

Quantity Level Limits

Quantity level limits help ensure that coverage is provided for the appropriate amount of medication, while minimizing your health risks and encouraging cost-effective use. These limits are based on the drug manufacturer's recommendations, the Federal Drug Administration (FDA) guidelines, and WellDyneRx's Pharmacy and Therapeutics (P&T) Committee (a team of doctors, nurses and pharmacists) review. As long as medications subject to quantity limits are prescribed within these limits, your plan covers their costs. If your prescription is written for more than the allowed quantity, only the maximum allowed amount will be dispensed unless prior authorization has been obtained by your doctor for a higher quantity.

Please Note: This drug list is subject to change. For the most current Quantity Level Limits and program criteria, please visit emhp.welldynex.com.

The drugs listed below are shown with their maximum quantity level limit.

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
ABILIFY	ARIPIPIRAZOLE 10 MG TABLETS	21	90
ABILIFY DISCMELT	ARIPIPIRAZOLE DISCMELT TABLETS RAPDIS	21	90
ABILIFY MAINTENA	ARIPIPIRAZOLE IM FOR EXTENDED RELEASE SUSP	1	3
*ABSTRAL	FENTANYL CITRATE TABLETS SUBLINGUAL	90	360
ACIPHEX	RABEPIRAZOLE SODIUM 20 MG TABLET DR	21	90
ACIPHEX SPR CAP 10MG	RABEPIRAZOLE SODIUM CAPSULE SPRINKLE DR	21	90
*ACTIQ	FENTANYL CITRATE LOZENGES	84	360
ACTONEL	RISEDRONATE SODIUM 150 MG TABLET	1	3
ACTONEL	RISEDRONATE SODIUM 30 MG TABLET	21	90
ACTONEL	RISEDRONATE SODIUM 35 MG TABLET	4	12
ACTONEL	RISEDRONATE SODIUM 5 MG TABLET	21	90
ACTOPLUS MET XR	PIOGLITAZONE HCL/METFORMIN HCL TABLETS	21	90
**ADCIRCA	TADALAFIL 20 MG TABLET	60	60
**ADEMPAS	RIOCIGUAT TABLETS	90	90
ADRENACLICK	ADRENACLICK AUTO-INJCT	1	4 per 12 months
ADRENALIN CHLORIDE	ADRENALIN CL 1 MG/ML VIAL	1	4 per 12 months

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
ADVAIR DISKUS	FLUTICASONE/SALMETEROL POWDERS	60 DISP PACK (1 INHALER)	180 DISP PACK (3 INHALERS)
ADVAIR HFA	FLUTICASONE/SALMETEROL AEROSOLS	24 gm	72 gm
ADVICOR	NIACIN/LOVASTATIN TABLETS	21	90
AEROSPAN	FLUNISOLIDE HFA INHAL AEROSOL 80 MCG/ACT	17.8 gm (2 inhalers)	53.4 gm (6 inhalers)
**AFINITOR	EVEROLIMUS TABLETS	30	30
**AFINITOR DISPERZ	EVEROLIMUS TAB FOR ORAL SUSP 2 MG	60	60
**AFINITOR DISPERZ	EVEROLIMUS TAB FOR ORAL SUSP 3 MG	90	90
**AFINITOR DISPERZ	EVEROLIMUS TAB FOR ORAL SUSP 5 MG	60	60
AGGRENEX	ASPIRIN/DIPYRIDAMOLE CAPSULE SA	42	180
ALINIA	NITAZOXANIDE 500 MG TABLET	6	6
ALORA	ALORA PATCHES	8	24
ALOXI	ALOXI 0.25 MG/5 ML VIAL	5mL	15ml
ALSUMA	SUMATRIPTAN 6 MG/0.5 ML AUTO-INJECT	12 doses (6 packages)	36 doses (18 packages)
ALTOPREV	LOVASTATIN TABLETS	21	90
ALVESCO	ALVESCO INHALERS	12.2 gm (1 INHALER)	36.6 gm (3 INHALERS)
AMERGE	NARATRIPTAN HCL TABLETS (BASE EQUIV)	8	36
AMITIZA	LUBIPROSTONE CAPSULES	42	180
**AMPYRA	DALFAMPRIDINE TAB SR 12HR 10 MG	60	60
AMTURNIDE	ALISKIREN TABLETS	21	90
ANGELIQ	DROSPIRENONE-ESTRADIOL TABLETS	1 pack	3 packs
ANORO ELLIPTA	UMECLIDINIUM-VILANTEROL AERO POWD BA 62.5-25 MCG/INH	1 inhaler	3 inhalers
ANTARA	FENOFIBRATE, MICRONIZED CAPSULES	21	90
APLENZIN	BUPROPION HBR TABLETS	21	90
APRISO	APRISO ER 0.375 GRAM CAPSULE	84	360

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
APTIOM	ESLICARBAZEPINE ACETATE TABLETS	21	90
**APTIVUS	TIPRANA VIR CAP 250 MG	120	360
**APTIVUS	TIPRANA VIR ORAL SOLN 100 MG/ML	4 BOTTLES (TOTAL QTY 380 ML)	12 BOTTLES (TOTAL QTY 1,140 ML)
ARCAPTA NEOHALER	INDACATEROL MALEATE 75 MCG CAP W/DEV	30 (1 BOX)	90 (3 Boxes)
ARICEPT	DONEPEZIL HCL 23 MG TABLET	21	90
ARTHROTEC 50	ARTHROTEC EC 50 TABLETS	84	360
ARTHROTEC 75	ARTHROTEC EC 75 TABLETS	84	360
ASACOL	MESALAMINE EC 400 MG TABLET	126	540
ASACOL HD	MESALAMINE HD DR 800 MG TABLET	126	540
ASMANEX	ASMANEX TWISTHALERS #30	2 INHALERS	6 INHALERS
ASTEPRO	AZELASTINE HCL 0.15% NASAL SPRAY	30 mL (1 BOTTLE)	90 ml (3 BOTTLES)
ATACAND	CANDESARTAN CILEXETIL TABLETS	21	90
ATACAND HCT	CANDESARTAN/HCTZ TABLETS	21	90
AELVIA	RISEDRONATE SODIUM	4	12
**ATRIPLA	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DF TAB 600-200-300 MG	30	90
ATROVENT HFA	IPRATROPIUM BROMIDE INHALER	25.8 gm (1 INHALER)	77.4 gm (3 INHALERS)
**AUBAGIO	TERIFLUNOMIDE TABLETS	30	30
AVANDAMET	AVANDAMET TABLETS	42	180
AVANDARYL	ROSIGLITAZONE MALEATE/GLIMEPIRIDE TABLETS	21	90
AVANDIA	ROSIGLITAZONE MALEATE TABLETS	21	90
*AVINZA	MORPHINE ER CAPSULES	30	90
AVODART	DUTASTERIDE 0.5 MG SOFTGEL	21	90
**AVONEX	INTERFERON BETA-1A PREFILLED SYR 30 MCG	4 (1 package)	12 (3 packages)

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
**AVONEX ADMINISTRATION PACK	INTERFERON BETA-1A ADMIN PACK 30 MCG VL	4 (1 package)	12 (3 packages)
AXERT	ALMOTRIPTAN MALATE TAB	8	36
AZILECT	RASAGILINE MESYLATE TABLETS	21	90
AZOR	AMLODIPINE BESYLATE/OLMESARTAN MEDOXOMIL TABLETS	21	90
BANZEL	BANZEL TABLETS	168	720
**BARACLUDE	ENTECAVIR TABLETS	30	30
BECONASE AQ	BECLOMETHASONE DIPROPIONATE NASAL SPRAY	25 gm (1 BOTTLE)	75 gm (3 BOTTLES)
BELVIQ	LORCASERIN HCL TAB 10 MG	42	180
BENICAR	OLMESARTAN MEDOXOMIL 20 MG TABLET	21	90
BENICAR	OLMESARTAN MEDOXOMIL 40 MG TABLET	21	90
BENICAR	OLMESARTAN MEDOXOMIL 5 MG TABLET	42	180
BENICAR HCT	OLMESARTAN MEDOXOMIL/HCTZ TABLETS	21	90
BETASERON	INTERFERON BETA-1B 0.3 MG KIT	15 syringes (1 package)	45 syringes (3 packages)
BINOSTO	ALENDRONATE SODIUM EFFERVESCENT TAB 70 MG	4	12
**BONIVA	IBANDRONATE 3 MG/3 ML SYRINGE	1	1
BONIVA	IBANDRONATE 150 MG TABLET	1	3
**BOSULIF	BOSUTINIB TAB 100 MG	120	120
**BOSULIF	BOSUTINIB TAB 500 MG	30	30
BREO ELLIPTA	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 100-25 MCG/INH	60 (1 inhaler)	180 (3 inhalers)
BRILINTA	TICAGRELOR 90 MG TABLET	42	180
BRINTELLIX	VORTIOXETINE HBR TABLETS (BASE EQUIV)	21	90
BRISDELLE	PAROXETINE MESYLATE CAP 7.5 MG (BASE EQUIV)	21	90
BROVANA	BROVANA 15 MCG/2 ML SOLUTION	60	180

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
*BUTORPHANOL	BUTORPHANOL TARTRATE	5 mL (2 bottles)	5 mL (2 bottles)
*BUTRANS	BUPRENORPHINE PATCHES	4	12
BYDUREON	EXENATIDE ER INJ SUSP 2 MG	1 carton	3 cartons
BYETTA	EXENATIDE DOSE PEN INJ	1	3
BYSTOLIC	NEBIVOLOL HCL 10 MG TABLET	21	90
BYSTOLIC	NEBIVOLOL HCL 2.5 MG TABLET	21	90
BYSTOLIC	NEBIVOLOL HCL 20 MG TABLET	42	180
BYSTOLIC	NEBIVOLOL HCL 5 MG TABLET	21	90
**CAPRELSA	VANDETANIB 100MG TABLET	60	60
**CAPRELSA	VANDETANIB 300MG TABLET	30	30
CARDURA XL	DOXAZOSIN MESYLATE TABLETS	21	90
**CAYSTON	AZTREONAM 75 MG INHAL SOLUTION	84	84
CELEBREX	CELEBREX 100 MG CAPSULE	42	180
CELEBREX	CELEBREX 200 MG CAPSULE	42	180
CELEBREX	CELEBREX 400 MG CAPSULE	21	90
CELEBREX	CELEBREX 50 MG CAPSULE	42	180
CELEXA	CITALOPRAM TABLETS	21	90
CESAMET	NABILONE CAP 1 MG	42	180
CHANTIX	VARENICLINE 1 MG CONT MONTH PAK	1 pack (4 cards of 1mg x 14 tablets)	2 packs (4 cards of 1mg x 14 tablets)
CHANTIX	VARENICLINE 1 MG TABLET	42	180
CHANTIX	VARENICLINE STARTING MONTH PAK	1 pack per 12 months	1 pack per 12 months
CHILDREN'S ALLEGRA ALLERGY	CHLD ALLEGRA ALLERGY 30 MG ODT	42	180
***CIALIS	TADALAFIL 2.5 MG TABLET	8	24
***CIALIS	TADALAFIL 5 MG TABLET	8	24

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
CIALIS	TADALAFIL 10 MG TABLET	8	24
CIALIS	TADALAFIL 20 MG TABLET	8	24
CITALOPRAM	CITALOPRAM 10 MG/5 ML SOLUTION	2 bottles (480 mL)	6 bottles (1440 ml)
CITALOPRAM HBR	CITALOPRAM HBR TABLETS	21	90
CLARINEX	DESLORATADINE 0.5 MG/ML (2.5 MG/5)	105 ml	450 ml
CLARINEX	DESLORATADINE REDITABS	21	90
CLARINEX	DESLORATADINE 5 MG TABLET	21	90
CLARINEX-D 12 HOUR	DESLORATADINE/PSEUDOEPHEDRINE 2.5-120 MG	42	180
CLARINEX-D 24 HOUR	DESLORATADINE/PSEUDOEPHEDRINE 5-240 MG	21	90
COMBIVENT RESPIMAT	IPRATROPIUM-ALBUTEROL INHAL AEROSOL SOLN 20-100 MCG/ACT	4 gm (1 inhaler=120 doses)	12 gm (3 inhalers=360 doses)
**COMBIVIR	LAMIVUDINE-ZIDOVUDINE TAB 150-300 MG	30	90
**COMETRIQ	CABOZANTINIB S-MAL CAP 1 X 80 MG & 1 X 20 MG (100 DOSE) KIT	4 per 28 days	4 per 28 days
**COMETRIQ	CABOZANTINIB S-MAL CAP 1 X 80 MG & 3 X 20 MG (140 DOSE) KIT	4 per 28 days	4 per 28 days
**COMETRIQ	CABOZANTINIB S-MAL CAP 3 X 20 MG (60 MG DOSE) KIT	4 per 28 days	4 per 28 days
**COMPLERA	EMTRICITABINE-RILPIVIRINE-TENOFOVIR DF TAB 200-25-300 MG	30	90
*CONCERTA	METHYLPHENIDATE HCL 18 MG TABLET ER 24H	30	90
*CONCERTA	METHYLPHENIDATE HCL 27 MG TABLET ER 24H	30	90
*CONCERTA	METHYLPHENIDATE HCL 36 MG TABLET ER 24H	60	180
*CONCERTA	METHYLPHENIDATE HCL 54 MG TABLET ER 24H	30	90
CONZIP	TRAMADOL CAPSULES ER 24H	21	90
**COPAXONE	GLATIRAMER ACETATE 20 MG INJECTION KIT	1 kit per 30 days	3 KITS PER 90 DAYS
**COPAXONE	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML	12	36
**COPEGUS	RIBAVIRIN 200 MG TABLET	210	210

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
COREG CR	CARVEDILOL PHOSPHATE CAPSULES	21	90
COREG CR	CARVEDILOL PHOSPHATE 80 MG CAPSULE	42	180
CRESTOR	ROSUVASTATIN CALCIUM TABLETS	21	90
**CRIXIVAN	INDINAVIR SULFATE CAP 200 MG	90	270
**CRIXIVAN	INDINAVIR SULFATE CAP 400 MG	180	540
CYCLOSET	BROMOCRIPTINE MESYLATE 0.8 MG TABLET	126	540
CYMBALTA	DULOXETINE HCL CAPSULES	42	180
**CYSTARAN	CYSTEAMINE HCL OPTH SOLN 0.44% (BASE EQUIVALENT)	60 mls per 28 days (4 bottles)	60 mls per 28 days (4 bottles)
D.H.E.45	DIHYDROERGOTAMINE MESYLATE 1 MG/ML AMPUL	20, 1mL ampules	60, 1ml ampules
DALIRESP	ROFLUMILAST 500 MCG TABLET	21	90
*DAYTRANA	METHYLPHENIDATE PATCHES	30	90
DELZICOL	MESALAMINE CAP DR 400 MG	126	540
DEPO-PROVERA	MEDROXYPROGESTERONE ACETATE 150 MG/ML SYRINGE	1	1
DEPO-SUBQ PROVERA	MEDROXYPROGESTERONE ACETATE SUBCUTANEOUS SUSP 104MG	1 per 3 months	1 per 3 months
DESVENLAFAXINE	DESVENLAFAXINE SUCCINATE TABLETS SR 24H	21	90
DETROL LA	TOLTERODINE TARTRATE CAPSULES ER 24H	21	90
DEXILANT	DEXLANSOPRAZOLE CAPSULES DR MP	21	90
DICLEGIS	DOXYLAMINE-PYRIDOXINE TAB DELAYED RELEASE 10-10 MG	84	360
DIHYDROERGOTAMINE MESYLATE	DIHYDROERGOTAMINE 1 MG/ML AMPULE	20, 1mL ampules	60, 1ml ampules
*DRONABINOL	DRONABINOL CAPSULES	60	60
DUAVEE	CONJUGATED ESTROGENS-BAZEDOXIFENE TAB 0.45-20 MG	21	90
DUEXIS	IBUPROFEN-FAMOTIDINE TAB 800-26.6 MG	63	270
DULERA	MOMETASONE FUROATE/FORMOTEROL FUMARATE INHALERS	13 gm (1 inhaler)	39 gm (3 inhalers)

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
*DURAGESIC	FENTANYL PATCHES TD72	10	30
DUTOPROL	METOPROLOL/HCTZ 100-12.5 MG TAB SR 24HR	42	180
DUTOPROL	METOPROLOL/HCTZ 25-12.5 MG TAB SR 24HR	21	90
DUTOPROL	METOPROLOL/HCTZ 50-12.5 MG TAB SR 24HR	21	90
DYMISTA	AZELASTINE HCL-FLUTICASONE PROP NASAL SPRAY 137-50 MCG/ACT	23 gm (1 bottle)	69 gm (3 bottles)
EDARBI	AZILSARTAN MEDOXOMIL TABLETS	21	90
EDARBYCLOR	AZILSARTAN MEDOXOMIL/CHLORTHALIDONE TABLETS	21	90
EDEX	ALPROSTADIL KITS	8	24
**EDURANT	RILPIVIRINE HCL TAB 25 MG (BASE EQUIVALENT)	30	90
EFFIENT	PRASUGREL HCL TABLETS	21	90
**EGRIFTA	TESAMORELIN ACETATE 1 MG VIAL	60 vials	60 vials
**ELIGARD	LEUPROLIDE ACETATE 22.5 MG SYRINGE	1 per 3 months	1 per 3 months
**ELIGARD	LEUPROLIDE ACETATE 30 MG SYRINGE	1 per 4 months	1 per 4 months
**ELIGARD	LEUPROLIDE ACETATE 45 MG SYRINGE	1 per 6 months	1 per 6 months
**ELIGARD	LEUPROLIDE ACETATE 7.5 MG SYRINGE	1	1
ELIQUIS	APIXABAN TABLETS	42	180
EMEND	APREPITANT 40 MG CAPSULE	2	6
EMEND	APREPITANT CAPSULE 125 MG	1	3
EMEND	APREPITANT CAPSULE 80 MG	2	6
EMEND	APREPITANT TRIFOLD PACK	3	9
EMSAM	SELEGILINE	21	90
EMSAM	SELEGILINE PATCHES	21	90
**EMTRIVA	EMTRICITABINE CAPS 200 MG	30	90
**EMTRIVA	EMTRICITABINE SOLN 10 MG/ML	5 BOTTLES (TOTAL QTY 850 ML)	15 BOTTLES (TOTAL QTY 2,550 ML)

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
ENABLEX	DARIFENACIN HYDROBROMIDE TABLETS SR 24H	21	90
**ENBREL	ETANERCEPT	4	12
**ENBREL SURECLICK	ETANERCEPT SUBCUTANEOUS INJ 50 MG/ML	4	12
EPINEPHRINE	EPINEPHRINE 0.1 MG/ML SYRINGE	1	4 per 12 months
EPINEPHRINE	EPINEPHRINE 0.15 MG AUTO-INJECT	1	4 per 12 months
EPINEPHRINE	EPINEPHRINE 0.3 MG AUTO-INJECT	1	4 per 12 months
EPINEPHRINE	EPINEPHRINE 1 MG/ML VIAL	1	4 per 12 months
EPIPEN	EPIPEN 0.3 MG AUTO-INJECTOR	1	4 per 12 months
EPIPEN JR	EPIPEN JR 0.15 MG AUTO-INJECTOR	1	4 per 12 months
**EPIVIR	LAMIVUDINE TAB 150 MG	60	180
**EPIVIR	LAMIVUDINE TAB 300 MG	30	90
**EPIVIR	LAMIVUDINE ORAL SOLN 10 MG/ML	4 BOTTLES (TOTAL QTY 960 ML)	12 BOTTLES (TOTAL QTY 2,880 ML)
**EPIVIR HBV	LAMIVUDINE TAB 100 MG	30	90
**EPIVIR HBV	LAMIVUDINE ORAL SOLN 5 MG/ML	3 BOTTLES (TOTAL QTY 720 ML)	9 BOTTLES (TOTAL QTY 2160ML)
**EPZICOM	ABACAVIR SULFATE-LAMIVUDINE TAB 600-300 MG	30	90
**ERIVEDGE	VISMODEGIB	30	30
ESOMEPRAZOLE STRONTIUM	ESOMEPRAZOLE STRONTIUM CAP DELAYED RELEASE 24.65 MG	21	90
ESOMEPRAZOLE STRONTIUM	ESOMEPRAZOLE STRONTIUM CAP DELAYED RELEASE 49.3 MG	42	180
ESTRASORB	ESTRADIOL TRANSDERMAL EMULSION 4.35GM MG/1.74 GM	56	168
ESTRING	ESTRADIOL 2 MG VAGINAL RING	1	1
**EUFLEXXA	HYALURONATE SODIUM 20 MG/2 ML SYRINGE	3 injections/pre-filled syringes	3 injections/pre-filled syringes
EVISTA	RALOXIFENE HCL 60 MG TABLET	21	90
*EXALGO	HYDROMORPHONE HCL 12 MG TABLET ER 24	30	90

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
*EXALGO	HYDROMORPHONE HCL 16 MG TABLET ER 24	60	180
*EXALGO	HYDROMORPHONE HCL 32 MG TABLET ER 24	60	180
*EXALGO	HYDROMORPHONE HCL 8 MG TABLET ER 24	30	90
EXELON	RIVASTIGMINE 24HR PATCHES	21	90
EXFORGE	AMLODIPINE BESYLATE/VALSARTAN TABLETS	21	90
EXFORGE HCT	AMLODIPINE BESYLATE/VALSARTAN/HCTZ TABLETS	21	90
**EXTAVIA	INTERFERON BETA-1B 0.3 MG KIT	15 syringes (1 package)	15 syringes (1 package)
FANAPT	ILOPERIDONE 1 MG TABLETS	42	180
FARXIGA	DAPAGLIFLOZIN TABLETS	21	90
FEMHRT	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL TABLETS	21	90
FEMRING	ESTRADIOL ACETATE VAGINAL RINGS	1	1
FEMTRACE	ESTRADIOL ACETATE TABLETS	21	90
FENOFIBRIC ACID	FENOFIBRIC ACID 105 MG TABLET	21	90
FENOFIBRIC ACID	FENOFIBRIC ACID 35 MG TABLET	42	180
FENOGLIDE	FENOFIBRATE 120 MG TABLET	21	90
FENOGLIDE	FENOFIBRATE 40 MG TABLET	42	180
*FENTANYL	FENTANYL PATCHES TD72	10	30
*FENTANYL CITRATE	FENTANYL CITRATE OTFC	120	360
*FENTORA	FENTANYL CITRATE BUCCAL TABLETS	120	360
FETZIMA	LEVOMILNACIPRAN HCL CAPSULES SR 24HR (BASE EQUIVALENT)	21	90
FETZIMA TITRATION PACK	LEVOMILNACIPRAN HCL CAP SR 24HR 20 & 40 MG THERAPY PACK	1 Disp Pack (qty 28) per 12 months	1 Disp Pack (qty 28) per 12 months
FIBRICOR	FENOFIBRIC ACID 105 MG TABLET	21	90
FIBRICOR	FENOFIBRIC ACID 35 MG TABLET	42	180
**FIRMAGON	DEGARELIX ACETATE 2 X 120 MG VIALS	2	2

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
**FIRMAGON	DEGARELIX ACETATE 80 MG VIAL	1	1
FLOVENT DISKUS	FLUTICASONE PROPIONATE DISKUS	60 DISP PACK (1 INHALER)	180 DISP PACK (3 INHALERS)
FLOVENT HFA	FLUTICASONE PROPIONATE 110 MCG INHALER	12 gm (1 inhaler)	36 gm (3 inhalers)
FLOVENT HFA	FLUTICASONE PROPIONATE 220 MCG INHALER	12 gm (1 inhaler)	36 gm (3 inhalers)
FLOVENT HFA	FLUTICASONE PROPIONATE 44 MCG INHALER	10.6 gm (1 inhaler)	31.8 gm (3 inhalers)
*FOCALIN XR	DEXMETHYLPHENIDATE HCL CAPSULES	30	90
FORADIL	FORMOTEROL FUMARATE 12 MCG CAP	60 gm (1 box)	180 gm (3 boxes)
FORFIVO XL	BUPROPION HCL TAB SR 24HR 450 MG	21	90
FORTAMET	METFORMIN HCL TABLETS ER 24H	42	180
FOSAMAX PLUS D	ALENDRONATE SODIUM/CHOLECALCIFEROL (VITAMIN D3)	4	12
FRAGMIN	DALTEPARIN SODIUM,PORCINE 10,000 UNITS SYRINGE	21	84
FRAGMIN	DALTEPARIN SODIUM,PORCINE 12,500 UNITS SYRINGE	10.5	42
FRAGMIN	DALTEPARIN SODIUM,PORCINE 15,000 UNITS SYRINGE	12.6	50.4
FRAGMIN	DALTEPARIN SODIUM,PORCINE 18,000 UNITS SYRINGE	15.12	60.48
FRAGMIN	DALTEPARIN SODIUM,PORCINE 2,500 UNITS SYRINGE	4.2	16.8
FRAGMIN	DALTEPARIN SODIUM,PORCINE 25,000 UNITS/ML VIAL	39.9	159.6
FRAGMIN	DALTEPARIN SODIUM,PORCINE 5,000 UNITS SYRINGE	4.2	16.8
FRAGMIN	DALTEPARIN SODIUM,PORCINE 7,500 UNITS SYRINGE	6.3	25.2
FROVA	FROVATRIPTAN SUCCINATE 2.5 MG TABLET	8	36
**FULYZAQ	CROFELEMER TAB DELAYED RELEASE 125 MG	60	180
**FUZEON	ENFUVRTIDE FOR INJ 90 MG	60	180
**FUZEON	ENFUVRTIDE FOR INJ KIT 90 MG	1	3
FYCOMPA	PERAMPANEL TABLETS	21	90
**GEL-ONE	CROSS-LINKED HYALURONATE INTRA-ARTICULAR GEL 30 MG/3ML	1 injection	1 injection

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
GIAZO	BALSALAZIDE DISODIUM 1.1 G TABLET	126	540
**GILENYA	FINGOLIMOD HCL 0.5 MG CAPSULE	30	30
**GILOTRIF	AFATINIB DIMALEATE TABLETS	30	30
**GLEEVEC	IMATINIB MESYLATE 100 MG TABLET	90	90
**GLEEVEC	IMATINIB MESYLATE 400 MG TABLET	60	60
GLUCAGEN	GLUCAGON,HUMAN RECOMBINANT 1 MG HYPOKIT	1	2 per 12 months
GLUCAGEN	GLUCAGON,HUMAN RECOMBINANT 1 MG VIAL	1	2 per 12 months
GLUCAGON EMERGENCY KIT	GLUCAGON,HUMAN RECOMBINANT 1 MG EMERGENCY KIT	1	2 per 12 months
GLUMETZA	METFORMIN HCL TABLETS ER 24H	42	180
GLYSET	MIGLITOL TABLETS	63	270
GRALISE	GABAPENTIN 300 MG TABLET ER 24H	21	90
GRALISE	GABAPENTIN 30-DAY STARTER PACK	78 per 12 months	78 per 12 months
GRALISE	GABAPENTIN 600 MG TABLET ER 24H	63	270
**HEPSERA	ADEFOVIR DIPIVOXIL 10 MG TABLET	30	30
**HETLIOZ	TASIMELTEON CAPSULE 20 MG	30	30
HORIZANT	GABAPENTIN ENACARBIL TABLETs	21	90
**HYALGAN	HYALURONATE SODIUM 10 MG/ML SYRINGE	4 injections	4 injections
**HYALGAN	HYALURONATE SODIUM 10 MG/ML VIAL	4 injections	4 injections
**ICLUSIG	PONATINIB HCL TAB 15 MG (BASE EQUIV)	60	60
**ICLUSIG	PONATINIB HCL TAB 45 MG (BASE EQUIV)	30	30
**IMBRUVICA	IBRUTINIB CAP 140 MG	120	120
IMITREX	SUMATRIPTAN NASAL SPRAYS	12 doses (2 packages)	36 doses (6 packages)
IMITREX	SUMATRIPTAN SUCCINATE TABLETS	8	36
IMITREX	SUMATRIPTAN SUCCINATE CARTRIDGES	12 doses (6 packages)	36 doses (18 packages)

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
IMITREX	SUMATRIPTAN SUCCINATE PEN INJECTIONS	12 doses (6 packages)	36 doses (18 packages)
IMITREX	SUMATRIPTAN SUCCINATE 6 MG/0.5 ML VIAL	5 mL (2 packages)	15 ml (6 packages)
**INCIVEK	TELAPREVIR 375 MG TABLET	180	180
**INFERGEN	INTERFERON ALFACON-1 VIALS	12	12
**INLYTA	AXITINIB 1MG TABLET	180	180
**INLYTA	AXITINIB 5MG TABLET	120	120
**INTELENCE	ETRAVIRINE TAB 25 MG	120	360
**INTELENCE	ETRAVIRINE TAB 100 MG	60	180
**INTELENCE	ETRAVIRINE TAB 200 MG	60	180
*INTERMEZZO	ZOLPIDEM TARTRATE SL TABLETS	30	30
INTUNIV	GUANFACINE HCL TABLETS SR 24H	21	90
INVEGA	PALIPERIDONE 1.5 MG TABLET ER 24H	21	90
INVEGA	PALIPERIDONE 3 MG TABLET ER 24H	21	90
INVEGA	PALIPERIDONE 6 MG TABLET ER 24H	42	180
INVEGA	PALIPERIDONE 9 MG TABLET ER 24H	21	90
**INVIRASE	SAQUINAVIR MESYLATE CAP 200 MG	300	900
**INVIRASE	SAQUINAVIR MESYLATE TAB 500 MG	120	360
INVOKANA	CANAGLIFLOZIN TABLETS	21	90
**IRESSA	GEFITINIB 250 MG TABLET	30	30
ISENTRESS	RALTEGRAVIR POTASSIUM TAB 400 MG (BASE EQUIV)	120	360
ISENTRESS	RALTEGRAVIR POTASSIUM CHEW TAB 25 MG (BASE EQUIV)	180	540
ISENTRESS	RALTEGRAVIR POTASSIUM CHEW TAB 100 MG (BASE EQUIV)	180	540
**JAKAFI	RUXOLITINIB PHOSPHATE TABLETS	60	60
JALYN	DUTASTERIDE/TAMSULOSIN HCL 0.5-0.4 MG CAPSULE	21	90

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
JANUMET	SITAGLIPTIN PHOSPHATE/METFORMIN HCL TABLETS	42	180
JANUMET XR	SITAGLIPTIN PHOSPHATE/METFORMIN HCL 100-1,000 MG TABLET	21	90
JANUMET XR	SITAGLIPTIN PHOSPHATE/METFORMIN HCL 50-1,000 MG TABLET	42	180
JANUMET XR	SITAGLIPTIN PHOSPHATE/METFORMIN HCL 50-500 MG TABLET	42	180
JANUVIA	SITAGLIPTIN PHOSPHATE TABLETS	21	90
JENTADUETO	LINAGLIPTIN/METFORMIN HCL TABLETS	42	180
JEVANTIQUE	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL 1 MG-5 MCG TABLET	21	90
JINTELI	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL 1 MG-5 MCG TABLET	21	90
JUVISYNC	SITAGLIPTIN PHOSPHATE/SIMVASTATIN TABLETS	21	90
**JUXTAPID	LOMITAPIDE MESYLATE CAP 10 MG (BASE EQUIV)	30	30
**JUXTAPID	LOMITAPIDE MESYLATE CAP 20 MG (BASE EQUIV)	90	90
**JUXTAPID	LOMITAPIDE MESYLATE CAP 5 MG (BASE EQUIV)	30	30
*KADIAN	MORPHINE SULFATE CAPSULES ER	60	180
KALETRA	LOPINAVIR-RITONAVIR TAB 100-25 MG	90	270
KALETRA	LOPINAVIR-RITONAVIR TAB 200-50 MG	120	360
KALETRA SOL	LOPINAVIR-RITONAVIR SOLN 400-100 MG/5ML (80-20 MG/ML)	2 BOTTLES (TOTAL QTY 300 ML)	6 BOTTLES (TOTAL QTY 900ML)
**KALYDECO	IVACAFTOR 150MG TABLET	60	60
KAPVAY	CLONIDINE HCL TAB SR 12HR 0.1 MG	84	360
KAPVAY	CLONIDINE THERAPY PACK	60 per 12 months	60 per 12 months
KAZANO	ALOGLIPTIN-METFORMIN HCL TABLETS	42	180
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE 10 MG TABLET	20	60
KOMBIGLYZE XR	SAXAGLIPTIN HCL/METFORMIN HCL 2.5-1,000 MG TAB	42	180
KOMBIGLYZE XR	SAXAGLIPTIN HCL/METFORMIN HCL 5-1,000 MG TAB	21	90

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
KOMBIGLYZE XR	SAXAGLIPTIN HCL/METFORMIN HCL 5-500 MG TABLET	21	90
**KORLYM	MIFEPRISTONE TAB 300 MG	120	120
**KYNAMRO	MIPOMERSEN SODIUM INJ SYRINGE	4	4
LAMICTAL ODT	LAMOTRIGINE TABLETS RAPIDIS	42	180
LATUDA	LURASIDONE HCL 20 MG TABLET	21	90
LATUDA	LURASIDONE HCL 60 MG TABLET	21	90
LATUDA	LURASIDONE HCL 40 MG TABLET	21	90
LATUDA	LURASIDONE HCL 80 MG TABLET	42	180
LATUDA	LURASIDONE HCL 120 MG TABLET	21	90
*LAZANDA	FENTANYL CITRATE NASAL SPRAYS	5 BOTTLES (25mL)	15 BOTTLES (75ML)
LESCOL	FLUVASTATIN SODIUM CAPSULES	21	90
LESCOL XL	FLUVASTATIN SODIUM 80 MG TABLET SR 24H	21	90
**LETAIRIS	AMBRISENTAN TABLETS	30	30
**LEUKINE	SARGRAMOSTIM VIALS	10	10
LEVITRA	VARDENAFIL HCL TABLETS	8	24
LEXIVA	FOSAMPRENAVIR CALCIUM TAB 700 MG (BASE EQUIV)	120	360
LEXIVA	FOSAMPRENAVIR CALCIUM SUSP 50 MG/ML (BASE EQUIV)	4 BOTTLES (TOTAL QTY 900 ML)	12 BOTTLES (TOTAL QTY 2700ML)
LINZESS	LINACLOTIDE CAPSULES	21	90
LIPOFEN	FENOFIBRATE 150 MG CAPSULE	21	90
LIPOFEN	FENOFIBRATE 50 MG CAPSULE	42	180
LIPRUZET	EZETIMIBE-ATORVASTATIN TABLETS	21	90
LIVALO	PITAVASTATIN CALCIUM TABLETS	21	90
LOTRONEX	ALOSETRON HYDROCHLORIDE	180 per 12 months	180 per 12 months
LOVAZA	OMEGA-3 ACID ETHYL ESTERS 1 GM CAPSULE	84	360
*LUNESTA	ESZOPICLONE TABLETS	30	30

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
**LUPRON DEPOT	LEUPROLIDE ACETATE 22.5 MG 3MO KIT	1 per 3 months	1 per 3 months
**LUPRON DEPOT	LEUPROLIDE ACETATE 3.75 MG KIT	1	1
**LUPRON DEPOT	LEUPROLIDE ACETATE 4 MONTH KIT	1 per 4 months	1 per 4 months
**LUPRON DEPOT	LEUPROLIDE ACETATE 7.5 MG KIT	1	1
**LUPRON DEPOT	LEUPROLIDE ACETATE 11.25 MG 3MO KIT	1 per 3 months	1 per 3 months
**LUPRON DEPOT-PED	LEUPROLIDE ACETATE 11.25 MG KIT	1	1
**LUPRON DEPOT-PED	LEUPROLIDE ACETATE 11.25MG KIT-3 MONTH	1 kit per 3 months	1 kit per 3 months
**LUPRON DEPOT-PED	LEUPROLIDE ACETATE 15 MG KIT	1	1
**LUPRON DEPOT-PED	LEUPROLIDE ACETATE 30MG KIT-3 MONTH	1 kit per 3 months	1 kit per 3 months
**LUPRON DEPOT-PED	LEUPROLIDE ACETATE 7.5 MG KIT	1	1
LUVOX CR	FLUVOXAMINE MALEATE CAPSULES ER 24H	21	90
*LYRICA	PREGABALIN 100 MG CAPSULE	90	270
*LYRICA	PREGABALIN 150 MG CAPSULE	90	270
*LYRICA	PREGABALIN 200 MG CAPSULE	90	270
*LYRICA	PREGABALIN 225 MG CAPSULE	90	270
*LYRICA	PREGABALIN 25 MG CAPSULE	90	270
*LYRICA	PREGABALIN 300 MG CAPSULE	60	180
*LYRICA	PREGABALIN 50 MG CAPSULE	90	270
*LYRICA	PREGABALIN 75 MG CAPSULE	90	270
LYSTEDA	TRANEXAMIC ACID 650 MG TABLET	30 per 28 days	90 per 84 days
*MARINOL	DRONABINOL CAPSULES	60	60
MAXAIR AUTOHALER	PIRBUTEROL ACETATE 0.2 MG AER	28 gm (1 inhaler)	84 gm (3 inhalers)
MAXALT	RIZATRIPTAN BENZOATE TABLETS	8	36
MAXALT MLT	RIZATRIPTAN BENZOATE TABLETS RAPIDIS	8	36
MEDROXYPROGESTERONE ACETATE	MEDROXYPROGESTERONE ACETATE 150 MG/ML	1 per 3 months	1 per 3 months

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
MEKINIST	TRAMETINIB DIMETHYL SULFOXIDE TAB 0.5 MG (BASE EQUIVALENT)	90	90
MEKINIST	TRAMETINIB DIMETHYL SULFOXIDE TAB 2 MG (BASE EQUIVALENT)	30	30
MENEST	ESTROGENS,ESTERIFIED TABLETS	21	90
*METADATE CD	METHYLPHENIDATE HCL CAPSULES CPMP 30-70	30	90
*METHYLIN	METHYLPHENIDATE HCL TABLETS	30	90
*METHYLIN	METHYLPHENIDATE HCL 5 MG CHEWABLE TABLET	30	90
*METHYLPHENIDATE HCL	METHYLPHENIDATE HCL 18 MG TAB ER 24H	30	90
*METHYLPHENIDATE HCL	METHYLPHENIDATE HCL 27 MG TAB ER 24H	30	90
*METHYLPHENIDATE HCL	METHYLPHENIDATE HCL 36 MG TAB ER 24H	60	180
*METHYLPHENIDATE HCL	METHYLPHENIDATE HCL 54 MG TAB ER 24H	30	90
MICARDIS	TELMISARTAN TABLETS	21	90
MICARDIS HCT	TELMISARTAN/HYDROCHLOROTHIAZIDE 40-12.5 MG TABLET	21	90
MICARDIS HCT	TELMISARTAN/HYDROCHLOROTHIAZIDE 80-12.5 MG TABLET	42	180
MICARDIS HCT	TELMISARTAN/HYDROCHLOROTHIAZIDE 80-25 MG TABLET	21	90
MIGRANAL	DIHYDROERGOTAMINE MESYLATE 0.5MG SPRAY	16 mL (2 packages)	48 ml (6 packages)
MIRAPEX ER	PRAMIPEXOLE DI-HCL TABLETS SR 24H	21	90
*MORPHINE SULFATE	MORPHINE SULFATE TABLETS ER	60	180
*MORPHINE SULFATE	MORPHINE SULFATE TABLETS CR	60	180
**MOZOBIL	PLERIXAFOR 20 MG/ML VIAL	9.6	9.6
*MS CONTIN	MORPHINE SULFATE TABLETS ER	60	180
MULTAQ	DRONEDARONE HYDROCHLORIDE 400 MG TABLET	42	180
MUSE	ALPROSTADIL URETHRAL SUPP	8	24
MYRBETRIQ	MIRABEGRON TABLETS SR 24 HR	21	90

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
NAMENDA	MEMANTINE HCL TABLETs	42	180
NAMENDA	MEMANTINE HCL 10 MG/5 ML SOLUTION	210 ml	900 ml
NAMENDA TITRATION PAK	MEMANTINE HCL TAB 5 MG (28) & 10 MG (21) TITRATION PAK	49 per 12 months (1 pack)	49 per 12 months (1 pack)
NAMENDA XR	MEMANTINE HCL CAPSULES SR 24HR	21	90
NAMENDA XR TITRATION PACK	MEMANTINE HCL CAP SR 24HR 7 MG & 14 MG & 21 MG & 28 MG PACK	28 per 12 months (1 pack)	28 per 12 months (1 pack)
NARATRIPTAN HCL	NARATRIPTAN HCL TABLETS	12	36
NASONEX	MOMETASONE FUROATE 50 MCG NASAL SPRAY	17 gm (1 bottle)	51 gm (3 bottles)
NESINA	ALOGLIPTIN BENZOATE TABLETS 12.5 MG (BASE EQUIV)	21	90
**NEULASTA	PEGFILGRASTIM 6 MG/0.6 ML SYRINGE	0.6	0.6
**NEUPOGEN	FILGRASTIM 300 MCG/0.5 ML SYR	10 syringes	10 syringes
**NEUPOGEN	FILGRASTIM 300 MCG/ML VIAL	10	10
**NEUPOGEN	FILGRASTIM 480 MCG/0.8 ML SYR	10 syringes	10 syringes
**NEUPOGEN	FILGRASTIM 480 MCG/1.6 ML VIAL	10	10
NEUPRO	ROTIGOTINE TD PATCHES 24HR	21	90
**NEXAVAR	SORAFENIB	120	120
NEXIUM	ESOMEPRAZOLE MAG TRIHYDRATE PACKETS	21	90
NEXIUM	ESOMEPRAZOLE MAG TRIHYDRATE CAPSULES	21	90
NIACOR	NIACIN (ANTHYPERLIPIDEMIC) TAB 500 MG	252	1080
NIASPAN	NIACIN 1,000 MG TABLET	42	180
NIASPAN	NIACIN 500 MG TABLET	21	90
NIASPAN	NIACIN 750 MG TABLET	21	90
NORVIR	RITONAVIR CAP 100 MG	252	1080
NORVIR	RITONAVIR TAB 100 MG	252	1080
NORVIR	RITONAVIR ORAL SOLN 80 MG/ML	315ML	1,440ML

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
*NUCYNTA	TAPENTADOL HCL TABLETS	180	540
*NUCYNTA ER	TAPENTADOL HCL SR	60	180
NUDEXTA	DEXTROMETHORPHAN HBR/QUINIDINE SULFATE 20-10 MG CAPSULE	42	180
NUVARING	ETONOGESTREL/ETHINYL ESTRADIOL VAGINAL RING	1	3
*NUVIGIL	ARMODAFINIL 150 MG TABLET	30	90
*NUVIGIL	ARMODAFINIL 250 MG TABLET	30	90
*NUVIGIL	ARMODAFINIL 200 MG TABLET	30	90
*NUVIGIL	ARMODAFINIL 50 MG TABLET	60	180
OLEPTRO ER	TRAZODONE HCL TABLETS SR 24H	21	90
**OLYSIO	SIMEPREVIR SODIUM CAP 150 MG (BASE EQUIVALENT)	30	30
OMNARIS	CICLESONIDE 50 MCG NASAL SPRAY	12.5 gm (1 box)	37.5 gm (3 boxes)
ONGLYZA	SAXAGLIPTIN HCL 2.5 MG TABLETS	21	90
ONMEL	ITRACONAZOLE TAB 200 MG	28	90 per 12 months
*OPANA	OXYMORPHONE HCL TABLETS	360	1080
*OPANA ER	OXYMORPHONE HCL TABLETS SR 12HR	60	180
**OPSUMIT	MACITENTAN TAB 10 MG	30	30
ORACEA	DOXYCYCLINE MONOHYDRATE 40 MG CAPSULE	21	90
*ORAMORPH SR	MORPHINE SULFATE TABLETS ER	60	180
**ORENITRAM	TREPROSTINIL DIOLAMINE TAB CR 0.125 MG (BASE EQUIV)	120	120
**ORENITRAM	TREPROSTINIL DIOLAMINE TAB CR 0.25 MG (BASE EQUIV)	120	120
**ORENITRAM	TREPROSTINIL DIOLAMINE TAB CR 1 MG (BASE EQUIV)	90	90
**ORENITRAM	TREPROSTINIL DIOLAMINE TAB CR 2.5 MG (BASE EQUIV)	150	150
**ORTHOVISC	HYALURONATE SODIUM 15 MG/ML SYRINGE	4 injections	4 injections
OSENI	ALOGLIPTIN-PIOGLITAZONE TABLETS	21	90

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
OSPHENA	OSPEMIFENE TAB 60 MG	21	90
**OTREXUP	METHOTREXATE SOLN PF AUTO-INJECTORS	1.6	1.6
*OXYCODONE HCL-IBUPROFEN	IBUPROFEN/OXYCODONE HCL 5-400 TAB	100	300
*OXYCONTIN	OXYCODONE HCL TABLETS ER 12H	60	180
*OXYMORPHONE HCL	OXYMORPHONE HCL 10 MG TABLET	360	1080
*OXYMORPHONE HCL	OXYMORPHONE HCL 15 MG TABLET ER 12H	60	180
*OXYMORPHONE HCL	OXYMORPHONE HCL 5 MG TABLET	360	1080
*OXYMORPHONE HCL	OXYMORPHONE HCL 7.5 MG TABLET ER 12H	60	180
OXYTROL	OXYBUTYNIN 3.9 MG/24HR PATCH	1 box = 8 patches	3 boxes = 24 patches
PATANASE	OLOPATADINE HCL 0.6% NASAL SPRAY	30.5 gm (1 bottle)	91.5 gm (3 bottles)
**PEGASYS	PEGINTERFERON ALFA-2A 180 MCG/0.5 ML CONV.PK	4 vials	4 vials
**PEGASYS	PEGINTERFERON ALFA-2A 180 MCG/ML VIAL	4 vials	4 vials
**PEGASYS KIT	PEGINTERFERON ALFA-2A 180 MCG/0.5 ML CONV.PK	4 syringes	4 syringes
**PEG-INTRON	PEGINTERFERON ALFA-2B	4	4
**PEG-INTRON	PEGINTERFERON ALFA-2B FOR INJ KITS	4 (vials = 4 kits)	4 (vials = 4 kits)
**PEG-INTRON REDIPEN	PEGINTERFERON ALFA-2B FOR INJ KITS	4 (syringes = 4 kits)	4 (syringes = 4 kits)
**PEG-INTRON REDIPEN PAK 4	PEGINTERFERON ALFA-2B FOR INJ KITS	4 (syringes = 1 kit)	4 (syringes = 1 kit)
PEXEVA	PAROXETINE MESYLATE TABLETS	21	90
**POMALYST	POMALIDOMIDE CAPS	21 per 28 days	21 per 28 days
PRADAXA	DABIGATRAN ETEXILATE MESYLATE CAPSULES	60	180
PRANDIMET	REPAGLINIDE/METFORMIN HCL 1 MG-500 MG TABLET	63	270
PRANDIMET	REPAGLINIDE/METFORMIN HCL 2 MG-500 MG TABLET	105	450
PRANDIN	REPAGLINIDE 0.5 MG TABLET	63	270
PRANDIN	REPAGLINIDE 1 MG TABLET	63	270

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
PRANDIN	REPAGLINIDE 2 MG TABLET	168	720
PREFEST	ESTRADIOL/NORGESTIMATE TABLETS	21	90
PREMPHASE	ESTROGENS,CONJUGATED/MEDROXYPROGESTERONE ACET 0.625-5 MG TABLET	21	90
PREMPRO	ESTROGENS,CONJUGATED/MEDROXYPROGESTERONE ACET TABLETS	21	90
PREVPAC	LANSOPRAZOLE, AMOXICILLIN, CLARITHROMYCIN	112 per 12 months	112 per 12 months
PREZISTA	DARUNAVIR ETHANOLATE TAB 75 MG (BASE EQUIV)	30	90
PREZISTA	DARUNAVIR ETHANOLATE TAB 400 MG (BASE EQUIV)	60	180
PREZISTA	DARUNAVIR ETHANOLATE TAB 600 MG (BASE EQUIV)	60	180
PREZISTA	DARUNAVIR ETHANOLATE TAB 800 MG (BASE EQUIV)	30	90
PREZISTA	DARUNAVIR ETHANOLATE SUSP 100 MG/ML (BASE EQUIV)	2 BOTTLES (TOTAL QTY 400 ML)	6 BOTTLES (TOTAL QTY 1200ML)
PRISTIQ	DESVENLAFAXINE SUCCINATE SR 24H	21	90
PROAIR HFA	ALBUTEROL SULFATE 90 MCG INHALER	17 gm (1 inhaler)	51 gm (3 inhalers)
**PROCRIT	EPOETIN ALFA VIALS	12	36
**PROMACTA	ELTROMBOPAG OLAMINE TABLETS	30	30
PROVENTIL HFA	ALBUTEROL SULFATE 90 MCG INHALER	13.4 gm (1 inhaler)	40.2 gm (3 inhalers)
*PROVIGIL	MODAFINIL TABLETS	30	90
PULMICORT FLEXHALER	BUDESONIDE FLEXHALERS	1 INHALER	3 INHALERS
**PULMOZYME	DORNASE ALFA 1 MG/ML AMPUL	150	150
PYLERA	COLLOIDAL BISMUTH SUBCITRATE/METRONIDAZOLE/TETRACYCLINE HCL CAPSULE	120	120
*QSYMIA	PHENTERMINE HCL-TOPIRAMATE CAP SR 24HR 3.75-23 MG	14 per 365 days	14 per 365 days
*QSYMIA	PHENTERMINE HCL-TOPIRAMATE CAP SR 24HR 7.5-46 MG	30	30
*QSYMIA	PHENTERMINE HCL-TOPIRAMATE CAP SR 24HR 11.25-69 MG	14 per 365 days	14 per 365 days

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
*QSYMIA	PHENTERMINE HCL-TOPIRAMATE CAP SR 24HR 15-92 MG	30	30
QUALAQUIN	QUININE SULFATE CAP 324 MG	42	42
QVAR	BECLOMETHASONE DIPROPIONATE INHALERS	17.4 gm (1 inhaler)	52.2 GM (3 INHALERS)
RANEXA	RANOLAZINE TABLETS	42	180
RAPAFLO	SILODOSIN CAPSULES	21	90
**RAVICTI	GLYCEROL PHENYLBUTYRATE LIQUID 1.1 GM/ML	525 mLs	525 mLs
**REBETOL	RIBAVIRIN 200 MG CAPSULE	210	210
**REBIF	INTERFERON BETA-1A/ALBUMIN HUMAN SYRINGES	12 syringes	12 syringes
**REBIF	INTERFERON BETA-1A/ALBUMIN HUMAN TITRATION PACK	1 pack	1 pack
**RECLAST	ZOLEDRONIC ACID IN MANNITOL & WATER FOR INJECTION 5 MG/100 ML SOLUTION	100 mL per 12 months	100 mL per 12 months
RELENZA	ZANAMIVIR 5 MG DISKHALER	2 per 180 days	2 per 180 days
RELISTOR	METHYLNALTREXONE BROMIDE 12 MG/0.6 ML VIAL	14 vials	42 vials
RELISTOR	METHYLNALTREXONE BROMIDE 8 MG/0.4 ML KIT	2 kits	6 kits
RELISTOR	METHYLNALTREXONE BROMIDE 12 MG/0.6 ML KIT	2 kits	6 kits
RELPAK	ELETRIPTAN HYDROBROMIDE TABLETS	8	36
REQUIP XL	ROPINIROLE HCL TABLETS SR 24HR	42	180
**RESCRIPTOR	DELAVIRDINE MESYLATE TAB 100 MG	360	1080
**RESCRIPTOR	DELAVIRDINE MESYLATE TAB 200 MG	180	540
RESTASIS	CYCLOSPORINE 0.05% EYE EMULSION	60	180
**RETROVIR	ZIDOVUDINE CAP 100 MG	180	540
**RETROVIR	ZIDOVUDINE TAB 300 MG	60	180
**RETROVIR	ZIDOVUDINE SYRUP 10 MG/ML	8 BOTTLES (QTY TOTAL 1920 ML)	24 BOTTLES (TOTAL QTY 5760 ML)
REVATIO	SILDENAFIL CITRATE 20 MG TABLET	63	270

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
REVLIMID	LENALIDOMIDE TABLETS	30	30
RHINOCORT AQUA	BUDESONIDENASAL SPRAYS	8.6 gm (1 BOTTLE)	25.8 GM (3 BOTTLES)
**RIBAPAK	RIBAVIRIN DOSEPACKS	56	56
**RIBASPHERE	RIBAVIRIN 200 MG CAPSULE	210	210
**RIBASPHERE	RIBAVIRIN 200 MG TABLET	210	210
**RIBASPHERE	RIBAVIRIN 400 MG TABLET	84	84
**RIBASPHERE	RIBAVIRIN 600 MG TABLET	56	56
**RIBATAB	RIBAVIRIN DOSEPACKS	56	56
**RIBAVIRIN	RIBAVIRIN 200 MG CAPSULE	210	210
**RIBAVIRIN	RIBAVIRIN 200 MG TABLET	210	210
RIOMET	METFORMIN HCL 500 MG/5 ML SOLUTION	525 ML	2250 ML
ROZEREM	RAMELTEON 8 MG TABLET	21	90
RYBIX ODT	TRAMADOL HCL ORALLY DISINTEGRATING TAB 50 MG	120	
RYZOLT	TRAMADOL HCL TABLETS	21	90
SANCTURA XR	TROSPIUM CHLORIDE 60 MG CAPSULE ER 24H	21	90
SANCUSO	GRANISETRON 3.1 MG/24 HR PATCH	4 patches	12 patches
**SANDOSTATIN LAR	OCTREOTIDE ACETATE KITS	1	1
SAPHRIS	ASENAPINE MALEATE TABLETS SUBLINGUAL	42	180
SAVELLA	MILNACIPRAN HCL TABLETS	42	180
**SELZENTRY	MARAVIROC TAB 150 MG	60	180
**SELZENTRY	MARAVIROC TAB 300 MG	120	360
**SELZENTRY	MARAVIROC TAB 150 MG	60	180
**SELZENTRY	MARAVIROC TAB 300 MG	120	360
SEREVENT DISKUS	SALMETEROL XINAFOATE 50 MCG	1 INHALER	3 INHALERS
**SIGNIFOR	PASIREOTIDE DIASPARTATE INJ (BASE EQUIV)	60	60

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
SILENOR	DOXEPIN HCL TABLETS	21	90
SIMCOR	NIACIN/SIMVASTATIN 1,000-20 MG TABLET TBMP 24HR	42	180
SIMCOR	NIACIN/SIMVASTATIN 1,000-40 MG TABLET TBMP 24HR	21	90
SIMCOR	NIACIN/SIMVASTATIN 500-20 MG TABLET TBMP 24HR	21	90
SIMCOR	NIACIN/SIMVASTATIN 500-40 MG TABLET TBMP 24HR	21	90
SIMCOR	NIACIN/SIMVASTATIN 750-20 MG TABLET TBMP 24HR	42	180
SOLODYN	MINOCYCLINE HCL 1 TABLETS SR 24HR	21	90
**SOVALDI	SOFOSBUVIR TAB 400 MG	30	30
SPIRIVA	TIOTROPIUM BROMIDE 18 MCG CP-HANDIHALER	30 (1 BOX)	90 (3 BOXES)
STALEVO 100	CARBIDOPA/LEVODOPA/ENTACAPONE 100 TABLET	168	720
STALEVO 125	CARBIDOPA/LEVODOPA/ENTACAPONE 125 TABLET	168	720
STALEVO 150	CARBIDOPA/LEVODOPA/ENTACAPONE 150 TABLET	168	720
STALEVO 200	CARBIDOPA/LEVODOPA/ENTACAPONE 200 TABLET	126	540
STALEVO 50	CARBIDOPA/LEVODOPA/ENTACAPONE 50 TABLET	168	720
STALEVO 75	CARBIDOPA/LEVODOPA/ENTACAPONE 75 TABLET	168	720
STAXYN	VARDENAFIL HCL 10 MG ODT	8	24
**STIVARGA	REGORAFENIB TAB 40 MG	120 tabs per 28 days	120 tabs per 28 days
STRATTERA	ATOMOXETINE HCL 10 MG CAPSULE	63	270
STRATTERA	ATOMOXETINE HCL 100 MG CAPSULE	21	90
STRATTERA	ATOMOXETINE HCL 18 MG CAPSULE	42	180
STRATTERA	ATOMOXETINE HCL 25 MG CAPSULE	42	180
STRATTERA	ATOMOXETINE HCL 40 MG CAPSULE	21	90
STRATTERA	ATOMOXETINE HCL 60 MG CAPSULE	21	90
STRATTERA	ATOMOXETINE HCL 80 MG CAPSULE	21	90
**STRIBILD	ELVITEGRAV-COBICIS-EMTRICITAB-TENOFOV TABLETS	30	90

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
*SUBSYS	FENTANYL CITRATE SPRAY	240	720
*SUBSYS	FENTANYL SUBLINGUAL SPRAY	240	720
SUMATRIPTAN SUCCINATE	SUMATRIPTAN SUCCINATE TABLETS	12	36
SUMATRIPTAN SUCCINATE	SUMATRIPTAN SUCCINATE CARTRIDGES	12	36
SUMATRIPTAN SUCCINATE	SUMATRIPTAN SUCCINATE PEN INJECTORS	12	36
SUMATRIPTAN SUCCINATE	SUMATRIPTAN SUCCINATE 6 MG/0.5 ML VIAL	5 mL	15 ml
**SUPARTZ	HYALURONATE SODIUM 10 MG/ML SYRINGE	4 injections	4 injections
**SUSTIVA	EFAVIRENZ CAP 50 MG	90	270
**SUSTIVA	EFAVIRENZ CAP 200 MG	90	270
**SUSTIVA	EFAVIRENZ TAB 600 MG	30	90
**SUTENT	SUNITINIB MALATE CAPSULES	30	30
SYMBICORT	BUDESONIDE/FORMOTEROL FUMARATE INHALERS	10.2 gm (1 inhaler)	30.6 gm (3 inhalers)
SYMBYAX	OLANZAPINE/FLUOXETINE HCL CAPSULES	21	90
SYNALGOS-DC	DIHYDROCODEINE BITARTRATE/ASPIRIN/CAFFEINE CAPSULE	56	168
**SYNVISC	HYLAN G-F 20 SYRINGE	3 injections	3 injections
**TAFINLAR	DABRAFENIB MESYLATE CAPSULES (BASE EQUIVALENT)	120	120
TAMIFLU	OSELTAMIVIR PHOSPHATE GELCAP	10	10
**TARCEVA	ERLOTINIB TABLETS	30	30
**TECFIDERA	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG	14 per 12 months	14 per 12 months
**TECFIDERA	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG	60	60
**TECFIDERA STARTER PACK	DIMETHYL FUMARATE CAPSULE DR STARTER PACK 120 MG & 240 MG	60 per 12 months	60 per 12 months
TEKAMLO	ALISKIREN HEMIFUMARATE/AMLODIPINE BESYLATE TABLETS	21	90
TEKTRNA	ALISKIREN HEMIFUMARATE TABLETS	21	90

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
TEKTURN HCT	ALISKIREN HEMIFUMARATE/HYDROCHLOROTHIAZIDE TABLETS	21	90
TEVETEN	EPROSARTAN MESYLATE TABLETS	21	90
TEVETEN HCT	EPROSARTAN MESYLATE/HYDROCHLOROTHIAZIDE 600-12.5 MG TAB	21	90
TICLOPIDINE HCL	TICLOPIDINE 250 MG TABLET	42	180
**TIVICAY	DOLUTEGRAVIR SODIUM TAB 50 MG (BASE EQUIV)	60	180
TOVIAZ	FESOTERODINE FUMARATE TABLETS SR 24H	21	90
**TRACLEER	BOSENTAN TABLETS	60	60
TRADJENTA	LINAGLIPTIN 5 MG TABLET	21	90
TRANSDERM-SCOP	SCOPOLAMINE HYDROBROMIDE 1.5 MG/72HR	4 patches	12 patches
**TRELSTAR DEPOT	TRIPTORELIN PAMOATE 3.75 MG VIAL	1 vial	1 vial
**TRELSTAR LA	TRIPTORELIN PAMOATE 11.25 MG VIAL	1 vial per 3 months	1 vial per 3 months
**TRELSTAR MIX	TRIPTORELIN PAMOATE 22.5MG	1 per 6 months	1 per 6 months
TREXIMET	SUMATRIPTAN SUCCINATE/NAPROXEN SODIUM 85-500 MG TABLET	9	27
TRIBENZOR	OLMESARTAN MEDOXOMIL/AMLODIPINE BESYLATE/HYDROCHLOROTHIAZIDE TABLETS	21	90
TRICOR	FENOFIBRATE NANOCRYSTALLIZED TABLETS	21	90
TRIGLIDE	FENOFIBRATE NANOCRYSTALLIZED 160 MG TABLET	21	90
TRIGLIDE	FENOFIBRATE NANOCRYSTALLIZED 50 MG TABLET	63	270
TRILIPIX	FENOFIBRIC ACID (CHOLINE) CAPSULES	21	90
**TRIZIVIR	ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE TAB 300-150-300 MG	60	180
TROKENDI XR	TOPIRAMATE CAPSULES SR 24HR	42	180
**TRUVADA	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG	30	90
TWINJECT	EPINEPHRINE 0.15 MG AUTO-INJECTOR	1	1
TWYNSTA	TELMISARTAN/AMLODIPINE BESYLATE TABLETS	21	90

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
TWYNSTA	TELMISARTAN/AMLODIPINE BESYLATE TABLETS	21	90
ULORIC	FEBUXOSTAT TABLETS	21	90
VALTURNA	ALISKIREN/VALSARTAN TABLETS	21	90
VASCEPA	ICOSAPENT ETHYL CAP 1 GM	84	360
**VENTAVIS	ILOPROST SOLUTION	60	60
VENTOLIN HFA	ALBUTEROL SULFATE 90 MCG INHALER	36 gm (2 inhalers)	108 gm (6 inhalers)
VERAMYST	FLUTICASONE FUROATE 27.5 MCG NASAL SPRAY	10 gm (1 bottle)	30 gm (3 bottles)
VESICARE	SOLIFENACIN SUCCINATE TABLETS	21	90
VIAGRA	SILDENAFIL CITRATE TABLETS	8	24
VICTOZA 2-PAK	LIRAGLUTIDE 2-PAK 18 MG/3 ML PEN	2 pens	6 pens
VICTOZA 3-PAK	LIRAGLUTIDE 3-PAK 18 MG/3 ML PEN	3 pens	9 pens
**VICTRELIS	BOCEPREVIR 200 MG CAPSULE	360	360
**VIDEX	DIDANOSINE FOR SOLN	3 BOTTLES (TOTAL QTY 6 GM)	9 BOTTLES (TOTAL QTY 18 GM)
**VIDEX EC	DIDANOSINE DELAYED RELEASE CAPSULES	30	90
VIIBRYD	VILAZODONE HYDROCHLORIDE TABLETS	21	90
VIMOVO	NAPROXEN/ESOMEPRAZOLE MAGNESIUM TABLETS	42	180
VIMPAT	LACOSAMIDE TABLET	42	180
**VIRACEPT	NELFINAVIR MESYLATE TAB 250 MG	300	900
**VIRACEPT	NELFINAVIR MESYLATE TAB 625 MG	120	360
**VIRAMUNE	NEVIRAPINE TAB 200 MG	60	180
**VIRAMUNE	NEVIRAPINE SUSP 50 MG/5ML	5 BOTTLES (TOTAL QTY 1200 ML)	15 BOTTLES (TOTAL QTY 3600 ML)
**VIRAMUNE XR	NEVIRAPINE TAB SR 24HR 100 MG	90	270
**VIRAMUNE XR	NEVIRAPINE TAB SR 24HR 400 MG	30	90
**VIREAD	TENOFOVIR DISOPROXIL FUMARATE TABLETS	30	90

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
**VIREAD	TENOFOVIR DISOPROXIL FUMARATE ORAL POWDER 40 MG/GM	4 BOTTLES (TOTAL QTY 240 GM)	12 BOTTLES (TOTAL QTY 720 GM)
VIVELLE-DOT	ESTRADIOL PATCHES	1 pack	3 packs
**VOTRIENT	PAZOPANIB HCL TAB 200 MG (BASE EQUIV)	120	120
VYTORIN	EZETIMIBE/SIMVASTATIN TABLETS	21	90
*VYVANSE	LISDEXAMFETAMINE DIMESYLATE CAPSULES	30	90
WELCHOL	COLESEVELAM HCL 3.75G PACKET	21	90
WELCHOL	COLESEVELAM HCL 625 MG TABLET	126	540
**XALKORI	CRIZOTINIB TABLETS	60	60
XARELTO	RIVAROXABAN 10 MG TABLET	35 per 12 months	35 per 12 months
XARELTO	RIVAROXABAN 15 MG TABLET	42	180
XARELTO	RIVAROXABAN 20 MG TABLET	21	90
*XARTEMIS	OXYCODONE W/ ACETAMINOPHEN TAB CR 7.5-325 MG	120	360
**XELJANZ	TOFACITINIB CITRATE TAB 5MG	60	60
**XENAZINE	TETRABENAZINE TABLETS	120	120
XENICAL	ORLISTAT 120MG	63	270
XIFAXAN	RIFAXIMIN 200MG TABLET	9 tablets per 12 months	9 tablets per 12 months
XOPENEX HFA	LEVALBUTEROL TARTRATE 45 MCG INHALER	30 gm (2 inhalers)	90 gm (6 inhalers)
**XTANDI	ENZALUTAMIDE CAP 40 MG	120	120
XYREM	SODIUM OXYBATE	540mL (18mL per day)	1620mL (18mL per day)
ZANAFLEX	TIZANIDINE HCL CAPSULES	84	360
**ZAVESCA	MIGLUSTAT 100 MG CAPSULE	90	90
ZEGERID	OMEPRAZOLE/SODIUM BICARBONATE PACKETS	21	90
**ZELBORAF	VEMURAFENIB 240 MG TABLET	240	240
*ZENZEDI	DEXTROAMPHETAMINE SULFATE TAB 2.5 MG	60	180

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY

Brand Name	Generic Name	WellDyneRx Quantity Level Limit Per 21 Days	WellDyneRx Quantity Level Limit Per 90 days
*ZENZEDI	DEXTROAMPHETAMINE SULFATE TAB 5 MG	60	180
*ZENZEDI	DEXTROAMPHETAMINE SULFATE TAB 7.5 MG	60	180
*ZENZEDI	DEXTROAMPHETAMINE SULFATE TAB 10 MG	120	360
**ZERIT	STAVUDINE CAP	60	180
**ZERIT	STAVUDINE FOR ORAL SOLN 1 MG/ML	12 BOTTLES (TOTAL QTY 2400 ML)	36 BOTTLES (TOTAL QTY 7200 ML)
ZETIA	EZETIMIBE 10 MG TABLET	21	90
ZETONNA	CICLESONIDE 37 MCG NASAL SPRAY	6.1 gm (1 bottle)	18.3 gm (3 bottles)
**ZIAGEN	ABACAVIR SULFATE TAB 300 MG (BASE EQUIV)	60	180
**ZIAGEN	ABACAVIR SULFATE SOLN 20 MG/ML (BASE EQUIV)	4 BOTTLES (TOTAL QTY 960 ML)	12 BOTTLES (TOTAL QTY 2880 ML)
*ZOHYDRO ER	HYDROCODONE BITARTRATE CAPSULES SR 12HR	60	180
**ZOLADEX	GOSERELIN ACETATE 10.8 MG IMPLANT SYRINGE	1 per 3 months	1 per 3 months
**ZOLADEX	GOSERELIN ACETATE 3.6 MG IMPLANT SYRINGE	1	1
**ZOLINZA	VORINOSTAT	120	120
ZOMIG	ZOLMITRIPTAN TABLETS	8	36
ZOMIG	ZOLMITRIPTAN SPRAYS	12 nasal spray units (2 boxes)	36 nasal spray units (6boxes)
ZOMIG ZMT	ZOLMITRIPTAN TABLETS RAPIDIS	8	36
ZORVOLEX	DICLOFENAC CAPSULES	63	270
*ZUBSOLV	BUPRENORPHINE HCL-NALOXONE HCL SL TABLETS (BASE EQ)	60	60
ZYFLO CR	ZILEUTON 600 MG TABLET	84	360
**ZYTIGA	ABIRATERONE ACETATE 250 MG TABLET	120	120

*INDICATES A CONTROLLED SUBSTANCE MEDICATION – these quantities indicate a 30-day supply and a 90-day supply

**INDICATES A SPECIALTY MEDICATION – these quantities represent a 30-day supply and a 90-day supply

***INDICATED IMPOTENCE AGENTS – The quantity level limits listed are for ED only, when prescribed for benign prostatic hyperplasia quantities are 21 and 90 for Cialis 2.5MG and 5MG ONLY