



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.
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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 (Cibinzo) TABLETS | Minimum age = 18 Maximum of 1 tablet per day (all strengths) |
| ACALABRUTINIB (Calquence) CAPSULE | Maximum of 2 capsules per day |
| ACETAMINOPHEN/CODEINE 300-30 mg/12.5 SOLUTION | Minimum age = 12 |
| ACETAMINOPHEN/CODEINE TABLET | Minimum age = 12 Maximum of 150 per 30 days |
| ADALIMUMAB-AACF (Idacio) PEN-KIT, SYRINGE-KIT | Minimum age = 2 |
| ADALIMUMAB-AATY (Yuflyma CF) | Minimum age = 2 |
| ADALIMUMAB-AATY (Yuflyma (CF) AI CROHNS-UC-HS | Minimum age = 6 |
| ADALIMUMAB-ADAZ (Hyrimoz CF) | Minimum age = 2 |
| ADALIMUMAB-ADB (Cyltezo) | Minimum age = 2 |
| ADALIMUMAB-ADB (CF) KIT, PEN, SYRINGE | |
| ADALIMUMAB-ADB (CF) (Cyltezo) PEN CROHNS | Minimum age = 6 |
| ADALIMUMAB-ADB (CF) (Cyltezo) PEN PSORIA-UV | Minimum age = 18 |
| ADALIMUMAB-AFZB CF (Abrilada (CF)) KIT, PEN KIT | Minimum age = 2 |
| ADALIMUMAB-AQVH (Yusimry) | Minimum age = 2 |
| ADALIMUMAB-ATTO (Amjevita) KIT, PEN KIT | Minimum age = 2 |
| ADALIMUMAB-BWWD (Hadlima, Hadlima CF) | Minimum age = 2 |
| ADALIMUMAB-FKJP (Hulio) | Minimum age = 2 |

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| ADALIMUMAB-RYVK (Simlandi) KIT, PEN-KIT | Minimum age = 2 |
| 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 |
| ALBUTEROL/BUDESONIDE (Airsupra HFA) INHALATION | Minimum age = 18 |
| 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 |
| 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 |



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| 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 Maximum daily dose of 18.8mg for age 6-12 years Maximum daily dose of 12.5mg for age 13-17 years |
| AMPHETAMINE (Dyanavel XR) SUSPENSION | Minimum age = 6 |
| AMPHETAMINE (Dyanavel XR) TABLET | Minimum age = 6 Maximum of 1 tablet per day |
| AMPHETAMINE (Evekeo) TABLET | Minimum age = 5 |
| AMPHETAMINE (Evekeo) ODT | Minimum age = 6 Maximum age = 17 |
| AMPHETAMINE SALT COMBO ER (Mydayis) CAPSULE | Minimum age = 13 |
| 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 |

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| <i>APOMORPHINE (Kynmobi) SUBLINGUAL FILM</i> | <i>Maximum of 5 doses per day Maximum single dose of 30mg</i> |
| <i>APREMILAST (Otezla) TABLET</i> | <i>Maximum of 2 tablets per day</i> |
| <i>APREPITANT (Emend) CAPSULE</i> | <i>Maximum of length of chemo regimen OR Maximum of 6 months</i> |
| <i>ARIPIRAZOLE (Abilify) 2 MG TABLET</i> | <i>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</i> |
| <i>ARIPIRAZOLE (Abilify) 5 MG, 10 MG, 15 MG TABLET (including Discmelt)</i> | <i>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</i> |
| <i>ARIPIRAZOLE (Abilify) 20 MG, 30 MG TABLET (including Discmelt)</i> | <i>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</i> |
| <i>ARIPIRAZOLE (Abilify Mycrite KIT) 2 MG</i> | <i>Minimum age = 18 Maximum of 2 tablets per day</i> |
| <i>ARIPIRAZOLE (Abilify Mycrite KIT) 2 MG, 5 MG, 10 MG, 15 MG, 20 MG, 30 MG TABLET</i> | <i>Minimum age = 18 Maximum of 1 tablet per day</i> |
| <i>ARMODAFINIL (Nuvigil) TABLET</i> | <i>Minimum age = 18 Maximum of 1 tablet per day</i> |
| <i>ARTEMETHER/LUMEFANTRINE (Coartem) TABLET</i> | <i>Maximum of 24 tablets per fill</i> |
| <i>ASENAPINE (Secuado) 3.8MG, 5.7MG, 7.6MG PATCH</i> | <i>Maximum of 1 patch per day</i> |
| <i>ASENAPINE (Saphris) 5 MG, 10 MG TABLET</i> | <i>Minimum age = 10 Maximum of 2 tablets per day</i> |

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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 (Atorvaliq) SUSPENSION | Maximum of 80 mg 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 |
| BACLOFEN (Fleqsuvy) SUSPENSION | Maximum of 80mg 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 |

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| <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> |
| <i>BENRALIZUMAB (Fasenra) PEN</i> | <i>Minimum age = 6 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>BIMEKIZUMAB-BKZX (Bimzelx) PEN, SYRINGE</i> | <i>Minimum age = 18</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 (Eohilia) SUSPENSION</i> | <i>Minimum age = 11 Maximum of 12 weeks treatment per calendar year</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>C-1 ESTERASE INHIBITOR (Cinryze) INJECTION</i> | <i>Minimum age = 6</i> |
| <i>C-1 ESTERASE INHIBITOR (Haegarda) INJECTION</i> | <i>Minimum age = 6</i> |
| <i>C-1 ESTERASE INHIBITOR (Rucnest) INJECTION</i> | <i>Minimum age = 13</i> |
| <i>CLINDAMYCIN/BENZOYL PEROXIDE/ADAPALENE (Cibtreo) GEL</i> | <i>Minimum age = 12</i> |
| <i>CALCIFEDIOL (Rayaledge ER) CAPSULE</i> | <i>Maximum of 2 capsules per day</i> |
| <i>CALCIPOTRIENE/BETAMETHASONE (Taclonex) OINTMENT</i> | <i>Minimum age = 18</i> |
| <i>CALCITONIN-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>CALCITRIOL (Vectical) OINTMENT</i> | <i>Minimum age = 2</i> |
| <i>CANNABIDIOL (Epidiolex) ORAL SOLUTION</i> | <i>Minimum age = 1</i> |
| <i>CARBAMAZEPINE</i> | <i>Minimum age = 4 (without diagnosis of epilepsy/other seizure disorder)</i> |
| <i>CARBIDOPA/LEVODOPA, EXTENDED RELEASE (Crexont)</i> | <i>Maximum of 6 capsules per day</i> |
| <i>CARBIDOPA/LEVODOPA (Dhivy) TABLET</i> | <i>Maximum of 8 tablets per day</i> |

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- 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.
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day.
- 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
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- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

| Summary of Drug Limitations | |
|--|---|
| CARIPRAZINE (Vraylar) CAPSULE, PACK | Minimum age = 18 Maximum of 1 capsule per day |
| CARISOPRODOL (Soma) 350MG TABLET | Maximum of 4 tablets per day Maximum of 30 days per claim |
| CASPOFUNGIN (Candidas) VIAL | Maximum of 1 vial per day |
| CEFAZOLIN 1 GM VIAL | Maximum of 6 vials per day |
| CEFAZOLIN 10 GM VIAL | Maximum of 1 vial per day |
| CEFEPIME (Maxipime) VIAL | Maximum of 3 vials per day |
| CEFIDEROCOL SULFATE TOSYLATE (Fetroja) VIAL | Minimum Age = 18 |
| CEFTAZIDIME (Fortaz) 1GM VIAL | Maximum of 3 vials per day |
| CEFTAZIDIME (Fortaz) 500MG VIAL | Maximum of 3 vials per day |
| CEFTAZIDIME (Fortaz) 6GM VIAL | Maximum of 1 vial per day |
| 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 |
| CEFTRIAXONE (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 |
| 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 |

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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>CITALOPRAM (Celexa) 10 MG, 20 MG, 40 MG TABLET</i> | <i>Maximum of 1 tablet per day</i> |
| <i>CLASCOTERONE (Winlevi) CREAM</i> | <i>Minimum age = 12</i> |
| <i>CLINDAMYCIN PHOSPHATE (Xaciato) VAGINAL GEL</i> | <i>Minimum age = 12</i> |
| <i>CLINDAMYCIN/BENZOYL PEROXIDE (Onexton) PUMP</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</i> <i>Maximum of 2 capsules per day</i> |
| <i>CLONIDINE EXTENDED RELEASE (Onyda XR) SUSPENSION</i> | <i>Minimum age = 6</i> <i>Maximum age = 18</i> <i>Maximum of 4 mL per day</i> |
| <i>CLOZAPINE TABLET</i> | <i>Minimum age = 6</i> <i>Maximum dose of 300mg per day for age 6-12</i> <i>Maximum dose of 600mg per day for age 13-18</i> |
| <i>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</i> <i>Maximum of 150 per 30 days</i> |
| <i>CODEINE/CARISOPRODOL/ASPIRIN TABLET</i> | <i>Minimum age = 12</i> <i>Maximum of 150 per 30 days</i> |
| <i>CODEINE/GUAIFENESIN</i> | <i>Minimum age = 18</i> |
| <i>CODEINE/PHENYLEPHRINE/PROMETHAZINE</i> | <i>Minimum age = 18</i> |
| <i>CODEINE/PROMETHAZINE</i> | <i>Minimum age = 18</i> |
| <i>COLCHICINE (Gloperba) SOLUTION</i> | <i>Maximum of 10ML per day</i> |
| <i>CRISABOROLE (Eucrisa) OINTMENT</i> | <i>Minimum age = 3 months</i> <i>Maximum of 300 grams per year</i> |
| <i>CYANOCOBALAMIN (Calomist) SPRAY</i> | <i>Maximum of 18 ml per claim</i> |
| <i>CYANOCOBALAMIN (Nascobal) NASAL SPRAY</i> | <i>Maximum of 1.3 ml (1 bottle) per claim</i> |

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| Summary of Drug Limitations | |
|---|---|
| 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 Minimum age = 18 |
| 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 (Prezista) TABLET | Minimum age = 3 |

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| Summary of Drug Limitations | |
|--|---|
| <i>DARUNAVIR PROPYLENE GLYCOLATE TABLET</i> | <i>Minimum age = 3</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>DEFLAZACORT (Emflaza) TABLET</i> | <i>Minimum age = 2</i> |
| <i>DELAFLOXACIN (Baxdela) TABLET</i> | <i>Maximum of 2 per day Maximum of 28 per fill</i> |
| <i>DERMATOPHAGOIDES PTERONYSSINUS and DERMATOPHAGOIDES FARINA (Oductra) TABLET</i> | <i>Minimum age = 12 Maximum age = 65 Maximum of 1 tablet per day</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> |



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| Summary of Drug Limitations | |
|--|---|
| <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 (Xelstrym) PATCH</i> | <i>Minimum age = 6 Maximum 30 patches per claim</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> |



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| Summary of Drug Limitations | |
|--|---|
| <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> |
| <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>DIFLUNISAL (Dolobid) TABLET</i> | <i>Minimum age = 12 years old</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 Maximum of 150 per 30 days</i> |
| <i>DIHYDROCODEINE/ASPIRIN/CAFFEINE CAPSULE</i> | <i>Minimum age = 12 Maximum of 150 per 30 days</i> |
| <i>DIHYDROERGOTAMINE MESYLATE (Trudhesa) NASAL SPRAY</i> | <i>Minimum age = 18 Maximum of 2.9 mg per day Maximum of 4.35mg per week</i> |
| <i>DIROXIMEL (Vumerity) CAPSULE</i> | <i>Maximum of 4 capsules per day</i> |

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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 = 7 Maximum of 2 capsules per day</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> |
| <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>ELAFIBRANOR (Iqirvo) TABLET</i> | <i>Maximum of 1 tablet per day</i> |

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Summary of Drug Limitations

| | |
|--|---|
| ELAGOLIX SODIUM (Orilissa) 150 MG TABLET | Maximum of 1 tablet per day Maximum duration of treatment = 24 months |
| ELAGOLIX SODIUM (Orilissa) 200 MG TABLET | Maximum of 2 tablets per day Maximum duration of treatment = 24 months |
| ELAGOLIX/ESTRADIOL/NORETHISTERONE (Oriahnn) | Minimum age = 18 Maximum duration of treatment = 24 months |
| ELECTROLYTES (Pedialyte) SOLUTION | Maximum of 6084 ml per claim |
| ELETRIPTAN (Relpax) TABLET | Maximum of 18 doses per 29 days |
| ELEXACAFTOR/IVACAFTOR/TEZACAFTOR (Trikafta) PACKET | Minimum age = 2 Maximum age = 5 |
| ELEXACAFTOR/IVACAFTOR/TEZACAFTOR (Trikafta) TABLET | Minimum age = 6 |
| ELIGLUSTAT (Cerdelga) CAPSULE | Maximum of 2 capsules per day |
| ELTROMBOPAG CHOLINE (Alvaiz) TABLET | Minimum age = 6 |
| ELUXADOLINE (Viberzi) TABLET | Minimum age = 18 Maximum of 2 tablets per day |
| ELVITEGRAVIR (Vitekta) TABLET | Maximum of 1 tablet per day |
| ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/ TENOFOVIR ALAFENAMIDE (Genvoya) TABLET | Minimum age = 12 Maximum of 1 tablet per day |
| ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/ TENOFOVIR DISOPROXIL FUMARATE (Stribild) TABLET | Maximum of 1 tablet per day |
| EMOLLIENTS * See Emollients Note | Maximum age = 18 |
| EMPAGLIFLOZIN/LINAGLIPTIN (Glyxambi) TABLET | Minimum age = 18 Maximum of 1 tablet per day |
| EMPAGLIFLOZIN/METFORMIN (Synjardy) TABLET | Minimum age = 18 Maximum of 2 tablets per day |
| EMPAGLIFLOZIN/METFORMIN (Synjardy XR) TABLET | Minimum age = 18 Maximum of 1 tablet per day |

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| Summary of Drug Limitations | |
|---|--|
| 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 |
| ENFUVIRTIDE (Fuzeo.n) VIAL | Minimum age = 6 Maximum of 2 vials per day |
| ENOXAPARIN (Lovenox) 40 MG (0.4 ml) SYRINGE | Maximum of 24 ml per claim |
| ENOXAPARIN (Lovenox) 60 MG (0.6 ml) SYRINGE | Maximum of 36 ml per claim |
| ENOXAPARIN (Lovenox) 80 MG (0.8 ml) SYRINGE | Maximum of 48 ml per claim |
| ENOXAPARIN (Lovenox) 100 MG (1.0 ml) SYRINGE | Maximum of 30 ml per claim |
| ENOXAPARIN (Lovenox) 120 MG (1.2 ml) SYRINGE | Maximum of 24 ml per claim |
| ENOXAPARIN (Lovenox) 150 MG (1.5 ml) SYRINGE | Maximum of 30 ml per claim |
| ENOXAPARIN (Lovenox) 30 MG (0.3 ml) SYRINGE | Maximum of 18 ml per claim |
| ENOXAPARIN (Lovenox) 300 MG (3.0 ml) VIAL | Maximum of 15 ml per claim |
| ENTRECTINIB (Rozlytrek) 100MG CAPSULE | Maximum of 6 per day Minimum age = 12 |
| ENTRECTINIB (Rozlytrek) 200MG CAPSULE | Maximum of 3 per day Minimum age = 12 |
| ENZALUTAMIDE (Xtandi) CAPSULE | Minimum age = 19 Maximum of 4 capsules per day |
| EPINEPHRINE (Adrenacllick, 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 |

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Updates from previous postings are highlighted in yellow 17



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>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> |
| <i>ERTUGLIFOZIN/SITAGLIPTIN (Steglujan)</i> | <i>Minimum age = 18</i> |
| <i>ESCITALOPRAM (Lexapro) TABLET</i> | <i>Minimum age = 6</i> <i>Maximum dose of 20mg per day for age 6-12</i> <i>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>ESTRASIMOD (Velsipity) TABLET</i> | <i>Maximum of 1 tablet per day</i> |
| <i>ESZOPICLONE (Lunesta) TABLET</i> | <i>Minimum age = 18</i> <i>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</i> <i>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</i> <i>Maximum of 7.84 mL per claim</i> |

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Updates from previous postings are highlighted in yellow 18



Summary of Drug Limitations

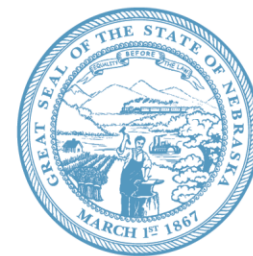
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Summary of Drug Limitations

| | |
|--|---|
| 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 MI 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 |
| FECAL MICROBIOTA SPORES, LIVE-BRPK (Vowst) CAPSULE | Minimum age = 18 Maximum of 12 capsules per claim (3-day treatment) Maximum of 4 capsules per day |
| FEDRATINIB DIHYDROCHLORIDE (Inrebic) 100MG CAPSULE | Maximum of 4 capsules per day |
| FENTANYL 37.5mg, 62.5mg, 87.5mg PATCH | Maximum of 1 patch every 2 days |
| FENTANYL (Duragesic) PATCH | Maximum of 1 patch every 2 days |
| FEXOFENADINE (Allegra) 180MG TABLET | Maximum of 1 tablet per day |
| FINASTERIDE (Proscar) TABLET | Minimum age = 13 |

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Updates from previous postings are highlighted in yellow 19



Summary of Drug Limitations

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Summary of Drug Limitations

| | |
|--|---|
| <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/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> |

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Updates from previous postings are highlighted in yellow 20



Summary of Drug Limitations

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| Summary of Drug Limitations | |
|---|--|
| <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>GALCENEZUMAB-GNLM (Emgality) 100mg SYRINGE</i> | <i>Maximum of 3 injections per month</i> |
| <i>GALCENEZUMAB-GNLM (Emgality) 120mg PEN, SYRINGE</i> | <i>Maximum of 2 syringes for loading dose, then Maximum of 1 syringe per month</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 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>GUSELKUMAB (Tremfya) 100 mg/mL ONE-PRESS, SYRINGE</i> | <i>Maximum of 0.036 mL per day</i> |

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Summary of Drug Limitations

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Summary of Drug Limitations

| | |
|---|---|
| <i>GUSELKUMAB (Tremfya) 200 mg/2mL PEN, SYRINGE</i> | <i>Maximum of 0.072 mL 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>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-1α (Avonex) INJECTION, PEN</i> | <i>Submit 1 package (4 syringes) per 28-day supply</i> |
| <i>INTERFERON β-1α (Rebif) SYRINGE/REBIDOSE</i> | <i>Submit 1 box (quantity 6) for 30-day supply</i> |

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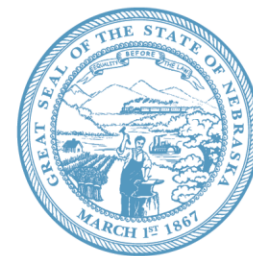
Summary of Drug Limitations

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| Summary of Drug Limitations | |
|--|--|
| <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 = 1 month</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 = 6</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> |
| <i>LAMOTRIGINE (Lamictal XR) 300 MG TABLET</i> | <i>Maximum of 2 tablets per day</i> |

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Summary of Drug Limitations

| | |
|---|--|
| LANADELUMAB-FLYO (Takhzyro) SYRINGE, VIAL | Minimum age of 2 |
| 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) |
| LEBRIKIZUMAB-LBKZ (Ebglyss) PEN | Minimum age = 12 Maximum of 4 mL per 28 days |
| 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) |
| LENACAPAVIR (Sunlenca) TABLET | Maximum of 2 tablets per day |
| LENALIDOMIDE (Revlimid) CAPSULE | Maximum of 1 capsule per day |
| LESINURAD (Zurampic) TABLET | Minimum age = 18 Maximum of 1 tablet per day |

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Summary of Drug Limitations

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| Summary of Drug Limitations | |
|--|---|
| <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 = 6 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> |
| <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> |

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Summary of Drug Limitations

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| Summary of Drug Limitations | |
|--|---|
| LOFEXIDINE (Lucemyra) Tablet | Maximum of 16 tablets per day |
| 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) 75-94 MG, 100-125 MG, 150-188 MG PACKET | Minimum age = 1 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) |
| MANNITOL (Bronchitol) CAPSULE | Maximum of 600 capsules per claim |
| MAPROTILINE TABLET | Minimum age = 4 |
| MARALIXIBAT (Livmarli) ORAL SOLUTION | Minimum age = 3 months |
| MARSTACIMAB-HNCQ (Hypavzi) PEN | Minimum age = 12 |
| 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 |

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Updates from previous postings are highlighted in yellow 26



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 | |
|---|--|
| MELOXICAM SUSPENSION | <i>Minimum age = 11</i> |
| MELOXICAM (Qmiiz ODT) 7.5 MG, 15 MG ORALLY DISINTEGRATING TABLET | <i>Maximum of 1 tablet per day</i> |
| MEPERIDINE TABLET | <i>Maximum of 150 tablets per 30 days</i> |
| MEPOLIZUMAB (Nucala) 100 MG/ML AUTO-INJECTOR, SYRINGE | <i>Maximum of 300 MG (3 injections) per 28 days</i> |
| MEROPENEM (Merrem) VIAL | <i>Maximum of 3 vials per day</i> |
| METFORMIN (Riomet ER) SUSPENSION | <i>Min age= 10</i> |
| METHAMPHETAMINE (Desoxyn) TABLET | <i>Minimum age = 5</i> <i>Maximum accumulated dose of 25mg per day for age ≥ 19</i> |
| METHOTREXATE (Otrexup) 7.5mg/0.4ml AUTO-INJECTOR | <i>Maximum of 4 units per month</i> |
| METHOTREXATE (Reditrex) SUB-Q | <i>Minimum age = 2</i> |
| METHYLNALTREXONE (Relistor) TABLET | <i>Minimum age = 18</i> <i>Maximum of 3 tablets per day</i> |
| METHYLPHENIDATE (Adhansia XR) 25MG, 35MG, 45MG, 55MG, 70MG, 85MG CAPSULE | <i>Minimum age = 6</i> <i>Maximum of 1 capsule per day</i> <i>Maximum accumulated dose of 108mg per day for ages ≤ 18</i> <i>Maximum accumulated dose of 72mg per day for ages ≥ 19</i> |
| METHYLPHENIDATE (Aptensio XR) CAPSULE | <i>Minimum age = 5</i> <i>Maximum of 1 capsule per day</i> <i>Maximum accumulated dose of 108mg per day for ages ≤ 18</i> <i>Maximum accumulated dose of 72mg per day for ages ≥ 19</i> |

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Updates from previous postings are highlighted in yellow 27



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 | |
|--|--|
| METHYLPHENIDATE (Concerta) 18MG, 27MG, 54MG TABLET | Minimum age = 5 Maximum of 1 tablet per day Maximum accumulated dose of 108mg per day for ages ≤ 18 Maximum accumulated dose of 72mg per day for ages ≥ 19 |
| METHYLPHENIDATE (Concerta) 36MG TABLET | Minimum age = 5 Maximum of 2 tablets per day Maximum accumulated dose of 108mg per day for ages ≤ 18 Maximum accumulated dose of 72mg per day for ages ≥ 19 |
| METHYLPHENIDATE (Cotempla XR-ODT) TABLET | Minimum age = 5 Maximum age = 17 Maximum of 1 tablet per day |
| METHYLPHENIDATE (Daytrana) PATCH | 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 |
| METHYLPHENIDATE (Jornay PM) CAPSULE | Minimum age = 6 Maximum of 1 capsule per day Maximum accumulated dose of 108mg per day for ages ≤ 18 Maximum accumulated dose of 72mg per day for ages ≥ 19 |



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Summary of Drug Limitations

| | |
|--|---|
| METHYLPHENIDATE (Metadate CD) CAPSULE | <p>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</p> |
| METHYLPHENIDATE (Methylin ER) 10 MG TABLET | <p>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</p> |
| METHYLPHENIDATE (Methylin ER) 20 MG TABLET | <p>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</p> |
| METHYLPHENIDATE (Quillichew ER) CHEWABLE | <p>Minimum age = 5 Maximum accumulated dose of 108mg per day for ages ≤ 18 Maximum accumulated dose of 72mg per day for ages ≥ 19</p> |
| | |



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Summary of Drug Limitations

| | |
|--|---|
| METHYLPHENIDATE ER (45MG AND 63MG ONLY, Relexxii) TABLET | Minimum age = 5 Maximum of 1 tablet per day Maximum accumulated dose of 108mg per day for ages ≤ 18 Maximum accumulated dose of 72mg per day for ages ≥ 19 Maximum age = 65 |
| METHYLPHENIDATE ER 72MG TABLET | Minimum age = 5 Maximum of 1 tablet per day Maximum accumulated dose of 108mg per day for ages ≤ 18 Maximum accumulated dose of 72mg per day for ages ≥ 19 |
| MIDAZOLAM (Nayzilam) NASAL SPRAY | Maximum of 10 per 30 days |
| MIDOSTAURIN (Rydapt) CAPSULE | Maximum of 8 capsules per day |
| 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 |
| MIRIKIZUMAB-MRKZ (Omvoh) PEN | Minimum age = 18 |
| 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 |

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Summary of Drug Limitations

| | |
|--|---|
| <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>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>MORPHINEday 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> |
| <i>MULTIVITAMIN NO. 53/FOLIC ACID/K/COQ10 (DEKAS Plus Chewable DEKAS Plus Ocean Caps, and DEKAS Softgel)</i> | <i>Minimum age = 4 Maximum age = 18</i> |
| <i>MYCOPHENOLATE (Myhibbin) SUSPENSION</i> | <i>Minimum age = 3 months</i> |
| <i>NAFARELIN (Synarel) NASAL SOLUTION</i> | <i>Minimum age = 18</i> |
| <i>NALDEMEDINE (Symproic)</i> | <i>Minimum age = 18 Maximum of 2 tablets per day</i> |
| <i>NALMEFENE (Opvee) NASAL SPRAY</i> | <i>minimum age = 12</i> |
| <i>NALOXEGOL (Movantik) TABLET</i> | <i>Maximum of 1 tablet per day</i> |
| <i>NALTREXONE</i> | <i>Minimum age = 18</i> |
| <i>NARATRIPTAN (Amerge) TABLET</i> | <i>Maximum of 18 doses per 29 days</i> |
| <i>NEFAZODONE</i> | <i>Minimum age = 4</i> |

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|---|---|
| NEVIBOLOL/VALSARTAN (Byvalson) TABLET | Maximum of 1 tablet per day |
| NICOTINE GUM | Minimum age = 18 *See Smoking Cessation Agents Note for Maximum Duration |
| NICOTINE GUM/LOZENGE | Minimum age = 18 Maximum of 924 pieces/lozenges per 90 days *See Smoking Cessation Agents Note for Maximum Duration |
| NICOTINE INHALATION CARTRIDGE | Minimum age = 18 Maximum of 168 cartridges per claim Maximum of 504 cartridges per 90 days *See Smoking Cessation Agents Note for Maximum Duration |
| NICOTINE NASAL SPRAY | Minimum age = 18 Maximum of 40 ml per claim Maximum of 120ml per 90 days *See Smoking Cessation Agents Note for Maximum Duration |
| 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 |

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|--|---|
| <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> |
| <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 Zydis) 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) AUTOINJECTOR</i> | <i>Minimum age = 12 150mg autoinjector: Maximum of 0.29 mL/day per 28 days 300mg autoinjector: Maximum of 0.29 mL/day per 28 days 75mg autoinjector: Maximum of 0.036 mL/day per 28 days</i> |

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Updates from previous postings are highlighted in yellow 33



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.
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day.
- 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
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- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

| Summary of Drug Limitations | |
|---|---|
| OMALIZUMAB (Xolair) Syringes | Minimum age = 1 75mg syringe: Maximum of 2 syringes per 28 days 150mg syringe: Maximum of 8 syringes per 28 days 300mg syringe: Maximum of 0.29 mL/day per 28 days |
| OMBITASVIR/PARITAPREVIR/RITONAVIR (Technivie) TABLET | Maximum of 2 tablets per day |
| OMBITASVIR/PARITAPREVIR/RITONAVIR/DASABUVIR (Viekira) TABLET | Maximum of 112 tablets per 28 days |
| OMBITASVIR/PARITAPREVIR/RITONAVIR/DASABUVIR (Viekira XR) TABLET | Minimum age = 18 Maximum of 3 tablets per day |
| OMEPRAZOLE (Prilosec) 20 MG CAPSULE (Generic Only) | Maximum of 4 capsules per day |
| OMEPRAZOLE (Prilosec) 40 MG CAPSULE (Generic Only) | Maximum of 2 capsules per day |
| OMEPRAZOLE (Prilosec) 10 MG, 20 MG (Brand only) CAPSULE | Maximum of 1 capsule per day |
| OMEPRAZOLE (Prilosec) 40 MG CAPSULE (Brand only) | Maximum of 2 capsules per day |
| OMEPRAZOLE/CLARITHROMYCIN/ AMOXICILLIN (Omeclamox-Pak) | Maximum of 30 days (10 days of therapy x3) per 365 days |
| OMEPRAZOLE/SODIUM BICARBONATE (Zegerid) 20 MG, 40 MG CAPSULE | Maximum of 1 capsule per day |
| ONDANSETRON (Zofran) 2 MG/ML VIAL, | Maximum of 16 ml per day |
| ONDANSETRON (Zofran) TABLET | Maximum of 60 tablets per claim |
| ONDANSETRON (Zofran) ORAL SOLUTION | Maximum of 150 ml per claim |
| OPICAPONE (Ongentys) CAPSULE | Maximum of 1 capsule per day |
| OSELTAMIVIR (Tamiflu) 30 MG, 45 MG, 75 MG CAPSULE | Maximum of 10 capsules per claim OR Maximum of 10-day supply |
| OSELTAMIVIR (Tamiflu) 6 MG/ML SUSPENSION | Maximum of 180 ml per claim OR Maximum of 10-day supply |
| OSIMERTINIB (Tagrisso) TABLET | Maximum of 1 tablet per day |

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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>OXCARBAZEPINE (Trileptal) TABLET</i> | <i>Minimum age = 4 (without diagnosis of epilepsy/other seizure disorder)</i> |
| <i>OXYCODONE ER (Oxycontin) 10 MG, 15 MG, 20 MG, 30MG, 40MG, 60 MG TABLET</i> | <i>Minimum of 6 tablets per claim Maximum of 3 tablets per day</i> |
| <i>OXYCODONE ER (Oxycontin) 80 MG TABLET</i> | <i>Minimum of 8 tablets per claim Maximum of 4 tablets per day</i> |
| <i>OXYCODONE ER (Xtampza ER) 9 MG, 13.5 MG, 18 MG, 27 MG CAPSULE</i> | <i>Minimum age = 18 Maximum of 3 capsules per day</i> |
| <i>OXYCODONE ER (Xtampza ER) 36 MG CAPSULE</i> | <i>Minimum age = 18 Maximum of 8 capsules per day</i> |
| <i>OXYCODONE IR CAPSULE, TABLET</i> | <i>Maximum of 150 per 30 days</i> |
| <i>OXYCODONE/ACETAMINOPHEN TABLET</i> | <i>Maximum of 150 per 30 days</i> |
| <i>OXYCODONE/ACETAMINOPHEN (Xartemis XR) TABLET</i> | <i>Maximum of 4 tablets per day</i> |
| <i>OXYCODONE/ASPIRIN TABLET</i> | <i>Maximum of 150 per 30 days</i> |
| <i>OXYCODONE/IBUPROFEN TABLET</i> | <i>Maximum of 150 per 30 days</i> |
| <i>OXYMORPHONE (Opana) TABLET</i> | <i>Maximum of 150 per 30 days</i> |
| <i>OXYMORPHONE (Opana ER) TABLET</i> | <i>Maximum of 3 tablets per day</i> |
| <i>OZANIMOD (Zeposia) CAPSULE</i> | <i>Maximum of 1 capsule per day Minimum age = 18</i> |
| <i>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> |

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Summary of Drug Limitations

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| Summary of Drug Limitations | |
|---|--|
| PANTOPRAZOLE GRANULES | Maximum of 2 packets per day |
| PAROXETINE (Paxil) IR, CR | Minimum age = 13 Maximum dose of 40mg IR per day for age 13-18 Maximum dose of 50mg CR per day for age 13-18 |
| PAROXETINE MESYLATE | Minimum age = 13 |
| PAROXETINE (Paxil) 10 MG Tablet | Maximum of 5 per day |
| PAROXETINE (Paxil) 20 MG, 30 MG, 40 MG Tablet | Maximum of 1 per day |
| PATIROMER (Veltassa) PACKET | Maximum of 1 packet per day |
| PEANUT POWDER (Palforzia) | Minimum age = 4 |
| PEDIATRIC MULTIVITAMIN NO.128/VITAMIN K (DEKAS Plus Liquid) | Maximum age= 3 |
| PEG/ELECTROLYTE (Moviprep) SOLUTION | Maximum of 1 kit per claim |
| PEGINTERFERON α -2a (Pegasys Proclick) 180 MCG /0.5 ML SYRINGE | Maximum of 1 kit (2 ml) per claim for 28 days |
| PEGINTERFERON α -2a (Pegasys) 180 MCG /1 ML VIAL | Maximum of 4 ml per claim for 28 days |
| PEGINTERFERON α -2b (Peg-Intron) REDIPEN, KIT | Submit 1 pen/kit as quantity 1 for 7 days |
| PEGINTERFERON β -1a (Plegridy) PACK, SYRINGE | Maximum of 1 package (1 MI) per 28 days OR Maximum of One 0.5MI syringe every 14 days |
| PEMIGATINIB (Pemazyre) | Maximum of 1 tablet per day |
| PENCICLOVIR (Denavir) CREAM | Minimum age = 12 |
| PENTAMIDINE (Nebupent) | Maximum of 1 vial per 28 days |
| PENTAZOCINE/NALOXONE TABLET | Maximum of 150 per 30 days |
| PERINDOPRIL/AMLODIPINE (Prestalia) TABLET | Maximum of 1 tablet per day |
| PERPHENAZINE TABLET | Minimum age = 6 Maximum dose of 64mg per day |
| PERPHENAZINE/AMITRIPTYLINE TABLET | Minimum age = 6 |
| PEXIDARTINIB (Turalio) CAPSULE | Maximum of 4 capsules per day |
| PHENELZINE TABLET | Minimum age = 4 |

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Summary of Drug Limitations

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| Summary of Drug Limitations | |
|--|--|
| <i>PIMAVANSERIN (Nuplazid) 10 MG TABLET; 34 MG CAPSULE</i> | <i>Minimum age = 18 Maximum of 1 tablet/capsule 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> |
| <i>PIROXICAM CAPSULE</i> | <i>Maximum of 1 capsule per day</i> |
| <i>PITAVASTATIN (Livalo) TABLET</i> | <i>Minimum age = 8 Maximum of 1 tablet per day</i> |
| <i>PITOLISANT (Wakix) 4.45 MG TABLET</i> | <i>Maximum of 3 tablets per day</i> |
| <i>PITOLISANT (Wakix) 17.8 MG TABLET</i> | <i>Maximum of 2 tablets per day</i> |
| <i>PLECANATIDE (Trulance) TABLET</i> | <i>Minimum age = 18 Maximum of 1 tablet per day</i> |
| <i>PNEUMONIA VACCINE</i> | <i>Maximum of 0.5 ml per claim (patient-specific RX required)</i> |
| <i>PONATINIB (Iclusig) 15 MG TABLET</i> | <i>Maximum of 2 tablets per day</i> |
| <i>PONATINIB (Iclusig) 45 MG TABLET</i> | <i>Maximum of 1 tablet per day</i> |
| <i>PONESIMOD (Ponvory) 20mg CAPSULE</i> | <i>Maximum of 1 tablet per day</i> |
| <i>PONESIMOD (Ponvory) 14-Day Starter Pack</i> | <i>Maximum of 1 pack per claim</i> |
| <i>POSACONAZOLE (Noxafil) TABLET</i> | <i>Minimum age = 13</i> |

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Summary of Drug Limitations

| | |
|--|--|
| <i>POSACONAZOLE (Noxafil) SUSPENSION</i> | <i>Minimum age = 13</i> |
| <i>POSACONAZOLE (Noxafil) SUSPENSION DELAYED RELEASE</i> | <i>Minimum age = 2</i> |
| <i>PRALSETINIB (Gavreto) CAPSULES</i> | <i>Maximum 4 capsules per day</i> |
| <i>PREGABALIN (Lyrica) 20 MG/ML ORAL SOLUTION</i> | <i>Maximum of 30 ml per day</i> |
| <i>PREGABALIN (Lyrica) 25MG, 50MG, 75MG, 100MG, 150MG, 200MG CAPSULE</i> | <i>Maximum of 3 capsules per day</i> |
| <i>PREGABALIN (Lyrica) 225MG, 300MG CAPSULE</i> | <i>Maximum of 2 capsules per day</i> |
| <i>PREGABALIN ER (Lyrica CR) TABLET</i> | <i>Maximum of 1 tablet per day</i> |
| <i>PRENATAL VITAMIN PREPARATIONS</i> | <i>Maximum of 100-day supply per claim</i> |
| <i>PRETOMANID TABLET</i> | <i>Maximum of 1 tablet per day</i> |
| <i>PROPRANOLOL (Hemangeol) SOLUTION</i> | <i>Maximum age = 12 months</i> |
| <i>PROTRIPTYLINE</i> | <i>Minimum age = 4</i> |
| <i>QUETIAPINE (Seroquel) TABLET</i> | <i>Minimum age = 6</i> <i>Maximum dose of 400mg per day for age 6-9</i> <i>Maximum dose of 800mg per day for age 10-18</i> |
| <i>QUETIAPINE ER (Seroquel XR) 150 MG, 200 MG TABLET</i> | <i>Minimum age = 6</i> <i>Maximum of 1 tablet per day</i> |
| <i>QUETIAPINE ER (Seroquel XR) 50 MG, 300 MG, 400 MG TABLET</i> | <i>Minimum age = 6</i> <i>Maximum of 2 tablets per day</i> |
| <i>RABEPRAZOLE (Aciphex) 20 MG TABLET</i> | <i>Maximum of 1 tablet per day</i> |
| <i>RALOXIFENE (Evista) TABLET</i> | <i>Maximum of 1 tablet per day</i> |
| <i>RALTEGRAVIR (Isentress) TABLET</i> | <i>Maximum of 2 tablets per day</i> |
| <i>RAMELTEON (Rozerem) TABLET</i> | <i>Minimum age = 18</i> <i>Maximum of 1 tablet per day</i> |
| <i>RASAGILINE (Azilect) TABLET</i> | <i>Maximum of 1 tablet per day</i> |
| <i>RELBACTAM, IMIPENEM, CILASTIN (Recarbrio) VIAL</i> | <i>Minimum age= 18</i> |
| <i>RELUGOLIX (Orgovyx)</i> | <i>Minimum age = 18</i> |



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| Summary of Drug Limitations | |
|---|--|
| <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 for acute use Maximum of 16 tablets per 30 days (prophylaxis use only) Maximum of 18 doses per 30 days</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 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>RITLECITINIB (Litfulo) CAPSULE</i> | <i>Minimum age = 12</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>ROFLUMILAST (Zoryve) 0.15%, 0.3% CREAM</i> | <i>Minimum age = 6</i> |

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Summary of Drug Limitations

| | |
|---|---|
| ROFLUMILAST (Zoryve) 0.3% FOAM | Minimum age = 9 |
| ROSUVASTATIN (Ezallor Sprinkle) CAPSULE | Maximum of 1 capsule per day |
| RUCAPARIB (Rubraca) TABLET | Maximum of 4 tablets per day |
| RUFINAMIDE (Banzel) 200MG TABLET | Maximum of 3 tablets per day |
| RUFINAMIDE (Banzel) 400MG TABLET | Maximum of 8 tablets per day |
| RUFINAMIDE (Banzel) SUSPENSION | Maximum age = 11 |
| RUXOLITINIB (Opzelura) CREAM | Minimum age = 12 Maximum of one (1) 60 gram tube per claim |
| SACUBITRIL/VALSARTAN (Entresto) TABLET | Maximum of 2 tablets per day Minimum age = 1 |
| SAFINAMIDE (Xadago) TABLET | Maximum of 1 tablet per day |
| SAXAGLIPTIN (Onglyza) TABLET | Minimum age = 18 Maximum of 1 tablet per day |
| SAXAGLIPTIN/METFORMIN (Kombiglyze XR) TABLET | Minimum age = 18 Maximum of 1 tablet per day |
| SECUKINUMAB (Cosentyx) PEN SYRINGE | Minimum age = 2 |
| SELEGILINE (Emsam) PATCH | Minimum age = 18 Maximum of 1 patch per day |
| SELPERCATINIB (Retevmo) CAPSULES | Minimum age = 2 |
| SELUMETINIB (Koselugo) | Minimum age = 2 |
| SEMAGLUTIDE (Ozempic) 0.25MG, 1mg, 2mg PEN | Maximum of 3 mL per 28 days |
| SERDEXMETHYLPHENIDATE/DEXMETHYLPHENIDATE (Azstarys) CAPSULE | Minimum age= 5 Maximum 1 capsule per day |
| SERTRALINE (Zoloft) TABLET | Minimum age = 4 Maximum dose of 200mg per day for age 4-18 |

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|---|--|
| SERTRALINE (Zoloft) 25 MG TABLET | Maximum of 1 tablet per day |
| SERTRALINE (Zoloft) 50 MG TABLET | Maximum of 3 tablets per day |
| SERTRALINE (Zoloft) 100 MG TABLET | Maximum of 2 tablets per day |
| SILDENAFIL (Revatio) TABLET | Maximum of 3 tablets per day |
| SIPONIMOD (Mayzent) 0.25 MG TABLET | Maximum of 7 tablets per day |
| SIPONIMOD (Mayzent) 2 MG TABLET | Maximum of 1 tablet per day |
| SIROLIMUS (Hyftor) 0.2% GEL | Minimum age = 6 |
| SITAGLIPTIN (Januvia) TABLET | Minimum age = 18 Maximum of 1 tablet per day |
| SITAGLIPTIN/METFORMIN (Janumet) TABLET | Minimum age = 18 Maximum of 2 tablets per day |
| SITAGLIPTIN/METFORMIN (Janumet XR) TABLET | Minimum age = 18 Maximum of 1 tablet per day |
| SITAGLIPTIN/METFORMIN (Zituvimet) TABLET | Maximum daily dose of Sitagliptin= 100 MG Maximum daily dose of Metformin Hydrochloride= 2,000 MG |
| SITAGLIPTIN/METFORMIN (Zituvimet XR) TABLET | Maximum daily dose of Sitagliptin= 100 MG Maximum daily dose of Metformin Hydrochloride= 2,000 MG |
| SITAGLIPTIN/SIMVASTATIN (Juvisyng) 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 |

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Updates from previous postings are highlighted in yellow 41



Summary of Drug Limitations

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- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day.
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days.
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- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

Summary of Drug Limitations

| | |
|---|--|
| <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>SOMATROGON-GHLA (Ngenla) PEN</i> | <i>Minimum age = 3</i> |
| <i>SOTAGLIFLOZIN (Inpefa) TABLET</i> | <i>Maximum of 1 tablet per day</i> |
| <i>SOTORASIB (Lumakras) TABLET</i> | <i>Maximum of 8 tablets per day</i> |
| <i>SPESOLIMAB-SBZO (Spevigo) SYRINGE</i> | <i>Minimum age = 12</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 = 6 months of age and older and weighing 7 kg or more</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> |
| <i>TALAZOPARIB TOSYLATE (Talzenna, all strengths) CAPSULE</i> | <i>Maximum of 1 capsule per day</i> |
| <i>TALAZOPARIB TOSYLATE (Talzenna) 1 MG CAPSULE</i> | <i>Maximum of 1 capsule per day</i> |
| <i>TAMOXIFEN (Nolvadex) TABLET</i> | <i>Minimum age = 18</i> |
| <i>TAPENTADOL TABLET</i> | <i>Maximum of 150 tablets per 30 days</i> |

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Summary of Drug Limitations

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Summary of Drug Limitations

| | |
|--|---|
| TAPINAROF (Vtama) 1% CREAM | Minimum age = 18 |
| TASIMELTEON (Hetlioz) CAPSULE | Maximum of 1 capsule per day Minimum age = 16 |
| 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 30 tablets per claim |
| TERIPARATIDE SYRINGE | Submit 1 unit (2.4 ml) for 30-day supply Maximum of 24 months per lifetime |
| TEZACAFTOR/IVACAFTOR (Symdeko) 100 MG/150 MG TABLET | Maximum of 2 tablets per day Minimum age = 6 |
| TEZACAFTOR/IVACAFTOR (Symdeko) 50 MG/75 MG TABLET | Maximum of 2 tablets per day Minimum age = 6 |
| THIORIDAZINE TABLET | Minimum age = 6 |
| THIOTHIXENE CAPSULE | Minimum age = 6 |
| TIDEZOLID (Sivextro) 200 MG TABLET, VIAL | Maximum of 6 tablets/vials per fill |

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| Summary of Drug Limitations | |
|--|---|
| <i>TIGECYCLINE (Tygacil) VIAL</i> | <i>Maximum of 30 vials per claim</i> |
| <i>TIMOTHY GRASS POLLEN ALLERGEN (Grastek)</i> | <i>Minimum age = 5 Maximum age = 65 Maximum of 1 tablet per day</i> |
| <i>TIVOZANIB (Fotivda) CAPSULE</i> | <i>Maximum of 1 capsule per day</i> |
| <i>TOBRAMYCIN (Tobi Podhaler) INHALE CAP</i> | <i>Maximum of 8 capsules per day Maximum of 224mg per day Minimum age = 6</i> |
| <i>TOCILIZUMAB-AAZG (Tyenne) AUTOINJECTOR, SYRINGE</i> | <i>Minimum age = 2</i> |
| <i>TOFACITINIB (Xeljanz) SOLUTION</i> | <i>Maximum of 600mL per claim or Maximum of 20mg per day</i> |
| <i>TOFACITINIB (Xeljanz) 5 MG, 10 MG TABLET</i> | <i>Maximum of 2 tablets per day</i> |
| <i>TOFACITINIB XR (Xeljanz XR) TABLET</i> | <i>Maximum of 1 tablet per day</i> |
| <i>TOPIRAMATE (Eprontia) SOLUTION</i> | <i>Minimum age = 2</i> |
| <i>TOPIRAMATE (Topamax) SPRINKLES</i> | <i>Maximum age = 11</i> |
| <i>TOREMIFENE (Fareston) TABLET</i> | <i>Minimum age = 18</i> |
| <i>TOVORAFENIB (Ojemda) SUSPENSION</i> | <i>Minimum age = 6 months</i> |
| <i>TRALOKINUMAB-LDRM (Adbry) 300 MG/2mL AUTOINJECTOR</i> | <i>Maximum of 0.1429 mL per day Minimum age=18</i> |
| <i>TRALOKINUMAB-LDRM (Adbry) INJECTION</i> | <i>Maximum of 0.1429 mL per day Minimum age = 12</i> |
| <i>TRAMADOL (Qdolo) SUSPENSION</i> | <i>Minimum age = 12 Maximum of 80 mL per day</i> |
| <i>TRAMADOL TABLET</i> | <i>Minimum age = 12 Maximum of 4 tablets per day (100MG) Maximum of 8 tablets per day (50MG) Maximum of 150 tablets per 30 days</i> |



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Summary of Drug Limitations

| | |
|--|---|
| TRAMADOL/ACETAMINOPHEN TABLET | Minimum age = 12 Maximum of 150 tablets per 30 days |
| TRANLYCPROMINE TABLET | Minimum age = 4 |
| TRAZODONE TABLET | Minimum age = 14 Maximum dose is 100mg if <19 |
| TREPROSTINIL (Tyvaso) INHALATION SOLUTION | Maximum of 81.2 ml per claim |
| TRETINOIN (Altreno) Lotion | Minimum age = 9 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 30 days |
| UMBRALISIB (Ukoniq) TABLET | Maximum of 4 tablets per day |
| UPADACITINIB (Rinvoq ER) 15MG TABLET | Maximum of 1 tablet per day |
| UPADACITINIB (Rinvoq LQ) SOLUTION | Minimum age = 2 Maximum of 12 mL per day |



Summary of Drug Limitations

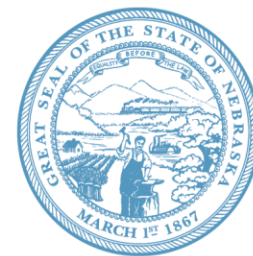
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Summary of Drug Limitations

| | |
|---|--|
| 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, INITIATION PACK, and SPRINKLES | Minimum age = 18 Maximum of 1 capsule per day |
| VALGANCYCLOVIR (Valcyte) TABLET | Maximum of 2 tablets per day |
| VALGANCYCLOVIR (Valcyte) SUSPENSION | Maximum of 18 ml per day |
| VANCOMYCIN (Firvanq) SOLUTION | Maximum of 2 grams 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 |
| VEDOLIZUMAB (Entyvio) PEN | Minimum age = 18 |
| 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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Summary of Drug Limitations

| | |
|---|--|
| VIBEGRON (Gemtesa) | Minimum age = 18 Maximum of 1 tablet per day |
| 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 |
| VONOPRAZAN (Voquezna) TABLETS | Maximum accumulation days for treatment 240 days per calendar year |
| VORASIDENIB (Vorango) | Minimum age = 12 |
| VORICONAZOLE (Vfend) VIAL | Maximum of 10 vials per claim |
| VORTIOXETINE (Trintellix) TABLETS | Minimum age = 18 |
| WEED POLLEN-SHORT RAGWEED (Ragwitek) TABLET | Minimum age = 5 Maximum age = 65 Maximum of 1 tablet per day |
| ZANAMIVIR (Relenza) 3.6 MG, 5 MG DISK INHALER | Maximum of 5-day supply |
| ZANUBRUTINIB (Brukinsa) CAPSULE | Maximum of 4 capsules per day |
| ZAVEGEPANT (Zavzpret) NASAL SPRAY | Maximum of 8 doses per 30 days Maximum of 1 (10mg) spray per day Minimum age = 18 |
| 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 |

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| <i>Summary of Drug Limitations</i> | |
|---|---|
| <i>ZOLMITRIPTAN (Zomig) NASAL SPRAY</i> | <i>Maximum of 18 doses per 29 days</i> |
| <i>ZOLPIDEM 7.5 MG CAPSULE</i> | <i>Maximum of 1 capsule per day</i> |
| <i>ZOLPIDEM (Ambien) TABLET</i> | <i>Maximum of 1 tablet per day Maximum dose of 5mg for FEMALES</i> |
| <i>ZOLPIDEM (Edluar) TABLET</i> | <i>1 SL tablet per day</i> |
| <i>ZOLPIDEM (Intermezzo) TABLET</i> | <i>Maximum of 1 tablet per day</i> |
| <i>ZOLPIDEM ER (Ambien CR) TABLET</i> | <i>Maximum of 1 tablet per day Maximum dose of 6.25mg for FEMALES</i> |