



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

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ABALOPARATIDE (Tymlos) PEN INJECTOR	Maximum of 1.56 mL (1 pen) per 30 days
ABEMACICLIB (Verzenio) TABLET	Minimum age = 18 Maximum of 2 tablets per day
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
ABROCITINIB (Cibinqo) TABLETS	Minimum age = 18 Maximum of 1 tablet per day (all strengths)
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
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



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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
AMLODIPINE (Norliqva) SOLUTION	Minimum age = 6 Maximum of 300mL per claim
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

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	<p>Maximum daily dose of 18.8mg for age 6-12 years</p> <p>Maximum daily dose of 12.5mg for age 13-17 years</p> <p>Maximum accumulated dose of 60mg per day for age <u>>19</u></p>
AMPHETAMINE (Dyanavel XR) SUSPENSION	<p>Minimum age = 6</p> <p>Maximum accumulated dose of 60mg per day for age <u>>19</u></p>
AMPHETAMINE (Evekeo) TABLET	<p>Minimum age = 5</p> <p>Maximum accumulated dose of 60mg per day for age <u>>19</u></p>
AMPHETAMINE (Evekeo) ODT	<p>Minimum age = 6</p> <p>Maximum age = 17</p>
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	<p>Maximum of 5 doses per day</p> <p>Maximum single dose of 30mg</p>
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	<p>Minimum age = 6</p> <p>Maximum of 2 tablets per day</p> <p>Maximum dose of 15mg per day for age 6-12</p> <p>Maximum dose of 30mg per day for age 13-18</p>

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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
ARIPIRAZOLE (Abilify Mycrite KIT) 2 MG	Minimum age = 18 Maximum of 2 tablets per day
ARIPIRAZOLE (Abilify Mycrite 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 Maximum of 2 tablets
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
ATOGEPAANT (Qulipta) TABLET	Minimum age = 18

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	<i>Maximum 1 tablet per day</i>
<i>ATOMOXETINE (Strattera) 10 MG, 18 MG, 25 MG, 40 MG, CAPSULE</i>	<i>Minimum age = 6 Maximum of 2 capsules per day</i>
<i>ATOMOXETINE (Strattera) 60 MG, 80 MG, 100 MG CAPSULE</i>	<i>Minimum age = 6 Maximum of 1 capsule per day</i>
<i>ATORVASTATIN (Lipitor) 10 MG, 20 MG, 40 MG, 80 MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>AVACOPAN (Tavneos) CAPSULE</i>	<i>Maximum of 6 capsules per day</i>
<i>AVAPRITINIB (Ayvakit) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
<i>AZELAIC ACID (Finacea) CREAM</i>	<i>Maximum age = 18</i>
<i>AZITHROMYCIN (Azasite) OPHTHALMIC SOLUTION</i>	<i>Maximum of 2.5 mL per claim</i>
<i>BACLOFEN (Gablofen IT, Lioresal IT) SOLUTION</i>	<i>Maximum of 40 mL per claim</i>
<i>BACLOFEN (Lyvispah) GRANULES</i>	<i>Maximum of 80mg per day</i>
<i>BACLOFEN (Ozobax) SOLUTION</i>	<i>Maximum of 80 mL per day</i>
<i>BALOXAVIR MARBOXIL (Xofluza) 20MG TABLET</i>	<i>Maximum of 3 tablets per claim Minimum age = 12</i>
<i>BALOXAVIR MARBOXIL (Xofluza) 40MG TABLET</i>	<i>Maximum of 2 tablets per claim Minimum age = 12</i>
<i>BARICITINIB (Olumiant) 2MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>BEDAQUILINE FUMARATE (Sirturo) TABLET</i>	<i>Minimum age = 5</i>
<i>BELIMUMAB (Benlysta) AUTOINJECTOR, SYRINGE</i>	<i>Maximum of 1 mL per 7 days</i>
<i>BELUMOSUDIL (Rezurock) TABLET</i>	<i>Maximum of 1 tablet per day Minimum age = 12</i>
<i>BELZUTIFAN (Welireg) TABLETS</i>	<i>Maximum 3 tablets per day</i>
<i>BEMPEDOIC ACID (Nexletol) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>BEMPEDOIC ACID/EZETIMIBE (Nexlizet) TABLET</i>	<i>Maximum of 1 tablet per day</i>

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<i>BENRALIZUMAB (Fasenra) PEN</i>	<i>Minimum age = 12 Maximum of 1 pen per 28 days</i>
<i>BENZHYDROCODONE/APAP (Apadaz) 4.08-325 MG, 6.12-325 MG, 8.16-325 MG TABLET</i>	<i>Maximum of 14 days Maximum of 12 per day</i>
<i>BENZOYL PEROXIDE (Panoxyl) 5% AND 10% BAR</i>	<i>Maximum of 1 each per claim</i>
<i>BENZYL ALCOHOL (Ulesfia) LOTION</i>	<i>Maximum of 681 g per claim</i>
<i>BEROTRALSTAT (Orladeyo) CAPSULES</i>	<i>Minimum age= 12 Maximum of 1/day</i>
<i>BETRIXABAN MALEATE (Bevyxxa) 40 MG, 80 MG CAPSULE</i>	<i>Maximum of 1 capsule per day</i>
<i>BICALUTAMIDE (Casodex) TABLET</i>	<i>Minimum age = 18</i>
<i>BICTEGRAVIR/EMTRICITABINE/TENOFOVIR (Biktarvy) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>BISMUTH SUBCITRATE/METRONIDAZOLE/ TETRACYCLINE (Pylera) CAPSULE</i>	<i>Maximum of 30 days (10 days of therapy x3) per 365 days</i>
<i>BOSUTINIB (Bosulif) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>BREXPIPIRAZOLE (Rexulti) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
<i>BRIGATINIB (Alunbrig) 90MG, 180MG, 90-180MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>BRIGATINIB (Alunbrig) 30MG TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>BUDESONIDE (Ortikos) ER CAPSULE</i>	<i>Minimum age= 8 Maximum of 1 capsule per day</i>
<i>BUDESONIDE/GLYCOPYROLATE/FORMOTEROL FUMARATE (Breztri Aerosphere HFA)</i>	<i>Maximum of 4 inhalations per day</i>



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<i>BUPRENORPHINE (Belbuca) FILM</i>	<i>Minimum age = 18 Maximum of 2 films per day</i>
<i>BUPRENORPHINE (Bunavail) 2.1-0.3 MG FILM</i>	<i>Maximum of 1 film per day Minimum age = 16</i>
<i>BUPRENORPHINE (Bunavail) 4.2-0.7 MG, 6.3-1 MG FILM</i>	<i>Maximum of 2 films per day Minimum age = 16</i>
<i>BUPRENORPHINE (Butrans) PATCH</i>	<i>Maximum of 1 patch per 7 days Maximum of 4 patches per claim</i>
<i>BUPRENORPHINE (Subutex) 2 MG, 8 MG TABLET</i>	<i>Maximum of 3 tablets per day Minimum age = 16</i>
<i>BUPRENORPHINE/NALOXONE (Suboxone) 4MG-1MG, 12MG-3MG SL TABLET, FILM</i>	<i>Maximum of 2 tablets/films per day Minimum age = 16</i>
<i>BUPRENORPHINE/NALOXONE (Suboxone) 2MG-0.5MG, 8MG-2MG SL TABLET, FILM</i>	<i>Maximum of 3 tablets/films per day Minimum age = 16</i>
<i>BUPRENORPHINE/NALOXONE (Zubsolv) 1.4 MG-0.36 MG, 5.7 MG-1.4 MG SL TABLET</i>	<i>Maximum of 3 tablets per day Minimum age = 16</i>
<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>



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<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 (Rayaldee ER) CAPSULE</i>	<i>Maximum of 2 capsules per day</i>
<i>CALCIPOTRIENE/BETAMETHASONE (Taclonex) OINTMENT</i>	<i>Minimum age = 18</i>
<i>CALCITONIN-SALMON (Miacalcin) INJECTION</i>	<i>Maximum of 100 units per day</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>CARBIDOPA/LEVODOPA (Dhivy) TABLET</i>	<i>Maximum of 8 tablets per day</i>
<i>CARIPRAZINE (Vraylar) CAPSULE, PACK</i>	<i>Minimum age = 18 Maximum of 1 capsule per day</i>
<i>CARISOPRODOL (Soma) 350MG TABLET</i>	<i>Maximum of 4 tablets per day Maximum of 30 days per claim</i>
<i>CASPOFUNGIN (Cancidas) VIAL</i>	<i>Maximum of 1 vial per day</i>
<i>CEFAZOLIN 1 GM VIAL</i>	<i>Maximum of 6 vials per day</i>

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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
CELECOXIB (Elyxyb) SOLUTION	Minimum age = 18 Maximum of 120mg per day
CELECOXIB/TRAMADOL (Seglentis) TABLET	Minimum age = 12
CERTOLIZUMAB (Cimzia) 200 MG/ML STARTER KIT	Maximum of 3 per claim
CERTOLIZUMAB (Cimzia) 200 MG/ML SYRINGE KIT	Maximum of 1 per claim
CEFTRIAZONE (Rocephin) 250 MG, 500 MG, 1 GM, 2 GM, 10 GM VIALS	Maximum of 10 vials per claim
CETIRIZINE (Zerviate) OPHTH 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
CLOBETASOL (Impeklo) LOTION	Minimum age = 18

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Updates from previous postings are highlighted in yellow 9



Summary of Drug Limitations

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- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

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



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Summary of Drug Limitations	
CYANOCOBALAMIN 1000 MCG/ML 25 ML VIAL (NDC = 54868076201)	Maximum of 1 vial per claim
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
DARIDOREXANT (Quviviq) TABLET	Maximum of 1 tablet per day
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
DASIGLUCAGON HCL (Zegalogue) AUTO-INJECTOR, SYRINGE	Minimum age = 6

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<i>Summary of Drug Limitations</i>	
	<i>Maximum of 2 doses per claim</i>
<i>DELAFLORACIN (Baxdela) TABLET</i>	<i>Maximum of 2 per day Maximum of 28 per fill</i>
<i>DESIPRAMINE TABLET</i>	<i>Minimum age = 4</i>
<i>DESMOPRESSIN ACETATE (Nocdurna) SL TABLET</i>	<i>Maximum of 1 tablet per day</i>
<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</i>

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Summary of Drug Limitations	
	<i>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 Maximum dose of 25mg per day for age 13-17 Maximum dose of 50mg per day for age 18+ Maximum accumulated dose of 60mg per day for age ≥ 19</i>
<i>DIAZEPAM NASAL SPRAY (Valtoco)</i>	<i>Minimum age = 6 Max Qty Per Day – 5mg /10mg: 0.36 units; 15mg/20 mg: 0.72 units</i>

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Summary of Drug Limitations	
<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>DIHYDROERGOTAMINE MESYLATE (Trudhesa) NASAL SPRAY</i>	<i>Minimum age = 18</i> <i>Maximum of 2.9 mg per day</i> <i>Maximum of 4.35mg per week</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>
<i>DOXEPIN CAPSULE</i>	<i>Minimum age = 4</i>
<i>DOXEPIN (Silenor) TABLET</i>	<i>Minimum age = 4</i>
<i>DOXYLAMINE/PYRIDOXINE (Bonjesta) TABLET</i>	<i>Maximum of 2 tablets per day OR</i> <i>Maximum of 30 tablets per claim</i>

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Summary of Drug Limitations	
<i>DOXYLAMINE/PYRIDOXINE (Diclegis) TABLET</i>	<i>Maximum of 4 tablets per day OR Maximum of 30 tablets per claim</i>
<i>DRONABINOL CAPSULE</i>	<i>Minimum age = 18</i>
<i>DRONABINOL (Syndros) SOLUTION</i>	<i>Minimum age = 18 Maximum of 30 mL bottle per 30 days</i>
<i>DROXIDOPA (Northera) 100 MG CAPSULE</i>	<i>Maximum of 3 capsules per day</i>
<i>DROXIDOPA (Northera) 200 MG, 300 MG CAPSULE</i>	<i>Maximum of 6 capsules per day</i>
<i>DULOXETINE (Cymbalta) CAPSULE</i>	<i>Minimum age = 13 Maximum dose of 60 mg per day for age 13-18</i>
<i>DULOXETINE (Drizalma Sprinkle DR) SPRINKLE CAPSULE</i>	<i>Minimum age = 7 Maximum of 2 capsules per day</i>
<i>DUPILUMAB (Dupixent)</i>	<i>Minimum age = 6</i>
<i>DUVELISIB (Copiktra) 15MG CAPSULE</i>	<i>Maximum of 3 Capsules per day</i>
<i>DUVELISIB (Copiktra) 25MG CAPSULE</i>	<i>Maximum of 2 Capsules per day</i>
<i>EDOXABAN (Savaysa) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (Symfi and Symfi Lo) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>ELAGOLIX SODIUM (Orilissa) 150 MG TABLET</i>	<i>Maximum of 1 tablet per day Maximum duration of treatment = 24 months</i>
<i>ELAGOLIX SODIUM (Orilissa) 200 MG TABLET</i>	<i>Maximum of 2 tablets per day Maximum duration of treatment = 24 months</i>
<i>ELAGOLIX/ESTRADIOL/NORETHISTERONE (Oriahnn)</i>	<i>Minimum age = 18 Maximum duration of treatment = 24 months</i>
<i>ELECTROLYTES (Pedialyte) SOLUTION</i>	<i>Maximum of 6084 ml per claim</i>
<i>ELETRIPTAN (Relpax) TABLET</i>	<i>Maximum of 18 doses per 29 days</i>
<i>ELEXACAFTOR/IVACAFTOR/TEZACAFTOR (Trikafta) TABLET</i>	<i>Minimum age = 6</i>

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Summary of Drug Limitations	
<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>EMTRICIABINE/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>
<i>ENFUVRTIDE (Fuzeo.n) VIAL</i>	<i>Minimum age = 6 Maximum of 2 vials per day</i>

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Summary of Drug Limitations	
<i>ENOXAPARIN (Lovenox) 40 MG (0.4 ml) SYRINGE</i>	<i>Maximum of 24 ml per claim</i>
<i>ENOXAPARIN (Lovenox) 60 MG (0.6 ml) SYRINGE</i>	<i>Maximum of 36 ml per claim</i>
<i>ENOXAPARIN (Lovenox) 80 MG (0.8 ml) SYRINGE</i>	<i>Maximum of 48 ml per claim</i>
<i>ENOXAPARIN (Lovenox) 100 MG (1.0 ml) SYRINGE</i>	<i>Maximum of 30 ml per claim</i>
<i>ENOXAPARIN (Lovenox) 120 MG (1.2 ml) SYRINGE</i>	<i>Maximum of 24 ml per claim</i>
<i>ENOXAPARIN (Lovenox) 150 MG (1.5 ml) SYRINGE</i>	<i>Maximum of 30 ml per claim</i>
<i>ENOXAPARIN (Lovenox) 30 MG (0.3 ml) SYRINGE</i>	<i>Maximum of 18 ml per claim</i>
<i>ENOXAPARIN (Lovenox) 300 MG (3.0 ml) VIAL</i>	<i>Maximum of 15 ml per claim</i>
<i>ENTRECTINIB (Rozlytrek) 100MG CAPSULE</i>	<i>Maximum of 6 per day Minimum age = 12</i>
<i>ENTRECTINIB (Rozlytrek) 200MG CAPSULE</i>	<i>Maximum of 3 per day Minimum age = 12</i>
<i>ENZALUTAMIDE (Xtandi) CAPSULE</i>	<i>Minimum age = 19 Maximum of 4 capsules per day</i>
<i>EPINEPHRINE (Adrenaclick, Epipen, Epipen Jr, Symjepi)</i>	<i>Maximum of 4 per claim</i>
<i>EPINEPHRINE (Epipen, Epipen Jr) TWINJECT</i>	<i>Minimum of 2 each per claim Maximum of 4 each per claim</i>
<i>ERENUMAB-AOOE (Aimovig Autoinjector) 70 MG/ML</i>	<i>Maximum of 2 injections per 29 days</i>
<i>ERENUMAB-AOOE (Aimovig Autoinjector) 140 MG/ML</i>	<i>Maximum of 1 injection per 29 days</i>
<i>ERGOCALCIFEROL CAPSULE</i>	<i>Minimum age = 17</i>
<i>ERGOCALCIFEROL ORAL SOLUTION</i>	<i>Maximum of 60 ml per claim</i>
<i>ERTUGLIFLOZIN PIDOLATE (Steglatro) 15MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>ERTUGLIFLOZIN PIDOLATE (Steglatro) 5MG TABLET</i>	<i>Maximum of 2 tablet per day</i>

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Summary of Drug Limitations	
<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 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 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>

Update June 1, 2022

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Summary of Drug Limitations

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- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

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



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Summary of Drug Limitations	
<i>FLUOXETINE CAPSULE, TABLET (Prozac, Sarafem)</i>	<i>Minimum age = 4 Maximum dose of 60mg per day for age 4-18</i>
<i>FLUPHENAZINE</i>	<i>Minimum age = 6</i>
<i>FLUTAMIDE (Eulexin) TABLET</i>	<i>Minimum age = 18</i>
<i>FLUTICASONE (Armonair) DIGIHALER</i>	<i>Minimum age = 12 Maximum of 1 inhaler per month</i>
<i>FLUTICASONE (Armonair) RESPICLICK</i>	<i>Minimum age = 12</i>
<i>FLUTICASONE FUROATE (Arnuity Ellipta) 50MCG</i>	<i>Minimum age = 5</i>
<i>FLUTICASONE FUROATE (Arnuity Ellipta) 100MCG, 200MCG</i>	<i>Minimum age = 12</i>
<i>FLUTICASONE/SALMETEROL (Advair) DISKUS</i>	<i>Maximum of 2 doses per day</i>
<i>FLUTICASONE/SALMETEROL (Advair HFA) INHALER</i>	<i>Maximum of 1 inhaler per month</i>
<i>FLUTICASONE/SALMETEROL (Airduo) DIGIHALER</i>	<i>Minimum age = 12 Maximum of 1 inhaler per month</i>
<i>FLUTICASONE/SALMETEROL (Airduo) RESPICLICK</i>	<i>Minimum age = 12</i>
<i>FLUTICASONE/UMECLIDINIUM/VILANTEROL (Trelegy Ellipta)</i>	<i>Minimum age = 18 Submit 60 units for 30 days Submit 28 units for 14 days</i>
<i>FLUVOXAMINE TABLET</i>	<i>Minimum age = 8 Maximum dose of 200mg per day for age 8-11 Maximum dose of 300mg per day for age 12-18</i>
<i>FOSTAMATINIB DISODIUM (Tavalisse) 100MG, 150MG TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>FOSTEMSAVIR (Rukobia) ER TABLET</i>	<i>Minimum age= 18 Maximum of 2 tablets per day</i>
<i>FREMANEZUMAB-VFRM (Ajovy) SYRINGE, AUTOINJECTOR, AUTOINJECTOR 3-PACK</i>	<i>Maximum of 1 injection per month/3 per 3 months</i>
<i>FROVATRIPTAN (Frova) TABLET</i>	<i>Maximum of 18 doses per 29 days</i>

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<i>FULVESTRANT (Faslodex) TABLET</i>	<i>Minimum age = 18</i>
<i>GABAPENTIN (ALL BRANDS, ALL FORMULATIONS)</i>	<i>Maximum cumulative dose = 3600mg/day</i>
<i>GILTERITINIB FUMERATE (Xospata) 40 MG TABLET</i>	<i>Maximum of 3 tablets per day</i>
<i>GLASDEGIB MALEATE (Daurismo) 25 MG TABLET</i>	<i>Maximum of 3 tablets per day</i>
<i>GLASDEGIB MALEATE (Daurismo) 100 MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>GLATIRAMER ACETATE (Copaxone) 20 MG/ML SYRINGE KIT</i>	<i>Submit 1 package (1 unit) per 30-day supply</i>
<i>GLATIRAMER ACETATE (Copaxone) 40 MG/ML SYRINGE</i>	<i>Maximum of 12 ml per 28-day supply</i>
<i>GLECAPREVIR/PIBRENTASVIR (Mavyret) PELLETT</i>	<i>Minimum age = 3</i>
<i>GLECAPREVIR/PIBRENTASVIR (Mavyret) TABLET</i>	<i>Minimum age = 12</i> <i>Maximum of 3 tablets per day</i>
<i>GLUCAGON (Baqsimi) NASAL</i>	<i>Minimum age = 4</i> <i>Maximum of 2 doses per claim</i>
<i>GLUCAGON (Gvoke)</i>	<i>Minimum age = 2</i> <i>Maximum of 2 doses per claim</i>
<i>GLUCAGON EMERGENCY KIT (ALL MFRS)</i>	<i>Maximum of 2 kits per claim</i>
<i>GLUCAGON INJECTION</i>	<i>Maximum of 2 injections per claim</i>
<i>GLYCOPYRRONIUM TOSYLATE (Qbrexza) CLOTH</i>	<i>Minimum age = 9</i>
<i>GUANFACINE (Intuniv) TABLET</i>	<i>Minimum age = 6</i> <i>Maximum of 1 tablet per day</i>
<i>HALOBETASOL PROP 0.05% FOAM</i>	<i>Minimum age = 18</i> <i>Maximum of 100 GM per claim</i>
<i>HALOPERIDOL</i>	<i>Minimum age = 6</i> <i>Maximum dose of 6mg per day for age 6-12</i> <i>Maximum dose of 15mg per day for age 13-18</i>

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Summary of Drug Limitations	
<i>HYDROCODONE (Hysingla ER) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>HYDROCODONE (Ventrela ER) TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>HYDROCODONE/ACETAMINOPHEN TABLET</i>	<i>Maximum of 150 per 30 days</i>
<i>HYDROCODONE/IBUPROFEN TABLET</i>	<i>Maximum of 150 per 30 days</i>
<i>HYDROCORTISONE (Alkindi) ORAL GRANULES</i>	<i>Maximum age = 17</i>
<i>HYDROMORPHONE TABLET</i>	<i>Maximum of 150 per 30 days</i>
<i>HYDROMORPHONE (Exalgo) 8 MG, 12 MG, 16 MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>HYDROMORPHONE (Exalgo) 32 MG TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>HYDROXYCHLOROQUINE</i>	<i>Maximum therapy course is twice daily for 14 days</i>
<i>HYDROXYZINE PAMOATE (Vistaril)</i>	<i>Maximum dose of 25mg for age ≤ 6 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>IBREXAFUNGERP (Brexafemme) TABLET</i>	<i>Maximum of 4 tablets per claim</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>

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Summary of Drug Limitations	
<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>ISOTERTINOIN (Absorica)</i>	<i>Minimum age = 12</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>
<i>LACOSAMIDE (Vimpat) 50 MG TABLET</i>	<i>Maximum of 3 tablets per day</i>
<i>LACOSAMIDE (Vimpat) 100MG, 150 MG, 200 MG TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (Cimduo, Temixys) 300MG/300MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>LAMOTRIGINE (Lamictal) 2 MG DISPERTAB</i>	<i>Maximum age = 11 Maximum of 2 tablets per day</i>
<i>LAMOTRIGINE (Lamictal) 5 MG DISPERTAB</i>	<i>Maximum age = 11 Maximum of 4 tablets per day</i>
<i>LAMOTRIGINE (Lamictal XR) 25 MG, 50 MG, 100 MG TABLET</i>	<i>Minimum age = 4 (without diagnosis of epilepsy/other seizure disorder) Maximum of 1 tablet per day</i>
<i>LAMOTRIGINE (Lamictal XR) 200 MG TABLET</i>	<i>Minimum age = 4 (without diagnosis of epilepsy/other seizure disorder) Maximum of 3 tablets per day</i>

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Summary of Drug Limitations	
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) Maximum of 4 tablets per 29 days (50mg) Maximum of 2 tablet per day (100 mg) Maximum of 8 tablets per 29 days (100mg)
LEDIPASVIR/SOFOSBUVIR (Harvoni) PELLETS)	Minimum Age = 3 Maximum of 2 per day
LEDIPASVIR/SOFOSBUVIR (Harvoni) 90-400MG TABLET	Maximum of 28 tablets per claim
LEDIPASVIR/SOFOSBUVIR (Harvoni) 45-200MG TABLET	Minimum age = 3 Maximum of 56 tablets per claim
LEFAMULIN (Xenleta) TABLET	Maximum of 2 tablets per day
LEMBOREXANT (Dayvigo) TABLET	Minimum age = 18 Maximum of 1 tablet per day (10mg) Maximum of 2 tablets per day (5mg)
LENALIDOMIDE (Revlimid) CAPSULE	Maximum of 1 capsule per day
LESINURAD (Zurampic) TABLET	Minimum age = 18

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Summary of Drug Limitations	
	<i>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>LEVMILNACIPRAN (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>
<i>LINACLOTIDE (Linzess) CAPSULE</i>	<i>Minimum age = 18 Maximum of 1 capsule per day</i>
<i>LINAGLIPTIN (Tradjenta) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
<i>LINAGLIPTIN/METFORMIN (Jentadueto) TABLET</i>	<i>Minimum age = 18 Maximum of 2 tablets per day</i>
<i>LINAGLIPTIN/METFORMIN (Jentadueto XR) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day (5 mg/1000 mg) Maximum of 2 tablet per day (2.5 mg/1000 mg)</i>
<i>LINEZOLID (Zyvox) 600 MG TABLET</i>	<i>Maximum of 15-day supply</i>
<i>LINEZOLID (Zyvox) SOLUTION</i>	<i>Maximum of 150 ml per claim</i>

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<i>LISDEXAMPHETAMINE (Vyvanse) CAPSULE, CHEWABLE</i>	<i>Minimum age = 5 Maximum of 1 capsule per day Maximum dose of 70mg for ages ≤ 18 Maximum dose of 70mg for ages ≥ 19</i>
<i>LITHIUM CITRATE/CARBONATE</i>	<i>Minimum age = 4</i>
<i>LOFEXIDINE (Lucemyra) Tablet</i>	<i>Maximum of 16 tablets per day</i>
<i>LORAZEPAM (Loreev XR) CAPSULES</i>	<i>Minimum age= 18</i>
<i>LORLATINIB (Lorbrena) 25 MG TABLET</i>	<i>Maximum of 3 tablets per day</i>
<i>LORLATINIB (Lorbrena) 100 MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>LOTEPREDNOL ETABONATE (Eysuvis) Ophth Solution</i>	<i>1 bottle per month</i>
<i>LOXAPINE CAPSULE</i>	<i>Minimum age = 6</i>
<i>LUBRIDERM DAILY MOISTURE LOTION</i>	<i>Maximum age = 18</i>
<i>LUBIPROSTONE (Amitiza) CAPSULE</i>	<i>Minimum age = 18 Maximum of 2 capsules per day</i>
<i>LUMACAFTOR/IVACAFTOR (Orkambi) 100-125 MG, 200-125 MG TABLET</i>	<i>Minimum age = 6 Maximum of 4 tablets per day</i>
<i>LUMACAFTOR/IVACAFTOR (Orkambi) 100-125 MG, 150-188 MG PACKET</i>	<i>Minimum age = 2 Maximum of 2 packets per day</i>
<i>LUMATEPRONE (Caplyta) CAPSULE</i>	<i>Maximum of 1 per day</i>

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Updates from previous postings are highlighted in yellow 26



Summary of Drug Limitations

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- 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

Summary of Drug Limitations	
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)
MANNITOL (Bronchitol) CAPSULE	Maximum of 600 capsules per claim
MAPROTILINE TABLET	Minimum age = 4
MARALIXIBAT (Livmarli) ORAL SOLUTION	Minimum age = 1
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
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
METFORMIN (Riomet ER) SUSPENSION	Min age= 10
METHAMPHETAMINE (Desoxyn) TABLET	Minimum age = 5

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Summary of Drug Limitations

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Summary of Drug Limitations	
	<i>Maximum accumulated dose of 25mg per day for age ≥ 19</i>
<i>METHOTREXATE (Otrexup) 7.5mg/0.4ml AUTO-INJECTOR</i>	<i>Maximum of 4 units per month</i>
<i>METHOTREXATE (Reditrex) SUB-Q</i>	<i>Minimum age = 2</i>
<i>METHYLNALTREXONE (Relistor) TABLET</i>	<i>Minimum age = 18 Maximum of 3 tablets per day</i>
<i>METHYLPHENIDATE (Adhansia XR) 25MG, 35MG, 45MG, 55MG, 70MG, 85MG CAPSULE</i>	<i>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</i>
<i>METHYLPHENIDATE (Aptensio XR) CAPSULE</i>	<i>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</i>
<i>METHYLPHENIDATE (Concerta) 18MG, 27MG, 54MG TABLET</i>	<i>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</i>
<i>METHYLPHENIDATE (Concerta) 36MG TABLET</i>	<i>Minimum age = 5 Maximum of 2 tablets per day</i>

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Summary of Drug Limitations

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- 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.
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- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

Summary of Drug Limitations	
	<p><i>Maximum accumulated dose of 108mg per day for ages ≤18</i></p> <p><i>Maximum accumulated dose of 72mg per day for ages ≥19</i></p>
<i>METHYLPHENIDATE (Cotempla XR-ODT) TABLET</i>	<p><i>Minimum age = 5</i></p> <p><i>Maximum age = 17</i></p> <p><i>Maximum of 1 tablet per day</i></p>
<i>METHYLPHENIDATE (Daytrana) PATCH</i>	<p><i>Minimum age = 5</i></p> <p><i>Maximum age = 18</i></p> <p><i>Maximum of 1 patch per day</i></p> <p><i>Maximum dose of 30mg per day for ages <18</i></p> <p><i>Maximum dose of 30mg per day for ages ≥19</i></p>
<i>METHYLPHENIDATE (Jornay PM) CAPSULE</i>	<p><i>Minimum age = 6</i></p> <p><i>Maximum of 1 capsule per day</i></p> <p><i>Maximum accumulated dose of 108mg per day for ages ≤18</i></p> <p><i>Maximum accumulated dose of 72mg per day for ages ≥19</i></p>
<i>METHYLPHENIDATE (Metadate CD) CAPSULE</i>	<p><i>Minimum age = 5</i></p> <p><i>Maximum of 1 capsule per day</i></p> <p><i>Maximum accumulated dose of 108mg per day for ages ≤18</i></p> <p><i>Maximum accumulated dose of 72mg per day for ages ≥19</i></p>
<i>METHYLPHENIDATE (Methylin ER) 10 MG TABLET</i>	<p><i>Minimum age = 5</i></p> <p><i>Maximum of 2 tablets per day</i></p>

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Summary of Drug Limitations

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- 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.
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- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

Summary of Drug Limitations	
	<p><i>Maximum accumulated dose of 108mg per day for ages ≤ 18</i></p> <p><i>Maximum accumulated dose of 72mg per day for ages ≥ 19</i></p>
<i>METHYLPHENIDATE (Methylin ER) 20 MG TABLET</i>	<p><i>Minimum age = 5</i></p> <p><i>Maximum of 3 tablets per day</i></p> <p><i>Maximum accumulated dose of 108mg per day for ages ≤ 18</i></p> <p><i>Maximum accumulated dose of 72mg per day for ages ≥ 19</i></p>
<i>METHYLPHENIDATE (Quillichew ER) CHEWABLE</i>	<p><i>Minimum age = 5</i></p> <p><i>Maximum accumulated dose of 108mg per day for ages ≤ 18</i></p> <p><i>Maximum accumulated dose of 72mg per day for ages ≥ 19</i></p>
<i>METHYLPHENIDATE ER 72MG TABLET</i>	<p><i>Minimum age = 5</i></p> <p><i>Maximum of 1 tablet per day</i></p> <p><i>Maximum accumulated dose of 108mg per day for ages ≤ 18</i></p> <p><i>Maximum accumulated dose of 72mg per day for ages ≥ 19</i></p>
<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>	<p><i>Minimum age = 13</i></p> <p><i>Maximum of 2 tablets per day</i></p>
<i>MINERAL OIL/HYDROPHILIC PETROLATUM (Aquaphor)</i>	<i>Maximum age = 18</i>
<i>MINERAL OIL/PETROLATUM (Eucerin)</i>	<i>Maximum age = 18</i>

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Summary of Drug Limitations

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- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
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Summary of Drug Limitations	
<i>MINOCYCLINE ER (Ximino) CAPSULE</i>	<i>Minimum age = 12 Maximum of 1 per day</i>
<i>MIRABEGRON (Myrbetriq) SUSPENSION</i>	<i>Minimum age= 3 Maximum 10 mL per day</i>
<i>MIRTAZAPINE</i>	<i>Minimum age = 4</i>
<i>MOBOCERTINIB (Exkivity) CAPSULES</i>	<i>Maximum of 4 capsules per day</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>
<i>MORPHINE SULFATE ER (Kadian) CAPSULE</i>	<i>Maximum of 4 capsules per day</i>
<i>MORPHINE SULFATE ER (Morphabond) TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>MORPHINE SULFATE IR TABLET</i>	<i>Maximum of 150 tablets per 30 days</i>
<i>MORPHINE/NALOXONE (Embeda) CAPSULE</i>	<i>Maximum of 2 capsules per day</i>

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Summary of Drug Limitations

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- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days
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Summary of Drug Limitations	
<i>NAFARELIN (Synarel) NASAL SOLUTION</i>	<i>Minimum age = 18</i>
<i>NALOXEGOL (Movantik) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>NALTREXONE</i>	<i>Minimum age = 19</i>
<i>NARATRIPTAN (Amerge) TABLET</i>	<i>Maximum of 18 doses per 29 days</i>
<i>NEFAZODONE</i>	<i>Minimum age = 4</i>
<i>NALDEMEDINE (Symproic)</i>	<i>Minimum age = 18</i> <i>Maximum of 2 tablets per day</i>
<i>NALOXONE (Zimhi) Syringe</i>	<i>Minimum age = 12</i>
<i>NEVIBOLOL/VALSARTAN (Byvalson) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>NICOTINE GUM</i>	<i>Minimum age = 18</i> <i>*See Smoking Cessation Agents Note for Maximum Duration</i>
<i>NICOTINE GUM/LOZENGE</i>	<i>Minimum age = 18</i> <i>Maximum of 924 pieces/lozenges per 90 days</i> <i>*See Smoking Cessation Agents Note for Maximum Duration</i>
<i>NICOTINE INHALATION CARTRIDGE</i>	<i>Minimum age = 18</i> <i>Maximum of 168 cartridges per claim</i> <i>Maximum of 504 cartridges per 90 days</i> <i>*See Smoking Cessation Agents Note for Maximum Duration</i>
<i>NICOTINE NASAL SPRAY</i>	<i>Minimum age = 18</i> <i>Maximum of 40 ml per claim</i> <i>Maximum of 120ml per 90 days</i> <i>*See Smoking Cessation Agents Note for Maximum Duration</i>

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Summary of Drug Limitations	
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

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Summary of Drug Limitations

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Summary of Drug Limitations	
	<i>Maximum dose of 20mg per day for age 13-18</i>
<i>OLANZAPINE/FLUOXETINE (Symbyax) CAPSULE</i>	<i>Minimum age = 6</i>
<i>OLANZAPINE/SAMIDORPHAN (Lybalvi) TABLET</i>	<i>Minimum age= 18 Maximum of 1 tablet per day (all strengths)</i>
<i>OMALIZUMAB (Xolair) Syringes</i>	<i>75mg syringe: Maximum of 2 syringes per 28 days 150mg syringe: Maximum of 8 syringes per 28 days</i>
<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>

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Summary of Drug Limitations	
<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>
<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>

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Summary of Drug Limitations

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Summary of Drug Limitations	
<i>PACRITINIB (Vonjo) CAPSULE</i>	<i>Maximum of 4 capsules per day</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>
<i>PANTOPRAZOLE (Protonix) TABLET</i>	<i>Maximum of 2 per day</i>
<i>PANTOPRAZOLE GRANULES</i>	<i>Maximum of 2 packets per day</i>
<i>PAROXETINE (Paxil) IR, CR</i>	<i>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</i>
<i>PAROXETINE MESYLATE</i>	<i>Minimum age = 13</i>
<i>PAROXETINE (Paxil) 10 MG Tablet</i>	<i>Maximum of 5 per day</i>
<i>PAROXETINE (Paxil) 20 MG, 30 MG, 40 MG Tablet</i>	<i>Maximum of 1 per day</i>
<i>PATIROMER (Veltassa) PACKET</i>	<i>Maximum of 1 packet per day</i>
<i>PEANUT POWDER (Palforzia)</i>	<i>Minimum age = 4</i>
<i>PEG/ELECTROLYTE (Moviprep) SOLUTION</i>	<i>Maximum of 1 kit per claim</i>
<i>PEGINTERFERON α-2a (Pegasys Proclick) 180 MCG /0.5 ML SYRINGE</i>	<i>Maximum of 1 kit (2 ml) per claim for 28 days</i>
<i>PEGINTERFERON α-2a (Pegasys) 180 MCG /1 ML VIAL</i>	<i>Maximum of 4 ml per claim for 28 days</i>
<i>PEGINTERFERON α-2b (Peg-Intron) REDIPEN, KIT</i>	<i>Submit 1 pen/kit as quantity 1 for 7 days</i>
<i>PEGINTERFERON β-1a (Plegridy) PACK, SYRINGE</i>	<i>Maximum of 1 package (1 MI) per 28 days OR</i>

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Summary of Drug Limitations	
	<i>Maximum of One 0.5ML syringe every 14 days</i>
<i>PEMIGATINIB (Pemazyre)</i>	<i>Maximum of 1 tablet per day</i>
<i>PENTAMIDINE (Nebupent)</i>	<i>Maximum of 1 vial per 28 days</i>
<i>PENTAZOCINE/NALOXONE TABLET</i>	<i>Maximum of 150 per 30 days</i>
<i>PERINDOPRIL/AMLODIPINE (Prestalia) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>PERPHENAZINE TABLET</i>	<i>Minimum age = 6 Maximum dose of 64mg per day</i>
<i>PERPHENAZINE/AMITRIPTYLINE TABLET</i>	<i>Minimum age = 6</i>
<i>PEXIDARTINIB (Turalio) CAPSULE</i>	<i>Maximum of 4 capsules per day</i>
<i>PHENELZINE TABLET</i>	<i>Minimum age = 4</i>
<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>PIPERCILLIN/TAZOBACTAM (Zosyn) PREMIX BAGS</i>	<i>Maximum of 200 ml per day</i>
<i>PIPERCILLIN/TAZOBACTAM (Zosyn) 2.25 GM, 3.375 GM, 4.5 GM VIAL</i>	<i>Maximum of 4 vials per day</i>
<i>PIPERCILLIN/TAZOBACTAM (Zosyn) 13.5 GM VIAL</i>	<i>Maximum of 1 vial per day</i>
<i>PIPERCILLIN/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>PIRFENIDONE (Esbriet) TABLET</i>	<i>Maximum of 6 tablets per day (267mg strength) Maximum of 3 tablets per day (801mg strength)</i>

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Summary of Drug Limitations	
PIROXICAM CAPSULE	Maximum of 1 capsule per day
PITOLISANT (Wakix) 4.45 MG TABLET	Maximum of 3 tablets per day
PITOLISANT (Wakix) 17.8 MG TABLET	Maximum of 2 tablets per day
PLECANATIDE (Trulance) TABLET	Minimum age = 18 Maximum of 1 tablet per day
PNEUMONIA VACCINE	Maximum of 0.5 ml per claim (patient-specific RX required)
PONATINIB (Iclusig) 15 MG TABLET	Maximum of 2 tablets per day
PONATINIB (Iclusig) 45 MG TABLET	Maximum of 1 tablet per day
PONESIMOD (Ponvory) 20mg CAPSULE	Maximum of 1 tablet per day
PONESIMOD (Ponvory) 14-Day Starter Pack	Maximum of 1 pack per claim
POSACONAZOLE (Noxafil) TABLET	Minimum age = 13
PRALSETINIB (Gavreto) CAPSULES	Maximum 4 capsules per day
PREGABALIN (Lyrica) 20 MG/ML ORAL SOLUTION	Maximum of 30 ml per day
PREGABALIN (Lyrica) 25MG, 50MG, 75MG, 100MG, 150MG, 200MG CAPSULE	Maximum of 3 capsules per day
PREGABALIN (Lyrica) 225MG, 300MG CAPSULE	Maximum of 2 capsules per day
PREGABALIN ER (Lyrica CR) TABLET	Maximum of 1 tablet per day
PRENATAL VITAMIN PREPARATIONS	Maximum of 100-day supply per claim
PRETOMANID TABLET	Maximum of 1 tablet per day
PROTRIPTYLINE	Minimum age = 4
QUETIAPINE (Seroquel) TABLET	Minimum age = 6 Maximum dose of 400mg per day for age 6-9

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Summary of Drug Limitations	
	<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 Maximum of 1 tablet per day</i>
<i>QUETIAPINE ER (Seroquel XR) 50 MG, 300 MG, 400 MG TABLET</i>	<i>Minimum age = 6 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 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>RELUGOLIX /ESTRADIOL/NORETHINDRONE ACETATE (Myfembree)</i>	<i>Minimum age = 18 Maximum of 1 tablet per day Maximum duration of treatment = 24 months</i>
<i>RILUZOLE (Tiglutik) SUSPENSION</i>	<i>Maximum of 20ML per day</i>
<i>RIMEGEPANT (Nurtec ODT)</i>	<i>Minimum age= 18 Maximum of 1 tablet per day Maximum of 8 tablets per 30 days Maximum of 15 tablets per 30 days (prophylaxis use only)</i>
<i>RISANKIZAMAB-RZAA (Skyrizi Pen)</i>	<i>Maximum per day of 0.011 ML per day</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>
<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>

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Summary of Drug Limitations	
<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>RUXOLITINIB (Opzelura) CREAM</i>	<i>Minimum age = 12 Maximum of one (1) 60 gram tube per claim</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>



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<i>Summary of Drug Limitations</i>	
<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>SERDEXMETHYLPHENIDATE/DEXMETHYLPHENIDATE (Azstarys) CAPSULE</i>	<i>Minimum age= 5 Maximum 1 capsule per day</i>
<i>SERTRALINE (Zoloft) TABLET</i>	<i>Minimum age = 4 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 Maximum of 1 tablet per day</i>
<i>SITAGLIPTIN/METFORMIN (Janumet) TABLET</i>	<i>Minimum age = 18 Maximum of 2 tablets per day</i>

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Summary of Drug Limitations	
SITAGLIPTIN/METFORMIN (Janumet XR) TABLET	Minimum age = 18 Maximum of 1 tablet per day
SITAGLIPTIN/SIMVASTATIN (Juvisync) TABLET	Minimum age = 18 Maximum of 1 tablet per day
SODIUM FLUORIDE DROPS	Maximum of 50 ml per claim
SOFOSBUVIR (Sovaldi) PELLETS	Minimum age = 3 Maximum of 2 per day
SOFOSBUVIR (Sovaldi) 400MG TABLET	Maximum of 28 tablets per claim
SOFOSBUVIR (Sovaldi) 200MG TABLET	Minimum age = 3 Maximum of 56 tablets per claim
SOFOSBUVIR/VELPATASVIR (Epclusa) TABLET	Minimum age = 6 Maximum of 1 tablet per day
SOFOSBUVIR/VELPATASVIR/VOXILAPREVIR (Vosevi) TABLET	Minimum age = 18 Maximum of 1 tablet per day
SOLIFENACIN SUCCINATE (Vesicare LS) SUSPENSION	Minimum age = 2
SOLRIAMFETOL (Sunosi) TABLET	Maximum of 1 tablet per day
SOTORASIB (Lumakras) TABLET	Maximum of 8 tablets per day
SPIRONOLACTONE (Carospir) SUSPENSION	Maximum of 20 mL per day
STIRIPENTOL (Diacomit) 250 MG, 500 MG CAPSULE and POWDER PACKET	Minimum age = 2
SUMATRIPTAN	Maximum of 18 doses per 29 days
SUMATRIPTAN/NAPROXEN (Treximet) TABLET	Maximum of 18 doses per 29 days
SUVOREXANT (Belsomra) TABLET	Minimum age = 19 Maximum of 1 tablet per day
TACROLIMUS (Protopic) OINTMENT	Minimum age = 2
TAFAMIDIS (Vyndamax) 61 MG CAPSULE	Maximum of 1 capsule per day

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Summary of Drug Limitations	
TAFAMIDIS MEGLUMINE (Vyndaqel) 20 MG CAPSULE	Maximum of 4 capsules per day
TAFENOQUINE SUCCINATE (Krintafel) 150 MG TABLET	Minimum age = 16 Maximum of 2 tablets per claim
TALAZOPARIB TOSYLATE (Talzenna, all strengths) CAPSULE	Maximum of 1 capsule per day
TALAZOPARIB TOSYLATE (Talzenna) 1 MG CAPSULE	Maximum of 1 capsule per day
TAMOXIFEN (Nolvadex) TABLET	Minimum age = 18
TAPENTADOL TABLET	Maximum of 150 tablets per 30 days
TASIMELTEON (Hetlioz) CAPSULE	Maximum of 1 capsule per day
TASIMELTEON (Hetlioz LQ) SUSPENSION	Minimum age = 3 Maximum age = 15 Maximum 5mL 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
TENAPANOR (Ibsrela) TABLET	Minimum age = 18 Maximum dose of 100mg per day
TENOFOVIR (Vemlidy) TABLET	Maximum of 1 tablet per day
TEPOTINIB (Tepmetko) TABLET	Maximum of 2 tablets 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

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- 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

Summary of Drug Limitations	
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
TIVOZANIB (Fotivda) CAPSULE	Maximum of 1 capsule per day
TOBRAMYCIN (Tobi Podhaler) INHALE CAP	Maximum of 8 capsules per day Maximum of 224mg per day Minimum age = 6
TOFACITINIB (Xeljanz) SOLUTION	Maximum of 600mL per claim or Maximum of 20mg per day
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 (Eprontia) SOLUTION	Minimum age = 2
TOPIRAMATE (Topamax) SPRINKLES	Maximum age = 11
TOREMIFENE (Fareston) TABLET	Minimum age = 18
TRALOKINUMAB-LDRM (Adbry) INJECTION	Maximum of 0.1429 mL per day Minimum age = 18
TRETINOIN PRODUCTS	Maximum age = 25
TRETINOIN/ BENZOYL PEROXIDE (Twynéo) CREAM	Minimum age = 9 Maximum age = 25
TRAMADOL (Qdolo) SUSPENSION	Minimum age = 12 Maximum of 80 mL per day

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Updates from previous postings are highlighted in yellow 44



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.
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- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

Summary of Drug Limitations	
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
TRANYLCYPROMINE 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
UMBRALISIB (Ukoniq) TABLET	Maximum of 4 tablets per day
UPADACITINIB (Rinvoq ER) 15MG TABLET	Maximum of 1 tablet per day
VALACYCLOVIR (Valtrex) 1000 MG TABLET	3 tablets per day WITH Maximum day supply of 10

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Summary of Drug Limitations

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Summary of Drug Limitations	
	<i>1 tablet per day WITH Minimum day supply of 10 Maximum of 30 tablets per claim</i>
<i>VALBENZAZINE (Ingrezza) CAPSULE and INITIATION PACK</i>	<i>Minimum age = 18 Maximum of 1 capsule per day</i>
<i>VALGANCYCLOVIR (Valcyte) TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>VALGANCYCLOVIR (Valcyte) SUSPENSION</i>	<i>Maximum of 18 ml per day</i>
<i>VANCOMYCIN 500 MG VIAL</i>	<i>Maximum of 4 vials per day</i>
<i>VANCOMYCIN 750 MG, 1 GM VIAL</i>	<i>Maximum of 2 vials per day</i>
<i>VANCOMYCIN 750 MG IV BAG</i>	<i>Maximum of 2 bags (300 ml) per day</i>
<i>VANCOMYCIN 2 GM IV BAG</i>	<i>Maximum of 1 bag (250 ml) per day</i>
<i>VANCOMYCIN 5 GM, 10 GM VIAL</i>	<i>Maximum of 1 vial per day</i>
<i>VARENICLINE (Chantix) TABLET</i>	<i>Minimum age = 18 Maximum of 2 tablets per day *See Smoking Cessation Agents Note for Maximum Duration</i>
<i>VARENICLINE TARTRATE (Tyrvaya) NASAL SPRAY</i>	<i>Maximum of 0.28 mL per day</i>
<i>VENLAFAXINE (Effexor) IR/ER TABLET, CAPSULE</i>	<i>Minimum age = 13 Maximum dose of 375mg per day for age 13-18</i>
<i>VERICIGUAT (Verquvo) TABLET</i>	<i>Maximum of 1 tablet per day (10mg), Maximum of 2 tablets per day (2.5mg, 5mg) Minimum age = 18</i>
<i>VIGABATRIN (Sabril) TABLET</i>	<i>Maximum of 6 tablets per day</i>
<i>VILAZODONE (Viibryd) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day</i>

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Summary of Drug Limitations

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- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

Summary of Drug Limitations	
VILOXAZINE (Qelbree) CAPSULE	Minimum age = 6 Maximum age = 17 Maximum dose of 400mg per day
VIBEGRON (Gemtesa) TABLET	Minimum age= 18 Maximum 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
ZIPRASIDONE (Geodon) CAPSULE	Minimum age = 6 Maximum dose of 160mg per day
ZIPRASIDONE (Geodon) VIAL	Maximum of 6 vials per claim
ZITHROMAX (ZMax) SUSPENSION	Maximum of 1 unit per claim
ZOLMITRIPTAN (Zomig) TABLET	Maximum of 18 doses per 29 days
ZOLMITRIPTAN (Zomig) NASAL SPRAY	Maximum of 18 doses per 29 days
ZOLPIDEM (Ambien) TABLET	Maximum of 1 tablet per day Maximum dose of 5mg for FEMALES
ZOLPIDEM (Edluar) TABLET	1 SL tablet per day
ZOLPIDEM (Intermezzo) TABLET	Maximum of 1 tablet per day
ZOLPIDEM ER (Ambien CR) TABLET	Maximum of 1 tablet per day Maximum dose of 6.25mg for FEMALES