

## Medications with Quantity Limits

Effective: October 1, 2025

The following table lists medications with managed dose limits (MDL). These medications are subject to MDL, usually as quantity limitations, based on how the drug has been approved for use by the U.S. Food and Drug Administration (FDA). MDLs are set to encourage drug dosing that has been established as safe and effective, as well as to promote cost-effective use based on available product strengths and package sizes. MDL quantities may vary depending on plan design.

If you require a higher quantity or to request a written copy of the coverage criteria, please contact FirstCarolinaCare Member Services at (855) 291-9336 for TTY users, 711, 8 a.m. to 8 p.m., local time, seven days a week. From April 1 – September 30 voicemail will be used on weekends and holidays.

This list is subject to change.

FirstCarolinaCare Insurance Company's plans are HMO and PPO plans with a Medicare contract. Enrollment in a FirstCarolinaCare Insurance Company plan depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits and copayments/co-insurance may change on January 1 of each year.

This information is available for free in other languages. Please contact our Member Services number at (855) 291-9336 for additional information. (TTY users should call 711.) Hours are from 8 a.m. – 8 p.m., local time, seven days a week. From April 1 – September 30, voicemail will be used on weekends and holidays.

Esta información está disponible sin cargo en otros idiomas. Para obtener información adicional, llame al Departamento de Servicios para los Miembros al (855) 291-9336. (Los usuarios de TTY deben llamar al 711). Nuestro horario de atención es de 8:00 a.m. a 8:00 p.m., horario local, los 7 días de la semana. Desde el 1.º de abril hasta el 30 de septiembre, puede dejar un mensaje de voz los fines de semana y feriados.

Quantity Limits  
Effective: 10/01/2025

### **ABILIFY MYCITE MAINTENANCE KIT**

|                                 |                                   |
|---------------------------------|-----------------------------------|
| Abilify Mycrite Maintenance Kit | Quantity Limit: 30 EA Per 30 Days |
|---------------------------------|-----------------------------------|

### **ABILIFY MYCITE STARTER KIT**

|                             |                                   |
|-----------------------------|-----------------------------------|
| Abilify Mycrite Starter Kit | Quantity Limit: 30 EA Per 30 Days |
|-----------------------------|-----------------------------------|

### **ACETAMINOPHEN/CODEINE**

|                                                        |                                     |
|--------------------------------------------------------|-------------------------------------|
| Acetaminophen/codeine SOLN 120MG/5ML;<br>12MG/5ML      | Quantity Limit: 4500 ML Per 30 Days |
| Acetaminophen/codeine TABS 300MG; 15MG,<br>300MG; 30MG | Quantity Limit: 360 EA Per 30 Days  |
| Acetaminophen/codeine TABS 300MG; 60MG                 | Quantity Limit: 180 EA Per 30 Days  |

### **ACETAMINOPHEN/CODEINE PHOSPHATE**

|                                                                  |                                    |
|------------------------------------------------------------------|------------------------------------|
| Acetaminophen/codeine Phosphate TABS 300MG;<br>15MG, 300MG; 30MG | Quantity Limit: 360 EA Per 30 Days |
| Acetaminophen/codeine Phosphate TABS 300MG;<br>60MG              | Quantity Limit: 180 EA Per 30 Days |

### **AIMOVIG**

|         |                                  |
|---------|----------------------------------|
| Aimovig | Quantity Limit: 2 ML Per 30 Days |
|---------|----------------------------------|

### **ALOGLIPTIN**

|            |                                   |
|------------|-----------------------------------|
| Alogliptin | Quantity Limit: 30 EA Per 30 Days |
|------------|-----------------------------------|

### **ALOGLIPTIN/METFORMIN HCL**

|                          |                                   |
|--------------------------|-----------------------------------|
| Alogliptin/metformin Hcl | Quantity Limit: 60 EA Per 30 Days |
|--------------------------|-----------------------------------|

### **ALOGLIPTIN/METFORMIN HYDROCHLORIDE**

|                                    |                                   |
|------------------------------------|-----------------------------------|
| Alogliptin/metformin Hydrochloride | Quantity Limit: 60 EA Per 30 Days |
|------------------------------------|-----------------------------------|

**ALOGLIPTIN/PIOGLITAZONE**

|                                                                               |                                   |
|-------------------------------------------------------------------------------|-----------------------------------|
| Alogliptin/pioglitazone TABS 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG | Quantity Limit: 30 EA Per 30 Days |
|-------------------------------------------------------------------------------|-----------------------------------|

**ALPRAZOLAM**

|                                    |                                    |
|------------------------------------|------------------------------------|
| Alprazolam TABS 0.25MG, 0.5MG, 1MG | Quantity Limit: 120 EA Per 30 Days |
| Alprazolam TABS 2MG                | Quantity Limit: 150 EA Per 30 Days |

**ALPRAZOLAM ER**

|                               |                                    |
|-------------------------------|------------------------------------|
| Alprazolam Er TB24 0.5MG, 1MG | Quantity Limit: 120 EA Per 30 Days |
| Alprazolam Er TB24 2MG, 3MG   | Quantity Limit: 90 EA Per 30 Days  |

**ALPRAZOLAM ODT**

|                                        |                                    |
|----------------------------------------|------------------------------------|
| Alprazolam Odt TBDP 0.25MG, 0.5MG, 1MG | Quantity Limit: 120 EA Per 30 Days |
|----------------------------------------|------------------------------------|

**ALPRAZOLAM XR**

|                               |                                    |
|-------------------------------|------------------------------------|
| Alprazolam Xr TB24 0.5MG, 1MG | Quantity Limit: 120 EA Per 30 Days |
| Alprazolam Xr TB24 2MG, 3MG   | Quantity Limit: 90 EA Per 30 Days  |

**AMMONIUM LACTATE**

|                       |                                    |
|-----------------------|------------------------------------|
| Ammonium Lactate LOTN | Quantity Limit: 400 GM Per 30 Days |
|-----------------------|------------------------------------|

**AMPHETAMINE/DEXTROAMPHETAMINE**

|                                    |                                    |
|------------------------------------|------------------------------------|
| Amphetamine/dextroamphetamine CP24 | Quantity Limit: 120 EA Per 30 Days |
| Amphetamine/dextroamphetamine TABS | Quantity Limit: 60 EA Per 30 Days  |

**ARIKAYCE**

|          |                                    |
|----------|------------------------------------|
| Arikayce | Quantity Limit: 525 ML Per 30 Days |
|----------|------------------------------------|

**AUVELITY**

|          |                                   |
|----------|-----------------------------------|
| Auvelity | Quantity Limit: 60 EA Per 30 Days |
|----------|-----------------------------------|

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**BREYNA**

|        |                                      |
|--------|--------------------------------------|
| Breyna | Quantity Limit: 10.30 GM Per 30 Days |
|--------|--------------------------------------|

**BRONCHITOL**

|            |                                    |
|------------|------------------------------------|
| Bronchitol | Quantity Limit: 560 EA Per 28 Days |
|------------|------------------------------------|

**BUPRENORPHINE HCL**

|                        |                                   |
|------------------------|-----------------------------------|
| Buprenorphine Hcl SUBL | Quantity Limit: 90 EA Per 30 Days |
|------------------------|-----------------------------------|

**BUPRENORPHINE HCL/NALOXONE HCL**

|                                |                                   |
|--------------------------------|-----------------------------------|
| Buprenorphine Hcl/naloxone Hcl | Quantity Limit: 90 EA Per 30 Days |
|--------------------------------|-----------------------------------|

**BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE**

|                                                                    |                                   |
|--------------------------------------------------------------------|-----------------------------------|
| Buprenorphine Hydrochloride/naloxone Hydrochloride FILM            | Quantity Limit: 90 EA Per 30 Days |
| Buprenorphine Hydrochloride/naloxone Hydrochloride SUBL 2MG; 0.5MG | Quantity Limit: 90 EA Per 30 Days |

**BUTORPHANOL TARTRATE**

|                                 |                                  |
|---------------------------------|----------------------------------|
| Butorphanol Tartrate NASAL SOLN | Quantity Limit: 5 ML Per 28 Days |
|---------------------------------|----------------------------------|

**CABOMETYX**

|           |                                   |
|-----------|-----------------------------------|
| Cabometyx | Quantity Limit: 30 EA Per 30 Days |
|-----------|-----------------------------------|

**CAPLYTA**

|         |                                   |
|---------|-----------------------------------|
| Caplyta | Quantity Limit: 30 EA Per 30 Days |
|---------|-----------------------------------|

**CHLORDIAZEPOXIDE HCL**

|                                     |                                    |
|-------------------------------------|------------------------------------|
| Chlordiazepoxide Hcl CAPS 10MG, 5MG | Quantity Limit: 120 EA Per 30 Days |
|-------------------------------------|------------------------------------|

**CHLORDIAZEPOXIDE HYDROCHLORIDE**

|                                          |                                    |
|------------------------------------------|------------------------------------|
| Chlordiazepoxide Hydrochloride CAPS 25MG | Quantity Limit: 120 EA Per 30 Days |
|------------------------------------------|------------------------------------|

**CLINDAMYCIN PHOSPHATE**

|                            |                                   |
|----------------------------|-----------------------------------|
| Clindamycin Phosphate LOTN | Quantity Limit: 60 ML Per 30 Days |
|----------------------------|-----------------------------------|

**CLORAZEPATE DIPOTASSIUM**

|                                     |                                    |
|-------------------------------------|------------------------------------|
| Clorazepate Dipotassium TABS 15MG   | Quantity Limit: 180 EA Per 30 Days |
| Clorazepate Dipotassium TABS 3.75MG | Quantity Limit: 720 EA Per 30 Days |
| Clorazepate Dipotassium TABS 7.5MG  | Quantity Limit: 360 EA Per 30 Days |

**COBENFY**

|         |                                   |
|---------|-----------------------------------|
| Cobenfy | Quantity Limit: 60 EA Per 30 Days |
|---------|-----------------------------------|

**COBENFY STARTER PACK**

|                      |                                     |
|----------------------|-------------------------------------|
| Cobenfy Starter Pack | Quantity Limit: 112 EA Per 365 Days |
|----------------------|-------------------------------------|

**CODEINE SULFATE**

|                      |                                    |
|----------------------|------------------------------------|
| Codeine Sulfate TABS | Quantity Limit: 180 EA Per 30 Days |
|----------------------|------------------------------------|

**CYSTADROPS**

|            |                                   |
|------------|-----------------------------------|
| Cystadrops | Quantity Limit: 20 ML Per 28 Days |
|------------|-----------------------------------|

**CYSTARAN**

|          |                                   |
|----------|-----------------------------------|
| Cystaran | Quantity Limit: 60 ML Per 28 Days |
|----------|-----------------------------------|

**DESOXIMETASONE**

|                           |                                   |
|---------------------------|-----------------------------------|
| Desoximetasone CREA 0.05% | Quantity Limit: 15 GM Per 30 Days |
|---------------------------|-----------------------------------|

**DESVENLAFAXINE ER**

|                   |                                   |
|-------------------|-----------------------------------|
| Desvenlafaxine Er | Quantity Limit: 30 EA Per 30 Days |
|-------------------|-----------------------------------|

**DEXMETHYLPHENIDATE HCL**

|                                       |                                   |
|---------------------------------------|-----------------------------------|
| Dexmethylphenidate Hcl TABS 10MG, 5MG | Quantity Limit: 60 EA Per 30 Days |
|---------------------------------------|-----------------------------------|

**DEXMETHYLPHENIDATE HCL ER**

|                                                       |                                   |
|-------------------------------------------------------|-----------------------------------|
| Dexmethylphenidate Hcl Er CP24 15MG, 20MG, 30MG, 35MG | Quantity Limit: 30 EA Per 30 Days |
|-------------------------------------------------------|-----------------------------------|

**DEXMETHYLPHENIDATE HYDROCHLORIDE**

|                                             |                                   |
|---------------------------------------------|-----------------------------------|
| Dexmethylphenidate Hydrochloride CP24       | Quantity Limit: 30 EA Per 30 Days |
| Dexmethylphenidate Hydrochloride TABS 2.5MG | Quantity Limit: 60 EA Per 30 Days |

**DEXMETHYLPHENIDATE HYDROCHLORIDE ER**

|                                                                      |                                   |
|----------------------------------------------------------------------|-----------------------------------|
| Dexmethylphenidate Hydrochloride Er CP24 10MG, 15MG, 30MG, 40MG, 5MG | Quantity Limit: 30 EA Per 30 Days |
|----------------------------------------------------------------------|-----------------------------------|

**DEXTROAMPHETAMINE SULFATE**

|                                          |                                     |
|------------------------------------------|-------------------------------------|
| Dextroamphetamine Sulfate SOLN           | Quantity Limit: 1800 ML Per 30 Days |
| Dextroamphetamine Sulfate TABS 10MG, 5MG | Quantity Limit: 180 EA Per 30 Days  |

**DEXTROAMPHETAMINE SULFATE ER**

|                              |                                    |
|------------------------------|------------------------------------|
| Dextroamphetamine Sulfate Er | Quantity Limit: 180 EA Per 30 Days |
|------------------------------|------------------------------------|

**DIAZEPAM**

|               |                                    |
|---------------|------------------------------------|
| Diazepam TABS | Quantity Limit: 120 EA Per 30 Days |
|---------------|------------------------------------|

**DICLOFENAC SODIUM**

|                          |                                    |
|--------------------------|------------------------------------|
| Diclofenac Sodium GEL 3% | Quantity Limit: 100 GM Per 30 Days |
|--------------------------|------------------------------------|

**DIHYDROERGOTAMINE MESYLATE**

|                                 |                                  |
|---------------------------------|----------------------------------|
| Dihydroergotamine Mesylate SOLN | Quantity Limit: 8 ML Per 23 Days |
|---------------------------------|----------------------------------|

**DIMETHYL FUMARATE**

|                        |                                   |
|------------------------|-----------------------------------|
| Dimethyl Fumarate CPDR | Quantity Limit: 60 EA Per 30 Days |
|------------------------|-----------------------------------|

**DIMETHYL FUMARATE STARTERPACK**

|                                      |                                     |
|--------------------------------------|-------------------------------------|
| Dimethyl Fumarate Starterpack CDPK 0 | Quantity Limit: 120 EA Per 365 Days |
|--------------------------------------|-------------------------------------|

**DOXEPIN HYDROCHLORIDE**

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|----------------------------|-----------------------------------|
| Doxepin Hydrochloride CREA | Quantity Limit: 90 GM Per 30 Days |
|----------------------------|-----------------------------------|

**DUPIXENT**

|                                         |                                     |
|-----------------------------------------|-------------------------------------|
| Dupixent INJ 100MG/0.67ML               | Quantity Limit: 1.34 ML Per 28 Days |
| Dupixent INJ 200MG/1.14ML, 200MG/1.14ML | Quantity Limit: 4.56 ML Per 28 Days |
| Dupixent INJ 300MG/2ML, 300MG/2ML       | Quantity Limit: 8 ML Per 28 Days    |

**ELIQUIS**

|                    |                                   |
|--------------------|-----------------------------------|
| Eliquis TABS 2.5MG | Quantity Limit: 60 EA Per 30 Days |
| Eliquis TABS 5MG   | Quantity Limit: 90 EA Per 30 Days |

**ELIQUIS STARTER PACK**

|                      |                                     |
|----------------------|-------------------------------------|
| Eliquis Starter Pack | Quantity Limit: 148 EA Per 365 Days |
|----------------------|-------------------------------------|

**EMGALITY**

|                       |                                  |
|-----------------------|----------------------------------|
| Emgality              | Quantity Limit: 2 ML Per 28 Days |
| Emgality INJ 100MG/ML | Quantity Limit: 3 ML Per 30 Days |

**EMSAM**

|       |                                   |
|-------|-----------------------------------|
| Emsam | Quantity Limit: 30 EA Per 30 Days |
|-------|-----------------------------------|

**ENDOCET**

|                                                                  |                                    |
|------------------------------------------------------------------|------------------------------------|
| Endocet TABS 325MG; 10MG, 325MG; 2.5MG, 325MG; 5MG, 325MG; 7.5MG | Quantity Limit: 240 EA Per 30 Days |
|------------------------------------------------------------------|------------------------------------|

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**ENTRESTO**

|               |                                   |
|---------------|-----------------------------------|
| Entresto TABS | Quantity Limit: 60 EA Per 30 Days |
|---------------|-----------------------------------|

**FENTANYL**

|                                                                                          |                                   |
|------------------------------------------------------------------------------------------|-----------------------------------|
| Fentanyl PT72 100MCG/HR                                                                  | Quantity Limit: 20 EA Per 30 Days |
| Fentanyl PT72 12MCG/HR, 25MCG/HR, 37.5MCG/HR, 50MCG/HR, 62.5MCG/HR, 75MCG/HR, 87.5MCG/HR | Quantity Limit: 10 EA Per 30 Days |

**FENTANYL CITRATE ORAL TRANSMUCOSAL**

|                                    |                                    |
|------------------------------------|------------------------------------|
| Fentanyl Citrate Oral Transmucosal | Quantity Limit: 120 EA Per 30 Days |
|------------------------------------|------------------------------------|

**FLUOCINONIDE**

|                        |                                   |
|------------------------|-----------------------------------|
| Fluocinonide CREA 0.1% | Quantity Limit: 30 GM Per 30 Days |
|------------------------|-----------------------------------|

**FLUOROURACIL**

|                        |                                   |
|------------------------|-----------------------------------|
| Fluorouracil CREA 0.5% | Quantity Limit: 30 GM Per 30 Days |
|------------------------|-----------------------------------|

**FLURAZEPAM HYDROCHLORIDE**

|                          |                                   |
|--------------------------|-----------------------------------|
| Flurazepam Hydrochloride | Quantity Limit: 30 EA Per 30 Days |
|--------------------------|-----------------------------------|

**GLYDO**

|       |                                   |
|-------|-----------------------------------|
| Glydo | Quantity Limit: 30 ML Per 30 Days |
|-------|-----------------------------------|

**HUMALOG**

|         |                                   |
|---------|-----------------------------------|
| Humalog | Quantity Limit: 60 ML Per 30 Days |
|---------|-----------------------------------|

**HUMALOG JUNIOR KWIKPEN**

|                        |                                   |
|------------------------|-----------------------------------|
| Humalog Junior Kwikpen | Quantity Limit: 60 ML Per 30 Days |
|------------------------|-----------------------------------|

**HUMALOG KWIKPEN**

|                 |                                   |
|-----------------|-----------------------------------|
| Humalog Kwikpen | Quantity Limit: 60 ML Per 30 Days |
|-----------------|-----------------------------------|

**HUMALOG MIX 50/50**

|                   |                                   |
|-------------------|-----------------------------------|
| Humalog MIX 50/50 | Quantity Limit: 60 ML Per 30 Days |
|-------------------|-----------------------------------|

**HUMALOG MIX 50/50 KWIKPEN**

|                           |                                   |
|---------------------------|-----------------------------------|
| Humalog MIX 50/50 Kwikpen | Quantity Limit: 60 ML Per 30 Days |
|---------------------------|-----------------------------------|

**HUMALOG MIX 75/25**

|                   |                                   |
|-------------------|-----------------------------------|
| Humalog MIX 75/25 | Quantity Limit: 60 ML Per 30 Days |
|-------------------|-----------------------------------|

**HUMALOG MIX 75/25 KWIKPEN**

|                           |                                   |
|---------------------------|-----------------------------------|
| Humalog MIX 75/25 Kwikpen | Quantity Limit: 60 ML Per 30 Days |
|---------------------------|-----------------------------------|

**HUMULIN 70/30**

|                                        |                                   |
|----------------------------------------|-----------------------------------|
| Humulin 70/30 INJ 30UNIT/ML; 70UNIT/ML | Quantity Limit: 60 ML Per 30 Days |
|----------------------------------------|-----------------------------------|

**HUMULIN 70/30 KWIKPEN**

|                       |                                   |
|-----------------------|-----------------------------------|
| Humulin 70/30 Kwikpen | Quantity Limit: 60 ML Per 30 Days |
|-----------------------|-----------------------------------|

**HUMULIN N**

|           |                                   |
|-----------|-----------------------------------|
| Humulin N | Quantity Limit: 60 ML Per 30 Days |
|-----------|-----------------------------------|

**HUMULIN N KWIKPEN**

|                   |                                   |
|-------------------|-----------------------------------|
| Humulin N Kwikpen | Quantity Limit: 60 ML Per 30 Days |
|-------------------|-----------------------------------|

**HUMULIN R**

|           |                                   |
|-----------|-----------------------------------|
| Humulin R | Quantity Limit: 60 ML Per 30 Days |
|-----------|-----------------------------------|

**HUMULIN R U-500 (CONCENTRATED)**

|                                |                                   |
|--------------------------------|-----------------------------------|
| Humulin R U-500 (concentrated) | Quantity Limit: 60 ML Per 30 Days |
|--------------------------------|-----------------------------------|

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**HUMULIN R U-500 KWIKPEN**

|                         |                                   |
|-------------------------|-----------------------------------|
| Humulin R U-500 Kwikpen | Quantity Limit: 60 ML Per 30 Days |
|-------------------------|-----------------------------------|

**HYDROCODONE BITARTRATE/ACETAMINOPHEN**

|                                                                                                                |                                     |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Hydrocodone Bitartrate/acetaminophen SOLN<br>325MG/15ML; 7.5MG/15ML                                            | Quantity Limit: 2700 ML Per 30 Days |
| Hydrocodone Bitartrate/acetaminophen TABS<br>300MG; 10MG, 300MG; 5MG, 300MG; 7.5MG,<br>325MG; 10MG, 325MG; 5MG | Quantity Limit: 240 EA Per 30 Days  |

**HYDROCODONE/ACETAMINOPHEN**

|                                                |                                    |
|------------------------------------------------|------------------------------------|
| Hydrocodone/acetaminophen TABS 325MG;<br>7.5MG | Quantity Limit: 240 EA Per 30 Days |
|------------------------------------------------|------------------------------------|

**HYDROCODONE/IBUPROFEN**

|                                                                     |                                    |
|---------------------------------------------------------------------|------------------------------------|
| Hydrocodone/ibuprofen TABS 10MG; 200MG,<br>5MG; 200MG, 7.5MG; 200MG | Quantity Limit: 150 EA Per 30 Days |
|---------------------------------------------------------------------|------------------------------------|

**HYDROMORPHONE HCL**

|                                 |                                     |
|---------------------------------|-------------------------------------|
| Hydromorphone Hcl LIQD          | Quantity Limit: 1200 ML Per 30 Days |
| Hydromorphone Hcl TABS 2MG, 4MG | Quantity Limit: 180 EA Per 30 Days  |
| Hydromorphone Hcl TABS 8MG      | Quantity Limit: 120 EA Per 30 Days  |

**IVERMECTIN**

|                 |                                   |
|-----------------|-----------------------------------|
| Ivermectin CREA | Quantity Limit: 45 GM Per 30 Days |
|-----------------|-----------------------------------|

**JAKAFI**

|        |                                   |
|--------|-----------------------------------|
| Jakafi | Quantity Limit: 60 EA Per 30 Days |
|--------|-----------------------------------|

**JAYPIRCA**

|                    |                                   |
|--------------------|-----------------------------------|
| Jaypirca TABS 50MG | Quantity Limit: 30 EA Per 30 Days |
|--------------------|-----------------------------------|

**JENTADUETO**

|             |                                   |
|-------------|-----------------------------------|
| Jentaduetto | Quantity Limit: 60 EA Per 30 Days |
|-------------|-----------------------------------|

**JENTADUETO XR**

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| Jentaduetto Xr TB24 2.5MG; 1000MG | Quantity Limit: 60 EA Per 30 Days |
| Jentaduetto Xr TB24 5MG; 1000MG   | Quantity Limit: 30 EA Per 30 Days |

**JYNARQUE**

|               |                                    |
|---------------|------------------------------------|
| Jynarque TABS | Quantity Limit: 120 EA Per 30 Days |
| Jynarque TBPK | Quantity Limit: 56 EA Per 28 Days  |

**KERENDIA**

|          |                                   |
|----------|-----------------------------------|
| Kerendia | Quantity Limit: 30 EA Per 30 Days |
|----------|-----------------------------------|

**LAGEVRIO**

|          |                                  |
|----------|----------------------------------|
| Lagevrio | Quantity Limit: 40 EA Per 5 Days |
|----------|----------------------------------|

**LANTUS**

|        |                                   |
|--------|-----------------------------------|
| Lantus | Quantity Limit: 60 ML Per 30 Days |
|--------|-----------------------------------|

**LANTUS SOLOSTAR**

|                 |                                   |
|-----------------|-----------------------------------|
| Lantus Solostar | Quantity Limit: 60 ML Per 30 Days |
|-----------------|-----------------------------------|

**LAZCLUZE**

|                    |                                   |
|--------------------|-----------------------------------|
| Lazcluze TABS 80MG | Quantity Limit: 60 EA Per 30 Days |
|--------------------|-----------------------------------|

**LIBERVANT**

|           |                                   |
|-----------|-----------------------------------|
| Libervant | Quantity Limit: 10 EA Per 30 Days |
|-----------|-----------------------------------|

**LIDOCAINE**

|                   |                                    |
|-------------------|------------------------------------|
| Lidocaine OINT 5% | Quantity Limit: 150 GM Per 30 Days |
|-------------------|------------------------------------|

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**LIDOCAINE HCL**

|                    |                                   |
|--------------------|-----------------------------------|
| Lidocaine Hcl PRSY | Quantity Limit: 30 ML Per 30 Days |
|--------------------|-----------------------------------|

**LIDOCAINE HCL JELLY**

|                          |                                   |
|--------------------------|-----------------------------------|
| Lidocaine Hcl Jelly PRSY | Quantity Limit: 30 ML Per 30 Days |
|--------------------------|-----------------------------------|

**LIDOCAINE HYDROCHLORIDE**

|                                       |                                    |
|---------------------------------------|------------------------------------|
| Lidocaine Hydrochloride EXTERNAL SOLN | Quantity Limit: 250 ML Per 30 Days |
|---------------------------------------|------------------------------------|

**LIDOCAINE/PRILOCAINE**

|                           |                                   |
|---------------------------|-----------------------------------|
| Lidocaine/prilocaine CREA | Quantity Limit: 60 GM Per 30 Days |
|---------------------------|-----------------------------------|

**LINEZOLID**

|                |                                     |
|----------------|-------------------------------------|
| Linezolid SUSR | Quantity Limit: 1800 ML Per 28 Days |
|----------------|-------------------------------------|

|                |                                   |
|----------------|-----------------------------------|
| Linezolid TABS | Quantity Limit: 56 EA Per 28 Days |
|----------------|-----------------------------------|

**LINZESS**

|         |                                   |
|---------|-----------------------------------|
| Linzess | Quantity Limit: 30 EA Per 30 Days |
|---------|-----------------------------------|

**LOKELMA**

|         |                                   |
|---------|-----------------------------------|
| Lokelma | Quantity Limit: 90 EA Per 30 Days |
|---------|-----------------------------------|

**LORAZEPAM**

|                      |                                    |
|----------------------|------------------------------------|
| Lorazepam TABS 0.5MG | Quantity Limit: 120 EA Per 30 Days |
|----------------------|------------------------------------|

|                    |                                   |
|--------------------|-----------------------------------|
| Lorazepam TABS 1MG | Quantity Limit: 90 EA Per 30 Days |
|--------------------|-----------------------------------|

|                    |                                    |
|--------------------|------------------------------------|
| Lorazepam TABS 2MG | Quantity Limit: 150 EA Per 30 Days |
|--------------------|------------------------------------|

**LUBIPROSTONE**

|              |                                   |
|--------------|-----------------------------------|
| Lubiprostone | Quantity Limit: 60 EA Per 30 Days |
|--------------|-----------------------------------|

**LUPKYNIS**

|          |                                    |
|----------|------------------------------------|
| Lupkynis | Quantity Limit: 180 EA Per 30 Days |
|----------|------------------------------------|

**LYBALVI**

|         |                                   |
|---------|-----------------------------------|
| Lybalvi | Quantity Limit: 30 EA Per 30 Days |
|---------|-----------------------------------|

**MAYZENT**

|                       |                                    |
|-----------------------|------------------------------------|
| Mayzent TABS 0.25MG   | Quantity Limit: 120 EA Per 30 Days |
| Mayzent TABS 1MG, 2MG | Quantity Limit: 30 EA Per 30 Days  |

**MAYZENT STARTER PACK**

|                      |                                    |
|----------------------|------------------------------------|
| Mayzent Starter Pack | Quantity Limit: 14 EA Per 365 Days |
| Mayzent Starter Pack | Quantity Limit: 24 EA Per 365 Days |

**MEMANTINE/DONEPEZIL HYDROCHLORIDE ER**

|                                      |                                   |
|--------------------------------------|-----------------------------------|
| Memantine/donepezil Hydrochloride Er | Quantity Limit: 30 EA Per 30 Days |
|--------------------------------------|-----------------------------------|

**METHADONE HCL**

|                         |                                     |
|-------------------------|-------------------------------------|
| Methadone Hcl ORAL SOLN | Quantity Limit: 1800 ML Per 30 Days |
| Methadone Hcl TABS      | Quantity Limit: 360 EA Per 30 Days  |

**METHADONE HYDROCHLORIDE**

|                              |                                     |
|------------------------------|-------------------------------------|
| Methadone Hydrochloride CONC | Quantity Limit: 1800 ML Per 30 Days |
|------------------------------|-------------------------------------|

**METHADONE HYDROCHLORIDE INTENSOL**

|                                  |                                     |
|----------------------------------|-------------------------------------|
| Methadone Hydrochloride Intensol | Quantity Limit: 1800 ML Per 30 Days |
|----------------------------------|-------------------------------------|

**METHADOSE**

|                        |                                     |
|------------------------|-------------------------------------|
| Methadose CONC 10MG/ML | Quantity Limit: 1800 ML Per 30 Days |
|------------------------|-------------------------------------|

**METHADOSE SUGAR-FREE**

|                      |                                     |
|----------------------|-------------------------------------|
| Methadose Sugar-free | Quantity Limit: 1800 ML Per 30 Days |
|----------------------|-------------------------------------|

**METHYLPHENIDATE HYDROCHLORIDE**

|                                               |                                    |
|-----------------------------------------------|------------------------------------|
| Methylphenidate Hydrochloride CHEW 10MG       | Quantity Limit: 180 EA Per 30 Days |
| Methylphenidate Hydrochloride CHEW 2.5MG, 5MG | Quantity Limit: 90 EA Per 30 Days  |
| Methylphenidate Hydrochloride SOLN            | Quantity Limit: 900 ML Per 30 Days |
| Methylphenidate Hydrochloride TABS            | Quantity Limit: 90 EA Per 30 Days  |

**METHYLPHENIDATE HYDROCHLORIDE ER**

|                                                  |                                   |
|--------------------------------------------------|-----------------------------------|
| Methylphenidate Hydrochloride Er TB24 18MG       | Quantity Limit: 30 EA Per 30 Days |
| Methylphenidate Hydrochloride Er TBCR 10MG, 20MG | Quantity Limit: 90 EA Per 30 Days |

**METHYLPHENIDATE HYDROCHLORIDE ER (CD)**

|                                       |                                   |
|---------------------------------------|-----------------------------------|
| Methylphenidate Hydrochloride Er (cd) | Quantity Limit: 30 EA Per 30 Days |
|---------------------------------------|-----------------------------------|

**METHYLPHENIDATE HYDROCHLORIDE ER (LA)**

|                                                                   |                                   |
|-------------------------------------------------------------------|-----------------------------------|
| Methylphenidate Hydrochloride Er (la) CP24 10MG, 20MG, 30MG, 40MG | Quantity Limit: 30 EA Per 30 Days |
|-------------------------------------------------------------------|-----------------------------------|

**METHYLPHENIDATE HYDROCHLORIDE ER (OSM)**

|                                                                    |                                   |
|--------------------------------------------------------------------|-----------------------------------|
| Methylphenidate Hydrochloride Er (osm) TBCR 18MG                   | Quantity Limit: 90 EA Per 30 Days |
| Methylphenidate Hydrochloride Er (osm) TBCR 27MG, 36MG, 54MG, 72MG | Quantity Limit: 30 EA Per 30 Days |

**MORPHINE SULFATE**

|                                      |                                    |
|--------------------------------------|------------------------------------|
| Morphine Sulfate ORAL SOLN 100MG/5ML | Quantity Limit: 200 ML Per 30 Days |
| Morphine Sulfate ORAL SOLN 10MG/5ML  | Quantity Limit: 700 ML Per 30 Days |

|                                     |                                    |
|-------------------------------------|------------------------------------|
| Morphine Sulfate ORAL SOLN 20MG/5ML | Quantity Limit: 300 ML Per 30 Days |
| Morphine Sulfate TABS               | Quantity Limit: 180 EA Per 30 Days |

### **MORPHINE SULFATE ER**

|                                                                    |                                    |
|--------------------------------------------------------------------|------------------------------------|
| Morphine Sulfate Er CP24 100MG, 10MG, 20MG, 30MG, 50MG, 60MG, 80MG | Quantity Limit: 60 EA Per 30 Days  |
| Morphine Sulfate Er TBCR                                           | Quantity Limit: 120 EA Per 30 Days |

### **MOVANTIK**

|          |                                   |
|----------|-----------------------------------|
| Movantik | Quantity Limit: 30 EA Per 30 Days |
|----------|-----------------------------------|

### **NAMZARIC**

|               |                                   |
|---------------|-----------------------------------|
| Namzaric CP24 | Quantity Limit: 30 EA Per 30 Days |
|---------------|-----------------------------------|

### **NESINA**

|        |                                   |
|--------|-----------------------------------|
| Nesina | Quantity Limit: 30 EA Per 30 Days |
|--------|-----------------------------------|

### **NICOTROL INHALER**

|                  |                                    |
|------------------|------------------------------------|
| Nicotrol Inhaler | Quantity Limit: 480 EA Per 30 Days |
|------------------|------------------------------------|

### **NOVOLOG**

|         |                                   |
|---------|-----------------------------------|
| Novolog | Quantity Limit: 60 ML Per 30 Days |
|---------|-----------------------------------|

### **NOVOLOG FLEXPEN**

|                 |                                   |
|-----------------|-----------------------------------|
| Novolog Flexpen | Quantity Limit: 60 ML Per 30 Days |
|-----------------|-----------------------------------|

### **NOVOLOG FLEXPEN RELION**

|                        |                                   |
|------------------------|-----------------------------------|
| Novolog Flexpen Relion | Quantity Limit: 60 ML Per 30 Days |
|------------------------|-----------------------------------|

### **NOVOLOG MIX 70/30**

|                   |                                   |
|-------------------|-----------------------------------|
| Novolog MIX 70/30 | Quantity Limit: 60 ML Per 30 Days |
|-------------------|-----------------------------------|

**NOVOLOG MIX 70/30 PREFILLED FLEXPEN**

|                                     |                                   |
|-------------------------------------|-----------------------------------|
| Novolog MIX 70/30 Prefilled Flexpen | Quantity Limit: 60 ML Per 30 Days |
|-------------------------------------|-----------------------------------|

**NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION**

|                                            |                                   |
|--------------------------------------------|-----------------------------------|
| Novolog MIX 70/30 Prefilled Flexpen Relion | Quantity Limit: 60 ML Per 30 Days |
|--------------------------------------------|-----------------------------------|

**NOVOLOG MIX 70/30 RELION**

|                          |                                   |
|--------------------------|-----------------------------------|
| Novolog MIX 70/30 Relion | Quantity Limit: 60 ML Per 30 Days |
|--------------------------|-----------------------------------|

**NOVOLOG PENFILL**

|                 |                                   |
|-----------------|-----------------------------------|
| Novolog Penfill | Quantity Limit: 60 ML Per 30 Days |
|-----------------|-----------------------------------|

**NOVOLOG RELION**

|                |                                   |
|----------------|-----------------------------------|
| Novolog Relion | Quantity Limit: 60 ML Per 30 Days |
|----------------|-----------------------------------|

**NUPLAZID**

|                    |                                   |
|--------------------|-----------------------------------|
| Nuplazid CAPS      | Quantity Limit: 30 EA Per 30 Days |
| Nuplazid TABS 10MG | Quantity Limit: 90 EA Per 30 Days |

**NURTEC**

|        |                                   |
|--------|-----------------------------------|
| Nurtec | Quantity Limit: 18 EA Per 30 Days |
|--------|-----------------------------------|

**NUZYRA**

|             |                                   |
|-------------|-----------------------------------|
| Nuzyra TABS | Quantity Limit: 30 EA Per 30 Days |
|-------------|-----------------------------------|

**OALIVA**

|         |                                   |
|---------|-----------------------------------|
| Ocaliva | Quantity Limit: 30 EA Per 30 Days |
|---------|-----------------------------------|

**OFEV**

|      |                                   |
|------|-----------------------------------|
| Ofev | Quantity Limit: 60 EA Per 30 Days |
|------|-----------------------------------|

**OPIPZA**

|                       |                                   |
|-----------------------|-----------------------------------|
| Opipza FILM 10MG, 5MG | Quantity Limit: 90 EA Per 30 Days |
| Opipza FILM 2MG       | Quantity Limit: 30 EA Per 30 Days |

**ORENITRAM TITRATION KIT MONTH 1**

|                                 |                                     |
|---------------------------------|-------------------------------------|
| Orenitram Titration Kit Month 1 | Quantity Limit: 336 EA Per 365 Days |
|---------------------------------|-------------------------------------|

**ORENITRAM TITRATION KIT MONTH 2**

|                                 |                                     |
|---------------------------------|-------------------------------------|
| Orenitram Titration Kit Month 2 | Quantity Limit: 672 EA Per 365 Days |
|---------------------------------|-------------------------------------|

**ORENITRAM TITRATION KIT MONTH 3**

|                                 |                                     |
|---------------------------------|-------------------------------------|
| Orenitram Titration Kit Month 3 | Quantity Limit: 504 EA Per 365 Days |
|---------------------------------|-------------------------------------|

**OSELTAMIVIR PHOSPHATE**

|                                 |                                      |
|---------------------------------|--------------------------------------|
| Oseltamivir Phosphate CAPS 30MG | Quantity Limit: 168 EA Per 365 Days  |
| Oseltamivir Phosphate CAPS 45MG | Quantity Limit: 84 EA Per 365 Days   |
| Oseltamivir Phosphate CAPS 75MG | Quantity Limit: 110 EA Per 365 Days  |
| Oseltamivir Phosphate SUSR      | Quantity Limit: 1080 ML Per 365 Days |

**OSENI**

|                                                             |                                   |
|-------------------------------------------------------------|-----------------------------------|
| Oseni TABS 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG | Quantity Limit: 30 EA Per 30 Days |
|-------------------------------------------------------------|-----------------------------------|

**OSPHEA**

|         |                                   |
|---------|-----------------------------------|
| Osphena | Quantity Limit: 30 EA Per 30 Days |
|---------|-----------------------------------|

**OXAZEPAM**

|          |                                    |
|----------|------------------------------------|
| Oxazepam | Quantity Limit: 120 EA Per 30 Days |
|----------|------------------------------------|

**OXYCODONE HCL**

|                    |                                    |
|--------------------|------------------------------------|
| Oxycodone Hcl CAPS | Quantity Limit: 180 EA Per 30 Days |
|--------------------|------------------------------------|

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Last Updated: 09/05/2025

**OXYCODONE HYDROCHLORIDE**

|                                        |                                     |
|----------------------------------------|-------------------------------------|
| Oxycodone Hydrochloride CAPS           | Quantity Limit: 180 EA Per 30 Days  |
| Oxycodone Hydrochloride CONC 100MG/5ML | Quantity Limit: 180 ML Per 30 Days  |
| Oxycodone Hydrochloride SOLN           | Quantity Limit: 1300 ML Per 30 Days |
| Oxycodone Hydrochloride TABS           | Quantity Limit: 180 EA Per 30 Days  |

**OXYCODONE HYDROCHLORIDE ER**

|                            |                                   |
|----------------------------|-----------------------------------|
| Oxycodone Hydrochloride Er | Quantity Limit: 60 EA Per 30 Days |
|----------------------------|-----------------------------------|

**OXYCODONE/ACETAMINOPHEN**

|                                                                                  |                                    |
|----------------------------------------------------------------------------------|------------------------------------|
| Oxycodone/acetaminophen TABS 325MG; 10MG, 325MG; 2.5MG, 325MG; 5MG, 325MG; 7.5MG | Quantity Limit: 240 EA Per 30 Days |
|----------------------------------------------------------------------------------|------------------------------------|

**OXYCONTIN**

|                |                                   |
|----------------|-----------------------------------|
| Oxycontin T12A | Quantity Limit: 60 EA Per 30 Days |
|----------------|-----------------------------------|

**OXYMORPHONE HYDROCHLORIDE**

|                           |                                    |
|---------------------------|------------------------------------|
| Oxymorphone Hydrochloride | Quantity Limit: 180 EA Per 30 Days |
|---------------------------|------------------------------------|

**OXYMORPHONE HYDROCHLORIDE ER**

|                                                                |                                    |
|----------------------------------------------------------------|------------------------------------|
| Oxymorphone Hydrochloride Er TB12 10MG, 15MG, 20MG, 5MG, 7.5MG | Quantity Limit: 60 EA Per 30 Days  |
| Oxymorphone Hydrochloride Er TB12 30MG                         | Quantity Limit: 120 EA Per 30 Days |

**OXYMORPHONE HYDROCHLORIDEER**

|                             |                                    |
|-----------------------------|------------------------------------|
| Oxymorphone Hydrochlorideer | Quantity Limit: 120 EA Per 30 Days |
|-----------------------------|------------------------------------|

**PAXLOVID**

|          |                                  |
|----------|----------------------------------|
| Paxlovid | Quantity Limit: 11 EA Per 5 Days |
| Paxlovid | Quantity Limit: 20 EA Per 5 Days |

|                                  |                                     |
|----------------------------------|-------------------------------------|
| Paxlovid                         | Quantity Limit: 30 EA Per 5 Days    |
| <b>POMALYST</b>                  |                                     |
| Pomalyst                         | Quantity Limit: 21 EA Per 28 Days   |
| <b>PRALUENT</b>                  |                                     |
| Praluent                         | Quantity Limit: 2 ML Per 28 Days    |
| <b>PRETOMANID</b>                |                                     |
| Pretomanid                       | Quantity Limit: 30 EA Per 30 Days   |
| <b>RAMELTEON</b>                 |                                     |
| Ramelteon                        | Quantity Limit: 30 EA Per 30 Days   |
| <b>REPATHA</b>                   |                                     |
| Repatha                          | Quantity Limit: 3 ML Per 28 Days    |
| <b>REPATHA PUSHTRONEX SYSTEM</b> |                                     |
| Repatha Pushttronex System       | Quantity Limit: 3.50 ML Per 28 Days |
| <b>REPATHA SURECLICK</b>         |                                     |
| Repatha Sureclick                | Quantity Limit: 3 ML Per 28 Days    |
| <b>REYVOW</b>                    |                                     |
| Reyvow TABS 100MG                | Quantity Limit: 8 EA Per 30 Days    |
| Reyvow TABS 50MG                 | Quantity Limit: 4 EA Per 30 Days    |
| <b>REZUROCK</b>                  |                                     |
| Rezurock                         | Quantity Limit: 60 EA Per 30 Days   |

**RINVOQ LQ**

|           |                                    |
|-----------|------------------------------------|
| Rinvoq Lq | Quantity Limit: 360 ML Per 30 Days |
|-----------|------------------------------------|

**RIZATRIPTAN BENZOATE**

|                      |                                   |
|----------------------|-----------------------------------|
| Rizatriptan Benzoate | Quantity Limit: 18 EA Per 30 Days |
|----------------------|-----------------------------------|

**RIZATRIPTAN BENZOATE ODT**

|                          |                                   |
|--------------------------|-----------------------------------|
| Rizatriptan Benzoate Odt | Quantity Limit: 18 EA Per 30 Days |
|--------------------------|-----------------------------------|

**SIVEXTRO**

|              |                                  |
|--------------|----------------------------------|
| Sivextro INJ | Quantity Limit: 6 EA Per 30 Days |
|--------------|----------------------------------|

**SUMATRIPTAN**

|                           |                                   |
|---------------------------|-----------------------------------|
| Sumatriptan SOLN 20MG/ACT | Quantity Limit: 12 EA Per 30 Days |
|---------------------------|-----------------------------------|

|                          |                                   |
|--------------------------|-----------------------------------|
| Sumatriptan SOLN 5MG/ACT | Quantity Limit: 18 EA Per 30 Days |
|--------------------------|-----------------------------------|

**SUMATRIPTAN SUCCINATE**

|                           |                                  |
|---------------------------|----------------------------------|
| Sumatriptan Succinate INJ | Quantity Limit: 4 ML Per 30 Days |
|---------------------------|----------------------------------|

|                                     |                                  |
|-------------------------------------|----------------------------------|
| Sumatriptan Succinate INJ 6MG/0.5ML | Quantity Limit: 6 ML Per 30 Days |
|-------------------------------------|----------------------------------|

|                            |                                  |
|----------------------------|----------------------------------|
| Sumatriptan Succinate TABS | Quantity Limit: 9 EA Per 30 Days |
|----------------------------|----------------------------------|

**SUMATRIPTAN SUCCINATE REFILL**

|                              |                                  |
|------------------------------|----------------------------------|
| Sumatriptan Succinate Refill | Quantity Limit: 4 ML Per 30 Days |
|------------------------------|----------------------------------|

**SUNOSI**

|        |                                   |
|--------|-----------------------------------|
| Sunosi | Quantity Limit: 30 EA Per 30 Days |
|--------|-----------------------------------|

**SYMPROIC**

|          |                                   |
|----------|-----------------------------------|
| Symproic | Quantity Limit: 30 EA Per 30 Days |
|----------|-----------------------------------|

**TACROLIMUS**

|                      |                                   |
|----------------------|-----------------------------------|
| Tacrolimus OINT 0.1% | Quantity Limit: 30 GM Per 30 Days |
|----------------------|-----------------------------------|

**TADALAFIL**

|                           |                                   |
|---------------------------|-----------------------------------|
| Tadalafil TABS 2.5MG, 5MG | Quantity Limit: 30 EA Per 30 Days |
|---------------------------|-----------------------------------|

**TAVNEOS**

|         |                                    |
|---------|------------------------------------|
| Tavneos | Quantity Limit: 180 EA Per 30 Days |
|---------|------------------------------------|

**TEMAZEPAM**

|           |                                   |
|-----------|-----------------------------------|
| Temazepam | Quantity Limit: 30 EA Per 30 Days |
|-----------|-----------------------------------|

**TEZSPIRE**

|          |                                     |
|----------|-------------------------------------|
| Tezspire | Quantity Limit: 1.91 ML Per 28 Days |
|----------|-------------------------------------|

**TOLVAPTAN**

|                |                                    |
|----------------|------------------------------------|
| Tolvaptan TABS | Quantity Limit: 120 EA Per 30 Days |
| Tolvaptan TBPK | Quantity Limit: 56 EA Per 28 Days  |

**TOUJEO MAX SOLOSTAR**

|                     |                                   |
|---------------------|-----------------------------------|
| Toujeo Max Solostar | Quantity Limit: 27 ML Per 30 Days |
|---------------------|-----------------------------------|

**TOUJEO SOLOSTAR**

|                 |                                   |
|-----------------|-----------------------------------|
| Toujeo Solostar | Quantity Limit: 27 ML Per 30 Days |
|-----------------|-----------------------------------|

**TRADJENTA**

|           |                                   |
|-----------|-----------------------------------|
| Tradjenta | Quantity Limit: 30 EA Per 30 Days |
|-----------|-----------------------------------|

**TRAMADOL HCL ER**

|                                          |                                   |
|------------------------------------------|-----------------------------------|
| Tramadol Hcl Er CP24 100MG, 200MG, 300MG | Quantity Limit: 60 EA Per 30 Days |
| Tramadol Hcl Er TB24                     | Quantity Limit: 30 EA Per 30 Days |

**TRAMADOL HYDROCHLORIDE**

|                                   |                                    |
|-----------------------------------|------------------------------------|
| Tramadol Hydrochloride TABS 100MG | Quantity Limit: 120 EA Per 30 Days |
| Tramadol Hydrochloride TABS 50MG  | Quantity Limit: 240 EA Per 30 Days |

**TRAMADOL HYDROCHLORIDE ER**

|                           |                                   |
|---------------------------|-----------------------------------|
| Tramadol Hydrochloride Er | Quantity Limit: 30 EA Per 30 Days |
|---------------------------|-----------------------------------|

**TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN**

|                                      |                                    |
|--------------------------------------|------------------------------------|
| Tramadol Hydrochloride/acetaminophen | Quantity Limit: 240 EA Per 30 Days |
|--------------------------------------|------------------------------------|

**TRESIBA**

|         |                                   |
|---------|-----------------------------------|
| Tresiba | Quantity Limit: 54 ML Per 30 Days |
|---------|-----------------------------------|

**TRESIBA FLEXTOUCH**

|                   |                                   |
|-------------------|-----------------------------------|
| Tresiba Flextouch | Quantity Limit: 54 ML Per 30 Days |
|-------------------|-----------------------------------|

**TRIAZOLAM**

|           |                                   |
|-----------|-----------------------------------|
| Triazolam | Quantity Limit: 30 EA Per 30 Days |
|-----------|-----------------------------------|

**TRIZIVIR**

|          |                                   |
|----------|-----------------------------------|
| Trizivir | Quantity Limit: 60 EA Per 30 Days |
|----------|-----------------------------------|

**UPTRAVI**

|         |                                   |
|---------|-----------------------------------|
| Uptravi | Quantity Limit: 60 EA Per 30 Days |
|---------|-----------------------------------|

**UPTRAVI TITRATION PACK**

|                        |                                     |
|------------------------|-------------------------------------|
| Uptravi Titration Pack | Quantity Limit: 400 EA Per 365 Days |
|------------------------|-------------------------------------|

**VEOZAH**

|        |                                   |
|--------|-----------------------------------|
| Veozah | Quantity Limit: 30 EA Per 30 Days |
|--------|-----------------------------------|

**VERQUVO**

|         |                                   |
|---------|-----------------------------------|
| Verquvo | Quantity Limit: 30 EA Per 30 Days |
|---------|-----------------------------------|

**VILAZODONE HYDROCHLORIDE**

|                          |                                   |
|--------------------------|-----------------------------------|
| Vilazodone Hydrochloride | Quantity Limit: 30 EA Per 30 Days |
|--------------------------|-----------------------------------|

**VIVOTIF**

|         |                                   |
|---------|-----------------------------------|
| Vivotif | Quantity Limit: 4 EA Per 365 Days |
|---------|-----------------------------------|

**VORANIGO**

|                    |                                   |
|--------------------|-----------------------------------|
| Voranigo TABS 10MG | Quantity Limit: 60 EA Per 30 Days |
|--------------------|-----------------------------------|

**VRAYLAR**

|              |                                    |
|--------------|------------------------------------|
| Vraylar CAPS | Quantity Limit: 30 EA Per 30 Days  |
| Vraylar CPPK | Quantity Limit: 14 EA Per 365 Days |

**XDEMVY**

|        |                                   |
|--------|-----------------------------------|
| Xdemvy | Quantity Limit: 10 ML Per 42 Days |
|--------|-----------------------------------|

**XERMELO**

|         |                                   |
|---------|-----------------------------------|
| Xermelo | Quantity Limit: 90 EA Per 30 Days |
|---------|-----------------------------------|

**XURIDEN**

|         |                                    |
|---------|------------------------------------|
| Xuriden | Quantity Limit: 120 EA Per 30 Days |
|---------|------------------------------------|

**ZEJULA**

|                   |                                   |
|-------------------|-----------------------------------|
| Zejula TABS 100MG | Quantity Limit: 30 EA Per 30 Days |
|-------------------|-----------------------------------|

**ZOLMITRIPTAN**

|                   |                                  |
|-------------------|----------------------------------|
| Zolmitriptan TABS | Quantity Limit: 9 EA Per 30 Days |
|-------------------|----------------------------------|

**ZURZUVAE**

|                          |                                   |
|--------------------------|-----------------------------------|
| Zurzuvaе CAPS 20MG, 25MG | Quantity Limit: 28 EA Per 14 Days |
| Zurzuvaе CAPS 30MG       | Quantity Limit: 14 EA Per 14 Days |

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