

Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day.
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day.
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days.
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
- Emollients (OTC Only): Covered ONLY if rebateable AND submitted as an ingredient in a Multi-Ingredient Compound (MIC). EXCEPTION: If the client is 18 years or under, ONLY certain OTC generic emollient products equivalent to Lubriderm®, Aquaphor® and Eucerin® will be covered as a single agent product. Emollients, available only by Rx, are NOT covered at all
- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

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

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ADALIMUMAB-RYVK (Simlandi) KIT, PEN-KIT	Minimum age = 2
ADALIMUMAB (Humira) 10 MG/0.2 mL, 20 MG/0.4 mL SYRINGE	Maximum of 2 syringes per claim
ADALIMUMAB (Humira) 40 MG/0.8 mL SYRINGE	Maximum of 4 syringes per claim
ADALIMUMAB (Humira) 40 MG/0.8 mL PEN INJ KIT NDC 00074-4339-02	Maximum of 4 syringes per claim
ADALIMUMAB (Humira) 40 MG/0.8 mL PEN INJ KIT NDC 00074-4339-06	Maximum of 6 syringes per claim Maximum of 6 syringes per rolling 365 days
ADALIMUMAB (Humira Pen Crohn-UC-HS) 80MG/0.8mL PEN INJ KIT	Maximum of 3 syringes per claim
ADALIMUMAB (Humira Pen Psor-Uvei) 80MG-40MG PEN INJ KIT	Maximum of 3 syringes per claim
ALBUTEROL (Proair Digihaler)	Minimum age = 4
ALBUTEROL/BUDESONIDE (Airsupra HFA) INHALATION	Minimum age = 18
ALENDRONATE (Fosamax) 5 MG, 10 MG TABLET	Maximum of 1 tablet per day
ALENDRONATE (Fosamax) 35 MG, 70 MG TABLET	Maximum of 1 tablet per week
ALENDRONATE (Fosamax) 70 MG ORAL SOLUTION	Maximum of 75 mL per week
ALENDRONATE/CHOLECALCIFEROL (Fosamax Plus D) TABLET	Maximum of 1 tablet per week
ALIROCUMAB (Praluent) PEN, SYRINGE	Minimum age = 18 Maximum of 2 syringes/2 pens per month
ALISKIREN (Tekturna) TABLET	Maximum of 1 tablet per day
ALMOTRIPTAN (Axert) TABLET	Maximum of 18 doses per 29 days
ALOGLIPTIN (Nesina)	Minimum age = 18 Maximum of 1 tablet per day
ALOGLIPTIN/METFORMIN (Kazano) TABLET	Minimum age = 18 Maximum of 2 tablets per day
ALOGLIPTIN/PIOGLITAZONE (Oseni) TABLET	Minimum age = 18 Maximum of 1 tablet per day
AMANTIDINE (Gocovri) 68.5MG, 137MG CAPSULE	Maximum of 1 capsule per day
AMANTIDINE (Osmolex ER) 129MG, 193MG, 258MG TABLET	Maximum of 1 tablet per day

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AMIFAMPRIDINE (Ruzurgi) TABLET	Minimum age = 6 Maximum age = 16
AMIKACIN 250MG/ML, 2 mL VIAL	Maximum of 6 mL per day
AMIKACIN 50MG/ML, 2 mL VIAL	Maximum of 24 mL per day
AMITRIPTYLINE TABLET	Minimum age = 4
AMITRIPTYLINE/ CHLORDIAZEPOXIDE TABLET	Minimum age = 4
AMLODIPINE (Katerzia) 1 MG/ML SUSPENSION	Maximum of 10 MG per day
AMLODIPINE (Norliqva) SOLUTION	Minimum age = 6 Maximum of 300mL per claim
AMLODIPINE (Sdamlo) SOLUTION	Minimum age = 6
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 = 7

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ANZUPGO (delgocitinib)	Maximum dose of 60gm per 30 days
APALUTAMIDE (Erleada) 60 MG TABLET	Maximum of 4 tablets per day
APOMORPHINE (Kynmobi) SUBLINGUAL FILM	Maximum of 5 doses per day Maximum single dose of 30mg
APREMILAST (Otezla) TABLET	Maximum of 2 tablets per day
APREPITANT (Emend) CAPSULE	Maximum length of chemo regimen OR Maximum of 6 months
ARIPIRAZOLE (Abilify) 2 MG TABLET	Minimum age = 6 Maximum of 2 tablets per day Maximum dose of 15mg per day for age 6-12 Maximum dose of 30mg per day for age 13-18
ARIPIRAZOLE (Abilify) 5 MG, 10 MG, 15 MG TABLET (including Discmelt)	Minimum age = 6 Maximum of 1.5 tablets per day Maximum dose of 15mg per day for age 6-12 Maximum dose of 30mg per day for age 13-18
ARIPIRAZOLE (Abilify) 20 MG, 30 MG TABLET (including Discmelt)	Minimum age = 6 Maximum of 1 tablet per day Maximum dose of 15mg per day for age 6-12 Maximum dose of 30mg per day for age 13-18
ARMODAFINIL (Nuvigil) TABLET	Minimum age = 18 Maximum of 1 tablet per day
ARTEMETHER/LUMEFANTRINE (Coartem) TABLET	Maximum of 24 tablets per fill
ASENAPINE (Secuado) 3.8MG, 5.7MG, 7.6MG PATCH	Maximum of 1 patch per day
ASENAPINE (Saphris) 5 MG, 10 MG TABLET	Minimum age = 10 Maximum of 2 tablets per day
ASENAPINE (Saphris) 2.5MG TABLET	Minimum age = 10 Maximum of 2 tablets
ASPIRIN (Durlaza) CAPSULE	1 capsule per day

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ASPIRIN/OMEPRazole (Yosprala) TABLET	Maximum of 1 tablet per day
ATAZANAVIR/COBICISTAT (Evotaz) TABLET	Maximum of 1 tablet per day
ATOGEPANT (Qulipta) TABLET	Minimum age = 18 Maximum 1 tablet per day
ATOMOXETINE (Atoncy) SOULTION	Minimum age = 6
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
AVATROMBOPAG (Doptelet) SPRINKLES	Minimum age = 1 Maximum age = 5
AVATROMBOPAG (Doptelet) TABLET	Minimum age = 6
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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BAXDROSTAT (Baxfendy) TABLET	Minimum age = 18 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 capsule per day
BEROTRALSTAT (Orladeyo) PELLET PACK	Minimum age=2 Maximum age= 11 Maximum of 1 per 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 SUBCITRATE/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

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BREXPIRAZOLE (Rexulti) TABLET	Minimum age = 18 Maximum of 1 tablet per day
BRIGATINIB (Alunbrig) 90MG, 180MG, 90-180MG TABLET	Maximum of 1 tablet per day
BRIGATINIB (Alunbrig) 30MG TABLET	Maximum of 2 tablets per day
BUDESONIDE (Ortikos) ER CAPSULE	Minimum age= 8 Maximum of 1 capsule per day
BUDESONIDE (Eohilia) SUSPENSION	Minimum age = 11 Maximum of 12 weeks treatment per calendar year
BUDESONIDE/GLYCOPYROLATE/FORMOTEROL FUMARATE (Breztri Aerosphere HFA)	Maximum of 4 inhalations per day
BUPRENORPHINE (Belbuca) FILM	Minimum age = 18 Maximum of 2 films per day
BUPRENORPHINE (Bunavail) 2.1-0.3 MG FILM	Maximum of 1 film per day Minimum age = 16
BUPRENORPHINE (Bunavail) 4.2-0.7 MG, 6.3-1 MG FILM	Maximum of 2 films per day Minimum age = 16
BUPRENORPHINE (Butrans) PATCH	Maximum of 1 patch per 7 days Maximum of 4 patches per claim
BUPRENORPHINE (Subutex) 2 MG, 8 MG TABLET	Maximum of 3 tablets per day Minimum age = 16
BUPRENORPHINE/NALOXONE (Suboxone) 4MG-1MG, 12MG-3MG SL TABLET, FILM	Maximum of 2 tablets/films per day Minimum age = 16
BUPRENORPHINE/NALOXONE (Suboxone) 2MG-0.5MG, 8MG-2MG SL TABLET, FILM	Maximum of 3 tablets/films per day Minimum age = 16
BUPRENORPHINE/NALOXONE (Zubsolv) 1.4 MG-0.36 MG, 5.7 MG-1.4 MG SL TABLET	Maximum of 3 tablets per day Minimum age = 16

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BUPRENORPHINE/NALOXONE (Zubsolv) 2.9 MG-0.71 MG, 8.6 MG-2.1 MG SL TABLET	Maximum of 2 tablets per day Minimum age = 16
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 Adults and adolescents (12 years old and above) maximum of 20 vials per month Children (6 to 11 years old) maximum of 10 vials per month
C-1 ESTERASE INHIBITOR (Haegarda) INJECTION	Minimum age = 6
C-1 ESTERASE INHIBITOR (Rucanest) INJECTION	Minimum age = 13

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<i>CALCIFEDIOL (Ryaldee 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>
<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>

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Summary of Drug Limitations	
CERTOLIZUMAB (Cimzia) 200 MG/ML SYRINGE KIT	<i>Maximum of 1 per claim</i>
CEFTRIAZONE (Rocephin) 250 MG, 500 MG, 1 GM, 2 GM, 10 GM VIALS	<i>Maximum of 10 vials per claim</i>
CETIRIZINE (Zervate) OPTH SOLN	<i>Minimum age= 2</i>
CHLORPROMAZINE TABLET	<i>Minimum age = 6 Maximum dose of 75mg per day for age 6-12 Maximum dose of 800mg per day for age 13-18</i>
CICLESONIDE (Alvesco) INHALER	<i>Minimum age = 12</i>
CINACALCET (Sensipar) TABLET	<i>Minimum age = 18</i>
CIPROFLOXACIN/FLUOCINOLONE (Otovel) OTIC DROPS	<i>Maximum therapy course is twice daily in affected ear for 7 days</i>
CITALOPRAM (Celexa) TABLET	<i>Minimum age = 4 Maximum dose of 40mg per day for age 4-18</i>
CITALOPRAM (Celexa) 10 MG, 20 MG, 40 MG TABLET	<i>Maximum of 1 tablet per day</i>
CLASCOTERONE (Winlevi) CREAM	<i>Minimum age = 12</i>
CLINDAMYCIN PHOSPHATE (Xaciato) VAGINAL GEL	<i>Minimum age = 12</i>
CLINDAMYCIN/BENZOYL PEROXIDE (Onexton) PUMP	<i>Minimum age = 12</i>
CLINDAMYCIN/BENZOYL PEROXIDE/ADAPALENE (Cibitreo) GEL	<i>Minimum age = 12</i>
CLOBETASOL (Impeklo) LOTION	<i>Minimum age = 18</i>
CLOMIPRAMINE CAPSULE	<i>Minimum age = 4</i>
CLONIDINE (Kapvay) TABLET	<i>Minimum age = 6 Maximum of 0.4mg per day</i>
CLONIDINE EXTENDED RELEASE (Onyda XR) SUSPENSION	<i>Minimum age = 6 Maximum age = 18 Maximum of 4 mL per day</i>
CLOZAPINE TABLET	<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>
COAGULATION FACTOR VIIa (RECOMBINANT) (Sevenfact)	<i>Minimum age = 12</i>

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Summary of Drug Limitations	
COBICISTAT (Tybost) TABLET	Maximum of 1 tablet per day
CODEINE SULFATE TABLET	Minimum age = 12 Maximum of 150 per 30 days
CODEINE/CARISOPRODOL/ASPIRIN TABLET	Minimum age = 12 Maximum of 150 per 30 days
CODEINE/GUAIFENESIN	Minimum age = 18
CODEINE/PHENYLEPHRINE/PROMETHAZINE	Minimum age = 18
CODEINE/PROMETHAZINE	Minimum age = 18
COLCHICINE (Gloperba) SOLUTION	Maximum of 10ML per day
CONCIZUMAB-MTCI (Alhemo) INJECTION	Minimum age = 12
CRISABOROLE (Eucrisa) OINTMENT	Minimum age = 3 months Maximum of 300 grams per year
CYANOCOBALAMIN (Calomist) SPRAY	Maximum of 18 ml per claim
CYANOCOBALAMIN (Nascobal) NASAL SPRAY	Maximum of 1.3 ml (1 bottle) per claim
CYANOCOBALAMIN 1000 MCG/mL 1 ML VIAL (NDCs = 00517003125, 63323004401)	Maximum of 3 vials per claim
CYANOCOBALAMIN 1000 MCG/ML 10 ML VIAL (NDCs = 00517003225, 49326031510, 49326040610, 49326041010, 49326031610, 49326040510)	Maximum of 1 vial per claim
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
CYCLOBENZAPRINE (Tonmya) SUBLINGUAL	Maximum of 2 tablets per day
CYCLOSPORINE (Cequa) 0.09% SOLUTION	Maximum of 60 vials per 30 days

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Summary of Drug Limitations	
DACLATASVIR (Daklinza) TABLET	Maximum of 1 tablet per day
DACOMITINIB (Vizimpro) 15 MG, 30 MG, 45 MG TABLET	Maximum of 1 tablet per day
DALFAMPRIDINE (Ampyra) TABLET	Maximum of 2 tablets per day Maximum of 60 per claim
DAPAGLIFLOZIN (Farxiga)	Maximum of 1 tablet per day
DAPAGLIFLOZIN/METFORMIN (Xigduo XR) 5-1000 MG TABLET	Maximum of 2 tablets per day
DAPAGLIFLOZIN/METFORMIN (Xigduo XR) 5-500 MG, 10-500 MG, 10-1000 MG TABLET	Maximum of 1 tablet per day
DAPAGLIFLOZIN/SAXAGLIPTIN (Qtern) TABLET	Maximum of 1 tablet per day Minimum age = 18
DAPTOMYCIN (Cubicin) VIAL	Maximum of 20 vials per claim
DARIDOREXANT (Quviviq) TABLET	Maximum of 1 tablet per day
DARIFENACIN (Enablex) TABLET	Maximum of 1 tablet per day
DAROLUTAMIDE (Nubeqa) TABLET	Maximum of 4 tablets per day
DARUNAVIR (Prezista) TABLET	Minimum age = 3
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 (Zegalogue) 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
DELAFLUXACIN (Baxdela) TABLET	Maximum of 2 per day Maximum of 28 per fill
DEPEMOKIMAB (Exdensus) INJECTION	Minimum age = 12

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Summary of Drug Limitations	
DERMATOPHAGOIDES PTERONYSSINUS and DERMATOPHAGOIDES FARINA (Odaetra) 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
DESVENLAFAXINE (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
DEXMETHYLPHENIDATE (Focalin XR) CAPSULE	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
DEXMETHYLPHENIDATE (Focalin) TABLET	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
DEXTROAMPHETAMINE (Xelstry) PATCH	Minimum age = 6 Maximum 30 patches per claim

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Summary of Drug Limitations	
DEXTROAMPHETAMINE (Zenzedi) TABLET	<i>Minimum age = 5</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>
DEXTROAMPHETAMINE	<i>Minimum age = 5</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>
DEXTROAMPHETAMINE/AMPHETAMINE (Adderall/XR)	<i>Minimum age = 5</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>
DEXTROAMPHETAMINE/AMPHETAMINE (Adderall/XR) CAPSULE	<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>
DEXTROAMPHETAMINE/AMPHETAMINE (Mydayis)	<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>
DEXTROMETHORPHAN/ BUPROPION (Auvelity) EXTENDED-RELEASE TABLETS	<i>Minimum age = 18</i>

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DIAZEPAM NASAL SPRAY (Valtoco)	Minimum age = 2 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
DIHYDROERGOTAMINE MESYLATE (Trudhesa) NASAL SPRAY	Minimum age = 18 Maximum of 2.9 mg per day Maximum of 4.35mg per week
DIROXIMEL (Vumerity) CAPSULE	Maximum of 4 capsules per day
DIVALPROEX SODIUM	Minimum age = 4 (without diagnosis of epilepsy/other seizure disorder)
DOLUTEGRAVIR/LAMIVUDINE (Dovato) TABLET	Maximum of 1 tablet per day
DOLUTEGRAVIR/RILPIVIRINE (Juluca) TABLET	Maximum of 1 tablet per day
DONIDALORSEN (Dawnzera)	Minimum age = 12 Maximum of 1 autoinjector every 4 weeks
DORAVIRINE (Pifeltro) TABLET	Maximum of 2 tablets per day
DORAVIRINE/LAMIVUDINE/TENOFOVIR (Delstrigo) TABLET	Maximum of 1 tablet per day
DOXEPIN CAPSULE	Minimum age = 4
DOXYLAMINE/PYRIDOXINE (Bonjesta) TABLET	Maximum of 2 tablets per day OR Maximum of 30 tablets per claim

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DOXYLAMINE/PYRIDOXINE (Diclegis) TABLET	Maximum of 4 tablets per day OR Maximum of 30 tablets per claim
DRONABINOL CAPSULE	Minimum age = 18
DRONABINOL (Syndros) SOLUTION	Minimum age = 18 Maximum of 30 mL bottle per 30 days
DROXIDOPA (Northera) 100 MG CAPSULE	Maximum of 3 capsules per day
DROXIDOPA (Northera) 200 MG, 300 MG CAPSULE	Maximum of 6 capsules per day
DULAGLUTIDE (Trulicity) 0.75mg, 1.5mg, 3mg, 4.5mg PEN	Minimum age = 10 Maximum of 2mL or 4 pens per 28 days Maximum of 4.5mg per week
DULOXETINE (Cymbalta) CAPSULE	Minimum age = 7 Maximum of 2 capsules per day
DULOXETINE (Drizalma Sprinkle DR) SPRINKLE CAPSULE	Minimum age = 7 Maximum of 2 capsules per day
DUPILUMAB (Dupixent)	Minimum age = 6 months
DUVELISIB (Copiktra) 15MG CAPSULE	Maximum of 3 Capsules per day
DUVELISIB (Copiktra) 25MG CAPSULE	Maximum of 2 Capsules per day
EDOXABAN (Savaysa) TABLET	Maximum of 1 tablet per day
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (Symfi and Symfi Lo) TABLET	Maximum of 1 tablet per day
ELAFIBRANOR (Iqirvo) TABLET	Maximum of 1 tablet per day Minimum age = 18
ELAGOLIX SODIUM (Orilissa) 150 MG TABLET	Maximum of 1 tablet per day Maximum duration of treatment = 24 months
ELAGOLIX SODIUM (Orilissa) 200 MG TABLET	Maximum of 2 tablets per day Maximum duration of treatment = 24 months
ELAGOLIX/ESTRADIOL/NORETHISTERONE (Oriahnn)	Minimum age = 18 Maximum duration of treatment = 24 months

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ELECTROLYTES (Pedialyte) SOLUTION	<i>Maximum of 6084 ml per claim</i>
ELETRIPTAN (Relpax) TABLET	<i>Maximum of 18 doses per 29 days</i>
ELEXACAFITOR/IVACAFITOR/TEZACAFITOR (Trikafta) PACKET	<i>Minimum age = 2 Maximum age = 5</i>
ELEXACAFITOR/IVACAFITOR/TEZACAFITOR (Trikafta) TABLET	<i>Minimum age = 6</i>
ELIGLUSTAT (Cerdelga) CAPSULE	<i>Maximum of 2 capsules per day</i>
ELTROMBOPAG CHOLINE (Alvaiz) TABLET	<i>Minimum age = 6</i>
ELUXADOLINE (Viberzi) TABLET	<i>Minimum age = 18 Maximum of 2 tablets per day</i>
ELVITEGRAVIR (Vitekta) TABLET	<i>Maximum of 1 tablet per day</i>
ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/ TENOFOVIR ALAFENAMIDE (Genvoya) TABLET	<i>Minimum age = 12 Maximum of 1 tablet per day</i>
ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/ TENOFOVIR DISOPROXIL FUMARATE (Stribild) TABLET	<i>Maximum of 1 tablet per day</i>
EMOLLIENTS * See Emollients Note	<i>Maximum age = 18</i>
EMPAGLIFLOZIN/LINAGLIPTIN (Glyxambi) TABLET	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
EMPAGLIFLOZIN/METFORMIN (Synjardy) TABLET	<i>Minimum age = 18 Maximum of 2 tablets per day</i>
EMPAGLIFLOZIN/METFORMIN (Synjardy XR) TABLET	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
EMPAGLIFLOZIN/METFORMIN/LINAGLIPTIN (Trijardy XR) TABLET	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
EMTRICITABINE/TENOFOVIR ALAFENAMIDE (Descovy) TABLET	<i>Minimum age = 12 Maximum of 1 tablet per day</i>
EMTRICITABINE/RILPIVIRINE/TENOFOVIR ALAFENAMIDE (Odefsey) TABLET	<i>Maximum of 1 tablet per day</i>

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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
ENLICITIDE (Lipfendra)	Maximum of 1 tablet per day
ENOXAPARIN (Lovenox) 40 MG (0.4 ml) SYRINGE	Maximum of 24 ml per claim
ENOXAPARIN (Lovenox) 60 MG (0.6 ml) SYRINGE	Maximum of 36 ml per claim
ENOXAPARIN (Lovenox) 80 MG (0.8 ml) SYRINGE	Maximum of 48 ml per claim
ENOXAPARIN (Lovenox) 100 MG (1.0 ml) SYRINGE	Maximum of 30 ml per claim
ENOXAPARIN (Lovenox) 120 MG (1.2 ml) SYRINGE	Maximum of 24 ml per claim
ENOXAPARIN (Lovenox) 150 MG (1.5 ml) SYRINGE	Maximum of 30 ml per claim
ENOXAPARIN (Lovenox) 30 MG (0.3 ml) SYRINGE	Maximum of 18 ml per claim
ENOXAPARIN (Lovenox) 300 MG (3.0 ml) VIAL	Maximum of 15 ml per claim
ENTRECTINIB (Rozlytrek) 100MG CAPSULE	Maximum of 6 per day Minimum age = 12
ENTRECTINIB (Rozlytrek) 200MG CAPSULE	Maximum of 3 per day Minimum age = 12
ENZALUTAMIDE (Xtandi) CAPSULE	Minimum age = 19 Maximum of 4 capsules per day
EPINEPHRINE (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

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Summary of Drug Limitations	
ERTUGLIFLOZIN PIDOLATE (Steglatro) 15MG TABLET	Maximum of 1 tablet per day
ERTUGLIFLOZIN PIDOLATE (Steglatro) 5MG TABLET	Maximum of 2 tablet per day
ERTUGLIFLOZIN/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
ESTRADIOL 0.06% GEL (NDC = 17139061740)	Maximum of 50 gm per claim
ESTRADIOL VALERATE 10 MG/ML VIAL	Maximum of 5 ml per claim
ESTRADIOL VALERATE 20 MG/ML VIAL	Maximum of 5 ml per claim
ESTRADIOL VALERATE 40 MG/ML VIAL	Maximum of 5 ml per claim
ESTRASIMOD (Velsipity) TABLET	Maximum of 1 tablet per day
ESZOPICLONE (Lunesta) TABLET	Minimum age = 18 Maximum of 1 tablet per day
ETANERCEPT (Enbrel) 25 MG KIT	Maximum of 8 units per claim
ETANERCEPT (Enbrel) 25 MG/0.5 ML SYRINGE	Minimum of 2 mL per claim Maximum of 4.08 mL per claim
ETANERCEPT (Enbrel) 50 MG/ML SYRINGE/PEN	Minimum of 3.92 mL per claim Maximum of 7.84 mL per claim
ETANERCEPT (Enbrel) 25 MG/0.5 ML VIAL	Minimum of 2 mL per claim Maximum of 4.08 mL per claim
ETIDRONATE (Didronel) 200 MG TABLET	Maximum of 4 tablets per day
ETIDRONATE (Didronel) 400 MG TABLET	Maximum of 1 tablet per day
ETIDRONATE (Didronel) IV	Maximum of 40 ml per claim

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Updates from previous postings are highlighted in yellow 19

Summary of Drug Limitations

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Summary of Drug Limitations	
<i>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</i> <i>Maximum of 3 prefilled autoinjectors per month</i>
<i>EVOLOCUMAB (Repatha) PUSHTRONX</i>	<i>Minimum age = 13</i> <i>Maximum of 1 package per month</i>
<i>EXEMESTANE (Aromasin) TABLET</i>	<i>Minimum age = 18</i>
<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>

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Summary of Drug Limitations	
<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>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>
<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 FUROATE (Arnuity Ellipta)</i>	<i>Minimum age= 5</i>
<i>FLUTICASONE (Armonair) RESPICLICK</i>	<i>Minimum age = 12</i>
<i>FLUTICASONE/SALMETEROL (Advair) DISKUS</i>	<i>Maximum of 2 doses per day</i>
<i>FLUTICASONE/SALMETEROL (Advair HFA) INHALER</i>	<i>Maximum of 1 inhaler per month</i>
<i>FLUTICASONE/SALMETEROL (Airduo) DIGIHALER</i>	<i>Minimum age = 12 Maximum of 1 inhaler per month</i>
<i>FLUTICASONE/SALMETEROL (Airduo) RESPICLICK</i>	<i>Minimum age = 12</i>
<i>FLUTICASONE/UMECLIDINIUM/VILANTEROL (Trelegy Ellipta)</i>	<i>Minimum age = 18 Submit 60 units for 30 days Submit 28 units for 14 days</i>
<i>FLUVOXAMINE TABLET</i>	<i>Minimum age = 8 Maximum dose of 200mg per day for age 8-11 Maximum dose of 300mg per day for age 12-18</i>

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Summary of Drug Limitations

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Summary of Drug Limitations	
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 (Ajoovy) 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
GARADACIMAB (Andembry) AUTOINJECTOR, SYRINGE	Minimum age = 12 Maximum of 2 syringes (400mg) for loading dose Maximum of 1 syringe (200mg) per 30 days, for maintenance dose
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) PELLET	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

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Summary of Drug Limitations	
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
HALOPERIDOL	Minimum age = 6 Maximum dose of 6mg per day for age 6-12 Maximum dose of 15mg per day for age 13-18
HYDROCHLOROTHIAZIDE (Inzirgo) SUSPENSION	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
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
HYDROCORTISONE (Khindivi) SOLUTION	Minimum age = 5
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

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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
ICATIBANT (Firazyr, Sajazir) INJECTION	Minimum age = 18
ICOTROKINRA (Icotyde) TABLET	Minimum age = 12 Maximum of 1 tablet per day
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
IMIPENEM/CILASTIN (Primaxin) 250 MG, 500 MG, 750 MG VIAL	Maximum of 8 vials per day
INTERFERON β-1a (Avonex) INJECTION, PEN	Submit 1 package (4 syringes) per 28-day supply
INTERFERON β-1a (Rebif) SYRINGE/REBIDOSE	Submit 1 box (quantity 6) for 30-day supply
INTERFERON β-1b (Betaseron) INJECTION	Submit 1 package (14 units) per 28-day supply
INTERFERON β-1b (Extavia) KIT	Submit 1 package (15 units) per 30-day supply
ISOCARBOXAZID TABLET	Minimum age = 4
ISOTRETINOIN (Absorica)	Minimum age = 12
ISTRADEFYLLINE (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

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Summary of Drug Limitations	
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
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	Minimum age of 2 - Adults and patients 12 and older, maximum of 2 (300mg/2mL) syringes per 28 days - Pediatric patients 6 to 11, maximum of 2 (150mg/mL) syringes per 28 days - Pediatric patients 2 to 5, maximum 1 (150mg/mL) syringe per 28 days
LANADELUMAB-FLYO (Takhzyro) VIAL	Minimum age of 12 - Adults and patients 12 and older, maximum of 2 (300mg/2mL) vials per 28 days
LANSOPRAZOLE (Prevacid) 15 MG, 30 MG CAPSULE/ODT	Maximum of 1 capsule/tablet per day

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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
LENACAPAVIR (Yeztugo) TABLET	Maximum of 4 tablets per claim
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

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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
LEVMILNACIPRAN (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 tablets 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
LIRAGLUTIDE (Victoza) 0.6mg, 1.2mg, 1.8mg PEN	Minimum age = 10 Maximum of 9mL or 3 pens per 30 days
LISDEXAMFETAMINE DIMESYLATE (Arynta) ORAL SOLUTION	Minimum age = 6
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

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Summary of Drug Limitations	
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	Minimum age = 18 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 (Mupleta) TABLET	Maximum of 1 tablet per day
MAFENIDE (Sulfamylon) PACKET	Maximum of 5 packets per claim (only if submitted as part of MIC)
MANNITOL (Bronchitol) CAPSULE	Maximum of 600 capsules per claim
MAPROTILINE TABLET	Minimum age = 4
MARALIXIBAT (Livmarli) 9.5mg/mL ORAL SOLUTION	Maximum of 3mL per day Maximum of 1 dose per day Minimum age = 3 months

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Updates from previous postings are highlighted in yellow 28

Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day.
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day.
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days.
- Injectable Medications except Insulin: Limit of 1-month Supply
- 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	
MARALIXIBAT (Livmarli) 19mg/mL ORAL SOLUTION	Maximum of 2mL per day Minimum age = 12 months
MARALIXIBAT (Livmarli) TABLET	Maximum dose of 40 mg per day Maximum of 2 tablets per day on all strengths except 30mg tablet (maximum of 1 per day)
MARSTACIMAB-HNCQ (Hypavzi) PEN	Minimum age = 6
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
MELOXICAM (Zybic) SUSPENSION	Minimum age = 2
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 ≥ 19
METHOCARBAMOL (Atmeksi) SUSPENSION	Minimum age = 16
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

Summary of Drug Limitations

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Summary of Drug Limitations	
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
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

Summary of Drug Limitations

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- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day.
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days.
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
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- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

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

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Updates from previous postings are highlighted in yellow 31

Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day.
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day.
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days.
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
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- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

Summary of Drug Limitations	
METHYLPHENIDATE (Quillichew ER) CHEWABLE	Minimum age = 5 Maximum accumulated dose of 108mg per day for ages ≤ 18 Maximum accumulated dose of 72mg per day for ages ≥ 19
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
MICONAZOLE 2% (Lasolex) GEL OTC	Minimum age = 2
MIDAZOLAM (Nayzilam) NASAL SPRAY	Maximum of 10 per 30 days
MIDOSTAURIN (Rydapt) CAPSULE	Maximum of 8 capsules per day
MILNACIPRAN (Savella) TABLET	Minimum age = 18 Maximum of 2 tablets per day Maximum of 200mg 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

Summary of Drug Limitations

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- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day.
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days.
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
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- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

Summary of Drug Limitations	
MIRABEGRON (Myrbetriq) SUSPENSION	Minimum age= 3 Maximum 10 mL per day
MIRDAMETINIB (Gomekli) CAPSULES, TAB for ORAL SUSP	Minimum age = 2
MIRIKIZUMAB-MRKZ (Omvoh) PEN	Minimum age = 18
MIRTAZAPINE	Minimum age = 4
MOBOCERTINIB (Exkivity) CAPSULES	Maximum of 4 capsules per day
MODAFINIL (Provigil) TABLET	Minimum age = 18 Maximum of 2 tablets per day
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

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Updates from previous postings are highlighted in yellow 33

Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day.
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day.
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days.
- Injectable Medications except Insulin: Limit of 1-month Supply
- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
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- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

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

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Summary of Drug Limitations	
NICOTINE PATCH	Minimum age = 18 Maximum of 1 per day *See Smoking Cessation Agents Note for Maximum Duration
NILOTINIB (Tasigna) CAPSULE	Maximum of 4 capsules per day
NILUTAMIDE (Nilandron) TABLET	Minimum age = 18
NIMODIPINE (Nymalize) ORAL SOLUTION	Minimum age = 18
NINTEDANIB (Ofev) CAPSULE	Maximum of 2 tablets per day
NIRAPARIB (Zejula) CAPSULE	Maximum of 3 capsules per day
NIRMATRELVIR/RITONAVIR (Paxlovid) KIT	Maximum of 1 dose pack per 30 days
NITAZOXANIDE (Alinia) 100 MG/ 5 ML SUSPENSION	Maximum of 50 ml per day OR Maximum of 150 ml per claim
NITAZOXANIDE (Alinia) 500 MG TABLET	Min age = 12 Maximum of 2 tablets per day Maximum of 6 tablets per claim
NORTRIPTYLINE CAPSULE	Minimum age = 4
OBETICHOLIC ACID (Ocaliva) TABLET	Maximum of 1 tablet per day
ODEVIXIBAT (Bylvay) CAPSULES	Maximum of 7.2mg (or 7200mcg) per day
ODEVIXIBAT (Bylvay) ORAL PELLETS (For diagnosis of Progressive Familial Intrahepatic Cholestasis or PFIC)	Minimum age = 3 months
ODEVIXIBAT (Bylvay) ORAL PELLETS (For diagnosis of Alagille Syndrome or ALGS)	Minimum age = 12 months
OFATUMUMAB (Kesimpta) PEN	Maximum of 1 pen per month
OLANZAPINE (Zyprexa) TABLET	Minimum age = 6 Maximum of 1.5 tablets per day Maximum dose of 12.5mg per day for age 6-12 Maximum dose of 20mg per day for age 13-18

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Summary of Drug Limitations	
OLANZAPINE (Zyprexa Zydis) TABLET	Minimum age = 6 Maximum of 1.5 tablets per day for 5 MG, 10 MG, 15 MG Maximum of 1 tablet per day for 20 MG Maximum dose of 12.5mg per day for age 6-12 Maximum dose of 20mg per day for age 13-18
OLANZAPINE/FLUOXETINE (Symbyax) CAPSULE	Minimum age = 6
OLANZAPINE/SAMIDORPHAN (Lybalvi) TABLET	Minimum age= 18 Maximum of 1 tablet per day (all strengths)
OLEZARSEN (Tryngolza) AUTOINJECTOR	Minimum age = 18 Maximum of 1 autoinjector per 28 days
OLOPATADINE/MOMETASONE (Ryaltris) NASAL SPRAY	Minimum age = 12
OLUTASIDENIB (Rezlidhia) CAPSULES	Maximum of 2 capsules per day
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

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

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Summary of Drug Limitations	
<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>Maximum of 3 tablets per day</i>
<i>OXYCODONE ER (Oxycontin) 80 MG TABLET</i>	<i>Maximum of 4 tablets per day</i>
<i>OXYCODONE ER (Xtampza ER) 9 MG, 13.5 MG, 18 MG, 27 MG CAPSULE</i>	<i>Minimum age = 18 Maximum of 3 capsules per day</i>
<i>OXYCODONE ER (Xtampza ER) 36 MG CAPSULE</i>	<i>Minimum age = 18 Maximum of 8 capsules per day</i>
<i>OXYCODONE IR CAPSULE, TABLET</i>	<i>Maximum of 150 per 30 days</i>
<i>OXYCODONE/ACETAMINOPHEN TABLET</i>	<i>Maximum of 150 per 30 days</i>
<i>OXYCODONE/ACETAMINOPHEN (Xartemis XR) TABLET</i>	<i>Maximum of 4 tablets per day</i>
<i>OXYCODONE/ASPIRIN TABLET</i>	<i>Maximum of 150 per 30 days</i>
<i>OXYCODONE/IBUPROFEN TABLET</i>	<i>Maximum of 150 per 30 days</i>
<i>OXYMORPHONE (Opana) TABLET</i>	<i>Maximum of 150 per 30 days</i>
<i>OXYMORPHONE (Opana ER) TABLET</i>	<i>Maximum of 3 tablets per day</i>
<i>OZANIMOD (Zeposia) CAPSULE</i>	<i>Maximum of 1 capsule per day Minimum age = 18</i>
<i>PACRITINIB (Vonjo) CAPSULE</i>	<i>Maximum of 4 capsules per day</i>
<i>PALBOCICLIB (Ibrance) CAPSULE</i>	<i>Maximum of 1 capsule per day</i>
<i>PALIPERIDONE (Invega) 1.5 MG, 3 MG, 9MG TABLET</i>	<i>Minimum age = 12 Maximum of 1 tablet per day Maximum dose of 12mg per day for age 12-18</i>

Summary of Drug Limitations

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

Summary of Drug Limitations	
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	Minimum age = 12 Maximum of 1 packet per day
PEANUT POWDER (Palforzia)	Minimum age = 4
PEDIATRIC MULTIVITAMIN NO.128/VITAMIN K (DEKAS Plus Liquid)	Maximum age= 3
PEG/ELECTROLYTE (Moviprep) SOLUTION	Maximum of 1 kit per claim
PEGINTERFERON α -2a (Pegasys Proclick) 180 MCG /0.5 ML SYRINGE	Maximum of 1 kit (2 ml) per claim for 28 days
PEGINTERFERON α -2a (Pegasys) 180 MCG /1 ML VIAL	Maximum of 4 ml per claim for 28 days
PEGINTERFERON α -2b (Peg-Intron) REDIPEN, KIT	Submit 1 pen/kit as quantity 1 for 7 days
PEGINTERFERON β -1a (Plegridy) PACK, SYRINGE	Maximum of 1 package (1 MI) per 28 days OR Maximum of One 0.5MI syringe every 14 days
PEMIGATINIB (Pemazyre)	Maximum of 1 tablet per day
PENCICLOVIR (Denavir) CREAM	Minimum age = 12
PENTAMIDINE (Nebupent)	Maximum of 1 vial per 28 days
PENTAZOCINE/NALOXONE TABLET	Maximum of 150 per 30 days
PERAMPANEL (Fycompa) TABLET, TABLET FOR SUSPENSION	Minimum age = 4

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Updates from previous postings are highlighted in yellow 39

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Summary of Drug Limitations	
<i>PERINDOPRIL/AMLODIPINE (Prestalia) TABLET</i>	<i>Maximum of 1 tablet per day</i>
<i>PERPHENAZINE TABLET</i>	<i>Minimum age = 6 Maximum dose of 64mg per day</i>
<i>PERPHENAZINE/AMITRIPTYLINE TABLET</i>	<i>Minimum age = 6</i>
<i>PEXIDARTINIB (Turalio) CAPSULE</i>	<i>Maximum of 4 capsules per day</i>
<i>PHENELZINE TABLET</i>	<i>Minimum age = 4</i>
<i>PIMAVANSERIN (Nuplazid) 10 MG TABLET; 34 MG CAPSULE</i>	<i>Minimum age = 18 Maximum of 1 tablet/capsule per day</i>
<i>PIMECROLIMUS (Elidel) CREAM</i>	<i>Minimum age = 2</i>
<i>PIMOZIDE TABLET</i>	<i>Minimum age = 6 Maximum dose of 10mg per day</i>
<i>PIPERCILLIN/TAZOBACTAM (Zosyn) PREMIX BAGS</i>	<i>Maximum of 200 ml per day</i>
<i>PIPERCILLIN/TAZOBACTAM (Zosyn) 2.25 GM, 3.375 GM, 4.5 GM VIAL</i>	<i>Maximum of 4 vials per day</i>
<i>PIPERCILLIN/TAZOBACTAM (Zosyn) 13.5 GM VIAL</i>	<i>Maximum of 1 vial per day</i>
<i>PIPERCILLIN/TAZOBACTAM (Zosyn) 40.5 GM VIAL</i>	<i>Maximum of 0.5 vials per day</i>
<i>PIRFENIDONE (Esbriet) CAPSULE</i>	<i>Maximum of 9 capsules per day</i>
<i>PIRFENIDONE (Esbriet) TABLET</i>	<i>Maximum of 6 tablets per day (267mg strength) Maximum of 3 tablets per day (801mg strength)</i>
<i>PIROXICAM CAPSULE</i>	<i>Maximum of 1 capsule per day</i>
<i>PITAVASTATIN (Livalo) TABLET</i>	<i>Minimum age = 8 Maximum of 1 tablet per day</i>
<i>PITOLISANT (Wakix) 4.45 MG TABLET</i>	<i>Maximum of 3 tablets per day</i>
<i>PITOLISANT (Wakix) 17.8 MG TABLET</i>	<i>Maximum of 2 tablets per day</i>
<i>PIVMECILLINAM (Pivya) TABLET</i>	<i>Minimum age = 18 FEMALE USE ONLY</i>

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

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Summary of Drug Limitations	
RABEPRAZOLE (Aciphex) 20 MG TABLET	<i>Maximum of 1 tablet per day</i>
RALOXIFENE (Evista) TABLET	<i>Maximum of 1 tablet per day</i>
RALTEGRAVIR (Isentress) TABLET	<i>Maximum of 2 tablets per day</i>
RAMELTEON (Rozerem) TABLET	<i>Minimum age = 18 Maximum of 1 tablet per day</i>
RASAGILINE (Azilect) TABLET	<i>Maximum of 1 tablet per day</i>
RELEBACTAM, IMIPENEM, CILASTIN (Recarbrio) VIAL	<i>Minimum age= 18</i>
RELUGOLIX (Orgovyx)	<i>Minimum age = 18</i>
RELUGOLIX /ESTRADIOL/NORETHINDRONE ACETATE (Myfembree)	<i>Minimum age = 18 Maximum of 1 tablet per day Maximum duration of treatment = 24 months</i>
RILUZOLE (Tiglutik) SUSPENSION	<i>Maximum of 20ML per day</i>
RIMEGEPANT (Nurtec ODT)	<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>
RISANKIZAMAB-RZAA (Skyrizi Pen)	<i>Maximum per day of 0.012 mL per day</i>
RISANKIZAMAB-RZAA (Skyrizi On-Body)	<i>Maximum per day of 0.043 mL per day</i>
RISEDRONATE (Actonel) 5 MG TABLET	<i>Maximum of 1 tablet per day</i>
RISEDRONATE (Actonel) 35 MG TABLET	<i>Maximum of 1 tablet per week</i>
RISEDRONATE (Actonel) 75 MG TABLET	<i>Maximum of 1 tablet bi-weekly</i>
RISEDRONATE (Actonel) 150 MG TABLET	<i>Maximum of 1 tablet per 30 days</i>
RISPERIDONE (Risperdal) TABLET	<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>
RISPERIDONE (Risperdal Consta) SYRINGE	<i>Submit 1 syringe (quantity 1) for 14-day supply</i>

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Summary of Drug Limitations

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Summary of Drug Limitations	
RITLECITINIB (Litfulo) CAPSULE	Minimum age = 12
RIVAROXABAN (Xarelto) SUSPENSION	Maximum age = 12
RIVAROXABAN (Xarelto) 2 MG and 2.5MG TABLET	Maximum of 2 tablets per day
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
RIZATRIPTAN BENZOATE/MELOXICAM (Symbravo) TABLET	Minimum age = 18
ROFLUMILAST (Daliresp) 250mcg TABLET	Maximum of 28 tablets in 365 days
ROFLUMILAST (Zoryve) 0.05% CREAM	Minimum age = 2 Maximum age = 5
ROFLUMILAST (Zoryve) 0.15%	Minimum age = 6
ROFLUMILAST (Zoryve) 0.3% CREAM	Minimum age = 2
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 (Jakafi/Jakafi XR)	Minimum age = 12
RUXOLITINIB (Opzelura) CREAM	Minimum age = 2 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

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Summary of Drug Limitations	
SAXAGLIPTIN/METFORMIN (Kombiglyze XR) TABLET	Minimum age = 18 Maximum of 1 tablet per day
SEBETRALSTAT (Ekterly)	Minimum age = 12
SECUKINUMAB (Cosentyx) PEN SYRINGE	Minimum age = 2 1 syringe/pen per 28 days
SELADELPAR (Livdelzi) CAPSULES	Minimum age = 18 Maximum of 1 capsule per day
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 (Ozempic) TABLETS	Minimum age = 18 Maximum of 1 tablet per day
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

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Summary of Drug Limitations	
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 (Brynovin) SOLUTION	Minimum age = 18 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 (Juvissync) 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

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Summary of Drug Limitations	
<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 (Aldactone) TABLETS</i>	<i>Minimum age = 18</i>
<i>SPIRONOLACTONE (Carospir) SUSPENSION</i>	<i>Minimum age = 18 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>SUZETRIGINE (Journavx) TABLET</i>	<i>Minimum age = 18 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 Maximum age = 65</i>
<i>TACROLIMUS (Protopic) OINTMENT</i>	<i>Minimum age = 2</i>
<i>TAFAMIDIS (Vyndamax) 61 MG CAPSULE</i>	<i>Maximum of 1 capsule per day</i>
<i>TAFAMIDIS MEGLUMINE (Vyndaqel) 20 MG CAPSULE</i>	<i>Maximum of 4 capsules per day</i>
<i>TAFENOQUINE SUCCINATE (Krintafel) 150 MG TABLET</i>	<i>Minimum age = 16 Maximum of 2 tablets per claim</i>
<i>TALAZOPARIB TOSYLATE (Talzena, all strengths) CAPSULE</i>	<i>Maximum of 1 capsule per day</i>
<i>TALAZOPARIB TOSYLATE (Talzena) 1 MG CAPSULE</i>	<i>Maximum of 1 capsule per day</i>

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Summary of Drug Limitations	
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
TELMISARTAN/AMLODIPINE/INDAPAMIDE (Widaplik) TABLET	Maximum of 1 tablet per day
TELOTTRISTAT (Xermelo) TABLET	Maximum of 3 tablets per day
TEMAZEPAM (Restoril) 7.5 MG, 15 MG, 22.5 MG, 30 MG CAPSULE	Maximum of 1 capsule per day
TENAPANOR (Ibsrela) TABLET	Minimum age = 18 Maximum dose of 100mg per day
TENOFOVIR (Vemlidy) TABLET	Maximum of 1 tablet per day
TEPOTINIB (Tepmetko) TABLET	Maximum of 2 tablets per day
TERIFLUNOMIDE (Aubagio) TABLET	Maximum of 1 tablet per day Maximum of 30 tablets per claim
TERIPARATIDE (Forteo) SYRINGE	Submit 1 unit (2.4 ml) for 30-day supply Maximum of 24 months per lifetime
TERIPARATIDE (Bonsity) SYRINGE	Maximum of 1 pen per 28 days
TEZACAFTOR/IVACAFTOR (Symdeko) 100 MG/150 MG TABLET	Maximum of 2 tablets per day Minimum age = 6
TEZACAFTOR/IVACAFTOR (Symdeko) 50 MG/75 MG TABLET	Maximum of 2 tablets per day Minimum age = 6

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Summary of Drug Limitations

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Summary of Drug Limitations	
TEZEPELUMAB (Tezspire) PEN	Minimum age= 12
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
TIMOTHY GRASS POLLEN ALLERGEN (Grastek)	Minimum age = 5 Maximum age = 65 Maximum of 1 tablet per day
TIRZEPATIDE (Mounjaro) 2.5mg, 5mg, 7.5mg, 10mg, 12.5mg, 15mg PEN	Minimum age = 10 Maximum of 2mL per 28 days Maximum of 4 pens per 28 days Maximum Dose for ages 10-17= 10mg
TIRZEPATIDE (Zepbound)	Minimum age = 18
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 (Tysenno) AUTOINJECTOR, SYRINGE	Minimum age = 2
TOCILIZUMAB-ANOH (Avtozma)	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
TRADIPITANT (Nereus) CAPSULE	Maximum of 2 capsules per day

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Summary of Drug Limitations	
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
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 age <19
TREPROSTINIL (Tyvaso) INHALATION SOLUTION	Maximum of 81.2 ml per claim
TRETINOIN (Altreno) Lotion	Minimum age = 9 Maximum age = 20
TRETINOIN PRODUCTS	Maximum age = 20
TRETINOIN/ BENZOYL PEROXIDE (Twynéo) CREAM	Minimum age = 9 Maximum age = 20
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

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Summary of Drug Limitations	
UBROGEPANT (Ubrelyv) 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
USTEKINUMAB-KFCE (Yesintek) SYRINGE	Minimum age = 6
USTEKINUMAB (Imuldosa) SYRINGE	Minimum age= 6
USTEKINUMAB (Stelara) SYRINGE	Minimum age= 2
USTEKINUMAB-AAUZ (OTULFI) SYRINGE	Minimum age = 6
USTEKINUMAB -AEKN (Selarsdi) SYRINGE	Minimum age = 6
USTEKINUMAB -AEKN (Selarsdi) 45 MG/0.5 ML VIAL	Minimum age = 6
USTEKINUMAB-HMNY (Starjemza) 45mg and 90mg SYRINGE, 45mg VIAL	Minimum age= 6
USTEKINUMAB-STBA (Steqeyma) SYRINGE, VIAL	Minimum age = 6
USTEKINUMAB-TTWE (Pyzchiva biosimilar for Stelara) SYRINGE, VIAL	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
VALBENAZINE (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

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Summary of Drug Limitations	
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
VANZACAFITOR/TEZACAFITOR/DEUTIVACAFITOR (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
VEPDEGESTRANT (Veppanu) TABLET	Maximum of 1 tablet per day
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

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Summary of Drug Limitations	
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 Maximum of 1 tablet per day
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
ZIPRASIDONE (Geodon) VIAL	Maximum of 6 vials per claim
ZITHROMAX (ZMax) SUSPENSION	Maximum of 1 unit per claim
ZOLMITRIPTAN (Zomig) TABLET	Maximum of 18 doses per 29 days
ZOLMITRIPTAN (Zomig) NASAL SPRAY	Maximum of 18 doses per 29 days
ZOLPIDEM 7.5 MG CAPSULE	Maximum of 1 capsule per day
ZOLPIDEM (Ambien) TABLET	Maximum of 1 tablet per day Maximum dose of 5mg for FEMALES

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<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</i> <i>Maximum dose of 6.25mg for FEMALES</i>