



## 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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<i>ABALOPARATIDE (Tymlos) PEN INJECTOR</i>	<i>Maximum of 1.56 mL (1 pen) per 30 days</i>
<i>ABEMACICLIB (Verzenio) TABLET</i>	<i>Minimum age = 18 Maximum of 2 tablets per day</i>
<i>ABIRATERONE (Zytiga) 250MG TABLET</i>	<i>Minimum age = 18 Maximum of 4 tablets per day</i>
<i>ABIRATERONE (Zytiga) 500MG TABLET</i>	<i>Minimum age = 18 Maximum of 2 tablets per day</i>
<i>ABROCITINIB (Cibinqo) TABLETS</i>	<i>Minimum age = 18 Maximum of 1 tablet per day (all strengths)</i>
<i>ACALABRUTINIB (Calquence) CAPSULE</i>	<i>Maximum of 2 capsules per day</i>
<i>ACETAMINOPHEN/CODEINE 300-30 mg/12.5 SOLUTION</i>	<i>Minimum age = 12</i>
<i>ACETAMINOPHEN/CODEINE TABLET</i>	<i>Minimum age = 12 Maximum of 150 per 30 days</i>
<i>ADALIMUMAB-AACF (Idacio) PEN-KIT, SYRINGE-KIT</i>	<i>Minimum age = 2</i>
<i>ADALIMUMAB-AATY (Yuflyma CF)</i>	<i>Minimum age = 2</i>
<i>ADALIMUMAB-AATY (Yuflyma (CF) AI CROHNS-UC-HS</i>	<i>Minimum age = 6</i>
<i>ADALIMUMAB-ADAZ (Hyrimoz CF)</i>	<i>Minimum age = 2</i>
<i>ADALIMUMAB-ADBM (Cyltezo) ADALIMUMAB-ADBM (CF) KIT, PEN, SYRINGE</i>	<i>Minimum age = 2</i>
<i>ADALIMUMAB-ADBM (CF) (Cyltezo) PEN CROHNS</i>	<i>Minimum age = 6</i>
<i>ADALIMUMAB-ADBM (CF) (Cyltezo) PEN PSORIA-UV</i>	<i>Minimum age = 18</i>
<i>ADALIMUMAB-AFZB CF (Abrilada (CF)) KIT, PEN KIT</i>	<i>Minimum age = 2</i>
<i>ADALIMUMAB-AQVH (Yusimry)</i>	<i>Minimum age = 2</i>
<i>ADALIMUMAB-ATTO (Amjevit) KIT, PEN KIT</i>	<i>Minimum age = 2</i>
<i>ADALIMUMAB-BWWD (Hadlima, Hadlima CF)</i>	<i>Minimum age = 2</i>
<i>ADALIMUMAB-FKJP (Hulio)</i>	<i>Minimum age = 2</i>



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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 Dihaler)	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	<i>Minimum age = 6 Maximum age = 16</i>
AMIKACIN 250MG/ML, 2 mL VIAL	<i>Maximum of 6 mL per day</i>
AMIKACIN 50MG/ML, 2 mL VIAL	<i>Maximum of 24 mL per day</i>
AMITRIPTYLINE TABLET	<i>Minimum age = 4</i>
AMITRIPTYLINE/ CHLORDIAZEPOXIDE TABLET	<i>Minimum age = 4</i>
AMLODIPINE (Katerzia) 1 MG/ML SUSPENSION	<i>Maximum of 10 MG per day</i>
AMLODIPINE (Norliqva) SOLUTION	<i>Minimum age = 6 Maximum of 300mL per claim</i>
AMOXAPINE TABLET	<i>Minimum age = 4</i>
AMPHETAMINE ER (Adzenys ER) SUSPENSION	<i>Minimum Age = 6</i>
AMPHETAMINE (Adzenys XR-ODT) TABLET	<i>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</i>
AMPHETAMINE (Dyanavel XR) SUSPENSION	<i>Minimum age = 6</i>
AMPHETAMINE (Dyanavel XR) TABLET	<i>Minimum age = 6 Maximum of 1 tablet per day</i>
AMPHETAMINE (Evekeo) TABLET	<i>Minimum age = 5</i>
AMPHETAMINE (Evekeo) ODT	<i>Minimum age = 6 Maximum age = 17</i>
AMPHETAMINE SALT COMBO ER (Mydayis) CAPSULE	<i>Minimum age = 13</i>
AMPICILLIN/SULBACTAM (Unasyn) VIAL	<i>Maximum of 4 vials per day</i>
ANASTROZOLE (Arimidex) TABLET	<i>Minimum age = 18</i>
ANTIHEMOPHILIC FACTOR (RECOMBINANT) PEGYLATED (Jivi) VIAL	<i>Minimum age = 7</i>
ANZUPGO (delgocitinib)	<i>Maximum dose of 60gm per 30 days</i>

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APALUTAMIDE (Erleada) 60 MG TABLET	Maximum of 4 tablets per day
APOMORPHINE (Kynmobi) SUBLINGUAL FILM	Maximum of 5 doses per day Maximum single dose of 30mg
APREMITAST (Otezla) TABLET	Maximum of 2 tablets per day
APREPITANT (Emend) CAPSULE	Maximum of length of chemo regimen OR Maximum of 6 months
ARIPIPRAZOLE (Abilify) 2 MG TABLET	Minimum age = 6 Maximum of 2 tablets per day Maximum dose of 15mg per day for age 6-12 Maximum dose of 30mg per day for age 13-18
ARIPIPRAZOLE (Abilify) 5 MG, 10 MG, 15 MG TABLET (including Discmelt)	Minimum age = 6 Maximum of 1.5 tablets per day Maximum dose of 15mg per day for age 6-12 Maximum dose of 30mg per day for age 13-18
ARIPIPRAZOLE (Abilify) 20 MG, 30 MG TABLET (including Discmelt)	Minimum age = 6 Maximum of 1 tablet per day Maximum dose of 15mg per day for age 6-12 Maximum dose of 30mg per day for age 13-18
ARIPIPRAZOLE (Abilify Mycite KIT) 2 MG	Minimum age = 18 Maximum of 2 tablets per day
ARIPIPRAZOLE (Abilify Mycite KIT) 2 MG, 5 MG, 10 MG, 15 MG, 20 MG, 30 MG TABLET	Minimum age = 18 Maximum of 1 tablet per day
ARMODAFINIL (Nuvigil) TABLET	Minimum age = 18 Maximum of 1 tablet per day
ARTEMETHER/LUMEFANTRINE (Coartem) TABLET	Maximum of 24 tablets per fill
ASENAPINE (Secuado) 3.8MG, 5.7MG, 7.6MG PATCH	Maximum of 1 patch per day



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ASENAPINE (Saphris) 5 MG, 10 MG TABLET	<i>Minimum age = 10 Maximum of 2 tablets per day</i>
ASENAPINE (Saphris) 2.5MG TABLET	<i>Minimum age = 10 Maximum of 2 tablets</i>
ASPIRIN (Durlaza) CAPSULE	<i>1 capsule per day</i>
ASPIRIN/OMEPRAZOLE (Yosprala) TABLET	<i>Maximum of 1 tablet per day</i>
ATAZANAVIR/COBICISTAT (Evotaz) TABLET	<i>Maximum of 1 tablet per day</i>
ATOGEPANT (Quilpta) TABLET	<i>Minimum age = 18 Maximum 1 tablet per day</i>
ATOMOXETINE (Strattera) 10 MG, 18 MG, 25 MG, 40 MG, CAPSULE	<i>Minimum age = 6 Maximum of 2 capsules per day</i>
ATOMOXETINE (Strattera) 60 MG, 80 MG, 100 MG CAPSULE	<i>Minimum age = 6 Maximum of 1 capsule per day</i>
ATORVASTATIN (Atorvaliq) SUSPENSION	<i>Maximum of 80 mg per day</i>
ATORVASTATIN (Lipitor) 10 MG, 20 MG, 40 MG, 80 MG TABLET	<i>Maximum of 1 tablet per day</i>
AVACOPAN (Tavneos) CAPSULE	<i>Maximum of 6 capsules per day</i>
AVAPRITINIB (Ayvakit) TABLET	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
AVATROMBOPAG (Doptelet) TABLET	<i>Minimum age = 6</i>
AZELAIC ACID (Finacea) CREAM	<i>Maximum age = 18</i>
AZITHROMYCIN (Azasite) OPHTHALMIC SOLUTION	<i>Maximum of 2.5 mL per claim</i>
BACLOFEN (Gablofen IT, Lioresal IT) SOLUTION	<i>Maximum of 40 mL per claim</i>
BACLOFEN (Lyvispah) GRANULES	<i>Maximum of 80mg per day</i>
BACLOFEN (Ozobax) SOLUTION	<i>Maximum of 80 mL per day</i>
BACLOFEN (Fleqsuvy) SUSPENSION	<i>Maximum of 80mg per day</i>
BALOXAVIR MARBOXIL (Xofluza) 20MG TABLET	<i>Maximum of 3 tablets per claim Minimum age = 12</i>

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BALOXAVIR MARBOXIL (Xofluza) 40MG TABLET	Maximum of 2 tablets per claim Minimum age = 12
BARICITINIB (Olumiant) 2MG TABLET	Maximum of 1 tablet per day
BEDAQUILINE FUMARATE (Sirturo) TABLET	Minimum age = 5
BELIMUMAB (Benlysta) AUTOINJECTOR, SYRINGE	Maximum of 1 mL per 7 days
BELUMOSUDIL (Rezurock) TABLET	Maximum of 1 tablet per day Minimum age = 12
BELZUTIFAN (Welireg) TABLETS	Maximum 3 tablets per day
BEMPEDOIC ACID (Nexletol) TABLET	Maximum of 1 tablet per day
BEMPEDOIC ACID/EZETIMIBE (Nexlizet) TABLET	Maximum of 1 tablet per day
BENRALIZUMAB (Fasenra) PEN	Minimum age = 6 Maximum of 1 pen per 28 days
BENZHYDROCODONE/APAP (Apadaz) 4.08-325 MG, 6.12-325 MG, 8.16-325 MG TABLET	Maximum of 14 days Maximum of 12 per day
BENZOYL PEROXIDE (Panoxyl) 5% AND 10% BAR	Maximum of 1 each per claim
BENZYL ALCOHOL (Ulesfia) LOTION	Maximum of 681 g per claim
BEROTRALSTAT (Orladeyo) CAPSULES	Minimum age= 12 Maximum of 1/day
BETRIXABAN MALEATE (Bevyxxa) 40 MG, 80 MG CAPSULE	Maximum of 1 capsule per day
BICALUTAMIDE (Casodex) TABLET	Minimum age = 18
BICTEGRAVIR/EMTRICITABINE/TENOFOVIR (Biktarvy) TABLET	Maximum of 1 tablet per day
BIMEKIZUMAB-BKZX (Bimzelx) PEN, SYRINGE	Minimum age = 18
BISMUTH SUBLIMATE/METRONIDAZOLE/ TETRACYCLINE (Pylera) CAPSULE	Maximum of 30 days (10 days of therapy x3) per 365 days
BOSUTINIB (Bosulif) TABLET	Maximum of 1 tablet per day
BREXPIPIRAZOLE (Rexulti) TABLET	Minimum age = 18 Maximum of 1 tablet per day

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<i>BRIGATINIB (Alunbrig) 90MG, 180MG, 90-180MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>BRIGATINIB (Alunbrig) 30MG TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>BUDESONIDE (Ortikos) ER CAPSULE</i>	<i>Minimum age= 8 Maximum of 1 capsule per day</i>
<i>BUDESONIDE (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>



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BUPRENORPHINE/NALOXONE (Zubsolv) 0.7 MG-0.18 MG, 11.4 MG-2.9 MG SL TABLET	Maximum of 1 tablet per day Minimum age = 16
BUPROPION HBR 174 MG, 348 MG, 522 MG TABLET 24-HOUR EXTENDED RELEASE (Aplenzin)	Maximum of 1 tablet per day Minimum age = 4
BUPROPION HCL (Forfivo XL, Wellbutrin XL) 150 MG, 300 MG, 450 MG TABLET 24-HOUR EXTENDED RELEASE	Maximum of 1 tablet per day Minimum age = 4
BUPROPION HCL (Wellbutrin) 75 MG, 100 MG TABLET IMMEDIATE RELEASE	Minimum age = 4
BUPROPION HCL (Budeprion SR, Buproban, Wellbutrin SR) 100 MG, 150 MG, 200 MG TABLET 12-HOUR SUSTAINED RELEASE	Minimum age = 4
BUPROPION (Zyban) TABLET	Minimum age = 18 Maximum of 2 tablets per day *See Smoking Cessation Agents Note for Maximum Duration
BUTORPHANOL (Stadol) NASAL SOLUTION	Maximum of 10 ml (4 bottles) per 30 days
C-1 ESTERASE INHIBITOR (Cinryze) INJECTION	Minimum age = 6
C-1 ESTERASE INHIBITOR (Haegarda) INJECTION	Minimum age = 6
C-1 ESTERASE INHIBITOR (Ruconest) INJECTION	Minimum age = 13
CALCIFEDIOL (Rayaldee ER) CAPSULE	Maximum of 2 capsules per day
CALCIPOTRIENE/BETAMETHASONE (Taclonex) OINTMENT	Minimum age = 18
CALCITONIN-SALMON (Miacalcin) INJECTION	Maximum of 100 units per day
CALCITONIN (Miacalcin) NASAL SOLUTION	Submit 1 bottle (3.7 ml) as 30-day supply
CALCITONIN (Miacalcin) VIAL	Maximum of 40 units per claim
CALCITRIOL (Vectical) OINTMENT	Minimum age = 2
CANNABIDIOL (Epidiolex) ORAL SOLUTION	Minimum age = 1
CARBAMAZEPINE	Minimum age = 4 (without diagnosis of epilepsy/other seizure disorder)
CARBIDOPA/LEVODOPA, EXTENDED RELEASE (Crexont)	Maximum of 6 capsules per day



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<i>CARBIDOPA/LEVODOPA (Dhivy) TABLET</i>	<i>Maximum of 8 tablets per day</i>
<i>CARIPRAZINE (Vraylar) CAPSULE, PACK</i>	<i>Minimum age = 18</i> <i>Maximum of 1 capsule per day</i>
<i>CARISOPRODOL (Soma) 350MG TABLET</i>	<i>Maximum of 4 tablets per day</i> <i>Maximum of 30 days per claim</i>
<i>CASPOFUNGIN (Cancidas) VIAL</i>	<i>Maximum of 1 vial per day</i>
<i>CEFAZOLIN 1 GM VIAL</i>	<i>Maximum of 6 vials per day</i>
<i>CEFAZOLIN 10 GM VIAL</i>	<i>Maximum of 1 vial per day</i>
<i>CEFEPIME (Maxipime) VIAL</i>	<i>Maximum of 3 vials per day</i>
<i>CEFIDEROCOL SULFATE TOSYLATE (Fetroja) VIAL</i>	<i>Minimum Age = 18</i>
<i>CEFTAZIDIME (Fortaz) 1GM VIAL</i>	<i>Maximum of 3 vials per day</i>
<i>CEFTAZIDIME (Fortaz) 500MG VIAL</i>	<i>Maximum of 3 vials per day</i>
<i>CEFTAZIDIME (Fortaz) 6GM VIAL</i>	<i>Maximum of 1 vial per day</i>
<i>CELECOXIB (Elyxyb) SOLUTION</i>	<i>Minimum age = 18</i> <i>Maximum of 120mg per day</i>
<i>CELECOXIB (Vyscoxa)10 MG/ML SUSPENSION</i>	<i>Minimum age = 2</i>
<i>CELECOXIB/TRAMADOL (Seglentis) TABLET</i>	<i>Minimum age = 12</i>
<i>CERTOLIZUMAB (Cimzia) 200 MG/ML STARTER KIT</i>	<i>Maximum of 3 per claim</i>
<i>CERTOLIZUMAB (Cimzia) 200 MG/ML SYRINGE KIT</i>	<i>Maximum of 1 per claim</i>
<i>CEFTRIAXONE (Rocephin) 250 MG, 500 MG, 1 GM, 2 GM, 10 GM VIALS</i>	<i>Maximum of 10 vials per claim</i>
<i>CETIRIZINE (Zerviate) OPHTH SOLN</i>	<i>Minimum age= 2</i>
<i>CHLORPROMAZINE TABLET</i>	<i>Minimum age = 6</i> <i>Maximum dose of 75mg per day for age 6-12</i> <i>Maximum dose of 800mg per day for age 13-18</i>
<i>CICLESONIDE (Alvesco) INHALER</i>	<i>Minimum age = 12</i>
<i>CINACALCET (Sensipar) TABLET</i>	<i>Minimum age = 18</i>
<i>CIPROFLOXACIN/FLUOCINOLONE (Otovel) OTIC DROPS</i>	<i>Maximum therapy course is twice daily in affected ear for 7 days</i>



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<b>Summary of Drug Limitations</b>	
<b>CITALOPRAM (Celexa) TABLET</b>	<i>Minimum age = 4 Maximum dose of 40mg per day for age 4-18</i>
<b>CITALOPRAM (Celexa) 10 MG, 20 MG, 40 MG TABLET</b>	<i>Maximum of 1 tablet per day</i>
<b>CLASCOTERONE (Winlevi) CREAM</b>	<i>Minimum age = 12</i>
<b>CLINDAMYCIN PHOSPHATE (Xaciato) VAGINAL GEL</b>	<i>Minimum age = 12</i>
<b>CLINDAMYCIN/BENZOYL PEROXIDE (Onexton) PUMP</b>	<i>Minimum age = 12</i>
<b>CLINDAMYCIN/BENZOYL PEROXIDE/ADAPALENE (Cabtreo) GEL</b>	<i>Minimum age = 12</i>
<b>CLOBETASOL (Impeklo) LOTION</b>	<i>Minimum age = 18</i>
<b>CLOMIPRAMINE CAPSULE</b>	<i>Minimum age = 4</i>
<b>CLONIDINE (Kapvay) TABLET</b>	<i>Minimum age = 6 Maximum of 0.4mg per day</i>
<b>CLONIDINE EXTENDED RELEASE (Onyda XR) SUSPENSION</b>	<i>Minimum age = 6 Maximum age = 18 Maximum of 4 mL per day</i>
<b>CLOZAPINE TABLET</b>	<i>Minimum age = 6 Maximum dose of 300mg per day for age 6-12 Maximum dose of 600mg per day for age 13-18</i>
<b>COAGULATION FACTOR VIIa (RECOMBINANT) (Sevenfact)</b>	<i>Minimum age = 12</i>
<b>COBICISTAT (Tybost) TABLET</b>	<i>Maximum of 1 tablet per day</i>
<b>CODEINE SULFATE TABLET</b>	<i>Minimum age = 12 Maximum of 150 per 30 days</i>
<b>CODEINE/CARISOPRODOL/ASPIRIN TABLET</b>	<i>Minimum age = 12 Maximum of 150 per 30 days</i>
<b>CODEINE/GUAIFENESIN</b>	<i>Minimum age = 18</i>
<b>CODEINE/PHENYLEPHRINE/PROMETHAZINE</b>	<i>Minimum age = 18</i>
<b>CODEINE/PROMETHAZINE</b>	<i>Minimum age = 18</i>
<b>COLCHICINE (Gloperba) SOLUTION</b>	<i>Maximum of 10ML per day</i>
<b>CONCIZUMAB-MTCI (Alhemo) INJECTION</b>	<i>Minimum age = 12</i>



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<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>
<i>CYANOCOBALAMIN 1000 MCG/mL 1 ML VIAL (NDCs = 00517003125, 63323004401)</i>	<i>Maximum of 3 vials per claim</i>
<i>CYANOCOBALAMIN 1000 MCG/ML 10 ML VIAL (NDCs = 00517003225, 49326031510, 49326040610, 49326041010, 49326031610, 49326040510)</i>	<i>Maximum of 1 vial per claim</i>
<i>CYANOCOBALAMIN 1000 MCG/ML 25 ML VIAL (NDC = 54868076201)</i>	<i>Maximum of 1 vial per claim</i>
<i>CYANOCOBALAMIN 1000 MCG/ML 30 ML VIAL (NDCs = 30727031480, 00517013005, 54569553300, 54868076200)</i>	<i>Maximum of 1 vial per claim</i>
<i>CYCLOBENZAPRINE (Flexeril) 5 MG TABLET</i>	<i>Maximum of 3 tablets per day</i>
<i>CYCLOBENZAPRINE (Flexeril) 10 MG TABLET</i>	<i>Maximum of 3 tablets per day</i>
<i>CYCLOBENZAPRINE (Tonmya) SUBLINGUAL</i>	<i>Maximum of 2 tablets per day</i>
<i>CYCLOSPORINE (Cequa) 0.09% SOLUTION</i>	<i>Maximum of 60 vials per 30 days</i>
<i>DACLATASVIR (Daklinza) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>DACOMITINIB (Vizimpro) 15 MG, 30 MG, 45 MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>DALFAMPRIDINE (Ampyra) TABLET</i>	<i>Maximum of 2 tablets per day</i> <i>Maximum of 60 per claim</i>
<i>DAPAGLIFLOZIN (Farxiga)</i>	<i>Maximum of 1 tablet per day</i>
<i>DAPAGLIFLOZIN/METFORMIN (Xigduo XR) 5-1000 MG TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>DAPAGLIFLOZIN/METFORMIN (Xigduo XR) 5-500 MG, 10-500 MG, 10-1000 MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>DAPAGLIFLOZIN/SAXAGLIPTIN (Qtern) TABLET</i>	<i>Maximum of 1 tablet per day</i> <i>Minimum age = 18</i>



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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
DARUNAVIR PROPYLENE GLYCOLATE TABLET	Minimum age = 3
DARUNAVIR/COBICISTAT (Prezcobix) TABLET	Maximum of 1 tablet per day
DARUNAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR ALAFENAMIDE (Symtuza) TABLET	Maximum of 1 tablet per day
DASIGLUCAGON HCL (Zeglogue) AUTO-INJECTOR, SYRINGE	Minimum age = 6 Maximum of 2 doses per claim
DEFLAZACORT (Emflaza) TABLET	Minimum age = 2
DEFLAZACORT (Pyquvi) 22.75 MG/ML ORAL SUSP	Minimum age = 2
DELAFLOXACIN (Baxdela) TABLET	Maximum of 2 per day Maximum of 28 per fill
DERMATOPHAGOIDES PTERONYSSINUS and DERMATOPHAGOIDES FARINA (Odactra) TABLET	Minimum age = 5 Maximum age = 65 Maximum of 1 tablet per day
DESIPRAMINE TABLET	Minimum age = 4
DESMOPRESSIN ACETATE (Nocdurna) SL TABLET	Maximum of 1 tablet per day
DESVENLAFAZINE (Khedezla, Pristiq) TABLET	Minimum age = 12 Maximum of 1 tablet per day Maximum dose of 100mg per day for age 12-18
DEUTETRABENAZINE (Austedo) TABLET	Minimum age = 18 Maximum of 4 tablets per day
DEUTETRABENAZINE (Austedo XR) TABLET	Minimum age = 18 Maximum of 1 tablet per day



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<i>DEXMETHYLPHENIDATE (Focalin XR) CAPSULE</i>	<i>Minimum age = 5 Maximum of 1 capsule per day Maximum accumulated dose of 50mg per day for ages ≤ 18 Maximum accumulated dose of 40mg per day for ages ≥ 19</i>
<i>DEXMETHYLPHENIDATE (Focalin) TABLET</i>	<i>Minimum age = 5 Maximum of 2 tablets per day Maximum accumulated dose of 50mg per day for ages ≤ 18 Maximum accumulated dose of 40mg per day for ages ≥ 19</i>
<i>DEXTROAMPHETAMINE (Xelstrym) PATCH</i>	<i>Minimum age = 6 Maximum 30 patches per claim</i>
<i>DEXTROAMPHETAMINE (Zenedi) 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>



Jim Pillen, Governor

DEPT. OF HEALTH AND HUMAN SERVICES

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<i>DEXTROAMPHETAMINE/AMPHETAMINE (Adderall/XR) CAPSULE</i>	<i>Minimum age = 5</i> <i>Maximum of 2 capsules per day</i> <i>Maximum accumulated dose of 60mg per day for ages ≤ 18</i> <i>Maximum accumulated dose of 60mg per day for age ≥ 19</i>
<i>DEXTROAMPHETAMINE/AMPHETAMINE (Mydayis)</i>	<i>Minimum age = 13</i> <i>Maximum dose of 25mg per day for age 13-17</i> <i>Maximum dose of 50mg per day for age 18+</i> <i>Maximum accumulated dose of 60mg per day for age ≥ 19</i>
<i>DEXTROMETHORPHAN/ BUPROPION (Auvelity) EXTENDED-RELEASE TABLETS</i>	<i>Minimum age = 18</i>
<i>DIAZEPAM NASAL SPRAY (Valtoco)</i>	<i>Minimum age = 2</i> <i>Max Qty Per Day – 5mg /10mg: 0.36 units;</i> <i>15mg/20 mg: 0.72 units</i>
<i>DIAZEPAM RECTAL GEL</i>	<i>Maximum of 5 units per 30 days</i>
<i>DICHLORPHENAMIDE (Keveyis) 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</i> <i>Maximum of 150 per 30 days</i>

Update January 2, 2026

Updates from previous postings are highlighted in yellow 14



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DIHYDROCODEINE/ASPIRIN/CAFFEINE CAPSULE	<i>Minimum age = 12 Maximum of 150 per 30 days</i>
DIHYDROERGOTAMINE MESYLATE (Trudhesa) NASAL SPRAY	<i>Minimum age = 18 Maximum of 2.9 mg per day Maximum of 4.35mg per week</i>
DIROXIMEL (Vumerity) CAPSULE	<i>Maximum of 4 capsules per day</i>
DIVALPROEX SODIUM	<i>Minimum age = 4 (without diagnosis of epilepsy/other seizure disorder)</i>
DOLUTEGRAVIR/LAMIVUDINE (Dovato) TABLET	<i>Maximum of 1 tablet per day</i>
DOLUTEGRAVIR/RILPIVIRINE (Juluca) TABLET	<i>Maximum of 1 tablet per day</i>
DONIDALORSEN (Dawnzera)	<i>Minimum age = 12</i>
DORAVIRINE (Pifeltro) TABLET	<i>Maximum of 2 tablets per day</i>
DORAVIRINE/LAMIVUDINE/TENOFOVIR (Delstrigo) TABLET	<i>Maximum of 1 tablet per day</i>
DOXEPIN CAPSULE	<i>Minimum age = 4</i>
DOXEPIN (Silenor) TABLET	<i>Minimum age = 4</i>
DOXYLAMINE/PYRIDOXINE (Bonjesta) TABLET	<i>Maximum of 2 tablets per day OR Maximum of 30 tablets per claim</i>
DOXYLAMINE/PYRIDOXINE (Diclegis) TABLET	<i>Maximum of 4 tablets per day OR Maximum of 30 tablets per claim</i>
DRONABINOL CAPSULE	<i>Minimum age = 18</i>
DRONABINOL (Syndros) SOLUTION	<i>Minimum age = 18 Maximum of 30 mL bottle per 30 days</i>
DROXIDOPA (Northera) 100 MG CAPSULE	<i>Maximum of 3 capsules per day</i>
DROXIDOPA (Northera) 200 MG, 300 MG CAPSULE	<i>Maximum of 6 capsules per day</i>
DULAGLUTIDE (Trulicity) 0.75mg, 1.5mg, 3mg, 4.5mg PEN	<i>Minimum age = 10 Maximum of 2mL or 4 pens per 28 days Maximum of 4.5mg per week</i>



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<i>DULOXETINE (Cymbalta) CAPSULE</i>	<i>Minimum age = 7</i> <i>Maximum of 2 capsules per day</i>
<i>DULOXETINE (Drizalma Sprinkle DR) SPRINKLE CAPSULE</i>	<i>Minimum age = 7</i> <i>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>
<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>ELEXACAFTOR/IVACAFTOR/TEZACAFTOR (Trikafta) PACKET</i>	<i>Minimum age = 2</i> <i>Maximum age= 5</i>
<i>ELEXACAFTOR/IVACAFTOR/TEZACAFTOR (Trikafta) TABLET</i>	<i>Minimum age = 6</i>
<i>ELIGLUSTAT (Cerdelga) CAPSULE</i>	<i>Maximum of 2 capsules per day</i>
<i>ELTROMBOPAG CHOLINE (Alvaz) 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>



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<i>ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/ TENOFOVIR ALAFENAMIDE (Genvoya) TABLET</i>	<i>Minimum age = 12 Maximum of 1 tablet per day</i>
<i>ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/ TENOFOVIR DISOPROXIL FUMARATE (Stribild) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>EMOLLIENTS * See Emollients Note</i>	<i>Maximum age = 18</i>
<i>EMPAGLIFLOZIN/LINAGLIPITIN (Glyxambi) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
<i>EMPAGLIFLOZIN/METFORMIN (Synjardy) TABLET</i>	<i>Minimum age = 18 Maximum of 2 tablets per day</i>
<i>EMPAGLIFLOZIN/METFORMIN (Synjardy XR) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
<i>EMPAGLIFLOZIN/METFORMIN/LINAGLIPITIN (Trijardy XR) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
<i>EMTRICITABINE/TENOFOVIR ALAFENAMIDE (Descovy) TABLET</i>	<i>Minimum age = 12 Maximum of 1 tablet per day</i>
<i>EMTRICITABINE/RILPIVIRINE/TENOFOVIR ALAFENAMIDE (Odefsey) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>EMPAGLIFLOZIN (Jardiance) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>ENASIDENIB (Idhifa) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>ENFUVIRTIDE (Fuzeo.n) VIAL</i>	<i>Minimum age = 6 Maximum of 2 vials per day</i>
<i>ENOXAPARIN (Lovenox) 40 MG (0.4 ml) SYRINGE</i>	<i>Maximum of 24 ml per claim</i>
<i>ENOXAPARIN (Lovenox) 60 MG (0.6 ml) SYRINGE</i>	<i>Maximum of 36 ml per claim</i>
<i>ENOXAPARIN (Lovenox) 80 MG (0.8 ml) SYRINGE</i>	<i>Maximum of 48 ml per claim</i>
<i>ENOXAPARIN (Lovenox) 100 MG (1.0 ml) SYRINGE</i>	<i>Maximum of 30 ml per claim</i>
<i>ENOXAPARIN (Lovenox) 120 MG (1.2 ml) SYRINGE</i>	<i>Maximum of 24 ml per claim</i>
<i>ENOXAPARIN (Lovenox) 150 MG (1.5 ml) SYRINGE</i>	<i>Maximum of 30 ml per claim</i>

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## Summary of Drug Limitations

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ENOXAPARIN (Lovenox) 30 MG (0.3 ml) SYRINGE	Maximum of 18 ml per claim
ENOXAPARIN (Lovenox) 300 MG (3.0 ml) VIAL	Maximum of 15 ml per claim
ENTRECTINIB (Rozlytrek) 100MG CAPSULE	Maximum of 6 per day Minimum age = 12
ENTRECTINIB (Rozlytrek) 200MG CAPSULE	Maximum of 3 per day Minimum age = 12
ENZALUTAMIDE (Xtandi) CAPSULE	Minimum age = 19 Maximum of 4 capsules per day
EPINEPHRINE (Adrenaclick, Epipen, Epipen Jr, Symjepi)	Maximum of 4 per claim
EPINEPHRINE (Epipen, Epipen Jr) TWINJECT	Minimum of 2 each per claim Maximum of 4 each per claim
EPINEPHRINE (Neffy) NASAL SPRAY	Minimum age= 4 Maximum of 4 single dose units per claim
ERENUMAB-AOOE (Aimovig Autoinjector) 70 MG/ML	Maximum of 2 injections per 29 days
ERENUMAB-AOOE (Aimovig Autoinjector) 140 MG/ML	Maximum of 1 injection per 29 days
ERGOCALCIFEROL CAPSULE	Minimum age = 17
ERGOCALCIFEROL ORAL SOLUTION	Maximum of 60 ml per claim
ERTUGLIFLOZIN PIDOLATE (Steglatro) 15MG TABLET	Maximum of 1 tablet per day
ERTUGLIFLOZIN PIDOLATE (Steglatro) 5MG TABLET	Maximum of 2 tablet per day
ERTUGLIFOZIN/SITAGLIPTIN (Steglujan)	Minimum age = 18
ESCITALOPRAM (Lexapro) TABLET	Minimum age = 6 Maximum dose of 20mg per day for age 6-12 Maximum dose of 30mg per day for age 13-18
ESCITALOPRAM (Lexapro) 5 MG, 10MG TABLET	Minimum age = 6
ESCITALOPRAM (Lexapro) 5 MG, 10 MG, 20 MG TABLET	Maximum of 1 tablet per day
ESOMEPRAZOLE (Nexium) CAPSULE	Maximum of 1 capsule per day
ESTRADIOL CYPIONATE VIAL	Maximum of 5 ml per claim
ESTRADIOL 0.06% GEL (NDC = 00051102858)	Maximum of 93 gm per claim

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<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>
<i>ETANERCEPT (Enbrel) 50 MG/ML SYRINGE/PEN</i>	<i>Minimum of 3.92 mL per claim Maximum of 7.84 mL per claim</i>
<i>ETANERCEPT (Enbrel) 25 MG/0.5 ML VIAL</i>	<i>Minimum of 2 mL per claim Maximum of 4.08 mL per claim</i>
<i>ETIDRONATE (Didronel) 200 MG TABLET</i>	<i>Maximum of 4 tablets per day</i>
<i>ETIDRONATE (Didronel) 400 MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>ETIDRONATE (Didronel) IV</i>	<i>Maximum of 40 ml per claim</i>
<i>ETRAVIRINE (Intelence) 25 MG TABLET</i>	<i>Maximum of 4 tablets per day</i>
<i>ETRAVIRINE (Intelence) 100 MG, 200 MG TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>EVEROLIMUS (Zortress) TABLET</i>	<i>Minimum age = 18</i>
<i>EVOLOCUMAB (Repatha) SOLUTION</i>	<i>Minimum age = 13 Maximum of 3 prefilled autoinjectors per month</i>
<i>EVOLOCUMAB (Repatha) PUSHTRONX</i>	<i>Minimum age = 13 Maximum of 1 package per month</i>
<i>EXEMESTANE (Aromasin) TABLET</i>	<i>Minimum age = 18</i>



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<i>EXENATIDE (Bydureon Bcise)</i>	<i>Minimum age = 10</i> <i>Maximum of 3.4 mL per 28 days</i> <i>Maximum of 4 pens per 28 days</i>
<i>EXENATIDE (Byetta)</i>	<i>Minimum age = 18</i> <i>Maximum of 1 pen per 30 days</i>
<i>EZOGABINE (Potiga) 50 MG TABLET</i>	<i>Minimum age = 18</i> <i>Maximum of 9 tablets per day</i>
<i>EZOGABINE (Potiga) 200 MG, 300 MG, 400 MG TABLET</i>	<i>Minimum age = 18</i> <i>Maximum of 3 tablets per day</i>
<i>FECAL MICROBIOTA SPORES, LIVE-BRPK (Vowst) CAPSULE</i>	<i>Minimum age = 18</i> <i>Maximum of 12 capsules per claim (3-day treatment)</i> <i>Maximum of 4 capsules per day</i>
<i>FEDRATINIB DIHYDROCHLORIDE (Inrebic) 100MG CAPSULE</i>	<i>Maximum of 4 capsules per day</i>
<i>FENTANYL 37.5mg, 62.5mg, 87.5mg PATCH</i>	<i>Maximum of 1 patch every 2 days</i>
<i>FENTANYL (Duragesic) PATCH</i>	<i>Maximum of 1 patch every 2 days</i>
<i>FEXOFENADINE (Allegra) 180MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>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</i> <i>Maximum of 30 capsules per claim (Unit of use bottle)</i>
<i>FINGOLIMOD (Tascenso) ODT TABLET</i>	<i>Minimum age = 10</i>
<i>FITUSIRAN (Qfitlia) PEN, VIAL</i>	<i>Minimum age = 12</i>
<i>FLU VACCINES</i>	<i>Maximum of 0.5 ml per claim (patient-specific RX required)</i>
<i>FLUMIST</i>	<i>Maximum of 1 each per claim (patient-specific RX required)</i>

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FLUOXETINE CAPSULE, TABLET (Prozac, Sarafem)	Minimum age = 4 Maximum dose of 60mg per day for age 4-18
FLUPHENAZINE	Minimum age = 6
FLUTAMIDE (Eulexin) TABLET	Minimum age = 18
FLUTICASONE (Armonair) DIGIHALER	Minimum age = 12 Maximum of 1 inhaler per month
FLUTICASONE FUROATE (Arnuity Ellipta)	Minimum age = 5
FLUTICASONE (Armonair) RESPICLICK	Minimum age = 12
FLUTICASONE/SALMETEROL (Advair) DISKUS	Maximum of 2 doses per day
FLUTICASONE/SALMETEROL (Advair HFA) INHALER	Maximum of 1 inhaler per month
FLUTICASONE/SALMETEROL (Airello) DIGIHALER	Minimum age = 12 Maximum of 1 inhaler per month
FLUTICASONE/SALMETEROL (Airello) RESPICLICK	Minimum age = 12
FLUTICASONE/UMECLIDINIUM/VILANTEROL (Trelegy Ellipta)	Minimum age = 18 Submit 60 units for 30 days Submit 28 units for 14 days
FLUVOXAMINE TABLET	Minimum age = 8 Maximum dose of 200mg per day for age 8-11 Maximum dose of 300mg per day for age 12-18
FOSTAMATINIB DISODIUM (Tavalisse) 100MG, 150MG TABLET	Maximum of 2 tablets per day
FOSTEMSAVIR (Rukobia) ER TABLET	Minimum age = 18 Maximum of 2 tablets per day
FREMANEZUMAB-Vfrm (Ajovy) SYRINGE, AUTOINJECTOR, 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



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GALCENEZUMAB-GNLM (Emgality) 120mg PEN, SYRINGE	Maximum of 2 syringes for loading dose, then Maximum of 1 syringe per month
GARADACIMAB (Andembry) AUTOINJECTOR	Minimum age = 12
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
GLECAPREVR/PIBRENTASVIR (Mavyret) PELLET	Minimum age = 3
GLECAPREVR/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
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	Minimum age = 6 Maximum of 1 pen per 28 days
GUSELKUMAB (Tremfya) 200 mg/2mL PEN, SYRINGE	Minimum age = 6 Maximum of 1 pack of 2 pens per 28 days
HALOBETASOL PROP 0.05% FOAM	Minimum age = 12 Maximum of 100 GM per claim



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<b>HALOPERIDOL</b>	<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>
<b>HYDROCHLOROTHIAZIDE (Inzirgo) SUSPENSION</b>	<i>Maximum dose of 37.5 mg per day in patients less than 2 years of age Maximum dose of 100 mg per day in children 2 to less than 13 years of age</i>
<b>HYDROCODONE (Hysingla ER) TABLET</b>	<i>Maximum of 1 tablet per day</i>
<b>HYDROCODONE (Ventrela ER) TABLET</b>	<i>Maximum of 2 tablets per day</i>
<b>HYDROCODONE/ACETAMINOPHEN TABLET</b>	<i>Maximum of 150 per 30 days</i>
<b>HYDROCODONE/IBUPROFEN TABLET</b>	<i>Maximum of 150 per 30 days</i>
<b>HYDROCORTISONE (Alkindi) ORAL GRANULES</b>	<i>Maximum age = 17</i>
<b>HYDROCORTISONE (Khindivi) SOLUTION</b>	<i>Minimum age = 5</i>
<b>HYDROMORPHONE TABLET</b>	<i>Maximum of 150 per 30 days</i>
<b>HYDROMORPHONE (Exalgo) 8 MG, 12 MG, 16 MG TABLET</b>	<i>Maximum of 1 tablet per day</i>
<b>HYDROMORPHONE (Exalgo) 32 MG TABLET</b>	<i>Maximum of 2 tablets per day</i>
<b>HYDROXYZINE PAMOATE (Vistaril)</b>	<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>
<b>IBANDRONATE (Boniva) 2.5 MG TABLET</b>	<i>Maximum of 1 tablet per day</i>
<b>IBANDRONATE (Boniva) 150 MG TABLET</b>	<i>Maximum of 1 tablet per month</i>
<b>IBREXAFUNGERP (Brexafemme) TABLET</b>	<i>Maximum of 4 tablets per claim</i>
<b>ILOPERIDONE (Fanapt) TABLET</b>	<i>Minimum age = 6</i>
<b>ILOPROST (Ventavis) 10 MCG/ 1 ML INHALATION SOLUTION</b>	<i>Maximum of 5 ml (50 mcg) per day</i>
<b>ILOPROST (Ventavis) 20 MCG/ 1 ML INHALATION SOLUTION</b>	<i>Maximum of 3 ml (60 mcg) per day</i>
<b>IMIPRAMINE HCL/PAMOATE</b>	<i>Minimum age = 4</i>
<b>IMIPENEM/CILASTIN (Primaxin) 250 MG, 500 MG, 750 MG VIAL</b>	<i>Maximum of 8 vials per day</i>



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INTERFERON $\beta$ -1a (Avonex) INJECTION, PEN	Submit 1 package (4 syringes) per 28-day supply
INTERFERON $\beta$ -1a (Rebif) SYRINGE/REBIDOSE	Submit 1 box (quantity 6) for 30-day supply
INTERFERON $\beta$ -1b (Betaseron) INJECTION	Submit 1 package (14 units) per 28-day supply
INTERFERON $\beta$ -1b (Extavia) KIT	Submit 1 package (15 units) per 30-day supply
ISOCARBOAZID TABLET	Minimum age = 4
ISOTERTINOIN (Absorica)	Minimum age = 12
ISTRADERFYLINE (Nourianz) 20 MG, 40 MG TABLET	Maximum of 1 tablet per day
IVABRADINE (Corlanor) TABLET	Maximum of 2 tablets per day
IVACAFTOR (Kalydeco) GRANULES	Maximum of 2 packets per day Minimum age = 1 month
IVOSIDENIB (Tibsovo) 250MG Tablet	Maximum of 2 tablets per day
IXEKIZUMAB (Taltz) 80MG AUTOINJECTOR, SYRINGE	Minimum age = 6
KETOROLAC (Sprix) NASAL SPRAY	Maximum of 1 bottle per day
KETOROLAC (Toradol) TABLET	Maximum of 4 tablets per day AND Lesser of 20 doses or 5-day supply
LACOSAMIDE (Vimpat) 50 MG TABLET	Maximum of 3 tablets per day
LACOSAMIDE (Vimpat) 100MG, 150 MG, 200 MG TABLET	Maximum of 2 tablets per day
LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (Cimduo, Temixys) 300MG/300MG TABLET	Maximum of 1 tablet per day
LAMOTRIGINE (Lamictal) 2 MG DISPERTAB	Maximum age = 11 Maximum of 2 tablets per day
LAMOTRIGINE (Lamictal) 5 MG DISPERTAB	Maximum age = 11 Maximum of 4 tablets per day
LAMOTRIGINE (Lamictal XR) 25 MG, 50 MG, 100 MG TABLET	Minimum age = 4 (without diagnosis of epilepsy/other seizure disorder) Maximum of 1 tablet per day



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<i>LAMOTRIGINE (Lamictal XR) 200 MG TABLET</i>	<i>Minimum age = 4 (without diagnosis of epilepsy/other seizure disorder) Maximum of 3 tablets per day</i>
<i>LAMOTRIGINE (Lamictal XR) 300 MG TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>LANADELUMAB-FLYO (Takhzyro) SYRINGE, VIAL</i>	<i>Minimum age of 2</i>
<i>LANSOPRAZOLE (Prevacid) 15 MG, 30 MG CAPSULE/ODT</i>	<i>Maximum of 1 capsule/tablet per day</i>
<i>LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN (Prevpac) KIT</i>	<i>Maximum of 28 days (14 days of therapy x2) per 365 days</i>
<i>LAROTRECTINIB (Vitrakvi) 25 MG CAPSULE</i>	<i>Maximum of 6 capsules per day</i>
<i>LAROTRECTINIB (Vitrakvi) 100 MG CAPSULE</i>	<i>Maximum of 2 capsules per day</i>
<i>LAROTRECTINIB (Vitrakvi) 20 MG/ML SOLUTION</i>	<i>Maximum of 10 ML per day</i>
<i>LASMIDITAN (Reyvow)</i>	<i>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)</i>
<i>LEBRIKIZUMAB-LBKZ (Ebglyss) PEN</i>	<i>Minimum age = 12 Maximum of 4 mL per 28 days</i>
<i>LEDIPASVIR/SOFOSBUVIR (Harvoni) PELLETS</i>	<i>Minimum Age = 3 Maximum of 2 per day</i>
<i>LEDIPASVIR/SOFOSBUVIR (Harvoni) 90-400MG TABLET</i>	<i>Maximum of 28 tablets per claim</i>
<i>LEDIPASVIR/SOFOSBUVIR (Harvoni) 45-200MG TABLET</i>	<i>Minimum age = 3 Maximum of 56 tablets per claim</i>
<i>LEFAMULIN (Xenleta) TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>LEMBOREXANT (Dayvigo) TABLET</i>	<i>Minimum age = 18 Maximum of 1 tablet per day (10mg) Maximum of 2 tablets per day (5mg)</i>
<i>LENACAPAVIR (Sunlenca) TABLET</i>	<i>Maximum of 2 tablets per day</i>

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Jim Pillen, Governor

DEPT. OF HEALTH AND HUMAN SERVICES

## Summary of Drug Limitations

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<b><i>Summary of Drug Limitations</i></b>	
<i>LENACAPAVIR (Yeztugo) TABLET</i>	<i>Maximum of 4 tablets per claim</i>
<i>LENALIDOMIDE (Revlimid) CAPSULE</i>	<i>Maximum of 1 capsule per day</i>
<i>LESINURAD (Zurampic) TABLET</i>	<i>Minimum age = 18</i> <i>Maximum of 1 tablet per day</i>
<i>LESINURAD/ALLOPURINOL (Duzallo) TABLET</i>	<i>Minimum age = 18</i> <i>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</i> <i>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</i> <i>Maximum of 1 capsule per day</i>
<i>LINAGLIPTIN (Tradjenta) TABLET</i>	<i>Minimum age = 18</i> <i>Maximum of 1 tablet per day</i>
<i>LINAGLIPTIN/METFORMIN (Jentadueto) TABLET</i>	<i>Minimum age = 18</i> <i>Maximum of 2 tablets per day</i>
<i>LINAGLIPTIN/METFORMIN (Jentadueto XR) TABLET</i>	<i>Minimum age = 18</i> <i>Maximum of 1 tablet per day (5 mg/1000 mg)</i> <i>Maximum of 2 tablet per day (2.5 mg/1000 mg)</i>
<i>LINEZOLID (Zyvox) 600 MG TABLET</i>	<i>Maximum of 15-day supply</i>
<i>LINEZOLID (Zyvox) SOLUTION</i>	<i>Maximum of 150 ml per claim</i>

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<i>LIRAGLUTIDE (Victoza) 0.6mg, 1.2mg, 1.8mg PEN</i>	<i>Minimum age = 10 Maximum of 9mL or 3 pens per 30 days</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>
<i>LOFEXIDINE (Lucemyra) Tablet</i>	<i>Maximum of 16 tablets per day</i>
<i>LORAZEPAM (Loreev XR) CAPSULES</i>	<i>Minimum age = 18</i>
<i>LORLATINIB (Lorbrena) 25 MG TABLET</i>	<i>Maximum of 3 tablets per day</i>
<i>LORLATINIB (Lorbrena) 100 MG TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>LOTEPREDNOL ETABONATE (Eysuvis) Ophth Solution</i>	<i>1 bottle per month</i>
<i>LOXAPINE CAPSULE</i>	<i>Minimum age = 6</i>
<i>LUBRIDERM DAILY MOISTURE LOTION</i>	<i>Maximum age = 18</i>
<i>LUBIPROSTONE (Amitiza) CAPSULE</i>	<i>Minimum age = 18 Maximum of 2 capsules per day</i>
<i>LUMACAFTOR/IVACAFTOR (Orkambi) 100-125 MG, 200-125 MG TABLET</i>	<i>Minimum age = 6 Maximum of 4 tablets per day</i>
<i>LUMACAFTOR/IVACAFTOR (Orkambi) 75-94 MG, 100-125 MG, 150-188 MG PACKET</i>	<i>Minimum age = 1 Maximum of 2 packets per day</i>
<i>LUMATEPRONE (Caplyta) CAPSULE</i>	<i>Minimum age = 18 Maximum of 1 per day</i>
<i>LURASIDONE (Latuda) 20 MG, 40 MG, 60 MG, 120 MG TABLET</i>	<i>Minimum age = 10 Maximum of 1 tablet per day</i>
<i>LURASIDONE (Latuda) 80MG TABLET</i>	<i>Minimum age = 10 Maximum of 2 tablets per day</i>
<i>LUSUTROMBOPAG (Mulpleta) TABLET</i>	<i>Maximum of 1 tablet per day</i>



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<b><i>Summary of Drug Limitations</i></b>	
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
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, PEN	Maximum of 300 MG (3 injections) per 28 days Minimum age= 6
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 $\geq$ 19
METHOTREXATE (Otrexup) 7.5mg/0.4ML AUTO-INJECTOR	Maximum of 4 units per month
METHOTREXATE (Reditrex) SUB-Q	Minimum age = 2
METHYLNALTREXONE (Relistor) TABLET	Minimum age = 18 Maximum of 3 tablets per day



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<b>Summary of Drug Limitations</b>	
<b>METHYLPHENIDATE (Adhansia XR) 25MG, 35MG, 45MG, 55MG, 70MG, 85MG CAPSULE</b>	<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>
<b>METHYLPHENIDATE (Aptensio XR) CAPSULE</b>	<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>
<b>METHYLPHENIDATE (Concerta) 18MG, 27MG, 54MG TABLET</b>	<i>Minimum age = 5</i> <i>Maximum of 1 tablet 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>
<b>METHYLPHENIDATE (Concerta) 36MG TABLET</b>	<i>Minimum age = 5</i> <i>Maximum of 2 tablets 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>
<b>METHYLPHENIDATE (Cotempla XR-ODT) TABLET</b>	<i>Minimum age = 5</i> <i>Maximum age = 17</i> <i>Maximum of 1 tablet per day</i>



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<i>METHYLPHENIDATE (Daytrana) PATCH</i>	<i>Minimum age = 5 Maximum age = 18 Maximum of 1 patch per day Maximum dose of 30mg per day for ages ≤ 18 Maximum dose of 30mg per day for ages ≥ 19</i>
<i>METHYLPHENIDATE (Jornay PM) CAPSULE</i>	<i>Minimum age = 6 Maximum of 1 capsule per day Maximum accumulated dose of 108mg per day for ages ≤ 18 Maximum accumulated dose of 72mg per day for ages ≥ 19</i>
<i>METHYLPHENIDATE (Metadata CD) CAPSULE</i>	<i>Minimum age = 5 Maximum of 1 capsule per day Maximum accumulated dose of 108mg per day for ages ≤ 18 Maximum accumulated dose of 72mg per day for ages ≥ 19</i>
<i>METHYLPHENIDATE (Methylin ER) 10 MG TABLET</i>	<i>Minimum age = 5 Maximum of 2 tablets per day Maximum accumulated dose of 108mg per day for ages ≤ 18 Maximum accumulated dose of 72mg per day for ages ≥ 19</i>
<i>METHYLPHENIDATE (Methylin ER) 20 MG TABLET</i>	<i>Minimum age = 5 Maximum of 3 tablets per day Maximum accumulated dose of 108mg per day for ages ≤ 18 Maximum accumulated dose of 72mg per day for ages ≥ 19</i>

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Jim Pillen, Governor

DEPT. OF HEALTH AND HUMAN SERVICES

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<b>METHYLPHENIDATE (Quillichew ER) CHEWABLE</b>	<i>Minimum age = 5 Maximum accumulated dose of 108mg per day for ages ≤ 18 Maximum accumulated dose of 72mg per day for ages ≥ 19</i>
<b>METHYLPHENIDATE ER (45MG AND 63MG ONLY, Relexxii) TABLET</b>	<i>Minimum age = 5 Maximum of 1 tablet per day Maximum accumulated dose of 108mg per day for ages ≤ 18 Maximum accumulated dose of 72mg per day for ages ≥ 19 Maximum age = 65</i>
<b>METHYLPHENIDATE ER 72MG TABLET</b>	<i>Minimum age = 5 Maximum of 1 tablet per day Maximum accumulated dose of 108mg per day for ages ≤ 18 Maximum accumulated dose of 72mg per day for ages ≥ 19</i>
<b>MIDAZOLAM (Nayzilam) NASAL SPRAY</b>	<i>Maximum of 10 per 30 days</i>
<b>MIDOSTAURIN (Rydapt) CAPSULE</b>	<i>Maximum of 8 capsules per day</i>
<b>MILNACIPRAN (Savella) TABLET</b>	<i>Minimum age = 13 Maximum of 2 tablets per day</i>
<b>MINERAL OIL/HYDROPHILIC PETROLATUM (Aquaphor)</b>	<i>Maximum age = 18</i>
<b>MINERAL OIL/PETROLATUM (Eucerin)</b>	<i>Maximum age = 18</i>
<b>MINOCYCLINE ER (Ximino) CAPSULE</b>	<i>Minimum age = 12 Maximum of 1 per day</i>
<b>MIRABEGRON (Myrbetriq) SUSPENSION</b>	<i>Minimum age= 3 Maximum 10 mL per day</i>
<b>MIRDAMETINIB (Gomekli) CAPSULES, TAB for ORAL SUSP</b>	<i>Minimum age = 2</i>

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<i>MIRIKIZUMAB-MRKZ (Omvoh) PEN</i>	<i>Minimum age = 18</i>
<i>MIRTAZAPINE</i>	<i>Minimum age = 4</i>
<i>MOBOCERTINIB (Exkivity) CAPSULES</i>	<i>Maximum of 4 capsules per day</i>
<i>MODAFINIL (Provigil) TABLET</i>	<i>Minimum age = 18</i> <i>Maximum of 2 tablets per day</i>
<i>MOLINDONE</i>	<i>Minimum age = 6</i>
<i>MOMETASONE (Asmanex) 110 MCG TWISTHALER</i>	<i>Maximum age = 11</i> <i>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</i> <i>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</i> <i>Maximum of 2 tablets per day</i>



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<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 = 15</i>
<i>NARATRIPTAN (Amerge) TABLET</i>	<i>Maximum of 18 doses per 29 days</i>
<i>NEFAZODONE</i>	<i>Minimum age = 4</i>
<i>NEMOLIZUMAB-ILTO (Nemluvio) PEN</i>	<i>Minimum age = 12</i>
<i>NEVIBOLOL/VALSARTAN (Byvalson) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>NICOTINE GUM</i>	<i>Minimum age = 18</i> <i>*See Smoking Cessation Agents Note for Maximum Duration</i>
<i>NICOTINE GUM/LOZENGE</i>	<i>Minimum age = 18</i> <i>Maximum of 924 pieces/lozenges per 90 days</i> <i>*See Smoking Cessation Agents Note for Maximum Duration</i>
<i>NICOTINE INHALATION CARTRIDGE</i>	<i>Minimum age = 18</i> <i>Maximum of 168 cartridges per claim</i> <i>Maximum of 504 cartridges per 90 days</i> <i>*See Smoking Cessation Agents Note for Maximum Duration</i>
<i>NICOTINE NASAL SPRAY</i>	<i>Minimum age = 18</i> <i>Maximum of 40 ml per claim</i> <i>Maximum of 120ml per 90 days</i> <i>*See Smoking Cessation Agents Note for Maximum Duration</i>
<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>



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<i>NILOTINIB (Tasigna) CAPSULE</i>	<i>Maximum of 4 capsules per day</i>
<i>NILUTAMIDE (Nilandron) TABLET</i>	<i>Minimum age = 18</i>
<i>NIMODIPINE (Nymalize) ORAL SOLUTION</i>	<i>Minimum age = 18</i>
<i>NINTEDANIB (Ofev) CAPSULE</i>	<i>Maximum of 2 tablets per day</i>
<i>NIRAPARIB (Zejula) CAPSULE</i>	<i>Maximum of 3 capsules per day</i>
<i>NITAZOXANIDE (Alinia) 100 MG/ 5 ML SUSPENSION</i>	<i>Maximum of 50 ml per day OR Maximum of 150 ml per claim</i>
<i>NITAZOXANIDE (Alinia) 500 MG TABLET</i>	<i>Min age = 12 Maximum of 2 tablets per day Maximum of 6 tablets per claim</i>
<i>NORTRIPTYLINE CAPSULE</i>	<i>Minimum age = 4</i>
<i>OBETICHOOLIC 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 (Symbax) 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>OLEZARSEN (Tryngolza) AUTOINJECTOR</i>	<i>Minimum age = 18 Maximum of 1 autoinjector per 28 days</i>



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<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</i> <i>150mg autoinjector: Maximum of 0.29 mL/day per 28 days</i> <i>300mg autoinjector: Maximum of 0.29 mL/day per 28 days</i> <i>75mg autoinjector: Maximum of 0.036 mL/day per 28 days</i>
<i>OMALIZUMAB (Xolair) Syringes</i>	<i>Minimum age = 1</i> <i>75mg syringe: Maximum of 2 syringes per 28 days</i> <i>150mg syringe: Maximum of 8 syringes per 28 days</i> <i>300mg syringe: Maximum of 0.29 mL/day per 28 days</i>
<i>OMBITASVIR/PARITAPREVIR/RITONAVIR (Technivie) TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>OMBITASVIR/PARITAPREVIR/RITONAVIR/DASABUVIR (Viekira) TABLET</i>	<i>Maximum of 112 tablets per 28 days</i>
<i>OMBITASVIR/PARITAPREVIR/RITONAVIR/DASABUVIR (Viekira XR) TABLET</i>	<i>Minimum age = 18</i> <i>Maximum of 3 tablets per day</i>
<i>OMEПRAZOLE (Prilosec) 20 MG CAPSULE (Generic Only)</i>	<i>Maximum of 4 capsules per day</i>
<i>OMEПRAZOLE (Prilosec) 40 MG CAPSULE (Generic Only)</i>	<i>Maximum of 2 capsules per day</i>
<i>OMEПRAZOLE (Prilosec) 10 MG, 20 MG (Brand only) CAPSULE</i>	<i>Maximum of 1 capsule per day</i>
<i>OMEПRAZOLE (Prilosec) 40 MG CAPSULE (Brand only)</i>	<i>Maximum of 2 capsules per day</i>
<i>OMEПRAZOLE/CLARITHROMYCIN/ AMOXICILLIN (Omeclamox-Pak)</i>	<i>Maximum of 30 days (10 days of therapy x3) per 365 days</i>
<i>OMEПRAZOLE/SODIUM BICARBONATE (Zegerid) 20 MG, 40 MG CAPSULE</i>	<i>Maximum of 1 capsule per day</i>

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<i>ONDANSETRON (Zofran) 2 MG/ML VIAL,</i>	<i>Maximum of 16 ml per day</i>
<i>ONDANSETRON (Zofran) TABLET</i>	<i>Maximum of 60 tablets per claim</i>
<i>ONDANSETRON (Zofran) ORAL SOLUTION</i>	<i>Maximum of 150 ml per claim</i>
<i>OPICAPONE (Ongentys) CAPSULE</i>	<i>Maximum of 1 capsule per day</i>
<i>OSELTAMIVIR (Tamiflu) 45 MG, 75 MG CAPSULE</i>	<i>Maximum of 10 capsules per claim OR Maximum of 10-day supply</i>
<i>OSELTAMIVIR (Tamiflu) 30 MG</i>	<i>Maximum of 20 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>

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<i>OZANIMOD (Zeposia) CAPSULE</i>	<i>Maximum of 1 capsule per day</i> <i>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</i> <i>Maximum of 1 tablet per day</i> <i>Maximum dose of 12mg per day for age 12-18</i>
<i>PALIPERIDONE (Invega) 6 MG TABLET</i>	<i>Minimum age = 12</i> <i>Maximum of 2 tablets per day</i> <i>Maximum dose of 12mg per day for age 12-18</i>
<i>PANTOPRAZOLE (Protonix) TABLET</i>	<i>Maximum of 2 per day</i>
<i>PANTOPRAZOLE GRANULES</i>	<i>Maximum of 2 packets per day</i>
<i>PAROXETINE (Paxil) IR, CR</i>	<i>Minimum age = 13</i> <i>Maximum dose of 40mg IR per day for age 13-18</i> <i>Maximum dose of 50mg CR per day for age 13-18</i>
<i>PAROXETINE MESYLATE</i>	<i>Minimum age = 13</i>
<i>PAROXETINE (Paxil) 10 MG Tablet</i>	<i>Maximum of 5 per day</i>
<i>PAROXETINE (Paxil) 20 MG, 30 MG, 40 MG Tablet</i>	<i>Maximum of 1 per day</i>
<i>PATIROMER (Veltassa) PACKET</i>	<i>Minimum age = 12</i> <i>Maximum of 1 packet per day</i>
<i>PEANUT POWDER (Palforzia)</i>	<i>Minimum age = 4</i>
<i>PEDIATRIC MULTIVITAMIN NO.128/VITAMIN K (DEKAS Plus Liquid)</i>	<i>Maximum age= 3</i>
<i>PEG/ELECTROLYTE (Moviprep) SOLUTION</i>	<i>Maximum of 1 kit per claim</i>
<i>PEGINTERFERON <math>\alpha</math>-2a (Pegasys Proclick) 180 MCG /0.5 ML SYRINGE</i>	<i>Maximum of 1 kit (2 ml) per claim for 28 days</i>
<i>PEGINTERFERON <math>\alpha</math>-2a (Pegasys) 180 MCG /1 ML VIAL</i>	<i>Maximum of 4 ml per claim for 28 days</i>
<i>PEGINTERFERON <math>\alpha</math>-2b (Peg-Intron) REDIPEN, KIT</i>	<i>Submit 1 pen/kit as quantity 1 for 7 days</i>

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PEGINTERFERON $\beta$ -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
PERAMPANEL (Fycompa) TABLET, TABLET FOR SUSPENSION	Minimum age = 4
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



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PITAVASTATIN ( <i>Livalo</i> ) TABLET	Minimum age = 8 Maximum of 1 tablet per day
PITOLISANT ( <i>Wakix</i> ) 4.45 MG TABLET	Maximum of 3 tablets per day
PITOLISANT ( <i>Wakix</i> ) 17.8 MG TABLET	Maximum of 2 tablets per day
PLECANATIDE ( <i>Trulance</i> ) TABLET	Minimum age = 18 Maximum of 1 tablet per day
PNEUMONIA VACCINE	Maximum of 0.5 ml per claim (patient-specific RX required)
PONATINIB ( <i>Iclusig</i> ) 15 MG TABLET	Maximum of 2 tablets per day
PONATINIB ( <i>Iclusig</i> ) 45 MG TABLET	Maximum of 1 tablet per day
PONESIMOD ( <i>Ponvory</i> ) 20mg CAPSULE	Maximum of 1 tablet per day
PONESIMOD ( <i>Ponvory</i> ) 14-Day Starter Pack	Maximum of 1 pack per claim
POSACONAZOLE ( <i>Noxafil</i> ) TABLET	Minimum age = 13
POSACONAZOLE ( <i>Noxafil</i> ) SUSPENSION	Minimum age = 13
POSACONAZOLE ( <i>Noxafil</i> ) SUSPENSION DELAYED RELEASE	Minimum age = 2
PRALSETINIB ( <i>Gavreto</i> ) CAPSULES	Maximum 4 capsules per day
PREGABALIN ( <i>Lyrica</i> ) 20 MG/ML ORAL SOLUTION	Maximum of 30 ml per day
PREGABALIN ( <i>Lyrica</i> ) 25MG, 50MG, 75MG, 100MG, 150MG, 200MG CAPSULE	Maximum of 3 capsules per day
PREGABALIN ( <i>Lyrica</i> ) 225MG, 300MG CAPSULE	Maximum of 2 capsules per day
PREGABALIN ER ( <i>Lyrica CR</i> ) TABLET	Maximum of 1 tablet per day
PRENATAL VITAMIN PREPARATIONS	Maximum of 100-day supply per claim
PRETOMANID TABLET	Maximum of 1 tablet per day
PROPRANOLO ( <i>Hemangeol</i> ) SOLUTION	Maximum age = 12 months
PROTRIPTYLINE	Minimum age = 4
QUETIAPINE ( <i>Seroquel</i> ) TABLET	Minimum age = 6 Maximum dose of 400mg per day for age 6-9 Maximum dose of 800mg per day for age 10-18



Jim Pillen, Governor

DEPT. OF HEALTH AND HUMAN SERVICES

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QUETIAPINE ER (Seroquel XR) 150 MG, 200 MG TABLET	Minimum age = 6 Maximum of 1 tablet per day
QUETIAPINE ER (Seroquel XR) 50 MG, 300 MG, 400 MG TABLET	Minimum age = 6 Maximum of 2 tablets per day
RABEPRAZOLE (Aciphex) 20 MG TABLET	Maximum of 1 tablet per day
RALOXIFENE (Evista) TABLET	Maximum of 1 tablet per day
RALTEGRAVIR (Isentress) TABLET	Maximum of 2 tablets per day
RAMELTEON (Rozerem) TABLET	Minimum age = 18 Maximum of 1 tablet per day
RASAGILINE (Azilect) TABLET	Maximum of 1 tablet per day
RELEBACTAM, IMIPENEM, CILASTIN (Recarbrio) VIAL	Minimum age= 18
RELUGOLIX (Orgovyx)	Minimum age = 18
RELUGOLIX /ESTRADIOL/NORETHINDRONE ACETATE (Myfembree)	Minimum age = 18 Maximum of 1 tablet per day Maximum duration of treatment = 24 months
RILUZOLE (Tiglutik) SUSPENSION	Maximum of 20ML per day
RIMEGEPANT (Nurtec ODT)	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
RISANKIZAMAB-RZAA (Skyrizi Pen)	Maximum per day of 0.011 mL per day
RISANKIZAMAB-RZAA (Skyrizi On-Body)	Maximum per day of 0.043 mL per day
RISEDRONATE (Actonel) 5 MG TABLET	Maximum of 1 tablet per day
RISEDRONATE (Actonel) 35 MG TABLET	Maximum of 1 tablet per week
RISEDRONATE (Actonel) 75 MG TABLET	Maximum of 1 tablet bi-weekly
RISEDRONATE (Actonel) 150 MG TABLET	Maximum of 1 tablet per 30 days

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<b>RISPERIDONE (Risperdal) TABLET</b>	<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>
<b>RISPERIDONE (Risperdal Consta) SYRINGE</b>	<i>Submit 1 syringe (quantity 1) for 14-day supply</i>
<b>RITLECITINIB (Litfulo) CAPSULE</b>	<i>Minimum age = 12</i>
<b>RIVAROXABAN (Xarelto) SUSPENSION</b>	<i>Maximum age = 12</i>
<b>RIVAROXABAN (Xarelto) 2 MG and 2.5MG TABLET</b>	<i>Maximum of 2 tablets per day</i>
<b>RIVAROXABAN (Xarelto) 10 MG TABLET</b>	<i>Maximum of 35 tablets per claim</i>
<b>RIVAROXABAN (Xarelto) 20 MG TABLET</b>	<i>Maximum of 1 tablet per day</i>
<b>RIVAROXABAN (Xarelto) 15 MG TABLET</b>	<i>Maximum of 2 tablets per day</i>
<b>RIZATRIPTAN (Maxalt) TABLET</b>	<i>Maximum of 18 doses per 29 days</i>
<b>RIZATRIPTAN BENZOATE/MELOXICAM (Symbravo) TABLET</b>	<i>Minimum age = 18</i>
<b>ROFLUMILAST (Daliresp) 250mcg TABLET</b>	<i>Maximum of 28 tablets in 365 days</i>
<b>ROFLUMILAST (Zoryve) 0.05% CREAM</b>	<i>Minimum age = 2 Maximum age = 5</i>
<b>ROFLUMILAST (Zoryve) 0.15%, 0.3% CREAM</b>	<i>Minimum age = 6</i>
<b>ROFLUMILAST (Zoryve) 0.3% FOAM</b>	<i>Minimum age = 9</i>
<b>ROSUVASTATIN (Ezallor Sprinkle) CAPSULE</b>	<i>Maximum of 1 capsule per day</i>
<b>RUCAPARIB (Rubraca) TABLET</b>	<i>Maximum of 4 tablets per day</i>
<b>RUFINAMIDE (Banzel) 200MG TABLET</b>	<i>Maximum of 3 tablets per day</i>
<b>RUFINAMIDE (Banzel) 400MG TABLET</b>	<i>Maximum of 8 tablets per day</i>
<b>RUFINAMIDE (Banzel) SUSPENSION</b>	<i>Maximum age = 11</i>
<b>RUXOLITINIB (Opzelura) CREAM</b>	<i>Minimum age = 2 Maximum of one (1) 60 gram tube per claim</i>
<b>SACUBITRIL/VALSARTAN (Entresto) TABLET</b>	<i>Maximum of 2 tablets per day Minimum age = 1</i>
<b>SAFINAMIDE (Xadago) TABLET</b>	<i>Maximum of 1 tablet per day</i>



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<b><i>Summary of Drug Limitations</i></b>	
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) CAPSULES	Minimum age = 2
SELUMETINIB (Koselugo) GRANULES	Minimum age = 1
SEMAGLUTIDE (Ozempic) 0.25MG, 1mg, 2mg PEN	Minimum age = 18 Maximum of 3 mL per 28 days
SEMAGLUTIDE (Rybelsus) TABLETS	Minimum age = 18 Maximum of 1 tablet per day
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

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Updates from previous postings are highlighted in yellow 42



Jim Pillen, Governor

DEPT. OF HEALTH AND HUMAN SERVICES

## Summary of Drug Limitations

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SIROLIMUS (Hyftor) 0.2% GEL	Minimum age = 6
SITAGLIPTIN (Brynovin) SOLUTION	Maximum of 4mL (100mg) per day
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 (Juvisync) TABLET	Minimum age = 18 Maximum of 1 tablet per day
SODIUM FLUORIDE DROPS	Maximum of 50 ml per claim
SOFOSBUVIR (Sovaldi) PELLETS	Minimum age = 3 Maximum of 2 per day
SOFOSBUVIR (Sovaldi) 400MG TABLET	Maximum of 28 tablets per claim
SOFOSBUVIR (Sovaldi) 200MG TABLET	Minimum age = 3 Maximum of 56 tablets per claim
SOFOSBUVIR/VELPATASVIR (Epclusa) TABLET	Minimum age = 6 Maximum of 1 tablet per day
SOFOSBUVIR/VELPATASVIR/VOXILAPREVIR (Vosevi) TABLET	Minimum age = 18 Maximum of 1 tablet per day
SOLIFENACIN SUCCINATE (Vesicare LS) SUSPENSION	Minimum age = 2
SOLRIAMFETOL (Sunosi) TABLET	Maximum of 1 tablet per day

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<b><i>Summary of Drug Limitations</i></b>	
<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 (Aldactone) TABLETS</i>	<i>Minimum age = 18</i>
<i>SPIRONOLACTONE (Carospir) SUSPENSION</i>	<i>Minimum age = 18</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 (Trexiomet) TABLET</i>	<i>Maximum of 18 doses per 29 days</i>
<i>SUvorexant (Belsomra) TABLET</i>	<i>Minimum age = 19</i> <i>Maximum of 1 tablet per day</i>
<i>Suzetrigine (Journavx) TABLET</i>	<i>Minimum age = 18</i> <i>Maximum of 14-day supply</i>
<i>SWEET VERNAL/ORCHARD/RYE/TIMOTHY/KENTUCKY BLUE GRASS MIXED POLLEN ALLERGEN EXTRACT (Oralair)</i>	<i>Minimum age = 5</i> <i>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 (Vyndagel) 20 MG CAPSULE</i>	<i>Maximum of 4 capsules per day</i>
<i>TAFENOQUINE SUCCINATE (Krintafel) 150 MG TABLET</i>	<i>Minimum age = 16</i> <i>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>
<i>TAPINAROF (Vtama) 1% CREAM</i>	<i>Minimum age = 2</i>



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<i>TASIMELTEON (Hetlioz) CAPSULE</i>	<i>Maximum of 1 capsule per day</i> <i>Minimum age = 16</i>
<i>TASIMELTEON (Hetlioz LQ) SUSPENSION</i>	<i>Minimum age = 3</i> <i>Maximum age = 15</i> <i>Maximum 5mL per day</i>
<i>TAZAROTENE (Arazlo) Lotion</i>	<i>Minimum age = 9</i>
<i>TEGASEROD (Zelnorm) TABLET</i>	<i>Maximum of 2 tablets per day</i> <i>Maximum age= 64</i> <i>For Females only</i>
<i>TELOTRISTAT (Xermelo) TABLET</i>	<i>Maximum of 3 tablets per day</i>
<i>TEMAZEPAM (Restoril) 7.5 MG, 15 MG, 22.5 MG, 30 MG CAPSULE</i>	<i>Maximum of 1 capsule per day</i>
<i>TENAPANOR (Ibsrela) TABLET</i>	<i>Minimum age = 18</i> <i>Maximum dose of 100mg per day</i>
<i>TENOFOVIR (Vemlidy) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>TEPOTINIB (Tepmetko) TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>TERIFLUNOMIDE (Aubagio) TABLET</i>	<i>Maximum of 1 tablet per day</i> <i>Maximum of 30 tablets per claim</i>
<i>TERIPARATIDE (Forteo) SYRINGE</i>	<i>Submit 1 unit (2.4 ml) for 30-day supply</i> <i>Maximum of 24 months per lifetime</i>
<i>TERIPARATIDE (Bonsity) SYRINGE</i>	<i>Maximum of 1 pen per 28 days</i>
<i>TEZACAFTOR/IVACAFTOR (Symdeko) 100 MG/150 MG TABLET</i>	<i>Maximum of 2 tablets per day</i> <i>Minimum age = 6</i>
<i>TEZACAFTOR/IVACAFTOR (Symdeko) 50 MG/75 MG TABLET</i>	<i>Maximum of 2 tablets per day</i> <i>Minimum age = 6</i>
<i>TEZEPELUMAB (Tezspire) PEN</i>	<i>Minimum age= 12</i>
<i>THIORIDAZINE TABLET</i>	<i>Minimum age = 6</i>
<i>THIOTHIXENE CAPSULE</i>	<i>Minimum age = 6</i>
<i>TIDEZOLID (Sivextro) 200 MG TABLET, VIAL</i>	<i>Maximum of 6 tablets/vials per fill</i>

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<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>TIRZEPATIDE (Mounjaro) 2.5mg, 5mg, 7.5mg, 10mg, 12.5mg, 15mg PEN</i>	<i>Minimum age = 18 Maximum of 2mL per 28 days Maximum of 4 pens per 28 days</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>



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<b>TRAMADOL TABLET</b>	<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>
<b>TRAMADOL/ACETAMINOPHEN TABLET</b>	<i>Minimum age = 12 Maximum of 150 tablets per 30 days</i>
<b>TRANYLCYPROMINE TABLET</b>	<i>Minimum age = 4</i>
<b>TRAZODONE TABLET</b>	<i>Minimum age = 14 Maximum dose is 100mg if &lt;19</i>
<b>TREPROSTINIL (Tyvaso) INHALATION SOLUTION</b>	<i>Maximum of 81.2 ml per claim</i>
<b>TRETINOIN (Altreno) Lotion</b>	<i>Minimum age = 9 Maximum age = 20</i>
<b>TRETINOIN PRODUCTS</b>	<i>Maximum age = 20</i>
<b>TRETINOIN/ BENZOYL PEROXIDE (Twyneo) CREAM</b>	<i>Minimum age = 9 Maximum age = 20</i>
<b>TRIAMCINOLONE (Kenalog) VIAL</b>	<i>Maximum of 15 ml per claim</i>
<b>TRICLABENDAZOLE (Egaten) TABLET</b>	<i>Minimum age = 6</i>
<b>TRIFAROTENE (Aklief) Cream</b>	<i>Minimum age = 9</i>
<b>TRIFLUOPERAZINE TABLET</b>	<i>Minimum age = 6</i>
<b>TRIMIPRAMINE MALEATE TABLET</b>	<i>Minimum age = 4</i>
<b>TUCATINIB (Tukysa) TABLET</b>	<i>Maximum of 4 tablets per day</i>
<b>UBROGEPANT (Ubrelvy) TABLET</b>	<i>Minimum age = 18 Maximum of 2 tablets per day Maximum of 16 tablets per 30 days</i>
<b>UMBRALISIB (Ukoniq) TABLET</b>	<i>Maximum of 4 tablets per day</i>
<b>UPADACITINIB (Rinvoq ER) 15MG TABLET</b>	<i>Maximum of 1 tablet per day</i>
<b>UPADACITINIB (Rinvoq LQ) SOLUTION</b>	<i>Minimum age = 2 Maximum of 12 mL per day</i>



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<i>USTEJINUMAB-KFCE (Yesintek) SYRINGE</i>	<i>Minimum age = 6</i>
<i>USTEKINUMAB (Imuldosa, Stelara) SYRINGE</i>	<i>Minimum age=6</i>
<i>USTEKINUMAB-AAUZ (OTULFI) SYRINGE</i>	<i>Minimum age = 6</i>
<i>USTEKINUMAB -AEKN (Selarsdi) SYRINGE</i>	<i>Minimum age = 6</i>
<i>USTEKINUMAB -AEKN (Selarsdi) 45 MG/0.5 ML VIAL</i>	<i>Minimum age = 6</i>
<i>USTEKINUMAB-HMNY (Starjemza) 45mg and 90mg SYRINGE, 45mg VIAL</i>	<i>Minimum age= 6</i>
<i>USTEKINUMAB-STBA (Steqeyma) SYRINGE</i>	<i>Minimum age = 6</i>
<i>USTEKINUMAB-TTWE (Pyzchiva biosimilar for Stelara) SYRINGE, VIAL</i>	<i>Minimum age = 6</i>
<i>VALACYCLOVIR (Valtrex) 1000 MG TABLET</i>	<i>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</i>
<i>VALBENAZINE (Ingrezza) CAPSULE, INITIATION PACK, and SPRINKLES</i>	<i>Minimum age = 18 Maximum of 1 capsule per day</i>
<i>VALGANCYCLOVIR (Valcyte) TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>VALGANCYCLOVIR (Valcyte) SUSPENSION</i>	<i>Maximum of 18 ml per day</i>
<i>VANCOMYCIN (Firvanq) SOLUTION</i>	<i>Maximum of 2 grams per day</i>
<i>VANCOMYCIN 500 MG VIAL</i>	<i>Maximum of 4 vials per day</i>
<i>VANCOMYCIN 750 MG, 1 GM VIAL</i>	<i>Maximum of 2 vials per day</i>
<i>VANCOMYCIN 750 MG IV BAG</i>	<i>Maximum of 2 bags (300 ml) per day</i>
<i>VANCOMYCIN 2 GM IV BAG</i>	<i>Maximum of 1 bag (250 ml) per day</i>
<i>VANCOMYCIN 5 GM,10 GM VIAL</i>	<i>Maximum of 1 vial per day</i>
<i>VANZACAFTOR/TEZACAFTOR/DEUTIVACAFTOR (Alyftrek) TABLET</i>	<i>Minimum age = 6</i>

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VARENICLINE (Chantix) TABLET	<i>Minimum age = 18</i> <i>Maximum of 2 tablets per day</i> <i>*See Smoking Cessation Agents Note for Maximum Duration</i>
VARENICLINE TARTRATE (Tyrvaya) NASAL SPRAY	<i>Maximum of 0.28 mL per day</i>
VEDOLIZUMAB (Entyvio) PEN	<i>Minimum age = 18</i>
VENLAFAXINE (Effexor) IR/ER TABLET, CAPSULE	<i>Minimum age = 13</i> <i>Maximum dose of 375mg per day for age 13-18</i>
VERICIGUAT (Verquvo) TABLET	<i>Maximum of 1 tablet per day (10mg),</i> <i>Maximum of 2 tablets per day (2.5mg, 5mg)</i> <i>Minimum age = 18</i>
VIBEGRON (Gemtesa)	<i>Minimum age = 18</i> <i>Maximum of 1 tablet per day</i>
VIGABATRIN (Sabril) TABLET	<i>Maximum of 6 tablets per day</i>
VILAZODONE (Viibryd) TABLET	<i>Minimum age = 18</i> <i>Maximum of 1 tablet per day</i>
VILOXAZINE (Qelbree) CAPSULE	<i>Minimum age = 6</i> <i>Pediatric patients 6 to 17 years of age, maximum dose of 400mg per day</i> <i>Adult Patients maximum dose of 600mg per day</i>
VONOPRAZAN (Voquezna) TABLETS	<i>Maximum accumulation days for treatment 240 days per calendar year</i> <i>Maximum of 1 tablet per day</i>
VORASIDENIB (Voranigo)	<i>Minimum age = 12</i>
VORICONAZOLE (Vfend) VIAL	<i>Maximum of 10 vials per claim</i>
VORTioxetine (Trintellix) TABLETS	<i>Minimum age = 18</i>

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<b>Summary of Drug Limitations</b>	
WEED POLLEN-SHORT RAGWEED (Ragwitek) TABLET	<i>Minimum age = 5 Maximum age = 65 Maximum of 1 tablet per day</i>
ZANAMIVIR (Relenza) 3.6 MG, 5 MG DISK INHALER	<i>Maximum of 5-day supply</i>
ZANUBRUTINIB (Brukinsa) CAPSULE	<i>Maximum of 4 capsules per day</i>
ZAVEGEPAINT (Zavzpret) NASAL SPRAY	<i>Maximum of 8 doses per 30 days Maximum of 1 (10mg) spray per day Minimum age = 18</i>
ZIPRASIDONE (Geodon) CAPSULE	<i>Minimum age = 6 Maximum dose of 160mg per day</i>
ZIPRASIDONE (Geodon) VIAL	<i>Maximum of 6 vials per claim</i>
ZITHROMAX (ZMax) SUSPENSION	<i>Maximum of 1 unit per claim</i>
ZOLMITRIPTAN (Zomig) TABLET	<i>Maximum of 18 doses per 29 days</i>
ZOLMITRIPTAN (Zomig) NASAL SPRAY	<i>Maximum of 18 doses per 29 days</i>
ZOLPIDEM 7.5 MG CAPSULE	<i>Maximum of 1 capsule per day</i>
ZOLPIDEM (Ambien) TABLET	<i>Maximum of 1 tablet per day Maximum dose of 5mg for FEMALES</i>
ZOLPIDEM (Edluar) TABLET	<i>1 SL tablet per day</i>
ZOLPIDEM (Intermezzo) TABLET	<i>Maximum of 1 tablet per day</i>
ZOLPIDEM ER (Ambien CR) TABLET	<i>Maximum of 1 tablet per day Maximum dose of 6.25mg for FEMALES</i>