Optum Rx®

Quantity Limits — *Select Formulary*

Utilization Management

January 1, 2027

Your pharmacy benefit plan has a quantity limits program that can help you get the best results from your medication therapy. With safe doses, quantity limits can also keep prescription drug costs lower for you.

Determining quantity limits

Quantity limits are meant to lower the risk of overuse. Quantity limit rules are based on:

- Food and Drug Administration (FDA) approved uses
- Medication instruction labels
- Accepted or published clinical recommendations

The following medications have a new or revised quantity limit that will be covered.

If your medication includes a quantity limit, this means there is a limit to the amount of the drug(s) below that will be covered.

If you see your medication listed, we encourage you to talk with your doctor about your treatment and medication options. If you have questions about the quantity limits program, call the phone number on your member ID card.

Select Non-Specialty Quantity Limit

Therapy class	Medication name	Quantity limit
Anti-infectives		
Anthelmintics	albendazole tab 200 mg	120 tablets per 180 days
	BILTRICIDE TAB 600 MG	105 tablets per 180 days
	EMVERM TAB 100 MG	6 tablets per 180 days
	ivermectin 6mg tab	9 tablets per 180 days
	STROMECTOL TAB 3 MG	18 tablets per 180 days
Antibiotics	BLUJEPA TAB 750 MG	20 tablets per 28 days
	NUZYRA TAB 150 MG	1 course per fill, 2 fills per 365 days
	ORLYNVAH TAB 500-500 MG	10 tablets per 28 days
	PIVYA TAB 185 MG	21 tablets per 28 days
	SIVEXTRO IV SOLN	6 vials per 30 days
	SIVEXTRO TAB	6 tablets per 30 days
	ZYVOX SUSP 100 MG/5 ML	1800 mL per 28 days, 1 course per 90 days
	ZYVOX TAB 600 MG	56 tablets per 28 days, 1 course per 90 days
Antifungals	BREXAFEMME TAB	4 tablets per day
	terbinafine tab 250 mg	84 days supply per 180 days
Antiretrovirals, Hepatitis B	BARACLUDE SOLN	630 mL per 30 days
	BARACLUDE TAB	1 tablet per day
Antiretrovirals, HIV	CABENUVA SUSP 400 MG-600 MG	1 kit per 28 days
	CABENUVA SUSP 600 MG-900 MG	1 kit per 28 days
	IDVYNSO TAB 100 MG-0.25 MG	1 tablet per day
	SUNLENCA SOLN 463.5 MG/1.5 ML	9 mL per 365 days
	SUNLENCA TAB 300 MG	2 packs per 365 days
	SUNLENCA TAB THERAPY PACK	2 packs per 365 days
	YEZTUGO SOLN 463.5 MG/1.5 ML	9 mL per 365 days
	YEZTUGO TAB 300 MG	2 packs per 365 days
Antivirals	LAGEVRIO CAP 200 MG	1 course per fill, 2 fills per 365 days
	PAXLOVID TAB	1 course per fill, 2 fills per 365 days
	PEMGARDA IV SOLN 500 MG/4 ML	9 vials per 84 days
	VEKLURY IV SOLN 100 MG	1 course per fill, 2 fills per 365 days
	XOCOVA TAB 125 MG	2 courses per 365 days
Antivirals, Herpetic	DENAVIR CREAM 1%	5 gm per 30 days
	SITAVIG TAB 50 MG	2 tablets per 30 days
	VALTREX TAB	4 tablets per day
	ZOVIRAX CREAM 5%	5 gm per 30 days
	ZOVIRAX OINT 5%	30 gm per 30 days
Antivirals, Influenza	RELENZA DISKHALER 5 MG/ACT	40 inhalations per 365 days
	TAMIFLU CAP	20 capsules per 365 days
	TAMIFLU CAP 30 MG	40 capsules per 365 days
	TAMIFLU SUSP	360 mL per 365 days
	XOFLUZA TAB THERAPY PACK	4 tablets per 365 days
	XOFLUZA TAB THERAPY PACK (40 MG DOSE)	2 tablets per 365 days

Therapy class	Medication name	Quantity limit
	XOFLUZA TAB THERAPY PACK (80 MG DOSE)	2 tablets per 365 days
Cardiology		
Anticoagulants	ELIQUIS CAP 0.15 MG	2 capsules per day
	ELIQUIS ORAL SUSP TAB 0.5 MG	4 tablets per day
	ELIQUIS ORAL SUSP TAB 1.5 MG	12 tablets per day
	ELIQUIS ORAL SUSP TAB 2 MG	16 tablets per day
	ELIQUIS TAB	2 tablets per day
	ELIQUIS TAB STARTER PACK 5 MG	2 starter packs per 365 days
	PRADAXA CAP	2 capsules per day
	PRADAXA PELLET PACK	4 packets per day
	PRADAXA PELLET PACK 20 MG	2 packets per day
	PRADAXA PELLET PACK 150 MG	2 packets per day
	SAVAYSA TAB	1 tablet per day
	XARELTO STARTER THERAPY PACK 15 MG & 20 MG	2 starter packs per 365 days
	XARELTO SUSP 1 MG/ML	20 mL per day
	XARELTO TAB	1 tablet per day
	XARELTO TAB 2.5 MG	2 tablets per day
	XARELTO TAB 15 MG	2 tablets per day
Antihypertensive Agents	BAXFENDY TAB	1 tablet per day
	TRYVIO TAB	1 tablet per day
Antilipemic	LEQVIO INJ	2 syringes per 180 days
	LEROCHOL SOLN 300 MG/1.2 ML	1 injection per 28 days
	PRALUENT	2 syringes per 28 days
	REPATHA	3 syringes per 28 days
	REPATHA PUSH	1 cartridge per 28 days
Heart Failure	CORLANOR SOLN	15 mL per day
	CORLANOR TAB	2 tablets per day
	ENTRESTO SPRINKLE CAP	8 capsules per day
	ENTRESTO TAB	2 tablets per day
	ENTRESTO TAB 24 MG -26 MG	6 tablets per day
	VERQUVO TAB	1 tablet per day
Miscellaneous	ASPRUZYO GRANULE PACKET	2 packets per day
	CARDAMYST NASAL SPRAY 70 MG/DOSE	4 bottles per 30 days
	DEMSER CAP 250 MG	16 capsules per day
Platelet Inhibitors	YOSPRALA TAB	1 tablet per day
Central Nervous System		
ADHD Agents	ADDERALL TAB	3 tablets per day
	ADDERALL TAB 30 MG	2 tablets per day
	ADDERALL XR CAP	2 capsules per day
	ADZENYS XR ODT	1 tablet per day
	APTENSIO XR, JORNAY PM, RITALIN LA CAP	1 capsule per day
	ARYNTA SOLN 10 MG/ML	8 mL per day
	ATONCY, ATOMOXETINE SOLN 4 MG/ML	25 mL per day
	AZSTARYS CAP	1 capsule per day

Therapy class	Medication name	Quantity limit
	CONCERTA, RELEXXII TAB 36 MG	2 tablets per day
	CONCERTA, RELEXXII TAB	1 tablet per day
	COTEMPLA XR ODT 8.6 MG	6 tablets per day
	COTEMPLA XR ODT 17.3 MG	3 tablets per day
	COTEMPLA XR ODT 25.9 MG	2 tablets per day
	DAYTRANA PATCH	1 patch per day
	DESOXYN TAB 5 MG	5 tablets per day
	DEXEDRINE CAP 10 MG	6 capsules per day
	DEXEDRINE CAP 15 MG	4 capsules per day
	dextroamphetamine cap 5 mg	3 capsules per day
	DYANAVEL XR CHEW	1 tablet per day
	DYANAVEL XR SUSP	8 mL per day
	EVEKEO TAB	6 tablets per day
	FOCALIN TAB	2 tablets per day
	FOCALIN XR CAP	1 capsule per day
	METADATE CD CAP	1 capsule per day
	METHYLIN SOLN 5 MG/5 ML	60 mL per day
	METHYLIN SOLN 10 MG/5 ML	30 mL per day
	methylphenidate chew tab	3 tablets per day
	methylphenidate chew tab 10 mg	6 tablets per day
	methylphenidate ER tab	1 tablet per day
	methylphenidate ER tab 10 mg	2 tablets per day
	methylphenidate ER tab 20 mg	3 tablets per day
	methylphenidate ER tab 36 mg	2 tablets per day
	MYDAYIS CAP	1 capsule per day
	ONYDA XR SUSP 0.1 MG/ML	4 mL per day
	PROCENTRA SOLN 5 MG/5 ML	60 mL per day
	QELBREE CAP	1 capsule per day
	QELBREE CAP 200 MG	3 capsules per day
	QUILLICHEW ER	1 tablet per day
	QUILLICHEW ER 30 MG	2 tablets per day
	QUILLIVANT XR SUSP 25 MG/5 ML	12 mL per day
	RITALIN TAB	3 tablets per day
	STRATTERA CAP	1 capsule per day
	VYVANSE CAP	1 capsule per day
	VYVANSE CHEW TAB	1 tablet per day
	XELSTRYM PATCH	1 patch per day
	ZENZEDI TAB	3 tablets per day
	ZENZEDI TAB 10 MG	6 tablets per day
	ZENZEDI TAB 30 MG	2 tablets per day
Alzheimer's Agents	NAMENDA XR CAP	1 capsule per day
	NAMZARIC	1 capsule per day
	NAMZARIC CAP TITRATION PACK	2 starter packs per 365 days
	ZUNVEYL TAB	2 tablets per day

Therapy class	Medication name	Quantity limit
Analgesics (Cough Opioid)	CAPCOF SYRUP 5-2-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	CODITUSSIN AC LIQUID 200-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	CODITUSSIN DAC LIQUID 30-10-200 MG/5 ML	240 mL per fill, 2 fills per 60 days
	GUAIFENESIN-CODEINE SOLN 100-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	HYCODAN SYRUP 5-1.5 MG/5 ML	240 mL per fill, 2 fills per 60 days
	HYCODAN TAB 5-1.5 MG	6 tabs per day, 7 day supply, 2 fills per 60 days
	HYD POL/CPM SUSP 10-8 MG/5 ML	240 mL per fill, 2 fills per 60 days
	MAR-COF BP LIQUID 30-2-7.5 MG/5 ML	240 mL per fill, 2 fills per 60 days
	MAR-COF CG LIQUID 225-7.5 MG/5 ML	240 mL per fill, 2 fills per 60 days
	MAXI-TUSS CD LIQUID 10-4-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	NINJACOF-XG LIQUID 200-8 MG/5 ML	240 mL per fill, 2 fills per 60 days
	POLY-TUSSIN AC LIQUID 10-4-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	PROMETH VC/CODEINE SYRUP 6.25-5-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	PROMETHAZINE/CODEINE SYRUP 6.25-10 MG/5 ML	240 mL per fill, 2 fills per 60 days
	PRO-RED AC SYRUP 5-1-9 MG/5 ML	240 mL per fill, 2 fills per 60 days
	RYDEX LIQUID 10-1.33-6.33 MG/5 ML	240 mL per fill, 2 fills per 60 days
	TUXARIN ER TAB	2 tablets per day, 7 day supply, 2 fills per 60 days
Analgesics (Non-Opioid)	CELEBREX CAP	2 capsules per day
	ELYXYB SOLN	28.8 mL per 30 days
	FLECTOR PATCH	2 patches per day up to 15 days
	JOURNAVX TAB 50 MG	2 tablets per day, 30 tablets per 90 days
	ketorolac tab	20 tablets or 5 day supply per 30 days
	LYVISPAH GRANULES PACKET 5 MG	9 packets per day
	LYVISPAH GRANULES PACKET 10 MG	3 packets per day
	LYVISPAH GRANULES PACKET 20 MG	4 packets per day
	NORGESIC FORTE TAB 50-770-60 MG	4 tablets per day
	NORGESIC TAB 25-385-30 MG	4 tablets per day
	orphenadrine ER tab	2 tablets per day
	QUTENZA PATCH KIT	4 patches per 90 days
	SEGLENTIS TAB	4 tablets per day
	SPRIX NASAL SPRAY	5 bottles per 30 days
	VOLTAREN GEL 1%	10 tubes per 30 days
Analgesics (Opioid)	acetaminophen/codeine soln 120-12 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 136 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 166.5 mL/day.
	acetaminophen/codeine tab 300-15 mg	If you are new to opioid treatment, your prescription will be limited to 13 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.

Therapy class	Medication name	Quantity limit
	acetaminophen/codeine tab 300-30 mg	If you are new to opioid treatment, your prescription will be limited to 10 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.
	acetaminophen/codeine tab 300-60 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 tabs/day.
	ACTIQ LOZENGE	4 lozenges per day
	BELBUCA FILM	2 films per day
	butorphonal nasal spray 10 mg/mL	1 bottle per fill, 2 fills per 60 days
	BUTRANS PATCH	4 patches per 28 days
	codeine tab 15 mg	If you are new to opioid treatment, your prescription will be limited to 21 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 40 tabs/day.
	codeine tab 30 mg	If you are new to opioid treatment, your prescription will be limited to 10 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 20 tabs/day.
	codeine tab 60 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 tabs/day.
	CONZIP CAP	1 capsule per day
	DILAUDID LIQUID 1 MG/ML	If you are new to opioid treatment, your prescription will be limited to 10 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 18 mL/day.
	DILAUDID TAB 2 MG	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	DILAUDID TAB 4 MG	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.

Therapy class	Medication name	Quantity limit
	DILAUDID TAB 8 MG	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 2 tabs/day.
	fentanyl patch	15 patches per 30 days
	fentanyl patch 75 mcg/hr	1 patch per day
	fentanyl patch 100 mcg/hr	1 patch per day
	FENTORA TAB	4 tablets per day
	hydrocodone ER cap	2 capsules per day
	hydrocodone ER cap 50 MG	4 capsules per day
	hydrocodone/acetaminophen soln 10-300 mg/15 mL	If you are new to opioid treatment, your prescription will be limited to 73.5 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 135 mL/day.
	hydrocodone/acetaminophen soln 7.5-325 mg/15 mL	If you are new to opioid treatment, your prescription will be limited to 98 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 180 mL/day.
	hydrocodone/acetaminophen soln 10-325 mg/15 mL	If you are new to opioid treatment, your prescription will be limited to 73.5 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 135 mL/day.
	hydrocodone/acetaminophen tab 7.5-300 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/acetaminophen tab 10-300 mg	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	hydrocodone/acetaminophen tab 2.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 12 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/acetaminophen tab 5-325 mg	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.

Therapy class	Medication name	Quantity limit
	hydrocodone/acetaminophen tab 7.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/acetaminophen tab 10-325 mg	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	hydrocodone/ibuprofen tab 5-200 mg	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 16 tabs/day.
	hydrocodone/ibuprofen tab 7.5-200 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	hydrocodone/ibuprofen tab 10-200 mg	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 tabs/day.
	hydromorphone ER tab	2 tablets per day
	hydromorphone supp 3 mg	If you are new to opioid treatment, your prescription will be limited to 3 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 supps/day.
	HYSINGLA ER TAB	1 tablet per day
	levorphanol tab 2 mg	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	levorphanol tab 3 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 2 tabs/day.
	meperidine soln 50 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 49 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 90 mL/day.

Therapy class	Medication name	Quantity limit
	meperidine tab 50 mg	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 18 tabs/day.
	methadone soln 5 mg/5 mL	None
	methadone soln 10 mg/5 mL	None
	methadone tab	None
	morphine ER beads cap	1 capsule per day
	morphine ER beads cap 120 mg	2 capsules per day
	morphine ER cap	2 capsules per day
	morphine soln 10 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 24.5 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 45 mL/day.
	morphine soln 20 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 12.25 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 22.5 mL/day.
	morphine soln 100 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 2.4 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4.5 mL/day.
	morphine supp 5 mg	If you are new to opioid treatment, your prescription will be limited to 9 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 18 supps/day.
	morphine supp 10 mg	If you are new to opioid treatment, your prescription will be limited to 4 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 9 supps/day.
	morphine supp 20 mg	If you are new to opioid treatment, your prescription will be limited to 2 supps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 supps/day.
	morphine supp 30 mg	If you are new to opioid treatment, your prescription will be limited to 1 supp/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 supps/day.

Therapy class	Medication name	Quantity limit
	morphine tab 15 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	morphine tab 30 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 tabs/day.
	MS CONTIN ER TAB	3 tablets per day
	NALOCET TAB 2.5-300 MG	If you are new to opioid treatment, your prescription will be limited to 13 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.
	NUCYNTA ER	2 tablets per day
	NUCYNTA TAB 50 MG	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	NUCYNTA TAB 75 MG	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 tabs/day.
	NUCYNTA TAB 100 MG	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 2 tabs/day.
	OXAYDO TAB 7.5 MG	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	OXAYDO, ROXICODONE TAB 5 MG	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	oxycodone cap 5 mg	If you are new to opioid treatment, your prescription will be limited to 6 caps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 caps/day.

Therapy class	Medication name	Quantity limit
	oxycodone conc 100 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 1.6 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 mL/day.
	oxycodone soln 5 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 32.6 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 60 mL/day.
	oxycodone tab 10 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	oxycodone tab 20 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 tabs/day.
	oxycodone/acetaminophen soln 5-325 mg/5 mL	If you are new to opioid treatment, your prescription will be limited to 32.6 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 60 mL/day.
	OXYCONTIN ER TAB	4 tablets per day
	oxymorphone ER tab	4 tablets per day
	oxymorphone tab 5 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	oxymorphone tab 10 mg	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 3 tabs/day.
	pentazocine/naloxone tab 50-0.5 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 tabs/day.
	PERCOCET TAB 2.5-325 MG	If you are new to opioid treatment, your prescription will be limited to 12 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.

Therapy class	Medication name	Quantity limit
	PERCOCET TAB 5-325 MG	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	PERCOCET TAB 7.5-325 MG	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	PERCOCET TAB 10-325 MG	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	PROLATE SOLN 10-300 MG/5 ML	If you are new to opioid treatment, your prescription will be limited to 16.3 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 30 mL/day.
	PROLATE TAB 5-300 MG	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	PROLATE TAB 7.5-300 MG	If you are new to opioid treatment, your prescription will be limited to 4 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	PROLATE TAB 10-300 MG	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	QDOLO SOLN 5 MG/ML	If you are new to opioid treatment, your prescription will be limited to 50 mL/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 80 mL/day.
	ROXICODONE TAB 15 MG	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.

Therapy class	Medication name	Quantity limit
	ROXICODONE TAB 30 MG	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 2 tabs/day.
	ROXYBOND TAB 5 MG	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 12 tabs/day.
	ROXYBOND TAB 10 MG	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	ROXYBOND TAB 15 MG	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.
	ROXYBOND TAB 30 MG	If you are new to opioid treatment, your prescription will be limited to 1 tab/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 2 tabs/day.
	tramadol ER tab	1 tablet per day
	tramadol tab 25 mg	If you are new to opioid treatment, your prescription will be limited to 8 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	tramadol tab 50 mg	If you are new to opioid treatment, your prescription will be limited to 5 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	tramadol tab 75 mg	If you are new to opioid treatment, your prescription will be limited to 3 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 6 tabs/day.
	tramadol tab 100 mg	If you are new to opioid treatment, your prescription will be limited to 2 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 4 tabs/day.

Therapy class	Medication name	Quantity limit
	tramadol/acetaminophen tab 37.5-325 mg	If you are new to opioid treatment, your prescription will be limited to 6 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 8 tabs/day.
	TREZIX CAP 320.5-30-16 MG	If you are new to opioid treatment, your prescription will be limited to 10 caps/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 10 caps/day.
	XODOL TAB 5-300 MG	If you are new to opioid treatment, your prescription will be limited to 9 tabs/day for up to 7 days. If you are experienced with opioid treatment, your prescription will be limited to 13 tabs/day.
	XTAMPZA ER CAP	4 capsules per day
Analgesics Gastroprotective Agents	DUEXIS TAB 800 MG-26.6 MG	3 tablets per day
	VIMOVO TAB	2 tablets per day
Anticonvulsants	DIASTAT RECTAL GEL	2 boxes per fill
	GABARONE TAB 100 MG	18 tablets per day
	GABARONE TAB 400 MG	9 tablets per day
	GRALISE TAB 300 MG	6 tablets per day
	GRALISE TAB 450 MG	3 tablets per day
	GRALISE TAB 600 MG	3 tablets per day
	GRALISE TAB 750 MG	2 tablets per day
	GRALISE TAB 900 MG	2 tablets per day
	GRALISE TAB PACK 300-600 MG	2 starter packs per 365 days
	HORIZANT	2 tablets per day
	LIBERVANT FILM	10 films per 30 days
	LYRICA CAP	3 capsules per day
	LYRICA CAP 300 MG	2 capsules per day
	LYRICA CR TAB	3 tablets per day
	LYRICA CR TAB 330 MG	2 tablets per day
	LYRICA SOLN	900 mL per 30 days
	VALTOCO NASAL SPRAY	10 devices per 30 days
	VALTOCO NASAL SPRAY (20 MG DOSE)	20 devices per 30 days
	VALTOCO NASAL SPRAY (15 MG DOSE)	20 devices per 30 days
Antidepressants	APLENZIN TAB	1 tablet per day
	AUVELITY TAB 45-105 MG	2 tablets per day
	CYMBALTA CAP	2 capsules per day
	CYMBALTA CAP 30 MG	3 capsules per day
	DESVENLAFAXINE ER TAB	1 tablet per day
	DRIZALMA SPRINKLE CAP	2 capsules per day
	DRIZALMA SPRINKLE CAP 30 MG	3 capsules per day

Therapy class	Medication name	Quantity limit
	duloxetine DR cap 80 mg	1 capsule per day
	duloxetine DR cap 90 mg	1 capsule per day
	duloxetine DR cap 120 mg	1 capsule per day
	EFFEXOR XR CAP 37.5 MG	1 capsule per day
	EFFEXOR XR CAP 75 MG	3 capsules per day
	EFFEXOR XR CAP 150 MG	2 capsules per day
	EMSAM PATCH	1 patch per day
	EXXUA TAB	1 tablet per day
	FETZIMA CAP	1 capsule per day
	FETZIMA TITRATION PACK	2 starter packs per 365 days
	fluoxetine DR cap	4 capsules per 28 days
	fluvoxamine ER cap	2 capsules per day
	FORFIVO XL TAB 450 MG	1 tablet per day
	PRISTIQ TAB	1 tablet per day
	TRINTELLIX TAB	1 tablet per day
	VENLAFAXINE ER TAB 112.5 MG	2 tablets per day
	VIIBRYD	1 tablet per day
	WELLBUTRIN SR TAB	2 tablets per day
	WELLBUTRIN XL TAB	1 tablet per day
	WELLBUTRIN XL TAB 150 MG	3 tablets per day
	ZURZUVAE CAP	14 day supply per fill, 2 courses per 365 days
Antipsychotics	ABILIFY MYCITE MAINTENANCE KIT	1 tablet per day
	ABILIFY MYCITE STARTER KIT	2 starter packs per 365 days
	ABILIFY TAB	1 tablet per day
	aripiprazole ODT	2 tablets per day
	aripiprazole soln 1 mg/mL	25 mL per day
	BYSANTI TAB	2 tablets per day
	BYSANTI TAB PACK	2 packs per 365 days
	CAPLYTA TAB	1 tablet per day
	clozapine ODT 12.5 mg	3 tablets per day
	clozapine ODT 25 mg	9 tablets per day
	clozapine ODT 100 mg	9 tablets per day
	clozapine ODT 150 mg	6 tablets per day
	clozapine ODT 200 mg	4 tablets per day
	CLOZARIL TAB 25 MG	9 tablets per day
	CLOZARIL TAB 50 MG	6 tablets per day
	CLOZARIL TAB 100 MG	9 tablets per day
	CLOZARIL TAB 200 MG	4 tablets per day
	COBENFY CAP	2 capsules per day
	COBENFY STARTER PACK	2 starter packs per 365 days
	FANAPT TAB	2 tablets per day
	FANAPT TITRATION PACK	2 starter packs per 365 days
	GEODON CAP	2 capsules per day
	INVEGA TAB	1 tablet per day

Therapy class	Medication name	Quantity limit
	INVEGA TAB 6 MG	2 tablets per day
	LATUDA TAB	1 tablet per day
	LATUDA TAB 80 MG	2 tablets per day
	LYBALVI TAB	1 tablet per day
	OPIPZA FILM	3 films per day
	OPIPZA FILM 2 MG	1 film per day
	REXULTI TAB	1 tablet per day
	RISPERDAL SOLN 1 MG/ML	8 mL per day
	RISPERDAL TAB	2 tablets per day
	risperidone ODT	2 tablets per day
	SAPHRIS TAB	2 tablets per day
	SECUADO PATCH	1 patch per day
	SEROQUEL TAB	3 tablets per day
	SEROQUEL TAB 300 MG	2 tablets per day
	SEROQUEL TAB 400 MG	2 tablets per day
	SEROQUEL XR TAB	2 tablets per day
	SYMBYAX CAP	1 capsule per day
	SYMBYAX CAP 3-25 MG	3 capsules per day
	SYMBYAX CAP 6-25 MG	3 capsules per day
	VERSACLOZ SUSP	18 mL per day
	VRAYLAR CAP	1 capsule per day
	ZYPREXA TAB	1 tablet per day
	ZYPREXA ZYDIS ODT	1 tablet per day
Benzodiazepines	alprazolam conc 1 mg/mL	10 mL per day
	alprazolam ODT	4 tablets per day
	alprazolam ODT 2 mg	5 tablets per day
	ATIVAN TAB	3 tablets per day
	ATIVAN TAB 2 MG	5 tablets per day
	chlordiazepoxide tab 5 mg	4 tablets per day
	chlordiazepoxide tab 10 mg	30 tablets per day
	chlordiazepoxide tab 25 mg	12 tablets per day
	clonazepam ODT	3 tablets per day
	clonazepam ODT 2 mg	10 tablets per day
	clorazepate tab 3.75 mg	24 tablets per day
	clorazepate tab 7.5 mg	12 tablets per day
	clorazepate tab 15 mg	6 tablets per day
	KLONOPIN TAB	3 tablets per day
	KLONOPIN TAB 2 MG	10 tablets per day
	lorazepam conc 2 mg/mL	5 mL per day
	LOREEV XR CAP 1 MG	1 capsule per day
	LOREEV XR CAP 1.5 MG	5 capsules per day
	LOREEV XR CAP 2 MG	5 capsules per day
	LOREEV XR CAP 3 MG	3 capsules per day
	MIDAZOLAMINJ 10 MG/0.7 ML	1 syringe per fill

Therapy class	Medication name	Quantity limit
	NAYZILAM NASAL SPRAY	10 spray units per 30 day
	oxazepam cap	4 capsules per day
	XANAX TAB	4 tablets per day
	XANAX TAB 2 MG	5 tablets per day
	XANAX XR TAB	1 tablet per day
	XANAX XR TAB 2 MG	5 tablets per day
	XANAX XR TAB 3 MG	3 tablets per day
Fibromyalgia	SAVELLA TAB	2 tablets per day
	SAVELLA TITRATION PACK	2 starter packs per 365 days
Hypoactive Sexual Desire Disorder	ADDYI TAB	1 tablet per day
	VYLEESI INJ 1.75 MG/0.3 ML	6 syringes per 30 days
Migraine	almotriptan tab	12 tablets per 30 days
	BREKIYA INJ 1MG/ML	24 syringes per 28 days
	dihydroergotamine inj 1 mg/mL	24 ampules per 28 days
	ERGOMAR SL TAB 2 MG	20 tablets per 28 days
	ergotamine/caffeine tab 1-100 mg	24 tablets per 28 days
	FROVA TAB	12 tablets per 30 days
	IMITREX CARTRIDGE	10 units per 30 days
	IMITREX INJ	10 units per 30 days
	IMITREX TAB	9 tablets per 30 days
	MAXALT TAB 10 MG	12 tablets per 30 days
	MAXALT-MLT 10 MG	12 tablets per 30 days
	MIGERGOT SUPP 2-100 MG	20 suppositories per 28 days
	MIGRANAL NASAL SPRAY 4 MG/ML	8 vials per 30 days
	naratriptan tab	9 tablets per 30 days
	ONZETRA XSAIL	1 kit per 30 days
	QULIPTA TAB	1 tablet per day
	RELPAX TAB	12 tablets per 30 days
	rizatriptan	18 tablets per 30 days
	sumatriptan inj	10 units per 30 days
	SYMBRAVO TAB	9 tablets per 30 days
	TOSYMRA NASAL SPRAY	12 units per 30 days
	TREXIMET TAB	9 tablets per 30 days
	TRUDHESA NASAL SPRAY 0.725 MG/ACT	12 units per 28 days
	ZEMBRACE SYMTOUCH INJ 3 MG/0.5 ML	16 syringes per 30 days
	zolmitriptan ODT	12 tablets per 30 days
	ZOMIG NASAL SPRAY	12 units per 30 days
	ZOMIG TAB	12 tablets per 30 days
Miscellaneous	TIGLUTIK, TEGLUTIK SUSP	20 mL per day
Neurological Agents	TONMYA TAB 2.8 MG	2 tablets per day
Parkinson's Agents	XADAGO TAB	1 tablet per day
Sedative Hypnotics	AMBIEN CR TAB	1 tablet per day
	AMBIEN TAB	1 tablet per day
	BELSOMRA TAB	1 tablet per day

Therapy class	Medication name	Quantity limit
	DAYVIGO TAB	1 tablet per day
	DORAL TAB	1 tablet per day
	EDLUAR SL TAB	1 tablet per day
	estazolam tab	1 tablet per day
	flurazepam cap	1 capsule per day
	HALCION TAB	2 tablets per day
	LUNESTA TAB	1 tablet per day
	QUVIVIQ TAB	1 tablet per day
	RESTORIL CAP	1 capsule per day
	ROZEREM TAB	1 tablet per day
	SILENOR TAB	1 tablet per day
	zaleplon cap 5 mg	1 capsule per day
	zaleplon cap 10 mg	2 capsules per day
	ZOLPIDEM CAP	1 capsule per day
Stimulants	NUVIGIL TAB	1 tablet per day
	NUVIGIL TAB 50 MG	2 tablets per day
	PROVIGIL TAB	1 tablet per day
	SUNOSI TAB	1 tablet per day
Toxicology	LUCEMYRA TAB	16 tablets per day, up to a 14 day supply
Weight Loss	FOUNDAYO TAB	1 tablet per day
	SAXENDA INJ	5 syringes per 30 days
	WEGOVY HD INJ 7.2 MG/0.75 ML	4 syringes per 28 days
	WEGOVY INJ	4 syringes per 28 days
	WEGOVY TAB	1 tablet per day
	ZEPBOUND INJ	4 syringes per 28 days
Dermatology		
Anti-Inflammatory	diclofenac gel	300 gm per 30 days
Axillary Hyperhidrosis Agent	QBREXZA PAD	1 pad per day
	SOFDRA GEL 12.45%	1 bottle per 30 days
Local Anesthetics - Topical	LICART PATCH	1 patch per day
Miscellaneous	SANTYL OINT 250 UNIT/GM	90 gm per 30 days
Topical Immunomodulators	ANZUPGO CREAM 2%	30 gm per 28 days
	ELIDEL CREAM 1%	60 gm per 30 days
	ENSTILAR FOAM 0.005-0.064%	420 gm per 28 days
	OPZELURA CREAM	1 tube per fill, 540 gm per 365 days
	TACLONEX OINT	400 gm per 30 days
	TACLONEX SUSP	120 gm per 30 days
	tacrolimus oint	60 gm per 30 days
	WYNZORA CREAM 0.005-0.064%	420 gm per 28 days
Endocrinology & Metabolism		
Aldosterone Antagonist	KERENDIA TAB	1 tablet per day
Androgens, Testosterone (Injectable)	AVEED INJ 750 MG/3 ML	1 vial per 70 days
	AZMIRO INJ 200 MG/ML	4 syringes per 28 days
	DEPO-TESTOSTERONE INJ	1 vial per 28 days

Therapy class	Medication name	Quantity limit
	TESTONE CIK KIT 200 MG/ML	4 kits per 28 days
	TESTOSTERONE CYPIONATE INJ 200 MG/ML	4 vials per 28 days
	testosterone enanthate inj 200 mg/mL	1 vial per 28 days
	XYOSTED INJ	4 syringes per 28 days
Androgens, Testosterone (Oral)	JATENZO, KYZATREX, TLANDO, UNDECATREX CAP	4 capsules per day
	KYZATREX CAP 100 MG	7 capsules per day
	METHITEST TAB 10 MG	20 tablets per day
	methyltestosterone cap 10 mg	20 capsules per day
Androgens, Testosterone (Topical)	ANDROGEL GEL PUMP 1.62%	2 bottles per 30 days
	FORTESTA GEL PUMP 10 MG/ACT	2 bottles per 30 days
	NATESTO NASAL GEL PUMP 5.5 MG	3 bottles per 30 days
	TESTIM, VOGELXO GEL 1% (50 MG)	2 packets per day
	testosterone gel 1% (25 mg)	4 packets per day
	testosterone gel 1.62% (20.25 mg)	4 packets per day
	testosterone gel 1.62% (40.5 mg)	2 packets per day
	testosterone soln 30 mg/act	2 bottles per 30 days
	VOGELXO GEL PUMP 1%	4 bottles per 30 days
Antidiabetic Agents	AWIQLI FLEXTOUCH 700 UNIT/ML	1 syringe per 28 days
Diabetic Supplies	BIGFOOT UNITY PROGRAM KIT	1 kit per 2 years
	GLUCOSE TEST STRIPS	100 strips per 30 days without insulin use; 300 strips per 30 days with insulin use
	MODD1 SUPPLY KIT, TWIIST REFILL KIT/INFUSION SET	1 kit per 30 days
	OMNIPOD PODS	10 pods per 30 days
	TWIIST REFILL KIT	1 kit per 30 days
	V-GO KIT	1 kit per 30 days
GLP-1 Agonists	BYDUREON BCISE INJ	4 syringes per 28 days
	BYETTA, EXENATIDE INJ	1 syringe per 30 days
	MOUNJARO INJ	4 syringes per 28 days
	OZEMPIC INJ	1 syringe per 28 days
	OZEMPIC, RYBELSUS TAB	1 tablet per day
	RYBELSUS TAB 3 MG	2 starter packs per 365 days
	TRULICITY INJ	4 syringes per 28 days
	VICTOZA INJ	3 syringes per 30 days
Gonadotropins	MYFEMBREE TAB	1 tablet per day
	ORIAHNN CAP	2 capsules per day
	ORILISSA TAB 150 MG	1 tablet per day
	ORILISSA TAB 200 MG	2 tablets per day
Osteoporosis	ACTONEL TAB 35 MG	4 tablets per 28 days
	ACTONEL TAB 150 MG	1 tablet per 28 days
	alendronate tab 35 mg	4 tablets per 28 days
	ATELVIA TAB 35 MG	4 tablets per 28 days
	BINOSTO TAB 70 MG	4 tablets per 28 days
	calcitonin nasal spray 200 units/act	1 bottle per 30 days

Therapy class	Medication name	Quantity limit
	FOSAMAX PLUS D TAB	4 tablets per 28 days
	FOSAMAX TAB 70 MG	4 tablets per 28 days
	ibandronate iv soln	1 syringe per 90 days
	ibandronate tab 150 mg	1 tablet per 28 days
Gastroenterology		
Antiemetics	AKYNZEO	2 capsules per month
	ANZEMET TAB	2 tablets per 30 days
	aprepitant cap 40 mg	1 capsule per 30 days
	aprepitant cap 125 mg	2 capsules per 30 days
	BONJESTA TAB 20-20 MG	2 tablets per day
	DICLEGIS TAB 10-10 MG	4 tablets per day
	EMEND BIPACK 80MG	2 packs per 30 days
	EMEND SUSP 125 MG/5 ML	6 packets per 30 days
	EMEND TRIPACK 80-125 MG	2 packs per 30 days
	granisetron tab 1 mg	4 tablets per 30 days
	MARINOL CAP	2 capsules per day
	NEREUS CAP 85 MG	2 capsules per day, 14 capsules per 365 days
	ondansetron soln 4 mg/5 mL	240 mL per 30 days
	ondansetron tab 24 mg	2 tablets per 30 days
	SANCUSO PATCH 3.1 MG/24 HR	2 patches per 30 days
	SUSTOL INJ	2 syringes per 30 days
	SYNDROS SOLN	4 mL per day
	VARUBI THERAPY PACK	4 tablets per 28 days
Bowel Prep Agents	MOVIPREP	2 kits per 365 days
Constipation	AMITIZA	2 capsules per day
	IBSRELA TAB 50 MG	2 tablets per day
	LINZESS CAP	1 capsule per day
	MOTEGRITY TAB	1 tablet per day
	TRULANCE TAB	1 tablet per day
Corticosteroid	EOHILIA SUSP 2 MG/10 ML	20 mL per day
Diarrhea	MYTESI TAB	2 tablets per day
Helicobacter Pylori Agents	VOQUEZNA TAB 10 MG	1 tablet per day
	VOQUEZNA TAB 20 MG	2 tablets per day
Hepatic Agents	REZDIFFRA TAB	1 tablet per day
Irritable Bowel Syndrome	VIBERZI TAB	2 tablets per day
Opioid-Induced Constipation	MOVANTIK TAB	1 tablet per day
	RELISTOR INJ 8 MG/0.4 ML	1 syringe per day
	RELISTOR INJ 12 MG/0.6 ML	1 syringe per day
	RELISTOR TAB	3 tablets per day
	SYMPROIC TAB	1 tablet per day
Proton Pump Inhibitors	ACIPHEX	1 tablet per day
	DEXILANT	1 capsule per day
	KONVOMEP SUSP 2-84 MG/ML	20 mL per day
	NEXIUM CAP	1 capsule per day

Therapy class	Medication name	Quantity limit
	NEXIUM GRANULES PACKET	1 packet per day
	NEXIUM TAB	1 tablet per day
	omeprazole cap	1 capsule per day
	PREVACID CAP	1 capsule per day
	PREVACID ODT	1 tablet per day
	PRILOSEC POWDER PACKET	2 packets per day
	PROTONIX GRANULES PACKET	1 packet per day
	PROTONIX TAB	1 tablet per day
	ZEGERID	1 capsule/packet per day
Immunology		
Hematopoietic Agents	JESDUVROQ TAB	1 tablet per day
	JESDUVROQ TAB 6 MG	2 tablets per day
	JESDUVROQ TAB 8 MG	3 tablets per day
	VAFSEO TAB 150 MG	3 tablets per day
	VAFSEO TAB 300 MG	2 tablets per day
Miscellaneous		
Anticholinergic	GLYCATE TAB 1.5 MG	6 tablets per day
	glycopyrrolate tab	4 tablets per day
	ROBINUL FORTE TAB 2 MG	4 tablets per day
	ROBINUL TAB 1 MG	4 tablets per day
Methotrexate Auto-Injectors	OTREXUP INJ	4 syringes per 28 days
	RASUVO INJ	4 syringes per 28 days
Phosphate Binders	XPHOZAH TAB	2 tablets per day
Smoking Cessation Products	bupropion ER (smoking deterrent) tab 150 mg	180 days supply per 365 days
	CHANTIX	180 days supply per 365 days
	NICORETTE	180 days supply per 365 days
	NICOTROL, NICODERM	180 days supply per 365 days
Viscosupplements	DUROLANE INJ 60 MG/3 ML	2 syringes per 180 days
	EUFLEXXA, HYALGAN, SYNOJOYNT, TRILURON INJ 20 MG/2 ML	6 syringes per 180 days
	GEL-ONE INJ 30 MG/3 ML	2 syringes per 180 days
	GELSYN-3 INJ 16.8 MG/2 ML	6 syringes per 180 days
	GENVISC 850, SUPARTZ FX, TRIVISC, VISCO-3 INJ 25 MG/2.5 ML	6 syringes per 180 days
	HYALGAN INJ 20 MG/2 ML	10 vials per 180 days
	HYMOVIS INJ 24 MG/3 ML	4 syringes per 180 days
	HYMOVIS ONE INJ 32 MG/4 ML	2 syringes per 180 days
	MONOVISC INJ 88 MG/4 ML	2 syringes per 180 days
	ORTHOVISC INJ 30 MG/2 ML	8 syringes per 180 days
	SYNVISC INJ 8 MG/ML	6 syringes per 180 days
	SYNVISC ONE INJ 8 MG/ML	2 syringes per 180 days
Non-Solid Oral Dosage Forms		
Analgesics (Non-Opioid)	VYSCOXA SUSP 10MG/ML	40 mL per day
Antihypertensive Agents	SDAMLO SOLN	1 bottle per day

Therapy class	Medication name	Quantity limit
Obstetrics & Gynecology		
Contraceptives	ANNOVERA RING	1 ring per 365 days
	DEPO/DEPO-SUBQ PROVERA	1 syringe per 90 days
	levonorgestrel/ethinyl estradiol	1 pack per 91 days
	PHEXXI GEL 1.8-1-0.4%	1 box per 60 days
Ergot Alkaloids	METHERGINE TAB 0.2 MG	28 tablets per fill, 2 fills per 365 days
Hormone Replacement	CRINONE GEL	15 applicators per 30 days
	ESTRING RING 7.5 MCG/24 HRS	1 package per 90 days
	FEMRING RING	1 package per 90 days
Miscellaneous	LYNKUET CAP 60 MG	2 capsules per day
	paroxetine cap 7.5 mg	1 capsule per day
	VEOZAH TAB	1 tablet per day
Ophthalmology		
Anti-Inflammatory	bromfenac soln 0.09%	4 bottles per 365 days
	BROMSITE SOLN 0.075%	4 bottles per 365 days
	CLOBETASOL SUSP 0.05%	4 bottles per 365 days
	ILEVRO SUSP 0.3%	4 bottles per 365 days
	KLARITY-C, VERKAZIA EMULSION 0.1%	4 vials per day
	LOTEMAX GEL 0.5%	4 bottles per 365 days
	LOTEMAX OINT 0.5%	4 bottles per 365 days
	NEVANAC SUSP 0.1%	4 bottles per 365 days
	PROLENSA SOLN 0.07%	4 bottles per 365 days
	XDEMVY SOLN 0.25%	2 bottles per 180 days
Dry Eye	CEQUA SOLN 0.09%	2 vials per day
	EYSUVIS SUSP 0.25%	1 bottle per 30 days
	MIEBO SOLN 1.3 GM/ML	3 mL per 30 day
	RESTASIS EMULSION 0.05%	2 vials per day or 1 bottle per 30 days
	TRYPTYR SOLN 0.003%	2 vials per day
	TYRVAYA NASAL SPRAY	2 bottles per 30 days
	VEVYE SOLN 0.1%	1 bottle per 30 days
	XIIDRA SOLN 5%	2 vials per day
Miscellaneous	QLOSI SOLN 0.4%	60 vials per 30 days
	VIZZ SOLN 1.44%	1 vial per day
	VUITY SOLN 1.25%	3 bottles per 28 days
	YUVEZZI SOLN 2.75%/0.1%	1 vial per day
Prostaglandins	IYUZEH SOLN 0.005%	1 vial per day
	LUMIGAN SOLN	1 bottle per 25 days
	OMLONTI SOLN 0.002%	1 bottle per 25 days
	RHOPRESSA SOLN 0.02%	1 bottle per 25 days
	ROCKLATAN SOLN	1 bottle per 25 days
	TRAVATAN Z SOLN	1 bottle per 25 days
	VYZULTA SOLN	1 bottle per 25 days
	XELPROS EMULSION	1 bottle per 25 days
	ZIOPTAN SOLN	1 container per day

Therapy class	Medication name	Quantity limit
	ZOLYMBUS GEL 0.01%	1 vial per day
Respiratory		
Allergy (Intranasal)	azelastine nasal spray	2 bottles per 30 days
	budesonide nasal spray 32 mcg/act	2 bottles per 30 days
	DYMISTA NASAL SPRAY 137-50 MCG/ACT	1 inhaler per 30 days
	FLONASE SENSIMIST NASAL SPRAY 27.5 MCG/SPRAY	1 bottle per 30 days
	flunisolide nasal spray	1 bottle per 30 days
	NASONEX NASAL SPRAY 50 MCG/ACT	2 inhalers per 30 days
	olopatadine nasal spray 0.6%	1 bottle per 30 days
	OMNARIS NASAL SPRAY 50 MCG/ACT	1 inhaler per 30 days
	QNASL CHILDRENS NASAL SPRAY 40 MCG/ACT	1 inhaler per 30 days
	QNASL NASAL SPRAY 80 MCG/ACT	1 inhaler per 30 days
	XHANCE NASAL SPRAY	2 bottles per 30 days
	ZETONNA NASAL SPRAY 37 MCG/ACT	1 inhaler per 30 days
Asthma/COPD (Inhaled)	ADVAIR DISKUS	1 package per 30 days
	ADVAIR HFA	1 inhaler per 30 days
	AIRDUO RESPICLICK	1 inhaler per 30 days
	AIRSUPRA INHALER 90-80 MCG/ACT	3 inhalers per 30 days
	ALVESCO INHALER	2 inhalers per 30 days
	ANORO ELLIPTA	1 package per 30 days
	ARNUITY ELLIPTA	1 inhaler per 30 days
	ASMANEX HFA	1 inhaler per 30 days
	ASMANEX TWISTHALER	1 inhaler per 30 days
	ATROVENT HFA 17 MCG	2 inhalers per 30 days
	BECLOMETHASONE INHALER 40 MCG/ACT	1 inhaler per 30 days
	BECLOMETHASONE INHALER 80 MCG/ACT	2 inhalers per 30 days
	BEVESPI AEROSPHERE	1 inhaler per 30 days
	BREO ELLIPTA	1 package per 30 days
	BREZTRI AEROSPHERE	1 inhaler per 30 days
	COMBIVENT RESPIMAT 20-100 MCG/ACT	2 inhalers per 30 days
	DUAKLIR PRESSAIR	1 inhaler per 30 days
	DULERA INHALER	1 inhaler per 30 days
	FLUTICASONE DISKUS	1 package per 30 days
	FLUTICASONE DISKUS 250 MCG	4 packages per 30 days
	FLUTICASONE HFA	2 inhalers per 30 days
	INCRUSE ELLIPTA	1 inhaler per 30 days
	PROAIR DIGIHALER	2 inhalers per 30 days
	PROAIR RESPICLICK	2 inhalers per 30 days
	PROAIR, PROVENTIL, VENTOLIN HFA 108 MCG/ACT	2 inhalers per 30 days
	PULMICORT FLEXHALER	2 packages per 30 days
	QVAR REDIHALER	2 inhalers per 30 days
	SEREVENT DISKUS	1 package per 30 days
	SPIRIVA HANDIHALER 18 MCG	1 package per 30 days
	SPIRIVA RESPIMAT	1 inhaler per 30 days

Therapy class	Medication name	Quantity limit
	STIOLTO RESPIMAT 2.5-2.5 MCG/ACT	1 inhaler per 30 days
	STRIVERDI RESPIMAT	1 inhaler per 30 days
	SYMBICORT INHALER	1 inhaler per 30 days
	TRELEGY ELLIPTA	1 package per 30 days
	TUDORZA PRESSAIR	1 package per 30 days
	XOPENEX HFA	2 inhalers per 30 days
Asthma/COPD (Nebulized)	albuterol soln	5 packages per 30 days
	albuterol soln 0.083%	180 vials per 30 days
	ALBUTEROL SOLN 0.5%	5 packages per 30 days
	BROVANA SOLN 15 MCG/2 ML	60 vials per 30 days
	ipratropium soln 0.02%	125 vials per 30 days
	ipratropium/albuterol soln 0.5-2.5 mg/3 mL	180 vials per 30 days
	levalbuterol soln	180 vials per 30 days
	levalbuterol soln 1.25 mg/0.5 mL	90 vials per 30 days
	levalbuterol soln 1.25 mg/3 mL	90 vials per 30 days
	OHTUVAYRE SUSP 3 MG/2.5 ML	2 ampules per day
	PERFOROMIST SOLN 20 MCG/2 ML	60 vials per 30 days
	PULMICORT SUSP	2 packages per 30 days
	YUPELRI SOLN	1 vial per day
Respiratory Syncytial Virus Agents	ABRYSVO INJ 120 MCG/0.5 ML	1 dose per lifetime
	AREXVY INJ 120 MCG/0.5 ML	1 dose per lifetime
	BEYFORTUS INJ	1 dose per 365 days
	ENFLONSIA INJ 105 MG/ 0.7 ML	1 dose per 365 days
	MRESVIA INJ 50 MCG/0.5 ML	1 dose per lifetime
Urology		
BPH Agents	ENTADFI CAP	1 capsule per day
Erectile Dysfunction	CAVERJECT INJ	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	CAVERJECT, EDEX KIT	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	CIALIS TAB 2.5 MG	1 tablet per day
	CIALIS TAB 5 MG	1 tablet per day
	CIALIS TAB 10 MG	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	CIALIS TAB 20 MG	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.

Therapy class	Medication name	Quantity limit
	LEVITRA TAB	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	MUSE PELLET	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	STENDRA TAB	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	vardenafil ODT 10 mg	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	VIAGRA TAB	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
	VYBRIQUE FILM	Your plan provides coverage for up to 6 units every 30 days. This limit applies across all medications you may be using for this treatment.
Overactive Bladder Antispasmodics	OXYTROL PATCH 3.9 MG/24 HR	8 patches per 28 days

Select Specialty Quantity Limit

Therapy class	Medication name	Quantity limit
Anti-infectives		
Antibiotics	VOWST CAP	2 courses per 365 days
Antivirals	HEPCLUDEX INJ 8.5 MG	1 vial per day
Cardiology		
Antilipemic	JUXTAPID CAP 2MG	112 capsules per 365 days
	JUXTAPID CAP 5 MG	56 capsules per 365 days
	JUXTAPID CAP 10 MG	56 capsules per 365 days
	JUXTAPID CAP 20 MG	2 capsules per day
	JUXTAPID CAP 30 MG	2 capsules per day
	REDEMPLO INJ 25 MG/0.5 ML	1 syringe per 84 days
	TRYNGOLZA INJ	1 syringe per 28 days
Hereditary Angioedema Agents	ANDEMBRY INJ 200 MG/1.2 ML	1 syringe per 28 days
	BERINERT INJ	10 vials per 30 days
	CINRYZE SOLN 500 UNIT	32 vials per 28 days
	DAWNZERA INJ 80 MG/0.8 ML	1 syringe per 28 days
	EKTERLY TAB 300 MG	8 tablets per 28 days
	FIRAZYR, SAJAZIR INJ	6 syringes per 30 days
	HAEGARDA INJ 2000 UNIT	24 vials per 28 days
	HAEGARDA INJ 3000 UNIT	16 vials per 28 days
	KALBITOR INJ 10 MG/ML	12 vials per 30 days
	ORLADEYO CAP	1 capsule per day
	ORLADEYO PELLETS	1 packet per day
	RUCONEST INJ 2100 UNIT	8 vials per 30 days
	TAKHZYRO INJ	2 syringes or vials per 28 days
Miscellaneous	CAMZYOS CAP	1 capsule per day
	MYQORZO TAB	1 tablet per day
Pulmonary Arterial Hypertension	ADCIRCA, ALYQ TAB	2 tablets per day
	ADEMPAS TAB	3 tablets per day
	LETAIRIS TAB	1 tablet per day
	LIQREV SUSP 10 MG/ML	2 bottles per 30 days
	OPSUMIT TAB	1 tablet per day
	OPSYNVI TAB	1 tablet per day
	ORENITRAM TITRATION KIT	2 starter kits per 365 days
	REVATIO SUSP	2 bottles per 30 days
	REVATIO TAB	3 tablets per day
	TADLIQ SUSP 20 MG/5 ML	10 mL per day
	TRACLEER TAB	2 tablets per day
	TRACLEER TAB FOR ORAL SUSP	4 tablets per day
	TYVASO DPI MAINTENANCE KIT	4 cartridges per day
	TYVASO DPI MAINTENANCE KIT 32-64 MCG	8 cartridges per day
	TYVASO DPI MAINTENANCE KIT 48-64 MCG	8 cartridges per day
	TYVASO DPI MAINTENANCE KIT 48-80 MCG	8 cartridges per day

Therapy class	Medication name	Quantity limit
	TYVASO DPI TITRATION KIT	2 starter kits per 365 days
	TYVASO SOLN 0.6 MG/ML	1 ampule per day
	UPTRAVI TAB	2 tablets per day
	UPTRAVI TITRATION PACK 200-800 MCG	2 starter packs per 365 days
	VENTAVIS SOLN	9 ampules per day
	WINREVAIR INJ	1 kit per 21 days
	YUTREPIA CAP	5 capsules per day
	YUTREPIA CAP 79.5 MCG	10 capsules per day
	YUTREPIA CAP 106 MCG	8 capsules per day
Transthyretin Stabilizers	ATTRUBY PAK 356 MG	4 tablets per day
	VYNDAMAX CAP	1 capsule per day
	VYNDAQEL CAP	4 capsules per day
von Willebrand Factor-Directed Antibody	CABLIVI KIT	1 kit per day
Central Nervous System		
Alzheimer's Agents	KISUNLA INJ	4 vials per 28 days
	LEQEMBI INJ 360 MG/1.8 ML	4 syringes per 28 days
	LEQEMBI IV SOLN 200 MG/2 ML	10 vials per 28 days
	LEQEMBI IV SOLN 500 MG/5 ML	4 vials per 28 days
Depressant	LUMRYZ PAK FOR ORAL ER SUSP	1 packet per day
	LUMRYZ STARTER PACK	2 starter packs per 365 days
	XYREM SOLN	18 mL per day
	XYWAV SOLN	18 mL per day
Miscellaneous	RELYVRIO PAK 3-1 GM	2 packets per day
Muscular Dystrophy	DUVYZAT SUSP	12 mL per day
Neurological Agents	AMVUTTRA INJ	1 syringe per 90 days
	DAYBUE SOLN 200 MG/ML	120 mL per day
	DAYBUE STIX POWDER PACKET	4 packets per day
	DAYBUE STIX POWDER PACKET 8000 MG	2 packets per day
	SKYCLARYS CAP 50 MG	3 capsules per day
	TEGSEDI INJ	4 syringes per 28 days
	WAINUA INJ 45 MG/0.8 ML	1 syringe per 28 days
Parkinson's Agents	APOKYN INJ	30 cartridges per 30 days
	ONAPGO INJ 98 MG/20 ML	20 mL per day
Sleep Disorder	HETLIOZ CAP	1 capsule per day
	HETLIOZ LQ SUSP	158 mL per 30 days
	WAKIX TAB	2 tablets per day
Weight Loss	IMCIVREE INJ	0.3 mL per day
Dermatology		
Epidermolysis Bullosa Agent	FILSUVEZ GEL 10%	19 tubes per 30 days
	VYJUVEK GEL	10 mL per 28 days
Electrolyte & Renal Agents		
Diuretics	KEVEYIS, ORMALVI TAB	4 tablets per day

Therapy class	Medication name	Quantity limit
Endocrinology & Metabolism		
Congenital Adrenal Hyperplasia Agent	CRENESSITY CAP	3 capsules per day
	CRENESSITY CAP 100 MG	4 capsules per day
	CRENESSITY SOLN 50 MG/ML	8 mL per day
Copper Replacement Agents	ZYCUBO INJ 2.9 MG	1 vial per day
Corticosteroid	TARPEYO CAP	4 capsules per day
Cortisol Synthesis Inhibitor	RECORLEV TAB	8 tablets per day
C-type Natriuretic Peptide	VOXZOGO INJ	1 vial per day
Endothelin Receptor Antagonist	FILSPARI TAB 200 MG	1 tablet per day
	FILSPARI TAB 400 MG	2 tablets per day
	VANRAFIA TAB	1 tablet per day
	VOYXACT INJ 400 MG/2 ML	1 syringe per 28 days
Farnesyltransferase Inhibitor	ZOKINVY CAP	4 capsules per day
Gonadotropins	CAMCEVI INJ 42 MG	1 injection per 168 days
	ELIGARD, VABRINTY INJ 7.5 MG	1 injection per 28 days
	ELIGARD, VABRINTY INJ 22.5 MG	1 injection per 84 days
	ELIGARD, VABRINTY INJ 30 MG	1 injection per 112 days
	ELIGARD, VABRINTY INJ 45 MG	1 injection per 168 days
	FENSOLVI INJ 45 MG	1 injection per 168 days
	FIRMAGON INJ 80 MG	1 vial per 28 days
	FIRMAGON INJ 120 MG	2 vials per 365 days
	LEUPROLIDE, LUTRATE DEPOT INJ 22.5 MG	1 injection per 84 days
	LUPRON DEPOT-PED	1 syringe per 28 days
	LUPRON DEPOT-PED (3-MONTH)	1 syringe per 84 days
	LUPRON DEPOT-PED (6 MONTH)	1 syringe per 168 days
	SUPPRELIN LA IMPLANT KIT	1 kit per 365 days
	TRELSTAR MIX INJ 3.75 MG	1 injection per 28 days
	TRELSTAR MIX INJ 11.25 MG	1 injection per 84 days
	TRELSTAR MIX INJ 22.5 MG	1 injection per 168 days
	TRIPTODUR INJ	1 injection per 168 days
	ZOLADEX IMP 3.6 MG	1 injection per 28 days
	ZOLADEX IMP 10.8 MG	1 injection per 84 days
Growth Hormones and Related Therapy	EGRIFTA SV INJ 2 MG	1 vial per day
	EGRIFTA WR KIT 11.6 MG	1 kit per 28 days
Hypoparathyroidism Agent	YORVIPATH INJ	2 syringes per 28 days
Miscellaneous	KORLYM TAB	4 tablets per day
Osteoporosis	BILDYOS INJ 60 MG/ML	2 syringes per 365 days
	BOSAYA INJ 60 MG/ML	2 syringes per 365 days
	CONEXXENCE INJ 60 MG/ML	2 syringes per 365 days
	ENOBY SOLN 60 MG/ML	2 syringes per 365 days
	EVENITY INJ	2 syringes per 28 days
	JUBBONTI INJ 60 MG/ML	2 syringes per 365 days
	OSPOMYV INJ 60 MG/ML	2 syringes per 365 days
	OSVYRTI INJ 60 MG/ML	2 syringes per 365 days

Therapy class	Medication name	Quantity limit
	PROLIA INJ 60 MG/ML	2 syringes per 365 days
	STOBOCLO INJ 60 MG/ML	2 syringes per 365 days
Prader-Willi Syndrome Agent	VYKAT XR TAB 25 MG	4 tablets per day
	VYKAT XR TAB 75 MG	7 tablets per day
	VYKAT XR TAB 100 MG	3 tablets per day
Retinoic Acid Receptor Gamma Agonist	SOHONOS CAP 1 MG	20 capsules per day
	SOHONOS CAP 1.5 MG	13 capsules per day
	SOHONOS CAP 2.5 MG	8 capsules per day
	SOHONOS CAP 5 MG	4 capsules per day
	SOHONOS CAP 10 MG	2 capsules per day
Somatostatins	PALSONIFY TAB	2 tablets per day
	SIGNIFOR INJ	2 ampules per day
	SIGNIFOR LAR INJ	1 vial per 28 days
Vasopressin Antagonist	JYNARQUE TAB	2 tablets per day
	JYNARQUE THERAPY PACK	2 tablets per day
	SAMSCA TAB	2 tablets per day
Enzyme-Related		
Cystine-Depleting Agents	CYSTADROPS SOLN 0.37%	4 bottles per 28 days
	CYSTARAN SOLN 0.44%	4 bottles per 28 days
Enzyme Replacement	AQNEURSA POWDER PACKET	4 packets per day
	GALAFOLD CAP	14 capsules per 28 days
	MIPLYFFA CAP	3 capsules per day
	OPFOLDA CAP 65 MG	8 capsules per 28 days
	XURIDEN GRANULES PACKET	4 packets per day
Metabolic Agents	HARLIKU TAB	1 tablet per day
Phenylketonuria Treatment Agents	PALYNZIQ INJ 2.5 MG/0.5 ML	8 syringes per 28 days
	PALYNZIQ INJ 10 MG/0.5 ML	1 syringe per day
	PALYNZIQ INJ 20 MG/ML	2 syringes per day
Gastroenterology		
Diarrhea	XERMELO	3 tablets per day
Hepatic Agents	IQIRVO TAB	1 tablet per day
	LIVDELZI CAP	1 capsule per day
	OCALIVA TAB	1 tablet per day
Ileal Bile Acid Transporter Inhibitor	LIVMARLI SOLN	90 mL per 30 days
	LIVMARLI SOLN 19 MG/ML	2 mL per day
	LIVMARLI TAB	2 tablets per day
	LIVMARLI TAB 30 MG	1 tablet per day
Hematology		
Hemolytic Anemia	AQVESME, PYRUKYND TAB	2 tablets per day
	PYRUKYND THERAPY PACK	1 tablet per day
Immunology		
APDS Agent	JOENJA TAB	2 tablets per day
Atopic Dermatitis	ADBRY INJ	4 syringes per 28 days
	ADBRY INJ 300 MG/2 ML	2 syringes per 28 days

Therapy class	Medication name	Quantity limit
	DUPIXENT INJ	4 syringes per 28 days
	EBGLYSS INJ	2 syringes per 28 days
Bruton Tyrosine Kinase Inhibitor	RHAPSIDO TAB 25 MG	2 tablets per day
	WAYRILZ TAB 400 MG	2 tablets per day
Complement Inhibitor	TAVNEOS CAP	6 capsules per day
Hematopoietic Agents	FABHALTA CAP 200 MG	2 capsules per day
	VOYDEYA	6 tablets per day
Interleukins	ILARIS	2 vials per 28 days
	SPEVIGO INJ 150 MG/1 ML	2 syringes per 28 days
	SPEVIGO INJ 300 MG/2 ML	1 syringe per 28 days
	SPEVIGO IV SOLN	30 mL per 84 days
Miscellaneous	LUPKYNIS CAP	6 capsules per day
	SAPHNELO INJ 120 MG/0.8 ML	4 syringes per 28 days
Monoclonal Antibody	DUPIXENT INJ	4 syringes per 28 days
	EXDENSUR INJ 100 MG/ML	1 syringe per 180 days
	FASENRA INJ	1 syringe per 56 days
	FASENRA PEN INJ 30 MG/ML	1 syringe per 56 days
	NUCALA	3 vials/syringes per 28 days
	NUCALA INJ 40 MG/0.4 ML	1 syringe per 28 days
	TEZSPIRE	1 syringe per 28 days
	XOLAIR INJ 75 MG/0.5 ML	2 syringes per 28 days
	XOLAIR INJ 150 MG/ML	2 syringes per 28 days
	XOLAIR INJ 300 MG/2 ML	4 syringes per 28 days
Multiple Sclerosis	AMPYRA TAB	2 tablets per day
	AUBAGIO TAB	1 tablet per day
	AVONEX INJ 30 MCG/0.5 ML	1 kit per 28 days
	BAFIERTAM CAP	4 capsules per day
	BETASERON INJ	1 package per 28 days
	COPAXONE INJ 20 MG/ML	1 syringe per day
	COPAXONE INJ 40 MG/ML	12 syringes per 28 days
	GILENYA CAP	1 capsule per day
	KESIMPTA INJ 20 MG/0.4 ML	1 syringe per 28 days
	LEMTRADA	3.6 mL per 365 days
	MAVENCLAD	4 cycles per lifetime
	MAYZENT STARTER PACK	2 starter packs per 365 days
	MAYZENT TAB 0.25 MG	4 tablets per day
	MAYZENT TAB 1 MG	1 tablet per day
	MAYZENT TAB 2 MG	1 tablet per day
	OCREVUS ZUNOVO INJ	1 syringe per 180 days
	PLEGRIDY	2 syringes per 28 days
	PLEGRIDY STARTER PACK	2 starter packs per 365 days
	PONVORY STARTER PACK	2 starter packs per 365 days
	PONVORY TAB	1 tablet per day

Therapy class	Medication name	Quantity limit
	REBIF INJ	12 syringes per 28 days
	REBIF REBIDOSE TITRATION PACK	1 starter pack per 365 days
	REBIF TITRATION PACK	1 starter pack per 365 days
	TASCENSO ODT	1 tablet per day
	TECFIDERA CAP	2 capsules per day
	TECFIDERA STARTER PACK	2 starter packs per 365 days
	TYRUKO INJ 300 MG/15 ML	1 vial per 28 days
	TYSABRI INJ 300 MG/15 ML	1 vial per 28 days
	VUMERITY CAP	4 capsules per day
	ZEPOSIA CAP	1 capsule per day
	ZEPOSIA STARTER PACK	2 starter packs per 365 days
Neonatal Fc Receptor Antagonist	RYSTIGGO INJ	4 vials per 28 days
	RYSTIGGO INJ 280 MG/3ML	6 vials per 28 days
	VYVGART HYTRULO INJ 1000 MG/10000 UNIT/5 ML	4 syringes per 28 days
Prurigo Nodularis Agent	NEMLUVIO INJ 30 MG	2 syringes per 28 days
Respiratory Papillomatosis Agent	PAPZIMEOS INJ	4 mL per lifetime
Thrombopoietin Receptor Agonists	DOPTELET SPRINKLE CAP 10 MG	2 capsules per day
WHIM Syndrome	XOLREMDI CAP	4 capsules per day
Miscellaneous		
Barth Syndrome Agents	FORZINITY INJ 280 MG/3.5 ML	14 mL per 28 days
Movement Disorder Agents	AUSTEDO TAB	4 tablets per day
	AUSTEDO TITRATION KIT	2 starter packs per 365 days
	AUSTEDO XR TAB	1 tablet per day
	AUSTEDO XR TITRATION KIT	2 starter packs per 365 days
	INGREZZA CAP	1 capsule per day
	INGREZZA SPRINKLE CAP	1 capsule per day
	INGREZZA THERAPY PACK	2 starter packs per 365 days
Musculoskeletal Agents	EVRYSDI SOLN 0.75 MG/ML	8 mL per day
	EVRYSDI TAB	1 tablet per day
Oncology (Oral)		
Kinase and Molecular Target Inhibitors	AFINITOR TAB	1 tablet per day
	ALUNBRIG STARTER PACK	1 starter pack per 365 days
	ALUNBRIG TAB	1 tablet per day
	ALUNBRIG TAB 30 MG	4 tablets per day
	AYVAKIT TAB	1 tablet per day
	CABOMETYX TAB 20 MG	1 tablet per day
	CAPRELSA TAB 100 MG	2 tablets per day
	COPIKTRA CAP	2 capsules per day
	GILOTRIF TAB	1 tablet per day
	ICLUSIG TAB 10 MG	1 tablet per day
	ICLUSIG TAB 15 MG	1 tablet per day
	IDHIFA TAB	1 tablet per day

Therapy class	Medication name	Quantity limit
	IMBRUVICA CAP	1 capsule per day
	IMBRUVICA CAP 140 MG	3 capsules per day
	IMBRUVICA TAB	1 tablet per day
	ITOVEBI TAB 3 MG	2 tablets per day
	ITOVEBI TAB 9 MG	1 tablet per day
	JAKAFI TAB 5 MG	2 tablets per day
	JAKAFI TAB 10 MG	2 tablets per day
	JAKAFI XR TAB 11MG	1 tablet per day
	JAKAFI XR TAB 22 MG	1 tablet per day
	JAYPIRCA TAB 50 MG	1 tablet per day
	LAZCLUZE TAB 80 MG	2 tablets per day
	NERLYNX TAB	6 tablets per day
	OJJAARA TAB 100 MG	1 tablet per day
	PEMAZYRE TAB	1 tablet per day
	PIQRAY 200 MG THERAPY PACK	1 tablet per day
	PIQRAY THERAPY PACK	2 tablets per day
	RETEVMO TAB 40 MG	3 tablets per day
	RETEVMO TAB 80 MG	2 tablets per day
	SCEMBLIX TAB 20 MG	2 tablets per day
	SCEMBLIX TAB 40 MG	8 tablets per day
	TAGRISSO TAB 40 MG	1 tablet per day
	TALZENNA CAP 0.25 MG	1 capsule per day
	TALZENNA CAP 0.5 MG	1 capsule per day
	TARCEVA TAB 25 MG	3 tablets per day
	VIJOICE GRANULES 50 MG	1 packet per day
	VIJOICE PAK	1 tablet per day
	VIJOICE PAK 250 MG	2 tablets per day
	VIZIMPRO TAB 15 MG	1 tablet per day
	VORANIGO TAB 10 MG	2 tablets per day
	VOTRIENT TAB 200 MG	3 tablets per day
	ZEJULA TAB 100 MG	1 tablet per day
	ZYDELIG TAB	2 tablets per day
Miscellaneous	RUBRACA TAB 200 MG	4 tablets per day
ROCK2 Inhibitor	REZUROCK TAB	1 tablet per day
Thalidomide-Related Agents	POMALYST CAP 1 MG	1 capsule per day
	POMALYST CAP 2 MG	1 capsule per day
Ophthalmology		
Miscellaneous	OXERVATE SOLN	2 mL per day, 112 mL per lifetime
Respiratory		
Cystic Fibrosis	ALYFTREK TAB 10-50-125 MG	2 tablets per day
	ALYFTREK TAB 4-20-50 MG	3 tablets per day
	BETHKIS SOLN 300 MG/4ML	2 vials per day
	BRONCHITOL CAP	20 capsules per day
	KALYDECO PAK	2 packets per day

Therapy class	Medication name	Quantity limit
	KITABIS, TOBI, TOBRAMYCIN SOLN 300 MG/5 ML	2 vials per day
	ORKAMBI GRANULES PACKET	2 packets per day
	ORKAMBI TAB 100-125 MG	4 tablets per day
	ORKAMBI TAB 200-125 MG	4 tablets per day
	SYMDEKO TAB	2 tablets per day
	TOBI PODHALER CAP	1 package per 56 days
	TRIKAFTA GRANULES PACKET	2 packets per day
	TRIKAFTA TAB	3 tablets per day
Non-Cystic Fibrosis Bronchiectasis	BRINSUPRI TAB	1 tablet per day
Pulmonary Fibrosis	ESBRIET CAP 267 MG	9 capsules per day
	ESBRIET TAB 267 MG	9 tablets per day
	ESBRIET TAB 801 MG	3 tablets per day
	JASCAYD TAB	2 tablets per day
	OFEV CAP	2 capsules per day
Urology		
Primary Hyperoxaluria Type 2	RIVFLOZA INJ	1 syringe per 28 days
	RIVFLOZA INJ 80 MG/0.5 ML	2 vials per 28 days

*Quantity limit applies to both the brand and generic if applicable

Quantity limits effective as of January 1, 2027.

PLEASE NOTE: This drug list is subject to regular updates and may not be all inclusive. Drugs affected include both brand and generic and include all strengths unless noted. If a targeted drug has a new strength, it may be automatically added to the list.

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