Quantity Limit: 30 EA Per 30 Days
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG	Quantity Limit: 60 EA Per 30 Days

**Januvia**

JANUVIA	Quantity Limit: 30 EA Per 30 Days
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**Kadian**

KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG	Quantity Limit: 60 EA Per 30 Days
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**Ketorolac Tromethamine**

<i>ketorolac tromethamine oral</i>	Quantity Limit: 20 EA Per 5 Days
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**Lanoxin**

LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	Quantity Limit: 30 EA Per 30 Days
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**Lansoprazole**

<i>lansoprazole oral capsule delayed release 15 mg</i>	Quantity Limit: 30 EA Per 30 Days
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**Latuda**

LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG	Quantity Limit: 30 EA Per 30 Days
LATUDA ORAL TABLET 60 MG	Quantity Limit: 60 EA Per 30 Days

**Lazanda**

LAZANDA	Quantity Limit: 120 EA Per 30 Days
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**Leflunomide**

<i>leflunomide oral tablet 10 mg</i>	Quantity Limit: 30 EA Per 30 Days
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**Levocetirizine Dihydrochloride**

<i>levocetirizine dihydrochloride oral tablet</i>	Quantity Limit: 30 EA Per 30 Days
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**Methadone HCl**

<i>methadone hcl oral tablet 5 mg</i>	Quantity Limit: 180 EA Per 30 Days
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**Nalbuphine HCl**

<i>nalbuphine hcl injection solution 10 mg/ml</i>	Quantity Limit: 480 ML Per 30 Days
<i>nalbuphine hcl injection solution 20 mg/ml</i>	Quantity Limit: 240 ML Per 30 Days

**Narcan**

NARCAN	Quantity Limit: 2 EA Per 30 Days
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**Norvasc**

NORVASC ORAL TABLET 10 MG, 2.5 MG	Quantity Limit: 30 EA Per 30 Days
NORVASC ORAL TABLET 5 MG	Quantity Limit: 45 EA Per 30 Days

**Nucynta**

NUCYNTA	Quantity Limit: 180 EA Per 30 Days
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**Nucynta ER**

NUCYNTA ER	Quantity Limit: 60 EA Per 30 Days
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**Olopatadine HCl**

<i>olopatadine hcl nasal</i>	Quantity Limit: 30.5 GM Per 30 Days
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**Omeprazole**

<i>omeprazole oral capsule delayed release 10 mg</i>	Quantity Limit: 30 EA Per 30 Days
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<i>omeprazole oral capsule delayed release 20 mg</i>	Quantity Limit: 60 EA Per 30 Days
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**Opana**

OPANA ORAL	Quantity Limit: 180 EA Per 30 Days
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**OxyCODONE HCl ER**

<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 80 mg</i>	Quantity Limit: 90 EA Per 30 Days
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**Oxycodone-Aspirin**

<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Quantity Limit: 360 EA Per 30 Days
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**Oxycodone-Ibuprofen**

<i>oxycodone-ibuprofen</i>	Quantity Limit: 240 EA Per 30 Days
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**Oxymorphone HCl**

<i>oxymorphone hcl oral tablet 5 mg</i>	Quantity Limit: 180 EA Per 30 Days
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**Paliperidone ER**

<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	Quantity Limit: 40 EA Per 30 Days
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**Pantoprazole Sodium**

<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	Quantity Limit: 60 EA Per 30 Days
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**Patanase**

PATANASE	Quantity Limit: 30.5 GM Per 30 Days
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**Percodan**

PERCODAN	Quantity Limit: 360 EA Per 30 Days
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**Pioglitazone HCl**

<i>pioglitazone hcl</i>	Quantity Limit: 30 EA Per 30 Days
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**Plegridy**

PLEGRIDY	Quantity Limit: 1 ML Per 28 Days
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**Plegridy Starter Pack**

PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Quantity Limit: 1 ML Per 365 Days
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**Prevpac**

PREVPAC	Quantity Limit: 112 EA Per 30 Days
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**Pristiq**

PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	Quantity Limit: 120 EA Per 30 Days
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PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	Quantity Limit: 90 EA Per 30 Days
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**Qnasl Childrens**

QNASL CHILDRENS	Quantity Limit: 4.9 GM Per 30 Days
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**Qvar**

QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT	Quantity Limit: 8.7 GM Per 30 Days
QVAR INHALATION AEROSOL SOLUTION 80 MCG/ACT	Quantity Limit: 17.4 GM Per 30 Days

**Rebif Rebidose**

REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Quantity Limit: 6 ML Per 28 Days
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**Rebif Rebidose Titration Pack**

REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	Quantity Limit: 12 ML Per 28 Days
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**Rebif**

REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Quantity Limit: 6 ML Per 28 Days
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**Regranex**

REGANEX	Quantity Limit: 45 GM Per 30 Days
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**Repaglinide**

<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	Quantity Limit: 150 EA Per 30 Days
<i>repaglinide oral tablet 2 mg</i>	Quantity Limit: 240 EA Per 30 Days

**Rexulti**

REXULTI	Quantity Limit: 30 EA Per 30 Days
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**Rhinocort Aqua**

RHINOCORT AQUA	Quantity Limit: 17.2 GM Per 30 Days
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**RisperiDONE**

<i>risperidone oral solution</i>	Quantity Limit: 480 ML Per 30 Days
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 4 mg</i>	Quantity Limit: 120 EA Per 30 Days
<i>risperidone oral tablet 3 mg</i>	Quantity Limit: 240 EA Per 30 Days
<i>risperidone oral tablet dispersible</i>	Quantity Limit: 120 EA Per 30 Days

**Roxicodone**

ROXICODONE ORAL TABLET 15 MG	Quantity Limit: 180 EA Per 30 Days
ROXICODONE ORAL TABLET 30 MG	Quantity Limit: 90 EA Per 30 Days
ROXICODONE ORAL TABLET 5 MG	Quantity Limit: 540 EA Per 30 Days

**Rozerem**

ROZEREM	Quantity Limit: 30 EA Per 30 Days
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**Savella**

SAVELLA	Quantity Limit: 60 EA Per 30 Days
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**Savella Titration Pack**

SAVELLA TITRATION PACK	Quantity Limit: 55 EA Per 30 Days
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**Serevent Diskus**

SEREVENT DISKUS	Quantity Limit: 60 EA Per 30 Days
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**Silenor**

SILENOR	Quantity Limit: 30 EA Per 30 Days
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**Spiriva HandiHaler**

SPIRIVA HANDIHALER	Quantity Limit: 30 EA Per 30 Days
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**Spiriva Respimat**

SPIRIVA RESPIMAT	Quantity Limit: 60 GM Per 30 Days
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**Striverdi Respimat**

STRIVERDI RESPIMAT	Quantity Limit: 60 GM Per 30 Days
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**Subsys**

SUBSYS	Quantity Limit: 120 EA Per 30 Days
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**Symbicort**

SYMBICORT	Quantity Limit: 10.2 GM Per 30 Days
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**Tecfidera**

TECFIDERA ORAL CAPSULE DELAYED RELEASE	Quantity Limit: 60 EA Per 30 Days
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**Temazepam**

<i>temazepam</i>	Quantity Limit: 7 EA Per 30 Days
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**Terazosin HCl**

<i>terazosin hcl oral capsule 10 mg</i>	Quantity Limit: 60 EA Per 30 Days
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**TraMADol HCl ER**

<i>tramadol hcl er</i>	Quantity Limit: 30 EA Per 30 Days
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**TraMADol HCl ER (Biphasic)**

<i>tramadol hcl er (biphasic)</i>	Quantity Limit: 30 EA Per 30 Days
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**Triazolam**

<i>triazolam</i>	Quantity Limit: 7 EA Per 30 Days
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**Ultram ER**

ULTRAM ER	Quantity Limit: 30 EA Per 30 Days
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**Xifaxan**

XIFAXAN ORAL TABLET 200 MG	Quantity Limit: 9 EA Per 3 Days
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**Xtampza ER**

XTAMPZA ER	Quantity Limit: 60 EA Per 30 Days
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**Xyzal**

XYZAL ORAL TABLET	Quantity Limit: 30 EA Per 30 Days
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**Ziprasidone HCl**

<i>ziprasidone hcl</i>	Quantity Limit: 60 EA Per 30 Days
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