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| Drug Name | Quantity Limits |
|--|---|
| Analgesics | |
| Analgesics, Miscellaneous | |
| <i>acetaminophen-codeine 120-12 mg/5 ml cup outer 120 mg-12 mg /5 ml (5 ml)</i> | QL (4500 per 30 days) |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i> | QL (4500 per 30 days) |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i> | QL (360 per 30 days) |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i> | QL (180 per 30 days) |
| <i>ascomp with codeine oral capsule 30-50-325-40 mg</i> | (codeine-butalbital-asa-caff) QL (180 per 30 days) |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> | (Esgic) QL (180 per 30 days) |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> | QL (180 per 30 days) |
| <i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i> | QL (180 per 30 days) |
| <i>codeine sulfate oral tablet 30 mg, 60 mg</i> | QL (180 per 30 days) |
| <i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i> | (Ascomp with Codeine) QL (180 per 30 days) |
| <i>endocet oral tablet 10-325 mg</i> | (oxycodone-acetaminophen) QL (180 per 30 days) |
| <i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> | (oxycodone-acetaminophen) QL (360 per 30 days) |
| <i>endocet oral tablet 7.5-325 mg</i> | (oxycodone-acetaminophen) QL (240 per 30 days) |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i> | QL (120 per 30 days) |
| <i>fentanyl citrate buccal lozenge on a handle 200 mcg</i> | QL (120 per 30 days) |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | QL (10 per 30 days) |
| <i>fentanyl transdermal patch 72 hour 25 mcg/hr</i> | QL (10 per 30 days) |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

| Drug Name | Quantity Limits |
|--|------------------------|
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i> | QL (2700 per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i> | QL (180 per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg</i> | QL (240 per 30 days) |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg</i> | QL (150 per 30 days) |
| <i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i> | QL (150 per 30 days) |
| <i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid) | QL (1200 per 30 days) |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid) | QL (180 per 30 days) |
| <i>methadone injection solution 10 mg/ml</i> | QL (120 per 30 days) |
| <i>methadone oral solution 10 mg/5 ml</i> | QL (600 per 30 days) |
| <i>methadone oral solution 5 mg/5 ml</i> | QL (1200 per 30 days) |
| <i>methadone oral tablet 10 mg</i> | QL (120 per 30 days) |
| <i>methadone oral tablet 5 mg</i> | QL (180 per 30 days) |
| <i>methadose oral tablet, soluble 40 mg</i> (methadone) | QL (30 per 30 days) |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i> | QL (180 per 30 days) |
| <i>morphine oral solution 10 mg/5 ml</i> | QL (700 per 30 days) |
| <i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i> | QL (300 per 30 days) |
| MORPHINE ORAL TABLET 15 MG | QL (180 per 30 days) |
| MORPHINE ORAL TABLET 30 MG | QL (120 per 30 days) |
| <i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin) | QL (60 per 30 days) |
| <i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin) | QL (90 per 30 days) |
| <i>oxycodone oral capsule 5 mg</i> | QL (180 per 30 days) |
| <i>oxycodone oral solution 5 mg/5 ml</i> | QL (1300 per 30 days) |
| <i>oxycodone oral tablet 10 mg, 5 mg</i> | QL (180 per 30 days) |
| <i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone) | QL (120 per 30 days) |

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| Drug Name | Quantity Limits |
|---|------------------------|
| <i>oxycodone oral tablet 20 mg</i> | QL (120 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet (Endocet) 10-325 mg</i> | QL (180 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet (Endocet) 2.5-325 mg, 5-325 mg</i> | QL (360 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet (Endocet) 7.5-325 mg</i> | QL (240 per 30 days) |
| OXYCONTIN ORAL (oxycodone) TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | QL (60 per 30 days) |
| <i>oxymorphone oral tablet 10 mg</i> | QL (120 per 30 days) |
| <i>oxymorphone oral tablet 5 mg</i> | QL (180 per 30 days) |
| <i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> | QL (60 per 30 days) |
| <i>oxymorphone oral tablet extended release 12 hr 40 mg</i> | QL (60 per 30 days) |
| <i>tramadol oral tablet 50 mg</i> | QL (240 per 30 days) |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> | QL (300 per 30 days) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG | QL (60 per 30 days) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG | QL (120 per 30 days) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG | QL (240 per 30 days) |
| Nonsteroidal Anti-Inflammatory Agents | |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex) | QL (60 per 30 days) |
| <i>diclofenac potassium oral tablet 50 mg</i> | QL (120 per 30 days) |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> | QL (60 per 30 days) |

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| Drug Name | Quantity Limits |
|--|------------------------|
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i> | QL (150 per 30 days) |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i> | QL (120 per 30 days) |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i> | QL (60 per 30 days) |
| <i>diclofenac sodium topical drops 1.5 %</i> | QL (300 per 30 days) |
| <i>diclofenac sodium topical gel 1 %</i> (Aleve (diclofenac)) | QL (1000 per 30 days) |
| <i>diclofenac sodium topical gel 3 %</i> | QL (100 per 28 days) |
| <i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i> (Pennsaid) | QL (224 per 28 days) |
| <i>ibu oral tablet 400 mg</i> (ibuprofen) | QL (240 per 30 days) |
| <i>ibuprofen oral tablet 400 mg</i> (IBU) | QL (240 per 30 days) |
| <i>indomethacin oral capsule 25 mg</i> | QL (240 per 30 days) |
| <i>indomethacin oral capsule 50 mg</i> | QL (120 per 30 days) |
| <i>indomethacin oral capsule, extended release 75 mg</i> | QL (60 per 30 days) |
| <i>ketorolac oral tablet 10 mg</i> | QL (20 per 30 days) |
| Anesthetics | |
| Local Anesthetics | |
| <i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl) | QL (30 per 30 days) |
| <i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo) | QL (30 per 30 days) |
| <i>lidocaine topical adhesive patch, medicated 5 %</i> (DermacinRx Lidocan) | QL (90 per 30 days) |
| <i>lidocaine topical ointment 5 %</i> | QL (90 per 30 days) |
| <i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl) | |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i> | QL (30 per 30 days) |
| ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 % | QL (90 per 30 days) |
| Anti-Addiction/Substance Abuse Treatment Agents | |

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| Drug Name | Quantity Limits |
|---|------------------------|
| Anti-Addiction/Substance Abuse Treatment Agents | |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i> | QL (90 per 30 days) |
| <i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone) | QL (60 per 30 days) |
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone) | QL (90 per 30 days) |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i> | QL (90 per 30 days) |
| KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION | QL (4 per 30 days) |
| <i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan) | QL (4 per 30 days) |
| NICOTROL INHALATION CARTRIDGE 10 MG | QL (2688 per 365 days) |
| <i>varenicline oral tablet 0.5 mg</i> | QL (336 per 365 days) |
| <i>varenicline oral tablet 1 mg</i> (Chantix) | QL (336 per 365 days) |
| Antianxiety Agents | |
| Benzodiazepines | |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax) | QL (120 per 30 days) |
| <i>alprazolam oral tablet 2 mg</i> (Xanax) | QL (150 per 30 days) |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i> | QL (120 per 30 days) |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin) | QL (90 per 30 days) |
| <i>clonazepam oral tablet 2 mg</i> (Klonopin) | QL (300 per 30 days) |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> | QL (90 per 30 days) |
| <i>clonazepam oral tablet, disintegrating 2 mg</i> | QL (300 per 30 days) |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i> | QL (180 per 30 days) |
| <i>diazepam injection solution 5 mg/ml</i> | QL (10 per 28 days) |
| <i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam) | QL (1200 per 30 days) |

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| Drug Name | Quantity Limits |
|---|------------------------|
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i> | QL (1200 per 30 days) |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium) | QL (120 per 30 days) |
| <i>lorazepam injection solution 2 mg/ml</i> (Ativan) | QL (2 per 30 days) |
| <i>lorazepam injection solution 4 mg/ml</i> (Ativan) | QL (2 per 30 days) |
| <i>lorazepam injection syringe 2 mg/ml</i> | QL (2 per 30 days) |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan) | QL (90 per 30 days) |
| <i>lorazepam oral tablet 2 mg</i> (Ativan) | QL (150 per 30 days) |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i> | QL (120 per 30 days) |
| <i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril) | QL (30 per 30 days) |
| Antibacterials | |
| Antibacterials, Miscellaneous | |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> (Macrochantin) | QL (120 per 30 days) |
| <i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid) | QL (60 per 30 days) |
| <i>vancomycin oral capsule 125 mg</i> (Vancocin) | QL (56 per 14 days) |
| <i>vancomycin oral capsule 250 mg</i> (Vancocin) | QL (112 per 14 days) |
| XIFAXAN ORAL TABLET 200 MG | QL (9 per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | QL (90 per 30 days) |
| Macrolides | |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML | QL (136 per 10 days) |
| DIFICID ORAL TABLET 200 MG | QL (20 per 10 days) |
| Anticancer Agents | |
| Anticancer Agents | |
| <i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga) | QL (120 per 30 days) |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | QL (60 per 30 days) |
| ALECENSA ORAL CAPSULE 150 MG | QL (240 per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | QL (30 per 30 days) |

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| Drug Name | Quantity Limits |
|--|------------------------|
| ALUNBRIG ORAL TABLET 30 MG | QL (120 per 30 days) |
| AUGTYRO ORAL CAPSULE 40 MG | QL (240 per 30 days) |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | QL (30 per 30 days) |
| BALVERSA ORAL TABLET 3 MG | QL (84 per 28 days) |
| BALVERSA ORAL TABLET 4 MG | QL (56 per 28 days) |
| BALVERSA ORAL TABLET 5 MG | QL (28 per 28 days) |
| BOSULIF ORAL TABLET 100 MG | QL (90 per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG | QL (30 per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | QL (180 per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG | QL (120 per 30 days) |
| CABOMETYX ORAL TABLET 20 MG, 60 MG | QL (30 per 30 days) |
| CABOMETYX ORAL TABLET 40 MG | QL (60 per 30 days) |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG | QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 100 MG (vandetanib) | QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 300 MG (vandetanib) | QL (30 per 30 days) |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) | QL (112 per 28 days) |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | QL (56 per 28 days) |
| COTELLIC ORAL TABLET 20 MG | QL (63 per 28 days) |
| DANYELZA INTRAVENOUS SOLUTION 4 MG/ML | QL (120 per 28 days) |
| DAURISMO ORAL TABLET 100 MG | QL (30 per 30 days) |
| DAURISMO ORAL TABLET 25 MG | QL (60 per 30 days) |

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| Drug Name | Quantity Limits |
|---|------------------------|
| ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML | QL (9.5 per 28 days) |
| ERIVEDGE ORAL CAPSULE 150 MG | QL (28 per 28 days) |
| ERLEADA ORAL TABLET 240 MG | QL (30 per 30 days) |
| ERLEADA ORAL TABLET 60 MG | QL (90 per 30 days) |
| <i>erlotinib oral tablet 100 mg, 25 mg</i> (Tarceva) | QL (60 per 30 days) |
| <i>erlotinib oral tablet 150 mg</i> (Tarceva) | QL (90 per 30 days) |
| <i>everolimus (antineoplastic) oral tablet 10 mg</i> (Afinitor) | QL (56 per 28 days) |
| <i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor) | QL (28 per 28 days) |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz) | QL (112 per 28 days) |
| EXKIVITY ORAL CAPSULE 40 MG | QL (120 per 30 days) |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | QL (21 per 28 days) |
| FRUZAQLA ORAL CAPSULE 1 MG | QL (84 per 28 days) |
| FRUZAQLA ORAL CAPSULE 5 MG | QL (21 per 28 days) |
| GAVRETO ORAL CAPSULE 100 MG | QL (120 per 30 days) |
| <i>gefitinib oral tablet 250 mg</i> (Iressa) | QL (60 per 30 days) |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | QL (30 per 30 days) |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML | QL (5 per 21 days) |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | QL (21 per 28 days) |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | QL (21 per 28 days) |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | QL (30 per 30 days) |

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| Drug Name | Quantity Limits |
|--|------------------------|
| IDHIFA ORAL TABLET 100 MG, 50 MG | QL (30 per 30 days) |
| <i>imatinib oral tablet 100 mg</i> (Gleevec) | QL (180 per 30 days) |
| <i>imatinib oral tablet 400 mg</i> (Gleevec) | QL (60 per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG | QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | QL (28 per 28 days) |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | QL (240 per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | QL (28 per 28 days) |
| IMBRUVICA ORAL TABLET 560 MG | QL (28 per 28 days) |
| IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML | QL (4 per 365 days) |
| INLYTA ORAL TABLET 1 MG | QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG | QL (120 per 30 days) |
| INQOVI ORAL TABLET 35-100 MG | QL (5 per 28 days) |
| INREBIC ORAL CAPSULE 100 MG | QL (120 per 30 days) |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 100 MG | QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 50 MG | QL (90 per 30 days) |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML | QL (8 per 21 days) |
| KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML | QL (2 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG | QL (49 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG | QL (70 per 28 days) |

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| Drug Name | Quantity Limits |
|--|------------------------|
| KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG | QL (91 per 28 days) |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) | QL (21 per 28 days) |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) | QL (42 per 28 days) |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) | QL (63 per 28 days) |
| KOSELUGO ORAL CAPSULE 10 MG | QL (300 per 30 days) |
| KOSELUGO ORAL CAPSULE 25 MG | QL (120 per 30 days) |
| KRAZATI ORAL TABLET 200 MG | QL (180 per 30 days) |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid) | QL (28 per 28 days) |
| LONSURF ORAL TABLET 15-6.14 MG | QL (100 per 28 days) |
| LONSURF ORAL TABLET 20-8.19 MG | QL (80 per 28 days) |
| LORBRENA ORAL TABLET 100 MG | QL (30 per 30 days) |
| LORBRENA ORAL TABLET 25 MG | QL (90 per 30 days) |
| LUMAKRAS ORAL TABLET 120 MG | QL (240 per 30 days) |
| LUMAKRAS ORAL TABLET 320 MG | QL (90 per 30 days) |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | QL (120 per 30 days) |
| LYTGOBI ORAL TABLET 4 MG, 4 MG (4X 4 MG TB), 4 MG (5X 4 MG TB) | QL (140 per 28 days) |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML | QL (1260 per 30 days) |
| MEKINIST ORAL TABLET 0.5 MG | QL (90 per 30 days) |
| MEKINIST ORAL TABLET 2 MG | QL (30 per 30 days) |
| MEKTOVI ORAL TABLET 15 MG | QL (180 per 30 days) |

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| Drug Name | Quantity Limits |
|---|------------------------|
| NERLYNX ORAL TABLET 40 MG | QL (180 per 30 days) |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | QL (3 per 28 days) |
| NUBEQA ORAL TABLET 300 MG | QL (120 per 30 days) |
| OGSIVEO ORAL TABLET 50 MG | QL (180 per 30 days) |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG | QL (30 per 30 days) |
| ONUREG ORAL TABLET 200 MG, 300 MG | QL (14 per 28 days) |
| ORSERDU ORAL TABLET 345 MG | QL (30 per 30 days) |
| ORSERDU ORAL TABLET 86 MG | QL (90 per 30 days) |
| <i>pazopanib oral tablet 200 mg</i> (Votrient) | QL (120 per 30 days) |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | QL (30 per 30 days) |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1) | QL (28 per 28 days) |
| PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) | QL (56 per 28 days) |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | QL (21 per 28 days) |
| QINLOCK ORAL TABLET 50 MG | QL (90 per 30 days) |
| RETEVMO ORAL CAPSULE 40 MG | QL (180 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG | QL (120 per 30 days) |
| REZLIDHIA ORAL CAPSULE 150 MG | QL (60 per 30 days) |
| ROZLYTREK ORAL CAPSULE 100 MG | QL (180 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | QL (90 per 30 days) |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG | QL (360 per 30 days) |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | QL (120 per 30 days) |
| RYDAPT ORAL CAPSULE 25 MG | QL (224 per 28 days) |

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| Drug Name | Quantity Limits |
|--|------------------------|
| SCSEMBLIX ORAL TABLET 20 MG | QL (60 per 30 days) |
| SCSEMBLIX ORAL TABLET 40 MG | QL (300 per 30 days) |
| <i>sorafenib oral tablet 200 mg</i> (Nexavar) | QL (120 per 30 days) |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG | QL (30 per 30 days) |
| SPRYCEL ORAL TABLET 20 MG | QL (90 per 30 days) |
| STIVARGA ORAL TABLET 40 MG | QL (84 per 28 days) |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent) | QL (28 per 28 days) |
| TABRECTA ORAL TABLET 150 MG, 200 MG | QL (112 per 28 days) |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | QL (120 per 30 days) |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG | QL (900 per 30 days) |
| TAGRISSEO ORAL TABLET 40 MG, 80 MG | QL (30 per 30 days) |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | QL (30 per 30 days) |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG | QL (112 per 28 days) |
| TASIGNA ORAL CAPSULE 50 MG | QL (120 per 30 days) |
| TAZVERIK ORAL TABLET 200 MG | QL (240 per 30 days) |
| TEPMETKO ORAL TABLET 225 MG | QL (60 per 30 days) |
| TIBSOVO ORAL TABLET 250 MG | QL (60 per 30 days) |
| TIVDAK INTRAVENOUS RECON SOLN 40 MG | QL (5 per 21 days) |
| TRUQAP ORAL TABLET 160 MG, 200 MG | QL (64 per 28 days) |
| TUKYSA ORAL TABLET 150 MG | QL (120 per 30 days) |
| TUKYSA ORAL TABLET 50 MG | QL (300 per 30 days) |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

| Drug Name | Quantity Limits |
|---|------------------------|
| TURALIO ORAL CAPSULE 125 MG, 200 MG | QL (120 per 30 days) |
| VENCLEXTA ORAL TABLET 10 MG | QL (60 per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG | QL (180 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG | QL (30 per 30 days) |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | QL (56 per 28 days) |
| VITRAKVI ORAL CAPSULE 100 MG | QL (60 per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG | QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML | QL (300 per 30 days) |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | QL (30 per 30 days) |
| VONJO ORAL CAPSULE 100 MG | QL (120 per 30 days) |
| WELIREG ORAL TABLET 40 MG | QL (90 per 30 days) |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | QL (120 per 30 days) |
| XALKORI ORAL PELLETT 150 MG | QL (180 per 30 days) |
| XALKORI ORAL PELLETT 20 MG | QL (240 per 30 days) |
| XALKORI ORAL PELLETT 50 MG | QL (120 per 30 days) |
| XOSPATA ORAL TABLET 40 MG | QL (90 per 30 days) |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) | QL (8 per 28 days) |
| XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) | QL (4 per 28 days) |
| XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK) | QL (24 per 28 days) |
| XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK) | QL (32 per 28 days) |
| XTANDI ORAL CAPSULE 40 MG | QL (120 per 30 days) |

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| Drug Name | Quantity Limits |
|--|------------------------|
| XTANDI ORAL TABLET 40 MG | QL (120 per 30 days) |
| XTANDI ORAL TABLET 80 MG | QL (60 per 30 days) |
| YONSA ORAL TABLET 125 MG | QL (120 per 30 days) |
| ZEJULA ORAL CAPSULE 100 MG | QL (90 per 30 days) |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG | QL (30 per 30 days) |
| ZELBORAF ORAL TABLET 240 MG | QL (240 per 30 days) |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | QL (60 per 30 days) |
| ZYKADIA ORAL TABLET 150 MG | QL (84 per 28 days) |
| ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML | QL (20 per 28 days) |
| Anticonvulsants | |
| Anticonvulsants | |
| APTIOM ORAL TABLET 200 MG, 400 MG | QL (30 per 30 days) |
| APTIOM ORAL TABLET 600 MG, 800 MG | QL (60 per 30 days) |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML | QL (80 per 30 days) |
| BRIVIACT ORAL SOLUTION 10 MG/ML | QL (600 per 30 days) |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | QL (60 per 30 days) |
| <i>clobazam oral suspension 2.5 mg/ml</i> (Onfi) | QL (480 per 30 days) |
| <i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi) | QL (60 per 30 days) |
| DIACOMIT ORAL CAPSULE 250 MG | QL (360 per 30 days) |
| DIACOMIT ORAL CAPSULE 500 MG | QL (180 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 250 MG | QL (360 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 500 MG | QL (180 per 30 days) |
| EPRONTIA ORAL SOLUTION 25 MG/ML | QL (480 per 30 days) |

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| Drug Name | Quantity Limits |
|---|------------------------|
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML | QL (720 per 30 days) |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG | QL (30 per 30 days) |
| FYCOMPA ORAL TABLET 2 MG | QL (30 per 30 days) |
| FYCOMPA ORAL TABLET 4 MG, 6 MG | QL (60 per 30 days) |
| <i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin) | QL (360 per 30 days) |
| <i>gabapentin oral capsule 400 mg</i> (Neurontin) | QL (270 per 30 days) |
| <i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin) | QL (2160 per 30 days) |
| <i>gabapentin oral tablet 600 mg</i> (Neurontin) | QL (180 per 30 days) |
| <i>gabapentin oral tablet 800 mg</i> (Neurontin) | QL (120 per 30 days) |
| <i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat) | QL (200 per 5 days) |
| <i>lacosamide oral solution 10 mg/ml</i> (Vimpat) | QL (1200 per 30 days) |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat) | QL (60 per 30 days) |
| NAYZILAM NASAL SPRAY, NON- AEROSOL 5 MG/SPRAY (0.1 ML) | QL (10 per 30 days) |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica) | QL (90 per 30 days) |
| <i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica) | QL (60 per 30 days) |
| <i>pregabalin oral solution 20 mg/ml</i> (Lyrica) | QL (900 per 30 days) |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG | QL (60 per 30 days) |
| SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG | QL (120 per 30 days) |
| SYMPAZAN ORAL FILM 10 MG, 20 MG | QL (60 per 30 days) |
| SYMPAZAN ORAL FILM 5 MG | QL (60 per 30 days) |
| <i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone) | QL (180 per 30 days) |
| <i>vigabatrin oral tablet 500 mg</i> (Vigadrone) | QL (180 per 30 days) |
| <i>vigadrone oral powder in packet 500 mg</i> (vigabatrin) | QL (180 per 30 days) |

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| Drug Name | Quantity Limits |
|--|------------------------|
| <i>vigadrone oral tablet 500 mg</i> (vigabatrin) | QL (180 per 30 days) |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | QL (56 per 28 days) |
| XCOPRI ORAL TABLET 100 MG, 50 MG | QL (30 per 30 days) |
| XCOPRI ORAL TABLET 150 MG, 200 MG | QL (60 per 30 days) |
| ZTALMY ORAL SUSPENSION 50 MG/ML | QL (1080 per 30 days) |
| Antidementia Agents | |
| Antidementia Agents | |
| <i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept) | QL (30 per 30 days) |
| <i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i> | QL (30 per 30 days) |
| <i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> | QL (30 per 30 days) |
| <i>galantamine oral solution 4 mg/ml</i> | QL (200 per 30 days) |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> | QL (60 per 30 days) |
| <i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR) | QL (30 per 30 days) |
| <i>memantine oral solution 2 mg/ml</i> | QL (300 per 30 days) |
| <i>memantine oral tablet 10 mg, 5 mg</i> (Namenda) | QL (60 per 30 days) |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i> | QL (60 per 30 days) |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch) | QL (30 per 30 days) |
| Antidepressants | |
| Antidepressants | |
| <i>citalopram oral solution 10 mg/5 ml</i> | QL (600 per 30 days) |
| <i>citalopram oral tablet 10 mg</i> (Celexa) | QL (120 per 30 days) |
| <i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa) | QL (30 per 30 days) |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq) | QL (30 per 30 days) |

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| Drug Name | Quantity Limits |
|---|------------------------|
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG | QL (60 per 30 days) |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG | QL (30 per 30 days) |
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta) | QL (60 per 30 days) |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR | QL (30 per 30 days) |
| FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | QL (30 per 30 days) |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | QL (30 per 30 days) |
| <i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i> | QL (60 per 30 days) |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR) | QL (30 per 30 days) |
| <i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR) | QL (90 per 30 days) |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd) | QL (30 per 30 days) |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | QL (28 per 14 days) |
| ZURZUVAE ORAL CAPSULE 30 MG | QL (14 per 14 days) |
| Antidiabetic Agents | |
| Antidiabetic Agents, Miscellaneous | |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose) | QL (90 per 30 days) |
| FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol) | QL (30 per 30 days) |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | QL (30 per 30 days) |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG | QL (60 per 30 days) |

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| Drug Name | Quantity Limits |
|--|------------------------|
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG | QL (30 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG | QL (60 per 30 days) |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | QL (30 per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | QL (30 per 30 days) |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG | QL (30 per 30 days) |
| KORLYM ORAL TABLET 300 MG | QL (112 per 28 days) |
| <i>metformin oral tablet 1,000 mg</i> | QL (75 per 30 days) |
| <i>metformin oral tablet 500 mg</i> | QL (150 per 30 days) |
| <i>metformin oral tablet 850 mg</i> | QL (90 per 30 days) |
| <i>metformin oral tablet extended release 24 hr 500 mg</i> | QL (120 per 30 days) |
| <i>metformin oral tablet extended release 24 hr 750 mg</i> | QL (60 per 30 days) |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | QL (2 per 28 days) |
| <i>nateglinide oral tablet 120 mg, 60 mg</i> | QL (90 per 30 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | QL (3 per 28 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML) | QL (1.5 per 28 days) |

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| Drug Name | Quantity Limits |
|---|------------------------|
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos) | QL (30 per 30 days) |
| <i>pioglitazone-metformin oral tablet 15-500 mg</i> | QL (90 per 30 days) |
| <i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET) | QL (90 per 30 days) |
| <i>repaglinide oral tablet 0.5 mg, 1 mg</i> | QL (120 per 30 days) |
| <i>repaglinide oral tablet 2 mg</i> | QL (240 per 30 days) |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | QL (30 per 30 days) |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML | QL (10.8 per 28 days) |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML | QL (10.8 per 28 days) |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG | QL (60 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG | QL (30 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG | QL (60 per 30 days) |
| TRADJENTA ORAL TABLET 5 MG | QL (30 per 30 days) |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG | QL (30 per 30 days) |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG | QL (60 per 30 days) |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML | QL (2 per 28 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin) | QL (30 per 30 days) |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

| Drug Name | Quantity Limits |
|---|---------------------|
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG | QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG | QL (60 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin) | QL (60 per 30 days) |
| Insulins | |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | QL (30 per 28 days) |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) | QL (30 per 28 days) |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | QL (24 per 28 days) |
| <i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i> (Novolog Mix 70-30FlexPen U-100) | QL (30 per 28 days) |
| <i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i> (Novolog Mix 70-30 U-100 Insulin) | QL (40 per 28 days) |
| <i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i> (Novolog PenFill U-100 Insulin) | QL (30 per 28 days) |
| <i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i> (Novolog FlexPen U-100 Insulin) | QL (30 per 28 days) |
| <i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i> (Novolog U-100 Insulin aspart) | QL (40 per 28 days) |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | QL (40 per 28 days) |

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| Drug Name | Quantity Limits |
|---|------------------------|
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | QL (30 per 28 days) |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | QL (30 per 28 days) |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | QL (40 per 28 days) |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | QL (30 per 28 days) |
| NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML | QL (40 per 28 days) |
| SEMGLEE(INSULIN GLARGINE- YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine-yfgn) | QL (40 per 28 days) |
| SEMGLEE(INSULIN GLARG- YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine-yfgn) | QL (30 per 28 days) |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML | QL (30 per 30 days) |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (insulin glargine u-300 conc) | QL (18 per 28 days) |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (insulin glargine u-300 conc) | QL (13.5 per 28 days) |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) | QL (15 per 28 days) |
| Sulfonylureas | |
| <i>glimepiride oral tablet 1 mg, 2 mg</i> | QL (30 per 30 days) |
| <i>glimepiride oral tablet 4 mg</i> | QL (60 per 30 days) |
| <i>glipizide oral tablet 10 mg</i> | QL (120 per 30 days) |
| <i>glipizide oral tablet 2.5 mg, 5 mg</i> | QL (60 per 30 days) |

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| Drug Name | Quantity Limits |
|--|------------------------|
| <i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL) | QL (60 per 30 days) |
| <i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i> (Glucotrol XL) | QL (30 per 30 days) |
| <i>glipizide-metformin oral tablet 2.5-250 mg</i> | QL (240 per 30 days) |
| <i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> | QL (120 per 30 days) |
| Antifungals | |
| Antifungals | |
| <i>ciclopirox topical cream 0.77 %</i> (Ciclodan) | QL (180 per 30 days) |
| <i>ciclopirox topical solution 8 %</i> (Ciclodan) | QL (19.8 per 30 days) |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i> | QL (90 per 30 days) |
| <i>econazole topical cream 1 %</i> | QL (170 per 30 days) |
| <i>ketoconazole topical cream 2 %</i> | QL (180 per 30 days) |
| <i>ketoconazole topical foam 2 %</i> (Extina) | QL (100 per 30 days) |
| <i>ketoconazole topical shampoo 2 %</i> | QL (360 per 30 days) |
| <i>klayesta topical powder 100,000 unit/gram</i> (nystatin) | QL (60 per 30 days) |
| <i>nyamyc topical powder 100,000 unit/gram</i> (nystatin) | QL (60 per 30 days) |
| <i>nystatin oral suspension 100,000 unit/ml</i> | QL (900 per 30 days) |
| <i>nystatin topical cream 100,000 unit/gram</i> | QL (60 per 30 days) |
| <i>nystatin topical ointment 100,000 unit/gram</i> | QL (60 per 30 days) |
| <i>nystatin topical powder 100,000 unit/gram</i> (Klayesta) | QL (60 per 30 days) |
| <i>nystop topical powder 100,000 unit/gram</i> (nystatin) | QL (60 per 30 days) |
| Antigout Agents | |
| Antigout Agents, Other | |
| <i>colchicine oral tablet 0.6 mg</i> (Colcris) | QL (120 per 30 days) |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric) | QL (30 per 30 days) |
| MITIGARE ORAL CAPSULE 0.6 MG (colchicine) | QL (60 per 30 days) |

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| Drug Name | Quantity Limits |
|--|----------------------|
| Antihistamines | |
| Anti-Infectives (Skin And Mucous Membrane) | |
| Antimigraine Agents | |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 225 MG/1.5 ML | QL (1.5 per 30 days) |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML | QL (1.5 per 30 days) |
| <i>dihydroergotamine injection solution 1 mg/ml</i> | QL (24 per 28 days) |
| <i>dihydroergotamine nasal spray, non- aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal) | QL (8 per 28 days) |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML | QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML | QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | QL (3 per 30 days) |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i> | QL (9 per 30 days) |
| NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG | QL (18 per 30 days) |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | QL (30 per 30 days) |
| <i>rizatriptan oral tablet 10 mg</i> (Maxalt) | QL (12 per 30 days) |
| <i>rizatriptan oral tablet 5 mg</i> | QL (12 per 30 days) |
| <i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT) | QL (12 per 30 days) |
| <i>rizatriptan oral tablet, disintegrating 5 mg</i> | QL (12 per 30 days) |
| <i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i> (Imitrex) | QL (12 per 30 days) |
| <i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i> (Imitrex) | QL (18 per 30 days) |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

| Drug Name | Quantity Limits |
|--|------------------------|
| <i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex) | QL (9 per 30 days) |
| <i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex) | QL (18 per 30 days) |
| <i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i> (Imitrex STATdose Refill) | QL (4 per 28 days) |
| <i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill) | QL (4 per 28 days) |
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen) | QL (4 per 28 days) |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex) | QL (4 per 28 days) |
| <i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i> | QL (4 per 28 days) |
| <i>sumatriptan-naproxen oral tablet 85-500 mg</i> (Treximet) | QL (9 per 27 days) |
| UBRELVY ORAL TABLET 100 MG, 50 MG | QL (16 per 30 days) |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig) | QL (6 per 30 days) |
| <i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i> | QL (6 per 30 days) |
| Antinausea Agents | |
| Antinausea Agents | |
| APONVIE INTRAVENOUS EMULSION 7.2 MG/ML | QL (4.4 per 28 days) |
| <i>aprepitant oral capsule 125 mg</i> | QL (2 per 28 days) |
| <i>aprepitant oral capsule 40 mg</i> | QL (1 per 28 days) |
| <i>aprepitant oral capsule 80 mg</i> (Emend) | QL (4 per 28 days) |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol) | QL (60 per 30 days) |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ML FINAL CONC.) | QL (6 per 28 days) |
| <i>fosaprepitant intravenous recon soln 150 mg</i> (Emend (fosaprepitant)) | QL (2 per 28 days) |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop) | QL (10 per 30 days) |
| Antiparasite Agents | |

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| Drug Name | Quantity Limits |
|---|------------------------|
| Antiparasite Agents | |
| <i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil) | QL (90 per 30 days) |
| IMPAVIDO ORAL CAPSULE 50 MG | QL (84 per 28 days) |
| <i>quinine sulfate oral capsule 324 mg</i> (Qualaquin) | QL (42 per 7 days) |
| Antiparkinsonian Agents | |
| Antiparkinsonian Agents | |
| <i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN) | QL (60 per 30 days) |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG | QL (300 per 30 days) |
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | QL (150 per 30 days) |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG | QL (30 per 30 days) |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1) | QL (60 per 30 days) |
| Antipsychotic Agents | |
| Antipsychotic Agents | |
| <i>aripiprazole oral tablet, disintegrating 10 mg</i> | QL (90 per 30 days) |
| <i>aripiprazole oral tablet, disintegrating 15 mg</i> | QL (60 per 30 days) |
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML | QL (4.8 per 365 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML | QL (3.9 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML | QL (1.6 per 14 days) |

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| Drug Name | Quantity Limits |
|--|------------------------|
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML | QL (2.4 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML | QL (3.2 per 14 days) |
| <i>asenapine maleate sublingual tablet</i> (Saphris) <i>10 mg, 2.5 mg, 5 mg</i> | QL (60 per 30 days) |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | QL (30 per 30 days) |
| <i>clozapine oral tablet,disintegrating</i> <i>100 mg, 12.5 mg, 25 mg</i> | QL (90 per 30 days) |
| <i>clozapine oral tablet,disintegrating</i> <i>150 mg</i> | QL (180 per 30 days) |
| <i>clozapine oral tablet,disintegrating</i> <i>200 mg</i> | QL (120 per 30 days) |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | QL (60 per 30 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML | QL (3.5 per 166 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML | QL (5 per 166 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | QL (0.75 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML | QL (1 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | QL (1.5 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | QL (0.25 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | QL (0.5 per 21 days) |

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| Drug Name | Quantity Limits |
|---|------------------------|
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML | QL (0.88 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML | QL (1.32 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML | QL (1.75 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML | QL (2.63 per 70 days) |
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda) | QL (30 per 30 days) |
| <i>lurasidone oral tablet 80 mg</i> (Latuda) | QL (60 per 30 days) |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | QL (30 per 30 days) |
| <i>molindone oral tablet 10 mg</i> | QL (240 per 30 days) |
| <i>molindone oral tablet 25 mg</i> | QL (270 per 30 days) |
| <i>molindone oral tablet 5 mg</i> | QL (120 per 30 days) |
| NUPLAZID ORAL CAPSULE 34 MG | QL (30 per 30 days) |
| NUPLAZID ORAL TABLET 10 MG | QL (30 per 30 days) |
| <i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa) | QL (30 per 30 days) |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg</i> | QL (30 per 30 days) |
| <i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega) | QL (30 per 30 days) |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega) | QL (60 per 30 days) |
| PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG | QL (1 per 30 days) |
| <i>quetiapine oral tablet 150 mg</i> | QL (30 per 30 days) |
| REXULTI ORAL TABLET 0.25 MG | QL (120 per 30 days) |

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| Drug Name | Quantity Limits |
|---|--|
| REXULTI ORAL TABLET 0.5 MG | QL (60 per 30 days) |
| REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG | QL (30 per 30 days) |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML | (risperidone microspheres) QL (2 per 28 days) |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML | (risperidone microspheres) QL (2 per 28 days) |
| <i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i> | (Risperdal Consta) QL (2 per 28 days) |
| <i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> | (Risperdal Consta) QL (2 per 28 days) |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR | QL (30 per 30 days) |
| UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML | QL (0.28 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML | QL (0.35 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 150 MG/0.42 ML | QL (0.42 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 200 MG/0.56 ML | QL (0.56 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 250 MG/0.7 ML | QL (0.7 per 56 days) |

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| Drug Name | Quantity Limits |
|--|------------------------|
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML | QL (0.14 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML | QL (0.21 per 28 days) |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | QL (540 per 30 days) |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | QL (30 per 30 days) |
| <i>ziprasidone mesylate intramuscular</i> (Geodon) <i>recon soln 20 mg/ml (final conc.)</i> | QL (6 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG | QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG | QL (1 per 28 days) |
| Antivirals (Systemic) | |
| Antiretrovirals | |
| APRETUDE INTRAMUSCULAR (cabotegravir) SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) | QL (24 per 365 days) |
| BIKTARVY ORAL TABLET 30- 120-15 MG, 50-200-25 MG | QL (30 per 30 days) |
| <i>cabotegravir intramuscular</i> <i>suspension,extended release 400</i> <i>mg/2 ml (200 mg/ml)</i> | QL (24 per 365 days) |
| <i>cabotegravir intramuscular</i> (Apretude) <i>suspension,extended release 600</i> <i>mg/3 ml (200 mg/ml)</i> | QL (24 per 365 days) |
| <i>lopinavir-ritonavir oral solution 400-</i> (Kaletra) <i>100 mg/5 ml</i> | QL (480 per 30 days) |
| <i>lopinavir-ritonavir oral tablet 100-25</i> (Kaletra) <i>mg</i> | QL (300 per 30 days) |

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| Drug Name | Quantity Limits |
|---|------------------------|
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra) | QL (120 per 30 days) |
| TRIUMEQ ORAL TABLET 600-50-300 MG | QL (30 per 30 days) |
| VEMLIDY ORAL TABLET 25 MG | QL (30 per 30 days) |
| Antivirals, Miscellaneous | |
| <i>oseltamivir oral capsule 30 mg</i> (Tamiflu) | QL (84 per 180 days) |
| <i>oseltamivir oral capsule 45 mg</i> (Tamiflu) | QL (48 per 180 days) |
| <i>oseltamivir oral capsule 75 mg</i> (Tamiflu) | QL (42 per 180 days) |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu) | QL (540 per 180 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG | QL (30 per 5 days) |
| PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML | QL (336 per 28 days) |
| PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML | QL (672 per 28 days) |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | QL (28 per 28 days) |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | QL (60 per 180 days) |
| XOFLUZA 40 MG TAB (80 MG DOSE) | QL (4 per 180 days) |
| XOFLUZA ORAL TABLET 20 MG, 40 MG | QL (4 per 180 days) |
| XOFLUZA ORAL TABLET 80 MG | QL (2 per 180 days) |
| Hcv Antivirals | |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG | QL (28 per 28 days) |
| EPCLUSA ORAL PELLETS IN PACKET 200-50 MG | QL (56 per 28 days) |
| EPCLUSA ORAL TABLET 200-50 MG | QL (28 per 28 days) |
| EPCLUSA ORAL TABLET 400-100 (sofosbuvir-velpatasvir) MG | QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG | QL (28 per 28 days) |

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| Drug Name | Quantity Limits |
|--|------------------------|
| HARVONI ORAL PELLETS IN PACKET 45-200 MG | QL (56 per 28 days) |
| HARVONI ORAL TABLET 45-200 MG | QL (28 per 28 days) |
| HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir) | QL (28 per 28 days) |
| VOSEVI ORAL TABLET 400-100-100 MG | QL (28 per 28 days) |
| Blood Products/Modifiers/Volume Expanders | |
| Anticoagulants | |
| <i>dabigatran etexilate oral capsule 150 mg, 75 mg</i> (Pradaxa) | QL (60 per 30 days) |
| ELIQUIS ORAL TABLET 2.5 MG | QL (60 per 30 days) |
| ELIQUIS ORAL TABLET 5 MG | QL (74 per 30 days) |
| <i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox) | QL (30 per 30 days) |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox) | QL (60 per 30 days) |
| <i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox) | QL (48 per 30 days) |
| <i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox) | QL (18 per 30 days) |
| <i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox) | QL (24 per 30 days) |
| <i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox) | QL (36 per 30 days) |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra) | QL (24 per 30 days) |
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra) | QL (15 per 30 days) |
| <i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra) | QL (12 per 30 days) |
| <i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra) | QL (18 per 30 days) |

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| Drug Name | Quantity Limits |
|---|------------------------|
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML | QL (600 per 30 days) |
| XARELTO ORAL TABLET 10 MG, 20 MG | QL (30 per 30 days) |
| XARELTO ORAL TABLET 15 MG, 2.5 MG | QL (60 per 30 days) |
| Blood Formation Modifiers | |
| DOPTELET (10 TAB PACK) ORAL TABLET 20 MG | QL (60 per 30 days) |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG | QL (60 per 30 days) |
| DOPTELET (30 TAB PACK) ORAL TABLET 20 MG | QL (60 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT | QL (30 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT | QL (20 per 30 days) |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG | QL (90 per 30 days) |
| PROMACTA ORAL POWDER IN PACKET 25 MG | QL (180 per 30 days) |
| PROMACTA ORAL TABLET 12.5 MG | QL (90 per 30 days) |
| PROMACTA ORAL TABLET 25 MG | QL (30 per 30 days) |
| PROMACTA ORAL TABLET 50 MG, 75 MG | QL (60 per 30 days) |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | QL (12 per 28 days) |
| RETACRIT INJECTION SOLUTION 40,000 UNIT/ML | QL (4 per 28 days) |
| Hematologic Agents, Miscellaneous | |
| CABLIVI INJECTION KIT 11 MG | QL (30 per 30 days) |
| Platelet-Aggregation Inhibitors | |

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| Drug Name | Quantity Limits |
|--|------------------------|
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> | QL (60 per 30 days) |
| <i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient) | QL (30 per 30 days) |
| Caloric Agents | |
| Cardiovascular Agents | |
| Alpha-Adrenergic Agents | |
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1) | QL (4 per 28 days) |
| <i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2) | QL (4 per 28 days) |
| <i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3) | QL (8 per 28 days) |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera) | QL (180 per 30 days) |
| Angiotensin II Receptor Antagonists | |
| ENTRESTO ORAL TABLET 24-26 MG | QL (180 per 30 days) |
| ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG | QL (60 per 30 days) |
| Cardiovascular Agents, Miscellaneous | |
| CORLANOR ORAL SOLUTION 5 MG/5 ML | QL (600 per 30 days) |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG | QL (60 per 30 days) |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q) | QL (4 per 30 days) |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr) | QL (4 per 30 days) |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir) | QL (18 per 30 days) |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg</i> | QL (60 per 30 days) |
| <i>ranolazine oral tablet extended release 12 hr 500 mg</i> | QL (120 per 30 days) |
| <i>sajazir subcutaneous syringe 30 mg/3 ml</i> (icatibant) | QL (18 per 30 days) |

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| Drug Name | Quantity Limits |
|--|----------------------|
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | QL (30 per 30 days) |
| Dyslipidemics | |
| <i>amlodipine-atorvastatin oral tablet</i> (Caduet) 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg | QL (30 per 30 days) |
| <i>atorvastatin oral tablet</i> 10 mg, 20 mg, 40 mg, 80 mg (Lipitor) | QL (30 per 30 days) |
| <i>ezetimibe oral tablet</i> 10 mg (Zetia) | QL (30 per 30 days) |
| <i>ezetimibe-simvastatin oral tablet</i> 10-10 mg (Vytorin 10-10) | QL (30 per 30 days) |
| <i>ezetimibe-simvastatin oral tablet</i> 10-20 mg (Vytorin 10-20) | QL (30 per 30 days) |
| <i>ezetimibe-simvastatin oral tablet</i> 10-40 mg (Vytorin 10-40) | QL (30 per 30 days) |
| <i>ezetimibe-simvastatin oral tablet</i> 10-80 mg (Vytorin 10-80) | QL (30 per 30 days) |
| <i>fluvastatin oral capsule</i> 20 mg, 40 mg | QL (60 per 30 days) |
| JUXTAPID ORAL CAPSULE 10 MG, 40 MG, 5 MG, 60 MG | QL (28 per 28 days) |
| JUXTAPID ORAL CAPSULE 20 MG, 30 MG | QL (56 per 28 days) |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium) | QL (30 per 30 days) |
| NEXLETOL ORAL TABLET 180 MG | QL (30 per 30 days) |
| NEXLIZET ORAL TABLET 180-10 MG | QL (30 per 30 days) |
| <i>omega-3 acid ethyl esters oral capsule</i> 1 gram (Lovaza) | QL (120 per 30 days) |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML | QL (2 per 28 days) |
| <i>pravastatin oral tablet</i> 20 mg, 40 mg | QL (30 per 30 days) |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML | QL (7 per 28 days) |

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| Drug Name | Quantity Limits |
|--|------------------------|
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML | QL (6 per 28 days) |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML | QL (6 per 28 days) |
| <i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor) | QL (30 per 30 days) |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor) | QL (30 per 30 days) |
| <i>simvastatin oral tablet 5 mg, 80 mg</i> | QL (30 per 30 days) |
| VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl) | QL (240 per 30 days) |
| VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl) | QL (120 per 30 days) |
| Renin-Angiotensin-Aldosterone System Inhibitors | |
| KERENDIA ORAL TABLET 10 MG, 20 MG | QL (30 per 30 days) |
| Central Nervous System Agents | |
| Central Nervous System Agents | |
| <i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera) | QL (60 per 30 days) |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera) | QL (30 per 30 days) |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | QL (60 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG | QL (90 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG | QL (60 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG | QL (210 per 30 days) |

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| Drug Name | Quantity Limits |
|---|----------------------|
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | QL (1 per 28 days) |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | QL (1 per 28 days) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | QL (15 per 30 days) |
| COPAXONE SUBCUTANEOUS (glatiramer) SYRINGE 20 MG/ML | QL (30 per 30 days) |
| COPAXONE SUBCUTANEOUS (glatiramer) SYRINGE 40 MG/ML | QL (12 per 28 days) |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra) | QL (60 per 30 days) |
| <i>dexmethylphenidate oral tablet 10 mg, 2.5 mg</i> (Focalin) | QL (60 per 30 days) |
| <i>dexmethylphenidate oral tablet 5 mg</i> (Focalin) | QL (60 per 30 days) |
| <i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenzedi) | QL (180 per 30 days) |
| <i>dextroamphetamine sulfate oral tablet 15 mg, 5 mg</i> (Zenzedi) | QL (90 per 30 days) |
| <i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> (Zenzedi) | QL (60 per 30 days) |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR) | QL (30 per 30 days) |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR) | QL (60 per 30 days) |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall) | QL (60 per 30 days) |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i> (Tecfidera) | QL (14 per 7 days) |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i> (Tecfidera) | QL (60 per 30 days) |
| <i> fingolimod oral capsule 0.5 mg</i> (Gilenya) | QL (30 per 30 days) |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

| Drug Name | Quantity Limits |
|---|------------------------|
| GILENYA ORAL CAPSULE 0.25 MG | QL (60 per 30 days) |
| <i>glatiramer subcutaneous syringe 20 mg/ml</i> (Copaxone) | QL (30 per 30 days) |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone) | QL (12 per 28 days) |
| <i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer) | QL (30 per 30 days) |
| <i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer) | QL (12 per 28 days) |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML | QL (1.2 per 28 days) |
| MAYZENT ORAL TABLET 0.25 MG | QL (112 per 28 days) |
| MAYZENT ORAL TABLET 1 MG, 2 MG | QL (30 per 30 days) |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> | QL (30 per 30 days) |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> | QL (60 per 30 days) |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA) | QL (30 per 30 days) |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i> (Ritalin LA) | QL (60 per 30 days) |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 60 mg</i> | QL (30 per 30 days) |
| <i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin) | QL (900 per 30 days) |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin) | QL (90 per 30 days) |
| <i>methylphenidate hcl oral tablet extended release 10 mg</i> | QL (90 per 30 days) |
| <i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER) | QL (90 per 30 days) |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 54 mg (bx rating)</i> | QL (30 per 30 days) |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

| Drug Name | Quantity Limits |
|---|------------------------|
| <i>methylphenidate hcl oral tablet</i> (Concerta) <i>extended release 24hr 18 mg, 27 mg,</i> <i>54 mg</i> | QL (30 per 30 days) |
| <i>methylphenidate hcl oral tablet</i> (Concerta) <i>extended release 24hr 36 mg</i> | QL (60 per 30 days) |
| <i>methylphenidate hcl oral tablet</i> <i>extended release 24hr 36 mg (bx</i> <i>rating)</i> | QL (60 per 30 days) |
| OCREVUS INTRAVENOUS SOLUTION 30 MG/ML | QL (20 per 180 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML | QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML | QL (1 per 28 days) |
| <i>riluzole oral tablet 50 mg</i> (Rilutek) | QL (60 per 30 days) |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | QL (60 per 30 days) |
| TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG | QL (30 per 30 days) |
| <i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio) | QL (30 per 30 days) |
| <i>tetrabenazine oral tablet 12.5 mg, 25</i> <i>mg</i> (Xenazine) | QL (112 per 28 days) |
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG | QL (120 per 30 days) |
| Contraceptives | |
| Contraceptives | |
| <i>amethia oral tablets,dose pack,3</i> <i>month 0.15 mg-30 mcg (84)/10 mcg</i> <i>(7)</i> (1 norgest/e.estradiol- e.estrad) | QL (91 per 84 days) |
| <i>ashlyna oral tablets,dose pack,3</i> <i>month 0.15 mg-30 mcg (84)/10 mcg</i> <i>(7)</i> (1 norgest/e.estradiol- e.estrad) | QL (91 per 84 days) |
| <i>daysee oral tablets,dose pack,3</i> <i>month 0.15 mg-30 mcg (84)/10 mcg</i> <i>(7)</i> (1 norgest/e.estradiol- e.estrad) | QL (91 per 84 days) |
| ELLA ORAL TABLET 30 MG | QL (6 per 365 days) |

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| Drug Name | | Quantity Limits |
|---|----------------------------------|------------------------|
| <i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i> | (etonogestrel-ethinyl estradiol) | QL (1 per 28 days) |
| <i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i> | (etonogestrel-ethinyl estradiol) | QL (1 per 28 days) |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> | (EluRyng) | QL (1 per 28 days) |
| <i>haloette vaginal ring 0.12-0.015 mg/24 hr</i> | (etonogestrel-ethinyl estradiol) | QL (1 per 28 days) |
| <i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | (levonorgestrel-ethinyl estrad) | QL (91 per 84 days) |
| <i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (1 norgest/e.estradiol-e.estrad) | QL (91 per 84 days) |
| <i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> | (LoJaimiess) | QL (91 per 84 days) |
| <i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (Amethia) | QL (91 per 84 days) |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | (Iclevia) | QL (91 per 84 days) |
| <i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> | (1 norgest/e.estradiol-e.estrad) | QL (91 per 84 days) |
| <i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | (levonorgestrel-ethinyl estrad) | QL (91 per 84 days) |
| <i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (1 norgest/e.estradiol-e.estrad) | QL (91 per 84 days) |
| <i>xulane transdermal patch weekly 150-35 mcg/24 hr</i> | (norelgestromin-ethin.estradiol) | QL (3 per 28 days) |
| <i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i> | (norelgestromin-ethin.estradiol) | QL (3 per 28 days) |
| Dermatological Agents | | |
| Dermatological Agents, Other | | |
| <i>acyclovir topical ointment 5 %</i> | (Zovirax) | QL (30 per 30 days) |
| <i>calcipotriene scalp solution 0.005 %</i> | | QL (120 per 30 days) |
| <i>calcipotriene topical cream 0.005 %</i> | | QL (120 per 30 days) |

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| Drug Name | Quantity Limits |
|---|------------------------|
| <i>calcipotriene topical ointment 0.005 %</i> | QL (120 per 30 days) |
| <i>imiquimod topical cream in packet 5 %</i> | QL (24 per 30 days) |
| KLISYRI TOPICAL OINTMENT IN PACKET 1 % | QL (5 per 5 days) |
| PANRETIN TOPICAL GEL 0.1 % | QL (180 per 30 days) |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | QL (180 per 30 days) |
| Dermatological Antibacterials | |
| <i>clindamycin phosphate topical solution 1 %</i> (Cleocin T) | QL (180 per 30 days) |
| <i>erythromycin with ethanol topical gel 2 %</i> (Erygel) | QL (180 per 30 days) |
| <i>erythromycin with ethanol topical solution 2 %</i> | QL (180 per 30 days) |
| <i>gentamicin topical cream 0.1 %</i> | QL (120 per 30 days) |
| <i>gentamicin topical ointment 0.1 %</i> | QL (120 per 30 days) |
| <i>mupirocin topical ointment 2 %</i> (Centany) | QL (220 per 30 days) |
| Dermatological Anti-Inflammatory Agents | |
| <i>desoximetasone topical cream 0.25 %</i> (Topicort) | QL (120 per 30 days) |
| <i>desoximetasone topical ointment 0.25 %</i> (Topicort) | QL (120 per 30 days) |
| <i>hydrocortisone butyrate topical solution 0.1 %</i> | QL (120 per 30 days) |
| <i>pimecrolimus topical cream 1 %</i> (Elidel) | QL (100 per 30 days) |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i> | QL (100 per 30 days) |
| Scabicides And Pediculicides | |
| <i>permethrin topical cream 5 %</i> (Elimite) | QL (60 per 30 days) |
| Devices | |
| Devices | |
| OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE | QL (1 per 365 days) |
| OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | QL (10 per 30 days) |

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| Drug Name | Quantity Limits |
|---|------------------------|
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE | QL (10 per 30 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE | QL (1 per 365 days) |
| OMNIPOD DASH PDM KIT (GEN 4) | QL (1 per 365 days) |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE | QL (10 per 30 days) |
| OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE | QL (10 per 30 days) |
| OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE | QL (10 per 30 days) |
| OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE | QL (10 per 30 days) |
| OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE | QL (10 per 30 days) |
| OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE | QL (10 per 30 days) |
| OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE | QL (10 per 30 days) |
| OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE | QL (10 per 30 days) |
| V-GO 20 DEVICE | QL (30 per 30 days) |
| V-GO 30 DEVICE | QL (30 per 30 days) |
| V-GO 40 DEVICE | QL (30 per 30 days) |
| Enzyme Replacement/Modifiers | |
| Enzyme Replacement/Modifiers | |
| GALAFOLD ORAL CAPSULE 123 MG | QL (14 per 28 days) |
| <i>miglustat oral capsule 100 mg</i> (Yargesa) | QL (90 per 30 days) |
| <i>yargesa oral capsule 100 mg</i> (miglustat) | QL (90 per 30 days) |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

| Drug Name | Quantity Limits |
|--|----------------------|
| Eye, Ear, Nose, Throat Agents | |
| Eye, Ear, Nose, Throat Agents, Miscellaneous | |
| <i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i> | QL (30 per 25 days) |
| <i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy) | QL (30 per 25 days) |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % | QL (60 per 28 days) |
| <i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i> | QL (30 per 28 days) |
| <i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i> | QL (15 per 10 days) |
| Eye, Ear, Nose, Throat Anti-Infectives Agents | |
| <i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i> | QL (7.5 per 7 days) |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i> | QL (3.5 per 4 days) |
| Eye, Ear, Nose, Throat Anti-Inflammatory Agents | |
| ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 % | QL (10 per 25 days) |
| EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | QL (8.3 per 14 days) |
| <i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i> | QL (50 per 25 days) |
| <i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief) | QL (16 per 30 days) |
| INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | QL (5.6 per 14 days) |
| <i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular) | QL (10 per 25 days) |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % | QL (3.5 per 14 days) |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % | QL (5 per 16 days) |
| <i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax) | QL (10 per 14 days) |

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| Drug Name | Quantity Limits |
|--|------------------------|
| <i>mometasone nasal spray,non-aerosol</i> (Nasonex 24hr Allergy) <i>50 mcg/actuation</i> | QL (34 per 30 days) |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % | QL (5.5 per 28 days) |
| RESTASIS OPHTHALMIC (EYE) (cyclosporine) DROPPERETTE 0.05 % | QL (60 per 30 days) |
| XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION | QL (32 per 30 days) |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % | QL (60 per 30 days) |
| Gastrointestinal Agents | |
| Antiulcer Agents And Acid Suppressants | |
| <i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i> (Nexium) | QL (30 per 30 days) |
| <i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> (Nexium) | QL (60 per 30 days) |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet) | QL (30 per 30 days) |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet) | QL (60 per 30 days) |
| <i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole)) | QL (30 per 30 days) |
| <i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i> (Prevacid) | QL (60 per 30 days) |
| <i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i> (Protonix) | QL (30 per 30 days) |
| <i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i> (Protonix) | QL (60 per 30 days) |
| <i>rabeprazole oral tablet,delayed release (dr/ec) 20 mg</i> (AcipHex) | QL (30 per 30 days) |
| Gastrointestinal Agents, Other | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | QL (30 per 30 days) |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM | QL (34 per 30 days) |

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| Drug Name | Quantity Limits |
|--|------------------------|
| LOKELMA ORAL POWDER IN PACKET 5 GRAM | QL (30 per 30 days) |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza) | QL (60 per 30 days) |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | QL (30 per 30 days) |
| OCALIVA ORAL TABLET 10 MG, 5 MG | QL (30 per 30 days) |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM | QL (30 per 30 days) |
| XERMELO ORAL TABLET 250 MG | QL (84 per 28 days) |
| Genitourinary Agents | |
| Genitourinary Agents, Miscellaneous | |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral) | QL (30 per 30 days) |
| Heavy Metal Antagonists | |
| Heavy Metal Antagonists | |
| <i>trientine oral capsule 250 mg</i> (Syprine) | QL (240 per 30 days) |
| Hormonal Agents, Stimulant/Replacement/Modifying | |
| Androgens | |
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i> | QL (5 per 28 days) |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo) | QL (300 per 30 days) |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel) | QL (150 per 30 days) |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel) | QL (300 per 30 days) |

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| Drug Name | Quantity Limits |
|---|------------------------|
| <i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i> | QL (180 per 30 days) |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML | QL (2 per 28 days) |
| Estrogens And Antiestrogens | |
| <i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol) | QL (8 per 28 days) |
| <i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti) | QL (8 per 28 days) |
| <i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara) | QL (4 per 28 days) |
| <i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm) | QL (18 per 28 days) |
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR | QL (1 per 84 days) |
| <i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol) | QL (8 per 28 days) |
| <i>yuvaferm vaginal tablet 10 mcg</i> (estradiol) | QL (18 per 28 days) |
| Pituitary | |
| ACTHAR INJECTION GEL 80 UNIT/ML | QL (35 per 28 days) |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML | QL (35 per 28 days) |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG | QL (30 per 30 days) |
| <i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot) | QL (0.5 per 28 days) |
| ORILISSA ORAL TABLET 150 MG | QL (28 per 28 days) |
| ORILISSA ORAL TABLET 200 MG | QL (56 per 28 days) |

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| Drug Name | Quantity Limits |
|---|------------------------|
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) | QL (60 per 30 days) |
| SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 120 MG/0.5 ML | QL (0.5 per 28 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML | QL (0.2 per 28 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML | QL (0.3 per 28 days) |
| Progestins | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML | QL (1 per 84 days) |
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera) | QL (1 per 84 days) |
| <i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera) | QL (1 per 84 days) |
| Immunological Agents | |
| Immunological Agents | |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML | QL (8 per 28 days) |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML | QL (8 per 28 days) |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML | QL (2 per 28 days) |
| Vaccines | |
| DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML | QL (3 per 365 days) |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML | QL (1.5 per 365 days) |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | QL (1.5 per 365 days) |

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| Drug Name | Quantity Limits |
|--|------------------------|
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML | QL (2 per 365 days) |
| TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML | QL (0.75 per 365 days) |
| TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML | QL (1.5 per 365 days) |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML | QL (2 per 365 days) |
| Inflammatory Bowel Disease Agents | |
| Inflammatory Bowel Disease Agents | |
| <i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda) | QL (120 per 30 days) |
| Metabolic Bone Disease Agents | |
| Metabolic Bone Disease Agents | |
| <i>alendronate oral solution 70 mg/75 ml</i> | QL (300 per 28 days) |
| <i>alendronate oral tablet 10 mg, 5 mg</i> | QL (30 per 30 days) |
| <i>alendronate oral tablet 35 mg</i> | QL (4 per 28 days) |
| <i>alendronate oral tablet 70 mg</i> (Fosamax) | QL (4 per 28 days) |
| <i>calcitonin (salmon) nasal spray, non- aerosol 200 unit/actuation</i> | QL (3.7 per 28 days) |
| <i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar) | QL (60 per 30 days) |
| <i>cinacalcet oral tablet 90 mg</i> (Sensipar) | QL (120 per 30 days) |
| FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML) (teriparatide) | QL (2.4 per 28 days) |
| <i>ibandronate intravenous solution 3 mg/3 ml</i> | QL (3 per 84 days) |
| <i>ibandronate intravenous syringe 3 mg/3 ml</i> | QL (3 per 84 days) |
| <i>ibandronate oral tablet 150 mg</i> | QL (1 per 28 days) |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

| Drug Name | Quantity Limits |
|--|------------------------|
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE | QL (2 per 28 days) |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML | QL (1 per 180 days) |
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG | QL (60 per 30 days) |
| <i>risedronate oral tablet 150 mg</i> (Actonel) | QL (1 per 28 days) |
| <i>risedronate oral tablet 30 mg, 5 mg</i> | QL (30 per 30 days) |
| <i>risedronate oral tablet 35 mg</i> (Actonel) | QL (4 per 28 days) |
| <i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i> | QL (4 per 28 days) |
| <i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia) | QL (4 per 28 days) |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i> | QL (2.48 per 28 days) |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | QL (1.56 per 30 days) |
| <i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast) | QL (100 per 300 days) |
| Miscellaneous Therapeutic Agents | |
| Miscellaneous Therapeutic Agents | |
| ELMIRON ORAL CAPSULE 100 MG | QL (90 per 30 days) |
| ENDARI ORAL POWDER IN PACKET 5 GRAM | QL (180 per 30 days) |
| RECTIV RECTAL OINTMENT 0.4 % (W/W) | QL (30 per 30 days) |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) | QL (4 per 28 days) |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML | QL (2 per 28 days) |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

| Drug Name | Quantity Limits |
|--|------------------------|
| TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML) | QL (4 per 28 days) |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | QL (56 per 28 days) |
| TYBOST ORAL TABLET 150 MG | QL (30 per 30 days) |
| VOWST ORAL CAPSULE | QL (12 per 30 days) |
| Ophthalmic Agents | |
| Antiglaucoma Agents | |
| <i>latanoprost ophthalmic (eye) drops</i> (Xalatan) 0.005 % | QL (2.5 per 25 days) |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | QL (2.5 per 25 days) |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % | QL (2.5 per 25 days) |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % | QL (2.5 per 25 days) |
| <i>travoprost ophthalmic (eye) drops</i> (Travatan Z) 0.004 % | QL (2.5 per 25 days) |
| Respiratory Tract Agents | |
| Anti-Inflammatories, Inhaled Corticosteroids | |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol) | QL (12 per 30 days) |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | QL (30 per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate-vilanterol) | QL (60 per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE | QL (60 per 30 days) |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

| Drug Name | Quantity Limits |
|---|------------------------|
| <i>breyana inhalation hfa aerosol inhaler</i> (budesonide-formoterol) 160-4.5 mcg/actuation, 80-4.5 mcg/actuation | QL (30.9 per 30 days) |
| <i>budesonide inhalation suspension for nebulization</i> 0.25 mg/2 ml, 0.5 mg/2 ml (Pulmicort) | QL (120 per 30 days) |
| <i>budesonide inhalation suspension for nebulization</i> 1 mg/2 ml (Pulmicort) | QL (60 per 30 days) |
| <i>budesonide-formoterol inhalation hfa aerosol inhaler</i> 160-4.5 mcg/actuation, 80-4.5 mcg/actuation (Breyna) | QL (30.6 per 30 days) |
| <i>fluticasone propionate inhalation hfa aerosol inhaler</i> 110 mcg/actuation | QL (12 per 30 days) |
| <i>fluticasone propionate inhalation hfa aerosol inhaler</i> 220 mcg/actuation | QL (24 per 30 days) |
| <i>fluticasone propionate inhalation hfa aerosol inhaler</i> 44 mcg/actuation | QL (21.2 per 30 days) |
| <i>fluticasone propion-salmeterol inhalation blister with device</i> 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose (Wixela Inhub) | QL (60 per 30 days) |
| <i>wixela inhub inhalation blister with device</i> 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose (fluticasone propion-salmeterol) | QL (60 per 30 days) |
| Bronchodilators | |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION | QL (32.1 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler</i> 90 mcg/actuation (Proventil HFA) | QL (17 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler</i> 90 mcg/actuation (nda020503) | QL (13.4 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler</i> 90 mcg/actuation (nda020983) | QL (36 per 30 days) |
| <i>albuterol sulfate inhalation solution for nebulization</i> 0.63 mg/3 ml, 1.25 mg/3 ml | QL (360 per 30 days) |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

| Drug Name | Quantity Limits |
|---|------------------------|
| <i>albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %)</i> | QL (360 per 30 days) |
| <i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i> | QL (120 per 30 days) |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | QL (60 per 30 days) |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION | QL (25.8 per 28 days) |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION | QL (10.7 per 30 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | QL (8 per 30 days) |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | QL (312.5 per 30 days) |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i> | QL (540 per 30 days) |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | QL (60 per 30 days) |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION | QL (4 per 30 days) |
| SPIRIVA WITH HANDIHALER (tiotropium bromide) INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG | QL (30 per 30 days) |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION | QL (4 per 30 days) |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | QL (4 per 28 days) |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

| Drug Name | Quantity Limits |
|---|----------------------|
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200- 62.5-25 MCG | QL (60 per 30 days) |
| Respiratory Tract Agents, Other | |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG | QL (560 per 28 days) |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML | QL (1 per 28 days) |
| FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML | QL (1 per 28 days) |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG | QL (56 per 28 days) |
| KALYDECO ORAL TABLET 150 MG | QL (56 per 28 days) |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG | QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | QL (0.4 per 28 days) |
| OFEV ORAL CAPSULE 100 MG, 150 MG | QL (60 per 30 days) |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG | QL (56 per 28 days) |
| ORKAMBI ORAL TABLET 100- 125 MG, 200-125 MG | QL (112 per 28 days) |
| <i>pirfenidone oral capsule 267 mg</i> (Esbriet) | QL (270 per 30 days) |
| <i>pirfenidone oral tablet 267 mg</i> (Esbriet) | QL (270 per 30 days) |
| <i>pirfenidone oral tablet 534 mg</i> | QL (90 per 30 days) |
| <i>pirfenidone oral tablet 801 mg</i> (Esbriet) | QL (90 per 30 days) |
| <i>roflumilast oral tablet 250 mcg</i> (Daliresp) | QL (28 per 28 days) |
| <i>roflumilast oral tablet 500 mcg</i> (Daliresp) | QL (30 per 30 days) |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

| Drug Name | Quantity Limits |
|---|----------------------|
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) | QL (56 per 28 days) |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) | QL (84 per 28 days) |
| Skeletal Muscle Relaxants | |
| Sleep Disorder Agents | |
| Sleep Disorder Agents | |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil) | QL (30 per 30 days) |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | QL (30 per 30 days) |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta) | QL (30 per 30 days) |
| <i>modafinil oral tablet 100 mg</i> (Provigil) | QL (30 per 30 days) |
| <i>modafinil oral tablet 200 mg</i> (Provigil) | QL (60 per 30 days) |
| <i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem) | QL (540 per 30 days) |
| SUNOSI ORAL TABLET 150 MG, 75 MG | QL (30 per 30 days) |
| <i>tasimelteon oral capsule 20 mg</i> (Hetlioz) | QL (30 per 30 days) |
| <i>zaleplon oral capsule 10 mg, 5 mg</i> | QL (30 per 30 days) |
| <i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien) | QL (30 per 30 days) |
| Vasodilating Agents | |
| Vasodilating Agents | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | QL (90 per 30 days) |
| <i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension)) | QL (60 per 30 days) |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis) | QL (30 per 30 days) |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer) | QL (60 per 30 days) |
| OPSUMIT ORAL TABLET 10 MG | QL (30 per 30 days) |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio) | QL (360 per 30 days) |

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

| Drug Name | Quantity Limits |
|---|----------------------|
| <i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq) | QL (60 per 30 days) |
| TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan) | QL (60 per 30 days) |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG | QL (112 per 28 days) |
| UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG | QL (60 per 30 days) |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG | QL (60 per 30 days) |
| UPTRAVI ORAL TABLET 200 MCG | QL (240 per 30 days) |

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