

NOTE: Effective for Date of Service on and after March 1, 2025, there will be changes made to the quantity limits for Short-Acting Opioids.

## Quantity Limit Drugs and Diabetic Supplies

Effective Date: May 1, 2025

|                                                          |
|----------------------------------------------------------|
| <b>ALLERGENS, GRASS POLLEN</b>                           |
| <b>34 Tablets/Month</b>                                  |
| GRASSTEK (grass pollen-timothy, std)                     |
| ORALAIR (gr pol-orc/sw ver/rye/kent/tim)                 |
| <b>ALLERGENS, MITES</b>                                  |
| <b>30 Tablets/Month</b>                                  |
| ODACTRA (mite-dermatophagoides farinae, standardized)    |
| <b>ALLERGENS, RAGWEED POLLEN</b>                         |
| <b>34 Tablets/Month</b>                                  |
| RAGWITEK (weed pollen-short ragweed)                     |
| <b>ALZHEIMER'S AGENTS</b>                                |
| <b>34 Capsules/Month</b>                                 |
| memantine hcl er (Example brand: NAMENDA XR)             |
| NAMZARIC (memantine hcl/donepezil)                       |
| <b>68 Tablets/Month</b>                                  |
| memantine hcl (Example brand: NAMENDA)                   |
| NAMENDA (memantine hcl)                                  |
| <b>68 Tablets/Month</b>                                  |
| ZUNVEYL (benzgalantamine)                                |
| <b>ANALGESICS, MISC</b>                                  |
| <b>30 Tablets/Year</b>                                   |
| JOURNAVX (suzetrigine)                                   |
| <b>ANALGESICS, OPIOIDS LONG-ACTING</b>                   |
| <b>4 Patches/Month</b>                                   |
| BUTRANS (buprenorphine)                                  |
| <b>34 Tablets/Month</b>                                  |
| tramadol er 200 mg tablet (Example brand: RYZOLT ER)     |
| tramadol er 300 mg tablet (Example brand: RYZOLT ER)     |
| tramadol hcl er 200 mg tablet (Example brand: ULTRAM ER) |
| tramadol hcl er 300 mg tablet (Example brand: ULTRAM ER) |
| <b>34 Tablets/Month</b>                                  |
| HYSINGLA ER (hydrocodone bitartrate)                     |

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| <b>ANALGESICS, OPIOIDS LONG-ACTING</b>                                                            |
| <b>60 EA/Month (1 EA equals 1 film)</b>                                                           |
| BELBUCA (buprenorphine)                                                                           |
| <b>68 Capsules/Month</b>                                                                          |
| hydrocodone bitartrate er (Example brand: ZOHYDRO ER)                                             |
| <b>68 Tablets/Month</b>                                                                           |
| tramadol er 100 mg tablet (Example brand: RYZOLT ER)                                              |
| tramadol hcl er 100 mg tablet (Example brand: ULTRAM ER)                                          |
| <b>ANALGESICS, OPIOIDS SHORT-ACTING</b>                                                           |
| <b>Effective 3/1/2025, Analgesics, Opioids Short-Acting will be monitored by 240 units/Month.</b> |
| <b>240 Tablets or Capsules or Lozenges/Month</b>                                                  |
| acetamin-caff-dihydrocodeine (Example brand: TREZIX)                                              |
| acetaminophen-codeine (Example brand: TYLENOL #2)                                                 |
| acetaminophen-codeine (Example brand: TYLENOL #3)                                                 |
| acetaminophen-codeine (Example brand: TYLENOL #4)                                                 |
| ACTIQ (fentanyl)                                                                                  |
| ASCOMP WITH CODEINE (asa/butalb/cafeine/codeine)                                                  |
| butalb-acetaminoph-caff-codein (Example brand: FIORICET W/ CODEINE)                               |
| codeine sulfate (Example brand: No Brand Product)                                                 |
| DILAUDID (hydromorphone)                                                                          |
| ENDOCET (oxycodone/acetaminophen)                                                                 |
| fentanyl citrate (Example brand: ACTIQ)                                                           |
| FENTORA (fentanyl)                                                                                |
| FIORICET WITH CODEINE (butalb/acetaminoph/caff/codein)                                            |
| hydrocodone-acetaminophen (Example brand: LORTAB)                                                 |
| hydrocodone-acetaminophen (Example brand: NORCO)                                                  |
| hydrocodone-acetaminophen (Example brand: VERDROCET)                                              |
| hydrocodone-acetaminophen (Example brand: XODOL)                                                  |
| hydrocodone-ibuprofen (Example brand: IBUDONE)                                                    |
| hydrocodone-ibuprofen (Example brand: VICOPROFEN)                                                 |
| levorphanol tartrate (Example brand: LEVO-DROMORAN) (limit to 204 units/claim)                    |
| meperidine 50 mg tablet (Example brand: MEPERITAB) (limit to 68 units/claim)                      |
| morphine sulfate (Example brand: MSIR)                                                            |
| NALOCET (oxycodone/acetaminophen)                                                                 |

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| <b>ANALGESICS, OPIOIDS SHORT-ACTING</b>                                                           |
|---------------------------------------------------------------------------------------------------|
| <b>Effective 3/1/2025, Analgesics, Opioids Short-Acting will be monitored by 240 units/Month.</b> |
| <b>240 Tablets or Capsules or Lozenges/Month</b>                                                  |
| oxycodone hcl ( (Example brand: ROXICODONE)                                                       |
| oxycodone hcl (Example brand: DAZIDOX)                                                            |
| oxycodone hcl (Example brand: OXYIR)                                                              |
| oxycodone hcl (Example brand: ROXICODONE)                                                         |
| oxymorphone hcl (Example brand: OXYMORPHONE)                                                      |
| pentazocine-naloxone hcl (Example brand: TALWIN NX)                                               |
| PERCOCET (oxycodone/acetaminophen)                                                                |
| PROLATE (oxycodone/acetaminophen)                                                                 |
| ROXICODONE (oxycodone)                                                                            |
| ROXYBOND (oxycodone)                                                                              |
| tramadol hcl 100 mg tablet (Example brand: ULTRAM) (limit to 136 units/claim)                     |
| tramadol hcl 25 mg tablet (Example brand: ULTRAM)                                                 |
| tramadol hcl 50 mg tablet (Example brand: ULTRAM)                                                 |
| tramadol hcl-acetaminophen (Example brand: ULTRACET)                                              |
| <b>ANALGESICS/ ANESTHETICS, TOPICAL</b>                                                           |
| <b>90 Patches/Month</b>                                                                           |
| DERMACINRX LIDOCAN (lidocaine)                                                                    |
| LIDOCAN II (lidocaine)                                                                            |
| LIDOCAN III (lidocaine)                                                                           |
| LIDOCAN IV (lidocaine)                                                                            |
| LIDOCAN V (lidocaine)                                                                             |
| LIDODERM (lidocaine)                                                                              |
| TRIDACAINE (lidocaine)                                                                            |
| TRIDACAINE II (lidocaine)                                                                         |
| TRIDACAINE III (lidocaine)                                                                        |
| TRIDACAINE XL (lidocaine)                                                                         |
| ZTLIDO (lidocaine)                                                                                |
| <b>ANDROGENIC AGENTS</b>                                                                          |
| <b>136 Capsules/Month</b>                                                                         |
| JATENZO (testosterone undecanoate)                                                                |
| <b>136 Capsules/Month</b>                                                                         |

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|                                                             |
|-------------------------------------------------------------|
| <b>ANDROGENIC AGENTS</b>                                    |
| <b>136 Capsules/Month</b>                                   |
| TLANDO (testosterone)                                       |
| <b>ANGIOTENSIN MODULATORS ARBs AND DRIs</b>                 |
| <b>34 Tablets/Month</b>                                     |
| ATACAND (candesartan cilexetil)                             |
| ATACAND HCT (candesartan/hydrochlorothiazide)               |
| AVALIDE 300-12.5 MG TABLET (irbesartan/hydrochlorothiazide) |
| AVAPRO (irbesartan)                                         |
| BENICAR (olmesartan)                                        |
| BENICAR HCT (olmesartan/hydrochlorothiazide)                |
| DIOVAN 320 MG TABLET (valsartan)                            |
| DIOVAN HCT (valsartan/hydrochlorothiazide)                  |
| EDARBI (azilsartan medoxomil)                               |
| EDARBYCLOR (azilsartan med/chlorthalidone)                  |
| MICARDIS (telmisartan)                                      |
| MICARDIS HCT (telmisartan/hydrochlorothiazide)              |
| <b>34 Tablets/Month</b>                                     |
| TEKTURNA (aliskiren)                                        |
| <b>68 Tablets/Month</b>                                     |
| AVALIDE 150-12.5 MG TABLET (irbesartan/hydrochlorothiazide) |
| DIOVAN 160 MG TABLET (valsartan)                            |
| DIOVAN 40 MG TABLET (valsartan)                             |
| DIOVAN 80 MG TABLET (valsartan)                             |
| ENTRESTO (sacubitril/valsartan)                             |
| <b>120 Capsules/Month</b>                                   |
| ENTRESTO SPRINKLE (sacubitril/valsartan)                    |
| <b>ANGIOTENSIN MODULATORS, COMBINATIONS</b>                 |
| <b>34 Tablets/Month</b>                                     |
| AZOR (amlodipine bes/olmesartan)                            |
| EXFORGE (amlodipine/valsartan)                              |
| EXFORGE HCT (amlodipine/valsartan/hcthiacid)                |
| telmisartan-amlodipine (Example brand: TWYNSTA)             |
| trandolapr-verapam er 4-240 mg (Example brand: TARKA ER)    |

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|-----------------------------------------------------------------|
| <b>ANGIOTENSIN MODULATORS, COMBINATIONS</b>                     |
| <b>34 Tablets/Month</b>                                         |
| TRIBENZOR 40-10-12.5 MG TABLET (olmesartan med/amlodipine/hctz) |
| TRIBENZOR 40-10-25 MG TABLET (olmesartan med/amlodipine/hctz)   |
| TRIBENZOR 40-5-12.5 MG TABLET (olmesartan med/amlodipine/hctz)  |
| TRIBENZOR 40-5-25 MG TABLET (olmesartan med/amlodipine/hctz)    |
| <b>68 Tablets/Month</b>                                         |
| trandolapr-verapam er 1-240 mg (Example brand: TARKA ER)        |
| trandolapr-verapam er 2-180 mg (Example brand: TARKA ER)        |
| trandolapr-verapam er 2-240 mg (Example brand: TARKA ER)        |
| TRIBENZOR 20-5-12.5 MG TABLET (olmesartan med/amlodipine/hctz)  |
| <b>ANTIBIOTICS, GI</b>                                          |
| <b>9 Tablets/68 Days</b>                                        |
| XIFAXAN 200 MG TABLET (rifaximin)                               |
| <b>68 Tablets/Month</b>                                         |
| XIFAXAN 550 MG TABLET (rifaximin)                               |
| <b>ANTIBIOTICS, TETRACYCLINES</b>                               |
| <b>68 Tablets/Month</b>                                         |
| doxycycline hyclate (Example brand: PERIOSTAT)                  |
| <b>ANTIBIOTICS, TOPICAL</b>                                     |
| <b>60 GM/Month (15-30 GM per tube)</b>                          |
| mupirocin 2% cream (Example brand: BACTROBAN)                   |
| <b>66 Grams/Month</b>                                           |
| CENTANY 2% OINTMENT (mupirocin)                                 |
| <b>ANTICOAGULANTS</b>                                           |
| <b>34 Tablets/Month</b>                                         |
| SAVAYSA (edoxaban tosylate)                                     |
| XARELTO 10 MG TABLET (rivaroxaban)                              |
| XARELTO 20 MG TABLET (rivaroxaban)                              |
| <b>68 Tablets or Capsules/Month</b>                             |
| ELIQUIS 2.5 MG TABLET (apixaban)                                |
| PRADAXA (dabigatran etexilate)                                  |
| XARELTO 15 MG TABLET (rivaroxaban)                              |
| XARELTO 2.5 MG TABLET (rivaroxaban)                             |

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|----------------------------------------------------------------|
| <b>ANTICOAGULANTS</b>                                          |
| <b>74 Tablets/Month</b>                                        |
| ELIQUIS 5 MG TABLET (apixaban)                                 |
| ELIQUIS DVT-PE TREAT START 5MG (apixaban)                      |
| <b>ANTICONVULSANT/NEUROPATHIC PAIN/FIBROMYAIGIA)</b>           |
| <b>136 Capsules/Month</b>                                      |
| LYRICA (pregabalin)                                            |
| LYRICA 100 MG C (pregabalin)                                   |
| <b>ANTIDEPRESSANTS, OTHER</b>                                  |
| <b>34 Capsule/Month</b>                                        |
| FETZIMA (levomilnacipran hydrochloride)                        |
| <b>68 Capsules/Month</b>                                       |
| duloxetine hcl (Example brand: IRENKA DR)                      |
| <b>ANTIDEPRESSANTS, OTHER/NEUROPATHIC PAIN/FIBROMYAIGIA</b>    |
| <b>68 Capsules/Month</b>                                       |
| CYMBALTA (duloxetine hcl)                                      |
| <b>ANTIDIARRHEAL - G.I. CHLORIDE CHANNEL INHIBITORS</b>        |
| <b>68 Tablets/Month</b>                                        |
| MYTESI (crofelemer)                                            |
| <b>ANTIEMETICS/ANTIVERTIGO AGENTS</b>                          |
| <b>136 Tablets/Month</b>                                       |
| DICLEGIS (doxylamine/pyridoxine)                               |
| <b>ANTIFUNGALS, ORAL</b>                                       |
| <b>102 Tablets/Month</b>                                       |
| NOXAFIL (posaconazole)                                         |
| <b>ANTI-NARCOLEPSY &amp; ANTI-CATAPLEXY, SEDATIVE-TYPE AGT</b> |
| <b>540 ML/Month</b>                                            |
| XYREM (sodium oxybate)                                         |
| XYWAV (gamma-hydroxybutyric acid)                              |
| <b>ANTIPSYCHOTICS</b>                                          |
| <b>34 Tablets/Month</b>                                        |
| LYBALVI (olanzapine)                                           |
| <b>34 Tablets/Month</b>                                        |
| LATUDA 120 MG TABLET (lurasidone)                              |

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|------------------------------------------------------------|
| <b>ANTIPSYCHOTICS</b>                                      |
| <b>34 Tablets/Month</b>                                    |
| LATUDA 20 MG TABLET (lurasidone)                           |
| LATUDA 40 MG TABLET (lurasidone)                           |
| <b>68 Tablets/Month</b>                                    |
| LATUDA 60 MG TABLET (lurasidone)                           |
| LATUDA 80 MG TABLET (lurasidone)                           |
| <b>ANTIVIRALS, Other</b>                                   |
| <b>2 Buccal Tablets/Month</b>                              |
| SITAVIG (acyclovir)                                        |
| <b>136 Tablets/Month</b>                                   |
| LIVTENCITY (maribavir)                                     |
| <b>BLADDER RELAXANT PREPARATIONS</b>                       |
| <b>8 Patches/Month</b>                                     |
| OXYTROL (oxybutynin)                                       |
| <b>34 Tablets or Packets/Month</b>                         |
| darifenacin er (Example brand: ENABLEX)                    |
| DETROL LA (tolterodine tartrate er)                        |
| GEMTESA (vibegron)                                         |
| MYRBETRIQ (mirabegron)                                     |
| oxybutynin cl er 5 mg tablet (Example brand: DITROPAN XL)  |
| TOVIAZ (fesoterodine fumarate)                             |
| tropium chloride er (Example brand: SANCTURA XR)           |
| VESICARE (solifenacin succinate)                           |
| <b>68 Tablets/Month</b>                                    |
| DETROL (tolterodine tartrate)                              |
| oxybutynin cl er 10 mg tablet (Example brand: DITROPAN XL) |
| oxybutynin cl er 15 mg tablet (Example brand: DITROPAN XL) |
| tropium chloride (Example brand: SANCTURA)                 |
| <b>136 Tablets/Month</b>                                   |
| oxybutynin 2.5 mg tablet (Example brand: OXYBUTYNIN)       |
| oxybutynin 5 mg tablet (Example brand: DITROPAN)           |
| <b>680 ML/Month</b>                                        |
| oxybutynin 5 mg/5 ml solution (Example brand: DITROPAN)    |

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| <b>BLADDER RELAXANT PREPARATIONS</b>                  |
| <b>680 ML/Month</b>                                   |
| oxybutynin 5 mg/5 ml syrup (Example brand: DITROPAN)  |
| <b>BRONCHODILATORS, BETA AGONISTS</b>                 |
| <b>17 GM/Month (13.4 to 17 GM for 2 inhalers)</b>     |
| VENTOLIN HFA 90 MCG INHALER (albuterol sulfate) 8 GM  |
| <b>30 GM/Month (15 GM per inhaler)</b>                |
| XOPENEX HFA (levalbuterol tartrate)                   |
| <b>36 GM/Month (36 GM for 2 inhalers)</b>             |
| VENTOLIN HFA 90 MCG INHALER (albuterol sulfate) 18 GM |
| <b>CARDIAC TONE, CONTRACTILITY, AND REMODELING</b>    |
| <b>34 Tablets/Month</b>                               |
| VERQUVO (vericiguat)                                  |
| <b>CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS</b>   |
| <b>68 Capsules/Month</b>                              |
| NUDEXTA (dextromethorphan hbr/quinidine)              |
| <b>CHEMOKINE RECEPTOR ANTAGONIST</b>                  |
| <b>120 Capsules/Month</b>                             |
| XOLREMDI (mavorixafor)                                |
| <b>CONTRACEPTIVES (EMERGENCY), ORAL</b>               |
| <b>8 Tablets/Month</b>                                |
| ELLA (ulipristal acetate)                             |
| <b>8 Tablets/Month</b>                                |
| ECONTRA ONE-STEP (levonorgestrel)                     |
| HER STYLE (levonorgestrel)                            |
| MY CHOICE (levonorgestrel)                            |
| MY WAY (levonorgestrel)                               |
| NEW DAY (levonorgestrel)                              |
| OPTION 2 (levonorgestrel)                             |
| <b>CONTRACEPTIVES, INJECTABLE</b>                     |
| <b>1 EA/3 Months (1 EA equals 1 vial or syringe)</b>  |
| DEPO-PROVERA (medroxyprogesterone acetate)            |
| DEPO-SUBQ PROVERA 104 (medroxyprogesterone acetate)   |
| <b>CONTRACEPTIVES, TRANSDERMAL</b>                    |

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| <b>CONTRACEPTIVES,TRANSDERMAL</b>                                    |
| <b>9 Patches/3 Month</b>                                             |
| XULANE (norelgestromin/ethin.estradiol)                              |
| ZAFEMY (norelgestromin/ethin.estradiol)                              |
| <b>COPD AGENTS</b>                                                   |
| <b>1 EA/Month (1 EA per inhaler)</b>                                 |
| TUDORZA PRESSAIR (aclidinium bromide)                                |
| <b>4 GM/Month (4 GM per inhaler)</b>                                 |
| STIOLTO RESPIMAT (tiotropium br/olodaterol)                          |
| <b>8 GM/Month (4 GM per inhaler)</b>                                 |
| COMBIVENT RESPIMAT (ipratropium/albuterol)                           |
| <b>10.7 GM/Month (10.7 GM per inhaler)</b>                           |
| BEVESPI AEROSPHERE (glycopyrrolate/formoterol)                       |
| <b>25.8 GM/Month (12.9 GM per inhaler)</b>                           |
| ATROVENT HFA (ipratropium bromide)                                   |
| <b>30 EA/Month (5-30 capsules per carton)</b>                        |
| SPIRIVA HANDIHALER (tiotropium bromide)                              |
| <b>34 Tablets/Month</b>                                              |
| DALIRESP (roflumilast)                                               |
| <b>CYTOKINE AND CAM ANTAGONISTS</b>                                  |
| <b>1 EA/Month (1 EA equals 1 Kit (contains 2 pens)</b>               |
| <b>2 EA/Month (1 EA equals 1 Kit (contains 1 pen)</b>                |
| ZYMFENTRA 120 MG/ML PEN (2PK) (infliximab-dyyb)                      |
| ZYMFENTRA 120 MG/ML PEN KIT (infliximab-dyyb)                        |
| <b>1 EA/Month (1 EA equals 1 Kit (contains 2 prefilled syringes)</b> |
| ZYMFENTRA 120 MG/ML SYRNG(2PK) (infliximab-dyyb)                     |
| <b>3 EA/Year (3 EA Starter Kit contains 6 syringes)</b>              |
| CIMZIA 2X200 MG/ML(X3)START KT (certolizumab)                        |
| <b>34 Tablets/Month</b>                                              |
| RINVOQ (upadacitinib)                                                |
| XELJANZ XR (tofacitinib citrate)                                     |
| <b>68 Tablets/Month</b>                                              |
| XELJANZ (tofacitinib citrate)                                        |
| <b>DECONGESTANTS, ORAL</b>                                           |
| <b>136 Tablets/Month</b>                                             |

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|--------------------------------------------------------------------|
| <b>DECONGESTANTS, ORAL</b>                                         |
| <b>136 Tablets/Month</b>                                           |
| CVS NASAL DECON (pseudoephedrine hcl)                              |
| NASAL DECONGESTANT (pseudoephedrine hcl)                           |
| SUDOGEST (pseudoephedrine hcl)                                     |
| SUPHEDRIN (pseudoephedrine hcl)                                    |
| <b>DIABETIC SUPPLY</b>                                             |
| <b>1 Calibration/Control Solution/Month</b>                        |
| blood-glucose calibration control                                  |
| diabetic supplies,miscell                                          |
| <b>1 EA/180 Days (1 EA equals 1 Lancing Device)</b>                |
| lancing device                                                     |
| <b>1 EA/180 Days (1 EA equals 1 insulin administration pen)</b>    |
| pen injectors                                                      |
| <b>1 EA/2 Year (1 EA equals to 1 blood glucose meter)</b>          |
| blood-glucose meter                                                |
| <b>204 EA/Month (1 EA equals 1 test strip)</b>                     |
| blood glucose test strips                                          |
| <b>204 EA/Month (1 EA equals 1 lancet)</b>                         |
| lancets                                                            |
| <b>204 EA/Month (1 EA equals 1 pen needle)</b>                     |
| pen needles                                                        |
| <b>204 Blood/Urine/Ketone Test Strips/Month</b>                    |
| blood ketone test,strips                                           |
| <b>204 EA/Month (1 EA equals 1 Syringe with or without needle)</b> |
| syringes with or without needle, insulin                           |
| <b>ELECTROLYTE DEPLETERS</b>                                       |
| <b>34 EA/Month (1 EA equals 1 powder pack)</b>                     |
| VELTASSA 16.8 GM POWDER PACKET (patiomer calcium sorbitex)         |
| VELTASSA 25.2 GM POWDER PACKET (patiomer calcium sorbitex)         |
| VELTASSA 8.4 GM POWDER PACKET (patiomer calcium sorbitex)          |
| <b>240 EA/Month (1 EA equals 1 powder pack)</b>                    |
| VELTASSA 1 GM POWDER PACKET (patiomer)                             |
| <b>ENZYME INHIBITOR, ORAL</b>                                      |

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|----------------------------------------------------------|
| <b>ENZYME INHIBITOR, ORAL</b>                            |
| <b>60 Tablets/Month</b>                                  |
| JOENJA (leniolisib)                                      |
| <b>EPINEPHRINE, SELF-ADMINISTERED</b>                    |
| <b>2 EA/Month (1 EA equals 1 syringe or nasal spray)</b> |
| AUVI-Q (epinephrine)                                     |
| EPIPEN (epinephrine)                                     |
| EPIPEN 2-PAK (epinephrine)                               |
| EPIPEN JR (epinephrine)                                  |
| EPIPEN JR 2-PAK (epinephrine)                            |
| NEFFY (epinephrine)                                      |
| NEFFY 1 MG/0.1 (epinephrine)                             |
| <b>FRIEDREICH'S DISEASE</b>                              |
| <b>90 Capsules/Month</b>                                 |
| SKYCLARYS (omaveloxolone)                                |
| <b>GI MOTILITY, CONSTIPATION</b>                         |
| <b>34 Capsules/Month</b>                                 |
| LINZESS (linaclotide)                                    |
| <b>34 Tablets/Month</b>                                  |
| MOVANTIK (naloxegol oxalate)                             |
| <b>90 Tablets/Month</b>                                  |
| RELISTOR (methylnaltrexone)                              |
| <b>GI MOTILITY, DIARRHEA</b>                             |
| <b>68 Tablets/Month</b>                                  |
| LOTRONEX (alosetron hcl)                                 |
| VIBERZI (eluxadoline)                                    |
| <b>GLUCAGON AGENTS</b>                                   |
| <b>2 Syringe/Month (0.1 ML equals 1 Syringe)</b>         |
| GVOKE HYPOPEN 1PK 0.5MG/0.1 ML (glucagon)                |
| GVOKE HYPOPEN 1-PK 1 MG/0.2 ML (glucagon)                |
| GVOKE HYPOPEN 2PK 0.5MG/0.1 ML (glucagon)                |
| GVOKE HYPOPEN 2-PK 1 MG/0.2 ML (glucagon)                |
| GVOKE PFS 1-PK 1 MG/0.2 ML SYR (glucagon)                |
| GVOKE PFS 2-PK 1 MG/0.2 ML SYR (glucagon)                |

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|--------------------------------------------------------------|
| <b>GLUCAGON AGENTS</b>                                       |
| <b>2 Syringe/Month (0.1 ML equals 1 Syringe)</b>             |
| ZEGALOGUE AUTOINJECTOR (dasiglucagon)                        |
| ZEGALOGUE SYRINGE (dasiglucagon)                             |
| <b>2 EA/Month (1 EA equals 1 Kit/vial/intranasal device)</b> |
| BAQSIMI (glucagon)                                           |
| GLUCAGEN (glucagon)                                          |
| GLUCAGON EMERGENCY KIT (glucagon)                            |
| <b>GLUCOCORTICOIDS, INHALED</b>                              |
| <b>1 EA/Month (1 EA equals 1 inhaler)</b>                    |
| ASMANEX (mometasone furoate)                                 |
| <b>1 EA/Month (1 EA equals 1 inhaler)</b>                    |
| ARMONAIR DIGIHALER (fluticasone)                             |
| <b>2 EA/Month (1 EA equals 1 inhaler)</b>                    |
| AIRDUO DIGIHALER (fluticasone)                               |
| AIRDUO RESPICLICK (fluticasone)                              |
| <b>2 EA/Month (1 EA equals 1 inhaler)</b>                    |
| PULMICORT FLEXHALER (budesonide)                             |
| <b>12.2 GM/Month (6.1 GM per inhaler)</b>                    |
| ALVESCO (ciclesonide) 6.1 GM                                 |
| <b>13 GM/Month (8.8 -13 GM per inhaler)</b>                  |
| ASMANEX HFA (mometasone furoate)                             |
| <b>22 GM/Month (10.6 GM per inhaler)</b>                     |
| FLOVENT HFA 44 MCG INHALER (fluticasone propionate)          |
| <b>24 GM/Month (8-12 GM per inhaler)</b>                     |
| ADVAIR HFA (fluticasone/salmeterol)                          |
| <b>24 GM/Month (12 GM per inhaler)</b>                       |
| FLOVENT HFA 110 MCG INHALER (fluticasone propionate)         |
| FLOVENT HFA 220 MCG INHALER (fluticasone propionate)         |
| <b>24 GM/Month (6.9-12.2 GM per inhaler)</b>                 |
| BREYNA (budesonide/ formoterol fumarate)                     |
| BREYNA (budesonide/formoterol fumarate)                      |
| SYMBICORT (budesonide/ formoterol fumarate)                  |
| SYMBICORT (budesonide/formoterol fumarate)                   |

# Quantity Limit Drugs and Diabetic Supplies

Effective Date: May 1, 2025

|                                                      |
|------------------------------------------------------|
| <b>GLUCOCORTICOIDS, INHALED</b>                      |
| <b>26 GM/Month (8.8 -13 GM per inhaler)</b>          |
| DULERA (mometasone furoate)                          |
| DULERA (mometasone/formoterol)                       |
| <b>30 EA/Month (1 EA equals 1 blister pack)</b>      |
| ARNUITY ELLIPTA (fluticasone furoate)                |
| <b>32.1 GM/Month (10.7 GM equals 1 inhaler)</b>      |
| AIRSUPRA (albuterol/budesonide)                      |
| <b>60 EA/Month (1 EA equals 1 powdered dose)</b>     |
| FLOVENT 50 MCG DISKUS (fluticasone propionate)       |
| <b>120 EA/Month (1 EA equals 1 powdered dose)</b>    |
| ADVAIR DISKUS (fluticasone/salmeterol)               |
| WIXELA INHUB (fluticasone/salmeterol)                |
| <b>120 EA/Month (1 EA equals 1 powdered dose)</b>    |
| BREO ELLIPTA (fluticasone/vilanterol)                |
| <b>120 EA/Month (1 EA equals 1 powdered dose)</b>    |
| FLOVENT DISKUS (fluticasone propionate)              |
| fluticasone propionate (Example brand: FLOVENT DISK) |
| <b>GOUT AGENTS</b>                                   |
| <b>68 Tablets or Capsules/Month</b>                  |
| COLCRYS (colchicine)                                 |
| MITIGARE (colchicine)                                |
| <b>HEADACHE AGENTS, ACUTE TREATMENT</b>              |
| <b>1 Bottle</b>                                      |
| ZAVZPRET (zavegepant)                                |
| <b>8 Tablets/Month</b>                               |
| REYVOW (lasmiditan)                                  |
| <b>16 Tablets/Month</b>                              |
| UBRELVY (ubrogepant)                                 |
| <b>18 Tablets/Month</b>                              |
| NURTEC ODT (rimegepant)                              |
| <b>HEADACHE AGENTS, PREVENTATIVE TREATMENT</b>       |
| <b>1 ML/Month</b>                                    |
| AIMOVIG 140 MG/ML AUTOINJECTOR (erenumab-aooe) 1 ML  |

# Quantity Limit Drugs and Diabetic Supplies

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| HEADACHE AGENTS, PREVENTATIVE TREATMENT                        |                                                        |
|----------------------------------------------------------------|--------------------------------------------------------|
| <b>1 ML/Month</b>                                              |                                                        |
|                                                                | AIMOVIG 70 MG/ML AUTOINJECTOR (erenumab-aooe) 1 ML     |
| <b>3 Syringe/Month (1.5 ML equals 1 Syringe)</b>               |                                                        |
|                                                                | AJOVY AUTOINJECTOR (fremanezumab-vfrm)                 |
|                                                                | AJOVY SYRINGE (fremanezumab-vfrm)                      |
| <b>34 Tablets/Month</b>                                        |                                                        |
|                                                                | QULIPTA (atogepant)                                    |
| HEADACHE AGENTS, TRIPTANS INJECTABLE                           |                                                        |
| <b>5 ML/Month (5 ML equals 10 (0.5 ML) vials)</b>              |                                                        |
|                                                                | sumatriptan 6 mg/0.5 ml vial (Example brand: IMITREX)  |
| <b>4 ML/Month (4 ML equals 8 (0.5 ML) syringes)</b>            |                                                        |
|                                                                | IMITREX 4 MG/0.5 ML CARTRIDGES (sumatriptan succinate) |
|                                                                | IMITREX 4 MG/0.5 ML PEN INJECT (sumatriptan succinate) |
|                                                                | IMITREX 6 MG/0.5 ML CARTRIDGES (sumatriptan succinate) |
|                                                                | IMITREX 6 MG/0.5 ML PEN INJECT (sumatriptan succinate) |
|                                                                | ZEMBRACE SYMTOUCH (sumatriptan succinate)              |
| HEADACHE AGENTS, TRIPTANS NON-INJECTABLE                       |                                                        |
| <b>6 EA/Month (1 EA equals 1 unit dose sprayer or syringe)</b> |                                                        |
|                                                                | IMITREX 5 MG NASAL SPRAY (sumatriptan)                 |
|                                                                | sumatriptan 20 mg nasal spray (Example brand: IMITREX) |
|                                                                | TOSYMRA (sumatriptan)                                  |
|                                                                | ZOMIG 2.5 MG NASAL SPRAY (zolmitriptan)                |
|                                                                | ZOMIG 5 MG NASAL SPRAY (zolmitriptan)                  |
| <b>18 Tablets/Month</b>                                        |                                                        |
|                                                                | almotriptan malate (Example brand: AXERT)              |
|                                                                | FROVA (frovatriptan succinate)                         |
|                                                                | IMITREX 100 MG TABLET (sumatriptan succinate)          |
|                                                                | IMITREX 25 MG TABLET (sumatriptan succinate)           |
|                                                                | IMITREX 50 MG TABLET (sumatriptan succinate)           |
|                                                                | MAXALT (rizatriptan)                                   |
|                                                                | MAXALT MLT (rizatriptan)                               |
|                                                                | naratriptan hcl (Example brand: AMERGE)                |
|                                                                | RELPAX (eletriptan)                                    |

# Quantity Limit Drugs and Diabetic Supplies

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| <b>HEADACHE AGENTS, TRIPTANS NON-INJECTABLE</b>                 |
|-----------------------------------------------------------------|
| <b>18 Tablets/Month</b>                                         |
| rizatriptan (Example brand: MAXALT MLT)                         |
| rizatriptan (Example brand: MAXALT)                             |
| sumatriptan succ-naproxen sod (Example brand: TREXIMET)         |
| zolmitriptan 2.5 mg odt (Example brand: ZOMIG ZMT)              |
| zolmitriptan 5 mg odt (Example brand: ZOMIG ZMT)                |
| ZOMIG 2.5 MG TABLET (zolmitriptan)                              |
| ZOMIG 5 MG TABLET (zolmitriptan)                                |
| <b>HEMOLYTIC ANEMIA (PYRUVATE KINASE DEFICIENCY)</b>            |
| <b>68 Tablets/Month</b>                                         |
| PYRUKYND (mitapivat)                                            |
| <b>HYPOGLYCEMICS, DPP-4 INHIBITORS</b>                          |
| <b>34 Tablets/Month</b>                                         |
| JANUMET XR 100-1,000 MG TABLET (sitagliptin phos/metformin hcl) |
| JANUMET XR 50-500 MG TABLET (sitagliptin phos/metformin hcl)    |
| JANUVIA (sitagliptin phosphate)                                 |
| JENTADUETO XR 5 MG-1,000 MG TB (linagliptin/metformin)          |
| NESINA (alogliptin)                                             |
| ONGLYZA (saxagliptin)                                           |
| LOSENI (alogliptin/pioglitazone)                                |
| TRADJENTA (linagliptin)                                         |
| ZITUVIMET XR 100-1,000 MG TAB (sitagliptin-metformin)           |
| ZITUVIMET XR 50-500 MG TABLET (sitagliptin-metformin)           |
| ZITUVIO (sitagliptin)                                           |
| <b>68 Tablets/Month</b>                                         |
| JANUMET (sitagliptin phos/metformin hcl)                        |
| JANUMET XR 50-1,000 MG TABLET (sitagliptin phos/metformin hcl)  |
| JENTADUETO (linagliptin/metformin)                              |
| JENTADUETO XR 2.5 MG-1,000 MG (linagliptin/metformin)           |
| KAZANO (alogliptin/metformin)                                   |
| KOMBIGLYZE XR (saxagliptin hcl/metformin)                       |
| ZITUVIMET (sitagliptin-metformin)                               |
| ZITUVIMET XR 50-1000 MG TABLET (sitagliptin-metformin)          |

# Quantity Limit Drugs and Diabetic Supplies

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|                                                          |
|----------------------------------------------------------|
| <b>HYPOGLYCEMICS, OTHER</b>                              |
| <b>34 Tablets/Month</b>                                  |
| FARXIGA (dapagliflozin propanediol)                      |
| INPEFA (sotagliflozin)                                   |
| INVOKANA (canagliflozin)                                 |
| JARDIANCE (empagliflozin)                                |
| QTERN (dapagliflozin/saxagliptin)                        |
| STEGLATRO 15 MG TABLET (ertugliflozin pidolate)          |
| XIGDUO XR 10 MG-1,000 MG TAB (dapagliflozin/metformin)   |
| XIGDUO XR 10 MG-500 MG TABLET (dapagliflozin/metformin)  |
| XIGDUO XR 2.5 MG-1,000 MG TAB (dapagliflozin/metformin)  |
| XIGDUO XR 5 MG-500 MG TABLET (dapagliflozin/metformin)   |
| <b>68 Tablets/Month</b>                                  |
| INVOKAMET (canagliflozin/metformin)                      |
| INVOKAMET XR (canagliflozin/metformin)                   |
| STEGLATRO 5 MG TABLET (ertugliflozin pidolate)           |
| XIGDUO XR 5 MG-1,000 MG TABLET (dapagliflozin/metformin) |
| <b>IMMUNOMODULATORS, ATOPIC DERMATITIS</b>               |
| <b>34 Tablets/Month</b>                                  |
| CIBINQO (abrocitinib)                                    |
| <b>IMMUNOSUPPRESSANT</b>                                 |
| <b>204 Capsules/Month</b>                                |
| LUPKYNIS (voclosporin)                                   |
| <b>INTRANASAL RHINITIS AGENTS</b>                        |
| <b>16 GM/Month (16 GM per inhaler)</b>                   |
| fluticasone propionate (Example brand: FLONASE)          |
| XHANCE (fluticasone)                                     |
| <b>17 GM/Month (17 GM per pump bottle)</b>               |
| mometasone furoate (Example brand: NASONEX)              |
| <b>LIPOTROPICS, OTHER</b>                                |
| <b>34 Tablets or Capsules /Month</b>                     |
| ALTOPREV (lovastatin)                                    |
| CRESTOR (rosuvastatin calcium)                           |
| fluvastatin sodium (Example brand: LESCOL)               |

# Quantity Limit Drugs and Diabetic Supplies

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|                                                     |
|-----------------------------------------------------|
| <b>LIPOTROPICS, OTHER</b>                           |
| <b>34 Tablets or Capsules /Month</b>                |
| LESCOL XL (fluvastatin er)                          |
| LIVALO (pitavastatin)                               |
| ZYPITAMAG (pitavastatin)                            |
| <b>LYSOSOMAL STORAGE DISORDER</b>                   |
| <b>17 Capsules/Month</b>                            |
| GALAFOLD (migalastat)                               |
| <b>MENOPAUSAL SYSTEM RELEIF</b>                     |
| <b>34 Tablets/Month</b>                             |
| VEOZAH (fezolinetant)                               |
| <b>MOVEMENT DISORDERS</b>                           |
| <b>34 Capsules/Month</b>                            |
| INGREZZA (valbenazine)                              |
| <b>MULTIPLE SCLEROSIS AGENTS IMMUNOMODULATORS</b>   |
| <b>1 EA/Month (1 EA equals 1 syringe)</b>           |
| AVONEX 30 MCG/0.5 ML SYR (4PK) (interferon beta-1a) |
| AVONEX PEN 30 MCG/0.5 ML (4PK) (interferon beta-1a) |
| <b>68 Capsules/Month</b>                            |
| TECFIDERA (dimethyl fumarate)                       |
| <b>136 Capsules/Month</b>                           |
| VUMERITY (diroximel fumarate)                       |
| <b>NARCOLEPSY H3 RECEPTOR ANTAG/INVERSE AGONIST</b> |
| <b>68 Tablets/Month</b>                             |
| WAKIX (pitolisant)                                  |
| <b>ONCOLOGY AGENTS, ORAL</b>                        |
| <b>3 Capsules/Month</b>                             |
| NINLARO (ixazomib citrate)                          |
| <b>6 Tablets/Month</b>                              |
| INQOVI (decitabine)                                 |
| <b>8 Capsules/Month</b>                             |
| ROMVIMZA (vimseltinib)                              |
| <b>16 Tablets/Month</b>                             |
| OJEMDA 100 MG TAB (400MG DOSE) (tovorafenib)        |

# Quantity Limit Drugs and Diabetic Supplies

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|                                              |
|----------------------------------------------|
| <b>ONCOLOGY AGENTS, ORAL</b>                 |
| <b>18 Tablets/Month</b>                      |
| ONUREG (azacitidine)                         |
| <b>20 Tablets/Month</b>                      |
| OJEMDA 100 MG TAB (500MG DOSE) (tovorafenib) |
| <b>21 Capsules/Month</b>                     |
| FRUZAQLA 5 MG CAPSULE (fruquintinib)         |
| <b>24 Tablets/Month</b>                      |
| OJEMDA 100 MG TAB (600MG DOSE) (tovorafenib) |
| <b>30 Tablets/Month</b>                      |
| ERLEADA 240 MG TABLET (apalutamide)          |
| ZEJULA (niraparib)                           |
| <b>30 Tablets or Capsules/Month</b>          |
| IMBRUVICA 140 MG TABLET (ibrutinib)          |
| IMBRUVICA 280 MG TABLET (ibrutinib)          |
| IMBRUVICA 420 MG TABLET (ibrutinib)          |
| IMBRUVICA 70 MG CAPSULE (ibrutinib)          |
| <b>30 Capsules/Month</b>                     |
| TALZENNA (talazoparib)                       |
| <b>30 Tablets/Month</b>                      |
| ITOVEBI 9 MG TABLET (inavolisib)             |
| <b>30 Tablets/Month</b>                      |
| LAZCLUZE 240 MG TABLET (lazertinib)          |
| <b>30 Tablets/Month</b>                      |
| OJJAARA (mometotinib)                        |
| <b>30 Tablets/Month</b>                      |
| VORANIGO 40 MG TABLET (orasidenib)           |
| <b>34 Capsules/Month</b>                     |
| ROZLYTREK 100 MG CAPSULE (entrectinib)       |
| <b>34 Tablets/Month</b>                      |
| GILOTRIF (afatinib dimaleate)                |
| <b>34 Tablets/Month</b>                      |
| IDHIFA (enasidenib)                          |
| <b>34 Tablets/Month</b>                      |
| ALUNBRIG 180 MG TABLET (brigatinib)          |

# Quantity Limit Drugs and Diabetic Supplies

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|                                       |
|---------------------------------------|
| <b>ONCOLOGY AGENTS, ORAL</b>          |
| <b>34 Tablets/Month</b>               |
| ALUNBRIG 90 MG TABLET (brigatinib)    |
| <b>34 Tablets/Month</b>               |
| BALVERSA 5 MG TABLET (erdafitinib)    |
| VIZIMPRO (dacomitinib)                |
| <b>34 Tablets/Month</b>               |
| AYVAKIT (avapritinib)                 |
| <b>34 Tablets/Month</b>               |
| LORBRENA 100 MG TABLET (lorlatinib)   |
| <b>34 Capsules/Month</b>              |
| BOSULIF 50 MG CAPSULE (bosutinib)     |
| <b>42 Capsules/Month</b>              |
| GOMEKLI 1 MG CAPSULE (mirdametinib)   |
| <b>56 Tablets/Month</b>               |
| OGSIVEO (nirogacestat)                |
| <b>60 Tablets/Month</b>               |
| LAZCLUZE 80 MG TABLET (lazertinib)    |
| <b>60 Tablets/Month</b>               |
| JAYPIRCA (pirtobrutinib)              |
| REZLIDHIA (olutasidenib)              |
| <b>60 Tablets/Month</b>               |
| SCEMBLIX 20 MG TABLET (asciminib)     |
| SCEMBLIX 40 MG TABLET (asciminib)     |
| <b>60 Tablets/Month</b>               |
| VORANIGO 10 MG TABLET (orasidenib)    |
| <b>60 Tablets/Month</b>               |
| AKEEGA (niraparib/abiraterone)        |
| <b>60 Tablets/Month</b>               |
| ITOVEBI 3 MG TABLET (inavolisib)      |
| <b>60 Tablets/Month</b>               |
| REVUFORJ 160 MG TABLET (revumenib)    |
| <b>60 Tablets or Capsules/Month</b>   |
| RETEVMO 120 MG TABLET (selpercatinib) |
| RETEVMO 160 MG TABLET (selpercatinib) |

# Quantity Limit Drugs and Diabetic Supplies

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|                                         |
|-----------------------------------------|
| <b>ONCOLOGY AGENTS, ORAL</b>            |
| <b>60 Tablets or Capsules/Month</b>     |
| RETEVMO 80 MG CAPSULE (selpercatinib)   |
| RETEVMO 80 MG TABLET (selpercatinib)    |
| <b>60 Tablets/Month</b>                 |
| LUMAKRAS 120 MG TABLET (sotorasib)      |
| LUMAKRAS 240 MG TABLET (sotorasib)      |
| <b>60 Tablets/Month</b>                 |
| VANFLYTA (quizartinib)                  |
| <b>60 Capsules/Month</b>                |
| AUGTYRO 160 MG CAPSULE (repotrectinib)  |
| <b>63 Tablets/Month</b>                 |
| KISQALI (ribociclib)                    |
| <b>64 Tablets/Month</b>                 |
| TRUQAP (capivasertib)                   |
| <b>68 Tablets/Month</b>                 |
| TEPMETKO (tepotinib)                    |
| XTANDI 80 MG TABLET (enzalutamide)      |
| <b>68 Tablets/Month</b>                 |
| ZYTIGA 500 MG TABLET (abiraterone)      |
| <b>68 Tablets/Month</b>                 |
| VERZENIO (abemaciclib)                  |
| <b>68 Tablets/Month</b>                 |
| ALUNBRIG 30 MG TABLET (brigatinib)      |
| <b>68 Tablets/Month</b>                 |
| BALVERSA 4 MG TABLET (erdafitinib)      |
| TIBSOVO (ivosidenib)                    |
| <b>68 Capsules/Month</b>                |
| VITRAKVI 100 MG CAPSULE (larotrectinib) |
| <b>68 Capsules/Month</b>                |
| COPIKTRA (duvelisib)                    |
| <b>84 Capsules/Month</b>                |
| GOMEKLI 2 MG CAPSULE (mirdametinib)     |
| <b>84 Capsules/Month</b>                |
| FRUZAQLA 1 MG CAPSULE (fruquintinib)    |

# Quantity Limit Drugs and Diabetic Supplies

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|                                        |
|----------------------------------------|
| <b>ONCOLOGY AGENTS, ORAL</b>           |
| <b>90 Tablets/Month</b>                |
| LUMAKRAS 320 MG TABLET (sotorasib)     |
| <b>90 Tablets/Month</b>                |
| ERLEADA 60 MG TABLET (apalutamide)     |
| <b>90 Tablets or Capsules/Month</b>    |
| RETEVMO 40 MG CAPSULE (selpercatinib)  |
| RETEVMO 40 MG TABLET (selpercatinib)   |
| <b>102 Capsules/Month</b>              |
| ROZLYTREK 200 MG CAPSULE (entrectinib) |
| <b>102 Capsules/Month</b>              |
| XTANDI 40 MG CAPSULE (enzalutamide)    |
| XTANDI 40 MG TABLET (enzalutamide)     |
| <b>102 Capsules/Month</b>              |
| ZEJULA (niraparib)                     |
| <b>102 Capsules/Month</b>              |
| LENVIMA (lenvatinib)                   |
| <b>102 Tablets/Month</b>               |
| LORBRENA 25 MG TABLET (lorlatinib)     |
| <b>102 Tablets/Month</b>               |
| BALVERSA 3 MG TABLET (erdafitinib)     |
| XOSPATA (gilteritinib)                 |
| <b>120 Tablets or Capsules/Month</b>   |
| IMBRUVICA 140 MG CAPSULE (ibrutinib)   |
| <b>120 Tablets/Month</b>               |
| SCEMBLIX 100 MG TABLET (asciminib)     |
| <b>120 Tablets/Month</b>               |
| DANZITEN (nilotinib)                   |
| <b>120 Tablets/Month</b>               |
| REVUFORJ 110 MG TABLET (revumenib)     |
| <b>120 Capsules/Month</b>              |
| XALKORI 200 MG CAPSULE (crizotinib)    |
| XALKORI 250 MG CAPSULE (crizotinib)    |
| <b>136 Capsules/Month</b>              |
| KOSELUGO 25 MG CAPSULE (selumetinib)   |

# Quantity Limit Drugs and Diabetic Supplies

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|                                             |
|---------------------------------------------|
| <b>ONCOLOGY AGENTS, ORAL</b>                |
| <b>136 Tablets/Month</b>                    |
| ABIRTEGA 250 MG TABLET (abiraterone)        |
| ZYTIGA 250 MG TABLET (abiraterone)          |
| <b>136 Tablets/Month</b>                    |
| RUBRACA (rucaparib)                         |
| <b>136 Tablets/Month</b>                    |
| LYNPARZA (olaparib)                         |
| <b>136 Capsules/Month</b>                   |
| TASIGNA (nilotinib)                         |
| TURALIO (pexidartinib)                      |
| <b>136 Tablets/Month</b>                    |
| YONSA (abiraterone)                         |
| <b>136 Tablets/Month</b>                    |
| NUBEQA (darolutamide)                       |
| <b>136 Tablets/Month</b>                    |
| TABRECTA (capmatinib)                       |
| <b>136 Tablets/Month</b>                    |
| TUKYSA (tucatinib)                          |
| <b>168 Tablets Susp/Month</b>               |
| GOMEKLI 1 MG TABLET FOR SUSP (mirdametinib) |
| <b>180 Tablets/Month</b>                    |
| KRAZATI (adagrasib)                         |
| <b>204 Capsules/Month</b>                   |
| BRAFTOVI 75 MG CAPSULE (encorafenib)        |
| <b>204 Tablets/Month</b>                    |
| NERLYNX (neratinib)                         |
| <b>204 Tablets/Month</b>                    |
| MEKTOVI (binimetinib)                       |
| <b>204 Capsules/Month</b>                   |
| VITRAKVI 25 MG CAPSULE (larotrectinib)      |
| <b>204 Capsules/Month</b>                   |
| BOSULIF 100 MG CAPSULE (bosutinib)          |
| <b>204 Tablets/Month</b>                    |
| LYTGOBI (futibatinib)                       |

# Quantity Limit Drugs and Diabetic Supplies

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|                                                 |
|-------------------------------------------------|
| <b>ONCOLOGY AGENTS, ORAL</b>                    |
| <b>204 Tablets/Month</b>                        |
| OGSIVEO (nirogacestat)                          |
| <b>204 Capsules/Month</b>                       |
| AUGTYRO 40 MG CAPSULE (repotrectinib)           |
| <b>240 Tablets/Month</b>                        |
| REVUFORJ 25 MG TABLET (revumenib)               |
| <b>240 Pellets/Month</b>                        |
| XALKORI 150 MG PELLET (crizotinib)              |
| XALKORI 20 MG PELLET (crizotinib)               |
| XALKORI 50 MG PELLET (crizotinib)               |
| <b>272 Capsules/Month</b>                       |
| RYDAPT (midostaurin)                            |
| <b>272 Capsules/Month</b>                       |
| KOSELUGO 10 MG CAPSULE (selumetinib)            |
| <b>272 Capsules/Month</b>                       |
| TAZVERIK (tazemetostat)                         |
| <b>272 Capsules/Month</b>                       |
| IWILFIN (eflornithine)                          |
| <b>408 Packs/Month</b>                          |
| ROZLYTREK 50 MG PELLET PACKET (entrectinib)     |
| <b>OPHTHALMICS, GLAUCOMA – PROSTAGLANDINS</b>   |
| <b>2 Bottles/Month (2.5 ml equals 1 Bottle)</b> |
| VUITY (pilocarpine)                             |
| <b>5 ML/Month</b>                               |
| bimatoprost (Example brand: LUMIGAN)            |
| LUMIGAN (bimatoprost)                           |
| TRAVATAN Z (travoprost)                         |
| XALATAN (latanoprost)                           |
| <b>OTC COVID - 19 TESTING KITS</b>              |
| <b>2 Tests/Month</b>                            |
| covid-19 antigen test kit                       |
| <b>PITUITARY SUPPRESSIVE AGENT</b>              |
| <b>60 Capsules/Month</b>                        |

# Quantity Limit Drugs and Diabetic Supplies

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| <b>PITUITARY SUPPRESSIVE AGENT</b>                    |
|-------------------------------------------------------|
| <b>60 Capsules/Month</b>                              |
| CRENESSITY (crinecerfont)                             |
| <b>PROTON PUMP INHIBITOR</b>                          |
| <b>34 Tablets or Capsules /Month</b>                  |
| DEXILANT DR 30 MG CAPSULE (dexlansoprazole)           |
| FT ACID REDUCER DR 15 MG CAP (lansoprazole)           |
| FT ACID REDUCER DR 20 MG CAP (esomeprazole magnesium) |
| NEXIUM DR 20 MG CAPSULE (esomeprazole magnesium)      |
| omeprazole dr 10 mg capsule (Example brand: PRILOSEC) |
| PREVACID 24HR DR 15 MG CAPSULE (lansoprazole)         |
| PREVACID DR 15 MG SOLUTAB (lansoprazole)              |
| PROTONIX DR 20 MG TABLET (pantoprazole sodium)        |
| <b>68 Tablets or Capsules or Packet/Month</b>         |
| DEXILANT DR 60 MG CAPSULE (dexlansoprazole)           |
| NEXIUM DR 10 MG PACKET (esomeprazole mag trihydrate)  |
| NEXIUM DR 2.5 MG PACKET (esomeprazole magnesium)      |
| NEXIUM DR 20 MG PACKET (esomeprazole mag trihydrate)  |
| NEXIUM DR 40 MG CAPSULE (esomeprazole magnesium)      |
| NEXIUM DR 40 MG PACKET (esomeprazole mag trihydrate)  |
| NEXIUM DR 5 MG PACKET (esomeprazole magnesium)        |
| omeprazole dr 20 mg capsule (Example brand: PRILOSEC) |
| omeprazole dr 40 mg capsule (Example brand: PRILOSEC) |
| PREVACID DR 30 MG CAPSULE (lansoprazole)              |
| PREVACID DR 30 MG SOLUTAB (lansoprazole)              |
| PRILOSEC DR 10 MG SUSPENSION (omeprazole magnesium)   |
| PRILOSEC DR 2.5 MG SUSPENSION (omeprazole magnesium)  |
| PROTONIX 40 MG SUSPENSION (pantoprazole)              |
| PROTONIX DR 40 MG TABLET (pantoprazole sodium)        |
| rabeprazole sodium (Example brand: ACIPHEX)           |
| ZEGERID 20 MG CAPSULE (omeprazole/sodium bicarbonate) |
| ZEGERID 20 MG PACKET (omeprazole/sodium bicarbonate)  |
| ZEGERID 40 MG CAPSULE (omeprazole/sodium bicarbonate) |
| ZEGERID 40 MG PACKET (omeprazole/sodium bicarbonate)  |

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|                                                                                 |
|---------------------------------------------------------------------------------|
| <b>PULMONARY ARTERIAL HYPERTENSION</b>                                          |
| <b>34 Tablets/Month</b>                                                         |
| OPSUMIT (macitentan)                                                            |
| <b>68 Tablets/Month</b>                                                         |
| ADCIRCA (tadalafil)                                                             |
| ALYQ (tadalafil)                                                                |
| LETAIRIS (ambrisentan)                                                          |
| TRACLEER (bosentan)                                                             |
| UPTRAVI (selexipag)                                                             |
| <b>102 Tablets/Month</b>                                                        |
| ADEMPAS (riociguat)                                                             |
| <b>SEDATIVE HYPNOTICS</b>                                                       |
| <b>10 Tablets/Month</b>                                                         |
| zolpidem tartrate (Example brand: INTERMEZZO)                                   |
| <b>34 Tablets/Month</b>                                                         |
| QUVIVIQ (daridorexant)                                                          |
| <b>SKELETAL MUSCLE RELAXANTS</b>                                                |
| <b>84 Tablets/Month</b>                                                         |
| SOMA 250 MG TABLET (carisoprodol)                                               |
| <b>136 Tablets/Month</b>                                                        |
| SOMA 350 MG TABLET (carisoprodol)                                               |
| <b>SOMATOSTATIN AGENTS</b>                                                      |
| <b>112 Tablets/Month</b>                                                        |
| MYCAPSSA (octreotide)                                                           |
| <b>STIMULANTS</b>                                                               |
| <b>136 Tablets, Capsules, or Patches/Month</b>                                  |
| ADDERALL (dextroamphetamine/amphetamine)                                        |
| ADDERALL XR (dextroamphetamine/amphetamine)                                     |
| ADZENYS XR-ODT (amphetamine)                                                    |
| APTENSIO XR (methylphenidate hcl)                                               |
| AZSTARYS (serdexmethylphenidate/dexmethylphenidate) (Limited to 34 units/claim) |
| CONCERTA (methylphenidate hcl)                                                  |
| COTEMPLA XR-ODT (methylphenidate)                                               |
| DAYTRANA (methylphenidate hcl)                                                  |

# Quantity Limit Drugs and Diabetic Supplies

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| <b>STIMULANTS</b>                                        |
|----------------------------------------------------------|
| <b>136 Tablets, Capsules, or Patches/Month</b>           |
| DEXEDRINE (dextroamphetamine sulfate)                    |
| dextroamphetamine sulfate er (Example brand: DEXEDRINE)  |
| EVEKEO (amphetamine)                                     |
| EVEKEO ODT (amphetamine)                                 |
| FOCALIN (dexmethylphenidate hcl)                         |
| FOCALIN XR (dexmethylphenidate hcl)                      |
| JORNAY PM (methylphenidate er)                           |
| methamphetamine hcl (Example brand: DESOXYN)             |
| methylphenidate er (Example brand: METADATE ER)          |
| methylphenidate er (Example brand: METHYLIN)             |
| methylphenidate er (la) (Example brand: RITALIN LA)      |
| methylphenidate hcl (Example brand: METHYLIN CHEW)       |
| methylphenidate hcl cd (Example brand: METADATE CD)      |
| methylphenidate hcl er (cd) (Example brand: METADATE CD) |
| MYDAYIS (dextroamphetamine/amphetamine)                  |
| QUILLICHEW ER (methylphenidate hcl)                      |
| RELEXXII (methylphenidate hcl)                           |
| RELEXXII (methylphenidate)                               |
| RITALIN (methylphenidate hcl)                            |
| RITALIN LA (methylphenidate hcl)                         |
| VYVANSE (lisdexamfetamine dimesylate)                    |
| XELSTRYM (dextroamphetamine) (Limited to 34 units/claim) |
| ZENZEDI (dextroamphetamine sulfate)                      |
| <b>STIMULANTS, RELATED AGENTS - WAKE PROMOTING</b>       |
| <b>136 Tablets or Capsules/Month</b>                     |
| NUVIGIL (armodafinil)                                    |
| PROVIGIL (modafinil)                                     |
| SUNOSI (solriamfetol)                                    |
| <b>Thrombopoietin Receptor Agonist</b>                   |
| <b>68 Tablets/Month</b>                                  |
| ALVAIZ (eltrombopag)                                     |
| <b>TOPICALANTICHOLINERGIC HYPERHIDROSIS AGENTS</b>       |

# Quantity Limit Drugs and Diabetic Supplies

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|                                                    |
|----------------------------------------------------|
| <b>TOPICALANTICHOLINERGIC HYPERHIDROSIS AGENTS</b> |
| <b>60 ML/Month (1 bottle)</b>                      |
| SOFDRA (sofpironium)                               |
| <b>UTERINE DISORDER TREATMENTS</b>                 |
| <b>34 Tablets/Month</b>                            |
| ORILISSA 150 MG TABLET (elagolix sodium)           |
| <b>68 Tablets/Month</b>                            |
| ORILISSA 200 MG TABLET (elagolix sodium)           |
| <b>VAGINAL ESTROGEN PREPARATIONS</b>               |
| <b>1 EA/3 Month (1 EA equals 1 vaginal ring)</b>   |
| ESTRING (estradiol)                                |
| FEMRING (estradiol acetate)                        |