



## 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)
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- 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

<b>Summary of Drug Limitations</b>	
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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<i>ALIROCUMAB (Praluent) PEN, SYRINGE</i>	<i>Minimum age = 18 Maximum of 2 syringes/2 pens per month</i>
<i>ALISKIREN (Tekturna) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>ALMOTRIPTAN (Axert) TABLET</i>	<i>Maximum of 18 doses per 29 days</i>
<i>ALOGLIPTIN (Nesina)</i>	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
<i>ALOGLIPTIN/METFORMIN (Kazano) TABLET</i>	<i>Minimum age = 18 Maximum of 2 tablets per day</i>
<i>ALOGLIPTIN/PIOGLITAZONE (Oseni) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
<i>AMANTIDINE (Gocovri) 68.5MG, 137MG CAPSULE</i>	<i>Maximum of 1 capsule per day</i>
<i>AMANTIDINE (Osmolex ER) 129MG, 193MG, 258MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>AMIFAMPRIDINE (Ruzurgi) TABLET</i>	<i>Minimum age = 6 Maximum age = 16</i>
<i>AMIKACIN 250MG/ML, 2 mL VIAL</i>	<i>Maximum of 6 mL per day</i>
<i>AMIKACIN 50MG/ML, 2 mL VIAL</i>	<i>Maximum of 24 mL per day</i>
<i>AMITRIPTYLINE TABLET</i>	<i>Minimum age = 4</i>
<i>AMITRIPTYLINE/ CHLORDIAZEPOXIDE TABLET</i>	<i>Minimum age = 4</i>
<i>AMLODIPINE (Katerzia) 1 MG/ML SUSPENSION</i>	<i>Maximum of 10 MG per day</i>
<i>AMLODIPINE (Norliqva) SOLUTION</i>	<i>Minimum age = 6 Maximum of 300mL per claim</i>
<i>AMOXAPINE TABLET</i>	<i>Minimum age = 4</i>
<i>AMPHETAMINE ER (Adzenys ER) SUSPENSION</i>	<i>Minimum Age = 6</i>



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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 <u>≥ 19</u>
AMPHETAMINE (Dyanavel XR) SUSPENSION	Minimum age = 6 Maximum accumulated dose of 60mg per day for age <u>≥ 19</u>
AMPHETAMINE (Dyanavel XR) TABLET	Minimum age = 6 Maximum of 1 tablet per day Maximum accumulated dose of 60mg per day for age <u>&gt; 19</u>
AMPHETAMINE (Evekeo) TABLET	Minimum age = 5 Maximum accumulated dose of 60mg per day for age <u>≥ 19</u>
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

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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
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

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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 Maximum 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
AVACOPAN (Tavneos) CAPSULE	Maximum of 6 capsules per day
AVAPRITINIB (Ayvakit) TABLET	Minimum age = 18 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
BACLOFEN (Lyvispah) GRANULES	Maximum of 80mg per day
BACLOFEN (Ozobax) SOLUTION	Maximum of 80 mL per day
BALOXAVIR MARBOXIL (Xofluza) 20MG TABLET	Maximum of 3 tablets per claim Minimum age = 12
BALOXAVIR MARBOXIL (Xofluza) 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

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<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>
<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>BREXPIRAZOLE (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>

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<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>
<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>

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<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 (Ronaldee 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>





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<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>
<i>CEFAZOLIN 10 GM VIAL</i>	<i>Maximum of 1 vial per day</i>
<i>CEFEPIME (Maxipime) VIAL</i>	<i>Maximum of 3 vials per day</i>
<i>CEFIDEROCOL SULFATE TOSYLATE (Fetroja) VIAL</i>	<i>Minimum Age = 18</i>
<i>CEFTAZIDIME (Fortaz) 1GM VIAL</i>	<i>Maximum of 3 vials per day</i>
<i>CEFTAZIDIME (Fortaz) 500MG VIAL</i>	<i>Maximum of 3 vials per day</i>
<i>CEFTAZIDIME (Fortaz) 6GM VIAL</i>	<i>Maximum of 1 vial per day</i>
<i>CELECOXIB (Elyxyb) SOLUTION</i>	<i>Minimum age = 18 Maximum of 120mg per day</i>
<i>CELECOXIB/TRAMADOL (Seglentis) TABLET</i>	<i>Minimum age = 12</i>
<i>CERTOLIZUMAB (Cimzia) 200 MG/ML STARTER KIT</i>	<i>Maximum of 3 per claim</i>
<i>CERTOLIZUMAB (Cimzia) 200 MG/ML SYRINGE KIT</i>	<i>Maximum of 1 per claim</i>
<i>CEFTRIAZONE (Rocephin) 250 MG, 500 MG, 1 GM, 2 GM, 10 GM VIALS</i>	<i>Maximum of 10 vials per claim</i>
<i>CETIRIZINE (Zerviate) OPHTH SOLN</i>	<i>Minimum age= 2</i>
<i>CHLOROQUINE 250MG, 500MG TABLET</i>	<i>Maximum therapy course is twice daily for 14 days</i>
<i>CHLORPROMAZINE TABLET</i>	<i>Minimum age = 6 Maximum dose of 75mg per day for age 6-12 Maximum dose of 800mg per day for age 13-18</i>
<i>CICLESONIDE (Alvesco) INHALER</i>	<i>Minimum age = 12</i>
<i>CINACALCET (Sensipar) TABLET</i>	<i>Minimum age = 18</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

<b>Summary of Drug Limitations</b>	
<i>CIPROFLOXACIN/FLUOCINOLONE (Otovel) OTIC DROPS</i>	<i>Maximum therapy course is twice daily in affected ear for 7 days</i>
<i>CITALOPRAM (Celexa) TABLET</i>	<i>Minimum age = 4 Maximum dose of 40mg per day for age 4-18</i>
<i>CITALOPRAM (Celexa) 10 MG, 20 MG, 40 MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>CLINDAMYCIN PHOSPHATE (Xaciato) VAGINAL GEL</i>	<i>Minimum age = 12</i>
<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 Maximum of 2 capsules per day</i>
<i>CLOZAPINE TABLET</i>	<i>Minimum age = 6 Maximum dose of 300mg per day for age 6-12 Maximum dose of 600mg per day for age 13-18</i>
<i>COAGULATION FACTOR VIIa (RECOMBINANT) (Sevenfact)</i>	<i>Minimum age = 12</i>
<i>COBICISTAT (Tybost) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>CODEINE SULFATE TABLET</i>	<i>Minimum age = 12 Maximum of 150 per 30 days</i>
<i>CODEINE/CARISOPRODOL/ASPIRIN TABLET</i>	<i>Minimum age = 12 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>

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## Summary of Drug Limitations

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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
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

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<i>DARIFENACIN (Enablex) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>DAROLUTAMIDE (Nubeqa) TABLET</i>	<i>Maximum of 4 tablets per day</i>
<i>DARUNAVIR/COBICISTAT (Prezcobix) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>DARUNAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR ALAFENAMIDE (Symtuza) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>DASIGLUCAGON HCL (Zegalogue) AUTO-INJECTOR, SYRINGE</i>	<i>Minimum age = 6 Maximum of 2 doses per claim</i>
<i>DELAFLOXACIN (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>DEXTROAMPHETAMINE (Xelstrym) PATCH</i>	<i>Minimum age = 6 Maximum 30 patches per claim</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>





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<b>Summary of Drug Limitations</b>	
<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</i>



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<b>Summary of Drug Limitations</b>	
	Maximum accumulated dose of 60mg per day for ages $\leq 18$ Maximum accumulated dose of 60mg per day for age $\geq 19$
DEXTROAMPHETAMINE/AMPHETAMINE (Mydayis)	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 $\geq 19$
DIAZEPAM NASAL SPRAY (Valtoco)	Minimum age = 6 Max Qty Per Day – 5mg /10mg: 0.36 units; 15mg/20 mg: 0.72 units
DIAZEPAM RECTAL GEL	Maximum of 5 units per 30 days
DICHLORPHENAMIDE (Kevevis) TABLET	Maximum of 4 tablets per day
DICLOFENAC (Dyloject) VIAL	Maximum of 4 vials per day
DIGOXIN (Lanoxin) 187.5 MCG TABLET	Maximum of 2 tablets per day
DIGOXIN (Lanoxin) 62.5 MCG TABLET	Maximum of 1 tablet per day
DIHYDROCODEINE/ACETAMINOPHEN/CAFFEINE CAPSULE	Minimum age = 12 Maximum of 150 per 30 days
DIHYDROCODEINE/ASPIRIN/CAFFEINE CAPSULE	Minimum age = 12 Maximum of 150 per 30 days
DIHYDROERGOTAMINE MESYLATE (Trudhesa) NASAL SPRAY	Minimum age = 18 Maximum of 2.9 mg per day Maximum of 4.35mg per week
DIROXIMEL (Vumerity) CAPSULE	Maximum of 4 capsules per day



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<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 Maximum of 30 tablets per claim</i>
<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 months</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>

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<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>
<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>

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<b>Summary of Drug Limitations</b>	
EMPAGLIFLOZIN/METFORMIN (Synjardy XR) TABLET	Minimum age = 18 Maximum of 1 tablet per day
EMPAGLIFLOZIN/METFORMIN/LINAGLIPTIN (Trijardy XR) TABLET	Minimum age = 18 Maximum of 1 tablet per day
EMTRICITABINE/TENOFOVIR ALAFENAMIDE (Descovy) TABLET	Minimum age = 12 Maximum of 1 tablet per day
EMTRICIABINE/RILPIVIRINE/TENOFOVIR ALAFENAMIDE (Odefsey) TABLET	Maximum of 1 tablet per day
EMPAGLIFLOZIN (Jardiance) TABLET	Maximum of 1 tablet per day
ENASIDENIB (Idhifa) TABLET	Maximum of 1 tablet per day
ENFUVRTIDE (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

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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
ERTUGLIFLOZIN PIDOLATE (Steglatro) 5MG TABLET	Maximum of 2 tablet per day
ESCITALOPRAM (Lexapro) TABLET	Minimum age = 6 Maximum dose of 20mg per day for age 6-12 Maximum dose of 30mg per day for age 13-18
ESCITALOPRAM (Lexapro) 5 MG, 10MG TABLET	Minimum age = 6
ESCITALOPRAM (Lexapro) 5 MG, 10 MG, 20 MG TABLET	Maximum of 1 tablet per day
ESOMEPRAZOLE (Nexium) CAPSULE	Maximum of 1 capsule per day
ESTRADIOL CYPIONATE VIAL	Maximum of 5 ml per claim
ESTRADIOL 0.06% GEL (NDC = 00051102858)	Maximum of 93 gm per claim
ESTRADIOL 0.06% GEL (NDC = 17139061740)	Maximum of 50 gm per claim
ESTRADIOL VALERATE 10 MG/ML VIAL	Maximum of 5 ml per claim
ESTRADIOL VALERATE 20 MG/ML VIAL	Maximum of 5 ml per claim
ESTRADIOL VALERATE 40 MG/ML VIAL	Maximum of 5 ml per claim

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## Summary of Drug Limitations

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<b>Summary of Drug Limitations</b>	
ESZOPICLONE (Lunesta) TABLET	Minimum age = 18 Maximum of 1 tablet per day
ETANERCEPT (Enbrel) 25 MG KIT	Maximum of 8 units per claim
ETANERCEPT (Enbrel) 25 MG/0.5 ML SYRINGE	Minimum of 2 mL per claim Maximum of 4.08 mL per claim
ETANERCEPT (Enbrel) 50 MG/ML SYRINGE/PEN	Minimum of 3.92 mL per claim Maximum of 7.84 mL per claim
ETANERCEPT (Enbrel) 25 MG/0.5 ML VIAL	Minimum of 2 mL per claim Maximum of 4.08 mL per claim
ETIDRONATE (Didronel) 200 MG TABLET	Maximum of 4 tablets per day
ETIDRONATE (Didronel) 400 MG TABLET	Maximum of 1 tablet per day
ETIDRONATE (Didronel) IV	Maximum of 40 ml per claim
ETRAVIRINE (Intelence) 25 MG TABLET	Maximum of 4 tablets per day
ETRAVIRINE (Intelence) 100 MG, 200 MG TABLET	Maximum of 2 tablets per day
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

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<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>FINGOLIMOD (Tascenso) ODT TABLET</i>	<i>Minimum age = 10</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>
<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>

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<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 (Ajoyv) 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>
<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>

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	<i>Maximum of 3 tablets per day</i>
<i>GLUCAGON (Baqsimi) NASAL</i>	<i>Minimum age = 4 Maximum of 2 doses per claim</i>
<i>GLUCAGON (Gvoke)</i>	<i>Minimum age = 2 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 Maximum of 1 tablet per day</i>
<i>HALOBETASOL PROP 0.05% FOAM</i>	<i>Minimum age = 18 Maximum of 100 GM per claim</i>
<i>HALOPERIDOL</i>	<i>Minimum age = 6 Maximum dose of 6mg per day for age 6-12 Maximum dose of 15mg per day for age 13-18</i>
<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</i>

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	<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>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>
<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>



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<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>
<i>LAMOTRIGINE (Lamictal XR) 300 MG TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>LANADELUMAB-FLYO (Takhzyro) 300 MG/2 ML Vial</i>	<i>Minimum age of 12</i>
<i>LANSOPRAZOLE (Prevacid) 15 MG, 30 MG CAPSULE/ODT</i>	<i>Maximum of 1 capsule/tablet per day</i>
<i>LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN (Prevpac) KIT</i>	<i>Maximum of 28 days (14 days of therapy x2) per 365 days</i>
<i>LAROTRECTINIB (Vitrakvi) 25 MG CAPSULE</i>	<i>Maximum of 6 capsules per day</i>
<i>LAROTRECTINIB (Vitrakvi) 100 MG CAPSULE</i>	<i>Maximum of 2 capsules per day</i>
<i>LAROTRECTINIB (Vitrakvi) 20 MG/ML SOLUTION</i>	<i>Maximum of 10 ML per day</i>

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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)
<b>LENACAPAVIR (Sunlenca) TABLET</b>	<b>Maximum of 2 tablets per day</b>
LENALIDOMIDE (Revlimid) CAPSULE	Maximum of 1 capsule per day
LESINURAD (Zurampic) TABLET	Minimum age = 18 Maximum of 1 tablet per day
LESINURAD/ALLOPURINOL (Duzallo) TABLET	Minimum age = 18 Maximum of 1 tablet per day
LETROZOLE (Femara) TABLET	Minimum age = 18
LEUPROLIDE (Lupron) KIT	Maximum of 1 unit per claim
LEUPROLIDE (Lupron Depot) 4 MONTH KIT	Maximum of 120-day supply
LEUPROLIDE (Lupron Depot-Ped) KIT	Minimum age = 12 for males Minimum age = 11 for females



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<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>
<i>LINACLOTIDE (Linzess) CAPSULE</i>	<i>Minimum age = 18</i> <i>Maximum of 1 capsule per day</i>
<i>LINAGLIPTIN (Tradjenta) TABLET</i>	<i>Minimum age = 18</i> <i>Maximum of 1 tablet per day</i>
<i>LINAGLIPTIN/METFORMIN (Jentadueto) TABLET</i>	<i>Minimum age = 18</i> <i>Maximum of 2 tablets per day</i>
<i>LINAGLIPTIN/METFORMIN (Jentadueto XR) TABLET</i>	<i>Minimum age = 18</i> <i>Maximum of 1 tablet per day (5 mg/1000 mg)</i> <i>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>
<i>LISDEXAMPHETAMINE (Vyvanse) CAPSULE, CHEWABLE</i>	<i>Minimum age = 5</i> <i>Maximum of 1 capsule per day</i> <i>Maximum dose of 70mg for ages ≤ 18</i> <i>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>

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- 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

<b>Summary of Drug Limitations</b>	
LORAZEPAM (Loreev XR) CAPSULES	Minimum age= 18
LORLATINIB (Lorbrena) 25 MG TABLET	Maximum of 3 tablets per day
LORLATINIB (Lorbrena) 100 MG TABLET	Maximum of 1 tablet per day
LOTEPREDNOL ETABONATE (Eysuvis) Ophth Solution	1 bottle per month
LOXAPINE CAPSULE	Minimum age = 6
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)

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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 Maximum accumulated dose of 25mg per day for age > 19
METHOTREXATE (Otrexup) 7.5mg/0.4ML AUTO-INJECTOR	Maximum of 4 units per month
METHOTREXATE (Reditrex) SUB-Q	Minimum age = 2
METHYLNALTREXONE (Relistor) TABLET	Minimum age = 18 Maximum of 3 tablets per day





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<b>Summary of Drug Limitations</b>	
<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 Maximum accumulated dose of 108mg per day for ages ≤ 18 Maximum accumulated dose of 72mg per day for ages ≥ 19</i>
<i>METHYLPHENIDATE (Cotempla XR-ODT) TABLET</i>	<i>Minimum age = 5 Maximum age = 17 Maximum of 1 tablet per day</i>



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<b>Summary of Drug Limitations</b>	
<i>METHYLPHENIDATE (Daytrana) PATCH</i>	<i>Minimum age = 5 Maximum age = 18 Maximum of 1 patch per day Maximum dose of 30mg per day for ages ≤18 Maximum dose of 30mg per day for ages ≥19</i>
<i>METHYLPHENIDATE (Jornay PM) 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 (Metadate CD) 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 (Methylin ER) 10 MG TABLET</i>	<i>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</i>

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<b>Summary of Drug Limitations</b>	
<i>METHYLPHENIDATE (Methylin ER) 20 MG TABLET</i>	<i>Minimum age = 5 Maximum of 3 tablets 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 (Quillichew ER) CHEWABLE</i>	<i>Minimum age = 5 Maximum accumulated dose of 108mg per day for ages ≤ 18 Maximum accumulated dose of 72mg per day for ages ≥ 19</i>
<i>METHYLPHENIDATE ER (45MG AND 63MG ONLY, Relexxii) 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 Maximum age = 65</i>
<i>METHYLPHENIDATE ER 72MG 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>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>

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MILNACIPRAN (Savella) TABLET	Minimum age = 13 Maximum of 2 tablets per day
MINERAL OIL/HYDROPHILIC PETROLATUM (Aquaphor)	Maximum age = 18
MINERAL OIL/PETROLATUM (Eucerin)	Maximum age = 18
MINOCYCLINE ER (Ximino) CAPSULE	Minimum age = 12 Maximum of 1 per day
MIRABEGRON (Myrbetriq) SUSPENSION	Minimum age= 3 Maximum 10 mL per day
MIRTAZAPINE	Minimum age = 4
MOBOCERTINIB (Exkivity) CAPSULES	Maximum of 4 capsules per day
MODAFINIL (Provigil) TABLET	Minimum age = 18 Maximum of 2 tablets per day
MOLINDONE	Minimum age = 6
MOMETASONE (Asmanex) 110 MCG TWISTHALER	Maximum age = 11 Maximum of 3 inhalers per claim
MOMETASONE (Asmanex) 220 MCG TWISTHALER	Maximum of 3 inhalers per claim
MOMETASONE (Asmanex) HFA INHALER	Minimum age = 12 Maximum of 3 inhalers per claim
MONOMETHYL FUMARATE (Bafiertam) CAPSULES	Maximum of 4 capsules per day
MONTELUKAST (Singulair) CHEWABLE, PACKET, TABLET	Maximum of 1 tablet per day
MONTELUKAST (Singulair) 4 MG CHEWABLE, GRANULES	Maximum age = 11
MONTELUKAST (Singulair) 5 MG CHEWABLE TABLET	Maximum age = 14
MORPHINE SULFATE ER (Arymo ER) 15 MG, 30 MG	Maximum of 3 per day
MORPHINE SULFATE ER (Arymo ER) 60 MG	Maximum of 2 per day
MORPHINEday SULFATE ER (Avinza) CAPSULE	Maximum of 1 capsule per day

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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
MULTIVITAMIN NO. 53/FOLIC ACID/K/COQ10 (DEKAS Plus Chewable DEKAS Plus Ocean Caps, and DEKAS Softgel)	Minimum age = 4 Maximum age = 18
NAFARELIN (Synarel) NASAL SOLUTION	Minimum age = 18
NALOXEGOL (Movantik) TABLET	Maximum of 1 tablet per day
NALTREXONE	Minimum age = 18
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
NALOXONE (Zimhi) Syringe	Minimum age = 12
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



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<i>NICOTINE INHALATION CARTRIDGE</i>	<i>Minimum age = 18 Maximum of 168 cartridges per claim Maximum of 504 cartridges per 90 days *See Smoking Cessation Agents Note for Maximum Duration</i>
<i>NICOTINE NASAL SPRAY</i>	<i>Minimum age = 18 Maximum of 40 ml per claim Maximum of 120ml per 90 days *See Smoking Cessation Agents Note for Maximum Duration</i>
<i>NICOTINE PATCH</i>	<i>Minimum age = 18 Maximum of 1 per day *See Smoking Cessation Agents Note for Maximum Duration</i>
<i>NILOTINIB (Tasigna) CAPSULE</i>	<i>Maximum of 4 capsules per day</i>
<i>NILUTAMIDE (Nilandron) TABLET</i>	<i>Minimum age = 18</i>
<i>NIMODIPINE (Nymalize) ORAL SOLUTION</i>	<i>Minimum age = 18</i>
<i>NINTEDANIB (Ofev) CAPSULE</i>	<i>Maximum of 2 tablets per day</i>
<i>NIRAPARIB (Zejula) CAPSULE</i>	<i>Maximum of 3 capsules per day</i>
<i>NITAZOXANIDE (Alinia) 100 MG/ 5 ML SUSPENSION</i>	<i>Maximum of 50 ml per day OR Maximum of 150 ml per claim</i>
<i>NITAZOXANIDE (Alinia) 500 MG TABLET</i>	<i>Min age = 12 Maximum of 2 tablets per day Maximum of 6 tablets per claim</i>
<i>NORTRIPTYLINE CAPSULE</i>	<i>Minimum age = 4</i>
<i>OBETICHOLIC ACID (Ocaliva) TABLET</i>	<i>Maximum of 1 tablet per day</i>

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<b>Summary of Drug Limitations</b>	
<i>OFATUMUMAB (Kesimpta) PEN</i>	<i>Maximum of 1 pen per month</i>
<i>OLANZAPINE (Zyprexa) TABLET</i>	<i>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</i>
<i>OLANZAPINE (Zyprexa Zydys) TABLET</i>	<i>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</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>OLOPATADINE/MOMETASONE (Ryaltris) NASAL SPRAY</i>	<i>Minimum age = 12</i>
<i>OLUTASIDENIB (Rezlidhia) CAPSULES</i>	<i>Maximum of 2 capsules per day</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>

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<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>
<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>





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<b>Summary of Drug Limitations</b>	
<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>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>



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<b>Summary of Drug Limitations</b>	
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
PEDIATRIC MULTIVITAMIN NO.128/VITAMIN K (DEKAS Plus Liquid)	Maximum age= 3
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 Ml) per 28 days OR Maximum of One 0.5Ml syringe every 14 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

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Updates from previous postings are highlighted in yellow 38



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<b>Summary of Drug Limitations</b>	
PHENELZINE TABLET	Minimum age = 4
PIMAVANSERIN (Nuplazid) 10 MG TABLET; 34 MG CAPSULE	Minimum age = 18 Maximum of 1 tablet/capsule per day
PIMECROLIMUS (Elidel) CREAM	Minimum age = 2
PIMOZIDE TABLET	Minimum age = 6 Maximum dose of 10mg per day
PIPERILLIN/TAZOBACTAM (Zosyn) PREMIX BAGS	Maximum of 200 ml per day
PIPERILLIN/TAZOBACTAM (Zosyn) 2.25 GM, 3.375 GM, 4.5 GM VIAL	Maximum of 4 vials per day
PIPERILLIN/TAZOBACTAM (Zosyn) 13.5 GM VIAL	Maximum of 1 vial per day
PIPERILLIN/TAZOBACTAM (Zosyn) 40.5 GM VIAL	Maximum of 0.5 vials per day
PIRFENIDONE (Esbriet) CAPSULE	Maximum of 9 capsules per day
PIRFENIDONE (Esbriet) TABLET	Maximum of 6 tablets per day (267mg strength) Maximum of 3 tablets per day (801mg strength)
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

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<b>Summary of Drug Limitations</b>	
PONESIMOD (Ponvory) 14-Day Starter Pack	Maximum of 1 pack per claim
POSACONAZOLE (Noxafil) TABLET	Minimum age = 13
POSACONAZOLE (Noxafil) POWDERMIX	Minimum age = 2
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 Maximum dose of 800mg per day for age 10-18
QUETIAPINE ER (Seroquel XR) 150 MG, 200 MG TABLET	Minimum age = 6 Maximum of 1 tablet per day
QUETIAPINE ER (Seroquel XR) 50 MG, 300 MG, 400 MG TABLET	Minimum age = 6 Maximum of 2 tablets per day
RABEPRAZOLE (Aciphex) 20 MG TABLET	Maximum of 1 tablet per day
RALOXIFENE (Evista) TABLET	Maximum of 1 tablet per day
RALTEGRAVIR (Isentress) TABLET	Maximum of 2 tablets per day
RAMELTEON (Rozerem) TABLET	Minimum age = 18 Maximum of 1 tablet per day

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<b>Summary of Drug Limitations</b>	
<i>RASAGILINE (Azilect) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>RELBACTAM, IMIPENEM, CILASTIN (Recarbrio) VIAL</i>	<i>Minimum age= 18</i>
<i>RELUGOLIX (Orgovyx)</i>	<i>Minimum age = 18</i>
<i>RELUGOLIX /ESTRADIOL/NORETHINDRONE ACETATE (Myfembree)</i>	<i>Minimum age = 18</i> <i>Maximum of 1 tablet per day</i> <i>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</i> <i>Maximum of 1 tablet per day</i> <i>Maximum of 8 tablets per 30 days</i> <i>Maximum of 16 tablets per 30 days</i> <i>(prophylaxis use only)</i>
<i>RISANKIZAMAB-RZAA (Skyrizi Pen)</i>	<i>Maximum per day of 0.011 mL per day</i>
<i>RISANKIZAMAB-RZAA (Skyrizi On-Body)</i>	<i>Maximum per day of 0.043 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>
<i>RISPERIDONE (Risperdal) TABLET</i>	<i>Minimum age = 5</i> <i>Maximum dose of 3mg per day for age 5-12</i> <i>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>

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<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>ROFLUMILAST (Zoryve) 0.3% CREAM</i>	<i>Minimum age = 12</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</i> <i>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</i> <i>Maximum of 1 tablet per day</i>
<i>SAXAGLIPTIN/METFORMIN (Kombiglyze XR) TABLET</i>	<i>Minimum age = 18</i> <i>Maximum of 1 tablet per day</i>
<i>SELEGILINE (Emsam) PATCH</i>	<i>Minimum age = 18</i> <i>Maximum of 1 patch per day</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</i> <i>Maximum 1 capsule per day</i>

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<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>SIROLIMUS (Hyftor) 0.2% GEL</i>	<i>Minimum age = 6</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>
<i>SITAGLIPTIN/METFORMIN (Janumet XR) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
<i>SITAGLIPTIN/SIMVASTATIN (Juvisync) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
<i>SODIUM FLUORIDE DROPS</i>	<i>Maximum of 50 ml per claim</i>

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<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>SOLIFENACIN SUCCINATE (Vesicare LS) SUSPENSION</i>	<i>Minimum age = 2</i>
<i>SOLRIAMFETOL (Sunosi) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>SOTORASIB (Lumakras) TABLET</i>	<i>Maximum of 8 tablets 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>SWEET VERNAL/ORCHARD/RYE/TIMOTHY/KENTUCKY BLUE GRASS MIXED POLLEN ALLERGEN EXTRACT (Oralair)</i>	<i>Minimum age = 5 Maximum age = 65</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>

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TALAZOPARIB TOSYLATE (Talzena, all strengths) CAPSULE	Maximum of 1 capsule per day
TALAZOPARIB TOSYLATE (Talzena) 1 MG CAPSULE	Maximum of 1 capsule per day
TAMOXIFEN (Nolvadex) TABLET	Minimum age = 18
TAPENTADOL TABLET	Maximum of 150 tablets per 30 days
TAPINAROF (Vtama) 1% CREAM	Minimum age = 18
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
TELOTTRISTAT (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
TEZACAFTOR/IVACAFTOR (Symdeko) 100 MG/150 MG TABLET	Maximum of 2 tablets per day Minimum age = 6

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Updates from previous postings are highlighted in yellow 45



## 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

<b>Summary of Drug Limitations</b>	
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
TRAMADOL (Qdolo) SUSPENSION	Minimum age = 12 Maximum of 80 mL per day
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

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<b>Summary of Drug Limitations</b>	
TRAMADOL/ACETAMINOPHEN TABLET	Minimum age = 12 Maximum of 150 tablets per 30 days
TRANLYCYPROMINE 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 Maximum age = 25
TRETINOIN PRODUCTS	Maximum age = 25
TRETINOIN/ BENZOYL PEROXIDE (Twynéo) CREAM	Minimum age = 9 Maximum age = 25
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



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<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 = 18 Maximum of 1 capsule per day
VALGANACYCLOVIR (Valcyte) TABLET	Maximum of 2 tablets per day
VALGANACYCLOVIR (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
VARENICLINE TARTRATE (Tyrvaya) NASAL SPRAY	Maximum of 0.28 mL per day
VENLAFAXINE (Effexor) IR/ER TABLET, CAPSULE	Minimum age = 13 Maximum dose of 375mg per day for age 13-18
VERICIGUAT (Verquvo) TABLET	Maximum of 1 tablet per day (10mg), Maximum of 2 tablets per day (2.5mg, 5mg) Minimum age = 18

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VIGABATRIN (Sabril) TABLET	Maximum of 6 tablets per day
VILAZODONE (Viibryd) TABLET	Minimum age = 18 Maximum of 1 tablet per day
VILOXAZINE (Qelbree) CAPSULE	Minimum age = 6 Pediatric patients 6 to 17 years of age, maximum dose of 400mg per day Adult Patients maximum dose of 600mg 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

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