



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
ABEMACICLIB (Verzenio) TABLET	Minimum age = 18 Maximum of 2 tablets per day
ACALABRUTINIB (Calquence) CAPSULE	Maximum of 2 capsules per day
ACETAMINOPHEN/CODEINE TABLET	Minimum age = 12 Maximum of 150 per 30 days
ADALIMUMAB (Humira) 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE	Maximum of 2 syringes per claim
ADALIMUMAB (Humira) 40 MG/0.8 ML SYRINGE	Maximum of 4 syringes per claim
ADALIMUMAB (Humira) 40 MG/0.8 ML PEN INJ KIT NDC 00074-4339-02	Maximum of 4 syringes per claim
ADALIMUMAB (Humira) 40 MG/0.8 ML PEN INJ KIT NDC 00074-4339-06	Maximum of 6 syringes per claim Maximum of 6 syringes per rolling 365 days
ADALIMUMAB (Humira Pen Crohn-UC-HS) 80MG/0.8ML PEN INJ KIT	Maximum of 3 syringes per claim
ADALIMUMAB (Humira Pen Psor-Uvei) 80MG-40MG PEN INJ KIT	Maximum of 3 syringes per claim
ABALOPARATIDE (Tymlos) PEN INJECTOR	Maximum of 1.56 ml (1 pen) per 30 days
ABIRATERONE (Zytiga) 250MG TABLET	Minimum age = 18 Maximum of 4 tablets per day
ABIRATERONE (Zytiga) 500MG TABLET	Minimum age = 18 Maximum of 2 tablets per day
ALBUTEROL (Proair Digihaler)	Minimum age = 4
ALENDRONATE (Fosamax) 5 MG, 10 MG TABLET	Maximum of 1 tablet per day
ALENDRONATE (Fosamax) 35 MG, 70 MG TABLET	Maximum of 1 tablet per week
ALENDRONATE (Fosamax) 70 MG ORAL SOLUTION	Maximum of 75 ml per week
ALENDRONATE/CHOLECALCIFEROL (Fosamax Plus D) TABLET	Maximum of 1 tablet per week



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
ALIROCUMAB (Praluent) PEN, SYRINGE	Minimum age = 18 Maximum of 2 syringes/2 pens per month
ALISKIREN (Tekturna) TABLET	Maximum of 1 tablet per day
ALMOTRIPTAN (Axert) TABLET	Maximum of 18 doses per 29 days
ALOGLIPTIN (Nesina)	Minimum age = 18 Maximum of 1 tablet per day
ALOGLIPTIN/METFORMIN (Kazano) TABLET	Minimum age = 18 Maximum of 2 tablets per day
ALOGLIPTIN/PIOGLITAZONE (Oseni) TABLET	Minimum age = 18 Maximum of 1 tablet per day
AMANTIDINE (Gocovri) 68.5MG, 137MG CAPSULE	Maximum of 1 capsule per day
AMANTIDINE (Osmolex ER) 129MG, 193MG, 258MG TABLET	Maximum of 1 tablet per day
AMIFAMPRIDINE (Ruzurgi) TABLET	Minimum age = 6 Maximum age = 16
AMIKACIN 250MG/ML, 2 ML VIAL	Maximum of 6 ml per day
AMIKACIN 50MG/ML, 2 ML VIAL	Maximum of 24 ml per day
AMITRIPTYLINE TABLET	Minimum age = 4
AMITRIPTYLINE/ CHLORDIAZEPOXIDE TABLET	Minimum age = 4
AMLODIPINE (Katerzia) 1 MG/ML SUSPENSION	Maximum of 10 MG per day
AMOXAPINE TABLET	Minimum age = 4
AMPHETAMINE ER (Adzenys ER) SUSPENSION	Minimum Age = 6
AMPHETAMINE (Adzenys XR-ODT) TABLET	Minimum age = 6 Maximum of 1 tablet per day Maximum daily dose of 18.8mg for age 6-12 years Maximum daily dose of 12.5mg for age 13-17 years Maximum accumulated dose of 60mg per day for age ≥ 19



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
AMPHETAMINE (Dyanavel XR) SUSPENSION	Minimum age = 6 Maximum accumulated dose of 60mg per day for age $\geq$ 19
AMPHETAMINE (Evekeo) TABLET	Minimum age = 5 Maximum accumulated dose of 60mg per day for age $\geq$ 19
AMPHETAMINE (Evekeo) ODT	Minimum age = 6 Maximum age = 17
AMPICILLIN/SULBACTAM (Unasyn) VIAL	Maximum of 4 vials per day
ANASTROZOLE (Arimidex) TABLET	Minimum age = 18
ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED (Jivi) VIAL	Minimum age of 12.
APALUTAMIDE (Erleada) 60 MG TABLET	Maximum of 4 tablets per day
APOMORPHINE (Kynmobi) SUBLINGUAL FILM	Maximum of 5 doses per day Maximum single dose of 30mg
APREMILAST (Otezla) TABLET	Maximum of 2 tablets per day
APREPITANT (Emend) CAPSULE	Maximum of length of chemo regimen OR Maximum of 6 months
ARIPIRAZOLE (Abilify) 2 MG TABLET	Minimum age = 6 Maximum of 2 tablets per day Maximum dose of 15mg per day for age 6-12 Maximum dose of 30mg per day for age 13-18
ARIPIRAZOLE (Abilify) 5 MG, 10 MG, 15 MG TABLET (including Discmelt)	Minimum age = 6 Maximum of 1.5 tablets per day Maximum dose of 15mg per day for age 6-12 Maximum dose of 30mg per day for age 13-18
ARIPIRAZOLE (Abilify) 20 MG, 30 MG TABLET (including Discmelt)	Minimum age = 6 Maximum of 1 tablet per day Maximum dose of 15mg per day for age 6-12 Maximum dose of 30mg per day for age 13-18



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
ARIPIRAZOLE (Abilify Mycite KIT) 2 MG	Minimum age = 18 Maximum of 2 tablets per day
ARIPIRAZOLE (Abilify Mycite KIT) 2 MG, 5 MG, 10 MG, 15 MG, 20 MG, 30 MG TABLET	Minimum age = 18 Maximum of 1 tablet per day
ARMODAFINIL (Nuvigil) TABLET	Minimum age = 18 Maximum of 1 tablet per day
ARTEMETHER/LUMEFANTRINE (Coartem) TABLET	Maximum of 24 tablets per fill
ASENAPINE (Secuado) 3.8MG, 5.7MG, 7.6MG PATCH	Maximum of 1 patch per day
ASENAPINE (Saphris) 5 MG, 10 MG TABLET	Minimum age = 10 Maximum of 2 tablets per day
ASENAPINE (Saphris) 2.5MG TABLET	Minimum age = 10
ASPIRIN (Durlaza) CAPSULE	1 capsule per day
ASPIRIN/OMEPRAZOLE (Yosprala) TABLET	Maximum of 1 tablet per day
ATAZANAVIR/COBICISTAT (Evotaz) TABLET	Maximum of 1 tablet per day
ATOMOXETINE (Strattera) 10 MG, 18 MG, 25 MG, 40 MG, CAPSULE	Minimum age = 6 Maximum of 2 capsules per day
ATOMOXETINE (Strattera) 60 MG, 80 MG, 100 MG CAPSULE	Minimum age = 6 Maximum of 1 capsule per day
ATORVASTATIN (Lipitor) 10 MG, 20 MG, 40 MG, 80 MG TABLET	Maximum of 1 tablet per day
AZELAIC ACID (Finacea) CREAM	Maximum age = 18
AZITHROMYCIN (Azasite) OPHTHALMIC SOLUTION	Maximum of 2.5 ml per claim
BACLOFEN (Gablofen IT, Lioresal IT) SOLUTION	Maximum of 40 ml per claim
BALOXAVIR MARBOXIL (Xofluza) 20MG TABLET	Maximum of 3 tablets per claim Minimum age = 12





## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
BALOXAVIR MARBOXIL (Xofluz) 40MG TABLET	Maximum of 2 tablets per claim Minimum age = 12
BARICITINIB (Olumiant) 2MG TABLET	Maximum of 1 tablet per day
BEDAQUILINE FUMARATE (Sirturo) TABLET	Minimum age = 5
BELIMUMAB (Benlysta) AUTOINJECTOR, SYRINGE	Maximum of 1 mL per 7 days
BEMPEDOIC ACID (Nexletol) TABLET	Maximum of 1 tablet per day
BEMPEDOIC ACID/EZETIMIBE (Nexlizet) TABLET	Maximum of 1 tablet per day
BENRALIZUMAB (Fasenra) PEN	Minimum age = 12 Maximum of 1 pen per 28 days
BENZHYDROCODONE/APAP (Apadaz) 4.08-325 MG, 6.12-325 MG, 8.16-325 MG TABLET	Maximum of 14 days Maximum of 12 per day
BENZOYL PEROXIDE (Panoxyl) 5% AND 10% BAR	Maximum of 1 each per claim
BENZYL ALCOHOL (Ulesfia) LOTION	Maximum of 681 g per claim
BEROTRALSTAT (Orladeyo) CAPSULES	Minimum age= 12 Maximum of 1/day
BETRIXABAN MALEATE (Bevyxxa) 40 MG, 80 MG CAPSULE	Maximum of 1 capsule per day
BICALUTAMIDE (Casodex) TABLET	Minimum age = 18
BICTEGRAVIR/EMTRICITABINE/TENOFOVIR (Biktarvy) TABLET	Maximum of 1 tablet per day
BISMUTH SUBCITRATE/METRONIDAZOLE/ TETRACYCLINE (Pylera) CAPSULE	Maximum of 30 days (10 days of therapy x3) per 365 days
BOSUTINIB (Bosulif) TABLET	Maximum of 1 tablet per day
BREXPIPIRAZOLE (Rexulti) TABLET	Minimum age = 18 Maximum of 1 tablet per day



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
<b>BRIGATINIB (Alunbrig) 90MG, 180MG, 90-180MG TABLET</b>	<i>Maximum of 1 tablet per day</i>
<b>BRIGATINIB (Alunbrig) 30MG TABLET</b>	<i>Maximum of 2 tablets per day</i>
<b>BUDESONIDE (Ortikos) ER CAPSULE</b>	<i>Minimum age= 8 Maximum of 1 capsule per day</i>
<b>BUDESONIDE/GLYCOPYROLATE/FORMOTEROL FUMARATE (Breztri Aerosphere HFA)</b>	<i>Maximum of 4 inhalations per day</i>
<b>BUPRENORPHINE (Belbuca) FILM</b>	<i>Minimum age = 18 Maximum of 2 films per day</i>
<b>BUPRENORPHINE (Bunavail) 2.1-0.3 MG FILM</b>	<i>Maximum of 1 film per day Minimum age = 16</i>
<b>BUPRENORPHINE (Bunavail) 4.2-0.7 MG, 6.3-1 MG FILM</b>	<i>Maximum of 2 films per day Minimum age = 16</i>
<b>BUPRENORPHINE (Butrans) PATCH</b>	<i>Maximum of 1 patch per 7 days Maximum of 4 patches per claim</i>
<b>BUPRENORPHINE (Subutex) 2 MG, 8 MG TABLET</b>	<i>Maximum of 3 tablets per day Minimum age = 16</i>
<b>BUPRENORPHINE/NALOXONE (Suboxone) 4MG-1MG, 12MG-3MG SL TABLET, FILM</b>	<i>Maximum of 2 tablets/films per day Minimum age = 16</i>
<b>BUPRENORPHINE/NALOXONE (Suboxone) 2MG-0.5MG, 8MG-2MG SL TABLET, FILM</b>	<i>Maximum of 3 tablets/films per day Minimum age = 16</i>
<b>BUPRENORPHINE/NALOXONE (Zubsolv) 1.4 MG-0.36 MG, 5.7 MG-1.4 MG SL TABLET</b>	<i>Maximum of 3 tablets per day Minimum age = 16</i>



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
<i>BUPRENORPHINE/NALOXONE (Zubsolv) 2.9 MG-0.71 MG, 8.6 MG-2.1 MG SL TABLET</i>	<i>Maximum of 2 tablets per day Minimum age = 16</i>
<i>BUPRENORPHINE/NALOXONE (Zubsolv) 0.7 MG-0.18 MG, 11.4 MG-2.9 MG SL TABLET</i>	<i>Maximum of 1 tablet per day Minimum age = 16</i>
<i>BUPROPION HBR 174 MG, 348 MG, 522 MG TABLET 24-HOUR EXTENDED RELEASE (Aplenzin)</i>	<i>Maximum of 1 tablet per day Minimum age = 4</i>
<i>BUPROPION HCL (Forfivo XL, Wellbutrin XL) 150 MG, 300 MG, 450 MG TABLET 24-HOUR EXTENDED RELEASE</i>	<i>Maximum of 1 tablet per day Minimum age = 4</i>
<i>BUPROPION HCL (Wellbutrin) 75 MG, 100 MG TABLET IMMEDIATE RELEASE</i>	<i>Minimum age = 4</i>
<i>BUPROPION HCL (Budeprion SR, Buproban, Wellbutrin SR) 100 MG, 150 MG, 200 MG TABLET 12-HOUR SUSTAINED RELEASE</i>	<i>Minimum age = 4</i>
<i>BUPROPION (Zyban) TABLET</i>	<i>Minimum age = 18 Maximum of 2 tablets per day *See Smoking Cessation Agents Note for Maximum Duration</i>
<i>BUTORPHANOL (Stadol) NASAL SOLUTION</i>	<i>Maximum of 10 ml (4 bottles) per 30 days</i>
<i>CALCIFEDIOL (Rayaledge ER) CAPSULE</i>	<i>Maximum of 2 capsules per day</i>
<i>CALCIPOTRIENE/BETAMETHASONE (Taclonex) OINTMENT</i>	<i>Minimum age = 18</i>
<i>CALCITONIN (Miacalcin) NASAL SOLUTION</i>	<i>Submit 1 bottle (3.7 ml) as 30-day supply</i>
<i>CALCITONIN (Miacalcin) VIAL</i>	<i>Maximum of 40 units per claim</i>
<i>CANNABIDIOL (Epidiolex) ORAL SOLUTION</i>	<i>Minimum age = 2</i>
<i>CARBAMAZEPINE</i>	<i>Minimum age = 4 (without diagnosis of epilepsy/other seizure disorder)</i>
<i>CARIPRAZINE (Vraylar) CAPSULE, PACK</i>	<i>Minimum age = 18 Maximum of 1 capsule per day</i>



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
CARISOPRODOL (Soma) 350MG TABLET	Maximum of 4 tablets per day Maximum of 30 days per claim
CASPOFUNGIN (Cancidas) VIAL	Maximum of 1 vial per day
CEFAZOLIN 1 GM VIAL	Maximum of 6 vials per day
CEFAZOLIN 10 GM VIAL	Maximum of 1 vial per day
CEFEPIME (Maxipime) VIAL	Maximum of 3 vials per day
CEFIDEROCOL SULFATE TOSYLATE (Fetroja) VIAL	Minimum Age = 18
CEFTAZIDIME (Fortaz) 1GM VIAL	Maximum of 3 vials per day
CEFTAZIDIME (Fortaz) 500MG VIAL	Maximum of 3 vials per day
CEFTAZIDIME (Fortaz) 6GM VIAL	Maximum of 1 vial per day
CERTOLIZUMAB (Cimzia) 200 MG/ML STARTER KIT	Maximum of 3 per claim
CERTOLIZUMAB (Cimzia) 200 MG/ML SYRINGE KIT	Maximum of 1 per claim
CEFTRIAXONE (Rocephin) 250 MG, 500 MG, 1 GM, 2 GM, 10 GM VIALS	Maximum of 10 vials per claim
CETIRIZINE (Zerviate) OPTH SOLN	Minimum age= 2
CHLOROQUINE 250MG, 500MG TABLET	Maximum therapy course is twice daily for 14 days
CHLORPROMAZINE TABLET	Minimum age = 6 Maximum dose of 75mg per day for age 6-12 Maximum dose of 800mg per day for age 13-18
CICLESONIDE (Alvesco) INHALER	Minimum age = 12
CINACALCET (Sensipar) TABLET	Minimum age = 18
CIPROFLOXACIN/FLUOCINOLONE (Otovel) OTIC DROPS	Maximum therapy course is twice daily in affected ear for 7 days
CITALOPRAM (Celexa) TABLET	Minimum age = 4 Maximum dose of 40mg per day for age 4-18
CITALOPRAM (Celexa) 10 MG, 20 MG, 40 MG TABLET	Maximum of 1 tablet per day





## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
<i>CLOBETASOL (Impeklo) LOTION</i>	<i>Minimum age = 18</i>
<i>CLOMIPRAMINE CAPSULE</i>	<i>Minimum age = 4</i>
<i>CLONIDINE (Kapvay) TABLET</i>	<i>Minimum age = 6</i> <i>Maximum of 2 capsules per day</i>
<i>CLOZAPINE TABLET</i>	<i>Minimum age = 6</i> <i>Maximum dose of 300mg per day for age 6-12</i> <i>Maximum dose of 600mg per day for age 13-18</i>
<i>COBICISTAT (Tybost) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>CODEINE SULFATE TABLET</i>	<i>Minimum age = 12</i> <i>Maximum of 150 per 30 days</i>
<i>CODEINE/CARISOPRODOL/ASPIRIN TABLET</i>	<i>Minimum age = 12</i> <i>Maximum of 150 per 30 days</i>
<i>CODEINE/GUAIFENESIN</i>	<i>Minimum age = 18</i>
<i>CODEINE/PHENYLEPHRINE/PROMETHAZINE</i>	<i>Minimum age = 18</i>
<i>CODEINE/PROMETHAZINE</i>	<i>Minimum age = 18</i>
<i>COLCHICINE (Gloperba) SOLUTION</i>	<i>Maximum of 10ML per day</i>
<i>CRISABOROLE (Eucrisa) OINTMENT</i>	<i>Minimum age = 3 months</i>
<i>CYANOCOBALAMIN (Calomist) SPRAY</i>	<i>Maximum of 18 ml per claim</i>
<i>CYANOCOBALAMIN (Nascobal) NASAL SPRAY</i>	<i>Maximum of 1.3 ml (1 bottle) per claim</i>
<i>CYANOCOBALAMIN 1000 MCG/ML 1 ML VIAL</i> <i>(NDCs = 00517003125, 63323004401)</i>	<i>Maximum of 3 vials per claim</i>
<i>CYANOCOBALAMIN 1000 MCG/ML 10 ML VIAL</i> <i>(NDCs = 00517003225, 49326031510, 49326040610,</i> <i>49326041010, 49326031610, 49326040510)</i>	<i>Maximum of 1 vial per claim</i>
<i>CYANOCOBALAMIN 1000 MCG/ML 25 ML VIAL</i> <i>(NDC = 54868076201)</i>	<i>Maximum of 1 vial per claim</i>



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
CYANOCOBALAMIN 1000 MCG/ML 30 ML VIAL (NDCs = 30727031480, 00517013005, 54569553300, 54868076200)	Maximum of 1 vial per claim
CYCLOBENZAPRINE (FLEXERIL) 5 MG TABLET	Maximum of 3 tablets per day
CYCLOBENZAPRINE (FLEXERIL) 10 MG TABLET	Maximum of 3 tablets per day
CYCLOSPORINE (Cequa) 0.09% SOLUTION	Maximum of 60 vials per 30 days
DACLATASVIR (Daklinza) TABLET	Maximum of 1 tablet per day
DACOMITINIB (Vizimpro) 15 MG, 30 MG, 45 MG TABLET	Maximum of 1 tablet per day
DALFAMPRIDINE (Ampyra) TABLET	Maximum of 2 tablets per day Maximum of 60 per claim
DAPAGLIFLOZIN (Farxiga)	Maximum of 1 tablet per day
DAPAGLIFLOZIN/METFORMIN (Xigduo XR) 5-1000 MG TABLET	Maximum of 2 tablets per day
DAPAGLIFLOZIN/METFORMIN (Xigduo XR) 5-500 MG, 10-500 MG, 10-1000 MG TABLET	Maximum of 1 tablet per day
DAPAGLIFLOZIN/SAXAGLIPTIN (Qtern) TABLET	Maximum of 1 tablet per day
DAPTOMYCIN (Cubicin) VIAL	Maximum of 20 vials per claim
DARIFENACIN (Enablex) TABLET	Maximum of 1 tablet per day
DAROLUTAMIDE (Nubeqa) TABLET	Maximum of 4 tablets per day
DARUNAVIR/COBICISTAT (Prezcobix) TABLET	Maximum of 1 tablet per day
DARUNAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR ALAFENAMIDE (Symtuza) TABLET	Maximum of 1 tablet per day
DELAFLOXACIN (Baxdela) TABLET	Maximum of 2 per day Maximum of 28 per fill
DESIPRAMINE TABLET	Minimum age = 4
DESMOPRESSIN ACETATE (Nocdurna) SL TABLET	Maximum of 1 tablet per day



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
<i>DESVENLAFAXINE (Khedezla, Pristiq) TABLET</i>	<i>Minimum age = 12 Maximum of 1 tablet per day Maximum dose of 100mg per day for age 12-18</i>
<i>DEXMETHYLPHENIDATE (Focalin XR) CAPSULE</i>	<i>Minimum age = 5 Maximum of 1 capsule per day Maximum accumulated dose of 50mg per day for ages ≤ 18 Maximum accumulated dose of 40mg per day for ages ≥19</i>
<i>DEXMETHYLPHENIDATE (Focalin) TABLET</i>	<i>Minimum age = 5 Maximum of 2 tablets per day Maximum accumulated dose of 50mg per day for ages ≤ 18 Maximum accumulated dose of 40mg per day for ages ≥19</i>
<i>DEXTROAMPHETAMINE (Zenzedi) TABLET</i>	<i>Minimum age = 5 Maximum accumulated dose of 60mg per day for ages ≤ 18 Maximum accumulated dose of 60mg per day for age ≥19</i>
<i>DEXTROAMPHETAMINE</i>	<i>Minimum age = 5 Maximum accumulated dose of 60mg per day for ages ≤ 18 Maximum accumulated dose of 60mg per day for age ≥19</i>
<i>DEXTROAMPHETAMINE/AMPHETAMINE (Adderall/XR)</i>	<i>Minimum age = 5 Maximum accumulated dose of 60mg per day for ages ≤ 18 Maximum accumulated dose of 60mg per day for age ≥19</i>
<i>DEXTROAMPHETAMINE/AMPHETAMINE (Adderall/XR) CAPSULE</i>	<i>Minimum age = 5 Maximum of 2 capsules per day Maximum accumulated dose of 60mg per day for ages ≤ 18 Maximum accumulated dose of 60mg per day for age ≥19</i>
<i>DEXTROAMPHETAMINE/AMPHETAMINE (Mydayis)</i>	<i>Minimum age = 13</i>



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
	<i>Maximum dose of 25mg per day for age 13-17</i> <i>Maximum dose of 50mg per day for age 18+</i> <i>Maximum accumulated dose of 60mg per day for age ≥ 19</i>
<i>DIAZEPAM NASAL SPRAY (Valtoco)</i>	<i>Minimum age = 6</i> <i>Max Qty Per Day – 5mg /10mg: 0.36 units; 15mg/20 mg: 0.72 units</i>
<i>DIAZEPAM RECTAL GEL</i>	<i>Maximum of 5 units per 30 days</i>
<i>DICHLORPHENAMIDE (Kevevis) TABLET</i>	<i>Maximum of 4 tablets per day</i>
<i>DICLOFENAC (Dyloject) VIAL</i>	<i>Maximum of 4 vials per day</i>
<i>DIGOXIN (Lanoxin) 187.5 MCG TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>DIGOXIN (Lanoxin) 62.5 MCG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>DIHYDROCODEINE/ACETAMINOPHEN/CAFFEINE CAPSULE</i>	<i>Minimum age = 12</i> <i>Maximum of 150 per 30 days</i>
<i>DIHYDROCODEINE/ASPIRIN/CAFFEINE CAPSULE</i>	<i>Minimum age = 12</i> <i>Maximum of 150 per 30 days</i>
<i>DIROXIMEL (Vumerity) CAPSULE</i>	<i>Maximum of 4 capsules per day</i>
<i>DIVALPROEX SODIUM</i>	<i>Minimum age = 4 (without diagnosis of epilepsy/other seizure disorder)</i>
<i>DOLUTEGRAVIR/LAMIVUDINE (Dovato) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>DOLUTEGRAVIR/RILPIVIRINE (Juluca) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>DORAVIRINE (Pifeltro) TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>DORAVIRINE/LAMIVUDINE/TENOFOVIR (Delstrigo) TABLET</i>	<i>Maximum of 1 tablet per day</i>





## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
DOXEPIN CAPSULE	Minimum age = 4
DOXEPIN (Silenor) TABLET	Minimum age = 4
DOXYLAMINE/PYRIDOXINE (Bonjesta) TABLET	Maximum of 2 tablets per day OR Maximum of 30 tablets per claim
DOXYLAMINE/PYRIDOXINE (Diclegis) TABLET	Maximum of 4 tablets per day OR Maximum of 30 tablets per claim
DRONABINOL CAPSULE	Minimum age = 18
DRONABINOL (Syndros) SOLUTION	Minimum age = 18 Maximum of 30 ML bottle per 30 days
DROXIDOPA (Northera) 100 MG CAPSULE	Maximum of 3 capsules per day
DROXIDOPA (Northera) 200 MG, 300 MG CAPSULE	Maximum of 6 capsules per day
DULOXETINE (Cymbalta) CAPSULE	Minimum age = 13 Maximum dose of 60 mg per day for age 13-18
DULOXETINE (Drizalma Sprinkle DR) SPRINKLE CAPSULE	Minimum age = 7 Maximum of 2 capsules per day
DUPILUMAB (Dupixent)	Minimum age = 12
DUVELISIB (Copiktra) 15MG CAPSULE	Maximum of 3 Capsules per day
DUVELISIB (Copiktra) 25MG CAPSULE	Maximum of 2 Capsules per day
EDOXABAN (Savaysa) TABLET	Maximum of 1 tablet per day
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (Symfi and Symfi Lo) TABLET	Maximum of 1 tablet per day
ELAGOLIX SODIUM (Orilissa) 150 MG TABLET	Maximum of 1 tablet per day
ELAGOLIX SODIUM (Orilissa) 200 MG TABLET	Maximum of 2 tablets per day
ELAGOLIX/ESTRADIOL/NORETHISTERONE (Oriahnn)	Minimum age = 18
ELECTROLYTES (Pedialyte) SOLUTION	Maximum of 6084 ml per claim
ELETRIPTAN (Relpax) TABLET	Maximum of 18 doses per 29 days



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
<i>ELEXACAFTOR/IVACAFTOR/TEZACAFTOR (Trikafta) TABLET</i>	<i>Minimum age = 12</i>
<i>ELIGLUSTAT (Cerdelga) CAPSULE</i>	<i>Maximum of 2 capsules per day</i>
<i>ELUXADOLINE (Viberzi) TABLET</i>	<i>Minimum age = 18 Maximum of 2 tablets per day</i>
<i>ELVITEGRAVIR (Vitekta) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/ TENOFOVIR ALAFENAMIDE (Genvoya) TABLET</i>	<i>Minimum age = 12 Maximum of 1 tablet per day</i>
<i>ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/ TENOFOVIR DISOPROXIL FUMARATE (Stribild) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>EMOLLIENTS * See Emollients Note</i>	<i>Maximum age = 18</i>
<i>EMPAGLIFLOZIN/LINAGLIPTIN (Glyxambi) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
<i>EMPAGLIFLOZIN/METFORMIN (Synjardy) TABLET</i>	<i>Minimum age = 18 Maximum of 2 tablets per day</i>
<i>EMPAGLIFLOZIN/METFORMIN (Synjardy XR) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
<i>EMPAGLIFLOZIN/METFORMIN/LINAGLIPTIN (Trijardy XR) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
<i>EMTRICITABINE/TENOFOVIR ALAFENAMIDE (Descovy) TABLET</i>	<i>Minimum age = 12 Maximum of 1 tablet per day</i>
<i>EMTRICITABINE/RILPIVIRINE/TENOFOVIR ALAFENAMIDE (Odefsey) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>EMPAGLIFLOZIN (Jardiance) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>ENASIDENIB (Idhifa) TABLET</i>	<i>Maximum of 1 tablet per day</i>



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
ENFUVIRTIDE (Fuzeo.n) VIAL	Minimum age = 6 Maximum of 2 vials per day
ENOXAPARIN (Lovenox) 40 MG (0.4 ml) SYRINGE	Maximum of 24 ml per claim
ENOXAPARIN (Lovenox) 60 MG (0.6 ml) SYRINGE	Maximum of 36 ml per claim
ENOXAPARIN (Lovenox) 80 MG (0.8 ml) SYRINGE	Maximum of 48 ml per claim
ENOXAPARIN (Lovenox) 100 MG (1.0 ml) SYRINGE	Maximum of 30 ml per claim
ENOXAPARIN (Lovenox) 120 MG (1.2 ml) SYRINGE	Maximum of 24 ml per claim
ENOXAPARIN (Lovenox) 150 MG (1.5 ml) SYRINGE	Maximum of 30 ml per claim
ENOXAPARIN (Lovenox) 30 MG (0.3 ml) SYRINGE	Maximum of 18 ml per claim
ENOXAPARIN (Lovenox) 300 MG (3.0 ml) VIAL	Maximum of 15 ml per claim
ENTRECTINIB (Rozlytrek) 100MG CAPSULE	Maximum of 6 per day Minimum age = 12
ENTRECTINIB (Rozlytrek) 200MG CAPSULE	Maximum of 3 per day Minimum age = 12
ENZALUTAMIDE (Xtandi) CAPSULE	Minimum age = 19 Maximum of 4 capsules per day
EPINEPHRINE (Adrenaclick, Epipen, Epipen Jr, Symjepi)	Maximum of 4 per claim
EPINEPHRINE (Epipen, Epipen Jr) TWINJECT	Minimum of 2 each per claim Maximum of 4 each per claim
ERENUMAB-AOOE (Aimovig Autoinjector) 70 MG/ML	Maximum of 2 injections per 29 days
ERENUMAB-AOOE (Aimovig Autoinjector) 140 MG/ML	Maximum of 1 injection per 29 days
ERGOCALCIFEROL CAPSULE	Minimum age = 17
ERGOCALCIFEROL ORAL SOLUTION	Maximum of 60 ml per claim
ERTUGLIFLOZIN PIDOLATE (Steglatro) 15MG TABLET	Maximum of 1 tablet per day



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
<i>ERTUGLIFLOZIN PIDOLATE (Steglatro) 5MG TABLET</i>	<i>Maximum of 2 tablet per day</i>
<i>ESCITALOPRAM (Lexapro) TABLET</i>	<i>Minimum age = 6 Maximum dose of 20mg per day for age 6-12 Maximum dose of 30mg per day for age 13-18</i>
<i>ESCITALOPRAM (Lexapro) 5 MG, 10MG TABLET</i>	<i>Minimum age = 6</i>
<i>ESCITALOPRAM (Lexapro) 5 MG, 10 MG, 20 MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>ESOMEPRAZOLE (Nexium) CAPSULE</i>	<i>Maximum of 1 capsule per day</i>
<i>ESTRADIOL CYPIONATE VIAL</i>	<i>Maximum of 5 ml per claim</i>
<i>ESTRADIOL 0.06% GEL (NDC = 00051102858)</i>	<i>Maximum of 93 gm per claim</i>
<i>ESTRADIOL 0.06% GEL (NDC = 17139061740)</i>	<i>Maximum of 50 gm per claim</i>
<i>ESTRADIOL VALERATE 10 MG/ML VIAL</i>	<i>Maximum of 5 ml per claim</i>
<i>ESTRADIOL VALERATE 20 MG/ML VIAL</i>	<i>Maximum of 5 ml per claim</i>
<i>ESTRADIOL VALERATE 40 MG/ML VIAL</i>	<i>Maximum of 5 ml per claim</i>
<i>ESZOPICLONE (Lunesta) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
<i>ETANERCEPT (Enbrel) 25 MG KIT</i>	<i>Maximum of 8 units per claim</i>
<i>ETANERCEPT (Enbrel) 25 MG/0.5 ML SYRINGE</i>	<i>Minimum of 2.04 ml per claim Maximum of 4.08 ml per claim</i>
<i>ETANERCEPT (Enbrel) 50 MG/ML SYRINGE/PEN</i>	<i>Minimum of 3.92 ml per claim Maximum of 7.84 ml per claim</i>
<i>ETANERCEPT (Enbrel) 25 MG/0.5 ML VIAL</i>	<i>Minimum of 2.04 ml per claim Maximum of 4.08 ml per claim</i>
<i>ETIDRONATE (Didronel) 200 MG TABLET</i>	<i>Maximum of 4 tablets per day</i>
<i>ETIDRONATE (Didronel) 400 MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>ETIDRONATE (Didronel) IV</i>	<i>Maximum of 40 ml per claim</i>
<i>ETRAVIRINE (Intelence) 25 MG TABLET</i>	<i>Maximum of 4 tablets per day</i>
<i>ETRAVIRINE (Intelence) 100 MG, 200 MG TABLET</i>	<i>Maximum of 2 tablets per day</i>





## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
EVEROLIMUS (Zortress) TABLET	Minimum age = 18
EVOLOCUMAB (Repatha) SOLUTION	Minimum age = 13 Maximum of 3 prefilled autoinjectors per month
EVOLOCUMAB (Repatha) PUSHTRONX	Minimum age = 13 Maximum of 1 package per month
EXEMESTANE (Aromasin) TABLET	Minimum age = 18
EXENATIDE (Bydureon Bcise)	Maximum of 3.4 ml per 28 days
EZOGABINE (Potiga) 50 MG TABLET	Minimum age = 18 Maximum of 9 tablets per day
EZOGABINE (Potiga) 200 MG, 300 MG, 400 MG TABLET	Minimum age = 18 Maximum of 3 tablets per day
FEDRATINIB DIHYDROCHLORIDE (Inrebic) 100MG CAPSULE	Maximum of 4 capsules per day
FENTANYL 37.5mg, 62.5mg, 87.5mg PATCH	Maximum of 1 patch every 2 days
FENTANYL (Duragesic) PATCH	Maximum of 1 patch every 2 days
FEXOFENADINE (Allegra) 180MG TABLET	Maximum of 1 tablet per day
FINASTERIDE (Proscar) TABLET	Minimum age = 13
FINGOLIMOD (Gilenya) 0.25MG, 0.5MG CAPSULE	Maximum of 1 capsule per day Maximum of 30 capsules per claim (Unit of use bottle)
FLU VACCINES	Maximum of 0.5 ml per claim (patient-specific RX required)
FLUMIST	Maximum of 1 each per claim (patient-specific RX required)
FLUOXETINE CAPSULE, TABLET (Prozac, Sarafem)	Minimum age = 4 Maximum dose of 60mg per day for age 4-18
FLUPHENAZINE	Minimum age = 6
FLUTAMIDE (Eulexin) TABLET	Minimum age = 18



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
FLUTICASONE (Armonair) DIGIHALER	Minimum age = 12 Maximum of 1 inhaler per month
FLUTICASONE (Armonair) RESPICLICK	Minimum age = 12
FLUTICASONE FUROATE (Arnuity Ellipta) 50MCG	Minimum age = 5
FLUTICASONE FUROATE (Arnuity Ellipta) 100MCG, 200MCG	Minimum age = 12
FLUTICASONE/SALMETEROL (Advair) DISKUS	Maximum of 2 doses per day
FLUTICASONE/SALMETEROL (Advair HFA) INHALER	Maximum of 1 inhaler per month
FLUTICASONE/SALMETEROL (Airduo) DIGIHALER	Minimum age = 12 Maximum of 1 inhaler per month
FLUTICASONE/SALMETEROL (Airduo) RESPICLICK	Minimum age = 12
FLUTICASONE/UMECLIDINIUM/VILANTEROL (Trelegy Ellipta)	Minimum age = 18 Submit 60 units for 30 days Submit 28 units for 14 days
FLUVOXAMINE TABLET	Minimum age = 8 Maximum dose of 200mg per day for age 8-11 Maximum dose of 300mg per day for age 12-18
FOSTAMATINIB DISODIUM (Tavalisse) 100MG, 150MG TABLET	Maximum of 2 tablets per day
FOSTEMSAVIR (Rukobia) ER TABLET	Minimum age= 18 Maximum of 2 tablets per day
FREMANEZUMAB-VFRM (Ajovy) SYRINGE, AUTOINJECTOR	Maximum of 1 injection per month/3 per 3 months
FROVATRIPTAN (Frova) TABLET	Maximum of 18 doses per 29 days
FULVESTRANT (Faslodex) TABLET	Minimum age = 18
GABAPENTIN (ALL BRANDS, ALL FORMULATIONS)	Maximum cumulative dose = 3600mg/day
GILTERITINIB FUMERATE (Xospata) 40 MG TABLET	Maximum of 3 tablets per day



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
GLASDEGIB MALEATE (Daurismo) 25 MG TABLET	Maximum of 3 tablets per day
GLASDEGIB MALEATE (Daurismo) 100 MG TABLET	Maximum of 1 tablet per day
GLATIRAMER ACETATE (Copaxone) 20 MG/ML SYRINGE KIT	Submit 1 package (1 unit) per 30-day supply
GLATIRAMER ACETATE (Copaxone) 40 MG/ML SYRINGE	Maximum of 12 ml per 28-day supply
GLECAPREVIR/PIBRENTASVIR (Mavyret) TABLET	Minimum age = 12 Maximum of 3 tablets per day
GLYCOPYRRONIUM TOSYLATE (Qbrexza) CLOTH	Minimum age = 9
GUANFACINE (Intuniv) TABLET	Minimum age = 6 Maximum of 1 tablet per day
HALOBETASOL PROP 0.05% FOAM	Minimum age = 18 Maximum of 100 GM per claim
HALOPERIDOL	Minimum age = 6 Maximum dose of 6mg per day for age 6-12 Maximum dose of 15mg per day for age 13-18
HYDROCODONE (Hysingla ER) TABLET	Maximum of 1 tablet per day
HYDROCODONE (Ventrela ER) TABLET	Maximum of 2 tablets per day
HYDROCODONE/ACETAMINOPHEN TABLET	Maximum of 150 per 30 days
HYDROCODONE/IBUPROFEN TABLET	Maximum of 150 per 30 days
HYDROCORTISONE (Alkindi) ORAL GRANULES	Maximum age = 17
HYDROMORPHONE TABLET	Maximum of 150 per 30 days
HYDROMORPHONE (Exalgo) 8 MG, 12 MG, 16 MG TABLET	Maximum of 1 tablet per day
HYDROMORPHONE (Exalgo) 32 MG TABLET	Maximum of 2 tablets per day
HYDROXYCHLOROQUINE	Maximum therapy course is twice daily for 14 days
HYDROXYZINE PAMOATE (Vistaril)	Maximum dose of 25mg for age ≤ 6



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
	<i>Maximum dose of 50mg for age 7-12 Maximum dose of 100mg for age 13-18</i>
<i>IBANDRONATE (Boniva) 2.5 MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>IBANDRONATE (Boniva) 150 MG TABLET</i>	<i>Maximum of 1 tablet per month</i>
<i>ILOPERIDONE (Fanapt) TABLET</i>	<i>Minimum age = 6</i>
<i>ILOPROST (Ventavis) 10 MCG/ 1 ML INHALATION SOLUTION</i>	<i>Maximum of 5 ml (50 mcg) per day</i>
<i>ILOPROST (Ventavis) 20 MCG/ 1 ML INHALATION SOLUTION</i>	<i>Maximum of 3 ml (60 mcg) per day</i>
<i>IMIPRAMINE HCL/PAMOATE</i>	<i>Minimum age = 4</i>
<i>IMIPENEM/CILASTIN (Primaxin) 250 MG, 500 MG, 750 MG VIAL</i>	<i>Maximum of 8 vials per day</i>
<i>INTERFERON β-1a (Avonex) INJECTION, PEN</i>	<i>Submit 1 package (4 syringes) per 28-day supply</i>
<i>INTERFERON β-1a (Rebif) SYRINGE/REBIDOSE</i>	<i>Submit 1 box (quantity 6) for 30-day supply</i>
<i>INTERFERON β-1b (Betaseron) INJECTION</i>	<i>Submit 1 package (14 units) per 28-day supply</i>
<i>INTERFERON β-1b (Extavia) KIT</i>	<i>Submit 1 package (15 units) per 30-day supply</i>
<i>ISOCARBOXAZID TABLET</i>	<i>Minimum age = 4</i>
<i>ISTRADEFYLLINE (Nourianz) 20 MG, 40 MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>IVABRADINE (Corlanor) TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>IVACAFTOR (Kalydeco) GRANULES</i>	<i>Maximum of 2 packets per day Minimum age = 6 months</i>
<i>IVOSIDENIB (Tibsovo) 250MG Tablet</i>	<i>Maximum of 2 tablets per day</i>
<i>IXEKIZUMAB (Taltz) 80MG AUTOINJECTOR, SYRINGE</i>	<i>Minimum age = 18</i>
<i>KETOROLAC (Sprix) NASAL SPRAY</i>	<i>Maximum of 1 bottle per day</i>
<i>KETOROLAC (Toradol) TABLET</i>	<i>Maximum of 4 tablets per day AND Lesser of 20 doses or 5-day supply</i>





## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
LACOSAMIDE (Vimpat) 50 MG TABLET	Maximum of 3 tablets per day
LACOSAMIDE (Vimpat) 100MG, 150 MG, 200 MG TABLET	Maximum of 2 tablets per day
LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (Cimduo, Temixys) 300MG/300MG TABLET	Maximum of 1 tablet per day
LAMOTRIGINE (Lamictal) 2 MG DISPERTAB	Maximum age = 11 Maximum of 2 tablets per day
LAMOTRIGINE (Lamictal) 5 MG DISPERTAB	Maximum age = 11 Maximum of 4 tablets per day
LAMOTRIGINE (Lamictal XR) 25 MG, 50 MG, 100 MG TABLET	Minimum age = 4 (without diagnosis of epilepsy/other seizure disorder) Maximum of 1 tablet per day
LAMOTRIGINE (Lamictal XR) 200 MG TABLET	Minimum age = 4 (without diagnosis of epilepsy/other seizure disorder) Maximum of 3 tablets per day
LAMOTRIGINE (Lamictal XR) 300 MG TABLET	Maximum of 2 tablets per day
LANADELUMAB-FLYO (Takhzyro) 300 MG/2 ML Vial	Minimum age of 12
LANSOPRAZOLE (Prevacid) 15 MG, 30 MG CAPSULE/ODT	Maximum of 1 capsule/tablet per day
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN (Prevpac) KIT	Maximum of 28 days (14 days of therapy x2) per 365 days
LAROTRECTINIB (Vitrakvi) 25 MG CAPSULE	Maximum of 6 capsules per day
LAROTRECTINIB (Vitrakvi) 100 MG CAPSULE	Maximum of 2 capsules per day
LAROTRECTINIB (Vitrakvi) 20 MG/ML SOLUTION	Maximum of 10 ML per day
LASMIDITAN (Reyvow)	Minimum age = 18 Maximum of 1 tablet per day (50 mg) <b>Maximum of 8 tablets per 29 days (50mg)</b>



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
	<i>Maximum of 2 tablet per day (100 mg) Maximum of 16 tablets per 29 days (100mg)</i>
<i>LEDIPASVIR/SOFOSBUVIR (Harvoni) PELLETS</i>	<i>Minimum Age = 3 Maximum of 2 per day</i>
<i>LEDIPASVIR/SOFOSBUVIR (Harvoni) 90-400MG TABLET</i>	<i>Maximum of 28 tablets per claim</i>
<i>LEDIPASVIR/SOFOSBUVIR (Harvoni) 45-200MG TABLET</i>	<i>Minimum age = 3 Maximum of 56 tablets per claim</i>
<i>LEFAMULIN (Xenleta) TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>LEMBOREXANT (Dayvigo) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day (10mg) Maximum of 2 tablets per day (5mg)</i>
<i>LENALIDOMIDE (Revlimid) CAPSULE</i>	<i>Maximum of 1 capsule per day</i>
<i>LESINURAD (Zurampic) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
<i>LESINURAD/ALLOPURINOL (Duzallo) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
<i>LETROZOLE (Femara) TABLET</i>	<i>Minimum age = 18</i>
<i>LEUPROLIDE (Lupron) KIT</i>	<i>Maximum of 1 unit per claim</i>
<i>LEUPROLIDE (Lupron Depot) 4 MONTH KIT</i>	<i>Maximum of 120-day supply</i>
<i>LEUPROLIDE (Lupron Depot-Ped) KIT</i>	<i>Minimum age = 12 for males Minimum age = 11 for females</i>
<i>LEUPROLIDE/NORETHINDRONE (Lupaneta) PACK</i>	<i>Maximum of 1 unit per claim</i>
<i>LEVMI LNACIPRAN (Fetzima) TABLET</i>	<i>Minimum age = 18</i>
<i>LEVODOPA (Inbrija) INHALATION CAPSULE</i>	<i>Maximum of 10 inhalation capsules per day</i>
<i>LEVOFLOXACIN (Levaquin) INJECTION</i>	<i>Maximum of 1400 ml per claim</i>
<i>LEVORPHANOL TABLET</i>	<i>Maximum of 150 per 30 days</i>



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
LINACLOTIDE (Linzess) CAPSULE	Minimum age = 18 Maximum of 1 capsule per day
LINAGLIPTIN (Tradjenta) TABLET	Minimum age = 18 Maximum of 1 tablet per day
LINAGLIPTIN/METFORMIN (Jentadueto) TABLET	Minimum age = 18 Maximum of 2 tablets per day
LINAGLIPTIN/METFORMIN (Jentadueto XR) TABLET	Minimum age = 18 Maximum of 1 tablet per day (5 mg/1000 mg) Maximum of 2 tablet per day (2.5 mg/1000 mg)
LINEZOLID (Zyvox) 600 MG TABLET	Maximum of 15-day supply
LINEZOLID (Zyvox) SOLUTION	Maximum of 150 ml per claim
LISDEXAMPHETAMINE (Vyvanse) CAPSULE	Minimum age = 5 Maximum of 1 capsule per day Maximum dose of 70mg for ages ≤ 18 Maximum dose of 70mg for ages ≥ 19
LITHIUM CITRATE/CARBONATE	Minimum age = 4
LOFEXIDINE (Lucemyra) Tablet	Maximum of 16 tablets per day
LORLATINIB (Lorbrena) 25 MG TABLET	Maximum of 3 tablets per day
LORLATINIB (Lorbrena) 100 MG TABLET	Maximum of 1 tablet per day
<b>LOTEPREDNOL ETABONATE (Eysuvis) Ophth Solution</b>	<b>1 bottle per month</b>
LOXAPINE CAPSULE	Minimum age = 6



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
LUBRIDERM DAILY MOISTURE LOTION	Maximum age = 18
LUBIPROSTONE (Amitiza) CAPSULE	Minimum age = 18 Maximum of 2 capsules per day
LUMACAFTOR/IVACAFTOR (Orkambi) 100-125 MG, 200-125 MG TABLET	Minimum age = 6 Maximum of 4 tablets per day
LUMACAFTOR/IVACAFTOR (Orkambi) 100-125 MG, 150-188 MG PACKET	Minimum age = 2 Maximum of 2 packets per day
LUMATEPRONE (Caplyta) CAPSULE	Maximum of 1 per day
LURASIDONE (Latuda) 20 MG, 40 MG, 60 MG, 120 MG TABLET	Minimum age = 10 Maximum of 1 tablet per day
LURASIDONE (Latuda) 80MG TABLET	Minimum age = 10 Maximum of 2 tablets per day
LUSUTROMBOPAG (Mulpleta) TABLET	Maximum of 1 tablet per day
MAFENIDE (Sulfamylon) PACKET	Maximum of 5 packets per claim (only if submitted as part of MIC)
MAPROTILINE TABLET	Minimum age = 4
MEDROXYPROGESTERONE (Depo-Provera) IM 150 MG/ML	Maximum of 1 ml per claim
MEDROXYPROGESTERONE (Depo-SubQ Provera) SYRINGE	Maximum of 0.65 ml per claim
MELOXICAM (Vivlodex) CAPSULE	Maximum of 1 capsule per day
MELOXICAM SUSPENSION	Minimum age = 11
MELOXICAM (Qmiiz ODT) 7.5 MG, 15 MG ORALLY DISINTEGRATING TABLET	Maximum of 1 tablet per day
METFORMIN (Riomet ER) SUSPENSION	Min age= 10





## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
MEPERIDINE TABLET	Maximum of 150 tablets per 30 days
MEPOLIZUMAB (Nucala) 100 MG/ML AUTO-INJECTOR, SYRINGE	Maximum of 300 MG (3 injections) per 28 days
MEROPENEM (Merrem) VIAL	Maximum of 3 vials per day
METHAMPHETAMINE (Desoxyn) TABLET	Minimum age = 5 Maximum accumulated dose of 25mg per day for age ≥ 19
METHOTREXATE (Otrexup) 7.5mg/0.4ML AUTO-INJECTOR	Maximum of 4 units per month
METHYLNALTREXONE (Relistor) TABLET	Minimum age = 18 Maximum of 3 tablets per day
METHYLPHENIDATE (Adhansia XR) 25MG, 35MG, 45MG, 55MG, 70MG, 85MG CAPSULE	Minimum age = 6 Maximum of 1 capsule per day Maximum accumulated dose of 108mg per day for ages ≤ 18 Maximum accumulated dose of 72mg per day for ages ≥ 19
METHYLPHENIDATE (Aptensio XR) CAPSULE	Minimum age = 5 Maximum of 1 capsule per day Maximum accumulated dose of 108mg per day for ages ≤ 18 Maximum accumulated dose of 72mg per day for ages ≥ 19
METHYLPHENIDATE (Concerta) 18MG, 27MG, 54MG TABLET	Minimum age = 5 Maximum of 1 tablet per day Maximum accumulated dose of 108mg per day for ages ≤ 18 Maximum accumulated dose of 72mg per day for ages ≥ 19
METHYLPHENIDATE (Concerta) 36MG TABLET	Minimum age = 5 Maximum of 2 tablets per day Maximum accumulated dose of 108mg per day for ages ≤ 18 Maximum accumulated dose of 72mg per day for ages ≥ 19
METHYLPHENIDATE (Cotempla XR-ODT) TABLET	Minimum age = 5 Maximum age = 17



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
	<i>Maximum of 1 tablet per day</i>
<b>METHYLPHENIDATE (Daytrana) PATCH</b>	<i>Minimum age = 5 Maximum age = 18 Maximum of 1 patch per day Maximum dose of 30mg per day for ages &lt;18 Maximum dose of 30mg per day for ages &gt;=19</i>
<b>METHYLPHENIDATE (Jornay PM) CAPSULE</b>	<i>Minimum age = 6 Maximum of 1 capsule per day Maximum accumulated dose of 108mg per day for ages &lt;18 Maximum accumulated dose of 72mg per day for ages &gt;=19</i>
<b>METHYLPHENIDATE (Metadate CD) CAPSULE</b>	<i>Minimum age = 5 Maximum of 1 capsule per day Maximum accumulated dose of 108mg per day for ages &lt;18 Maximum accumulated dose of 72mg per day for ages &gt;=19</i>
<b>METHYLPHENIDATE (Methylin ER) 10 MG TABLET</b>	<i>Minimum age = 5 Maximum of 2 tablets per day Maximum accumulated dose of 108mg per day for ages &lt;18 Maximum accumulated dose of 72mg per day for ages &gt;=19</i>
<b>METHYLPHENIDATE (Methylin ER) 20 MG TABLET</b>	<i>Minimum age = 5 Maximum of 3 tablets per day Maximum accumulated dose of 108mg per day for ages &lt;18 Maximum accumulated dose of 72mg per day for ages &gt;=19</i>
<b>METHYLPHENIDATE (Quillichew ER) CHEWABLE</b>	<i>Minimum age = 5 Maximum accumulated dose of 108mg per day for ages &lt;18 Maximum accumulated dose of 72mg per day for ages &gt;=19</i>
<b>METHYLPHENIDATE ER 72MG TABLET</b>	<i>Minimum age = 5 Maximum of 1 tablet per day</i>



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
	<i>Maximum accumulated dose of 108mg per day for ages &lt; 18 Maximum accumulated dose of 72mg per day for ages ≥ 19</i>
<i>MIDAZOLAM (Nayzilam) NASAL SPRAY</i>	<i>Maximum of 10 per 30 days</i>
<i>MIDOSTAURIN (Rydapt) CAPSULE</i>	<i>Maximum of 8 capsules per day</i>
<i>MILNACIPRAN (Savella) TABLET</i>	<i>Minimum age = 13 Maximum of 2 tablets per day</i>
<i>MINERAL OIL/HYDROPHILIC PETROLATUM (Aquaphor)</i>	<i>Maximum age = 18</i>
<i>MINERAL OIL/PETROLATUM (Eucerin)</i>	<i>Maximum age = 18</i>
<i>MINOCYCLINE ER (Ximino) CAPSULE</i>	<i>Minimum age = 12 Maximum of 1 per day</i>
<i>MIRTAZAPINE</i>	<i>Minimum age = 4</i>
<i>MODAFINIL (Provigil) TABLET</i>	<i>Minimum age = 18 Maximum of 2 tablets per day</i>
<i>MOLINDONE</i>	<i>Minimum age = 6</i>
<i>MOMETASONE (Asmanex) 110 MCG TWISTHALER</i>	<i>Maximum age = 11 Maximum of 3 inhalers per claim</i>
<i>MOMETASONE (Asmanex) 220 MCG TWISTHALER</i>	<i>Maximum of 3 inhalers per claim</i>
<i>MOMETASONE (Asmanex) HFA INHALER</i>	<i>Minimum age = 12 Maximum of 3 inhalers per claim</i>
<i>MONOMETHYL FUMARATE (Bafiertam) CAPSULES</i>	<i>Maximum of 4 capsules per day</i>
<i>MONTELUKAST (Singulair) CHEWABLE, PACKET, TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>MONTELUKAST (Singulair) 4 MG CHEWABLE, GRANULES</i>	<i>Maximum age = 11</i>
<i>MONTELUKAST (Singulair) 5 MG CHEWABLE TABLET</i>	<i>Maximum age = 14</i>
<i>MORPHINE SULFATE ER (Arymo ER) 15 MG, 30 MG</i>	<i>Maximum of 3 per day</i>
<i>MORPHINE SULFATE ER (Arymo ER) 60 MG</i>	<i>Maximum of 2 per day</i>
<i>MORPHINE SULFATE ER (Avinza) CAPSULE</i>	<i>Maximum of 1 capsule per day</i>



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
MORPHINE SULFATE ER (Kadian) CAPSULE	Maximum of 4 capsules per day
MORPHINE SULFATE ER (Morphabond) TABLET	Maximum of 2 tablets per day
MORPHINE SULFATE IR TABLET	Maximum of 150 tablets per 30 days
MORPHINE/NALOXONE (Embeda) CAPSULE	Maximum of 2 capsules per day
NAFARELIN (Synarel) NASAL SOLUTION	Minimum age = 18
NALOXEGOL (Movantik) TABLET	Maximum of 1 tablet per day
NALTREXONE	Minimum age = 19
NARATRIPTAN (Amerge) TABLET	Maximum of 18 doses per 29 days
NEFAZODONE	Minimum age = 4
NALDEMEDINE (Symproic)	Minimum age = 18 Maximum of 2 tablets per day
NEVIBOLOL/VALSARTAN (Byvalson) TABLET	Maximum of 1 tablet per day
NICOTINE GUM	Minimum age = 18 *See Smoking Cessation Agents Note for Maximum Duration
NICOTINE GUM/LOZENGE	Minimum age = 18 Maximum of 924 pieces/lozenges per 90 days *See Smoking Cessation Agents Note for Maximum Duration
NICOTINE INHALATION CARTRIDGE	Minimum age = 18 Maximum of 168 cartridges per claim Maximum of 504 cartridges per 90 days *See Smoking Cessation Agents Note for Maximum Duration
NICOTINE NASAL SPRAY	Minimum age = 18 Maximum of 40 ml per claim Maximum of 120ml per 90 days *See Smoking Cessation Agents Note for Maximum Duration





## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
NICOTINE PATCH	Minimum age = 18 Maximum of 1 per day *See Smoking Cessation Agents Note for Maximum Duration
NILOTINIB (Tasigna) CAPSULE	Maximum of 4 capsules per day
NILUTAMIDE (Nilandron) TABLET	Minimum age = 18
NIMODIPINE (Nymalize) ORAL SOLUTION	Minimum age = 18
NINTEDANIB (Ofev) CAPSULE	Maximum of 2 tablets per day
NIRAPARIB (Zejula) CAPSULE	Maximum of 3 capsules per day
NITAZOXANIDE (Alinia) 100 MG/5 ML SUSPENSION	Maximum of 50 ml per day OR Maximum of 150 ml per claim
NITAZOXANIDE (Alinia) 500 MG TABLET	Min age = 12 Maximum of 2 tablets per day Maximum of 6 tablets per claim
NORTRIPTYLINE CAPSULE	Minimum age = 4
OBETICHOLIC ACID (Ocaliva) TABLET	Maximum of 1 tablet per day
OFATUMUMAB (Kesimpta) PEN	Maximum of 1 pen per month
OLANZAPINE (Zyprexa) TABLET	Minimum age = 6 Maximum of 1.5 tablets per day Maximum dose of 12.5mg per day for age 6-12 Maximum dose of 20mg per day for age 13-18
OLANZAPINE (Zyprexa Zydis) TABLET	Minimum age = 6 Maximum of 1.5 tablets per day for 5 MG, 10 MG, 15 MG Maximum of 1 tablet per day for 20 MG Maximum dose of 12.5mg per day for age 6-12 Maximum dose of 20mg per day for age 13-18
OLANZAPINE/FLUOXETINE (Symbyax) CAPSULE	Minimum age = 6



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
<i>OMBITASVIR/PARITAPREVIR/RITONAVIR (Technivie) TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>OMBITASVIR/PARITAPREVIR/RITONAVIR/DASABUVIR (Viekira) TABLET</i>	<i>Maximum of 112 tablets per 28 days</i>
<i>OMBITASVIR/PARITAPREVIR/RITONAVIR/DASABUVIR (Viekira XR) TABLET</i>	<i>Minimum age = 18 Maximum of 3 tablets per day</i>
<i>OMEPRAZOLE (Prilosec) 20 MG CAPSULE (Generic Only)</i>	<i>Maximum of 4 capsules per day</i>
<i>OMEPRAZOLE (Prilosec) 40 MG CAPSULE (Generic Only)</i>	<i>Maximum of 2 capsules per day</i>
<i>OMEPRAZOLE (Prilosec) 10 MG, 20 MG (Brand only) CAPSULE</i>	<i>Maximum of 1 capsule per day</i>
<i>OMEPRAZOLE (Prilosec) 40 MG CAPSULE (Brand only)</i>	<i>Maximum of 2 capsules per day</i>
<i>OMEPRAZOLE/CLARITHROMYCIN/ AMOXICILLIN (Omeclamox-Pak)</i>	<i>Maximum of 30 days (10 days of therapy x3) per 365 days</i>
<i>OMEPRAZOLE/SODIUM BICARBONATE (Zegerid) 20 MG, 40 MG CAPSULE</i>	<i>Maximum of 1 capsule per day</i>
<i>ONDANSETRON (Zofran) 2 MG/ML VIAL,</i>	<i>Maximum of 16 ml per day</i>
<i>ONDANSETRON (Zofran) TABLET</i>	<i>Maximum of 60 tablets per claim</i>
<i>ONDANSETRON (Zofran) ORAL SOLUTION</i>	<i>Maximum of 150 ml per claim</i>
<i>OPICAPONE (Ongentys) CAPSULE</i>	<i>Maximum of 1 capsule per day</i>
<i>OSELTAMIVIR (Tamiflu) 30 MG, 45 MG, 75 MG CAPSULE</i>	<i>Maximum of 10 capsules per claim OR Maximum of 10-day supply</i>
<i>OSELTAMIVIR (Tamiflu) 6 MG/ML SUSPENSION</i>	<i>Maximum of 180 ml per claim OR Maximum of 10-day supply</i>
<i>OSIMERTINIB (Tagrisso) TABLET</i>	<i>Maximum of 1 tablet per day</i>



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
<i>OXCARBAZEPINE (Trileptal) TABLET</i>	<i>Minimum age = 4 (without diagnosis of epilepsy/other seizure disorder)</i>
<i>OXYCODONE ER (Oxycontin) 10 MG, 15 MG, 20 MG, 30MG, 40MG, 60 MG TABLET</i>	<i>Minimum of 6 tablets per claim Maximum of 3 tablets per day</i>
<i>OXYCODONE ER (Oxycontin) 80 MG TABLET</i>	<i>Minimum of 8 tablets per claim Maximum of 4 tablets per day</i>
<i>OXYCODONE ER (Xtampza ER) 9 MG, 13.5 MG, 18 MG, 27 MG CAPSULE</i>	<i>Minimum age = 18 Maximum of 3 capsules per day</i>
<i>OXYCODONE ER (Xtampza ER) 36 MG CAPSULE</i>	<i>Minimum age = 18 Maximum of 8 capsules per day</i>
<i>OXYCODONE IR CAPSULE, TABLET</i>	<i>Maximum of 150 per 30 days</i>
<i>OXYCODONE/ACETAMINOPHEN TABLET</i>	<i>Maximum of 150 per 30 days</i>
<i>OXYCODONE/ACETAMINOPHEN (Xartemis XR) TABLET</i>	<i>Maximum of 4 tablets per day</i>
<i>OXYCODONE/ASPIRIN TABLET</i>	<i>Maximum of 150 per 30 days</i>
<i>OXYCODONE/IBUPROFEN TABLET</i>	<i>Maximum of 150 per 30 days</i>
<i>OXYMORPHONE (Opana) TABLET</i>	<i>Maximum of 150 per 30 days</i>
<i>OXYMORPHONE (Opana ER) TABLET</i>	<i>Maximum of 3 tablets per day</i>
<i>OZANIMOD (Zeposia) CAPSULE</i>	<i>Maximum of 1 capsule per day Minimum age = 18</i>
<i>PALBOCICLIB (Ibrance) CAPSULE</i>	<i>Maximum of 1 capsule per day</i>
<i>PALIPERIDONE (Invega) 1.5 MG, 3 MG, 9MG TABLET</i>	<i>Minimum age = 12 Maximum of 1 tablet per day Maximum dose of 12mg per day for age 12-18</i>
<i>PALIPERIDONE (Invega) 6 MG TABLET</i>	<i>Minimum age = 12 Maximum of 2 tablets per day Maximum dose of 12mg per day for age 12-18</i>



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
PANTOPRAZOLE (Protonix) TABLET	Maximum of 2 per day
PANTOPRAZOLE GRANULES	Maximum of 2 packets per day
PAROXETINE (Paxil) IR, CR	Minimum age = 13 Maximum dose of 40mg IR per day for age 13-18 Maximum dose of 50mg CR per day for age 13-18
PAROXETINE MESYLATE	Minimum age = 13
PAROXETINE (Paxil) 10 MG Tablet	Maximum of 5 per day
PAROXETINE (Paxil) 20 MG, 30 MG, 40 MG Tablet	Maximum of 1 per day
PATIROMER (Veltassa) PACKET	Maximum of 1 packet per day
PEANUT POWDER (Palforzia)	Minimum age = 4
PEG/ELECTROLYTE (Moviprep) SOLUTION	Maximum of 1 kit per claim
PEGINTERFERON $\alpha$ -2a (Pegasys Proclick) 180 MCG /0.5 ML SYRINGE	Maximum of 1 kit (2 ml) per claim for 28 days
PEGINTERFERON $\alpha$ -2a (Pegasys) 180 MCG /1 ML VIAL	Maximum of 4 ml per claim for 28 days
PEGINTERFERON $\alpha$ -2b (Peg-Intron) REDIPEN, KIT	Submit 1 pen/kit as quantity 1 for 7 days
PEGINTERFERON $\beta$ -1a (Plegridy) PACK, SYRINGE	Maximum of 1 package (1 MI) per 28 days
PEMIGATINIB (Pemazyre)	Maximum of 1 tablet per day
PENTAMIDINE (Nebupent)	Maximum of 1 vial per 28 days
PENTAZOCINE/NALOXONE TABLET	Maximum of 150 per 30 days
PERINDOPRIL/AMLODIPINE (Prestalia) TABLET	Maximum of 1 tablet per day
PERPHENAZINE TABLET	Minimum age = 6 Maximum dose of 64mg per day
PERPHENAZINE/AMITRIPTYLINE TABLET	Minimum age = 6
PEXIDARTINIB (Turalio) CAPSULE	Maximum of 4 capsules per day
PHENELZINE TABLET	Minimum age = 4





## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
<i>PIMAVANSERIN (Nuplazid) 10 MG TABLET; 34 MG CAPSULE</i>	<i>Minimum age = 18 Maximum of 1 tablet/capsule per day</i>
<i>PIMAVANSERIN (Nuplazid) 17 MG TABLET</i>	<i>Minimum age = 18 Maximum of 2 tablets per day</i>
<i>PIMECROLIMUS (Elidel) CREAM</i>	<i>Minimum age = 2</i>
<i>PIMOZIDE TABLET</i>	<i>Minimum age = 6 Maximum dose of 10mg per day</i>
<i>PIPERILLIN/TAZOBACTAM (Zosyn) PREMIX BAGS</i>	<i>Maximum of 200 ml per day</i>
<i>PIPERILLIN/TAZOBACTAM (Zosyn) 2.25 GM, 3.375 GM, 4.5 GM VIAL</i>	<i>Maximum of 4 vials per day</i>
<i>PIPERILLIN/TAZOBACTAM (Zosyn) 13.5 GM VIAL</i>	<i>Maximum of 1 vial per day</i>
<i>PIPERILLIN/TAZOBACTAM (Zosyn) 40.5 GM VIAL</i>	<i>Maximum of 0.5 vials per day</i>
<i>PIRFENIDONE (Esbriet) CAPSULE</i>	<i>Maximum of 9 capsules per day</i>
<i>PIROXICAM CAPSULE</i>	<i>Maximum of 1 capsule per day</i>
<i>PITOLISANT (Wakix) 4.45 MG TABLET</i>	<i>Maximum of 3 tablets per day</i>
<i>PITOLISANT (Wakix) 17.8 MG TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>PLECANATIDE (Trulance) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
<i>PNEUMONIA VACCINE</i>	<i>Maximum of 0.5 ml per claim (patient-specific RX required)</i>
<i>PONATINIB (Iclusig) 15 MG TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>PONATINIB (Iclusig) 45 MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>POSACONAZOLE (Noxafil) TABLET</i>	<i>Minimum age = 13</i>
<i>PRALSETINIB (Gavreto) CAPSULES</i>	<i>Maximum 4 capsules per day</i>
<i>PREGABALIN (Lyrica) 20 MG/ML ORAL SOLUTION</i>	<i>Maximum of 30 ml per day</i>



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
<i>PREGABALIN (Lyrica) 25MG, 50MG, 75MG, 100MG, 150MG, 200MG CAPSULE</i>	<i>Maximum of 3 capsules per day</i>
<i>PREGABALIN (Lyrica) 225MG, 300MG CAPSULE</i>	<i>Maximum of 2 capsules per day</i>
<i>PRENATAL VITAMIN PREPARATIONS</i>	<i>Maximum of 100-day supply per claim</i>
<i>PRETOMANID TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>PROTRIPTYLINE</i>	<i>Minimum age = 4</i>
<i>QUETIAPINE (Seroquel) TABLET</i>	<i>Minimum age = 6</i> <i>Maximum dose of 400mg per day for age 6-9</i> <i>Maximum dose of 800mg per day for age 10-18</i>
<i>QUETIAPINE ER (Seroquel XR) 150 MG, 200 MG TABLET</i>	<i>Minimum age = 6</i> <i>Maximum of 1 tablet per day</i>
<i>QUETIAPINE ER (Seroquel XR) 50 MG, 300 MG, 400 MG TABLET</i>	<i>Minimum age = 6</i> <i>Maximum of 2 tablets per day</i>
<i>RABEPRAZOLE (Aciphex) 20 MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>RALOXIFENE (Evista) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>RALTEGRAVIR (Isentress) TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>RAMELTEON (Rozerem) TABLET</i>	<i>Minimum age = 18</i> <i>Maximum of 1 tablet per day</i>
<i>RASAGILINE (Azilect) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>RELEBACTAM, IMIPENEM, CILASTIN (Recarbrio) VIAL</i>	<i>Minimum age= 18</i>
<i>RILUZOLE (Tiglutik) SUSPENSION</i>	<i>Maximum of 20ML per day</i>
<i>RIMEGEPANT (Nurtec ODT)</i>	<i>Minimum age= 18</i> <i>Maximum of 1 tablet per day</i> <i>Maximum of 8 tablets per 29 days</i>
<i>RISEDRONATE (Actonel) 5 MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>RISEDRONATE (Actonel) 35 MG TABLET</i>	<i>Maximum of 1 tablet per week</i>



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
<i>RISEDRONATE (Actonel) 75 MG TABLET</i>	<i>Maximum of 1 tablet bi-weekly</i>
<i>RISEDRONATE (Actonel) 150 MG TABLET</i>	<i>Maximum of 1 tablet per 30 days</i>
<i>RISPERIDONE (Risperdal) TABLET</i>	<i>Minimum age = 5 Maximum dose of 3mg per day for age 5-12 Maximum dose of 6mg per day for age 13-18</i>
<i>RISPERIDONE (Risperdal Consta) SYRINGE</i>	<i>Submit 1 syringe (quantity 1) for 14-day supply</i>
<i>RIVAROXABAN (Xarelto) 2 MG and 2.5MG TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>RIVAROXABAN (Xarelto) 10 MG TABLET</i>	<i>Maximum of 35 tablets per claim</i>
<i>RIVAROXABAN (Xarelto) 20 MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>RIVAROXABAN (Xarelto) 15 MG TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>RIZATRIPTAN (Maxalt) TABLET</i>	<i>Maximum of 18 doses per 29 days</i>
<i>ROFLUMILAST (Daliresp) 250mcg TABLET</i>	<i>Maximum of 28 tablets in 365 days</i>
<i>ROSUVASTATIN (Ezallor Sprinkle) CAPSULE</i>	<i>Maximum of 1 capsule per day</i>
<i>RUCAPARIB (Rubraca) TABLET</i>	<i>Maximum of 4 tablets per day</i>
<i>RUFINAMIDE (Banzel) 200MG TABLET</i>	<i>Maximum of 3 tablets per day</i>
<i>RUFINAMIDE (Banzel) 400MG TABLET</i>	<i>Maximum of 8 tablets per day</i>
<i>RUFINAMIDE (Banzel) SUSPENSION</i>	<i>Maximum age = 11</i>
<i>SACUBITRIL/VALSARTAN (Entresto) TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>SAFINAMIDE (Xadago) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>SAXAGLIPTIN (Onglyza) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
<i>SAXAGLIPTIN/METFORMIN (Kombiglyze XR) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
<i>SELEGILINE (Emsam) PATCH</i>	<i>Minimum age = 18 Maximum of 1 patch per day</i>



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
<i>SELUMETINIB (Koselugo)</i>	<i>Minimum age = 2</i>
<i>SEMAGLUTIDE (Ozempic) 0.25-0.5 PEN</i>	<i>Maximum of 1.5 ML per 28 days</i>
<i>SEMAGLUTIDE (Ozempic) 1 MG/0.75 ML PEN</i>	<i>Maximum of 3.0 ML per 28 days</i>
<i>SERTRALINE (Zoloft) TABLET</i>	<i>Minimum age = 4</i> <i>Maximum dose of 200mg per day for age 4-18</i>
<i>SERTRALINE (Zoloft) 25 MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>SERTRALINE (Zoloft) 50 MG TABLET</i>	<i>Maximum of 3 tablets per day</i>
<i>SERTRALINE (Zoloft) 100 MG TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>SILDENAFIL (Revatio) TABLET</i>	<i>Maximum of 3 tablets per day</i>
<i>SIPONIMOD (Mayzent) 0.25 MG TABLET</i>	<i>Maximum of 7 tablets per day</i>
<i>SIPONIMOD (Mayzent) 2 MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>SITAGLIPTIN (Januvia) TABLET</i>	<i>Minimum age = 18</i> <i>Maximum of 1 tablet per day</i>
<i>SITAGLIPTIN/METFORMIN (Janumet) TABLET</i>	<i>Minimum age = 18</i> <i>Maximum of 2 tablets per day</i>
<i>SITAGLIPTIN/METFORMIN (Janumet XR) TABLET</i>	<i>Minimum age = 18</i> <i>Maximum of 1 tablet per day</i>
<i>SITAGLIPTIN/SIMVASTATIN (Juvisyntc) TABLET</i>	<i>Minimum age = 18</i> <i>Maximum of 1 tablet per day</i>





## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
<i>SODIUM FLUORIDE DROPS</i>	<i>Maximum of 50 ml per claim</i>
<i>SOFOSBUVIR (Sovaldi) PELLETS</i>	<i>Minimum age = 3 Maximum of 2 per day</i>
<i>SOFOSBUVIR (Sovaldi) 400MG TABLET</i>	<i>Maximum of 28 tablets per claim</i>
<i>SOFOSBUVIR (Sovaldi) 200MG TABLET</i>	<i>Minimum age = 3 Maximum of 56 tablets per claim</i>
<i>SOFOSBUVIR/VELPATASVIR (Epclusa) TABLET</i>	<i>Minimum age = 6 Maximum of 1 tablet per day</i>
<i>SOFOSBUVIR/VELPATASVIR/VOXILAPREVIR (Vosevi) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
<i>SOLRIAMFETOL (Sunosi) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>SPIRONOLACTONE (Carospir) SUSPENSION</i>	<i>Maximum of 20 mL per day</i>
<i>STIRIPENTOL (Diacomit) 250 MG, 500 MG CAPSULE and POWDER PACKET</i>	<i>Minimum age = 2</i>
<i>SUMATRIPTAN</i>	<i>Maximum of 18 doses per 29 days</i>
<i>SUMATRIPTAN/NAPROXEN (Treximet) TABLET</i>	<i>Maximum of 18 doses per 29 days</i>
<i>SUVOREXANT (Belsomra) TABLET</i>	<i>Minimum age = 19 Maximum of 1 tablet per day</i>
<i>TACROLIMUS (Protopic) OINTMENT</i>	<i>Minimum age = 2</i>
<i>TAFAMIDIS (Vyndamax) 61 MG CAPSULE</i>	<i>Maximum of 1 capsule per day</i>
<i>TAFAMIDIS MEGLUMINE (Vyndaqel) 20 MG CAPSULE</i>	<i>Maximum of 4 capsules per day</i>
<i>TAFENOQUINE SUCCINATE (Krintafel) 150 MG TABLET</i>	<i>Minimum age = 16 Maximum of 2 tablets per claim</i>
<i>TALAZOPARIB TOSYLATE (Talzena) 0.25 MG CAPSULE</i>	<i>Maximum of 3 capsules per day</i>
<i>TALAZOPARIB TOSYLATE (Talzena) 1 MG CAPSULE</i>	<i>Maximum of 1 capsule per day</i>
<i>TAMOXIFEN (Nolvadex) TABLET</i>	<i>Minimum age = 18</i>
<i>TAPENTADOL TABLET</i>	<i>Maximum of 150 tablets per 30 days</i>



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
TASIMELTEON (Hetlioz) CAPSULE	Maximum of 1 capsule per day
TAZAROTENE (Arazlo) Lotion	Minimum age = 9
TEGASEROD (Zelnorm) TABLET	Maximum of 2 tablets per day Maximum age= 64 For Females only
TELOTRISTAT (Xermelo) TABLET	Maximum of 3 tablets per day
TEMAZEPAM (Restoril) 7.5 MG, 15 MG, 22.5 MG, 30 MG CAPSULE	Maximum of 1 capsule per day
TENOFOVIR (Vemlidy) TABLET	Maximum of 1 tablet per day
TERIFLUNOMIDE (Aubagio) TABLET	Maximum of 1 tablet per day Maximum of 28 tablets per claim
TERIPARATIDE SYRINGE	Submit 1 unit (2.4 ml) for 30-day supply Maximum of 24 months per lifetime
TEZACAFTOR/IVACAFTOR (Symdeko) 100 MG/150 MG TABLET	Maximum of 2 tablets per day Minimum age = 6
TEZACAFTOR/IVACAFTOR (Symdeko) 50 MG/75 MG TABLET	Maximum of 2 tablets per day Minimum age = 6
THIORIDAZINE TABLET	Minimum age = 6
THIOTHIXENE CAPSULE	Minimum age = 6
TIDEZOLID (Sivextro) 200 MG TABLET, VIAL	Maximum of 6 tablets/vials per fill
TIGECYCLINE (Tygacil) VIAL	Maximum of 30 vials per claim
TOBRAMYCIN (Tobi Podhaler) INHALE CAP	Maximum of 8 capsules per day Maximum of 224mg per day Minimum age = 6
TOFACITINIB (Xeljanz) 5 MG, 10 MG TABLET	Maximum of 2 tablets per day
TOFACITINIB XR (Xeljanz XR) TABLET	Maximum of 1 tablet per day
TOPIRAMATE (Topamax) SPRINKLES	Maximum age = 11



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
TOREMIFENE (Fareston) TABLET	Minimum age = 18
TRETINOIN PRODUCTS	Maximum age = 25
TRAMADOL TABLET	Minimum age = 12 Maximum of 4 tablets per day (100MG) Maximum of 8 tablets per day (50MG) Maximum of 150 tablets per 30 days
TRAMADOL/ACETAMINOPHEN TABLET	Minimum age = 12 Maximum of 150 tablets per 30 days
TRANLYCPROMINE TABLET	Minimum age = 4
TRAZODONE TABLET	Minimum age = 14 Maximum dose is 100mg if <19
TREPROSTINIL (Tyvaso) INHALATION SOLUTION	Maximum of 81.2 ml per claim
TRETINOIN (Altreno) Lotion	Minimum age = 9
TRIAMCINOLONE (Kenalog) VIAL	Maximum of 15 ml per claim
TRICLABENDAZOLE (Egaten) TABLET	Minimum age = 6
TRIFAROTENE (Aklief) Cream	Minimum age = 9
TRIFLUOPERAZINE TABLET	Minimum age = 6
TRIMIPRAMINE MALEATE TABLET	Minimum age = 4
TUCATINIB (Tukysa) TABLET	Maximum of 4 tablets per day
UBROGEPANT (Ubrovelvy) TABLET	Minimum age = 18 Maximum of 2 tablets per day Maximum of 16 tablets per 29 days
UPADACITINIB (Rinvoq ER) 15MG TABLET	Maximum of 1 tablet per day



## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
VALACYCLOVIR (Valtrex) 1000 MG TABLET	3 tablets per day WITH Maximum day supply of 10 1 tablet per day WITH Minimum day supply of 10 Maximum of 30 tablets per claim
VALBENZAZINE (Ingrezza) CAPSULE and INITIATION PACK	Minimum age = 19 Maximum of 1 capsule per day
VALGANCYCLOVIR (Valcyte) TABLET	Maximum of 2 tablets per day
VALGANCYCLOVIR (Valcyte) SUSPENSION	Maximum of 18 ml per day
VANCOMYCIN 500 MG VIAL	Maximum of 4 vials per day
VANCOMYCIN 750 MG, 1 GM VIAL	Maximum of 2 vials per day
VANCOMYCIN 750 MG IV BAG	Maximum of 2 bags (300 ml) per day
VANCOMYCIN 2 GM IV BAG	Maximum of 1 bag (250 ml) per day
VANCOMYCIN 5 GM, 10 GM VIAL	Maximum of 1 vial per day
VARENICLINE (Chantix) TABLET	Minimum age = 18 Maximum of 2 tablets per day *See Smoking Cessation Agents Note for Maximum Duration
VENLAFAXINE (Effexor) IR/ER TABLET, CAPSULE	Minimum age = 13 Maximum dose of 375mg per day for age 13-18
VIGABATRIN (Sabril) TABLET	Maximum of 6 tablets per day
VILAZODONE (Viibryd) TABLET	Minimum age = 18 Maximum of 1 tablet per day
VORICONAZOLE (Vfend) VIAL	Maximum of 10 vials per claim
VORTIOXETINE (Trintellix) TABLETS	Minimum age = 18
ZANAMIVIR (Relenza) 3.6 MG, 5 MG DISK INHALER	Maximum of 5-day supply
ZANUBRUTINIB (Brukinsa) CAPSULE	Maximum of 4 capsules per day





## Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day. (beginning October 11, 2018)
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day. (beginning December 1, 2020)
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

<b>Summary of Drug Limitations</b>	
<i>ZIPRASIDONE (Geodon) CAPSULE</i>	<i>Minimum age = 6 Maximum dose of 160mg per day</i>
<i>ZIPRASIDONE (Geodon) VIAL</i>	<i>Maximum of 6 vials per claim</i>
<i>ZITHROMAX (ZMax) SUSPENSION</i>	<i>Maximum of 1 unit per claim</i>
<i>ZOLMITRIPTAN (Zomig) TABLET</i>	<i>Maximum of 18 doses per 29 days</i>
<i>ZOLPIDEM (Ambien) TABLET</i>	<i>Maximum of 1 tablet per day Maximum dose of 5mg for FEMALES</i>
<i>ZOLPIDEM (Edluar) TABLET</i>	<i>1 SL tablet per day</i>
<i>ZOLPIDEM (Intermezzo) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>ZOLPIDEM ER (Ambien CR) TABLET</i>	<i>Maximum of 1 tablet per day Maximum dose of 6.25mg for FEMALES</i>