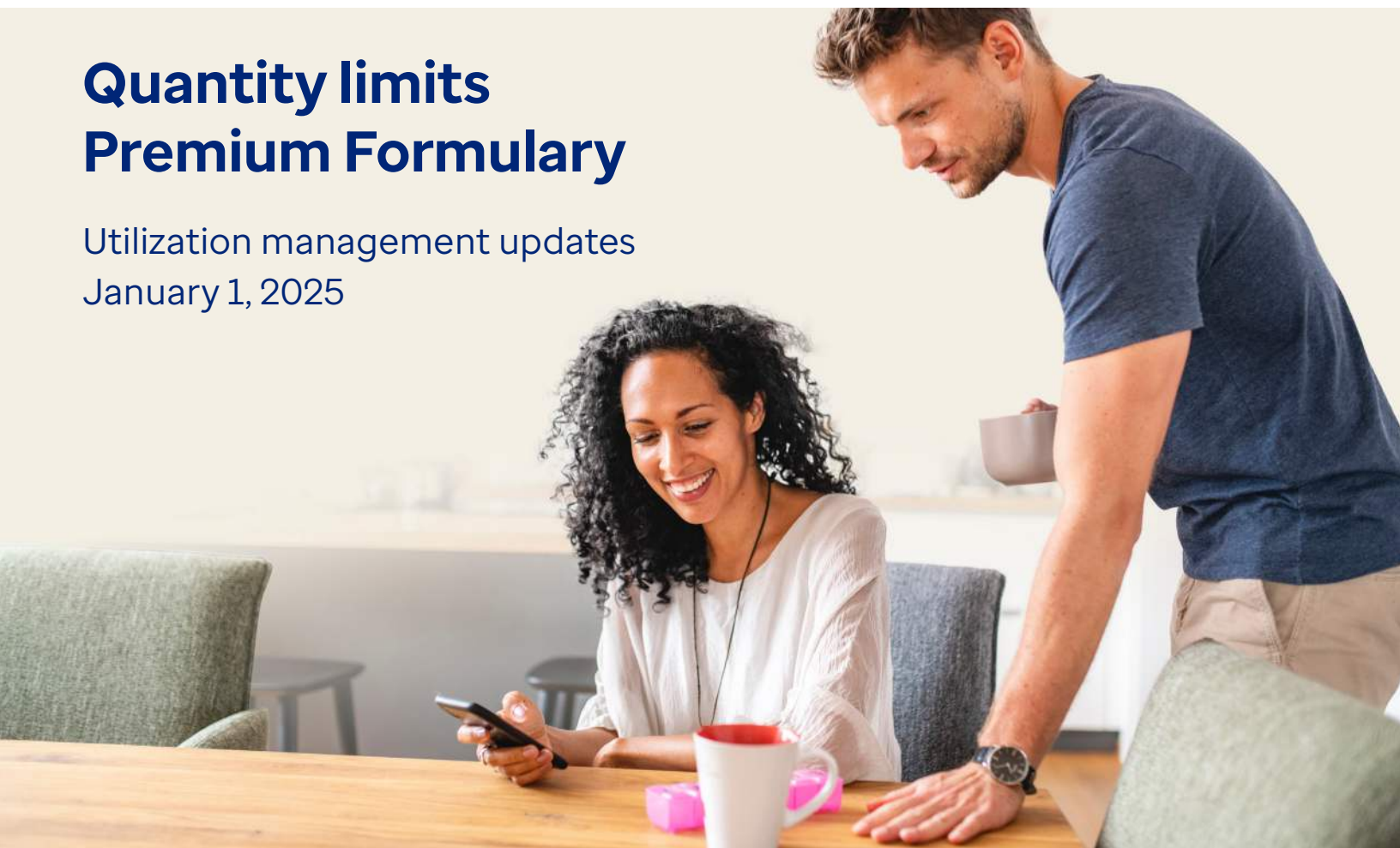


# Quantity limits Premium Formulary

Utilization management updates  
January 1, 2025



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 new 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.

## Premium Non-Specialty Quantity Limit

| Therapy class                | Medication name                            | Quantity limit                          |
|------------------------------|--|---|
| <b>Anti-infectives</b>       |  |   |
| Antibiotics                  | NUZYRA TAB 150 MG                          | 1 course per fill, 2 fills per 365 days |
|                              | SIVEXTRO IV SOLN                           | 6 vials per 30 days                     |
|                              | SIVEXTRO TAB                               | 6 tablets per 30 days                   |
|                              | ZYVOX SUSP 100 MG/5 ML                     | 900 mL per 28 days                      |
|                              | ZYVOX TAB                                  | 28 tablets per 30 days                  |
| Antifungals                  | terbinafine tab 250 mg                     | 84 days supply per 180 days             |
| Antiretrovirals, Hepatitis B | BARACLUDE SOLN                             | 630 mL per 30 days                      |
|                              | entecavir tab                              | 1 tablet per day                        |
| Antiretrovirals, HIV         | SUNLENCA SOLN 463.5 MG/1.5 ML              | 9 mL per 365 days                       |
|                              | SUNLENCA TAB THERAPY PACK 4 X 300 MG       | 2 packs (8 tabs) per 365 days           |
|                              | SUNLENCA TAB THERAPY PACK 5 X 300 MG       | 2 packs (10 tabs) per 365 days          |
| Antivirals                   | LAGEVRIO CAP 200 MG                        | 1 course per fill, 2 fills per 365 days |
|                              | PAXLOVID TAB 150-100 MG PAK                | 1 course per fill, 2 fills per 365 days |
|                              | PAXLOVID TAB 300-100 MG PAK                | 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 |
|                              | VEKLURY IV SOLN 100 MG/20 ML               | 1 course per fill, 2 fills per 365 days |
| Antivirals, Herpetic         | DENAVIR CREAM 1%                           | 5 gm per 30 days                        |
|                              | SITAVIG TAB 50 MG                          | 2 tablets per 30 days                   |
|                              | valacyclovir tab                           | 4 tablets per day                       |
|                              | acyclovir cream 5%                         | 5 gm per 30 days                        |
|                              | acyclovir oint 5%                          | 30 gm per 30 days                       |
| Antivirals, Influenza        | RELENZA DISKHALER 5 MG/ACT                 | 40 inhalations per 365 days             |
|                              | oseltamivir cap                            | 20 capsules per 365 days                |
|                              | oseltamivir cap 30 mg                      | 40 capsules per 365 days                |
|                              | oseltamivir 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                  |
|                              | XOFLUZA TAB THERAPY PACK (80 MG DOSE)      | 2 tablets per 365 days                  |
| <b>Cardiology</b>            |  |   |
| Anticoagulants               | ELIQUIS TAB                                | 2 tablets per day                       |
|                              | ELIQUIS TAB 5 MG                           | 3 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                        |

| <b>Therapy class</b>          | <b>Medication name</b>                         | <b>Quantity limit</b> |
|-------------------------------|--|-----------------------|
|                               | XARELTO TAB 2.5 MG                             | 2 tablets per day     |
|                               | XARELTO TAB 15 MG                              | 2 tablets per day     |
| Heart Failure                 | CORLANOR SOLN                                  | 15 mL per day         |
|                               | CORLANOR TAB                                   | 2 tablets per day     |
|                               | ENTRESTO TAB                                   | 2 tablets per day     |
|                               | ENTRESTO SPRINKLE CAP                          | 8 capsules per day    |
|                               | VERQUVO TAB                                    | 1 tablet per day      |
| Miscellaneous                 | DEMSER CAP 250 MG                              | 16 capsules per day   |
| <b>Central Nervous System</b> |  |                       |
| ADHD Agents                   | amphetamine tab                                | 6 tablets per day     |
|                               | amphetamine/dextroamphetamine cap              | 1 capsule per day     |
|                               | amphetamine/dextroamphetamine tab              | 3 tablets per day     |
|                               | amphetamine/dextroamphetamine tab 30 mg        | 2 tablets per day     |
|                               | amphetamine/dextroamphetamine ER cap           | 2 capsules per day    |
|                               | APTENSIO XR, JORNAY PM, methylphenidate ER cap | 1 capsule per day     |
|                               | atomoxetine cap                                | 1 capsule per day     |
|                               | AZSTARYS CAP                                   | 1 capsule 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    |
|                               | dexmethylphenidate tab                         | 2 tablets per day     |
|                               | dexmethylphenidate ER cap                      | 1 capsule per day     |
|                               | dextroamphetamine cap 5 mg                     | 3 capsules per day    |
|                               | dextroamphetamine tab                          | 3 tablets per day     |
|                               | dextroamphetamine tab 10 mg                    | 6 tablets per day     |
|                               | dextroamphetamine tab 30 mg                    | 2 tablets per day     |
|                               | EVEKEO ODT 5 MG                                | 3 tablets per day     |
|                               | EVEKEO ODT 10 MG                               | 3 tablets per day     |
|                               | EVEKEO ODT 15 MG                               | 2 tablets per day     |
|                               | EVEKEO ODT 20 MG                               | 2 tablets per day     |
|                               | lisdexamfetamine cap                           | 1 capsule per day     |
|                               | lisdexamfetamine chew tab                      | 1 tablet 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     |
|                               | methylpheniccate patch                         | 1 patch per day       |
|                               | methylphenidate tab                            | 3 tablets per day     |
|                               | PROCENTRA SOLN 5 MG/5 ML                       | 60 mL per day         |

| Therapy class                                  | Medication name                            | Quantity limit   |
|--|--|--|
|  | RELEXXII TAB                               | 1 tablet per day   |
|  | RELEXXII TAB 36 MG                         | 2 tablets per day  |
|  | NAMENDA XR CAP                             | 1 capsule per day  |
| Alzheimers Agents                              | NAMZARIC                                   | 1 capsule per day  |
|  | NAMZARIC CAP TITRATION PACK                | 2 starter packs per 365 days   |
| 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   |
|  | M-END PE LIQUID 3.33-1.33-6.33 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   |
|  | 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   |
|  | TUSNEL C SYRUP 30-10-100 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   |
|  | TUZISTRA XR SUSP 14.7-2.8 MG/5 ML          | 240 mL per fill, 2 fills per 60 days   |
|  | Analgesics (non-opioid)                    | celecoxib cap  |
| diclofenac patch                               |  | 2 patches per day up to 15 days  |
| ketorolac tab                                  |  | 20 tablets or 5 day supply per 30 days   |
| orphenadrine/aspirin/caffeine tab 25-385-30 mg |  | 4 tablets per day  |
| orphenadrine ER tab                            |  | 2 tablets per day  |
| QUTENZA PATCH KIT                              |  | 4 patches per 90 days  |
| diclofenac gel 1%                              |  | 10 tubes per month   |
| 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  |
|               | buprenorphine SL tab 2 mg              | 12 tablets per day   |
|               | buprenorphine SL tab 8 mg              | 3 tablets per day  |
|               | buprenorphine/naloxone film 2-0.5 mg   | 12 films per day   |
|               | buprenorphine/naloxone film 4-1 mg     | 6 films per day  |
|               | buprenorphine/naloxone film 8-2 mg     | 3 films per day  |
|               | buprenorphine/naloxone film 12-3 mg    | 2 films per day  |
|               | buprenorphine/naloxone SL tab 2-0.5 mg | 12 tablets per day   |
|               | buprenorphine/naloxone SL tab 8-2 mg   | 3 tablets per day  |
|               | butorphanol nasal spray 10 mg/mL       | 1 bottle per fill, 2 fills per 60 days   |
|               | buprenorphine 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.  |
|               | 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  |
|               | hydrocodone ER cap                     | 2 capsules per day   |
|               | hydrocodone ER cap 50 MG               | 4 capsules per day   |

| Therapy class | Medication name                                 | Quantity limit  |
|---------------|---|---|
|               | 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 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. |
|               | 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 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 10-300 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 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   |



| Therapy class | Medication name              | Quantity limit   |
|---------------|------------------------------|--|
|               | hydromorphone 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.     |
|               | 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. |
|               | hydromorphone tab 2mg        | 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.   |
|               | hydromorphone tab 4mg        | 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.   |
|               | hydromorphone 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.    |
|               | 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.     |
|               | 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.  |
|               | morphine ER beads cap        | 1 capsule per day  |
|               | morphine ER beads cap 120 mg | 2 capsules per day   |

| Therapy class | Medication name           | Quantity limit  |
|---------------|---------------------------|---|
|               | 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.   |
|               | 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.     |
|               | morphine ER tab           | 3 tablets per day   |



| Therapy class | Medication name            | Quantity limit   |
|---------------|----------------------------|--|
|               | 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. |
|               | 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.  |
|               | 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 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 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 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.   |
|               | 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 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.    |

| Therapy class | Medication name                            | Quantity limit   |
|---------------|--|--|
|               | 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.   |
|               | oxycodone/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. |
|               | oxycodone/acetaminophen 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.  |
|               | oxycodone/acetaminophen 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.   |
|               | oxycodone/acetaminophen 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.   |
|               | OXYCONTIN ER TAB                           | 4 tablets per day  |
|               | oxymorphone ER tab                         | 4 tablets per day  |

| Therapy class | Medication name                        | Quantity limit   |
|---------------|--|--|
|               | 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.  |
|               | 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 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.   |
|               | 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   |

| Therapy class                      | Medication name                  | Quantity limit                              |
|------------------------------------|----------------------------------|---|
|                                    | ZUBSOLV SL TAB 0.7-0.18 MG       | 3 tablets per day                           |
|                                    | ZUBSOLV SL TAB 1.4-0.36 MG       | 12 tablets per day                          |
|                                    | ZUBSOLV SL TAB 2.9-0.71 MG       | 6 tablets per day                           |
|                                    | ZUBSOLV SL TAB 5.7-1.4 MG        | 3 tablets per day                           |
|                                    | ZUBSOLV SL TAB 8.6-2.1 MG        | 2 tablets per day                           |
|                                    | ZUBSOLV SL TAB 11.4-2.9 MG       | 1 tablet per day                            |
| Analgesics Gastroprotective Agents | naproxen/esomeprazole tab        | 2 tablets per day                           |
| Anticonvulsants                    | DIASTAT RECTAL GEL               | 2 boxes per fill                            |
|                                    | 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                           |
|                                    | pregabalin cap                   | 3 capsules per day                          |
|                                    | pregabalin cap 300 mg            | 2 capsules per day                          |
|                                    | pregabalin ER tab                | 3 tablets per day                           |
|                                    | pregabalin ER tab 330 mg         | 2 tablets per day                           |
|                                    | pregabalin soln                  | 900 mL per 30 days                          |
|                                    | VALTOCO NASAL SPRAY              | 10 devices per 30 days, 2 packages per fill |
|                                    | VALTOCO NASAL SPRAY (15 MG DOSE) | 20 devices per 30 days, 2 packages per fill |
|                                    | VALTOCO NASAL SPRAY (20 MG DOSE) | 20 devices per 30 days, 2 packages per fill |
| Antidepressants                    | APLENZIN TAB                     | 1 tablet per day                            |
|                                    | bupropion SR tab                 | 2 tablets per day                           |
|                                    | bupropion ER tab                 | 1 tablet per day                            |
|                                    | bupropion ER tab 150 mg          | 3 tablets per day                           |
|                                    | DESVENLAFAXINE ER TAB            | 1 tablet per day                            |
|                                    | duloxetine cap                   | 2 capsules per day                          |
|                                    | duloxetine cap 30 mg             | 3 capsules per day                          |
|                                    | EMSAM PATCH                      | 1 patch 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                          |
|                                    | TRINTELLIX TAB                   | 1 tablet per day                            |
|                                    | venlafaxine ER cap 37.5 mg       | 1 capsule per day                           |
|                                    | venlafaxine ER cap 75 mg         | 3 capsules per day                          |
|                                    | venlafaxine ER cap 150 mg        | 2 capsules per day                          |
|                                    | VIIBRYD                          | 1 tablet per day                            |
|                                    | VIIBRYD STARTER KIT              | 2 starter packs per 365 days                |

| <b>Therapy class</b> | <b>Medication name</b>         | <b>Quantity limit</b>        |
|----------------------|--------------------------------|------------------------------|
| Antipsychotics       | ABILIFY MYCITE MAINTENANCE KIT | 1 tablet per day             |
|                      | ABILIFY MYCITE STARTER KIT     | 2 starter packs per 365 days |
|                      | aripiprazole tab               | 1 tablet per day             |
|                      | aripiprazole ODT               | 2 tablets per day            |
|                      | aripiprazole soln 1 mg/mL      | 25 mL per day                |
|                      | asenapine tab                  | 2 tablets per day            |
|                      | 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            |
|                      | FANAPT TAB                     | 2 tablets per day            |
|                      | FANAPT TITRATION PACK          | 2 starter packs per year     |
|                      | GEODON CAP                     | 2 capsules per day           |
|                      | INVEGA TAB                     | 1 tablet per day             |
|                      | INVEGA TAB 6 MG                | 2 tablets per day            |
|                      | lurasidone tab                 | 1 tablet per day             |
|                      | lurasidone tab 80 mg           | 2 tablets per day            |
|                      | olanzapine tab                 | 1 tablet per day             |
|                      | REXULTI TAB                    | 1 tablet per day             |
|                      | risperidone soln 1 mg/mL       | 8 mL per day                 |
|                      | risperidone tab                | 2 tablets per day            |
|                      | risperidone ODT                | 2 tablets per day            |
|                      | quetiapine tab                 | 3 tablets per day            |
|                      | quetiapine tab 300 mg          | 2 tablets per day            |
|                      | quetiapine tab 400 mg          | 2 tablets per day            |
|                      | quetiapine ER 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              |                              |
| VRAYLAR THERAPY PACK | 2 starter packs per 365 days   |                              |
| ZYPREXA ZYDIS ODT    | 1 tablet per day               |                              |
| Benzodiazepines      | alprazolam conc 1 mg/mL        | 10 mL per day                |
|                      | alprazolam ER tab              | 1 tablet per day             |
|                      | alprazolam ER tab 2 mg         | 5 tablets per day            |
|                      | alprazolam ER tab 3 mg         | 3 tablets per day            |
|                      | alprazolam ODT                 | 4 tablets per day            |

| Therapy class                     | Medication name                  | Quantity limit                          |
|-----------------------------------|----------------------------------|---|
|                                   | alprazolam ODT 2 mg              | 5 tablets per day                       |
|                                   | alprazolam tab                   | 4 tablets per day                       |
|                                   | alprazolam 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                      |
|                                   | clonazepam tab                   | 3 tablets per day                       |
|                                   | clonazepam tab 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                       |
|                                   | lorazepam conc 2 mg/mL           | 5 mL per day                            |
|                                   | lorazepam tab                    | 3 tablets per day                       |
|                                   | lorazepam tab 2 mg               | 5 tablets per day                       |
|                                   | NAYZILAM NASAL SPRAY             | 10 spray units per 30 day               |
|                                   | oxazepam cap                     | 4 capsules 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       | 1.8 mL (6 injections) per 30 days       |
| Migraine                          | almotriptan tab                  | 12 tablets per 30 days                  |
|                                   | dihydroergotamine inj 1 mg/mL    | 24 ampules per 28 days                  |
|                                   | eletriptan tab                   | 12 tablets per 30 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                  |
|                                   | MIGERGOT SUPP 2-100 MG           | 20 suppositories per 28 days            |
|                                   | MIGRANAL NASAL SPRAY 4 MG/ML     | 1 package (8 vials) per 30 days         |
|                                   | naratriptan tab                  | 9 tablets per 30 days                   |
|                                   | QULIPTA TAB                      | 1 tablet per day                        |
|                                   | rizatriptan tab 5 mg             | 18 tablets per 30 days                  |
|                                   | rizatriptan tab 10 mg            | 12 tablets per 30 days                  |
|                                   | rizatriptan ODT 5 mg             | 18 tablets per 30 days                  |
|                                   | rizatriptan ODT 10 mg            | 12 tablets per 30 days                  |
|                                   | sumatriptan cartridge            | 5 kits (10 units) per 30 days           |
|                                   | sumatriptan inj                  | 5 kits (10 units) per 30 days           |
|                                   | sumatriptan nasal spray          | 12 spray unit devices per 30 days       |
|                                   | sumatriptan tab                  | 9 tablets per 30 days                   |
|                                   | sumatriptan/naproxen tab         | 9 tablets per 30 days                   |
|                                   | zolmitriptan ODT                 | 12 tablets per 30 days                  |
|                                   | zolmitriptan tab                 | 12 tablets per 30 days                  |
|                                   | ZOMIG NASAL SPRAY                | 2 packages (12 spray units) per 30 days |



| <b>Therapy class</b>                  | <b>Medication name</b>           | <b>Quantity limit</b>                     |
|---------------------------------------|----------------------------------|---|
| Parkinson's                           | XADAGO TAB                       | 1 tablet per day                          |
| Sedative Hypnotics                    | BELSOMRA TAB                     | 1 tablet per day                          |
|                                       | 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                          |
|                                       | eszopiclone tab                  | 1 tablet per day                          |
|                                       | flurazepam cap                   | 1 capsule per day                         |
|                                       | HALCION TAB                      | 2 tablets per day                         |
|                                       | ROZEREM TAB                      | 1 tablet per day                          |
|                                       | SILENOR TAB                      | 1 tablet per day                          |
|                                       | temazepam cap                    | 1 capsule per day                         |
|                                       | zaleplon cap 5 mg                | 1 capsule per day                         |
|                                       | zaleplon cap 10 mg               | 2 capsules per day                        |
|                                       | zolpidem ER tab                  | 1 tablet per day                          |
|                                       | zolpidem tab                     | 1 tablet per day                          |
| ZOLPIMIST ORAL SPRAY 5 MG/ACT         | 1 bottle (7.7 gm) per 30 days    |   |
| Stimulants                            | armodafinil tab                  | 1 tablet per day                          |
|                                       | armodafinil tab 50 mg            | 2 tablets per day                         |
|                                       | modafinil 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                           | SAXENDA INJ                      | 5 syringes per 30 days                    |
|                                       | WEGOVY INJ                       | 4 syringes per 28 days                    |
| <b>Dermatology</b>                    |                                  |   |
| Anti-inflammatory                     | diclofenac gel                   | 300 gm per 30 days                        |
| Miscellaneous                         | calcipotriene/betamethasone oint | 400 gm per 30 days                        |
|                                       | ENSTILAR FOAM 0.005-0.064%       | 420 gm per 28 days                        |
|                                       | pimecrolimus cream 1%            | 60 gm per 30 days                         |
|                                       | PROTOPIC OINT                    | 60 gm per 30 days                         |
|                                       | QBREXZA PAD                      | 1 pad per day                             |
|                                       | SANTYL OINT 250 UNIT/GM          | 90 gm per 30 days                         |
|                                       | TACLONEX SUSP                    | 120 gm per 30 days                        |
| Plaque Psoriasis                      | WYNZORA CREAM 0.005-0.064%       | 420 gm per 28 days                        |
| <b>Endocrinology &amp; Metabolism</b> |                                  |   |
| Aldosterone Antagonist                | KERENDIA TAB                     | 1 tablet per day                          |
| Diabetic Supplies                     | GLUCOSE TEST STRIPS              | 300 strips per 30 days                    |
| GLP-1 Agonists                        | BYDUREON BCISE                   | 4 syringes per 28 days                    |
|                                       | BYETTA INJ                       | 1 syringe per 30 days                     |
|                                       | MOUNJARO INJ                     | 4 syringes per 28 days                    |
|                                       | OZEMPIC INJ                      | 1 syringe per 28 days                     |
|                                       | RYBELSUS TAB                     | 1 tablet per day                          |
|                                       | RYBELSUS TAB 3 MG                | 2 starter packs per 365 days              |

| Therapy class               | Medication name                      | Quantity limit                |                        |
|-----------------------------|--------------------------------------|-------------------------------|------------------------|
| Gonadotropins               | TRULICITY INJ                        | 4 syringes per 28 days        |                        |
|                             | VICTOZA                              | 3 syringes per 30 days        |                        |
|                             | MYFEMBREE TAB                        | 1 tablet per day              |                        |
|                             | ORIAHNN CAP                          | 2 tablets per day             |                        |
|                             | ORILISSA TAB 150 MG                  | 1 tablet per day              |                        |
| Osteoporosis                | ORILISSA TAB 200 MG                  | 2 tablets per day             |                        |
|                             | 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         |                        |
|                             | BONIVA TAB 150 MG                    | 1 tablet per 28 days          |                        |
|                             | calcitonin nasal spray 200 units/act | 1 bottle (3.7 mL) per 30 days |                        |
|                             | FOSAMAX PLUS D TAB                   | 4 tablets per 28 days         |                        |
|                             | FOSAMAX TAB 70MG                     | 4 tablets per 28 days         |                        |
| <b>Gastroenterology</b>     | ibandronate iv soln                  | 1 syringe per 90 days         |                        |
|                             | 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 CAP 80 MG               | 4 capsules per 30 days |
|                             |                                      | EMEND SUSP                    | 3 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     |
|                             |                                      | ondansetron soln 4 mg/5 mL    | 120 mL per 30 days     |
|                             |                                      | ondansetron tab 24 mg         | 2 tablets per 30 days  |
|                             |                                      | SUSTOL INJ                    | 2 syringes per 30 days |
|                             |                                      | SYNDROS SOLN                  | 4 mL per day           |
|                             |                                      | VARUBI THERAPY PACK           | 4 tablets per 28 days  |
| Constipation                | LINZESS CAP                          | 1 capsule per day             |                        |
|                             | lubiprostone                         | 2 capsules per day            |                        |
|                             | MOTEGRITY TAB                        | 1 tablet per day              |                        |
| Corticosteroid              | EOHILIA SUSP 2 MG/10 ML              | 20 mL per day                 |                        |
| Diarrhea                    | MYTESI TAB                           | 2 tablets per day             |                        |
| Irritable Bowel Syndrome    | VIBERZI TAB                          | 2 tablets per day             |                        |
| Opioid-induced Constipation | SYMPROIC TAB                         | 1 tablet per day              |                        |
| Proton Pump Inhibitors      | dexlansoprazole                      | 1 capsule per day             |                        |
|                             | esomeprazole cap                     | 1 capsule per day             |                        |
|                             | esomeprazole tab                     | 1 tablet per day              |                        |
|                             | NEXIUM GRANULES PACKET               | 1 packet per day              |                        |

| Therapy class                      | Medication name                             | Quantity limit                            |
|------------------------------------|---|---|
|                                    | lansoprazole cap                            | 1 capsule per day                         |
|                                    | lansoprazole ODT                            | 1 tablet per day                          |
|                                    | omeprazole cap                              | 1 capsule per day                         |
|                                    | pantoprazole tab                            | 1 tablet per day                          |
|                                    | PRILOSEC POWDER PACKET                      | 2 packets per day                         |
|                                    | PROTONIX GRANULES PACKET                    | 1 packet per day                          |
|                                    | rabeprazole                                 | 1 tablet per day                          |
| <b>Miscellaneous</b>               |   |   |
| Anticholinergic                    | GLYCATE TAB 1.5 MG                          | 6 tablets per day                         |
|                                    | ROBINUL FORTE TAB 2 MG                      | 4 tablets per day                         |
|                                    | ROBINUL TAB 1 MG                            | 4 tablets per day                         |
| Methotrexate Auto-Injectors        | RASUVO INJ                                  | 4 syringes per 28 days                    |
| Smoking Cessation Products         | APO-VARENICLINE                             | 180 days supply per year                  |
|                                    | bupropion ER (smoking deterrent) tab 150 mg | 180 days supply per year                  |
|                                    | NICORETTE                                   | 180 days supply per year                  |
|                                    | NICOTROL, NICODERM                          | 180 days supply per year                  |
| <b>Obstetrics &amp; Gynecology</b> |   |   |
| Contraceptives                     | ANNOVERA RING                               | 1 ring per 365 days                       |
|                                    | DEPO/DEPO-SUBQ PROVERA                      | 1 syringe per 90 days                     |
|                                    | levonorgestrel/ethinyl estradiol (91-day)   | 1 pack per 91 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                      | paroxetine cap 7.5 mg                       | 1 capsule per day                         |
| <b>Ophthalmology</b>               |   |   |
| Anti-inflammatory                  | bromfenac soln 0.07%                        | 4 bottles per 365 days                    |
|                                    | bromfenac soln 0.075%                       | 4 bottles per 365 days                    |
|                                    | bromfenac soln 0.09%                        | 4 bottles per 365 days                    |
|                                    | LOTEMAX GEL 0.5%                            | 4 bottles per 365 days                    |
|                                    | LOTEMAX OINT 0.5%                           | 4 bottles per 365 days                    |
| Dry Eye                            | MIEBO SOLN 1.3 GM/ML                        | 12 mL (4 bottles) per 30 days             |
|                                    | TYRVAYA NASAL SPRAY                         | 2 bottles per 30 days                     |
| Prostaglandins                     | LUMIGAN SOLN                                | 1 bottle (2.5 mL) per 25 days             |
|                                    | RHOPRESSA SOLN 0.02%                        | 1 bottle (2.5 mL) per 25 days             |
|                                    | ROCKLATAN SOLN                              | 1 bottle (2.5 mL) per 25 days             |
|                                    | tafluprost soln                             | 1 container per day                       |
|                                    | travoprost soln                             | 1 bottle (2.5 mL) per 25 days             |
|                                    | XELPROS EMULSION                            | 1 bottle (2.5 mL) per 25 days             |
| <b>Respiratory</b>                 |   |   |
| Allergy (intranasal)               | azelastine nasal spray                      | 2 bottles (60 mL) per 30 days             |
|                                    | BECONASE AQ NASAL SPRAY 42 MCG/SPRAY        | 1 inhaler (25 gm) per 25 days             |
|                                    | budesonide nasal spray 32 mcg/act           | 2 bottles per 30 days                     |
|                                    | DYMISTA NASAL SPRAY 137-50 MCG/ACT          | 1 inhaler (23 gm) per 30 days             |

| Therapy class                      | Medication name                              | Quantity limit                               |
|------------------------------------|--|--|
|                                    | FLONASE SENSIMIST NASAL SPRAY 27.5 MCG/SPRAY | 1 bottle (10 gm) per 30 days                 |
|                                    | flunisolide nasal spray                      | 1 bottle (25 mL) per 30 days                 |
|                                    | mometasone nasal spray 50 mcg/act            | 2 inhalers per 30 days                       |
|                                    | olopatadine nasal spray 0.6%                 | 1 bottle (30.5 gm) per 30 days               |
|                                    | OMNARIS NASAL SPRAY 50 MCG/ACT               | 1 inhaler (12.5 gm) 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                        |
|                                    | RYALTRIS NASAL SPRAY 665-25 MCG/ACT          | 1 bottle (29 mL) per 30 days                 |
|                                    | ZETONNA NASAL SPRAY 37 MCG/ACT               | 1 inhaler (6.1 gm) per 30 days               |
| Asthma/COPD (inhaled)              | ADVAIR HFA                                   | 1 inhaler per 30 days                        |
|                                    | AIRSUPRA INHALER 90-80 MCG/ACT               | 3 inhalers per 30 days                       |
|                                    | albuterol HFA 108 mcg/act                    | 2 inhalers per 30 days                       |
|                                    | ANORO ELLIPTA                                | 1 package (60 blisters) per 30 days          |
|                                    | ARNUITY ELLIPTA                              | 1 inhaler per 30 days                        |
|                                    | ATROVENT HFA 17 MCG                          | 2 inhalers (12.9 gm) per 30 days             |
|                                    | BREO ELLIPTA                                 | 1 package (60 blisters) per 30 days          |
|                                    | BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT         | 1 inhaler per 30 days                        |
|                                    | COMBIVENT RESPIMAT 20-100 MCG/ACT            | 2 inhalers (8 gm) per 30 days                |
|                                    | fluticasone/salmeterol inhaler               | 1 diskus (60 doses) per 30 days              |
|                                    | QVAR REDIHALER                               | 2 inhalers per 30 days                       |
|                                    | SEREVENT DISKUS                              | 1 package (60 doses) per 30 days             |
|                                    | SPIRIVA HANDIHALER 18 MCG                    | 1 package (30 caps) per 30 days              |
|                                    | SPIRIVA RESPIMAT                             | 1 inhaler per 30 days                        |
|                                    | 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                              | 60 blisters per 30 days                      |
| Asthma/COPD (nebulized)            | albuterol soln                               | 5 packages (125 vials or 375 mL) per 30 days |
|                                    | albuterol soln 0.083%                        | 180 vials (540 mL) per 30 days               |
|                                    | ALBUTEROL SOLN 0.5%                          | 5 packages (150 mL) per 30 days              |
|                                    | arformoterol soln 15 mcg/2 mL                | 60 vials (120 mL) per 30 days                |
|                                    | budesonide susp                              | 2 packages (120 mL) per 30 days              |
|                                    | ipratropium soln 0.02%                       | 125 vials (312.5 mL) per 30 days             |
|                                    | ipratropium/albuterol soln 0.5-2.5 mg/3 mL   | 180 vials (540 mL) per 30 days               |
|                                    | levalbuterol soln                            | 180 vials (540 mL) per 30 days               |
|                                    | levalbuterol soln 1.25 mg/0.5 mL             | 90 vials (45 mL) per 30 days                 |
|                                    | levalbuterol soln 1.25 mg/3 mL               | 90 vials (270 mL) per 30 days                |
|                                    | PERFOROMIST SOLN 20 MCG/2 ML                 | 60 vials (120 mL) per 30 days                |
|                                    | YUPELRI SOLN                                 | 3 mL (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 50 MG/0.5 ML                   | 1 dose per 365 days                          |
|                                    | BEYFORTUS INJ 100 MG/ML                      | 1 dose per 365 days                          |

| Therapy class                        | Medication name            | Quantity limit  |
|--------------------------------------|----------------------------|---|
| <b>Urology</b>                       |                            |   |
| 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. |
|                                      | MUSE PELLETT               | 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. |
|                                      | sildenafil 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. |
|                                      | tadalafil tab 2.5 mg       | 1 tablet per day  |
|                                      | tadalafil tab 5 mg         | 1 tablet per day  |
|                                      | tadalafil 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. |
|                                      | tadalafil 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. |
|                                      | 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. |
|                                      | vardenafil 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. |
| Overactive Bladder<br>Antispasmodics | OXYTROL PATCH 3.9 MG/24 HR | 8 patches per 28 days   |

## Premium Specialty Quantity Limit

| Therapy class                           | Medication name                      | Quantity limit               |
|---|--------------------------------------|------------------------------|
| <b>Cardiology</b>                       |                                      |                              |
| Antilipemic                             | JUXTAPID CAP                         | 1 capsule per day            |
|   | JUXTAPID CAP 20 MG                   | 2 capsules per day           |
|   | JUXTAPID CAP 30 MG                   | 2 capsules per day           |
| Hemostatic Agent                        | BERINERT INJ                         | 10 vials per 30 days         |
|   | icatibant inj                        | 6 syringes per 30 days       |
|   | KALBITOR INJ 10 MG/ML                | 12 vials per 30 days         |
|   | ORLADEYO CAP                         | 1 capsule per day            |
|   | RUCONEST INJ 2100 UNIT               | 8 vials per 30 days          |
| Pulmonary Arterial Hypertension         | ADEMPAS TAB                          | 3 tablets per day            |
|   | ambrisentan tab                      | 1 tablet per day             |
|   | bosentan tab                         | 2 tablets per day            |
|   | OPSUMIT TAB                          | 1 tablet per day             |
|   | ORENITRAM TITRATION KIT              | 2 starter kits per 365 days  |
|   | sildenafil susp                      | 2 bottles per 30 days        |
|   | sildenafil tab                       | 3 tablets per day            |
|   | tadalafil 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 32-48 MCG | 8 cartridges per day         |
|   | TYVASO DPI TITRATION KIT             | 2 starter kits per 365 days  |
|   | TYVASO SOLN 0.6 MG/ML                | 1 ampule per day             |
|   | UPTRAVID TAB                         | 2 tablets per day            |
|   | UPTRAVID TITRATION PACK 200-800 MCG  | 2 starter packs per 365 days |
| VENTAVIS SOLN                           | 9 ampules per day                    |                              |
| Transthyretin Stabilizers               | VYNDAMAX CAP                         | 1 capsule per day            |
|   | VYNDAQEL CAP                         | 4 capsules per day           |
| von Willebrand Factor-Directed Antibody | CABLIVI KIT                          | 1 kit per day                |
| <b>Central Nervous System</b>           |                                      |                              |
| Depressant                              | SODIUM OXYBATE (Hikma brand only)    | 18 mL per day                |
|   | XYWAV SOLN                           | 18 mL per day                |
| Miscellaneous                           | RELYVRIO PAK 3-1 GM                  | 2 packets per day            |
| Neurological Agents                     | AMVUTTRA INJ                         | 0.5 mL per 90 days           |
|   | 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                             | APOKYN INJ                           | 30 cartridges per 30 days    |
| Sleep Disorder                          | tasimelteon cap                      | 1 capsule per day            |
|   | WAKIX TAB                            | 2 tablets per day            |
| <b>Dermatology</b>                      |                                      |                              |
| Epidermolysis Bullosa Agent             | VYJUVEK GEL                          | 10 mL (4 vials) per 28 days  |



| Therapy class                         | Medication name           | Quantity limit           |
|---------------------------------------|---------------------------|--------------------------|
| <b>Electrolyte &amp; Renal Agents</b> |                           |                          |
| Diuretics                             | KEVEYIS, ORMALVI TAB      | 4 tablets per day        |
| <b>Endocrinology &amp; Metabolism</b> |                           |                          |
| C-type Natriuretic Peptide            | VOXZOGO INJ               | 1 vial per day           |
| Endothelin Receptor Antagonist        | FILSPARI TAB              | 1 tablet per day         |
| Farnesyltransferase Inhibitor         | ZOKINVY CAP               | 4 capsules per day       |
| Gonadotropins                         | CAMCEVI INJ 42 MG         | 1 injection per 168 days |
|                                       | ELIGARD INJ 7.5 MG        | 1 injection per 28 days  |
|                                       | ELIGARD INJ 22.5 MG       | 1 injection per 84 days  |
|                                       | ELIGARD INJ 30 MG         | 1 injection per 112 days |
|                                       | ELIGARD INJ 45 MG         | 1 injection per 168 days |
|                                       | FENSOLVI INJ 45 MG        | 1 injection per 168 days |
|                                       | FIRMAGON INJ 120 MG       | 2 vials per 365 days     |
|                                       | FIRMAGON INJ 80 MG        | 1 vial per 28 days       |
|                                       | LEUPROLIDE INJ 22.5 MG    | 1 injection per 84 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           |
| Hormone Modifiers                     | NATPARA INJ               | 2 cartridges per 28 days |
| Miscellaneous                         | KORLYM TAB                | 4 tablets per day        |
| Osteoporosis                          | EVENITY INJ               | 2 syringes per 28 days   |
|                                       | PROLIA INJ 60 MG/ML       | 2 syringes per 365 days  |
| 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                         | SIGNIFOR LAR INJ          | 1 vial per 28 days       |
| Vasopressin Antagonist                | SAMSCA TAB                | 2 tablets per day        |
| <b>Enzyme-Related</b>                 |                           |                          |
| Cystine-depleting Agents              | CYSTADROPS SOLN 0.37%     | 4 bottles per 28 days    |
|                                       | CYSTARAN SOLN 0.44%       | 4 bottles per 28 days    |
| Enzyme Replacement                    | GALAFOLD CAP              | 14 capsules per 28 days  |
|                                       | OPFOLDA CAP 65 MG         | 8 capsules per 28 days   |
|                                       | XURIDEN GRANULES PACKET   | 4 packets per day        |
| <b>Gastroenterology</b>               |                           |                          |
| Diarrhea                              | XERMELO                   | 3 tablets per day        |

| <b>Therapy class</b>     | <b>Medication name</b>         | <b>Quantity limit</b>          |
|--------------------------|--------------------------------|--------------------------------|
| Hepatic Agents           | OCALIVA TAB                    | 1 tablet per day               |
| <b>Hematology</b>        |                                |                                |
| Hemolytic Anemia         | PYRUKYND TAB                   | 2 tablets per day              |
|                          | PYRUKYND THERAPY PACK          | 1 tablet per day               |
| <b>Immunology</b>        |                                |                                |
| Atopic Dermatitis        | ADBRY INJ                      | 4 syringes per 28 days         |
|                          | ADBRY INJ 300 MG/2 ML          | 2 syringes per 28 days         |
| Hematopoietic Agents     | FABHALTA CAP 200 MG            | 2 capsules per day             |
| Interleukins             | ILARIS                         | 2 vials per 28 days            |
|                          | SPEVIGO INJ 150 MG/1 ML        | 2 syringes per 28 days         |
|                          | SPEVIGO IV SOLN                | 30 mL per 84 days              |
| Monoclonal Antibody      | DUPIXENT INJ                   | 4 syringes per 28 days         |
|                          | DUPIXENT INJ 100 MG/0.67 ML    | 2 syringes per 28 days         |
|                          | FASENRA                        | 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                     | 2 syringes per 28 days         |
|                          | XOLAIR INJ 300 MG/2 ML         | 4 syringes per 28 days         |
| Multiple Sclerosis       | AVONEX INJ 30 MCG/0.5 ML       | 1 kit (4 syringes) per 28 days |
|                          | BAFIERTAM CAP                  | 4 capsules per day             |
|                          | BETASERON                      | 1 package per 28 days          |
|                          | dalfampridine tab              | 2 tablets per day              |
|                          | dimethyl fumarate cap          | 2 capsules per day             |
|                          | dimethyl fumarate starter pack | 2 starter packs per 365 days   |
|                          | COPAXONE INJ 40 MG/ML          | 12 syringes per 28 days        |
|                          | GILENYA CAP                    | 1 capsule per day              |
|                          | glatiramer inj 20 mg/mL        | 1 syringe per day              |
|                          | KESIMPTA INJ 20 MG/0.4 ML      | 1 syringe per 28 days          |
|                          | 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               |
|                          | teriflunomide tab              | 1 tablet per day               |
|                          | TYSABRI INJ 300 MG/15 ML       | 1 injection per 28 days        |
|                          | VUMERITY CAP                   | 4 capsules per day             |
|                          | ZEPOSIA CAP                    | 1 capsule per day              |
|                          | ZEPOSIA STARTER PACK           | 2 starter packs per 365 days   |
|                          | <b>Miscellaneous</b>           |                                |
| 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 capsules per day             |

| Therapy class                          | Medication name              | Quantity limit                    |
|--|------------------------------|-----------------------------------|
|  | 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                      |
| <b>Oncology (Oral)</b>                 |                              |                                   |
| Kinase and Molecular Target Inhibitors | ALUNBRIG STARTER PACK        | 1 starter pack per 365 days       |
|  | ALUNBRIG TAB                 | 1 tablet per day                  |
|  | ALUNBRIG TAB 30MG            | 4 tablets per day                 |
|  | AYVAKIT TAB                  | 1 tablet per day                  |
|  | CABOMETYX TAB 20 MG          | 1 tablet per day                  |
|  | CAPRELSA TAB 100MG           | 2 tablets per day                 |
|  | everolimus tab               | 1 tablet 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                  |
|  | IMBRUVICA CAP                | 1 capsule per day                 |
|  | IMBRUVICA CAP 140 MG         | 3 capsules per day                |
|  | IMBRUVICA TAB 420 MG, 560 MG | 1 tablet per day                  |
|  | JAKAFI TAB 5 MG              | 2 tablets per day                 |
|  | JAKAFI TAB 10 MG             | 2 tablets per day                 |
|  | JAYPIRCA TAB 50 MG           | 1 tablet per day                  |
|  | NERLYNX TAB                  | 6 tablets per day                 |
|  | SCEMBLIX TAB 20 MG           | 2 tablets per day                 |
|  | TAGRISSO TAB 40 MG           | 1 tablet per day                  |
| TARCEVA TAB 25 MG                      | 3 tablets per day            |                                   |
| VIZIMPRO TAB 15 MG                     | 1 tablet per day             |                                   |
| ZEJULA TAB 100 MG                      | 1 tablet per day             |                                   |
| Thalidomide-related Agents             | POMALYST CAP 1 MG, 2 MG      | 1 capsule per day                 |
| <b>Ophthalmology</b>                   |                              |                                   |
| Miscellaneous                          | OXERVATE SOLN                | 2 mL per day, 112 mL per lifetime |
| <b>Respiratory</b>                     |                              |                                   |
| Cystic fibrosis                        | KALYDECO PAK                 | 2 packets 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                 |
| <b>Urology</b>                         |                              |                                   |
| Primary Hyperoxaluria Type 1           | RIVFLOZA INJ                 | 1 syringe per 28 days             |
|  | RIVFLOZA INJ 80 MG/0.5 ML    | 2 vials per 28 days               |

Quantity limits effective as of January 1, 2025.

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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