

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: March 1, 2025

ALLERGENS, GRASS POLLEN
34 Tablets/Month
GRASTEK (grass pollen-timothy, std)
ORALAIR (gr pol-orc/sw ver/rye/kent/tim)
ALLERGENS, MITES
30 Tablets/Month
ODACTRA (mite-dermatophagoides farinae, standardized)
ALLERGENS, RAGWEED POLLEN
34 Tablets/Month
RAGWITEK (weed pollen-short ragweed)
ALZHEIMER'S AGENTS
34 Capsules/Month
memantine hcl er (Example brand: NAMENDA XR)
NAMENDA XR (memantine hcl)
NAMZARIC (memantine hcl/donepezil)
68 Tablets/Month
memantine hcl (Example brand: NAMENDA)
NAMENDA (memantine hcl)
ANALGESICS, OPIOIDS LONG-ACTING
4 Patches/Month
BUTRANS (buprenorphine)
34 Tablets/Month
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)
34 Tablets/Month
HYSINGLA ER (hydrocodone bitartrate)
60 EA/Month (1 EA equals 1 film)
BELBUCA (buprenorphine)
68 Capsules/Month
hydrocodone bitartrate er (Example brand: ZOHYDRO ER)

Quantity Limit Drugs and Diabetic Supplies

Effective Date: March 1, 2025

ANALGESICS, OPIOIDS LONG-ACTING
68 Tablets/Month
tramadol er 100 mg tablet (Example brand: RYZOLT ER)
tramadol hcl er 100 mg tablet (Example brand: ULTRAM ER)
ANALGESICS, OPIOIDS SHORT-ACTING
Effective 3/1/2025, Analgesics, Opioids Short-Acting will be monitored by 240 units/Month.
240 Tablets or Capsules or Lozenges/Month
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/caffeine/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-ace (Example brand: NORCO)
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)
oxycodone hcl (Example brand: DAZIDOX)
oxycodone hcl (Example brand: OXYIR)
oxycodone hcl (Example brand: ROXICODONE)

Quantity Limit Drugs and Diabetic Supplies

Effective Date: March 1, 2025

ANALGESICS, OPIOIDS SHORT-ACTING
Effective 3/1/2025, Analgesics, Opioids Short-Acting will be monitored by 240 units/Month.
240 Tablets or Capsules or Lozenges/Month
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)
ANALGESICS/ ANESTHETICS, TOPICAL
90 Patches/Month
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)
ANDROGENIC AGENTS
136 Capsules/Month
JATENZO (testosterone undecanoate)
136 Capsules/Month
TLANDO (testosterone)
ANGIOTENSIN MODULATORS ARBs AND DRIs
34 Tablets/Month
ATACAND (candesartan cilexetil)

Quantity Limit Drugs and Diabetic Supplies

Effective Date: March 1, 2025

ANGIOTENSIN MODULATORS ARBs AND DRIs	
34 Tablets/Month	
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)	
34 Tablets/Month	
TEKTURNA (aliskiren)	
68 Tablets/Month	
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)	
120 Capsules/Month	
ENTRESTO SPRINKLE (sacubitril/valsartan)	
ANGIOTENSIN MODULATORS, COMBINATIONS	
34 Tablets/Month	
AMLOD-VALSA-HCT (amlodipine/valsartan/hcthiazid)	
AZOR (amlodipine bes/olmesartan)	
EXFORGE (amlodipine/valsartan)	
EXFORGE HCT (amlodipine/valsartan/hcthiazid)	
telmisartan-amlodipine (Example brand: TWYNSTA)	
trandolapr-verapam er 4-240 mg (Example brand: TARKA ER)	
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)	

Quantity Limit Drugs and Diabetic Supplies

Effective Date: March 1, 2025

ANGIOTENSIN MODULATORS, COMBINATIONS
34 Tablets/Month
TRIBENZOR 40-5-25 MG TABLET (olmesartan med/amlodipine/hctz)
68 Tablets/Month
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)
ANTIBIOTICS, GI
9 Tablets/68 Days
XIFAXAN 200 MG TABLET (rifaximin)
68 Tablets/Month
XIFAXAN 550 MG TABLET (rifaximin)
ANTIBIOTICS, TETRACYCLINES
68 Tablets/Month
doxycycline hyclate (Example brand: PERIOSTAT)
ANTIBIOTICS, TOPICAL
60 GM/Month (15-30 GM per tube)
mupirocin 2% cream (Example brand: BACTROBAN)
66 Grams/Month
CENTANY 2% OINTMENT (mupirocin)
ANTICOAGULANTS
34 Tablets/Month
SAVAYSA (edoxaban tosylate)
XARELTO 10 MG TABLET (rivaroxaban)
XARELTO 20 MG TABLET (rivaroxaban)
68 Tablets or Capsules/Month
ELIQUIS 2.5 MG TABLET (apixaban)
PRADAXA (dabigatran etexilate)
XARELTO 15 MG TABLET (rivaroxaban)
XARELTO 2.5 MG TABLET (rivaroxaban)
74 Tablets/Month
ELIQUIS 5 MG TABLET (apixaban)
ELIQUIS DVT-PE TREAT START 5MG (apixaban)

Quantity Limit Drugs and Diabetic Supplies

Effective Date: March 1, 2025

ANTICONVULSANT/NEUROPATHIC PAIN/FIBROMYALGIA)
136 Capsules/Month
LYRICA (pregabalin)
ANTIDEPRESSANTS, OTHER
34 Capsule/Month
FETZIMA (levomilnacipran hydrochloride)
68 Capsules/Month
duloxetine hcl (Example brand: IRENKA DR)
ANTIDEPRESSANTS, OTHER/NEUROPATHIC PAIN/FIBROMYALGIA
68 Capsules/Month
CYMBALTA (duloxetine hcl)
ANTIDIARRHEAL - G.I. CHLORIDE CHANNEL INHIBITORS
68 Tablets/Month
MYTESI (crofelemer)
ANTIEMETICS/ANTIVERTIGO AGENTS
136 Tablets/Month
DICLEGIS (doxylamine/pyridoxine)
ANTIFUNGALS, ORAL
102 Tablets/Month
NOXAFIL (posaconazole)
ANTI-NARCOLEPSY & ANTI-CATAPLEXY, SEDATIVE-TYPE AGT
540 ML/Month
XYREM (sodium oxybate)
XYWAV (gamma-hydroxybutyric acid)
ANTIPSYCHOTICS
34 Tablets/Month
LYBALVI (olanzapine)
34 Tablets/Month
LATUDA 120 MG TABLET (lurasidone)
LATUDA 20 MG TABLET (lurasidone)
LATUDA 40 MG TABLET (lurasidone)
68 Tablets/Month
LATUDA 60 MG TABLET (lurasidone)
LATUDA 80 MG TABLET (lurasidone)

Quantity Limit Drugs and Diabetic Supplies

Effective Date: March 1, 2025

ANTIVIRALS, Other
2 Buccal Tablets/Month
SITAVIG (acyclovir)
136 Tablets/Month
LIVTENCITY (maribavir)
BLADDER RELAXANT PREPARATIONS
8 Patches/Month
OXYTROL (oxybutynin)
34 Tablets or Packets/Month
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)
68 Tablets/Month
DETROL (tolterodine tartrate)
oxybutynin cl er 10 mg tablet (Example brand: DITROPAN XL)
oxybutynin cl er 15 mg tablet (Example brand: DITROPAN XL)
tropium chlori (Example brand: SANCTURA)
tropium chloride (Example brand: SANCTURA)
136 Tablets/Month
oxybutynin 2.5 mg tablet (Example brand: OXYBUTYNIN)
oxybutynin 5 mg tablet (Example brand: DITROPAN)
680 ML/Month
oxybutynin 5 mg/5 ml solution (Example brand: DITROPAN)
oxybutynin 5 mg/5 ml syrup (Example brand: DITROPAN)
BRONCHODILATORS, BETA AGONISTS
17 GM/Month (13.4 to 17 GM for 2 inhalers)
VENTOLIN HFA 90 MCG INHALER (albuterol sulfate) 8 GM
30 GM/Month (15 GM per inhaler)
XOPENEX HFA (levalbuterol tartrate)

Quantity Limit Drugs and Diabetic Supplies

Effective Date: March 1, 2025

BRONCHODILATORS, BETA AGONISTS
36 GM/Month (36 GM for 2 inhalers)
VENTOLIN HFA 90 MCG INHALER (albuterol sulfate) 18 GM
CARDIAC TONE, CONTRACTILITY, AND REMODELING
34 Tablets/Month
VERQUVO (vericiguat)
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS
68 Capsules/Month
NUDEXTA (dextromethorphan hbr/quinidine)
CHEMOKINE RECEPTOR ANTAGONIST
120 Capsules/Month
XOLREMDI (mavorixafor)
CONTRACEPTIVES (EMERGENCY),ORAL
8 Tablets/Month
ELLA (ulipristal acetate)
8 Tablets/Month
ECONTRA ONE-STEP (levonorgestrel)
HER STYLE (levonorgestrel)
MY CHOICE (levonorgestrel)
MY WAY (levonorgestrel)
NEW DAY (levonorgestrel)
OPTION 2 (levonorgestrel)
CONTRACEPTIVES,INJECTABLE
1 EA/3 Months (1 EA equals 1 vial or syringe)
DEPO-PROVERA (medroxyprogesterone acetate)
DEPO-SUBQ PROVERA 104 (medroxyprogesterone acetate)
CONTRACEPTIVES,TRANSDERMAL
9 Patches/3 Month
XULANE (norelgestromin/ethin.estradiol)
ZAFEMY (norelgestromin/ethin.estradiol)
COPD AGENTS
1 EA/Month (1 EA per inhaler)
TUDORZA PRESSAIR (aclidinium bromide)
4 GM/Month (4 GM per inhaler)

Quantity Limit Drugs and Diabetic Supplies

Effective Date: March 1, 2025

COPD AGENTS
4 GM/Month (4 GM per inhaler)
STIOLTO RESPIMAT (tiotropium br/olodaterol)
8 GM/Month (4 GM per inhaler)
COMBIVENT RESPIMAT (ipratropium/albuterol)
10.7 GM/Month (10.7 GM per inhaler)
BEVESPI AEROSPHERE (glycopyrrolate/formoterol)
25.8 GM/Month (12.9 GM per inhaler)
ATROVENT HFA (ipratropium bromide)
30 EA/Month (5-30 capsules per carton)
SPIRIVA HANDIHALER (tiotropium bromide)
34 Tablets/Month
DALIRESP (roflumilast)
CYTOKINE AND CAM ANTAGONISTS
1 EA/Month (1 EA equals 1 Kit (contains 2 pens)
2 EA/Month (1 EA equals 1 Kit (contains 1 pen)
ZYMFENTRA 120 MG/ML PEN KIT (infliximab-dyyb)
1 EA/Month (1 EA equals 1 Kit (contains 2 prefilled syringes)
ZYMFENTRA 120 MG/ML SYRINGE KT (infliximab-dyyb)
3 EA/Year (3 EA Starter Kit contains 6 syringes)
CIMZIA 2X200 MG/ML(X3)START KT (certolizumab)
34 Tablets/Month
RINVOQ (upadacitinib)
XELJANZ XR (tofacitinib citrate)
68 Tablets/Month
XELJANZ (tofacitinib citrate)
DECONGESTANTS, ORAL
136 Tablets/Month
NASAL DECONGESTANT (pseudoephedrine hcl)
SUDOGEST (pseudoephedrine hcl)
SUPHEDRIN (pseudoephedrine hcl)
DIABETIC SUPPLY
1 Calibration/Control Solution/Month
blood-glucose calibration control
diabetic supplies,miscell

Quantity Limit Drugs and Diabetic Supplies

Effective Date: March 1, 2025

DIABETIC SUPPLY
1 EA/180 Days (1 EA equals 1 Lancing Device)
lancing device
1 EA/180 Days (1 EA equals 1 insulin administration pen)
pen injectors
1 EA/2 Year (1 EA equals to 1 blood glucose meter)
blood-glucose meter
204 EA/Month (1 EA equals 1 test strip)
blood glucose test strips
204 EA/Month (1 EA equals 1 lancet)
lancets
204 EA/Month (1 EA equals 1 pen needle)
pen needles
204 Blood/Urine/Ketone Test Strips/Month
blood ketone test,strips
204 EA/Month (1 EA equals 1 Syringe with or without needle)
syringes with or without needle, insulin
ELECTROLYTE DEPLETERS
34 EA/Month (1 EA equals 1 powder pack)
VELTASSA (patiromer calcium sorbitex)
ENZYME INHIBITOR, ORAL
60 Tablets/Month
JOENJA (leniolisib)
EPINEPHRINE, SELF-ADMINISTERED
2 EA/Month (1 EA equals 1 syringe or nasal spray)
AUVI-Q (epinephrine)
EPIPEN (epinephrine)
EPIPEN 2-PAK (epinephrine)
EPIPEN JR (epinephrine)
EPIPEN JR 2-PAK (epinephrine)
NEFFY (epinephrine)
FRIEDREICH'S DISEASE
90 Capsules/Month
SKYCLARYS (omaveloxolone)

Quantity Limit Drugs and Diabetic Supplies

Effective Date: March 1, 2025

GI MOTILITY, CONSTIPATION
34 Capsules/Month
LINZESS (linaclotide)
34 Tablets/Month
MOVANTIK (naloxegol oxalate)
90 Tablets/Month
RELISTOR (methylnaltrexone)
GI MOTILITY, DIARRHEA
68 Tablets/Month
LOTRONEX (alosetron hcl)
VIBERZI (eluxadoline)
GLUCAGON AGENTS
2 Syringe/Month (0.1 ML equals 1 Syringe)
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)
ZEGALOGUE AUTOINJECTOR (dasiglucagon)
ZEGALOGUE SYRINGE (dasiglucagon)
2 EA/Month (1 EA equals 1 Kit/vial/intranasal device)
BAQSIMI (glucagon)
GLUCAGEN (glucagon)
GLUCAGON EMERGENCY KIT (glucagon)
GLUCOCORTICOIDS, INHALED
1 EA/Month (1 EA equals 1 inhaler)
ASMANEX (mometasone furoate)
1 EA/Month (1 EA equals 1 inhaler)
ARMONAIR DIGIHALER (fluticasone)
2 EA/Month (1 EA equals 1 inhaler)
AIRDUO DIGIHALER (fluticasone)
AIRDUO RESPICLICK (fluticasone)
2 EA/Month (1 EA equals 1 inhaler)

Quantity Limit Drugs and Diabetic Supplies

Effective Date: March 1, 2025

GLUCOCORTICOIDS, INHALED
2 EA/Month (1 EA equals 1 inhaler)
PULMICORT FLEXHALER (budesonide)
12.2 GM/Month (6.1 GM per inhaler)
ALVESCO (ciclesonide) 6.1 GM
13 GM/Month (8.8 -13 GM per inhaler)
ASMANEX HFA (mometasone furoate)
22 GM/Month (10.6 GM per inhaler)
FLOVENT HFA 44 MCG INHALER (fluticasone propionate)
24 GM/Month (8-12 GM per inhaler)
ADVAIR HFA (fluticasone/salmeterol)
24 GM/Month (12 GM per inhaler)
FLOVENT HFA 110 MCG INHALER (fluticasone propionate)
FLOVENT HFA 220 MCG INHALER (fluticasone propionate)
24 GM/Month (6.9-12.2 GM per inhaler)
BREYNA (budesonide/ formoterol fumarate)
BREYNA (budesonide/formoterol fumarate)
SYMBICORT (budesonide/ formoterol fumarate)
SYMBICORT (budesonide/formoterol fumarate)
26 GM/Month (8.8 -13 GM per inhaler)
DULERA (mometasone furoate)
DULERA (mometasone/formoterol)
30 EA/Month (1 EA equals 1 blister pack)
ARNUITY ELLIPTA (fluticasone furoate)
32.1 GM/Month (10.7 GM equals 1 inhaler)
AIRSUPRA (albuterol/budesonide)
60 EA/Month (1 EA equals 1 powdered dose)
FLOVENT 50 MCG DISKUS (fluticasone propionate)
120 EA/Month (1 EA equals 1 powdered dose)
ADVAIR DISKUS (fluticasone/salmeterol)
WIXELA INHUB (fluticasone/salmeterol)
120 EA/Month (1 EA equals 1 powdered dose)
BREO ELLIPTA (fluticasone/vilanterol)
120 EA/Month (1 EA equals 1 powdered dose)
FLOVENT DISKUS (fluticasone propionate)

Quantity Limit Drugs and Diabetic Supplies

Effective Date: March 1, 2025

GOUT AGENTS
68 Tablets or Capsules/Month
COLCRYS (colchicine)
MITIGARE (colchicine)
HEADACHE AGENTS, ACUTE TREATMENT
1 Bottle
ZAVZPRET (zavegepant)
8 Tablets/Month
REYVOW (lasmiditan)
16 Tablets/Month
UBRELVY (ubrogepant)
18 Tablets/Month
NURTEC ODT (rimegepant)
HEADACHE AGENTS, PREVENTATIVE TREATMENT
1 ML/Month
AIMOVIG 140 MG/ML AUTOINJECTOR (erenumab-aooe) 1 ML
AIMOVIG 70 MG/ML AUTOINJECTOR (erenumab-aooe) 1 ML
3 Syringe/Month (1.5 ML equals 1 Syringe)
AJOVY AUTOINJECTOR (fremanezumab-vfrm)
AJOVY SYRINGE (fremanezumab-vfrm)
34 Tablets/Month
QULIPTA (atogepant)
HEADACHE AGENTS, TRIPTANS INJECTABLE
5 ML/Month (5 ML equals 10 (0.5 ML) vials)
sumatriptan 6 mg/0.5 ml vial (Example brand: IMITREX)
4 ML/Month (4 ML equals 8 (0.5 ML) syringes)
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
6 EA/Month (1 EA equals 1 unit dose sprayer or syringe)
IMITREX 5 MG NASAL SPRAY (sumatriptan)

Quantity Limit Drugs and Diabetic Supplies

Effective Date: March 1, 2025

HEADACHE AGENTS, TRIPTANS NON-INJECTABLE
6 EA/Month (1 EA equals 1 unit dose sprayer or syringe)
sumatriptan 20 mg nasal spray (Example brand: IMITREX)
TOSYMRA (sumatriptan)
ZOMIG 2.5 MG NASAL SPRAY (zolmitriptan)
ZOMIG 5 MG NASAL SPRAY (zolmitriptan)
ZOMIG 5 MG NASAL SPRAY (zolmitriptan)
18 Tablets/Month
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)
RELPAX 40 MG TA (eletriptan)
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)
HEMOLYTIC ANEMIA (PYRUVATE KINASE DEFICIENCY)
68 Tablets/Month
PYRUKYND (mitapivat)
HYPOGLYCEMICS, DPP-4 INHIBITORS
34 Tablets/Month
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)

Quantity Limit Drugs and Diabetic Supplies

Effective Date: March 1, 2025

HYPOGLYCEMICS, DPP-4 INHIBITORS	
34 Tablets/Month	
	NESINA (alogliptin)
	ONGLYZA (saxagliptin)
	OSENI (alogliptin/pioglitazone)
	TRADJENTA (linagliptin)
	ZITUVIMET XR 100-1,000 MG TAB (sitagliptin-metformin)
	ZITUVIMET XR 50-500 MG TABLET (sitagliptin-metformin)
	ZITUVIO (sitagliptin)
68 Tablets/Month	
	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)
HYPOGLYCEMICS, OTHER	
34 Tablets/Month	
	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)
68 Tablets/Month	
	INVOKAMET (canagliflozin/metformin)
	INVOKAMET XR (canagliflozin/metformin)
	STEGLATRO 5 MG TABLET (ertugliflozin pidolate)

Quantity Limit Drugs and Diabetic Supplies

Effective Date: March 1, 2025

HYPOGLYCEMICS, OTHER
68 Tablets/Month
XIGDUO XR 5 MG-1,000 MG TABLET (dapagliflozin/metformin)
IMMUNOMODULATORS, ATOPIC DERMATITIS
34 Tablets/Month
CIBINQO (abrocitinib)
IMMUNOSUPPRESSANT
204 Capsules/Month
LUPKYNIS (voclosporin)
INTRANASAL RHINITIS AGENTS
16 GM/Month (16 GM per inhaler)
fluticasone propionate (Example brand: FLONASE)
XHANCE (fluticasone)
17 GM/Month (17 GM per pump bottle)
mometasone furoate (Example brand: NASONEX)
LIPOTROPICS, OTHER
34 Tablets or Capsules /Month
ALTOPREV (lovastatin)
CRESTOR (rosuvastatin calcium)
fluvastatin sodium (Example brand: LESCOL)
LESCOL XL (fluvastatin er)
LIVALO (pitavastatin)
ZYPITAMAG (pitavastatin)
LYSOSOMAL STORAGE DISORDER
17 Capsules/Month
GALAFOLD (migalastat)
MENOPAUSAL SYSTEM RELEIF
34 Tablets/Month
VEOZAH (fezolinetant)
MOVEMENT DISORDERS
34 Capsules/Month
INGREZZA (valbenazine)
MULTIPLE SCLEROSIS AGENTS IMMUNOMODULATORS
1 EA/Month (1 EA equals 1 syringe)

Quantity Limit Drugs and Diabetic Supplies

Effective Date: March 1, 2025

MULTIPLE SCLEROSIS AGENTS IMMUNOMODULATORS
1 EA/Month (1 EA equals 1 syringe)
AVONEX PEN 30 MCG/0.5 ML KIT (interferon beta-1a)
AVONEX PREFILLED SYR 30 MCG KT (interferon beta-1a)
68 Capsules/Month
TECFIDERA (dimethyl fumarate)
136 Capsules/Month
VUMERITY (diroximel fumarate)
NARCOLEPSY H3 RECEPTOR ANTAG/INVERSE AGONIST
68 Tablets/Month
WAKIX (pitolisant)
ONCOLOGY AGENTS, ORAL
3 Capsules/Month
NINLARO (ixazomib citrate)
NINLARO 3 MG CA (ixazomib citrate)
6 Tablets/Month
INQOVI (decitabine)
12 Tablets/Month
XPOVIO 60 MG ONCE WEEKLY DOSE (selinexor)
16 Tablets/Month
OJEMDA 100 MG TAB (400MG DOSE) (tovorafenib)
18 Tablets/Month
ONUREG (azacitidine)
20 Tablets/Month
OJEMDA 100 MG TAB (500MG DOSE) (tovorafenib)
21 Capsules/Month
FRUZAQLA 5 MG CAPSULE (fruquintinib)
24 Tablets/Month
OJEMDA 100 MG TAB (600MG DOSE) (tovorafenib)
30 Tablets/Month
ERLEADA 240 MG TABLET (apalutamide)
ZEJULA (niraparib)
30 Tablets or Capsules/Month
IMBRUVICA 140 MG TABLET (ibrutinib)
IMBRUVICA 280 MG TABLET (ibrutinib)

Quantity Limit Drugs and Diabetic Supplies

Effective Date: March 1, 2025

ONCOLOGY AGENTS, ORAL
30 Tablets or Capsules/Month
IMBRUVICA 420 MG TABLET (ibrutinib)
IMBRUVICA 560 MG TABLET (ibrutinib)
IMBRUVICA 70 MG CAPSULE (ibrutinib)
30 Capsules/Month
TALZENNA (talazoparib)
30 Tablets/Month
ITOVEBI 9 MG TABLET (inavolisib)
30 Tablets/Month
LAZCLUZE 240 MG TABLET (lazertinib)
30 Tablets/Month
OJJAARA (mometotinib)
30 Tablets/Month
VORANIGO 40 MG TABLET (orasidenib)
32 Tablets/Month
XPOVIO 80 MG TWICE WEEKLY DOSE (selinexor)
34 Capsules/Month
ROZLYTREK 100 MG CAPSULE (entrectinib)
34 Tablets/Month
GILOTRIF (afatinib dimaleate)
34 Tablets/Month
IDHIFA (enasidenib)
34 Tablets/Month
ALUNBRIG 180 MG TABLET (brigatinib)
ALUNBRIG 90 MG TABLET (brigatinib)
34 Tablets/Month
BALVERSA 5 MG TABLET (erdafitinib)
VIZIMPRO (dacomitinib)
34 Tablets/Month
AYVAKIT (avapritinib)
34 Tablets/Month
LORBRENA 100 MG TABLET (lorlatinib)
34 Capsules/Month
BOSULIF 50 MG CAPSULE (bosutinib)

Quantity Limit Drugs and Diabetic Supplies

Effective Date: March 1, 2025

ONCOLOGY AGENTS, ORAL
56 Tablets/Month
OGSIVEO (nirogacestat)
60 Tablets/Month
LAZCLUZE 80 MG TABLET (lazertinib)
60 Tablets/Month
JAYPIRCA (pirtobrutinib)
REZLIDHIA (olutasidenib)
60 Tablets/Month
SCEMBLIX 20 MG TABLET (asciminib)
SCEMBLIX 40 MG TABLET (asciminib)
60 Tablets/Month
VORANIGO 10 MG TABLET (orasidenib)
60 Tablets/Month
AKEEGA (niraparib/abiraterone)
60 Tablets/Month
ITOVEBI 3 MG TABLET (inavolisib)
60 Tablets or Capsules/Month
RETEVMO 120 MG TABLET (selpercatinib)
RETEVMO 160 MG TABLET (selpercatinib)
RETEVMO 80 MG CAPSULE (selpercatinib)
RETEVMO 80 MG TABLET (selpercatinib)
60 Tablets/Month
LUMAKRAS 120 MG TABLET (sotorasib)
LUMAKRAS 240 MG TABLET (sotorasib)
60 Tablets/Month
VANFLYTA (quizartinib)
60 Capsules/Month
AUGTYRO 160 MG CAPSULE (repotrectinib)
63 Tablets/Month
KISQALI (ribociclib)
64 Tablets/Month
TRUQAP (capivasertib)
68 Tablets/Month
TEPMETKO (tepotinib)

Quantity Limit Drugs and Diabetic Supplies

Effective Date: March 1, 2025

ONCOLOGY AGENTS, ORAL
68 Tablets/Month
XTANDI 80 MG TABLET (enzalutamide)
68 Tablets/Month
ZYTIGA 500 MG TABLET (abiraterone)
68 Tablets/Month
VERZENIO (abemaciclib)
68 Tablets/Month
ALUNBRIG 30 MG TABLET (brigatinib)
68 Tablets/Month
BALVERSA 4 MG TABLET (erdafitinib)
TIBSOVO (ivosidenib)
68 Tablets/Month
REVUFORJ 160 MG TABLET (revumenib)
68 Capsules/Month
VITRAKVI 100 MG CAPSULE (larotrectinib)
68 Capsules/Month
COPIKTRA (duvelisib)
84 Capsules/Month
FRUZAQLA 1 MG CAPSULE (fruquintinib)
90 Tablets/Month
LUMAKRAS 320 MG TABLET (sotorasib)
90 Tablets/Month
ERLEADA 60 MG TABLET (apalutamide)
90 Tablets or Capsules/Month
RETEVMO 40 MG CAPSULE (selpercatinib)
RETEVMO 40 MG TABLET (selpercatinib)
102 Capsules/Month
ROZLYTREK 200 MG CAPSULE (entrectinib)
102 Capsules/Month
XTANDI 40 MG CAPSULE (ebzakytamide)
XTANDI 40 MG TABLET (enzalutamide)
102 Capsules/Month
ZEJULA (niraparib)
102 Capsules/Month

Quantity Limit Drugs and Diabetic Supplies

Effective Date: March 1, 2025

ONCOLOGY AGENTS, ORAL
102 Capsules/Month
LENVIMA (lenvatinib)
102 Tablets/Month
LORBRENA 25 MG TABLET (lorlatinib)
102 Tablets/Month
BALVERSA 3 MG TABLET (erdafitinib)
XOSPATA (gilteritinib)
120 Tablets or Capsules/Month
IMBRUVICA 140 MG CAPSULE (ibrutinib)
120 Tablets/Month
SCEMBLIX 100 MG TABLET (asciminib)
120 Tablets/Month
DANZITEN (nilotinib)
120 Tablets/Month
REVUFORJ 110 MG TABLET (revumenib)
120 Capsules/Month
XALKORI 200 MG CAPSULE (crizotinib)
XALKORI 250 MG CAPSULE (crizotinib)
136 Capsules/Month
KOSELUGO 25 MG CAPSULE (selumetinib)
136 Tablets/Month
ZYTIGA 250 MG TABLET (abiraterone)
136 Tablets/Month
RUBRACA (rucaparib)
136 Tablets/Month
LYNPARZA (olaparib)
136 Capsules/Month
TASIGNA (nilotinib)
TURALIO (pexidartinib)
136 Tablets/Month
YONSA (abiraterone)
136 Tablets/Month
NUBEQA (darolutamide)
136 Tablets/Month

Quantity Limit Drugs and Diabetic Supplies

Effective Date: March 1, 2025

ONCOLOGY AGENTS, ORAL
136 Tablets/Month
TABRECTA (capmatinib)
136 Tablets/Month
TUKYSA (tucatinib)
180 Tablets/Month
KRAZATI (adagrasib)
204 Capsules/Month
BRAFTOVI 75 MG CAPSULE (encorafenib)
204 Tablets/Month
NERLYNX (neratinib)
204 Tablets/Month
MEKTOVI (binimetinib)
204 Capsules/Month
VITRAKVI 25 MG CAPSULE (larotrectinib)
204 Capsules/Month
BOSULIF 100 MG CAPSULE (bosutinib)
204 Tablets/Month
LYTGOBI (futibatinib)
204 Tablets/Month
OGSIVEO (nirogacestat)
204 Capsules/Month
AUGTYRO 40 MG CAPSULE (repotrectinib)
240 Pellets/Month
XALKORI 150 MG PELLET (crizotinib)
XALKORI 20 MG PELLET (crizotinib)
XALKORI 50 MG PELLET (crizotinib)
272 Capsules/Month
RYDAPT (midostaurin)
272 Capsules/Month
KOSELUGO 10 MG CAPSULE (selumetinib)
272 Capsules/Month
TAZVERIK (tazemetostat)
272 Capsules/Month
IWILFIN (eflornithine)

Quantity Limit Drugs and Diabetic Supplies

Effective Date: March 1, 2025

ONCOLOGY AGENTS, ORAL
408 Packs/Month
ROZLYTREK 50 MG PELLET PACKET (entrectinib)
OPHTHALMICS, GLAUCOMA – PROSTAGLANDINS
2 Bottles/Month (2.5 ml equals 1 Bottle)
VUITY (pilocarpine)
5 ML/Month
bimatoprost (Example brand: LUMIGAN)
LUMIGAN (bimatoprost)
TRAVATAN Z (travoprost)
XALATAN (latanoprost)
OTC COVID - 19 TESTING KITS
2 Tests/Month
covid-19 antigen test kit
PITUITARY SUPPRESSIVE AGENT
60 Capsules/Month
CRENESSITY (crinecerfont)
PROTON PUMP INHIBITOR
34 Tablets or Capsules /Month
DEXILANT DR 30 MG CAPSULE (dexlansoprazole)
FT ACID REDUCER DR 15 MG CAP (lansoprazole)
FT ACID REDUCER DR 20 MG CAP (esomeprazole magnesium)
GS LANSOPRAZOLE DR 15 MG CAP (lansoprazole)
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)
QC LANSOPRAZOLE DR 15 MG CAP (lansoprazole)
68 Tablets or Capsules or Packet/Month
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)

Quantity Limit Drugs and Diabetic Supplies

Effective Date: March 1, 2025

PROTON PUMP INHIBITOR
68 Tablets or Capsules or Packet/Month
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)
PULMONARY ARTERIAL HYPERTENSION
34 Tablets/Month
OPSUMIT (macitentan)
68 Tablets/Month
ADCIRCA (tadalafil)
ALYQ (tadalafil)
LETAIRIS (ambrisentan)
TRACLEER (bosentan)
UPTRAVI (selexipag)
102 Tablets/Month
ADEMPAS (riociguat)
SEDATIVE HYPNOTICS
10 Tablets/Month
zolpidem tartrate (Example brand: INTERMEZZO)
34 Tablets/Month
QUVIVIQ (daridorexant)

Quantity Limit Drugs and Diabetic Supplies

Effective Date: March 1, 2025

SKELETAL MUSCLE RELAXANTS
84 Tablets/Month
SOMA 250 MG TABLET (carisoprodol)
136 Tablets/Month
SOMA 350 MG TABLET (carisoprodol)
SOMATOSTATIN AGENTS
112 Tablets/Month
MYCAPSSA (octreotide)
STIMULANTS
136 Tablets, Capsules, or Patches/Month
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)
DEXEDRINE (dextroamphetamine sulfate)
dextroamphetamine sulfate er (Example brand: DEXEDRINE)
EVEKEO (amphetamine)
EVEKEO ODT (amphetamine)
FOCALIN (dexmethylphenidate hcl)
FOCALIN XR (dexmethylphenidate hcl)
FOCALIN XR 25 M (dexmethylphenidate hcl)
FOCALIN XR 5 MG (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)

Quantity Limit Drugs and Diabetic Supplies

Effective Date: March 1, 2025

STIMULANTS
136 Tablets, Capsules, or Patches/Month
methylphenidate la (Example brand: RITALIN LA)
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)
STIMULANTS, RELATED AGENTS - WAKE PROMOTING
136 Tablets or Capsules/Month
NUVIGIL (armodafinil)
PROVIGIL (modafinil)
SUNOSI (solriamfetol)
Thrombopoietin Receptor Agonist
68 Tablets/Month
ALVAIZ (eltrombopag)
UTERINE DISORDER TREATMENTS
34 Tablets/Month
ORILISSA 150 MG TABLET (elagolix sodium)
68 Tablets/Month
ORILISSA 200 MG TABLET (elagolix sodium)
VAGINAL ESTROGEN PREPARATIONS
1 EA/3 Month (1 EA equals 1 vaginal ring)
ESTRING (estradiol)
FEMRING (estradiol acetate)