

Medications with Quantity Limits

Effective: 1/1/2018

The following table lists medications with managed dose limits. Certain products are subject to managed dose limitations (MDL) based on FDA-approved dosage recommendations and drug manufacturers' package sizes to encourage safe and cost effective use of drug therapies. MDL quantities may vary depending on plan design.

If you require a higher quantity or to request a written copy of the coverage criteria, please contact Health Alliance Medicare Services at 1-800-965-4022 for Illinois and Western Indiana members, 1-877-917-8550 for Iowa members, 1-877-749-3253 for Ohio and Eastern Indiana members and 1-877-750-3350 for Washington members. TTY users, please call 711. Representatives are available 8 a.m. to 8 p.m., Monday through Friday.

This list is subject to change.

Health Alliance Medicare is a Medicare Advantage Organization with a Medicare contract. Enrollment in Health Alliance Medicare depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits and copayments/co-insurance may change on January 1 of each year.

This information is available for free in other languages. Please call our customer service number at 1-877-933-2564 (TTY: 711), 8 a.m. to 8 p.m. daily from October 1 to February 14 and weekdays the rest of the year.

Esta información está disponible sin cargo en otros idiomas. Para obtener información adicional, llamar a nuestro número de servicio al cliente al 1-877-933-2564 (TTY: 711). Nuestro horario es de 8 a.m. a 8 p.m., los 7 días de la semana, 1 de octubre a 14 de febrero, y lunes a viernes el resto del año.

Quantity Limits
HAMP 2018
Effective: 01/01/2018

ACETAMINOPHEN/CODEINE

Acetaminophen/codeine SOLN	Quantity Limit: 4500 ML Per 30 Days
Acetaminophen/codeine TABS 300MG; 15MG, 300MG; 30MG	Quantity Limit: 360 EA Per 30 Days
Acetaminophen/codeine TABS 300MG; 60MG	Quantity Limit: 180 EA Per 30 Days

ACETAMINOPHEN/CODEINE PHOSPHATE

Acetaminophen/codeine Phosphate TABS 300MG; 30MG	Quantity Limit: 360 EA Per 30 Days
Acetaminophen/codeine Phosphate TABS 300MG; 60MG	Quantity Limit: 180 EA Per 30 Days

ALPRAZOLAM

Alprazolam TABS 0.25MG, 0.5MG, 1MG	Quantity Limit: 120 EA Per 30 Days
Alprazolam TABS 2MG	Quantity Limit: 150 EA Per 30 Days

ALPRAZOLAM ER

Alprazolam Er TB24 0.5MG, 1MG	Quantity Limit: 120 EA Per 30 Days
Alprazolam Er TB24 2MG, 3MG	Quantity Limit: 90 EA Per 30 Days

ALPRAZOLAM ODT

Alprazolam Odt TBDP 0.25MG, 0.5MG, 1MG	Quantity Limit: 120 EA Per 30 Days
Alprazolam Odt TBDP 2MG	Quantity Limit: 150 EA Per 30 Days

ALPRAZOLAM XR

Alprazolam Xr TB24 0.5MG, 1MG	Quantity Limit: 120 EA Per 30 Days
Alprazolam Xr TB24 2MG, 3MG	Quantity Limit: 90 EA Per 30 Days

AMITIZA

Amitiza	Quantity Limit: 60 EA Per 30 Days
---------	-----------------------------------

AMPHETAMINE/DEXTROAMPHETAMINE

Amphetamine/dextroamphetamine CP24	Quantity Limit: 120 EA Per 30 Days
Amphetamine/dextroamphetamine TABS	Quantity Limit: 60 EA Per 30 Days

ASPIRIN-CAFFEINE-DIHYDROCODEINE

Aspirin-caffeine-dihydrocodeine	Quantity Limit: 300 EA Per 30 Days
---------------------------------	------------------------------------

BELBUCA

Belbuca	Quantity Limit: 60 EA Per 30 Days
---------	-----------------------------------

BUPRENORPHINE HCL

Buprenorphine Hcl SUBL	Quantity Limit: 90 EA Per 30 Days
------------------------	-----------------------------------

BUPRENORPHINE HCL/NALOXONE HCL

Buprenorphine Hcl/naloxone Hcl	Quantity Limit: 90 EA Per 30 Days
--------------------------------	-----------------------------------

BUTORPHANOL TARTRATE

Butorphanol Tartrate NASAL SOLN	Quantity Limit: 5 ML Per 28 Days
---------------------------------	----------------------------------

CHLORDIAZEPOXIDE HCL

Chlordiazepoxide Hcl	Quantity Limit: 120 EA Per 30 Days
----------------------	------------------------------------

CITALOPRAM HYDROBROMIDE

Citalopram Hydrobromide SOLN	Quantity Limit: 600 ML Per 30 Days
Citalopram Hydrobromide TABS	Quantity Limit: 30 EA Per 30 Days

CLORAZEPATE DIPOTASSIUM

Clorazepate Dipotassium TABS 15MG	Quantity Limit: 180 EA Per 30 Days
Clorazepate Dipotassium TABS 3.75MG	Quantity Limit: 720 EA Per 30 Days
Clorazepate Dipotassium TABS 7.5MG	Quantity Limit: 360 EA Per 30 Days

CODEINE SULFATE

Codeine Sulfate TABS	Quantity Limit: 180 EA Per 30 Days
----------------------	------------------------------------

CYSTARAN

Cystaran	Quantity Limit: 60 ML Per 28 Days
----------	-----------------------------------

DESVENLAFAXINE ER

Desvenlafaxine Er	Quantity Limit: 30 EA Per 30 Days
-------------------	-----------------------------------

DEXEDRINE

Dexedrine TABS	Quantity Limit: 180 EA Per 30 Days
----------------	------------------------------------

DEXMETHYLPHENIDATE HCL

Dexmethylphenidate Hcl	Quantity Limit: 60 EA Per 30 Days
------------------------	-----------------------------------

DEXMETHYLPHENIDATE HCL ER

Dexmethylphenidate Hcl Er	Quantity Limit: 30 EA Per 30 Days
---------------------------	-----------------------------------

DEXTROAMPHETAMINE SULFATE

Dextroamphetamine Sulfate TABS	Quantity Limit: 180 EA Per 30 Days
--------------------------------	------------------------------------

DEXTROAMPHETAMINE SULFATE ER

Dextroamphetamine Sulfate Er	Quantity Limit: 180 EA Per 30 Days
------------------------------	------------------------------------

DIAZEPAM

Diazepam TABS	Quantity Limit: 120 EA Per 30 Days
---------------	------------------------------------

DIHYDROERGOTAMINE MESYLATE

Dihydroergotamine Mesylate SOLN	Quantity Limit: 8 ML Per 23 Days
---------------------------------	----------------------------------

DRONABINOL

Dronabinol CAPS 10MG	Quantity Limit: 60 EA Per 30 Days
Dronabinol CAPS 2.5MG, 5MG	Quantity Limit: 90 EA Per 30 Days

DULOXETINE HCL

Duloxetine Hcl CPEP 20MG, 30MG	Quantity Limit: 30 EA Per 30 Days
Duloxetine Hcl CPEP 40MG	Quantity Limit: 90 EA Per 30 Days
Duloxetine Hcl CPEP 60MG	Quantity Limit: 60 EA Per 30 Days

ELIQUIS

Eliquis TABS 2.5MG	Quantity Limit: 60 EA Per 30 Days
Eliquis TABS 5MG	Quantity Limit: 90 EA Per 30 Days

EMSAM

Emsam	Quantity Limit: 30 EA Per 30 Days
-------	-----------------------------------

ENDOCET

Endocet TABS 325MG; 10MG, 325MG; 2.5MG, 325MG; 5MG, 325MG; 7.5MG	Quantity Limit: 240 EA Per 30 Days
--	------------------------------------

ENDODAN

Endodan TABS 325MG; 4.835MG	Quantity Limit: 240 EA Per 30 Days
-----------------------------	------------------------------------

ENOXAPARIN SODIUM

Enoxaparin Sodium	Quantity Limit: 30 ML Per 90 Days
-------------------	-----------------------------------

ESCITALOPRAM OXALATE

Escitalopram Oxalate SOLN	Quantity Limit: 600 ML Per 30 Days
Escitalopram Oxalate TABS	Quantity Limit: 30 EA Per 30 Days

ESTAZOLAM

Estazolam	Quantity Limit: 30 EA Per 30 Days
-----------	-----------------------------------

FENTANYL

Fentanyl PT72 100MCG/HR	Quantity Limit: 20 EA Per 30 Days
Fentanyl PT72 12MCG/HR, 25MCG/HR, 37.5MCG/HR, 50MCG/HR, 62.5MCG/HR, 75MCG/HR, 87.5MCG/HR	Quantity Limit: 10 EA Per 30 Days

FENTANYL CITRATE ORAL TRANSMUCOSAL

Fentanyl Citrate Oral Transmucosal	Quantity Limit: 120 EA Per 30 Days
------------------------------------	------------------------------------

FLURAZEPAM HCL

Flurazepam Hcl	Quantity Limit: 30 EA Per 30 Days
----------------	-----------------------------------

HUMALOG

Humalog	Quantity Limit: 60 ML Per 30 Days
---------	-----------------------------------

HUMALOG KWIKPEN

Humalog Kwikpen	Quantity Limit: 60 ML Per 30 Days
-----------------	-----------------------------------

HUMALOG MIX 50/50

Humalog MIX 50/50	Quantity Limit: 60 ML Per 30 Days
-------------------	-----------------------------------

HUMALOG MIX 50/50 KWIKPEN

Humalog MIX 50/50 Kwikpen	Quantity Limit: 60 ML Per 30 Days
---------------------------	-----------------------------------

HUMALOG MIX 75/25

Humalog MIX 75/25	Quantity Limit: 60 ML Per 30 Days
-------------------	-----------------------------------

HUMALOG MIX 75/25 KWIKPEN

Humalog MIX 75/25 Kwikpen	Quantity Limit: 60 ML Per 30 Days
---------------------------	-----------------------------------

HUMULIN 70/30

Humulin 70/30	Quantity Limit: 60 ML Per 30 Days
---------------	-----------------------------------

HUMULIN 70/30 KWIKPEN

Humulin 70/30 Kwikpen	Quantity Limit: 60 ML Per 30 Days
-----------------------	-----------------------------------

HUMULIN N

Humulin N	Quantity Limit: 60 ML Per 30 Days
-----------	-----------------------------------

HUMULIN N KWIKPEN

Humulin N Kwikpen	Quantity Limit: 60 ML Per 30 Days
-------------------	-----------------------------------

HUMULIN R

Humulin R	Quantity Limit: 60 ML Per 30 Days
-----------	-----------------------------------

HUMULIN R U-500 (CONCENTRATED)

Humulin R U-500 (concentrated)	Quantity Limit: 60 ML Per 30 Days
--------------------------------	-----------------------------------

HUMULIN R U-500 KWIKPEN

Humulin R U-500 Kwikpen	Quantity Limit: 60 ML Per 30 Days
-------------------------	-----------------------------------

HYDROCODONE BITARTRATE/ACETAMINOPHEN

Hydrocodone Bitartrate/acetaminophen SOLN	Quantity Limit: 2700 ML Per 30 Days
---	-------------------------------------

Hydrocodone Bitartrate/acetaminophen TABS 300MG; 10MG, 300MG; 5MG, 300MG; 7.5MG, 325MG; 2.5MG	Quantity Limit: 240 EA Per 30 Days
---	------------------------------------

HYDROCODONE/ACETAMINOPHEN

Hydrocodone/acetaminophen SOLN	Quantity Limit: 2700 ML Per 30 Days
--------------------------------	-------------------------------------

Hydrocodone/acetaminophen TABS 325MG; 10MG, 325MG; 5MG, 325MG; 7.5MG	Quantity Limit: 240 EA Per 30 Days
---	------------------------------------

HYDROCODONE/IBUPROFEN

Hydrocodone/ibuprofen	Quantity Limit: 150 EA Per 30 Days
-----------------------	------------------------------------

HYDROMORPHONE HCL

Hydromorphone Hcl LIQD	Quantity Limit: 1200 ML Per 30 Days
Hydromorphone Hcl TABS 2MG, 4MG	Quantity Limit: 180 EA Per 30 Days
Hydromorphone Hcl TABS 8MG	Quantity Limit: 120 EA Per 30 Days

IBUDONE

Ibudone TABS 5MG; 200MG	Quantity Limit: 150 EA Per 30 Days
-------------------------	------------------------------------

INVOKAMET

Invokamet	Quantity Limit: 60 EA Per 30 Days
-----------	-----------------------------------

INVOKAMET XR

Invokamet Xr	Quantity Limit: 60 EA Per 30 Days
--------------	-----------------------------------

INVOKANA

Invokana	Quantity Limit: 30 EA Per 30 Days
----------	-----------------------------------

IRENKA

Irenka	Quantity Limit: 90 EA Per 30 Days
--------	-----------------------------------

JAKAFI

Jakafi	Quantity Limit: 60 EA Per 30 Days
--------	-----------------------------------

JENTADUETO

Jentaduetto	Quantity Limit: 60 EA Per 30 Days
-------------	-----------------------------------

JENTADUETO XR

Jentaduetto Xr TB24 2.5MG; 1000MG	Quantity Limit: 60 EA Per 30 Days
-----------------------------------	-----------------------------------

Jentaduetto Xr TB24 5MG; 1000MG	Quantity Limit: 30 EA Per 30 Days
KAZANO	
Kazano	Quantity Limit: 60 EA Per 30 Days
LANTUS	
Lantus	Quantity Limit: 60 ML Per 30 Days
LANTUS SOLOSTAR	
Lantus Solostar	Quantity Limit: 60 ML Per 30 Days
LEVEMIR	
Levemir	Quantity Limit: 60 ML Per 30 Days
LEVEMIR FLEXTOUCH	
Levemir Flextouch	Quantity Limit: 90 ML Per 30 Days
LEVORPHANOL TARTRATE	
Levorphanol Tartrate TABS	Quantity Limit: 180 EA Per 30 Days
LINEZOLID	
Linezolid TABS	Quantity Limit: 56 EA Per 28 Days
LORAZEPAM	
Lorazepam TABS 0.5MG	Quantity Limit: 120 EA Per 30 Days
Lorazepam TABS 1MG	Quantity Limit: 90 EA Per 30 Days
Lorazepam TABS 2MG	Quantity Limit: 150 EA Per 30 Days
LORCET	
Lorcet	Quantity Limit: 240 EA Per 30 Days

LORCET HD

Lorcet Hd	Quantity Limit: 240 EA Per 30 Days
-----------	------------------------------------

LORCET PLUS

Lorcet Plus TABS 325MG; 7.5MG	Quantity Limit: 240 EA Per 30 Days
-------------------------------	------------------------------------

LORTAB

Lortab TABS 325MG; 10MG, 325MG; 5MG, 325MG; 7.5MG	Quantity Limit: 240 EA Per 30 Days
---	------------------------------------

METADATE ER

Metadate Er TBCR 20MG	Quantity Limit: 90 EA Per 30 Days
-----------------------	-----------------------------------

METHADONE HCL

Methadone Hcl CONC	Quantity Limit: 1800 ML Per 30 Days
Methadone Hcl SOLN	Quantity Limit: 1800 ML Per 30 Days
Methadone Hcl TABS	Quantity Limit: 360 EA Per 30 Days

METHADONE HCL INTENSOL

Methadone Hcl Intensol	Quantity Limit: 1800 ML Per 30 Days
------------------------	-------------------------------------

METHYLPHENIDATE HCL

Methylphenidate Hcl CHEW 10MG	Quantity Limit: 180 EA Per 30 Days
Methylphenidate Hcl CHEW 2.5MG, 5MG	Quantity Limit: 90 EA Per 30 Days
Methylphenidate Hcl TABS	Quantity Limit: 90 EA Per 30 Days

METHYLPHENIDATE HCL CD

Methylphenidate Hcl CD	Quantity Limit: 30 EA Per 30 Days
------------------------	-----------------------------------

METHYLPHENIDATE HCL ER

Methylphenidate Hcl Er CP24	Quantity Limit: 30 EA Per 30 Days
-----------------------------	-----------------------------------

Methylphenidate Hcl Er CPR	Quantity Limit: 30 EA Per 30 Days
Methylphenidate Hcl Er TB24	Quantity Limit: 30 EA Per 30 Days
Methylphenidate Hcl Er TBCR 10MG, 18MG, 20MG	Quantity Limit: 90 EA Per 30 Days

METHYLPHENIDATE HCL SR

Methylphenidate Hcl Sr	Quantity Limit: 90 EA Per 30 Days
------------------------	-----------------------------------

METHYLPHENIDATE HYDROCHLORIDE

Methylphenidate Hydrochloride	Quantity Limit: 900 ML Per 30 Days
-------------------------------	------------------------------------

MORPHINE SULFATE

Morphine Sulfate SOLN 100MG/5ML	Quantity Limit: 200 ML Per 30 Days
Morphine Sulfate SOLN 10MG/5ML	Quantity Limit: 700 ML Per 30 Days
Morphine Sulfate SOLN 20MG/5ML	Quantity Limit: 300 ML Per 30 Days
Morphine Sulfate TABS	Quantity Limit: 180 EA Per 30 Days

MORPHINE SULFATE ER

Morphine Sulfate Er CP24 100MG, 10MG, 20MG, 30MG, 50MG, 60MG, 80MG	Quantity Limit: 60 EA Per 30 Days
Morphine Sulfate Er TBCR	Quantity Limit: 120 EA Per 30 Days

NARATRIPTAN HCL

Naratriptan Hcl	Quantity Limit: 18 EA Per 30 Days
-----------------	-----------------------------------

NESINA

Nesina	Quantity Limit: 30 EA Per 30 Days
--------	-----------------------------------

NICOTROL INHALER

Nicotrol Inhaler	Quantity Limit: 480 EA Per 30 Days
------------------	------------------------------------

NICOTROL NS

Nicotrol Ns	Quantity Limit: 720 ML Per 365 Days
-------------	-------------------------------------

NUPLAZID

Nuplazid	Quantity Limit: 60 EA Per 30 Days
----------	-----------------------------------

OCALIVA

Ocaliva	Quantity Limit: 30 EA Per 30 Days
---------	-----------------------------------

OFEV

Ofev	Quantity Limit: 60 EA Per 30 Days
------	-----------------------------------

OSENI

Oseni	Quantity Limit: 30 EA Per 30 Days
-------	-----------------------------------

OXANDROLONE

Oxandrolone TABS 10MG	Quantity Limit: 60 EA Per 30 Days
Oxandrolone TABS 2.5MG	Quantity Limit: 240 EA Per 30 Days

OXAZEPAM

Oxazepam	Quantity Limit: 120 EA Per 30 Days
----------	------------------------------------

OXYCODONE HCL

Oxycodone Hcl CAPS	Quantity Limit: 180 EA Per 30 Days
Oxycodone Hcl CONC	Quantity Limit: 180 ML Per 30 Days
Oxycodone Hcl SOLN	Quantity Limit: 1300 ML Per 30 Days
Oxycodone Hcl TABS	Quantity Limit: 180 EA Per 30 Days

OXYCODONE HCL ER

Oxycodone Hcl Er T12A	Quantity Limit: 60 EA Per 30 Days
-----------------------	-----------------------------------

OXYCODONE/ACETAMINOPHEN

Oxycodone/acetaminophen SOLN	Quantity Limit: 1800 ML Per 30 Days
Oxycodone/acetaminophen TABS 325MG; 10MG, 325MG; 2.5MG, 325MG; 5MG, 325MG; 7.5MG	Quantity Limit: 240 EA Per 30 Days

OXYCODONE/ASPIRIN

Oxycodone/aspirin TABS 325MG; 4.835MG	Quantity Limit: 240 EA Per 30 Days
---------------------------------------	------------------------------------

OXYCODONE/IBUPROFEN

Oxycodone/ibuprofen	Quantity Limit: 30 EA Per 30 Days
---------------------	-----------------------------------

OXYMORPHONE HYDROCHLORIDE

Oxymorphone Hydrochloride	Quantity Limit: 180 EA Per 30 Days
---------------------------	------------------------------------

OXYMORPHONE HYDROCHLORIDE ER

Oxymorphone Hydrochloride Er TB12 10MG, 15MG, 20MG, 5MG, 7.5MG	Quantity Limit: 60 EA Per 30 Days
Oxymorphone Hydrochloride Er TB12 30MG, 40MG	Quantity Limit: 120 EA Per 30 Days

POMALYST

Pomalyst	Quantity Limit: 21 EA Per 28 Days
----------	-----------------------------------

PRALUENT

Praluent	Quantity Limit: 2 ML Per 28 Days
----------	----------------------------------

RELENZA DISKHALER

Relenza Diskhaler	Quantity Limit: 56 EA Per 180 Days
-------------------	------------------------------------

RELISTOR

Relistor TABS	Quantity Limit: 90 EA Per 30 Days
---------------	-----------------------------------

REPATHA

Repatha	Quantity Limit: 3 ML Per 28 Days
---------	----------------------------------

REPATHA PUSHTRONEX SYSTEM

Repatha Pushtronex System	Quantity Limit: 3.50 ML Per 28 Days
---------------------------	-------------------------------------

REPATHA SURECLICK

Repatha Sureclick	Quantity Limit: 3 ML Per 28 Days
-------------------	----------------------------------

REPREXAIN

Reprexain TABS 10MG; 200MG, 5MG; 200MG	Quantity Limit: 150 EA Per 30 Days
--	------------------------------------

RIZATRIPTAN BENZOATE

Rizatriptan Benzoate	Quantity Limit: 18 EA Per 30 Days
----------------------	-----------------------------------

RIZATRIPTAN BENZOATE ODT

Rizatriptan Benzoate Odt	Quantity Limit: 18 EA Per 30 Days
--------------------------	-----------------------------------

ROXICET

Roxicet SOLN	Quantity Limit: 1800 ML Per 30 Days
Roxicet TABS	Quantity Limit: 240 EA Per 30 Days

ROZEREM

Rozerem	Quantity Limit: 30 EA Per 30 Days
---------	-----------------------------------

SIVEXTRO

Sivextro	Quantity Limit: 6 EA Per 30 Days
----------	----------------------------------

SUMATRIPTAN

Sumatriptan SOLN 20MG/ACT	Quantity Limit: 12 EA Per 30 Days
Sumatriptan SOLN 5MG/ACT	Quantity Limit: 18 EA Per 30 Days

SUMATRIPTAN SUCCINATE

Sumatriptan Succinate INJ	Quantity Limit: 4 ML Per 30 Days
Sumatriptan Succinate INJ 6MG/0.5ML	Quantity Limit: 6 ML Per 30 Days
Sumatriptan Succinate TABS	Quantity Limit: 9 EA Per 30 Days

SUMATRIPTAN SUCCINATE REFILL

Sumatriptan Succinate Refill	Quantity Limit: 4 ML Per 30 Days
------------------------------	----------------------------------

TECFIDERA

Tecfidera	Quantity Limit: 60 EA Per 30 Days
-----------	-----------------------------------

TEMAZEPAM

Temazepam	Quantity Limit: 30 EA Per 30 Days
-----------	-----------------------------------

TOUJEO SOLOSTAR

Toujeo Solostar	Quantity Limit: 27 ML Per 30 Days
-----------------	-----------------------------------

TRADJENTA

Tradjenta	Quantity Limit: 30 EA Per 30 Days
-----------	-----------------------------------

TRAMADOL HCL

Tramadol Hcl TABS	Quantity Limit: 240 EA Per 30 Days
-------------------	------------------------------------

TRAMADOL HCL ER

Tramadol Hcl Er CP24	Quantity Limit: 60 EA Per 30 Days
----------------------	-----------------------------------

Tramadol Hcl Er TB24	Quantity Limit: 30 EA Per 30 Days
----------------------	-----------------------------------

TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN

Tramadol Hydrochloride/acetaminophen	Quantity Limit: 240 EA Per 30 Days
--------------------------------------	------------------------------------

TRESIBA FLEXTOUCH

Tresiba Flextouch	Quantity Limit: 54 ML Per 30 Days
-------------------	-----------------------------------

TRIAZOLAM

Triazolam	Quantity Limit: 30 EA Per 30 Days
-----------	-----------------------------------

UPTRAVI

Uptravi TABS	Quantity Limit: 60 EA Per 30 Days
--------------	-----------------------------------

Uptravi TBPK	Quantity Limit: 400 EA Per 365 Days
--------------	-------------------------------------

VERDROCET

Verdrocet	Quantity Limit: 240 EA Per 30 Days
-----------	------------------------------------

VICODIN

Vicodin TABS 300MG; 5MG	Quantity Limit: 240 EA Per 30 Days
-------------------------	------------------------------------

VICODIN ES

Vicodin Es TABS 300MG; 7.5MG	Quantity Limit: 240 EA Per 30 Days
------------------------------	------------------------------------

VICODIN HP

Vicodin Hp TABS 300MG; 10MG	Quantity Limit: 240 EA Per 30 Days
-----------------------------	------------------------------------

VIIBRYD

Viibryd TABS	Quantity Limit: 30 EA Per 30 Days
--------------	-----------------------------------

VIIBRYD STARTER PACK

Viibryd Starter Pack	Quantity Limit: 60 EA Per 365 Days
----------------------	------------------------------------

VRAYLAR

Vraylar CAPS	Quantity Limit: 30 EA Per 30 Days
--------------	-----------------------------------

Vraylar CPPK	Quantity Limit: 14 EA Per 365 Days
--------------	------------------------------------

XURIDEN

Xuriden	Quantity Limit: 120 EA Per 30 Days
---------	------------------------------------

XYLON

Xylon	Quantity Limit: 150 EA Per 30 Days
-------	------------------------------------

ZAMICET

Zamicet	Quantity Limit: 2700 ML Per 30 Days
---------	-------------------------------------

ZENZEDI

Zenedi TABS 10MG, 5MG	Quantity Limit: 180 EA Per 30 Days
-----------------------	------------------------------------

ZOLMITRIPTAN

Zolmitriptan TABS	Quantity Limit: 9 EA Per 30 Days
-------------------	----------------------------------

ZOLMITRIPTAN ODT

Zolmitriptan Odt	Quantity Limit: 9 EA Per 30 Days
------------------	----------------------------------

ZOLPIDEM TARTRATE

Zolpidem Tartrate TABS	Quantity Limit: 90 EA Per 180 Days
------------------------	------------------------------------

INDEX

A

Acetaminophen/codeine	1
Acetaminophen/codeine Phosphate.....	1
Alprazolam	1
Alprazolam Er	1
Alprazolam Odt.....	1
Alprazolam Xr.....	1
Amitiza	1
Amphetamine/dextroamphetamine	2
Aspirin-caffeine-dihydrocodeine	2

B

Belbuca.....	2
Buprenorphine Hcl	2
Buprenorphine Hcl/naloxone Hcl.....	2
Butorphanol Tartrate	2

C

Chlordiazepoxide Hcl.....	2
Citalopram Hydrobromide	2
Clorazepate Dipotassium.....	2
Codeine Sulfate	3
Cystaran.....	3

D

Desvenlafaxine Er	3
Dexedrine	3
Dexmethylphenidate Hcl.....	3
Dexmethylphenidate Hcl Er.....	3
Dextroamphetamine Sulfate.....	3
Dextroamphetamine Sulfate Er	3
Diazepam.....	3
Dihydroergotamine Mesylate.....	3
Dronabinol.....	4
Duloxetine Hcl	4

E

Eliquis.....	4
Emsam.....	4
Endocet.....	4
Endodan.....	4
Enoxaparin Sodium.....	4
Escitalopram Oxalate	4
Estazolam	5

F

Fentanyl.....	5
Fentanyl Citrate Oral Transmucosal	5
Flurazepam Hcl.....	5

H

Humalog.....	5
Humalog Kwikpen	5
Humalog MIX 50/50.....	5
Humalog MIX 50/50 Kwikpen	5
Humalog MIX 75/25.....	5
Humalog MIX 75/25 Kwikpen	5
Humulin 70/30	6
Humulin 70/30 Kwikpen.....	6
Humulin N	6
Humulin N Kwikpen.....	6
Humulin R.....	6
Humulin R U-500 (concentrated)	6
Humulin R U-500 Kwikpen.....	6
Hydrocodone Bitartrate/acetaminophen	6
Hydrocodone/acetaminophen	6
Hydrocodone/ibuprofen	7
Hydromorphone Hcl	7

I

Ibudone	7
Invokamet	7
Invokamet Xr	7
Invokana.....	7
Irenka	7

J

Jakafi.....	7
Jentadueto	7
Jentadueto Xr	7, 8

K

Kazano	8
--------------	---

L

Lantus.....	8
Lantus Solostar.....	8
Levemir	8
Levemir Flextouch.....	8

Levorphanol Tartrate.....	8
Linezolid.....	8
Lorazepam.....	8
Lorcet.....	8
Lorcet Hd.....	9
Lorcet Plus.....	9
Lortab.....	9

M

Metadate Er.....	9
Methadone Hcl.....	9
Methadone Hcl Intensol.....	9
Methylphenidate Hcl.....	9
Methylphenidate Hcl CD.....	9
Methylphenidate Hcl Er.....	9, 10
Methylphenidate Hcl Sr.....	10
Methylphenidate Hydrochloride.....	10
Morphine Sulfate.....	10
Morphine Sulfate Er.....	10

N

Naratriptan Hcl.....	10
Nesina.....	10
Nicotrol Inhaler.....	10
Nicotrol Ns.....	11
Nuplazid.....	11

O

Ocaliva.....	11
Ofev.....	11
Oseni.....	11
Oxandrolone.....	11
Oxazepam.....	11
Oxycodone Hcl.....	11
Oxycodone Hcl Er.....	11
Oxycodone/acetaminophen.....	12
Oxycodone/aspirin.....	12
Oxycodone/ibuprofen.....	12
Oxymorphone Hydrochloride.....	12
Oxymorphone Hydrochloride Er.....	12

P

Pomalyst.....	12
Praluent.....	12

R

Relenza Diskhaler.....	12
Relistor.....	12
Repatha.....	13

Repatha Pushttronex System.....	13
Repatha Sureclick.....	13
Reprexain.....	13
Rizatriptan Benzoate.....	13
Rizatriptan Benzoate Odt.....	13
Roxicet.....	13
Rozerem.....	13

S

Sivextro.....	13
Sumatriptan.....	13
Sumatriptan Succinate.....	14
Sumatriptan Succinate Refill.....	14

T

Tecfidera.....	14
Temazepam.....	14
Toujeo Solostar.....	14
Tradjenta.....	14
Tramadol Hcl.....	14
Tramadol Hcl Er.....	14
Tramadol Hydrochloride/acetaminophen.....	14
Tresiba Flextouch.....	15
Triazolam.....	15

U

Uptravi.....	15
--------------	----

V

Verdrocet.....	15
Vicodin.....	15
Vicodin Es.....	15
Vicodin Hp.....	15
Viibryd.....	15
Viibryd Starter Pack.....	15
Vraylar.....	15

X

Xuriden.....	16
Xylon.....	16

Z

Zamicet.....	16
Zenedi.....	16
Zolmitriptan.....	16
Zolmitriptan Odt.....	16
Zolpidem Tartrate.....	16

DISCRIMINATION IS AGAINST THE LAW

Health Alliance complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Health Alliance does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. Health Alliance:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service.

If you believe that Health Alliance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Health Alliance Medicare, Member Services, 301 S. Vine Street, Urbana, IL 61801 or 316 Fifth Street, Wenatchee, WA 98801, telephone for members in Illinois, Indiana, Iowa and Ohio: 1-800-965-4022; telephone for members in Washington: 1-877-750-3350 TTY: 711, fax: 217-337-3425, MemberServices@healthalliance.org. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Member Services is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, TTY: 1-800-537-7697.

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. IA, IL, IN, OH: Llame 1-800-965-4022, WA Llame: 1-877-750-3350 (TTY: 711).

注意: 如果你講中文, 語言協助服務, 免費的, 都可以給你。IA, IL, IN, OH: 呼叫 1-800-965-4022, WA: 呼叫 1-877-750-3350 (TTY: 711)。

UWAGA: Jeśli mówić Polskie, usługi pomocy języka, bezpłatnie, są dostępne dla Ciebie. IA, IL, IN, OH: Zadzwoń 1-800-965-4022, WA: Zadzwoń 1-877-750-3350 (TTY: 711).

Chú ý: Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. IA, IL, IN, OH: Gọi 1-800-965-4022, WA: Gọi 1-877-750-3350 (TTY: 711).

주의: 당신이 한국어, 무료 언어 지원 서비스를 말하는 경우 사용할 수 있습니다. 1-800-965-4022 IA, IL, IN, OH: 전화 WA: 1-877-750-3350 전화 (TTY: 711).

ВНИМАНИЕ: Если вы говорите русский, вставки услуги языковой помощи, бесплатно, доступны для вас. IA, IL, IN, OH: Вызов 1-800-965-4022, WA: Вызов 1-877-750-3350 (TTY: 711).

Pansin: Kung magsalita ka Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. IA, IL, IN, OH: Tumawag 1-800-965-4022, WA: Tumawag 1-877-750-3350 (TTY: 711).

انتباه: إذا كنت تتكلم العربية، فإن خدمات المساعدة اللغوية متوفرة لك مجاناً. إيلينوي، إنديانا، أو هاواي: اتصل بالرقم 1-800-965-4022، ولاية واشنطن: اتصل بالرقم: 1-877-750-3350 (إذا كنت تعاني من الصمم أو صعوبة في السمع فاتصل على الرقم 711)

Aufmerksamkeit: Wenn Sie Deutsch sprechen, Sprachassistentendienste sind kostenlos, zur Verfügung. IA, IL, IN, OH: Anruf 1-800-965-4022, WA: Anruf 1-877-750-3350 (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. IA, IL, IN, OH: Appelez 1-800-965-4022, WA: Appelez 1-877-750-3350 (TTY: 711).

ધ્યાન: તમે વાત તો ગુજરાતી, ભાષા સહાય સેવાઓ, મફત, તમારા માટે ઉપલબ્ધ છે. IA, IL, IN, OH: કોલ 1-800-965-4022, WA: કોલ 1-877-750-3350 (TTY: 711).

注意: あなたは、日本語、無料で言語支援サービスを、話す場合は、あなたに利用可能です。1-800-965-4022 IA, IL, IN, OH: コール 1-877-750-3350 WA: コール (TTY: 711)。

LET OP: Als je spreekt pennsylvania nederlandse, taalkundige bijstand diensten, gratis voor u beschikbaar zijn. IA, IL, IN, OH: Bel 1-800-965-4022, WA: Bel 1-877-750-3350 (TTY: 711).

УВАГА: Якщо ви говорите український, вставки послуги мовної допомоги, безкоштовно, доступні для вас. IA, IL, IN, OH: Виклик 1-800-965-4022, WA: Виклик 1-877-750-3350 (TTY: 711).

ATTENZIONE: Se si parla italiano, servizi di assistenza linguistica, a titolo gratuito, sono a vostra disposizione. IA, IL, IN, OH: Chiamare 1-800-965-4022, WA: Chiamare 1-877-750-3350 (TTY: 711).