NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Jim Pillen, Governor

Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day.
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- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

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ABALOPARATIDE (Tymlos) PEN INJECTOR	*Maximum of 1.56 mL (1 pen) per 30 days*
ABEMACICLIB (Verzenio) TABLET	*Minimum age = 18* *Maximum of 2 tablets per day*
ABIRATERONE (Zytiga) 250MG TABLET	*Minimum age = 18* *Maximum of 4 tablets per day*
ABIRATERONE (Zytiga) 500MG TABLET	*Minimum age = 18* *Maximum of 2 tablets per day*
ABROCITINIB (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-ADBM (Cyltezo) *ADALIMUMAB-ADBM (CF) KIT, PEN, SYRINGE*	*Minimum age = 2*
ADALIMUMAB-ADBM (CF) (Cyltezo) PEN CROHNS	*Minimum age = 6*
ADALIMUMAB-ADBM (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*
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*
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 *BELUMOSUDIL (Rezurock) TABLET*	*Maximum of 1 mL per 7 days* *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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BREXPIPRAZOLE (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 (Ruconest) INJECTION	*Minimum age = 13*
CALCIFEDIOL (Rayaldee ER) CAPSULE	*Maximum of 2 capsules per day*
CALCIPOTRIENE/BETAMETHASONE (Taclonex) OINTMENT	*Minimum age = 18*

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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*
CARBIDOPA/LEVODOPA (Dhivy) TABLET	*Maximum of 8 tablets per day*
CARIPRAZINE (Vraylar) CAPSULE, PACK	*Minimum age = 18* *Maximum of 1 capsule per day*
CARISOPRODOL (Soma) 350MG TABLET	*Maximum of 4 tablets per day* *Maximum of 30 days per claim*
CASPOFUNGIN (Cancidas) VIAL	*Maximum of 1 vial per day*
CEFAZOLIN 1 GM VIAL	*Maximum of 6 vials per day*
CEFAZOLIN 10 GM VIAL	*Maximum of 1 vial per day*
CEFEPIME (Maxipime) VIAL	*Maximum of 3 vials per day*
CEFIDEROCOL SULFATE TOSYLATE (Fetroja) VIAL	*Minimum Age = 18*
CEFTAZIDIME (Fortaz) 1GM VIAL	*Maximum of 3 vials per day*
CEFTAZIDIME (Fortaz) 500MG VIAL	*Maximum of 3 vials per day*
CEFTAZIDIME (Fortaz) 6GM VIAL	*Maximum of 1 vial per day*
CELECOXIB (Elyxyb) SOLUTION	*Minimum age = 18* *Maximum of 120mg per day*
CELECOXIB (Vyscoxa)10 MG/ML SUSPENSION	*Minimum age = 2*
CELECOXIB/TRAMADOL (Seglentis) TABLET	*Minimum age = 12*
CERTOLIZUMAB (Cimzia) 200 MG/ML STARTER KIT	*Maximum of 3 per claim*
CERTOLIZUMAB (Cimzia) 200 MG/ML SYRINGE KIT	*Maximum of 1 per claim*
CEFTRIAXONE (Rocephin) 250 MG, 500 MG, 1 GM, 2 GM, 10 GM VIALS	*Maximum of 10 vials per claim*

Updated November 2, 2026

Updates from previous postings are highlighted in yellow

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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Summary of Drug Limitations	
CETIRIZINE (Zerviate) OPHTH SOLN	*Minimum age= 2*
CHLORPROMAZINE TABLET	*Minimum age = 6* *Maximum dose of 75mg per day for age 6-12* *Maximum dose of 800mg per day for age 13-18*
CICLESONIDE (Alvesco) INHALER	*Minimum age = 12*
CINACALCET (Sensipar) TABLET	*Minimum age = 18*
CIPROFLOXACIN/FLUOCINOLONE (Otovel) OTIC DROPS	*Maximum therapy course is twice daily in affected ear for 7 days*
CITALOPRAM (Celexa) TABLET	*Minimum age = 4* *Maximum dose of 40mg per day for age 4-18*
CITALOPRAM (Celexa) 10 MG, 20 MG, 40 MG TABLET	*Maximum of 1 tablet per day*
CLASCOTERONE (Winlevi) CREAM	*Minimum age = 12*
CLINDAMYCIN PHOSPHATE (Xaciato) VAGINAL GEL	*Minimum age = 12*
CLINDAMYCIN/BENZOYL PEROXIDE (Onexton) PUMP	*Minimum age = 12*
CLINDAMYCIN/BENZOYL PEROXIDE/ADAPALENE (Cabtreo) GEL	*Minimum age = 12*
CLOBETASOL (Impeklo) LOTION	*Minimum age = 18*
CLOMIPRAMINE CAPSULE	*Minimum age = 4*
CLONIDINE (Kapvay) TABLET	*Minimum age = 6* *Maximum of 0.4mg per day*
CLONIDINE EXTENDED RELEASE (Onyda XR) SUSPENSION	*Minimum age = 6* *Maximum age = 18* *Maximum of 4 mL per day*
CLOZAPINE TABLET	*Minimum age = 6* *Maximum dose of 300mg per day for age 6-12* *Maximum dose of 600mg per day for age 13-18*
COAGULATION FACTOR VIIa (RECOMBINANT) (Sevenfact)	*Minimum age = 12*
COBICISTAT (Tybost) TABLET	*Maximum of 1 tablet per day*

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Summary of Drug Limitations	
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*
DACLATASVIR (Daklinza) TABLET	*Maximum of 1 tablet per day*

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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 (Prezcobix Ped) TABLET FOR SUSPENSION	*Minimum age= 3* *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*
DELAFLOXACIN (Baxdela) TABLET	*Maximum of 2 per day* *Maximum of 28 per fill*
DEPEMOKIMAB (Exdensur) INJECTION	*Minimum age = 12*

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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*
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 (Xelstrym) PATCH	*Minimum age = 6* *Maximum 30 patches per claim*

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Summary of Drug Limitations	
DEXTROAMPHETAMINE (Zenzedi) TABLET	*Minimum age = 5* *Maximum accumulated dose of 60mg per day for ages ≤ 18* *Maximum accumulated dose of 60mg per day for age ≥ 19*
DEXTROAMPHETAMINE	*Minimum age = 5* *Maximum accumulated dose of 60mg per day for ages ≤ 18* *Maximum accumulated dose of 60mg per day for age ≥ 19*
DEXTROAMPHETAMINE/AMPHETAMINE (Adderall/XR)	*Minimum age = 5* *Maximum accumulated dose of 60mg per day for ages ≤ 18* *Maximum accumulated dose of 60mg per day for age ≥ 19*
DEXTROAMPHETAMINE/AMPHETAMINE (Adderall/XR) CAPSULE	*Minimum age = 5* *Maximum of 2 capsules per day* *Maximum accumulated dose of 60mg per day for ages ≤ 18* *Maximum accumulated dose of 60mg per day for age ≥ 19*
DEXTROAMPHETAMINE/AMPHETAMINE (Mydayis)	*Minimum age = 13* *Maximum dose of 25mg per day for age 13-17* *Maximum dose of 50mg per day for age 18+* *Maximum accumulated dose of 60mg per day for age ≥ 19*
DEXTROMETHORPHAN/ BUPROPION (Auvelity) EXTENDED-RELEASE TABLETS	*Minimum age = 18*

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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*
DIFAMILAST (Adquey) OINTMENT	*Minimum age = 2*
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*

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DOXYLAMINE/PYRIDOXINE (Bonjesta) TABLET	*Maximum of 2 tablets per day OR* *Maximum of 30 tablets per claim*
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*

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

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EMTRICIABINE/RILPIVIRINE/TENOFOVIR ALAFENAMIDE (Odefsey) TABLET	*Maximum of 1 tablet per day*
EMPAGLIFLOZIN (Jardiance) TABLET	*Maximum of 1 tablet per day*
ENASIDENIB (Idhifa) TABLET	*Maximum of 1 tablet per day*
ENFUVIRTIDE (Fuzeo.n) VIAL	*Minimum age = 6* *Maximum of 2 vials per day*
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*

Updated November 2, 2026

Updates from previous postings are highlighted in yellow

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

Summary of Drug Limitations	
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*
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*

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Summary of Drug Limitations	
ETIDRONATE (Didronel) 400 MG TABLET	*Maximum of 1 tablet per day*
ETIDRONATE (Didronel) IV	*Maximum of 40 ml per claim*
ETRAVIRINE (Intelence) 25 MG TABLET	*Maximum of 4 tablets per day*
ETRAVIRINE (Intelence) 100 MG, 200 MG TABLET	*Maximum of 2 tablets per day*
EVEROLIMUS (Zortress) TABLET	*Minimum age = 18*
EVOLOCUMAB (Repatha) SOLUTION	*Minimum age = 13* *Maximum of 3 prefilled autoinjectors per month*
EVOLOCUMAB (Repatha) PUSHTRONX	*Minimum age = 13* *Maximum of 1 package per month*
EXEMESTANE (Aromasin) TABLET	*Minimum age = 18*
EXENATIDE (Bydureon Bcise)	*Minimum age = 10* *Maximum of 3.4 mL per 28 days* *Maximum of 4 pens per 28 days*
EXENATIDE (Byetta)	*Minimum age = 18* *Maximum of 1 pen per 30 days*
EZOGABINE (Potiga) 50 MG TABLET	*Minimum age = 18* *Maximum of 9 tablets per day*
EZOGABINE (Potiga) 200 MG, 300 MG, 400 MG TABLET	*Minimum age = 18* *Maximum of 3 tablets per day*
FECAL MICROBIOTA SPORES, LIVE-BRPK (Vowst) CAPSULE	*Minimum age = 18* *Maximum of 12 capsules per claim (3-day treatment)* *Maximum of 4 capsules per day*
FEDRATINIB DIHYDROCHLORIDE (Inrebic) 100MG CAPSULE	*Maximum of 4 capsules per day*
FENTANYL 37.5mg, 62.5mg, 87.5mg PATCH	*Maximum of 1 patch every 2 days*
FENTANYL (Duragesic) PATCH	*Maximum of 1 patch every 2 days*
FEXOFENADINE (Allegra) 180MG TABLET	*Maximum of 1 tablet per day*

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FINERENONE (Kerendia) TABLET	*Maximum 1 tablet per day*
FINGOLIMOD (Gilenya) 0.25MG, 0.5MG CAPSULE	*Maximum of 1 capsule per day* *Maximum of 30 capsules per claim (Unit of use bottle)*
FINGOLIMOD (Tascenso) ODT TABLET	*Minimum age = 10*
FITUSIRAN (Qfitlia) PEN, VIAL	*Minimum age = 12*
FLU VACCINES	*Maximum of 0.5 ml per claim (patient-specific RX required)*
FLUMIST	*Maximum of 1 each per claim (patient-specific RX required)*
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 (Airduo) DIGIHALER	*Minimum age = 12* *Maximum of 1 inhaler per month*
FLUTICASONE/SALMETEROL (Airduo) RESPICLICK	*Minimum age = 12*
FLUTICASONE/UMECLIDINIUM/VILANTEROL (Trelegy Ellipta)	*Minimum age = 18* *Submit 60 units for 30 days* *Submit 28 units for 14 days*

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FLUVOXAMINE TABLET	*Minimum age = 8* *Maximum dose of 200mg per day for age 8-11* *Maximum dose of 300mg per day for age 12-18*
FOSTAMATINIB DISODIUM (Tavalisse) 100MG, 150MG TABLET	*Maximum of 2 tablets per day*
FOSTEMSAVIR (Rukobia) ER TABLET	*Minimum age= 18* *Maximum of 2 tablets per day*
FREMANEZUMAB-VFRM (Ajovy) SYRINGE, AUTOINJECTOR, AUTOINJECTOR 3-PACK	*Maximum of 1 injection per month/3 per 3 months*
FROVATRIPTAN (Frova) TABLET	*Maximum of 18 doses per 29 days*
FULVESTRANT (Faslodex) TABLET	*Minimum age = 18*
GABAPENTIN (ALL BRANDS, ALL FORMULATIONS)	*Maximum cumulative dose = 3600mg/day*
GALCENEZUMAB-GNLM (Emgality) 100mg SYRINGE	*Maximum of 3 injections per month*
GALCENEZUMAB-GNLM (Emgality) 120mg PEN, SYRINGE	*Maximum of 2 syringes for loading dose, then* *Maximum of 1 syringe per month*
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*

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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*
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 (Inzirqo) 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*

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HYDROMORPHONE TABLET	*Maximum of 150 per 30 days*
HYDROMORPHONE (Exalgo) 8 MG, 12 MG, 16 MG TABLET	*Maximum of 1 tablet per day*
HYDROMORPHONE (Exalgo) 32 MG TABLET	*Maximum of 2 tablets per day*
HYDROXYZINE PAMOATE (Vistaril)	*Maximum dose of 25mg for age ≤ 6* *Maximum dose of 50mg for age 7-12* *Maximum dose of 100mg for age 13-18*
IBANDRONATE (Boniva) 2.5 MG TABLET	*Maximum of 1 tablet per day*
IBANDRONATE (Boniva) 150 MG TABLET	*Maximum of 1 tablet per month*
IBREXAFUNGERP (Brexafemme) TABLET	*Maximum of 4 tablets per claim*
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*

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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*
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*

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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*
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 tablets 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*

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LESINURAD (Zurampic) TABLET	*Minimum age = 18* *Maximum of 1 tablet per day*
LESINURAD/ALLOPURINOL (Duzallo) TABLET	*Minimum age = 18* *Maximum of 1 tablet per day*
LETROZOLE (Femara) TABLET	*Minimum age = 18*
LEUPROLIDE (Lupron) KIT	*Maximum of 1 unit per claim*
LEUPROLIDE (Lupron Depot) 4 MONTH KIT	*Maximum of 120-day supply*
LEUPROLIDE (Lupron Depot-Ped) KIT	*Minimum age = 12 for males* *Minimum age = 11 for females*
LEUPROLIDE/NORETHINDRONE (Lupaneta) PACK	*Maximum of 1 unit per claim*
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*

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- Flumist, Injectable Flu and Pneumonia Vaccines: Not Covered for Clients also covered by Medicare; Minimum Age Restriction of 19 years (<19 covered by NE VFC Program); Patient-Specific RX Required for Coverage; See Maximum Quantity per Fill.
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- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

Summary of Drug Limitations	
LISDEXAMPHETAMINE (Vyvanse) CAPSULE, CHEWABLE	*Minimum age = 5* *Maximum of 1 capsule per day* *Maximum dose of 70mg for ages ≤ 18* *Maximum dose of 70mg for ages ≥ 19*
LITHIUM CITRATE/CARBONATE	*Minimum age = 4*
LOFEXIDINE (Lucemyra) Tablet	*Maximum of 16 tablets per day*
LORAZEPAM (Loreev XR) CAPSULES	*Minimum age= 18*
LORLATINIB (Lorbrena) 25 MG TABLET	*Maximum of 3 tablets per day*
LORLATINIB (Lorbrena) 100 MG TABLET	*Maximum of 1 tablet per day*
LOTEPREDNOL ETABONATE (Eysuvis) Ophth Solution	*1 bottle per month*
LOXAPINE CAPSULE	*Minimum age = 6*
LUBRIDERM DAILY MOISTURE LOTION	*Maximum age = 18*
LUBIPROSTONE (Amitiza) CAPSULE	*Minimum age = 18* *Maximum of 2 capsules per day*
LUMACAFTOR/IVACAFTOR (Orkambi) 100-125 MG, 200-125 MG TABLET	*Minimum age = 6* *Maximum of 4 tablets per day*
LUMACAFTOR/IVACAFTOR (Orkambi) 75-94 MG, 100-125 MG, 150-188 MG PACKET	*Minimum age = 1* *Maximum of 2 packets per day*
LUMATEPRONE (Caplyta) CAPSULE	*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 (Mulpleta) TABLET	*Maximum of 1 tablet per day*
MAFENIDE (Sulfamylon) PACKET	*Maximum of 5 packets per claim (only if submitted as part of MIC)*
MANNITOL (Bronchitol) CAPSULE	*Maximum of 600 capsules per claim*

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	
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*
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 (Hympavzi) 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*

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	
METHOTREXATE (Reditrex) SUB-Q	*Minimum age = 2*
METHYLNALTREXONE (Relistor) TABLET	*Minimum age = 18* *Maximum of 3 tablets per day*
METHYLPHENIDATE (Adhansia XR) 25MG, 35MG, 45MG, 55MG, 70MG, 85MG CAPSULE	*Minimum age = 6* *Maximum of 1 capsule per day* *Maximum accumulated dose of 108mg per day for ages ≤ 18* *Maximum accumulated dose of 72mg per day for ages ≥ 19*
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*

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	
METHYLPHENIDATE (Cotempla XR-ODT) TABLET	*Minimum age = 5* *Maximum age = 17* *Maximum of 1 tablet per day*
METHYLPHENIDATE (Daytrana) PATCH	*Minimum age = 5* *Maximum age = 18* *Maximum of 1 patch per day* *Maximum dose of 30mg per day for ages ≤ 18* *Maximum dose of 30mg per day for ages ≥19*
METHYLPHENIDATE (Jornay PM) CAPSULE	*Minimum age = 6* *Maximum of 1 capsule per day* *Maximum accumulated dose of 108mg per day for ages ≤ 18* *Maximum accumulated dose of 72mg per day for ages ≥ 19*
METHYLPHENIDATE (Metadate CD) 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 (Methylin ER) 10 MG TABLET	*Minimum age = 5* *Maximum of 2 tablets per day* *Maximum accumulated dose of 108mg per day for ages ≤ 18* *Maximum accumulated dose of 72mg per day for ages ≥ 19*

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.
- 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	
METHYLPHENIDATE (Methylin ER) 20 MG TABLET	*Minimum age = 5* *Maximum of 3 tablets per day* *Maximum accumulated dose of 108mg per day for ages ≤ 18* *Maximum accumulated dose of 72mg per day for ages ≥ 19*
METHYLPHENIDATE (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*

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	
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*
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, PREFILLED SYRINGE	*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*

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.
- 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	
MORPHINE SULFATE ER (Morphabond) TABLET	*Maximum of 2 tablets per day*
MORPHINE SULFATE IR TABLET	*Maximum of 150 tablets per 30 days*
MORPHINE/NALOXONE (Embeda) CAPSULE	*Maximum of 2 capsules per day*
MULTIVITAMIN NO. 53/FOLIC ACID/K/COQ10 (DEKAS Plus Chewable DEKAS Plus Ocean Caps, and DEKAS Softgel)	*Minimum age = 4* *Maximum age = 18*
MYCOPHENOLATE (Myhibbin) SUSPENSION	*Minimum age = 3 months*
NAFARELIN (Synarel) NASAL SOLUTION	*Minimum age = 18*
NALDEMEDINE (Symproic)	*Minimum age = 18* *Maximum of 2 tablets per day*
NALMEFENE (Opvee) NASAL SPRAY	*minimum age = 12*
NALOXEGOL (Movantik) TABLET	*Maximum of 1 tablet per day*
NALTREXONE	*Minimum age = 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*

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.
- 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
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Summary of Drug Limitations	
NICOTINE INHALATION CARTRIDGE	*Minimum age = 18* *Maximum of 168 cartridges per claim* *Maximum of 504 cartridges per 90 days* **See Smoking Cessation Agents Note for Maximum Duration*
NICOTINE NASAL SPRAY	*Minimum age = 18* *Maximum of 40 ml per claim* *Maximum of 120ml per 90 days* **See Smoking Cessation Agents Note for Maximum Duration*
NICOTINE PATCH	*Minimum age = 18* *Maximum of 1 per day* **See Smoking Cessation Agents Note for Maximum Duration*
NILOTINIB (Tasigna) CAPSULE	*Maximum of 4 capsules per day*
NILUTAMIDE (Nilandron) TABLET	*Minimum age = 18*
NIMODIPINE (Nymalize) ORAL SOLUTION	*Minimum age = 18*
NINTEDANIB (Ofev) CAPSULE	*Maximum of 2 tablets per day*
NIRAPARIB (Zejula) CAPSULE	*Maximum of 3 capsules per day*
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*

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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Summary of Drug Limitations	
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*
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*

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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Summary of Drug Limitations	
OMALIZUMAB (Xolair) Syringes	*Minimum age = 1* *75mg syringe: Maximum of 2 syringes per 28 days* *150mg syringe: Maximum of 8 syringes per 28 days* *300mg syringe: Maximum of 0.29 mL/day per 28 days*
OMALIZUMAB-IGEC (Omlyclo) 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*

Summary of Drug Limitations

- Opioids – Patients who have not received an opioid in the last 90 days will be limited to a 7-day supply and no more than 50 Morphine Milligram Equivalents (MME) per day.
- Opioids – The maximum opioid dose covered will be 90 Morphine Milligram Equivalents (MME) per day.
- Short-acting Analgesic Opioids: Entire class limited to a maximum of 150 dosage units, combined, per 30 days.
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- Smoking Cessation Agents: 180 days supply per rolling 365 days inclusive of all products

Summary of Drug Limitations	
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*
OSELTAMIVIR (Tamiflu) 6 MG/ML SUSPENSION	*Maximum of 180 ml per claim OR Maximum of 10-day supply*
OSIMERTINIB (Tagrisso) TABLET	*Maximum of 1 tablet per day*
OXCARBAZEPINE (Trileptal) TABLET	*Minimum age = 4 (without diagnosis of epilepsy/other seizure disorder)*
OXYCODONE ER (Oxycontin) 10 MG, 15 MG, 20 MG, 30MG, 40MG, 60 MG TABLET	*Maximum of 3 tablets per day*
OXYCODONE ER (Oxycontin) 80 MG TABLET	*Maximum of 4 tablets per day*
OXYCODONE ER (Xtampza ER) 9 MG, 13.5 MG, 18 MG, 27 MG CAPSULE	*Minimum age = 18 Maximum of 3 capsules per day*
OXYCODONE ER (Xtampza ER) 36 MG CAPSULE	*Minimum age = 18 Maximum of 8 capsules per day*
OXYCODONE IR CAPSULE, TABLET	*Maximum of 150 per 30 days*
OXYCODONE/ACETAMINOPHEN TABLET	*Maximum of 150 per 30 days*
OXYCODONE/ACETAMINOPHEN (Xartemis XR) TABLET	*Maximum of 4 tablets per day*
OXYCODONE/ASPIRIN TABLET	*Maximum of 150 per 30 days*
OXYCODONE/IBUPROFEN TABLET	*Maximum of 150 per 30 days*
OXYMORPHONE (Opana) TABLET	*Maximum of 150 per 30 days*
OXYMORPHONE (Opana ER) TABLET	*Maximum of 3 tablets per day*
OZANIMOD (Zeposia) CAPSULE	*Maximum of 1 capsule per day Minimum age = 18*
PACRITINIB (Vonjo) CAPSULE	*Maximum of 4 capsules per day*

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- 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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Summary of Drug Limitations	
PALBOCICLIB (Ibrance) CAPSULE	*Maximum of 1 capsule per day*
PALIPERIDONE (Invega) 1.5 MG, 3 MG, 9MG TABLET	*Minimum age = 12* *Maximum of 1 tablet per day* *Maximum dose of 12mg per day for age 12-18*
PALIPERIDONE (Invega) 6 MG TABLET	*Minimum age = 12* *Maximum of 2 tablets per day* *Maximum dose of 12mg per day for age 12-18*
PANTOPRAZOLE (Protonix) TABLET	*Maximum of 2 per day*
PANTOPRAZOLE GRANULES	*Maximum of 2 packets per day*
PAROXETINE (Paxil) IR, CR	*Minimum age = 13* *Maximum dose of 40mg IR per day for age 13-18* *Maximum dose of 50mg CR per day for age 13-18*
PAROXETINE MESYLATE	*Minimum age = 13*
PAROXETINE (Paxil) 10 MG Tablet	*Maximum of 5 per day*
PAROXETINE (Paxil) 20 MG, 30 MG, 40 MG Tablet	*Maximum of 1 per day*
PATIROMER (Veltassa) PACKET	*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 Ml) per 28 days OR* *Maximum of One 0.5Ml syringe every 14 days*
PEMIGATINIB (Pemazyre)	*Maximum of 1 tablet per day*

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Summary of Drug Limitations	
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*
PITAVASTATIN (Livalo) TABLET	*Minimum age = 8* *Maximum of 1 tablet per day*
PITOLISANT (Wakix) 4.45 MG TABLET	*Maximum of 3 tablets per day*

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Summary of Drug Limitations	
PITOLISANT (Wakix) 17.8 MG TABLET	*Maximum of 2 tablets per day*
PIVMECILLINAM (Pivya) TABLET	*Minimum age = 18* *FEMALE USE ONLY*
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*
PROPRANOLO (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*

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Summary of Drug Limitations	
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 0.012 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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Summary of Drug Limitations	
RISPERIDONE (Risperdal) TABLET	*Minimum age = 5* *Maximum dose of 3mg per day for age 5-12* *Maximum dose of 6mg per day for age 13-18*
RISPERIDONE (Risperdal Consta) SYRINGE	*Submit 1 syringe (quantity 1) for 14-day supply*
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*

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Summary of Drug Limitations	
SAFINAMIDE (Xadago) TABLET	*Maximum of 1 tablet per day*
SAXAGLIPTIN (Onglyza) TABLET	*Minimum age = 18* *Maximum of 1 tablet per day*
SAXAGLIPTIN/METFORMIN (Kombiglyze XR) TABLET	*Minimum age = 18* *Maximum of 1 tablet per day*
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*

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SERTRALINE (Zoloft) 25 MG TABLET	*Maximum of 1 tablet per day*
SERTRALINE (Zoloft) 50 MG TABLET	*Maximum of 3 tablets per day*
SERTRALINE (Zoloft) 100 MG TABLET	*Maximum of 2 tablets per day*
SILDENAFIL (Revatio) TABLET	*Maximum of 3 tablets per day*
SIPONIMOD (Mayzent) 0.25 MG TABLET	*Maximum of 7 tablets per day*
SIPONIMOD (Mayzent) 2 MG TABLET	*Maximum of 1 tablet per day*
SIROLIMUS (Hyftor) 0.2% GEL	*Minimum age = 6*
SITAGLIPTIN (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 (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*

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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*
SOMATROGON-GHLA (Ngenla) PEN	*Minimum age = 3*
SOTAGLIFLOZIN (Inpefa) TABLET	*Maximum of 1 tablet per day*
SOTORASIB (Lumakras) TABLET	*Maximum of 8 tablets per day*
SPESOLIMAB-SBZO (Spevigo) SYRINGE	*Minimum age = 12*
SPIRONOLACTONE (Aldactone) TABLETS	*Minimum age = 18*
SPIRONOLACTONE (Carospir) SUSPENSION	*Minimum age = 18* *Maximum of 20 mL per day*
STIRIPENTOL (Diacomit) 250 MG, 500 MG CAPSULE and POWDER PACKET	*Minimum age = 6 months of age and older and weighing 7 kg or more*
SUMATRIPTAN	*Maximum of 18 doses per 29 days*
SUMATRIPTAN/NAPROXEN (Treximet) TABLET	*Maximum of 18 doses per 29 days*
SUVOREXANT (Belsomra) TABLET	*Minimum age = 19* *Maximum of 1 tablet per day*
SUZETRIGINE (Journavx) TABLET	*Minimum age = 18* *Maximum of 14-day supply per 60 days*
SWEET VERNAL/ORCHARD/RYE/TIMOTHY/KENTUCKY BLUE GRASS MIXED POLLEN ALLERGEN EXTRACT (Oralair)	*Minimum age = 5* *Maximum age = 65*
TACROLIMUS (Protopic) OINTMENT	*Minimum age = 2*
TAFAMIDIS (Vyndamax) 61 MG CAPSULE	*Maximum of 1 capsule per day*
TAFAMIDIS MEGLUMINE (Vyndaqel) 20 MG CAPSULE	*Maximum of 4 capsules per day*

Updated November 2, 2026

Updates from previous postings are highlighted in yellow

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TAFENOQUINE SUCCINATE (Krintafel) 150 MG TABLET	*Minimum age = 16* *Maximum of 2 tablets per claim*
TALAZOPARIB TOSYLATE (Talzenna, all strengths) CAPSULE	*Maximum of 1 capsule per day*
TALAZOPARIB TOSYLATE (Talzenna) 1 MG CAPSULE	*Maximum of 1 capsule per day*
TAMOXIFEN (Nolvadex) TABLET	*Minimum age = 18*
TAPENTADOL TABLET	*Maximum of 150 tablets per 30 days*
TAPINAROF (Vtama) 1% CREAM	*Minimum age = 2*
TASIMELTEON (Hetlioz) CAPSULE	*Maximum of 1 capsule per day* *Minimum age = 16*
TASIMELTEON (Hetlioz LQ) SUSPENSION	*Minimum age = 3* *Maximum age = 15* *Maximum 5mL per day*
TAZAROTENE (Arazlo) Lotion	*Minimum age = 9*
TEGASEROD (Zelnorm) TABLET	*Maximum of 2 tablets per day* *Maximum age= 64* *For Females only*
TELMISARTAN/AMLODIPINE/INDAPAMIDE (Widaplik) TABLET	*Maximum of 1 tablet per day*
TELOTRISTAT (Xermelo) TABLET	*Maximum of 3 tablets per day*
TEMAZEPAM (Restoril) 7.5 MG, 15 MG, 22.5 MG, 30 MG CAPSULE	*Maximum of 1 capsule per day*
TENAPANOR (Ibsrela) TABLET	*Minimum age = 18* *Maximum dose of 100mg per day*
TENOFOVIR (Vemlidy) TABLET	*Maximum of 1 tablet per day*
TEPOTINIB (Tepmetko) TABLET	*Maximum of 2 tablets per day*
TERIFLUNOMIDE (Aubagio) TABLET	*Maximum of 1 tablet per day* *Maximum of 30 tablets per claim*
TERIPARATIDE (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*

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Summary of Drug Limitations	
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*
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 (Tyenne) 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*

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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*
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*
TRANYLCYPROMINE 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 (Twyneo) 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*

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TRIFLUOPERAZINE TABLET	*Minimum age = 6*
TRIMIPRAMINE MALEATE TABLET	*Minimum age = 4*
TUCATINIB (Tukysa) TABLET	*Maximum of 4 tablets per day*
UBROGEPANT (Ubrelvy) 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 ER) 45MG TABLET (Crohn's/ Ulcerative Colitis)	*Maximum of 12 weeks for induction dosage*
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*

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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*
VANCOMYCIN (Firvanq) SOLUTION	*Maximum of 2 grams per day*
VANCOMYCIN 500 MG VIAL	*Maximum of 4 vials per day*
VANCOMYCIN 750 MG, 1 GM VIAL	*Maximum of 2 vials per day*
VANCOMYCIN 750 MG IV BAG	*Maximum of 2 bags (300 ml) per day*
VANCOMYCIN 2 GM IV BAG	*Maximum of 1 bag (250 ml) per day*
VANCOMYCIN 5 GM,10 GM VIAL	*Maximum of 1 vial per day*
VANZACAFTOR/TEZACAFTOR/DEUTIVACAFTOR (Alyftrek) TABLET	*Minimum age = 6*
VARENICLINE (Chantix) TABLET	*Minimum age = 18* *Maximum of 2 tablets per day* **See Smoking Cessation Agents Note for Maximum Duration*
VARENICLINE TARTRATE (Tyrvaya) NASAL SPRAY	*Maximum of 0.28 mL per day*
VEDOLIZUMAB (Entyvio) PEN	*Minimum age = 18*
VENLAFAXINE (Effexor) IR/ER TABLET, CAPSULE	*Minimum age = 13* *Maximum dose of 375mg per day for age 13-18*
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*

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VILAZODONE (Viibryd) TABLET	*Minimum age = 18* *Maximum of 1 tablet per day*
VILOXAZINE (Qelbree) CAPSULE	*Minimum age = 6* *Pediatric patients 6 to 17 years of age, maximum dose of 400mg per day* *Adult Patients maximum dose of 600mg per day*
VONOPRAZAN (Voquezna) TABLETS	*Maximum accumulation days for treatment 240 days per calendar year* *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*

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ZOLPIDEM (Ambien) TABLET	*Maximum of 1 tablet per day* *Maximum dose of 5mg for FEMALES*
ZOLPIDEM (Edluar) TABLET	*1 SL tablet per day*
ZOLPIDEM (Intermezzo) TABLET	*Maximum of 1 tablet per day*
ZOLPIDEM ER (Ambien CR) TABLET	*Maximum of 1 tablet per day* *Maximum dose of 6.25mg for FEMALES*