



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

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ABALOPARATIDE (Tymlos) PEN INJECTOR	Maximum of 1.56 mL (1 pen) per 30 days
ABEMACICLIB (Verzenio) TABLET	Minimum age = 18 Maximum of 2 tablets per day
ABIRATERONE (Zytiga) 250MG TABLET	Minimum age = 18 Maximum of 4 tablets per day
ABIRATERONE (Zytiga) 500MG TABLET	Minimum age = 18 Maximum of 2 tablets per day
ABROCITINIB (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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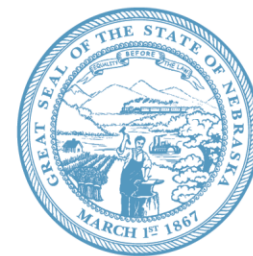
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ADALIMUMAB-RYVK (Simlandi) KIT, PEN-KIT	Minimum age = 2
ADALIMUMAB (Humira) 10 MG/0.2 mL, 20 MG/0.4 mL SYRINGE	Maximum of 2 syringes per claim
ADALIMUMAB (Humira) 40 MG/0.8 mL SYRINGE	Maximum of 4 syringes per claim
ADALIMUMAB (Humira) 40 MG/0.8 mL 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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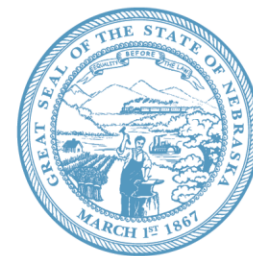
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ASENAPINE (Saphris) 2.5MG TABLET	Minimum age = 10 Maximum of 2 tablets
ASPIRIN (Durlaza) CAPSULE	1 capsule per day
ASPIRIN/OMEPRAZOLE (Yosprala) TABLET	Maximum of 1 tablet per day
ATAZANAVIR/COBICISTAT (Evotaz) TABLET	Maximum of 1 tablet per day
ATOGEPAANT (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>BREXPIPIRAZOLE (Rexulti) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
<i>BRIGATINIB (Alunbrig) 90MG, 180MG, 90-180MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>BRIGATINIB (Alunbrig) 30MG TABLET</i>	<i>Maximum of 2 tablets per day</i>

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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 (Ruconest) INJECTION</i>	<i>Minimum age = 13</i>
<i>CLINDAMYCIN/BENZOYL PEROXIDE/ADAPALENE (Cibtreo) GEL</i>	<i>Minimum age = 12</i>
<i>CALCIFEDIOL (Rosaldee 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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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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Updates from previous postings are highlighted in yellow 9



Summary of Drug Limitations

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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>CONCIZUMAB-MTCl (Alhemo) INJECTION</i>	<i>Minimum age = 12</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>

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Summary of Drug Limitations	
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 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

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Summary of Drug Limitations	
<i>DARUNAVIR (Prezista) TABLET</i>	<i>Minimum age = 3</i>
<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</i> <i>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</i> <i>Maximum of 28 per fill</i>
<i>DERMATOPHAGOIDES PTERONYSSINUS and DERMATOPHAGOIDES FARINA (Oductra) TABLET</i>	<i>Minimum age = 12</i> <i>Maximum age = 65</i> <i>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</i> <i>Maximum of 1 tablet per day</i> <i>Maximum dose of 100mg per day for age 12-18</i>
<i>DEXMETHYLPHENIDATE (Focalin XR) CAPSULE</i>	<i>Minimum age = 5</i> <i>Maximum of 1 capsule per day</i> <i>Maximum accumulated dose of 50mg per day for ages ≤ 18</i> <i>Maximum accumulated dose of 40mg per day for ages ≥ 19</i>



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<i>Summary of Drug Limitations</i>	
<i>DEXMETHYLPHENIDATE (Focalin) TABLET</i>	<i>Minimum age = 5 Maximum of 2 tablets per day Maximum accumulated dose of 50mg per day for ages ≤ 18 Maximum accumulated dose of 40mg per day for ages ≥ 19</i>
<i>DEXTROAMPHETAMINE (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	
DEXTROAMPHETAMINE/AMPHETAMINE (Adderall/XR) CAPSULE	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
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 ≥ 19
DEXTROAMPHETAMINE/ BUPROPION (Auvelity) EXTENDED-RELEASE TABLETS	Minimum age = 18
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 (Keveyis) TABLET	Maximum of 4 tablets per day
DICLOFENAC (Dyloject) VIAL	Maximum of 4 vials per day
DIFLUNISAL (Dolobid) TABLET	Minimum age = 12 years old
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



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<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>
<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>DUPIUMAB (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>ELAFIBRANOR (Iqirvo) 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</i> <i>Maximum duration of treatment = 24 months</i>
<i>ELAGOLIX SODIUM (Orilissa) 200 MG TABLET</i>	<i>Maximum of 2 tablets per day</i> <i>Maximum duration of treatment = 24 months</i>
<i>ELAGOLIX/ESTRADIOL/NORETHISTERONE (Oriahnn)</i>	<i>Minimum age = 18</i> <i>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>ELEXACAFITOR/IVACAFITOR/TEZACAFITOR (Trikafta) PACKET</i>	<i>Minimum age = 2</i> <i>Maximum age = 5</i>
<i>ELEXACAFITOR/IVACAFITOR/TEZACAFITOR (Trikafta) TABLET</i>	<i>Minimum age = 6</i>
<i>ELIGLUSTAT (Cerdelga) CAPSULE</i>	<i>Maximum of 2 capsules per day</i>
<i>ELTROMBOPAG CHOLINE (Alvaiz) TABLET</i>	<i>Minimum age = 6</i>
<i>ELUXADOLINE (Viberzi) TABLET</i>	<i>Minimum age = 18</i> <i>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</i> <i>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</i> <i>* See Emollients Note</i>	<i>Maximum age = 18</i>
<i>EMPAGLIFLOZIN/LINAGLIPTIN (Glyxambi) TABLET</i>	<i>Minimum age = 18</i> <i>Maximum of 1 tablet per day</i>

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Summary of Drug Limitations

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
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

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Updates from previous postings are highlighted in yellow 17



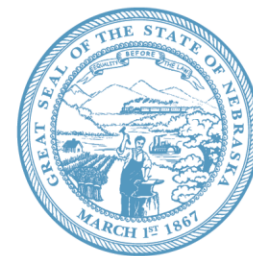
Summary of Drug Limitations

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Summary of Drug Limitations	
<i>EPINEPHRINE (Adrenaclick, Epipen, Epipen Jr, Symjepi)</i>	<i>Maximum of 4 per claim</i>
<i>EPINEPHRINE (Epipen, Epipen Jr) TWINJECT</i>	<i>Minimum of 2 each per claim Maximum of 4 each per claim</i>
<i>ERENUMAB-AOOE (Aimovig Autoinjector) 70 MG/ML</i>	<i>Maximum of 2 injections per 29 days</i>
<i>ERENUMAB-AOOE (Aimovig Autoinjector) 140 MG/ML</i>	<i>Maximum of 1 injection per 29 days</i>
<i>ERGOCALCIFEROL CAPSULE</i>	<i>Minimum age = 17</i>
<i>ERGOCALCIFEROL ORAL SOLUTION</i>	<i>Maximum of 60 ml per claim</i>
<i>ERTUGLIFLOZIN PIDOLATE (Steglatro) 15MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>ERTUGLIFLOZIN PIDOLATE (Steglatro) 5MG TABLET</i>	<i>Maximum of 2 tablet per day</i>
<i>ERTUGLIFOZIN/SITAGLIPTIN (Steglujan)</i>	<i>Minimum age = 18</i>
<i>ESCITALOPRAM (Lexapro) TABLET</i>	<i>Minimum age = 6 Maximum dose of 20mg per day for age 6-12 Maximum dose of 30mg per day for age 13-18</i>
<i>ESCITALOPRAM (Lexapro) 5 MG, 10MG TABLET</i>	<i>Minimum age = 6</i>
<i>ESCITALOPRAM (Lexapro) 5 MG, 10 MG, 20 MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>ESOMEPRAZOLE (Nexium) CAPSULE</i>	<i>Maximum of 1 capsule per day</i>
<i>ESTRADIOL CYPIONATE VIAL</i>	<i>Maximum of 5 ml per claim</i>
<i>ESTRADIOL 0.06% GEL (NDC = 00051102858)</i>	<i>Maximum of 93 gm per claim</i>
<i>ESTRADIOL 0.06% GEL (NDC = 17139061740)</i>	<i>Maximum of 50 gm per claim</i>
<i>ESTRADIOL VALERATE 10 MG/ML VIAL</i>	<i>Maximum of 5 ml per claim</i>
<i>ESTRADIOL VALERATE 20 MG/ML VIAL</i>	<i>Maximum of 5 ml per claim</i>
<i>ESTRADIOL VALERATE 40 MG/ML VIAL</i>	<i>Maximum of 5 ml per claim</i>
<i>ESTRASIMOD (Velsipity) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>ESZOPICLONE (Lunesta) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
<i>ETANERCEPT (Enbrel) 25 MG KIT</i>	<i>Maximum of 8 units per claim</i>
<i>ETANERCEPT (Enbrel) 25 MG/0.5 ML SYRINGE</i>	<i>Minimum of 2 mL per claim Maximum of 4.08 mL per claim</i>

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Summary of Drug Limitations

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Summary of Drug Limitations

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
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

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Summary of Drug Limitations

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Summary of Drug Limitations	
<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/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>



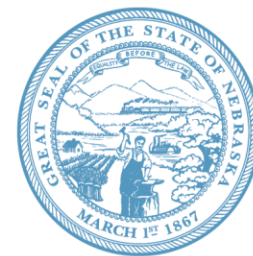
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Summary of Drug Limitations	
FLUVOXAMINE TABLET	Minimum age = 8 Maximum dose of 200mg per day for age 8-11 Maximum dose of 300mg per day for age 12-18
FOSTAMATINIB DISODIUM (Tavalisse) 100MG, 150MG TABLET	Maximum of 2 tablets per day
FOSTEMSAVIR (Rukobia) ER TABLET	Minimum age= 18 Maximum of 2 tablets per day
FREMANEZUMAB-VFRM (Ajovy) SYRINGE, AUTOINJECTOR, AUTOINJECTOR 3-PACK	Maximum of 1 injection per month/3 per 3 months
FROVATRIPTAN (Frova) TABLET	Maximum of 18 doses per 29 days
FULVESTRANT (Faslodex) TABLET	Minimum age = 18
GABAPENTIN (ALL BRANDS, ALL FORMULATIONS)	Maximum cumulative dose = 3600mg/day
GALCENEZUMAB-GNLM (Emgality) 100mg SYRINGE	Maximum of 3 injections per month
GALCENEZUMAB-GNLM (Emgality) 120mg PEN, SYRINGE	Maximum of 2 syringes for loading dose, then Maximum of 1 syringe per month
GILTERITINIB FUMERATE (Xospata) 40 MG TABLET	Maximum of 3 tablets per day
GLASDEGIB MALEATE (Daurismo) 25 MG TABLET	Maximum of 3 tablets per day
GLASDEGIB MALEATE (Daurismo) 100 MG TABLET	Maximum of 1 tablet per day
GLATIRAMER ACETATE (Copaxone) 20 MG/ML SYRINGE KIT	Submit 1 package (1 unit) per 30-day supply
GLATIRAMER ACETATE (Copaxone) 40 MG/ML SYRINGE	Maximum of 12 ml per 28-day supply
GLECAPREVIR/PIBRENTASVIR (Mavyret) PELLETT	Minimum age = 3
GLECAPREVIR/PIBRENTASVIR (Mavyret) TABLET	Minimum age = 12 Maximum of 3 tablets per day
GLUCAGON (Baqsimi) NASAL	Minimum age = 4 Maximum of 2 doses per claim
GLUCAGON (Gvoke)	Minimum age = 2 Maximum of 2 doses per claim
GLUCAGON EMERGENCY KIT (ALL MFRS)	Maximum of 2 kits per claim
GLUCAGON INJECTION	Maximum of 2 injections per claim

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Updates from previous postings are highlighted in yellow 21



Summary of Drug Limitations

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Summary of Drug Limitations

GLYCOPYRRONIUM TOSYLATE (Qbrexza) CLOTH	Minimum age = 9
GUANFACINE (Intuniv) TABLET	Minimum age = 6 Maximum of 1 tablet per day
GUSELKUMAB (Tremfya) 100 mg/mL ONE-PRESS, SYRINGE	Maximum of 0.036 mL per day
GUSELKUMAB (Tremfya) 200 mg/2mL PEN, SYRINGE	Maximum of 0.072 mL per day
HALOBETASOL PROP 0.05% FOAM	Minimum age = 18 Maximum of 100 GM per claim
HALOPERIDOL	Minimum age = 6 Maximum dose of 6mg per day for age 6-12 Maximum dose of 15mg per day for age 13-18
HYDROCODONE (Hysingla ER) TABLET	Maximum of 1 tablet per day
HYDROCODONE (Ventrela ER) TABLET	Maximum of 2 tablets per day
HYDROCODONE/ACETAMINOPHEN TABLET	Maximum of 150 per 30 days
HYDROCODONE/IBUPROFEN TABLET	Maximum of 150 per 30 days
HYDROCORTISONE (Alkindi) ORAL GRANULES	Maximum age = 17
HYDROMORPHONE TABLET	Maximum of 150 per 30 days
HYDROMORPHONE (Exalgo) 8 MG, 12 MG, 16 MG TABLET	Maximum of 1 tablet per day
HYDROMORPHONE (Exalgo) 32 MG TABLET	Maximum of 2 tablets per day
HYDROXYZINE PAMOATE (Vistaril)	Maximum dose of 25mg for age ≤ 6 Maximum dose of 50mg for age 7-12 Maximum dose of 100mg for age 13-18
IBANDRONATE (Boniva) 2.5 MG TABLET	Maximum of 1 tablet per day
IBANDRONATE (Boniva) 150 MG TABLET	Maximum of 1 tablet per month
IBREXAFUNGERP (Brexafemme) TABLET	Maximum of 4 tablets per claim
ILOPERIDONE (Fanapt) TABLET	Minimum age = 6
ILOPROST (Ventavis) 10 MCG/ 1 ML INHALATION SOLUTION	Maximum of 5 ml (50 mcg) per day
ILOPROST (Ventavis) 20 MCG/ 1 ML INHALATION SOLUTION	Maximum of 3 ml (60 mcg) per day
IMIPRAMINE HCL/PAMOATE	Minimum age = 4

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Summary of Drug Limitations	
<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 = 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>

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LAMOTRIGINE (Lamictal XR) 200 MG TABLET	Minimum age = 4 (without diagnosis of epilepsy/other seizure disorder) Maximum of 3 tablets per day
LAMOTRIGINE (Lamictal XR) 300 MG TABLET	Maximum of 2 tablets per day
LANADELUMAB-FLYO (Takhzyro) 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

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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
LEUPROLIDE/NORETHINDRONE (Lupaneta) PACK	Maximum of 1 unit per claim
LEVMI LNACIPRAN (Fetzima) TABLET	Minimum age = 18
LEVODOPA (Inbrija) INHALATION CAPSULE	Maximum of 10 inhalation capsules per day
LEVOFLOXACIN (Levaquin) INJECTION	Maximum of 1400 ml per claim
LEVORPHANOL TABLET	Maximum of 150 per 30 days
LINACLOTIDE (Linzess) CAPSULE	Minimum age = 6 Maximum of 1 capsule per day
LINAGLIPTIN (Tradjenta) TABLET	Minimum age = 18 Maximum of 1 tablet per day
LINAGLIPTIN/METFORMIN (Jentadueto) TABLET	Minimum age = 18 Maximum of 2 tablets per day
LINAGLIPTIN/METFORMIN (Jentadueto XR) TABLET	Minimum age = 18 Maximum of 1 tablet per day (5 mg/1000 mg) Maximum of 2 tablet per day (2.5 mg/1000 mg)
LINEZOLID (Zyvox) 600 MG TABLET	Maximum of 15-day supply
LINEZOLID (Zyvox) SOLUTION	Maximum of 150 ml per claim



Summary of Drug Limitations

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- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days.
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- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

Summary of Drug Limitations	
LISDEXAMPHETAMINE (Vyvanse) CAPSULE, CHEWABLE	Minimum age = 5 Maximum of 1 capsule per day Maximum dose of 70mg for ages ≤ 18 Maximum dose of 70mg for ages ≥ 19
LITHIUM CITRATE/CARBONATE	Minimum age = 4
LOFEXIDINE (Lucemyra) Tablet	Maximum of 16 tablets per day
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

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Updates from previous postings are highlighted in yellow 26



Summary of Drug Limitations

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Summary of Drug Limitations	
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
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
METHYLPHENIDATE (Adhansia XR) 25MG, 35MG, 45MG, 55MG, 70MG, 85MG CAPSULE	Minimum age = 6 Maximum of 1 capsule per day Maximum accumulated dose of 108mg per day for ages ≤ 18 Maximum accumulated dose of 72mg per day for ages ≥ 19



Summary of Drug Limitations

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



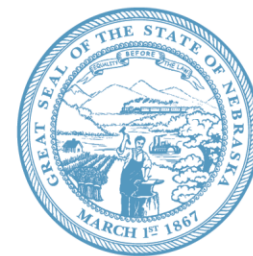
Summary of Drug Limitations

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Summary of Drug Limitations	
METHYLPHENIDATE (<i>Jornay PM</i>) CAPSULE	Minimum age = 6 Maximum of 1 capsule per day Maximum accumulated dose of 108mg per day for ages ≤ 18 Maximum accumulated dose of 72mg per day for ages ≥ 19
METHYLPHENIDATE (<i>Metadate CD</i>) CAPSULE	Minimum age = 5 Maximum of 1 capsule per day Maximum accumulated dose of 108mg per day for ages ≤ 18 Maximum accumulated dose of 72mg per day for ages ≥ 19
METHYLPHENIDATE (<i>Methylin ER</i>) 10 MG 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 (<i>Methylin ER</i>) 20 MG TABLET	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
METHYLPHENIDATE (<i>Quillichew ER</i>) CHEWABLE	Minimum age = 5 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

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Summary of Drug Limitations

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



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Summary of Drug Limitations	
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	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
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
MYCOPHENOLATE (Myhibbin) SUSPENSION	Minimum age = 3 months
NAFARELIN (Synarel) NASAL SOLUTION	Minimum age = 18
NALDEMEDINE (Symproic)	Minimum age = 18 Maximum of 2 tablets per day
NALMEFENE (Opvee) NASAL SPRAY	minimum age = 12
NALOXEGOL (Movantik) TABLET	Maximum of 1 tablet per day
NALTREXONE	Minimum age = 18

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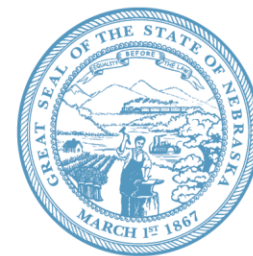
Summary of Drug Limitations

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Summary of Drug Limitations	
<i>NARATRIPTAN (Amerge) TABLET</i>	<i>Maximum of 18 doses per 29 days</i>
<i>NEFAZODONE</i>	<i>Minimum age = 4</i>
<i>NEVIBOLOL/VALSARTAN (Byvalson) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>NICOTINE GUM</i>	<i>Minimum age = 18</i> <i>*See Smoking Cessation Agents Note for Maximum Duration</i>
<i>NICOTINE GUM/LOZENGE</i>	<i>Minimum age = 18</i> <i>Maximum of 924 pieces/lozenges per 90 days</i> <i>*See Smoking Cessation Agents Note for Maximum Duration</i>
<i>NICOTINE INHALATION CARTRIDGE</i>	<i>Minimum age = 18</i> <i>Maximum of 168 cartridges per claim</i> <i>Maximum of 504 cartridges per 90 days</i> <i>*See Smoking Cessation Agents Note for Maximum Duration</i>
<i>NICOTINE NASAL SPRAY</i>	<i>Minimum age = 18</i> <i>Maximum of 40 ml per claim</i> <i>Maximum of 120ml per 90 days</i> <i>*See Smoking Cessation Agents Note for Maximum Duration</i>
<i>NICOTINE PATCH</i>	<i>Minimum age = 18</i> <i>Maximum of 1 per day</i> <i>*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>

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<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>
<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>



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Summary of Drug Limitations	
OMALIZUMAB (Xolair) AUTOINJECTOR	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
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

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Updates from previous postings are highlighted in yellow 34



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Summary of Drug Limitations	
<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>
<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>

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Updates from previous postings are highlighted in yellow 35



Summary of Drug Limitations

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Summary of Drug Limitations

PALIPERIDONE (Invega) 1.5 MG, 3 MG, 9MG TABLET	Minimum age = 12 Maximum of 1 tablet per day Maximum dose of 12mg per day for age 12-18
PALIPERIDONE (Invega) 6 MG TABLET	Minimum age = 12 Maximum of 2 tablets per day Maximum dose of 12mg per day for age 12-18
PANTOPRAZOLE (Protonix) TABLET	Maximum of 2 per day
PANTOPRAZOLE GRANULES	Maximum of 2 packets per day
PAROXETINE (Paxil) IR, CR	Minimum age = 13 Maximum dose of 40mg IR per day for age 13-18 Maximum dose of 50mg CR per day for age 13-18
PAROXETINE MESYLATE	Minimum age = 13
PAROXETINE (Paxil) 10 MG Tablet	Maximum of 5 per day
PAROXETINE (Paxil) 20 MG, 30 MG, 40 MG Tablet	Maximum of 1 per day
PATIROMER (Veltassa) PACKET	Maximum of 1 packet per day
PEANUT POWDER (Palforzia)	Minimum age = 4
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

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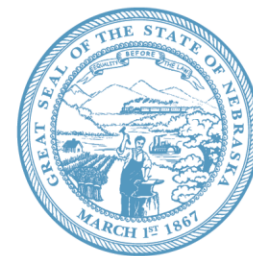
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Summary of Drug Limitations	
PENTAZOCINE/NALOXONE TABLET	Maximum of 150 per 30 days
PERINDOPRIL/AMLODIPINE (Prestalia) TABLET	Maximum of 1 tablet per day
PERPHENAZINE TABLET	Minimum age = 6 Maximum dose of 64mg per day
PERPHENAZINE/AMITRIPTYLINE TABLET	Minimum age = 6
PEXIDARTINIB (Turalio) CAPSULE	Maximum of 4 capsules per day
PHENELZINE TABLET	Minimum age = 4
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
PIPERCILLIN/TAZOBACTAM (Zosyn) PREMIX BAGS	Maximum of 200 ml per day
PIPERCILLIN/TAZOBACTAM (Zosyn) 2.25 GM, 3.375 GM, 4.5 GM VIAL	Maximum of 4 vials per day
PIPERCILLIN/TAZOBACTAM (Zosyn) 13.5 GM VIAL	Maximum of 1 vial per day
PIPERCILLIN/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
PITAVASTATIN (Livalo) TABLET	Minimum age = 8 Maximum of 1 tablet 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

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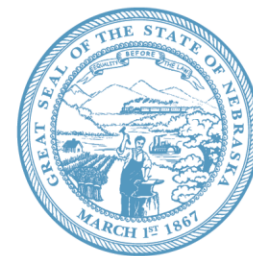
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Summary of Drug Limitations	
PNEUMONIA VACCINE	<i>Maximum of 0.5 ml per claim (patient-specific RX required)</i>
PONATINIB (Iclusig) 15 MG TABLET	<i>Maximum of 2 tablets per day</i>
PONATINIB (Iclusig) 45 MG TABLET	<i>Maximum of 1 tablet per day</i>
PONESIMOD (Ponvory) 20mg CAPSULE	<i>Maximum of 1 tablet per day</i>
PONESIMOD (Ponvory) 14-Day Starter Pack	<i>Maximum of 1 pack per claim</i>
POSACONAZOLE (Noxafil) TABLET	<i>Minimum age = 13</i>
POSACONAZOLE (Noxafil) SUSPENSION	<i>Minimum age = 13</i>
POSACONAZOLE (Noxafil) SUSPENSION DELAYED RELEASE	<i>Minimum age = 2</i>
PRALSETINIB (Gavreto) CAPSULES	<i>Maximum 4 capsules per day</i>
PREGABALIN (Lyrica) 20 MG/ML ORAL SOLUTION	<i>Maximum of 30 ml per day</i>
PREGABALIN (Lyrica) 25MG, 50MG, 75MG, 100MG, 150MG, 200MG CAPSULE	<i>Maximum of 3 capsules per day</i>
PREGABALIN (Lyrica) 225MG, 300MG CAPSULE	<i>Maximum of 2 capsules per day</i>
PREGABALIN ER (Lyrica CR) TABLET	<i>Maximum of 1 tablet per day</i>
PRENATAL VITAMIN PREPARATIONS	<i>Maximum of 100-day supply per claim</i>
PRETOMANID TABLET	<i>Maximum of 1 tablet per day</i>
PROPRANOLOL (Hemangeol) SOLUTION	<i>Maximum age = 12 months</i>
PROTRIPTYLINE	<i>Minimum age = 4</i>
QUETIAPINE (Seroquel) TABLET	<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>
QUETIAPINE ER (Seroquel XR) 150 MG, 200 MG TABLET	<i>Minimum age = 6</i> <i>Maximum of 1 tablet per day</i>
QUETIAPINE ER (Seroquel XR) 50 MG, 300 MG, 400 MG TABLET	<i>Minimum age = 6</i> <i>Maximum of 2 tablets per day</i>
RABEPRAZOLE (Aciphex) 20 MG TABLET	<i>Maximum of 1 tablet per day</i>
RALOXIFENE (Evista) TABLET	<i>Maximum of 1 tablet per day</i>

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Summary of Drug Limitations	
<i>RALTEGRAVIR (Isentress) TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>RAMELTEON (Rozerem) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
<i>RASAGILINE (Azilect) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>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 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>RIVAROXBAN (Xarelto) 2 MG and 2.5MG TABLET</i>	<i>Maximum of 2 tablets per day</i>

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Summary of Drug Limitations

RIVAROXABAN (Xarelto) 10 MG TABLET	Maximum of 35 tablets per claim
RIVAROXABAN (Xarelto) 20 MG TABLET	Maximum of 1 tablet per day
RIVAROXABAN (Xarelto) 15 MG TABLET	Maximum of 2 tablets per day
RIZATRIPTAN (Maxalt) TABLET	Maximum of 18 doses per 29 days
ROFLUMILAST (Daliresp) 250mcg TABLET	Maximum of 28 tablets in 365 days
ROFLUMILAST (Zoryve) 0.15%, 0.3% CREAM	Minimum age = 6
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 1 syringe/pen per 28 days
SELEGILINE (Emsam) PATCH	Minimum age = 18 Maximum of 1 patch per day
SELPERCATINIB (Retevmo) CAPSULES	Minimum age = 2
SELUMETINIB (Koselugo)	Minimum age = 2

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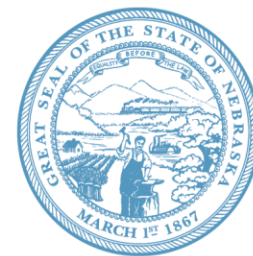
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Summary of Drug Limitations	
SEMAGLUTIDE (Ozempic) 0.25MG, 1mg, 2mg PEN	Maximum of 3 mL per 28 days
SERDEXMETHYLPHENIDATE/DEXMETHYLPHENIDATE (Azstarys) CAPSULE	Minimum age= 5 Maximum 1 capsule per day
SERTRALINE (Zoloft) TABLET	Minimum age = 4 Maximum dose of 200mg per day for age 4-18
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

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Summary of Drug Limitations

<i>SODIUM FLUORIDE DROPS</i>	<i>Maximum of 50 ml per claim</i>
<i>SOFOSBUVIR (Sovaldi) PELLETS</i>	<i>Minimum age = 3 Maximum of 2 per day</i>
<i>SOFOSBUVIR (Sovaldi) 400MG TABLET</i>	<i>Maximum of 28 tablets per claim</i>
<i>SOFOSBUVIR (Sovaldi) 200MG TABLET</i>	<i>Minimum age = 3 Maximum of 56 tablets per claim</i>
<i>SOFOSBUVIR/VELPATASVIR (Epclusa) TABLET</i>	<i>Minimum age = 6 Maximum of 1 tablet per day</i>
<i>SOFOSBUVIR/VELPATASVIR/VOXILAPREVIR (Vosevi) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
<i>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>

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TAFENOQUINE SUCCINATE (Krintafel) 150 MG TABLET	Minimum age = 16 Maximum of 2 tablets per claim
TALAZOPARIB TOSYLATE (Talzenna, all strengths) CAPSULE	Maximum of 1 capsule per day
TALAZOPARIB TOSYLATE (Talzenna) 1 MG CAPSULE	Maximum of 1 capsule per day
TAMOXIFEN (Nolvadex) TABLET	Minimum age = 18
TAPENTADOL TABLET	Maximum of 150 tablets per 30 days
TAPINAROF (Vtama) 1% CREAM	Minimum age = 2
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

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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.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

Summary of Drug Limitations	
TEZACAFTOR/IVACAFTOR (Symdeko) 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 Minimum age = 5
TIMOTHY GRASS POLLEN ALLERGEN (Grastek)	Maximum age = 65 Maximum of 1 tablet per day
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
TOCILIZUMAB-AAZG (Tyenne) AUTOINJECTOR, SYRINGE	Minimum age = 2
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
TOVORAFENIB (Ojemda) SUSPENSION	Minimum age = 6 months
TRALOKINUMAB-LDRM (Adbry) 300 MG/2mL AUTOINJECTOR	Maximum of 0.1429 mL per day Minimum age=18
TRALOKINUMAB-LDRM (Adbry) INJECTION	Maximum of 0.1429 mL per day Minimum age = 12
TRAMADOL (Qdolo) SUSPENSION	Minimum age = 12 Maximum of 80 mL per day

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Updates from previous postings are highlighted in yellow 44



Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day.
- 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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Summary of Drug Limitations	
TRAMADOL TABLET	Minimum age = 12 Maximum of 4 tablets per day (100MG) Maximum of 8 tablets per day (50MG) Maximum of 150 tablets per 30 days
TRAMADOL/ACETAMINOPHEN TABLET	Minimum age = 12 Maximum of 150 tablets per 30 days
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 (Twyneo) 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

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Summary of Drug Limitations	
USTEJINUMAB-KFCE (Yesintek) SYRINGE	Minimum age = 6
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
VANZACAFTOR/TEZACAFTOR/DEUTIVACAFTOR (Alyftrek) TABLET	Minimum age = 6
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



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Summary of Drug Limitations	
VERICIGUAT (Verquvo) TABLET	Maximum of 1 tablet per day (10mg), Maximum of 2 tablets per day (2.5mg, 5mg) Minimum age = 18
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 (Voranigo)	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

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<i>Summary of Drug Limitations</i>	
<i>ZIPRASIDONE (Geodon) VIAL</i>	<i>Maximum of 6 vials per claim</i>
<i>ZITHROMAX (ZMax) SUSPENSION</i>	<i>Maximum of 1 unit per claim</i>
<i>ZOLMITRIPTAN (Zomig) TABLET</i>	<i>Maximum of 18 doses per 29 days</i>
<i>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>